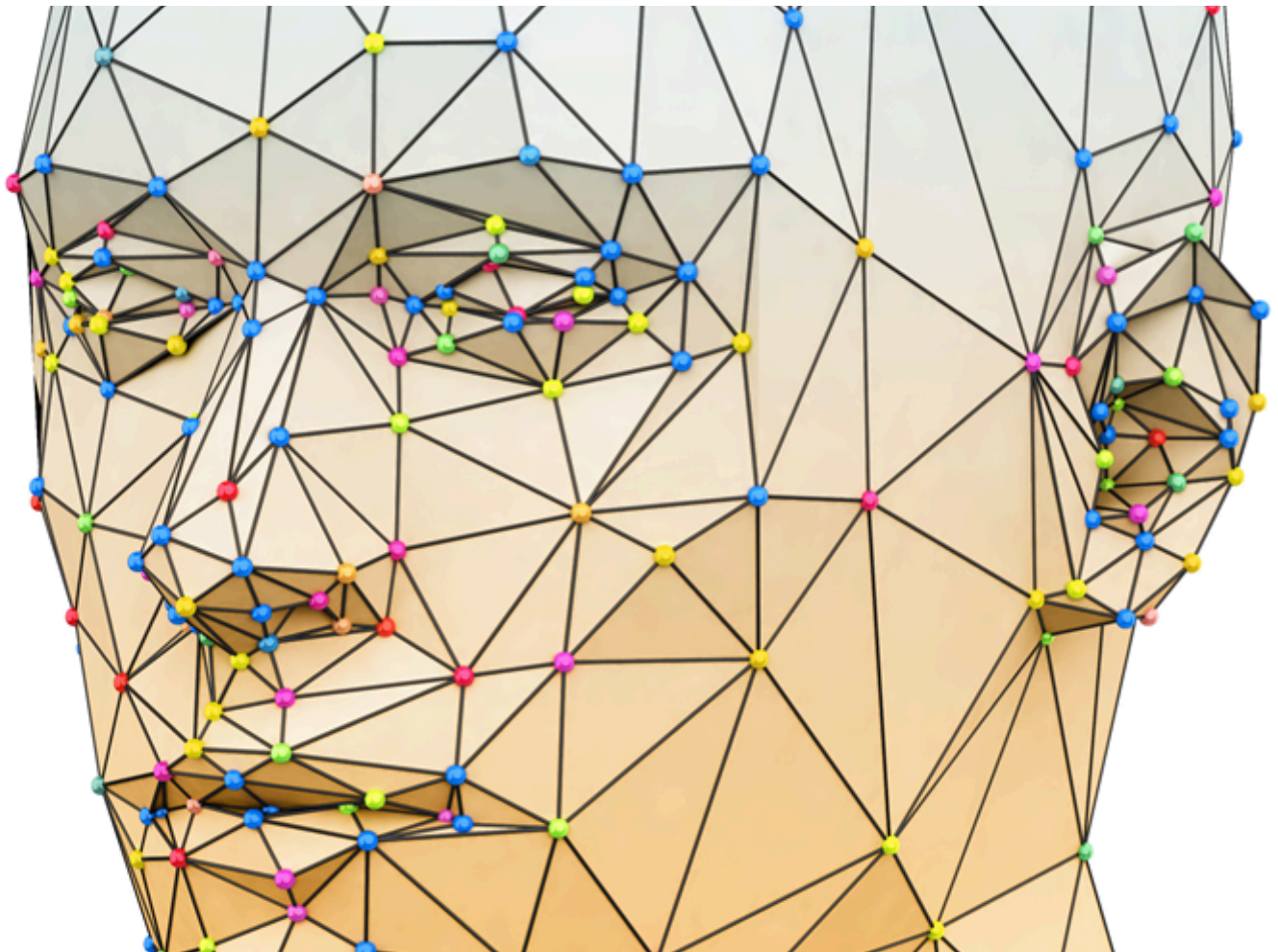




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# IFVBESA

## Information is crucial



## P75 3.2 BESA-Project Spike-Proteins

Dark field microscopy - Life blood analysis

## „Quantum Upgrade“



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# Project P75 3.2

to the topic

# Spike Proteins

Dark-field vital blood microscopy  
by the IFVBESA

on the effectiveness of the “Quantum Upgrade“ technology  
of the company Leela Quantum Tech, LLC  
also referred to as ‘test object’ in this project



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## **Client**

Company: Leela Quantum Tech, LLC  
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SANTA FEE, NM 87505  
USA

## **Project participants:**

**Project management:** Wolfgang Hans Albrecht, President and Scientific Director of the IFVBESA

**Project realisation:** Eva Krankl, Vice Presidentin and Deputy Scientific Director of the IFVBESA

**Test person (test subject):** 24 test subjects from the randomised double-blind study - Projekt P75 3.0

**other participants:** none

**Project location:** Location of the IFVBESA (internationaler Federation for bioenergetic System Analysis)  
Hauptstraße 1  
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**Date:** 03.03.2024 until 31.08.2024

**Project duration:** 181 days



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### Important notes:

The client has the right to utilise this project report. Irrespective of this, this report is the intellectual property of IFVBESA as the contractor. The contractor is authorised to use this project report for other purposes, provided that this does not violate the client's data protection or confidentiality. On the other hand, the project report, with the exception of the 'authorised abridged version', may not be changed or abridged without the consent of IFVBESA. The assignment for this project relates to bioenergetically measurable values and their interpretation in accordance with the guidelines of BESA and the IFVBESA.

