CONTRAST PHASE MICROSCOPE ANALYSIS ON THE BLOOD OF 1006 SYMPTOMATIC SUBJECTS AFTER ANTI-COVID VACCINATION WITH PFIZER/BIONTECH OR MODERNA.

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ABSTRACT

The use of microscopic analysis of fresh peripheral blood on a slide in the dark field and in the contrast phase was once widespread in medicine, allowing a first and immediate assessment of the state of health of the corpuscular components of the blood.
In the present study we analyzed with a phase contrast darkfield optical microscope the peripheral blood smear of 1006 symptomatic subjects after inoculation with mRNA vaccine (Pfizer/BioNTech or Moderna), starting from March 2021.
948 subjects (94%) showed aggregation of erythrocytes and the presence of particles of various shapes and sizes of unclear origin after one month from the inoculation of mRNA vaccine.
In 12 subjects blood tests were performed with the same method before vaccination, showing a perfectly normal hematological feature. The alterations found after the inoculation of the mRNA vaccines further reinforce the suspicion that the modifications were due to the vaccines themselves.
We report 4 clinical cases, chosen as representative of the entire case series.
Further studies are needed to define the exact nature of the particles found in the blood and to identify possible solutions.

INTRODUCTION

The use of microscopic analysis of fresh blood on a slide in a dark field and in phase contrast was once widespread in medicine, allowing a first and immediate assessment of the state of health of the corpuscular components of the blood.
The completion of the analysis with the measurement of pH, rH2 and rO2 (not shown in this study) allows to define any alterations in an early phase, before they are revealed by traditional coagulation tests (di-dimer, PT, PTT, fibrinogen, platelets etc.) [1].
The present study presents the results of the darkfield microscope analyzes of the blood of 1006 patients who referred to the "Giovannini Biodiagnostic Center" for various disorders after inoculation of mRNA vaccines (Pfizer/BioNTech or Moderna).
12 of the 1006 subjects analyzed had performed a peripheral blood smear with the same method before the vaccination.
Four of these 12 subjects were chosen as representative of the entire case series and are reported in detail with the relative photographic images.

MATERIALS AND METHODS

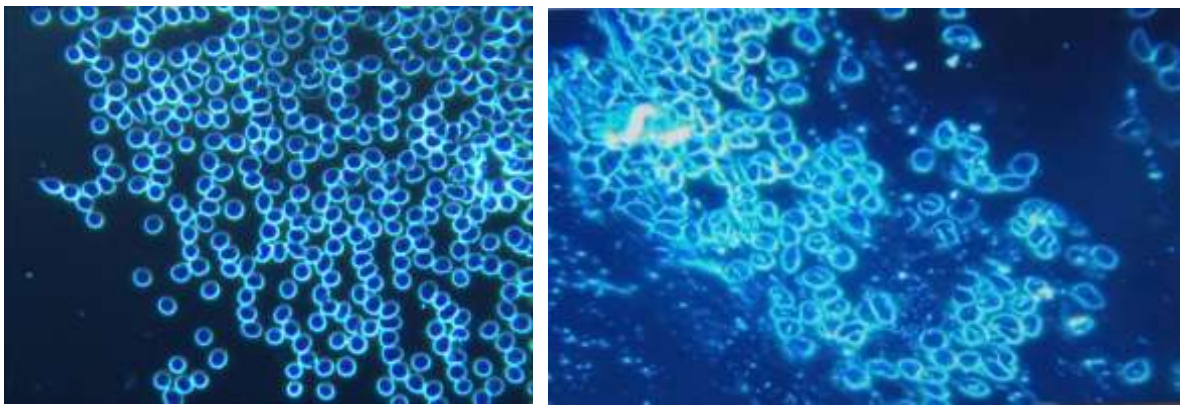
With a darkfield optical microscope we analyzed the peripheral blood smear of 1006 symptomatic subjects after mRNA vaccine (Pfizer or Moderna), starting from March 2021.
Of the 1006 subjects, 426 were male and 580 were female.
Of the 1006 subjects analyzed, 141 received a single dose of the vaccine, 453 the second dose and 412 the third. The average age of the 1006 subjects was 49 years [range 15-85] (Annex II).
The blood was drawn with a finger prick and analyzed under a phase contrast optical microscope using a ZEISS Primostar and LAIKA Laborlux 12 darkfield equipment.
The observation of the patients' blood under an optical microscope in a dark field took place on average thirty days after the last inoculation. From a minimum of 5 to a maximum of 20 photographs were taken for each patient examined. All observations were made at 40 x magnification. Measurements were performed with DeltaPix InSight Software.

RESULTS

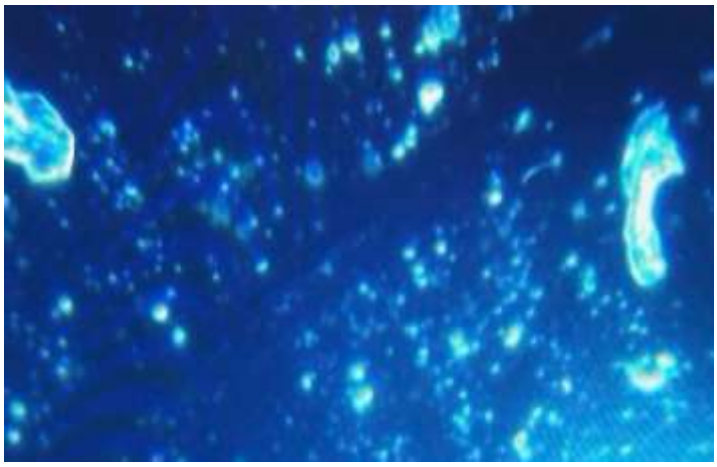
Of the 1006 subjects analysed, only 58 (27 males and 31 females), equal to 6% of the total, presented a completely normal haematological picture upon microscopic analysis of blood in a dark field after the vaccination with Moderna or Pfizer.
4 clinical cases are reported below with the photographic documentation of the alterations found in the microscopic examination of the blood. These 4 cases are summarized and are representative of the 948 cases with peripheral blood alterations.

CASE N ° 1

Male 33 years old, sportsman, apparently healthy before vaccination. One month after receiving the first dose of the Pfizer vaccine, he referred marked asthenia, constant gravitational headache refractory to common drugs. Diffuse rheumatic arthralgia with dyspnoea on exertion (Fig. 1 - 6).

