

Blood Alterations I : Coagulation

 carnicominstitute.org/blood-coagulation/

3 years ago

Note: Carnicom Institute is not offering any medical advice or diagnosis with the presentation of this information. CI is acting as an independent research entity that is providing the results of extended observation and analysis of unusual biological conditions that are evident. Each individual must work with their own health professional to establish any appropriate course of action and any health related comments in this paper are for informational purposes.

SUMMARY:

Blood coagulation phenomena appear to be evident in the human species. This situation is not yet known to be associated with changes in health that result from “COVID” era activity or practices. Future “COVID” analysis will require comparison subjects are that are subject to “vaccinations.” Such analysis may discover current unknown or combined effects upon human health, and blood in particular.

The coagulation factors appear to associate with the presence and effects of the “cross-domain” bacteria (CDB); a unique microbial life form identified and studied by Carnicom Institute over the last 25 years. A statistical examination indicates that the general population is subject to these coagulation factors.

This paper is Part One of a Six Part Series.

The following information should not be overstated, and I will do my best to exercise prudent restraint. By the same token, the findings should not be *understated* as they are of great significance to the health of our species and biology of the planet in general.

I would like to set the stage for the information forthcoming in this and future reports. Carnicom Institute (CI) no longer has a dedicated laboratory facility and this has been the case for some time; instrumentation, facility, sampling and staffing at previous levels no longer exists.

Carnicom Institute is in a transitional stage of release of all information to the public. A primary need is for the suitable distribution and comprehension of the information, as censorship (esp. Google, YouTube, etc.) is a significant reality of our times, and it has escalated as such for many years now. Individuals are now exterminated or incapacitated on a routine basis. This transition is best described within the [Carnicom Institute Disclosure Project](#) (links immediately following).

LINKS TO THE CARNICOM INSTITUTE DISCLOSURE PROJECT:

[Prerequisite Information for the Carnicom Institute Disclosure Project](#)
[YouTube Removes Carnicom Institute Disclosure Project](#)

Having said this, there is now research by this organization that requires further disclosure.

The motivation for this project is the following. It is that of curiosity and deep concern for our future. The state of the world has changed at an epic level over the last few years in most every manner imaginable. Two of these arenas are certainly that of human health and social control, especially with regard to the “COVID” situation.

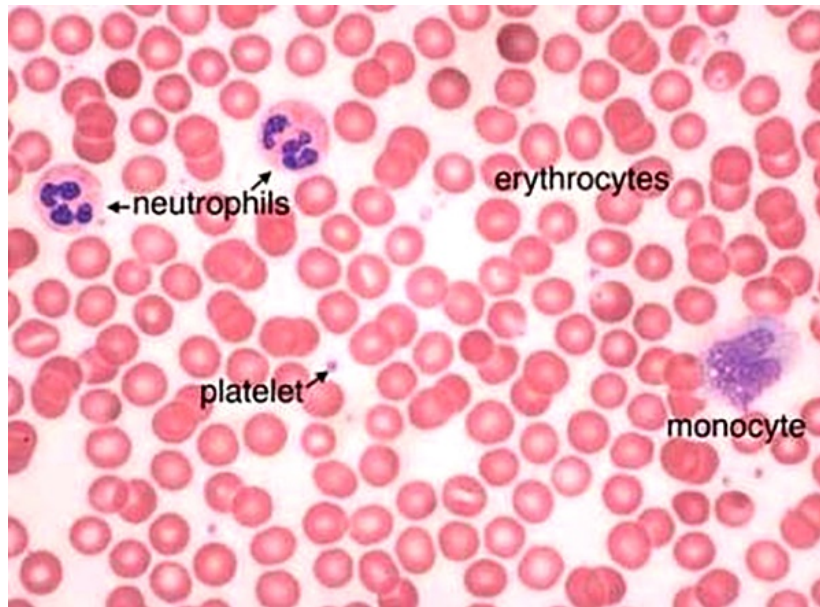
Carnicom Institute has been observing human blood conditions almost since its start close to 25 years ago; there are innumerable CI research papers in that regard. One natural question arises, and this is whether there is an observable change in the condition of human blood samples before and after the “COVID” and “vaccination” era that we are now in. The answer to that question remains in front of us, and it deserves an answer. Unfortunately, it is not at all certain or sure that Carnicom Institute will have the resources or enough time to answer it.

Given those conditions, Carnicom Institute still wishes to contribute to that answer, and there is now at least some relevant information at hand.