Maintaining the quality of the tested products and their regular monitoring is the task and responsibility of the client. Investigating the manufacture, mechanism of action or interpretation of the client's products vis-à-vis third parties is not the responsibility or task of the contractor. Video recordings may only be made with the authorisation of IFVBESA.



## Basics of research project creation P75 3.2

The International Association for Bioenergetic Systems Analysis was commissioned by Leela Quantum Tech LLC to test and verify the effect of the “Quantum Upgrade” test object using dark-field microscopy and live blood analysis in the P75 3.0 project. The P75 3.2 project is an extension of the P75 3.0 study. This project is concerned with the question of the extent to which the test object was able to have a significant (sustainable, life-promoting) influence on the development of spike proteins in the vital blood of the test subjects. This project P75 3.2 deals with the follow-up of the results from P75 3.0 with regard to spike proteins and their influence on the morphology of the blood.

### Description of the "Quantum Upgrade" by the client

The first thing to understand is that two independent objects can be energetically connected. This connection or "association" is referred to as quantum entanglement. Once these two objects are entangled, a change in one object or entity causes a change in the other, even if they are not in close proximity to each other.

For example, a mother can "sense" when something is happening to her child, even if she is thousands of miles away. She is connected (quantum entangled) with her child. In this way, scientists can also take an astronaut's skin cell or blood sample on Earth, send it into space and observe any changes in the cells or samples remaining on Earth.

#### **„Quantum Upgrade" uses the same proven principle**

Through years of research and development of the Leela Quantum product, Leela Quantum Tech, LLC has created one of the world's most powerful sources of usable quantum energy. With the Quantum Upgrade, homes, telephones, automobiles, businesses, other products or pets can all be connected to this energy source.

Immediately upon activation, instantaneous quantum entanglement occurs and quantum energy is channeled to the locations previously determined within the framework of the respective requirements. Healers, emphatic people, or those particularly sensitive to electromagnetic fields (EMF) or electromagnetic radiation will likely notice the difference immediately. Others may need a little more time or “feel” nothing at first – until the first changes in their lives become apparent.

#### **How quantum energy supports change**

In physics there is the so-called principle of inertia, which states:

"A body at rest remains at rest or maintains its state of motion as long as no force acts on it or the sum of the forces cancels out. Even a body in motion will continue to move at a constant speed as long as no external forces act on it".

This so-called Newton's first law can therefore be applied to all biological objects just as well as to humans: it is easier to continue something the same than to change it, since change requires more energy.



But what happens when you don't have enough energy to change? You get stuck. And that's exactly where most of humanity is. They are stuck in old ways of thinking, acting and living.

This is one of the reasons meditation, prayer and other spiritual practices can lead to powerful change. They connect us to the "source" or in other words via the quantum energy back to our source (origin).

And thanks to this additional energy (quantum energy), the "Quantum Upgrade" can bring about a change that would have been impossible before.

## What are spike proteins

### **General:**

The spike protein injected or infectious transmitted via the mRNA vaccines penetrates the cell nuclei, suppresses the DNA repair mechanism (DNA = deoxyribonucleic acid) of the human body and triggers an explosion of immunodeficiency, autoimmune or other serious complications or diseases.

The reason for this is that this synthetic RNA (ribonucleic acid or RNA = ribonucleic acid) has been manipulated to produce a very unnatural spike protein that does not collapse as soon as it binds to the ACE2 receptor, as is usually the case. Instead, it remains open and adheres to the ACE2 receptor (enzyme), disabling it and causing a range of problems including heart, lung and immune deficiencies

### **Stephanie Seneff (Senior Research Scientist)**

in International Journal of Vaccine Theory, Practice and Research:

“They have modified the RNA so that it is really stable, so that the enzymes can't break it down ... Normally the enzymes in our system would just break down this RNA. RNA is very fragile, but they've made it robust by adding PEG (polyethylene glycol), by adding this lipid membrane (visible in vital blood via dark-field microscopy). The lipid is positively charged, which pretty much upsets the cell when it gets into the cell membrane.”

Seneff continues:

'So the spike protein binds to the ACE2 receptor once it's produced by the human cell ... but it's a modified version of the spike protein. It has these two prolines that make it very rigid, so it can't remodel. Normally it would bind to the ACE2 receptor, then remodel and penetrate directly into the membrane like a spear.

Because of this remodeling, it cannot do this and therefore sits unprotected on the ACE receptor... This allows the immune cells to produce antibodies that are specific to the site where it should fuse with the cell, the fusion domain. They mess up the fusion domain, keeping the protein open and preventing the protein from getting in, which means that the protein just sticks to the ACE2 receptor and deactivates it.