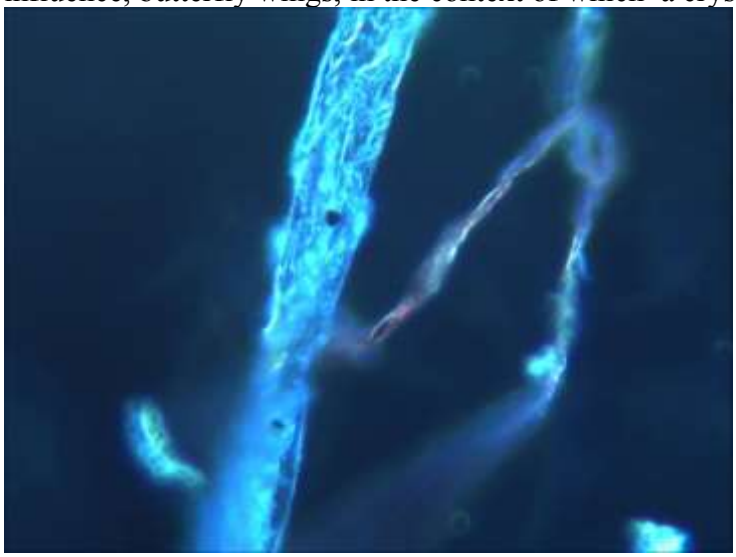


(Fig. 1a and 1b) The photo shows on the left the blood condition of the patient before the inoculation, in the image on the right, after a month from the first dose, particles can be observed in the middle of the red blood cells which are strongly conglobated around the exogenous particles; the agglomeration is to be placed in relation to the fall of the potential Zeta.

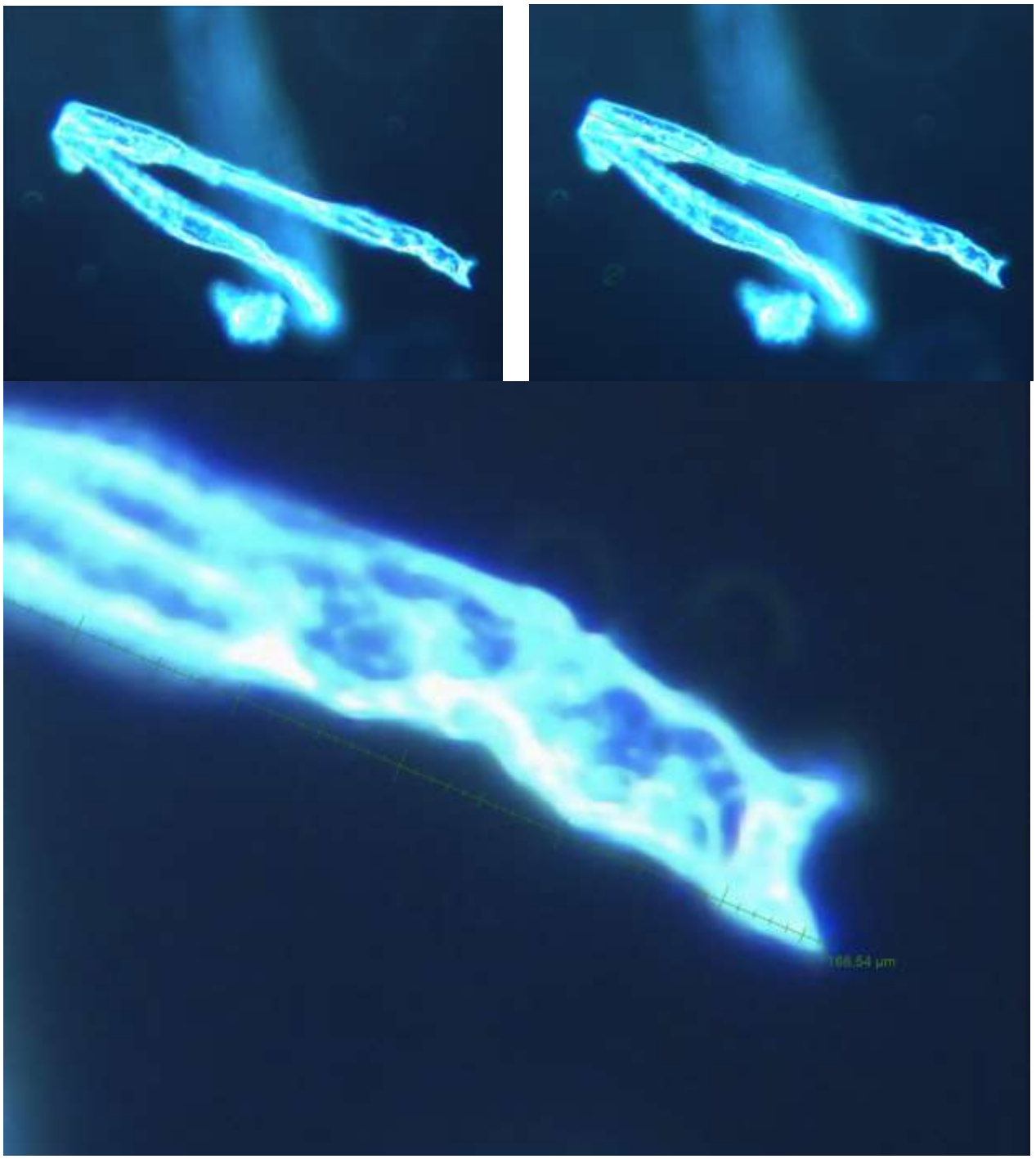


(Fig. 2) The image shows two exogenous particles and clusters of fibrin after 2 months from vaccination.

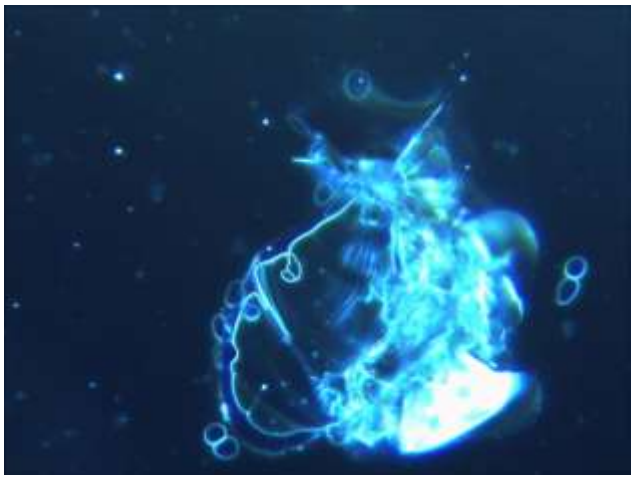
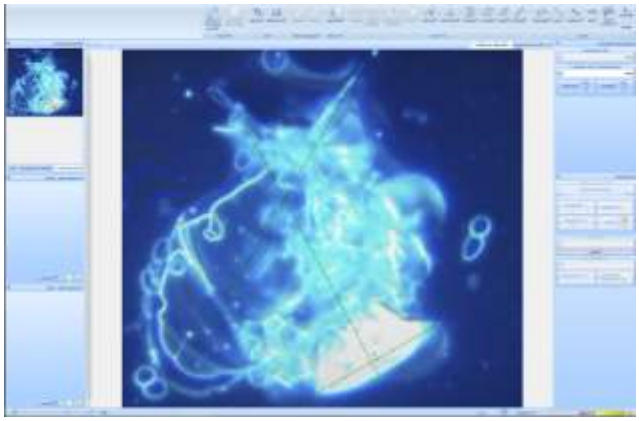
(Fig.3) in this case the assembly of particles takes on crystalline features; also there is an area of close influence, butterfly wings, in the context of which a crystalline type organization occurs.