Next, we must lay down some groundwork. A strong distinction must be in the forefront between the “PRE-COVID” AND “POST-COVID” eras. All past CI research is PRE-COVID research. The current work takes place in the POST-COVID time frame, but any blood samples examined within this report are from individuals WITHOUT a COVID “vaccination”. What the work will show is that there are VERY serious issues afoot BEFORE consideration of direct effects from the various “vaccines”. This sequence is critical to keep in mind, and it only intensifies the need for research that is completely beyond the radar of any known expressed interest.

One standard method of examination is to prepare a dried blood smear on a slide; this has been the most common approach by CI in the past. After a several year hiatus in blood observation, it appears that dried blood slides are more difficult to prepare than in previous years. The level of coagulation, rouleaux, or agglutination appears more severe than in the past, and individual cell observation is more difficult to achieve. A real time blood coagulation observation is required, and this is the approach taken.

A reference image for a human blood smear appears below. A couple of obvious and dominant characteristics of normal blood are that of uniform circular geometry and the free standing nature of the blood cells.



Reference Human Blood Smear
Source : iytmed.com

We now describe the sample set. The sample set consists of four live blood samples that are considered as a random set from senior citizens, with no blood relatives involved. Four questions were asked of the participants of the study:

1. Age
2. Sex
3. If the individual has received any COVID “vaccinations”.
4. If the participant lives with or is in close association with an individual that has been “vaccinated.”

The responses are as follows:

Subject	Age	Sex	“COVID Vaccination”	“Vaccine” Proximity
1	69	Male	NONE	NO
2	74	Female	NONE	NO
3	71	Male	NONE	NO
4	62	Female	NONE	NO

Before proceeding to view the samples, it is helpful to recall the following:

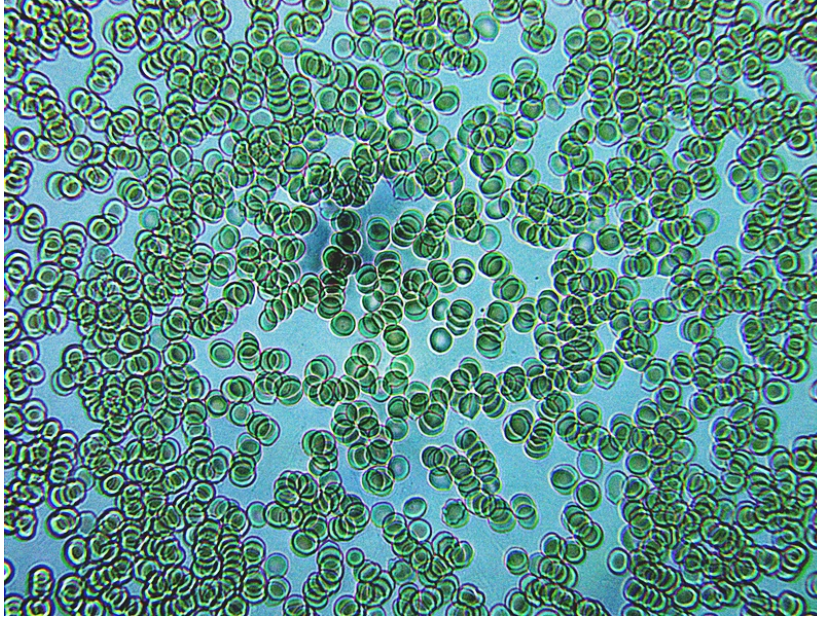
1. The blood samples are of a drop of fluid human blood, covered with a cover slip, and at moderate magnification (1500x). There is no significant air exposure during the observation period.
2. The samples examined are from individuals that have NOT received any of the "COVID" "vaccinations".
3. The interpretation of these images requires a level of familiarity with Carnicom Institute research.

Now let us look at the data samples.