If you turn off the ACE2 receptors in the heart, you get heart failure. If you turn them off in the lungs, you get pulmonary hypertension. If you switch them off in the brain, you get a stroke and so on.

They've also built a lot of extra Gs (guanine) and Cs (cytosine) into the RNA, which makes it much better at making proteins. This has increased the amplification of the natural virus by a factor of 1,000, so that the RNA is much more ready to make a protein. This means that many more spike proteins are produced than would have been the case with a natural RNA virus

### **Hui Jiang und Ya-Fang Mei**

from Department of Molecular Biosciences, The Wenner-Gren-Institute - Stockholm University or from Department of Clinical Microbiology, Virology - Umeå University, in Schweden.

They initiated the research project entitled:

“SARS-CoV-2 Spike Impairs DNA Damage Repair and Inhibits V(D)J Recombination In Vitro”

Their research results were published in the journal *Viruses*, part of the SARS-CoV-2 Host Cell Interactions Edition of MDPI (Open Access Journals) and show that vaccine spike proteins enter cell nuclei and destroy the DNA repair mechanism of cells by suppressing DNA repair by up to 90%.

In the conclusion of the paper, the authors write

*"We found that the spike protein significantly inhibits the formation of both BRCA1 and 53BP1 foci. Taken together, these data show that the full-length SARS-CoV-2 spike protein inhibits DNA damage repair by interfering with the recruitment of DNA repair proteins".*

The DNA repair mechanism, also known as NHEJ (Non-Homologous End Joining), is a kind of intracellular “emergency response system” that repairs double-stranded DNA breaks. Without the NHEJ mechanism, all advanced multicellular life would cease to exist.

No human, animal or plant could survive if the integrity of their genetic code was not protected and constantly repaired by multiple other mechanisms.

DNA damage can be caused by exposure to radiation, chemicals in food and personal care products, or even mammography machines. Excessive sun exposure can also cause DNA breaks, and minor DNA mutations occur spontaneously in all living organisms. Airline pilots, for example, are routinely exposed to ionizing radiation due to their altitude.

In a normal, healthy person, the NHEJ mechanism repairs the DNA and prevents a pathogenic mutation from occurring.

However, in the presence of the vaccine spike protein or its transferred counterpart, the effectiveness of NHEJ is suppressed by up to 90 %, i.e. it cannot fulfill its task because it is no longer able to recruit proteins for repair.



As a result, the following “errors” are introduced into the chromosomes in the nuclei of human cells, all of which are due to the presence of the spike protein from mRNA vaccines or their replication or transferred replication. These are

- Mutations or “errors” in the genetic sequence
- Deleting entire sections of the genetic code
- INSERTION of faulty sections
- Mixing and adaptation / permutations of the genetic code

These errors, when expressed in cell division and proliferation, can then lead to an explosion of cancer and cancerous tumors throughout the body, loss of production of B and T cells of the immune system (i.e. induced immunodeficiency), autoimmune diseases, accelerated aging and shortened telomere length, loss of function of complex organ systems such as the circulatory, neurological, endocrine, musculoskeletal, etc.

Note IFVBESA: we see these developments very specifically in vital blood on the basis of morphological developments that have never been shown before. This leads to the question: “Why don't more people die from these highly pathological developments?”

Many of these effects are often fatal. Many others are confronted with debilitating injuries and organ dysfunctions that often require lifelong medical interventions

### **The spike protein enters the cell nucleus**

#### **Dr. Thomas Levy on Orthomolecular(.)org about the toxicity of the spike protein:**

Mechanistically, we found that the spike protein is localized in the nucleus and inhibits the repair of DNA damage by interfering with the recruitment of the important DNA repair proteins BRCA1 and 53BP1 to the site of damage. “In some cases, the spike protein enters the cell nucleus. There, as described in this article, it disrupts the DNA repair mechanism.

Concerns have been raised that the spike protein spreads throughout the body after transfer or vaccination.

Rather than remaining localized at the injection site to provoke the immune response, spike protein has been detected throughout the body in some vaccinated individuals.

In addition, some of the circulating spike proteins appear to simply bind the ACE2 receptors without entering the cell, triggering an autoimmune response against the entire cell spike protein unit. Depending on the cell type that binds the spike protein, this can lead to a range of autoimmune diseases.

Even more troubling, Dr. Levy explains that recent evidence shows that the spike protein continues to be produced in the body after the initial mRNA injection

He explains this as follows:

While the underlying pathology is not yet fully defined, one explanation for the problems with thrombotic tendencies (as demonstrated in the vital blood of the current project P75





3.2) and other symptoms observed in humans is directly related to the persistent presence of the spike protein.

Some reports claim that the spike protein may continue to be produced even after initially binding to the ACE2 receptors and entering some of the cells it initially targets.

The clinical pictures of chronically exposed people appear to be very similar and are likely due to the continued presence and body-wide distribution of the spike protein (Mendelson et al, 2020; Aucott and Rebman, 2021; Levy, 2021; Raveendran, 2021).

The full-length spike protein led to the strongest suppression of the NHEJ DNA repair mechanism.

The SARS-CoV-2 viral fragments are referred to as “Nsp1, Nsp5”, etc. The full-length spike protein is referred to as “spike” and the nucleocapsid,- another structural part of the entire spike protein pathogen,- is identified separately.