(Fig.4) This image highlights a typical self-aggregating structuring in fibro/tubular mode.



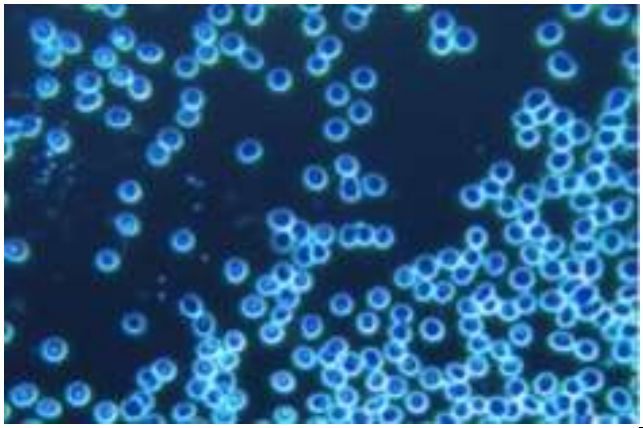
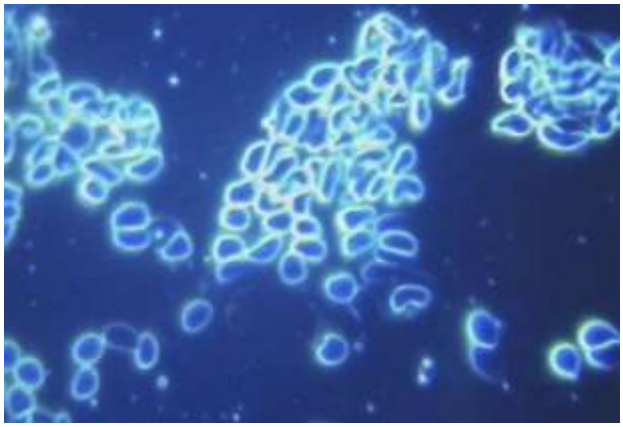
(Fig. 5, 5b and 5c) A highly structured fibro-tubular configuration; these structure can coalesce together, reaching dimensions ten times the initial size of times, in the specific case the measured length is 166.54 µm. (DeltaPix Software)

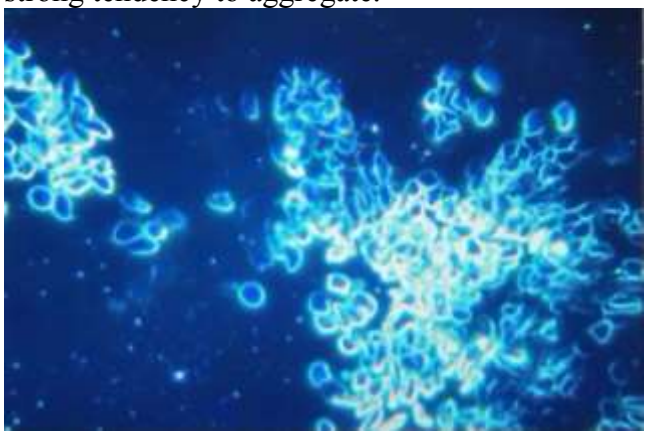
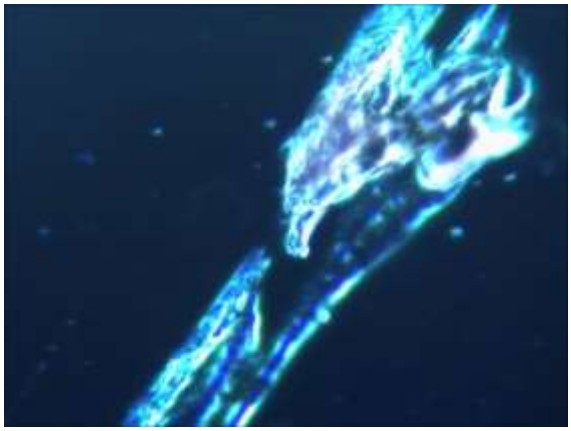
(Fig.6 and 6b) This image could refer to the typical property of the exogenous particle to assemble: we can see the lamellar configurations similar to the adaption within a field of forces, the sizing of the particle conglobate is easily evaluated with respect to the two erythrocytes on the right (Measurement: 113.91µm X 139.99µm - Delta-Pix Software)

CASE No. 2

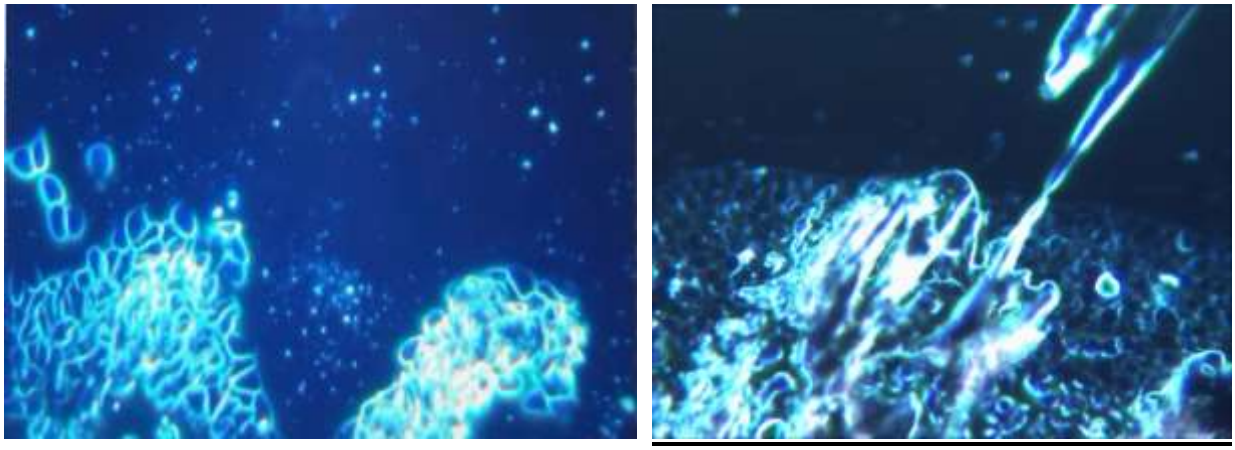
Woman 54 yrs-old. presented with a symptomatic picture characterized by drug-resistant severe headache, profound worsening asthenia, sleep / wake rhythm disorders, generalized paraesthesia and dysesthesia, psychic aspects with a depressive mood after the second dose of the Pfizer vaccine (Fig. 7 - 9).