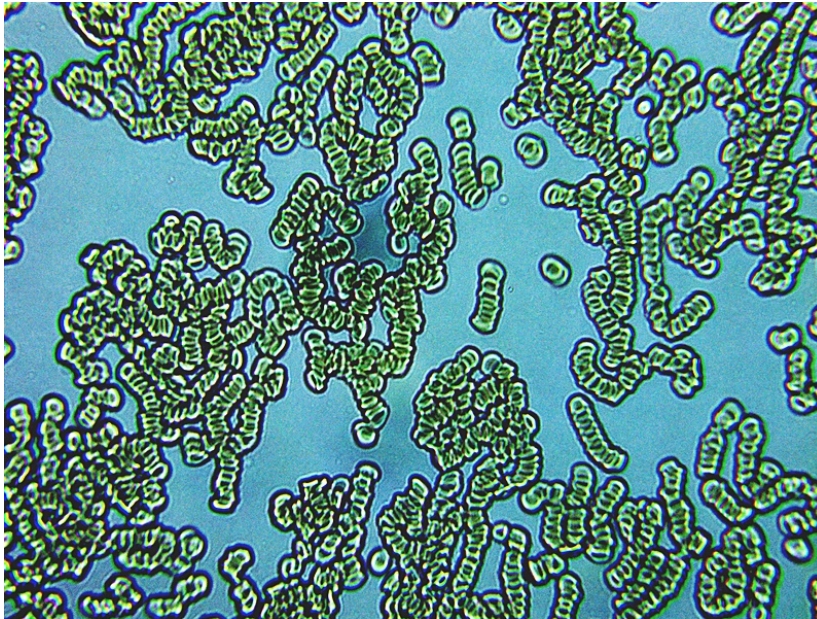
Subject 1 – Male – 69 Years

Elapsed Time Blood Coagulation Status vs. Elapsed Time

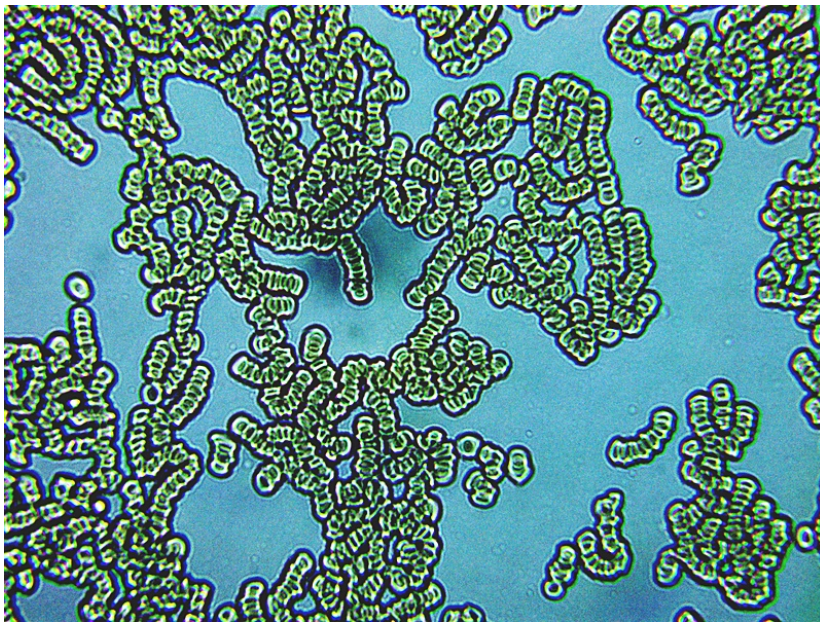
<= 2 min



2-5 min



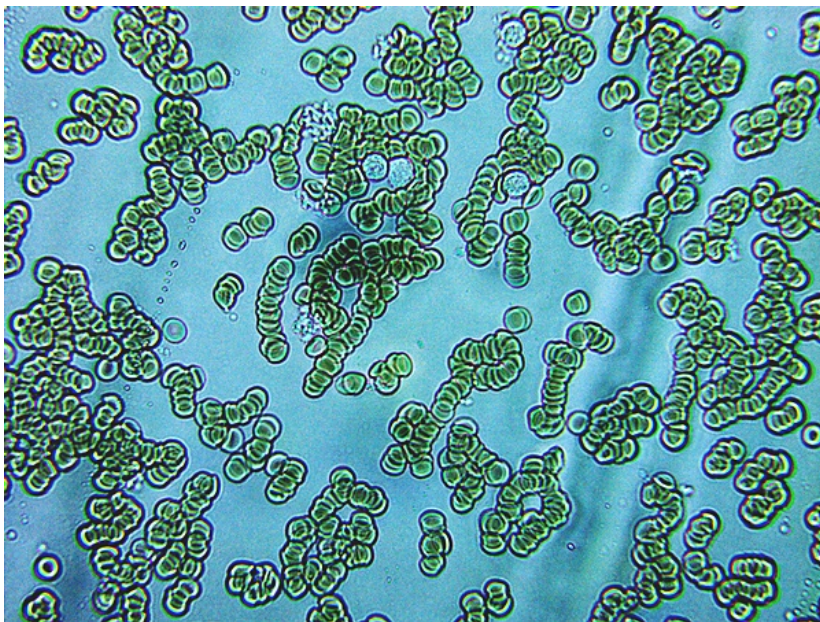