From the study:

Overexpression of Nsp1, Nsp5, Nsp13, Nsp14 and spike proteins (see also project P71) decreased the efficiency of both HR and NHEJ repair (Figure 1B-E and Figure S2A,B).

This leads to suppression of NHEJ repair by these different parts of the viral fragments. The data show that the greatest suppression of NHEJ activity is measured when the full spike protein is present.

Taken together, these data show that the full-length SARS-CoV-2 spike protein inhibits DNA damage repair by interfering with the recruitment of DNA repair proteins.

It turns out that the more spike proteins present, the stronger the suppression of DNA repair

Furthermore, the authors of the project explained as follows:

IFVBESA note: They are stating a fact here that we ourselves have been able to reproduce time and again in our studies and projects. What they explain here is particularly important.

*“After various treatments of DNA damage by spike proteins, such as irradiation, doxorubicin treatment as well as H2O2 treatment, less repair takes place in the presence of the spike protein!*

*Taken together, these data show that the spike protein directly influences DNA repair in the cell nucleus.*

*5G exposure, chemtrail exposure, food chemical exposure, mammography and even sun exposure have a direct effect on the action of spike proteins and can wreak havoc in humans.*

*The frightening result of this finding is that in these people, especially those who have received mRNA vaccines, DNA repair is suppressed, causing exposures that were once considered minor problems to become significant threats to their health”*

**I would like to summarize these statements in other words:**

People, EMSF, especially those exposed to 5G radiation, mammography exams, plasticizers in food, and carcinogens in personal care products (detergents, perfumes, shampoos, skin lotions, etc.) or through cross-transfer of spike proteins, will not be able to repair the DNA



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damage caused by these exposures. After a relatively small exposure, they will begin to mutate and spread throughout the body and, in the worst case, develop cancer.

Don't forget that 5G exposure leads to the production of peroxynitrite (peroxynitrite is an anion, or negatively charged ion, deprotonated, with the formula ONOO. Like hydrogen peroxide, it is not a free radical, but an even more powerful oxidant-see also abstract of study P79 Men's H.E.A.L 360 Underwear) in the blood, an extremely dangerous free radical (stress) that causes DNA damage in brain cells and tissue cells throughout the body.

Note IFVBESA: According to our research, we also assume that precisely these processes lead to these highly pathogenic developments that we see in the vital blood of dark field microscopy or that we test with BESA

*You could even describe this as a kind of binary weapon system, where spike proteins weaken DNA repair and 5G exposure (or chemical exposure in food and water) is the weapon that breaks DNA strands and results in the body being unable to maintain genetic integrity during cell replication.*

IFVBESA comment: We see a rapid development of bacterial cyclogenesis, especially without the use of the test object, although intensive measures are sometimes taken to suppress the reproduction of spike proteins.

*The presence of the spike protein interferes with normal immune function and leads to immunodeficiency (an AIDS-like condition). This research also shows that spike proteins from mRNA vaccines can lead to immunodeficiency states similar to AIDS. This is consistent with our previous reports of a decline in immune function of around 5% per week in people given Covid vaccines.*

From the study further:

... the loss of function of key DNA repair proteins such as ATM, DNA-PKcs, 53BP1 and others leads to defects in NHEJ repair that inhibit the production of functional B and T cells, resulting in immune deficiency.

Immune function is also severely impaired by the presence of the spike protein, which can lead to cancerous mutations in all cells of the body.

As the study goes on to explain:

DNA damage repair, particularly NHEJ repair, is essential for V(D)J recombination, which is at the core of B and T cell immunity

**Science Direct explains** (<https://www.sciencedirect.com/>):

Maintaining genomic integrity is essential for the survival of an organism. Among the various DNA damages, double-strand breaks (DSBs) are considered the most damaging, as they can lead to cell death if not repaired or to chromosomal rearrangements if repaired incorrectly, resulting in cancer.

In addition, mutations in NHEJ genes, including Ku70 and Ku80, have been associated with a shortened lifespan in mice. Furthermore, defects in DNA-PKcs (DNA-dependent protein



kinase) resulted in impaired telomere maintenance and shortened lifespan in mice. Taken together, this evidence suggests that NHEJ plays an important role in preventing the age-related increase in genomic instability and loss of function. This implies that suppression of the NHEJ DNA repair mechanism by the spike protein also leads to shortened lifespan and accelerated aging.

This project P75 3.2 is therefore an extended view of the study results of project P75 3.0. The aim is to show the effect of the test object against “spike proteins” (see project P75 3.0 Life blood analysis for extrinsic apoptosis)

## Projekt-Design 75 3.0

The project of the original study P75 3.0 was an exploratory study in which the harmonizing effect of the test object on the blood of 24 test subjects was investigated. This project was randomized, conducted using quantum entanglement and without placebo in a sham-controlled/double-blind manner.