(Fig. 7a and 7b) On the left the photo shows the blood condition of the patient before the inoculation, in the image on the right you can see the deformation of the erythrocyte cell profile, and the strong tendency to aggregate.

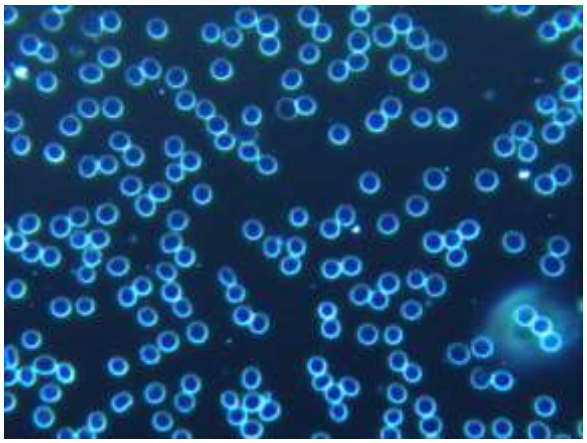
(Fig. 8a and 8b) Deformation and erythrocyte aggregation, presence of signs of haemolysis. Crystallized tubular structure.



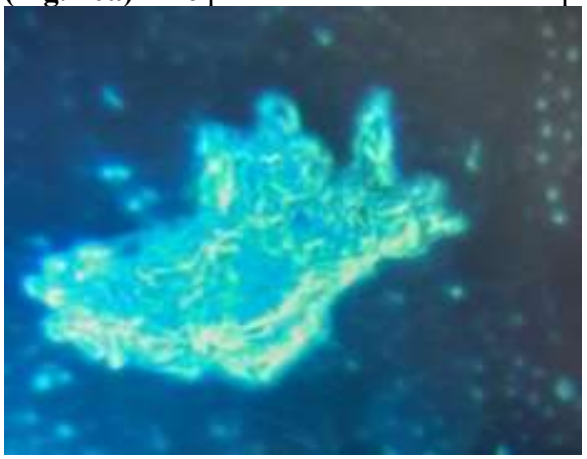
(Fig. 9a and 9b) Aggregated/conglobated erythoctes, haemolysis, clustered fibrin, also around a complex crystalline structure.

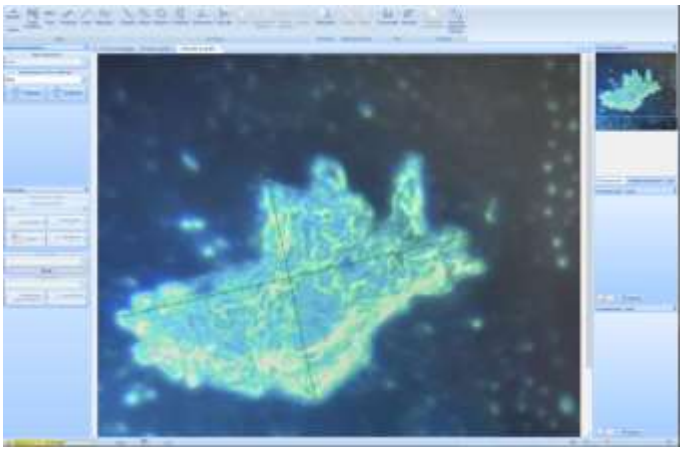
CASE No. 3

The patient, an 84-year-old woman, enjoyed good health and was able to manage a satisfying relationship life in complete autonomy. She is treated with beta blocker, ace inhibitor, diuretic, cardio-aspirin, and a gastroprotector. In 2016 she was operated on for descending colon cancer without locoregional lymph nodes or metastases. Declared free from the neoplastic pathology at 5 years follow-up. In 2020 she referred symptoms of a burning mouth that responded to topical treatment; histology was positive for a mixed lichen / pemphigus form. She was strongly advised not to be vaccinated with anticovid-19 serum, due to previous oncological and ongoing rheumatic disease. In fact, at the second dose of Pfizer, she experienced intense erythroderma of the face and chest, a dramatic intensification of the burning mouth symptoms, unsustainable muscle pains refractory to analgesic therapy, which the rheumatologist identified, in capillaroscopy, as a form of acute dermatopolymyositis. Self-immunity tests confirmed the diagnosis. The symptomatology did not respond to 60 mg of deflazacort (she was intollerant to deltacortene) and 10 mg per week of Metrotrexate, which the rheumatologist decided to suspend by inserting Mycophenolate Mophelite 500 mg x 3 times a day, so as to taper down the cortisone. A tachyarrhythmia required primarily TAO and Amiodarone; following a cardioversion performed in a stable electric field (3 sessions), rivaroxaban (Xarelto) and stabilization with flecainide (Almarytm) was inserted. Alendronate was added (one tablet per week), cholecalciferol 50,000 IU per month, and folic acid one tablet per week was administered. Due to admoninal pain a PET scan was carried out and ileo-aortic abdominal lymph nodes proved to be positive. A subsequent abdominal CT and MRI ruled out a neoplastic recurrence, attributing the lymphadenopathy exclusively to the worsening of the rheumatic disease which, from a mild form involving only the oral cavity, had evolved into a severe systemic form (polymyositis). Within of a month she was no longer autonomous, walking with the help of a walker, had mild renal insufficiency possibly due to an excessive pharmacological load. This escalation, which led to an authentic biological fragility, occurred chronologically later and probably caused by the vaccinations. In this sense, there has been a total subversion, by vaccinating elderly patients with numerous comorbidities, thus bringing "information", or rather an unmanageable disinformation to a compromised clinical terrain, which, however, was under control prior to the vaccinations(Fig. 10 - 18).