5-10 min



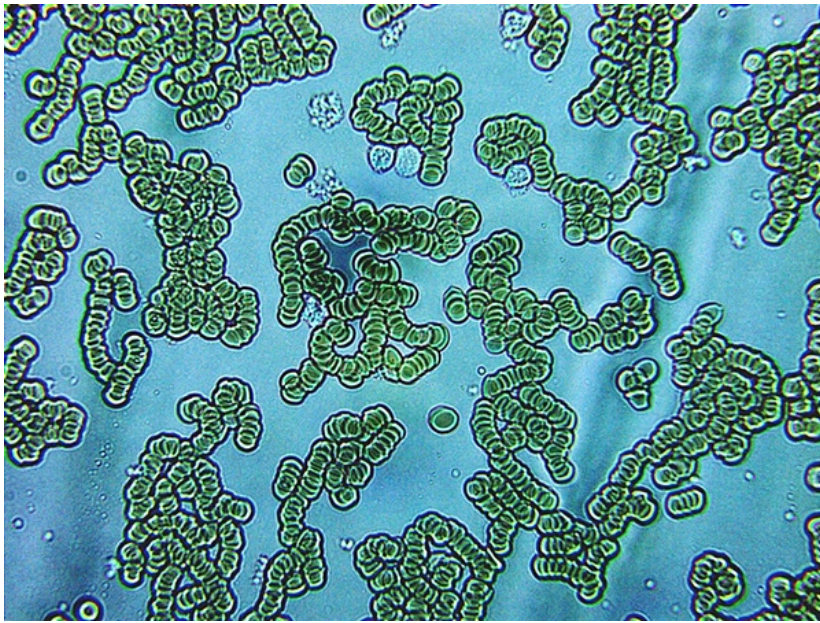
Subject 2 – Female 74 Years

Elapsed Time Blood Coagulation Status vs. Elapsed Time

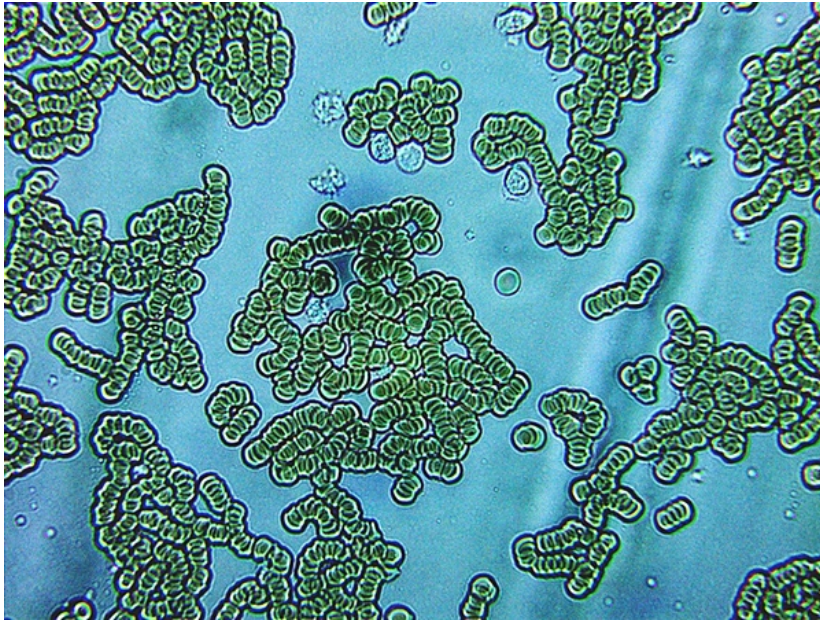
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2-5 min