The design of this project contained modern, quantum-physical elements and thus utilized new standards in the field of “medical-quantum-technical research”. The peripheral blood of the test subjects was taken from the corresponding fingertips and examined under a dark-field microscope using a so-called microscope slide, photographed or video-recorded and then assessed on a scale of 0 to 6. The data was analyzed and compared accordingly to determine whether the blood morphology had changed according to the exposure conditions or to determine the effect or changes compared to the

1. initial value (no exposure)
2. after an exposure of at least several days in the already mentioned and activated “Quantum Upgrade”

to be checked. No random samples or statistical tests were carried out.

## Basic research questions for project P75 3.2

1. were the traces of spike proteins observed in the vital blood of study P75 3.0 under a dark-field microscope able to regulate themselves in the sense of bacterial cyclogeny in a life-promoting manner after the test subjects had been exposed to the quantum field of the so-called “Quantum Upgrade” as a test object for at least several days to months with varying intensity and duration in a quantum entangled manner? Is the effect of the quantum field through the “Quantum Upgrade” via the process of quantum entanglement able to harmonize or improve a blood situation that may be detrimental to the health of the test subjects?
2. is the effect of the quantum field through the “Quantum Upgrade” via the process of quantum entanglement able to harmonize or improve a blood situation that may be detrimental to the health of the test persons?



This leads to further detailed research questions on the current project

P75 3.2:

- What altered behavior can be observed in spike proteins and subsequently in the immune system, especially in red and white blood cells (e.g. erythrocytes, leukocytes, monocytes, lymphocytes, thrombocytes, etc.)?
- In what form could the environment contaminated by the spike proteins be adapted by the influence of the test object?
- or is it the environment that undergoes regeneration through the influence of the test object and thus influences the spike proteins and subsequently certain blood components?
- What conclusions can be drawn from the application and the already proven effect of the test object on the situation of the stress factors triggered or intensified by the spike proteins??

## Research project description

The reason for the tests for project P75 3.2 was the follow-up analysis of the recordings of the vital blood microscopies from study P75 3.0. This follow-up was initiated due to the specific questions on the subject of spike proteins after completion of study P75 3.0.

In the course of this project P75 3.2, the photographs and videos of all test subjects from the P75 3.0 project will be re-examined and scrutinized with a focus on “traces of spike proteins” and their effect on the morphology of the blood and the blood environment.

This project P75 3.2 is therefore concerned with the retrospective view of the functionality and mode of action of the test object “Quantum Upgrade” in relation to spike proteins in the context of vital blood and its environment.

## Legend for interpreting the characteristics of the blood analysis

The most important real phenomena in relation to parasites and their significance.

### Red blood count and milieu

#### **Agglutination of the erythrocytes (AE):**

non-specific agglutination (cell accumulation) of the erythrocytes (red blood cells), low values are an expression of vital blood

#### **Chondrite - micro-chondrites (MiCH):**

Last stage of the low-valent apathogenic endobiont forms. Can form entire networks or meshes of fibrin - restriction of flow velocity (viscosity), congestion, microcirculatory disorders



### **Chondrite - macro-chondrites (MaCH):**

Signs of high pathogenicity, from endobiontically damaged erythrocytes, can also detach - free in the blood plasma

### **Overfilling of the plasma space with endobionts (ÜE):**

Shrinkage of erythrocytes, increased formation of cogwheel cells and ghosts

### **Anisozytosis (AZYT):**

Differences in size between erythrocytes due to pathogenic effects, ->  
Consumption processes with erythrocyte reduction in size

### **Cogwheel cells with symprotite filling:**

In the advanced endobiosis stage (pathogenic), snake-like outgrowths form

### **Cogwheel cells with vacuoles:**

In the advanced endobiosis stage (pathogenic), vacuoles form inside the cells.  
cells

### **Bear paw erythrocytes (BTE):**

Predominantly in renal insufficiency or overload, haemolytic anaemia

### **Blood flow properties (FEB):**

The higher the blood flow properties, the more efficient the quality of oxygen supply to the target areas with oxygen

### **Deformation of the cell membrane (DZM):**

Disturbances in the regular shape of the erythrocytes (blood-cell membrane disorders) or Irregularities in the membrane shapes of the red blood cells. The more regular, the more pronounced the vitality of the blood

### **Filitisation (FB):**

Filament networks in the blood, restriction of the microcirculation and flow properties of the blood, => arterial and venous congestion, circulatory disorders, forms of hypertension, and much more. Filit formation is a sign of oxidative stress. The lower or harmonious filit formation, the higher the stress tolerance. Adequate filit formation is an expression of harmonious cell metabolism

### **Filit-nest-filit-symplasts (FN-S):**

Strong accumulation of filament networks in the blood to form nests or further to form regular symplasts when combined with endobiontic material

### **Haemolysis (H):**

Disintegration or dissolution of the erythrocytes (red blood cells)

### **Mychite or ascite (A):**

spherical primordial germ cell of all bacteria, with wall-bound nucleus = mychite. They can also form groups (many small mychites). Original form of bacterial formation of cocci or rod



bacteria. Can be found in the environment as well as within erythrocytes, e.g. *Leptotrichia buccalis* extracellular and intracellular

**Ascitic chains (AK):**

Chain-like accumulation either free or growing from erythrocytes or leucocytes, highly pathogenic

**Dendroid vacuoles, erythrocytes with vacuoles (EV):**

Vacuoles are formed by decay and consumption processes of erythrocytes by the endobiont. These are highly pathogenic conditions

**Thecite (TH):**

Original form of all bacteria in a primordial spherical shape with more or less mobile primordial nuclei in groups or individually - more or less pathogenic depending on the stage

**Thecite in erythrocytes (THE):**

Highly pathogenic stage

**Symplasts (S):**

Form a cyclogenic stage. By shifting the blood pH => alkaline orientation. Their pathogenicity can only be differentiated according to cyclode affiliation, form and species. Can be differentiated. E.g. *Mucor* symplasts, *Aspergillus* symplasts, mixed symplasts etc.