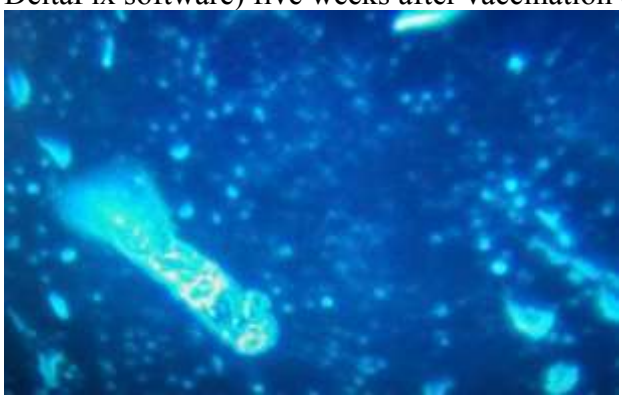


(Fig. 10a) The photo on the left shows the patient's blood condition before the inoculation



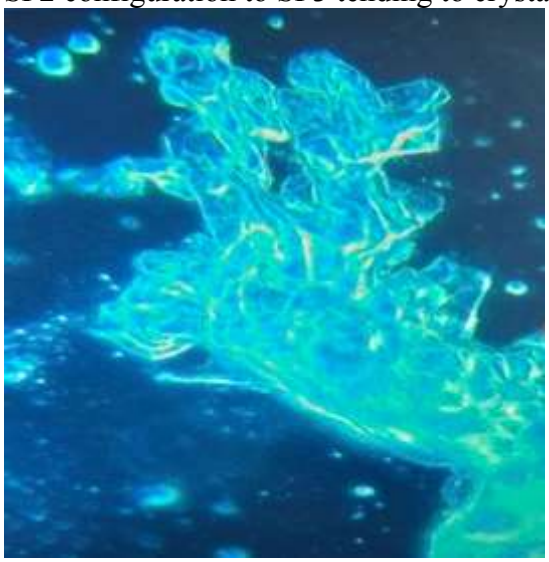


(Fig. 10b and 10c) In the photo a voluminous agglomerate (Measurement: 329,14µm X 137,74µm - DeltaPix software) five weeks after vaccination (graphene oxide?)

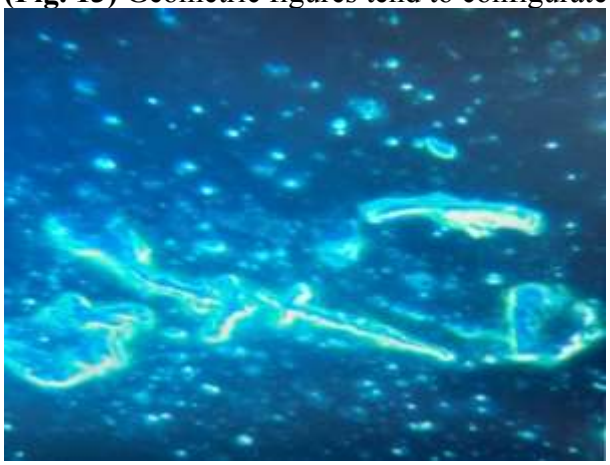


(Fig. 11) At the poles of the figure we can see an initial lamellar configuration with crystalline scales possibly referable to graphene oxide.

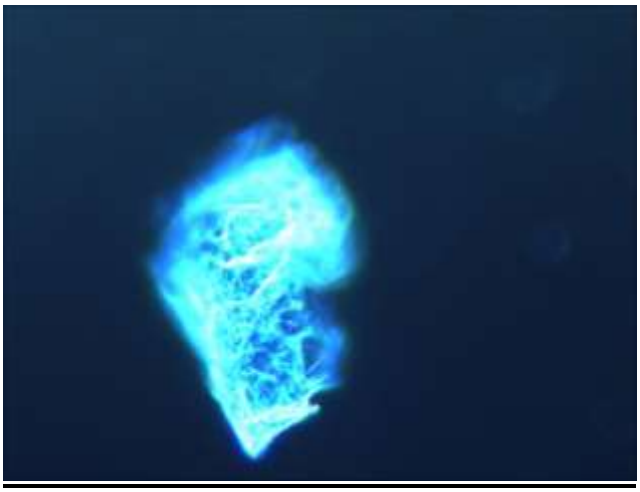
(Fig. 12) The nanotubular configuration is very evident, in this case with fibro/tubular agglomerates structured in more complex shapes, as if the force of a self-interacting field brought carbon from an SP2 configuration to SP3 tending to crystallization.



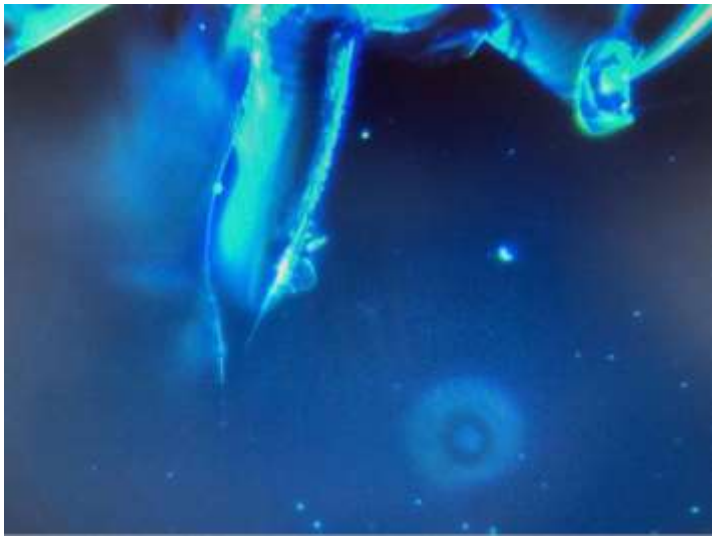
(Fig. 13) Geometric figures tend to configurate in extremely complex aggregates



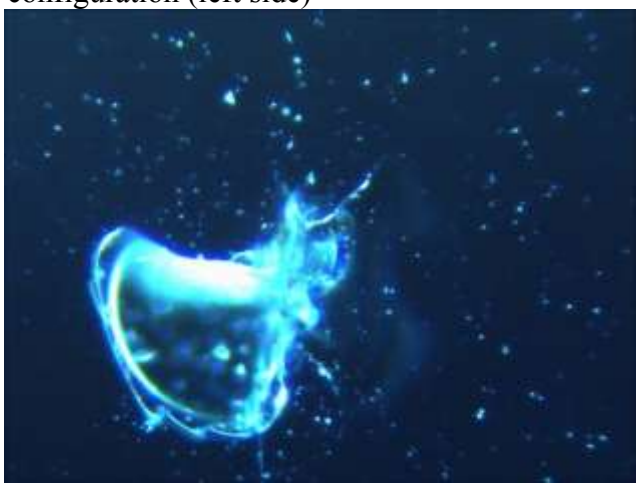
(Fig. 14a and 14b) The photo shows tubular, flake, crystalline and mixed shapes configurations, surrounded by clustered fibrin. (Measurement: 146,72µm X 31,03µm - 62,00µm X 61,59µm Delta-Pix Software)



(Fig. 15a and 15b) Very smooth and complex crystalline configuration.