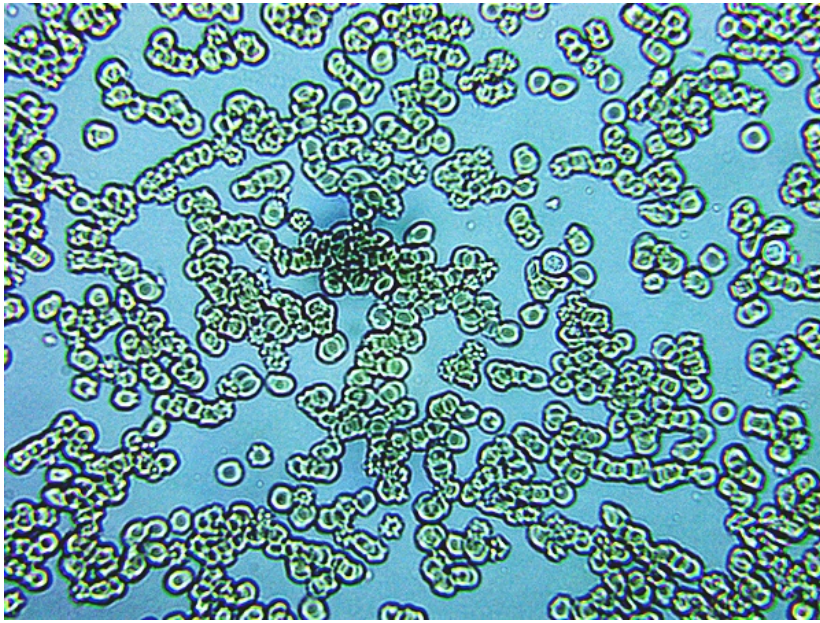
5-10 min



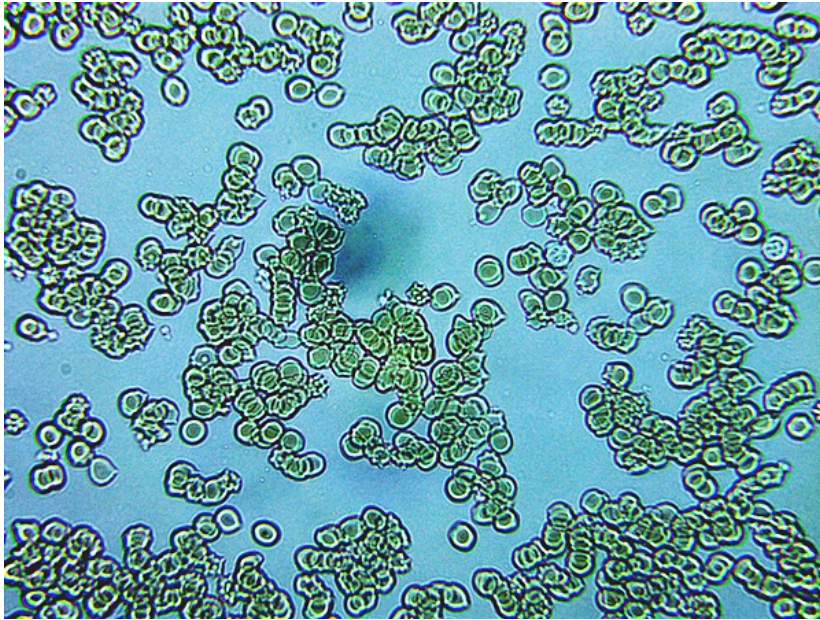
Subject 3 – Male – 71 Years

Elapsed Time Blood Coagulation Status vs. Elapsed Time

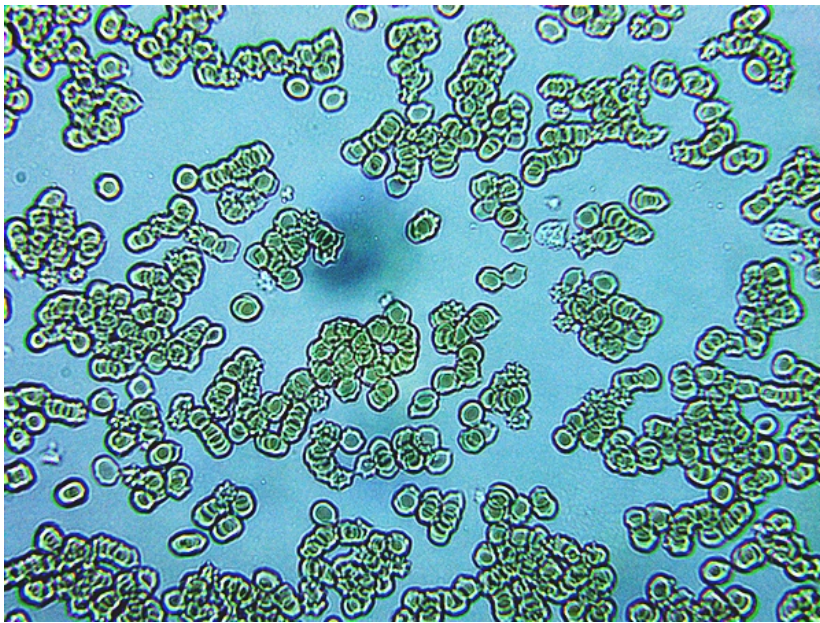
<= 2 min



2-5 min



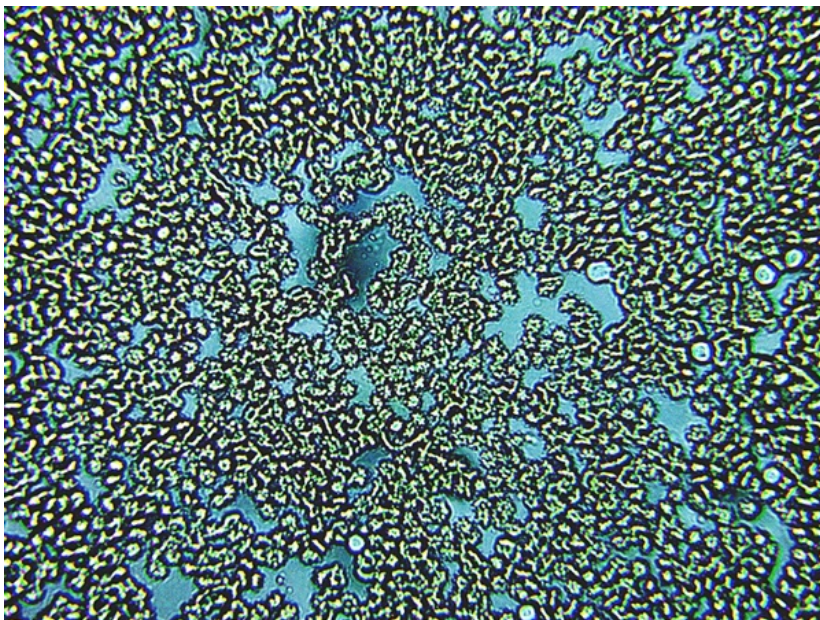
5-10 min



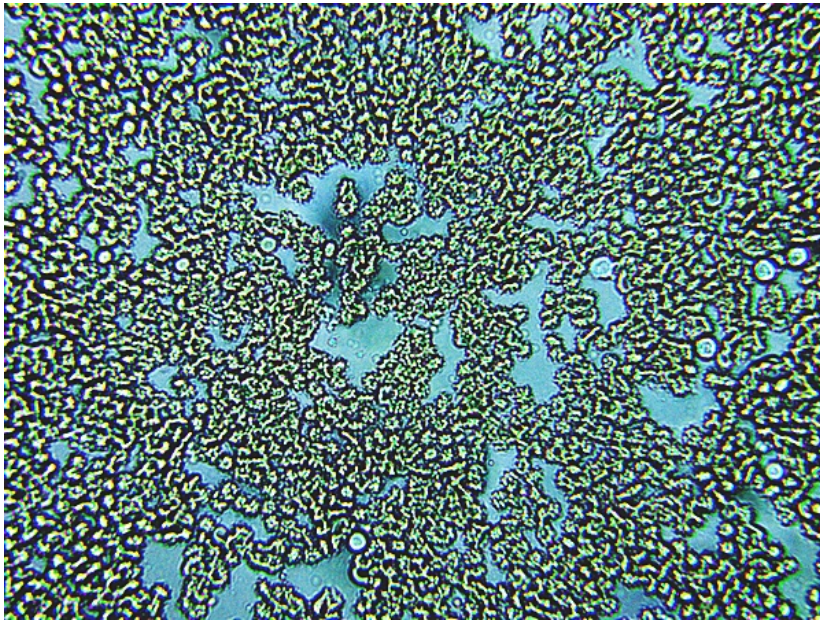
Subject 4 – Female – 62 Years