**Mucor-Symplasts (MS):**

**Aspergillus-Symplasts (AS):**

**Sklero-Symplasten (SS):**

Sclerotic or crystalline forms of symplasts, dry-protein forms - due to dehydration, proliferating and manifold formations of a vesicular, disc-shaped to sheet-like nature

**Parasitic burdens (PB):**

Z.B. *Leptotrichia buccalis* intra- oder extracellulär: (LB):

**Aspergillus Butterfly - Pteroharpen (AB):**

High valences of *Aspergillus niger* von Tieghem, sign of a very high endobiontic state

**Sporoid symprotites - sclero-symprotites (SS):**

Strongly luminous in several colours, depending on organ assignment, -> sclerotic forms of the endobiont, -> pathogenic

White blood count

**Thrombozyten-Symplast (TZS)**

Concentrated platelets mixed with calcium and cholesterol -> thromboses and atherosclerosis

**Endobiontic infestation of the white blood cells (EBWBK):**

Chain-like accumulation of ascites either free or growing from leucocytes highly pathogenic



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### **Endobiontic destruction of leukocytes (ZL):**

Dissolution of leukocytes by endobiontic infestation, highly pathogenic

### **Traces – Spikeprotein (SP):**

Typically haemolytic processes (disintegration or dissolution of erythrocytes and leukocytes) at all stages of cyclogenesis

### Closure and drying forms in the blood

#### **hondrite processes from erythrocytes (CHF1):**

#### **Chondrite processes from white blood cells (CHF2):**

Signs of high pathogenicity, from endobiontically damaged erythrocytes, can also detach - free in blood plasma

#### **Intestinal pattern (DM):**

Drying forms that are similar to an intestine -> note stress on the intestine in general

#### **Drepanites - fish spine (DFWS):**

Dry protein sheaths arranged one behind the other, chronic condition which can be assigned to Mucor as well as Aspergillus Cyclode

#### **Systagonia, scleroforms and pseudo-crystals (SYS):**

Nationalisation to higher organisms, complicated living - partly fantastic natural formations. In severe chronic conditions in viral, bacterial or mycotic stages

#### **Bryosclerite - star splash (BS):**

Sclerotics as dry protein symplasts - enchanting blood morphological dryings like star splashes



## Results of the follow-up of study P75 3.0

### Experimental group

In the following, subjects from the experimental group are shown and interpreted for the photographic documentation of the changes detected during the microscopic examination of the blood. The following illustrations show the expression of pathogenic stress in a representative and summarizing manner for all 24 subjects or cases with peripheral blood changes.

### Subject no. 3 or case no. 1 BEFORE:

For descriptions of the microscopy of the following test subjects, see project description for study P75 3.0.