(Fig. 16) Image chosen because it clearly shows the transition of the state of the particles (graphene oxide?) from fiber (right side) to the flake/lamellar configuration (left side)



(Fig. 17a and 17b) An example of the complex and structured crystal/lamellar organization. In the figure on the right a "module" from the morphology and recurrent structuring occurring with great frequency. The aggregating forces are guided by the negative entropic context.


(Fig. 18a and 18b) Images of crystalline aggregation, regular and modular, with apparent "self-similar attitudes of fractal nature".

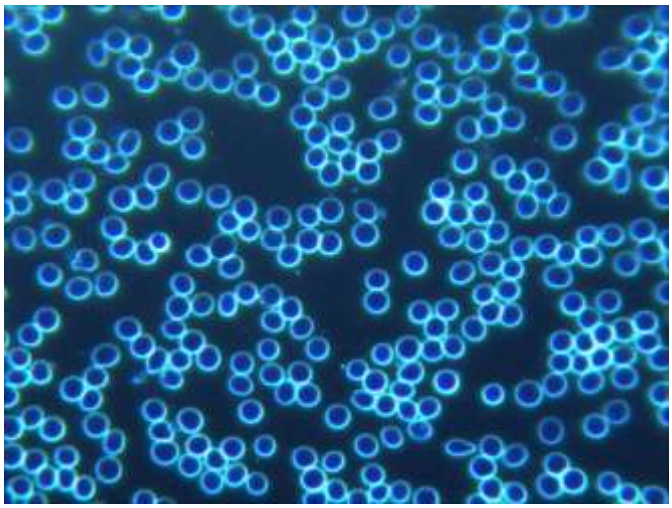
CASE N ° 4

64-year-old male, in good health being able to practice a martial art (Ars dynamica CM) which involves, among other things, phases of prolonged apnea. Medical doctor referred hepatitis A at the age of 10, a semi-block of the right branch documented during military service, an episode of benign paroxysmal positional vertigo at the age of 30 with recurrence at 54 and 60 years of age. To comply with the anti-COVID vaccination obligation for doctors, on 17 December 2021 he had the first dose of Moderna. In the following period, significant episodes of tachyarrhythmia treated with 3 sessions of pulsed electric field. After relapse of paroxysmal positional vertigo (treated with a pulsed magnetic field) he had a peripheral blood test taken which identified the presence of structures possibly referable to graphene oxide.

On January 30, 2022, the patient's smear was re-evaluated, after having taken the second dose of Moderna on January 28.

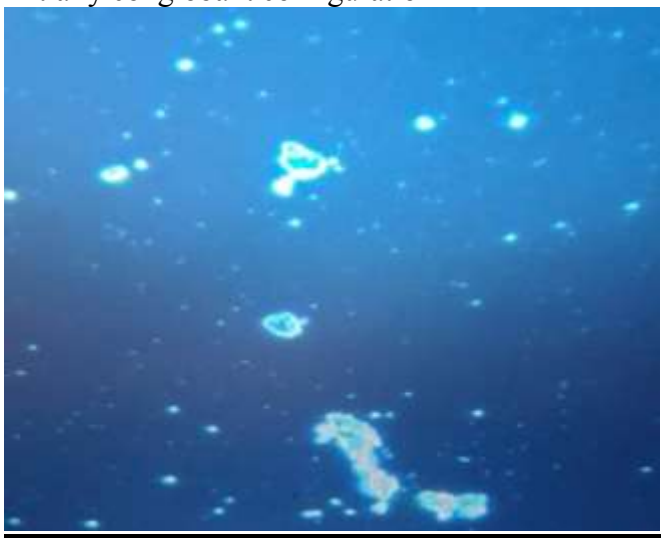
The configurations of the foreign particulate, possibly referable to graphene oxide, were very evident (Fig. 19 - 28). From the clinical point of view, blood hyper-coagulability was recorded on the bleeding test; this occorred in a patient who had been rejected from a trial on ticlopidine as suffering from platelet aggregation deficiency (Un. Pavia 1983), with the advice to use platelet antiaggregants with caution.

Although the patient had taken 500 mg of aspirin for a week, it was not possible to obtain a blood sample from the scarification site. The same problem arose during the finger prick sampling, for the second fresh blood test, when previously he would bleed for hours for eample after shaving. Currently the patient has severe headache, bilateral tinnitus, arrhythmic and tachycardic crises. He takes Prisma 50 mg 1 tablet per day, cardioaspirin, Vitamin D3 4.000U.I. per day. Pulsed Electrostatic Therapy, 3 sessions per week (Fig. 19 - 28).

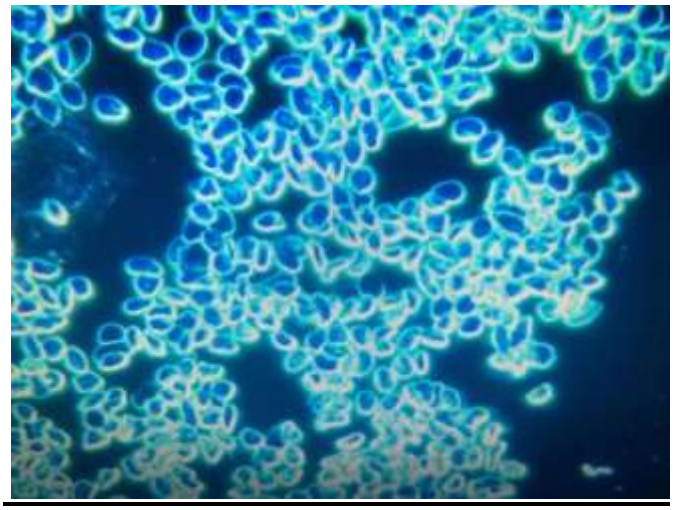


(Fig.19) Image of the patient's smear before the first dose with Moderna

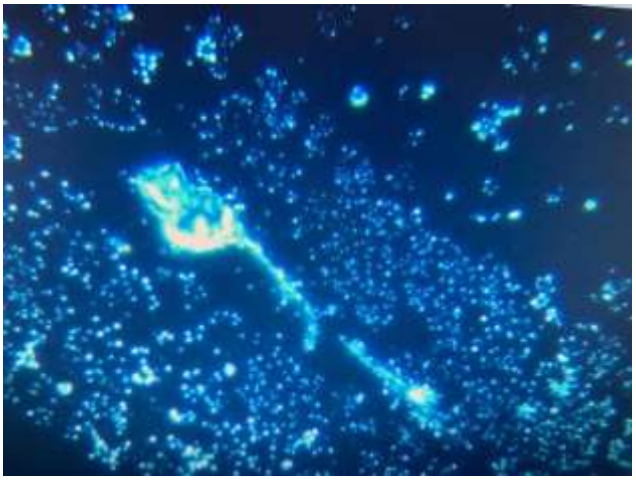
(Fig. 20) Image obtained three weeks after the first dose of Moderna: structures in dispersed and initially conglobant configuration