Elapsed Time Blood Coagulation Status vs. Elapsed Time

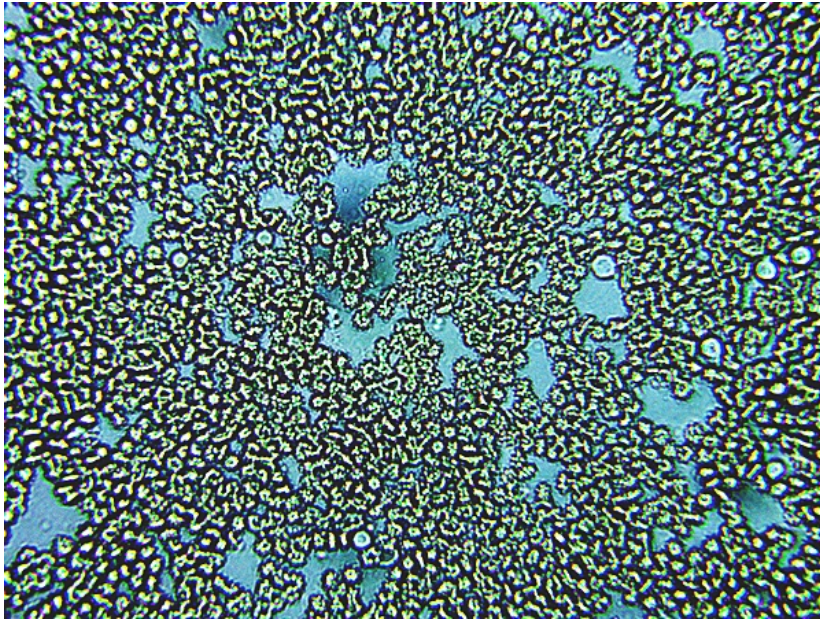
<= 2 min



2-5 min



5-10 min



From the standpoint of a researcher, let us make some observations and comments about what appears above; no medical or diagnostic assessments of any kind are being made. It is of benefit to start with a brief discussion about blood disturbance and coagulation itself.