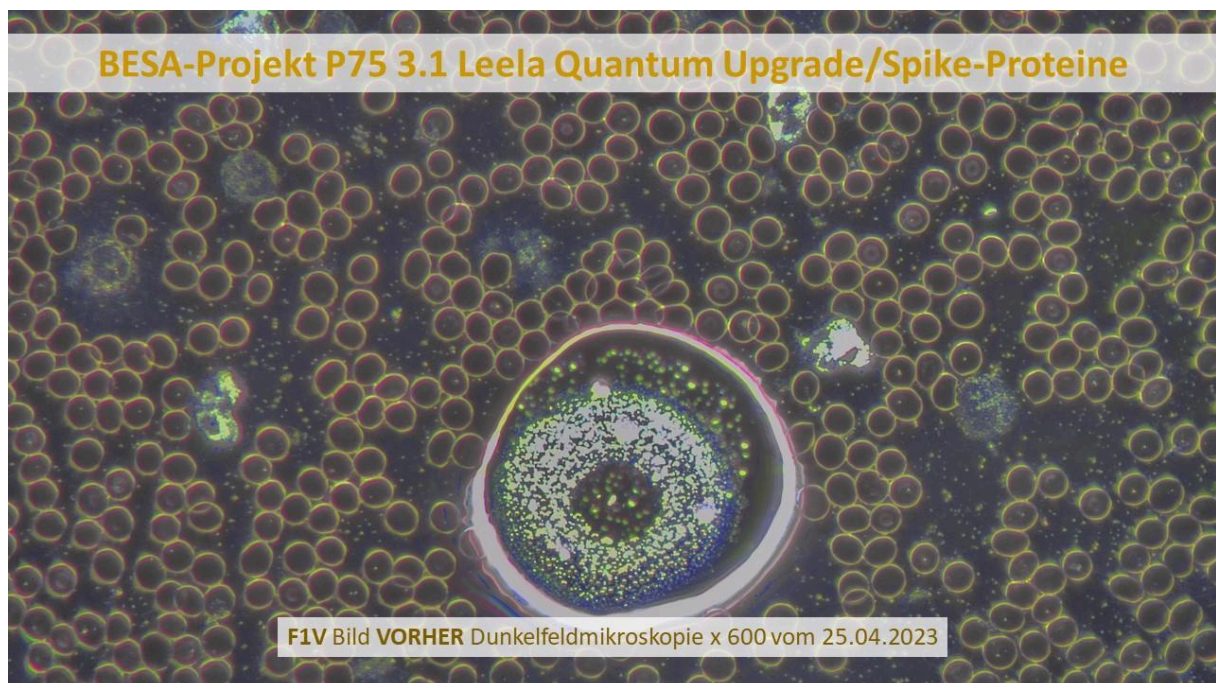


FIGURE F1V ABOVE shows an excerpt of the subject's blood condition after microscopy, i.e. BEFORE the subject is confronted with the test object. The lower section F1V of the image shows a lipid structure (round shape, donut shape) in a beautiful coloration within many erythrocytes (red blood cells).

These structures had never been identified in vital blood or in dark-field microscopy before the corona pandemic. It has a similarity to an air pocket. However, this colorfulness is unique and rather indicates the artificial structure of hydrogel (see also question: What are spike proteins and abstract spike proteins). These observations and images were taken immediately after blood collection.

FIGURE F2V BOTTOM shows a similar image a few minutes later. This section clearly shows how erythrocytes gather around the lipid structure and are simultaneously drawn into





agglutination with strong membrane deformation. Such images, and with this aggression, a few minutes after blood collection have never been seen before with air entrapment

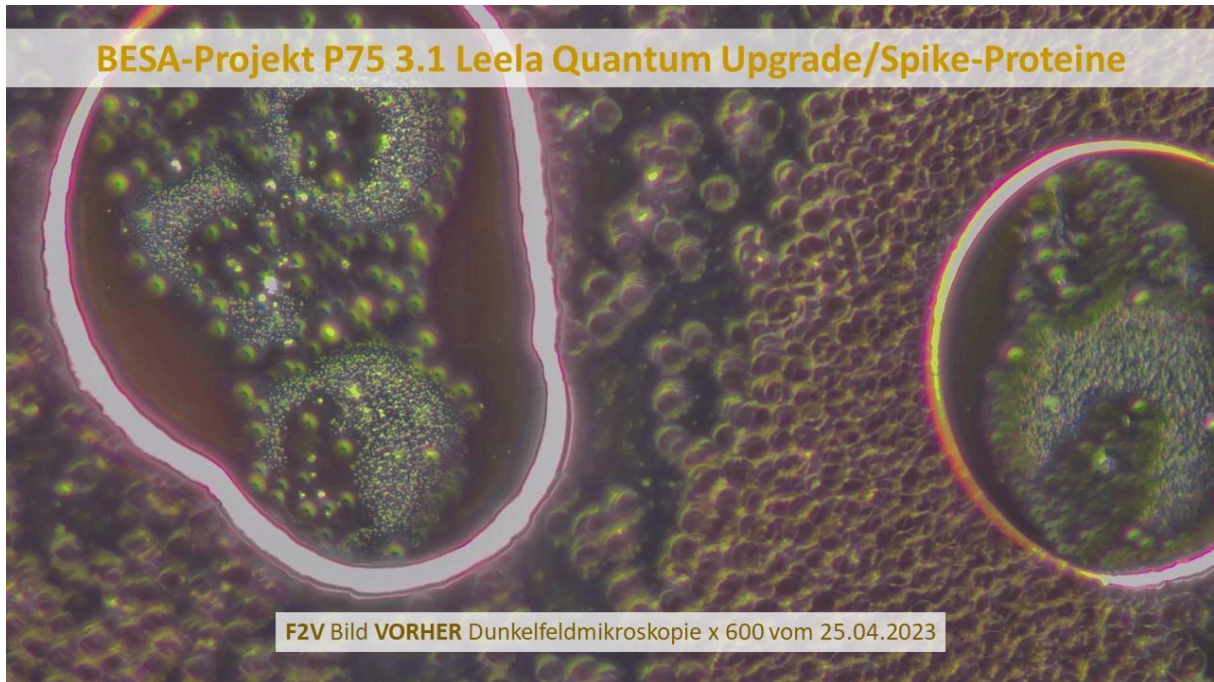
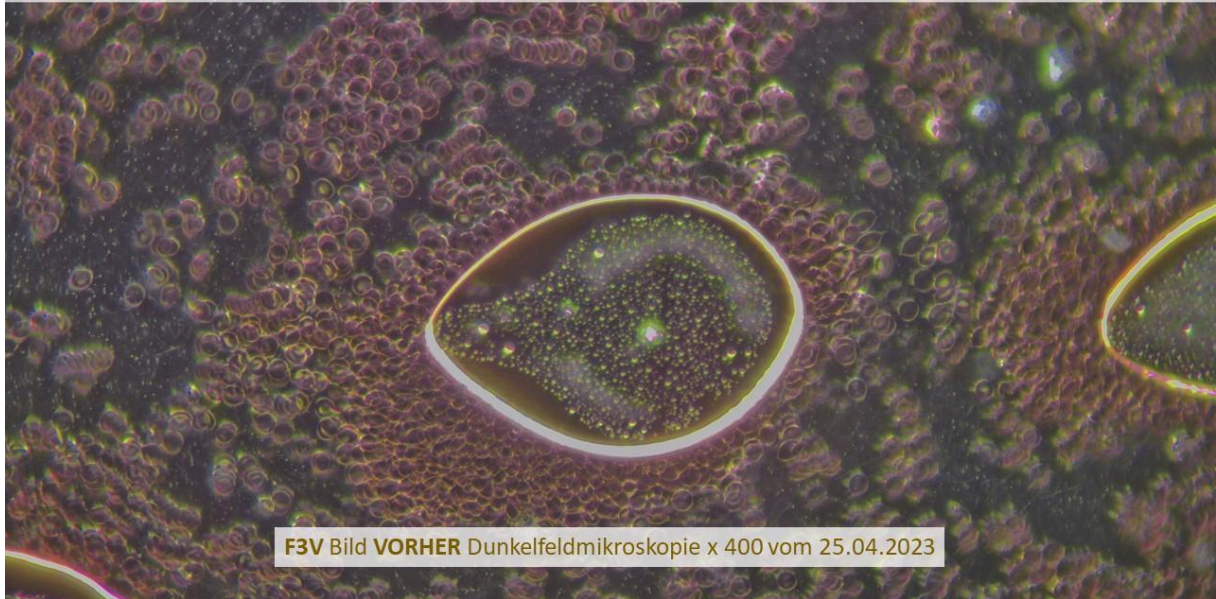