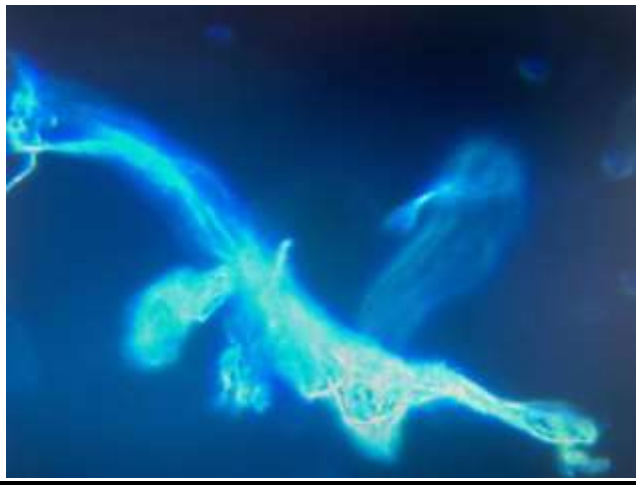
(Fig. 21) Another image taken three weeks after the first dose.



(Fig. 22) Image showing aggregation and morphological modification of the erythrocytes two days after the second dose

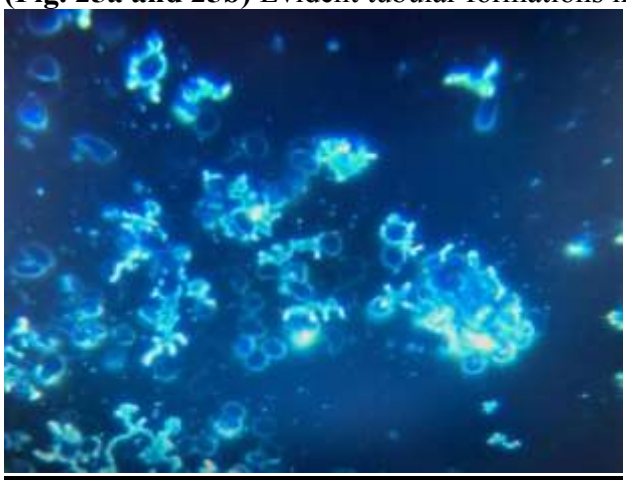


(Fig. 23a and 23b) Illustrative image of the different types of aggregation

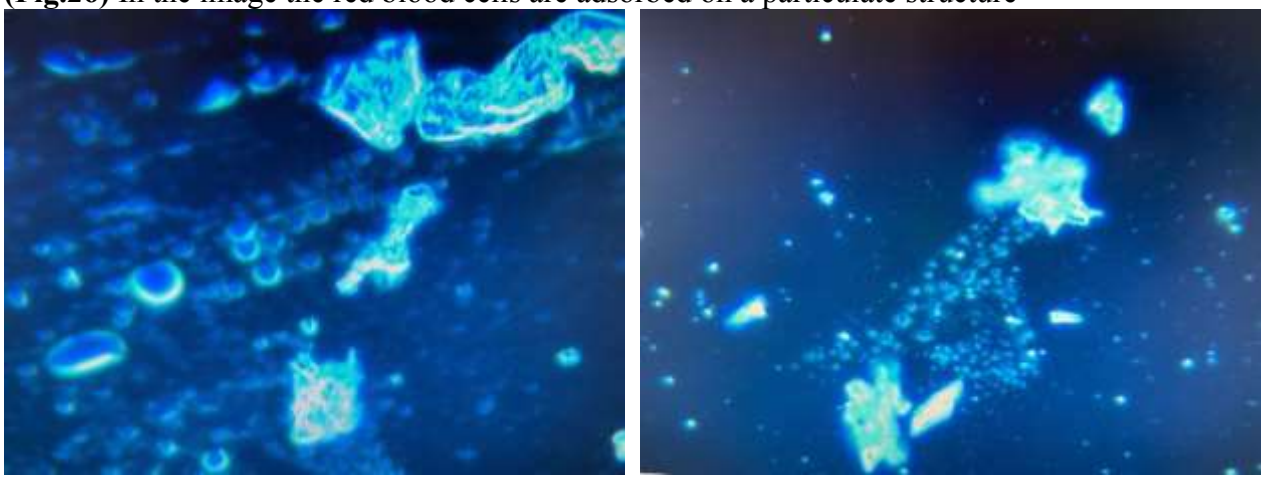


(Fig. 24a and 24b) Evident tubular formations in the aggregative phase with complex morphology