The disruption of blood is exhibited at extreme levels in the photos above. The phenomena of "rouleaux", "agglutination", and clotting must all be brought forward immediately.

Rouleaux is the characteristic of blood cells aligning themselves in rows or chains, and is caused by an increase of plasma proteins in the blood such as fibrinogen or globulin. Agglutination is the random and disorganized clumping of red blood cells, and is caused by formation of antibody-antigen complexes. Coagulation is the process by which a blood clot is formed. It would seem reasonable to presume that all three phenomena are likely closely related or associated with one another.

There are both differences and commonalities within these blood samples that can be observed; one method to describe this is with geometry and spatial behavior. The microscope that is available for this work is modest but sufficient for the purpose (approximately 1500x). Carnicom Institute research history is an important asset to relate these observations to previous microscopy sessions with higher

caliber equipment. The presence of the “cross-domain” bacteria, as disclosed by CI research, is a crucial factor in the interpretation of these images.

Let us follow with some observational comments on each sample set:

Subject 1 is a male of 69 years. The initial appearance of the blood is the most uniform of the the four subjects. The cells are relatively free standing and of fairly uniform spherical geometry. It was also observed that this sample was the most free flowing of the various samples, and that this even flow extended longer in time than with the other samples.

The rouleaux phenomenon markedly begins within a few minutes. It is of an extreme nature. Recall that the primary motivation for choosing to view live fluid blood was the unusual difficulty encountered in the preparation of a standard form dry blood smear. Time lapse observation of fluid blood is the most insightful way in which to examine the progression of this problem.

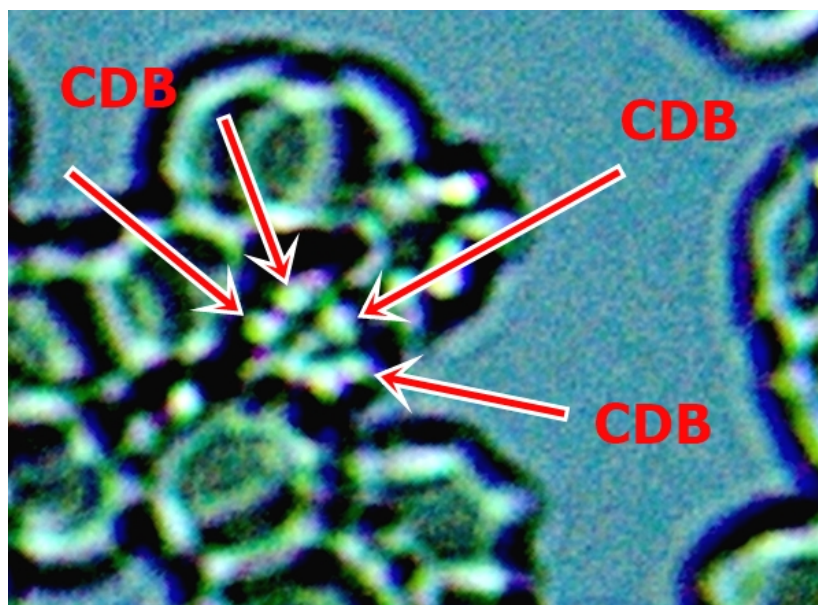
By the end of the 10 minute window of examination, both rouleaux and agglutination are advanced in scope. We also recall, as in all cases under view, that the subject has not received any of the “Covid vaccinations” and that the individual is not in regular close proximity to anyone that has.

Subject 2 is a female of 74 years. Significant rouleaux and agglutination occur from the onset of sample preparation. The abnormal blood conditions only continue and intensify during the 10 minute observation window. The geometry of the cells is relatively uniform. All samples are stabilized in their appearance by the end of this 10 minute period.

Subject 3 is a male of 71 years. Rouleaux and agglutination at moderate levels relative to the other individuals. The disturbance of the blood and its aggregation remains relatively stable across the 10 minute observation period.

Another variation that is significant is the disturbance of the geometry of the cells. This disturbance is a result of the presence of the “cross-domain bacteria” (CDB) in larger numbers surrounding and within the cells. Scores of research papers on this topic by Carnicom Institute are available on this site, and the reader is encouraged to become familiar with those reports. Interpretation of the images shown in this sample are dependent upon that knowledge base.

ALL samples of blood observed over two decades show some level of CDB presence; the only variation thus far is the degree of microbial presence. This particular sample exhibits a higher CDB presence than the previous two and this disturbance is visible even under a modest microscope view (1500x). An example of the CBD presence within the sample is shown below. The reader is referred to the research of Carnicom Institute for extended discussion on this microbial pathogen.



Subject 3 : Digital Magnification of Blood Sample with CDB Shown Within Red Blood Cells.
Approx. 6000x.

Subject 4 is a female of 62 years. The condition of this blood sample from the onset to the end of the observation period appears devastating. A combination of extreme geometric breakdown, massive CDB presence and continuous conglomeration is evident. It is difficult to conceive of the blood in this sample being able to satisfactorily perform the functions required for health.

Samples of blood comparable to this state have been seen within Carnicom Institute research on many occasions in the past. It is worth noting that Subject 4 is the youngest within the sample set. Children and animals, and for that matter all life forms examined thus far, are not exempt from the presence and existence of the CDB.

There is an important question here, and this is the how likely the event recorded above is. Even though the sample size above is small, an examination of this question leads to some interesting results. When the examination includes previous research conducted by CI over the last two decades, the results become even more confirming, or damning, as it is.

In the discussion that follows, please recall that NO human blood samples thus far examined over the decades of CI research have shown themselves to be absent of the *cross-domain bacteria* (CDB) (CI nomenclature). As it will be seen, this will only strengthen the case that is made here.

Let's start out at a more conceptual level.

To begin with, a reasonable argument can be made that the individuals participating above are independent of one another. There is no blood relation between them, they live in varying geographic locations, and they were chosen randomly to join the study. The most common characteristics shared that we see are that none of the individuals has received a "Covid vaccination" and that they are more elderly than the general population. The common thread of no "vaccination" involved actually simplifies the issue in this case.

A first question is, how likely do you think it is that four separate individuals would show the severe level of blood disturbance that is recorded above?

Some follow up questions might be, then:

Do you think that everyone would or should show such a blood condition?

Do you think one of two people should show it?

Do you think one in ten should show it?

One in a hundred?

How about 1 in 1000?

1 in a million?

Let's see what happens when we take on these questions.

If you answer yes to the first question, then you are already saying we have one huge problem on our hands (not an impossible answer, by the way...).

In fact, I would contend that if you get through the first 3 questions and answer yes to any of them, you are likewise saying that we have one big problem before us and that human health is in very serious jeopardy (not an impossible answer, by the way...).

I will make the case here (statistically speaking) that if you answer yes to ANY of the above questions, that we have one serious global concern that calls into question the current and future health and welfare of the human species.

The reasoning will be that you cannot win no matter what answer you choose yes to.

I would take on the first three or four questions on an intuitive level. If we expect that 10% of the population would show blood abnormalities or coagulation factors to this level within the range of normal health, I contend that we have lost touch with what life and health is about. I would actually say the same for 1 in a 100 as well, but let's use that example as a turning point in our methods, and switch over to some statistical thinking now. As it will be seen, from this point on, the statistical approach will show that the situation is only likely to get worse.

Here is the method of approach. In statistics, if you have events that are mutually exclusive and independent of one another, the joint probability of an event occurring will be the product of the individual probabilities. One example of this would be rolling a dice, and asking what are the chances of rolling a 3 and then rolling a 5. The answer here will be (1/6) times (1/6) or 1 in 36 (i.e., 2.8%, already fairly small).

Now take the case of having four "random" individuals exhibiting the blood conditions shown above, and that somehow we agree that 1 in 100 people should be "expected" to show this change. The probability of the events occurring is:

$(1/100) * (1/100) * (1/100) * (1/100) = 1$ in 100 million. This makes the case that the contents of this report as being a statistical fluke are nonsensical. Even at an expectation level of 1 in a 100 people exhibiting such a condition, it should be clear that the problem is real and cannot be dismissed.

We likely understand that we could follow through with the other examples and lead to an even more dire conclusion.

If you combine this disclosure of the overwhelming CDB incidence and blood degradation with previous Carnicom Institute research, it must be concluded that we are beyond the point of "statistical likelihood". We have a major problem before us, and that problem is the future existence and welfare of the human species. Life in general is subject to this same risk.

The information in this report is simple to confirm or refute, and the methods are not complicated; however, all previous Carnicom Institute research findings must be considered in the process.

Please distribute and preserve this report globally. Thank you.

Clifford E Carnicom
Born Clifford Bruce Stewart, Jan 19 1953
Aug 27 2022