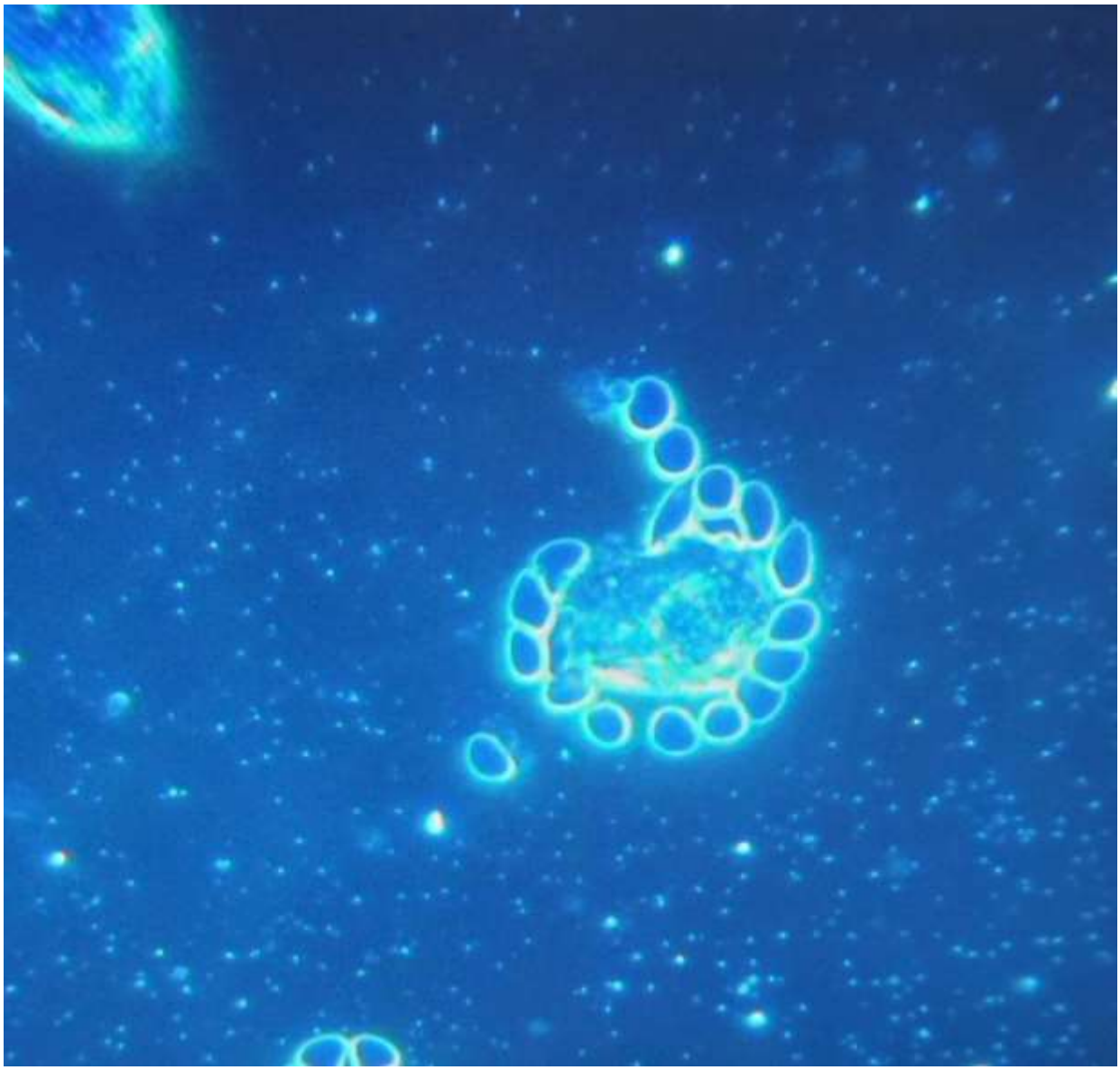
(Fig. 25a and 25b) Evident tubular formations in different aggregative stages



(Fig.26) In the image the red blood cells are adsorbed on a particulate structure



(Fig. 27a and 27b) Evident erythrocyte suffering, whereby they seem to be attracted to the corpuscular conglomerates.



(Fig. 28) The photo highlights in the interface of interaction between red cells and a particle (graphene oxide?).

DISCUSSION AND CONCLUSIONS

In the present study the blood of 1006 symptomatic subjects after anti-COVID vaccination with Pfizer / BioNTech or Moderna was analyzed under the optical microscope in the dark field and in phase contrast. In 948/1006 subjects (94%)of the total analyzed, various alterations in the state of aggregation of the erythrocytes were highlighted and the presence in the peripheral blood of exogenous point-like and self-luminescent particles in the dark field was detected, with a decidedly luminescence higher than that of the well oxygenated red blood cell wall and with a characteristic "starry sky" appearance. The subjects were analyzed thereafter and typically presented tubular / fibrous formations and frequently also crystalline and lamellar formations with extremely complex and constant morphologies.

The blood tests of twelve subjects, carried out with the same methodology before vaccination, showed absolutely normal haematological features. The alterations found after the inoculation of mRNA vaccines further support the hypothesis that the modifications should be referred in the first instance to mRNA vaccines.

The 4 cases described in this series are representative of the 948 cases in which absolutely anomalous structures and substances were found. The alterations in the erythrocytes show a tendency to aggregation / disintegration, stacking in rouleaux, haemolysis, conditions suggestive for an important alteration of the Zeta potential. Furthermore, there is a tendency for fibrin to cluster. These alterations could be correlated with coagulation disorders after anti-COVID vaccination, also caused by the known vascular toxicity of the Spike protein [2,3], produced by subjects inoculated with mRNA vaccines [4].
With these haematological pictures it is legitimate to expect the reactivation of oncological situations or the decompensation of a physiological senility towards accelerated forms of marasma, such as Case n. 4 seems to confirm.

In conclusion, such an abrupt change in peripheral blood smears has never been observed after inoculation of vaccines, with transition from a state of perfect normality to a pathological one, with hemolysis, packing of red blood cells and stacking of the same in complex and gigantic conglomerates.
To our knowledgee such a large quantity of particles in the blood apparently incompatible with a normal blood flow of the microcirculation and which change over time, with self-aggregation phenomena has never been documented as of yet.
Further studies are needed to define the nature of the blood particles found, where they come from and to identify possible solutions.

The **SEM analysis** (with BSE, SE and EDS study) of the blood of two subjects (case 3 and 4), performed by the Electron Microscopy Laboratory, Department of Chemistry, of the University of Turin is attached (**ANNEX I**).

Funding and conflicts of interest
All Authors declare that they have not received any funding and have no conflicts of interest.
They also state that the research reported in their work was carried out in accordance with the Helsinki Declaration of 1964, and that, although all reported data are anonymous, Informed consent was obtained from all participants prior to their enrollment in the study.

REFERENCES

1. Giovannini F., Pisano G., "Entropia nella gestione clinica di terapie tra biochimica e biofisica". n 3 Medicina Quantistica. AMBB in press
2. Yuyang Lei et Al. (2021) "Sars-CoV-2 Spikes Protein Impairs Endothelial Function via Downregulation of ACE 2" – Circulation Research .2021; 128:1323-1326.htpps://doi.org/10.1161/CIRCCRESAHA.121.318902
3. Jiang,H.; Mei,Y.-F. (2021) SARS–CoV–2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro". ; *Viruses* 2021, *13*,2056. https://doi.org/10.3390/v13102056
4. Markus Aldén , Francisko Olofsson Falla , Daowei Yang, Mohammad Barghouth, Cheng Luan, Magnus Rasmussen and Yang De Marinis – "Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line" - *Curr. Issues Mol. Biol.* **2022**, *44*, 1115–1126. https://doi.org/10.3390/cimb44030073