Image F3V shows a similar presentation with similar symptoms. Image F4V shows the summary of 4 further images. The bottom right image already shows so-called cogwheel cells, which only become visible after 24 hours at the earliest (normally a sign of oxygen deficiency).

Compared with the images from dark-field microscopy and electron microscopy from renowned studies and universities (see abstract for project P75 3.2 Spike proteins), these are clearly hydrogel structures, which contain spike proteins, among other things

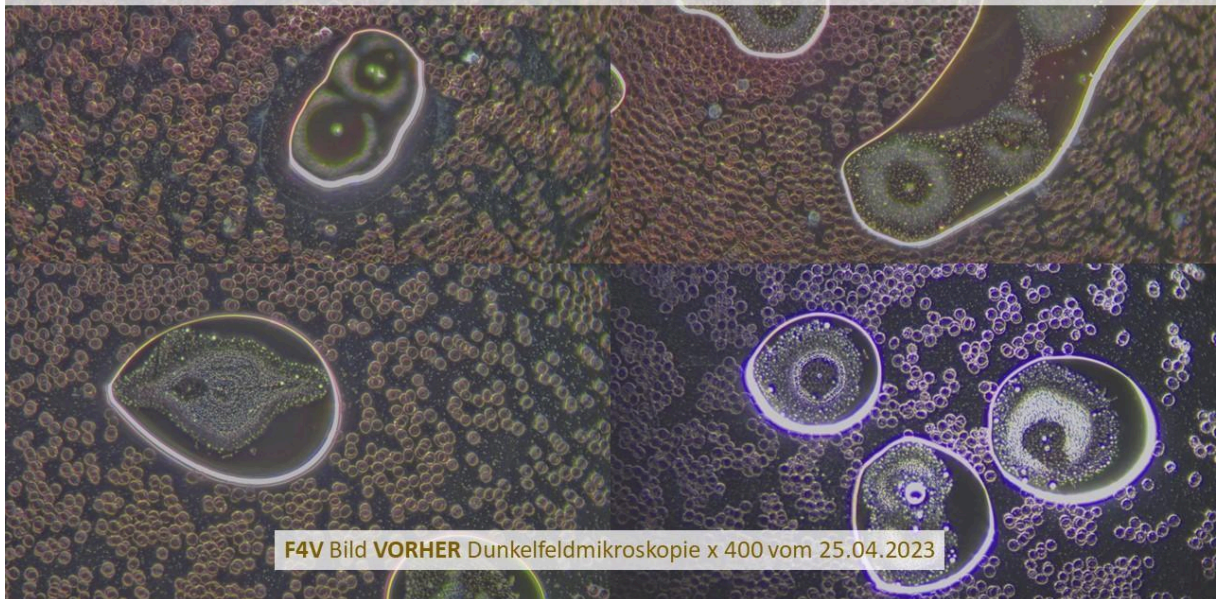


### BESA-Projekt P75 3.1 Leela Quantum Upgrade/Spike-Proteine



F3V Bild VORHER Dunkelfeldmikroskopie x 400 vom 25.04.2023

### BESA-Projekt P75 3.1 Leela Quantum Upgrade/Spike-Proteine

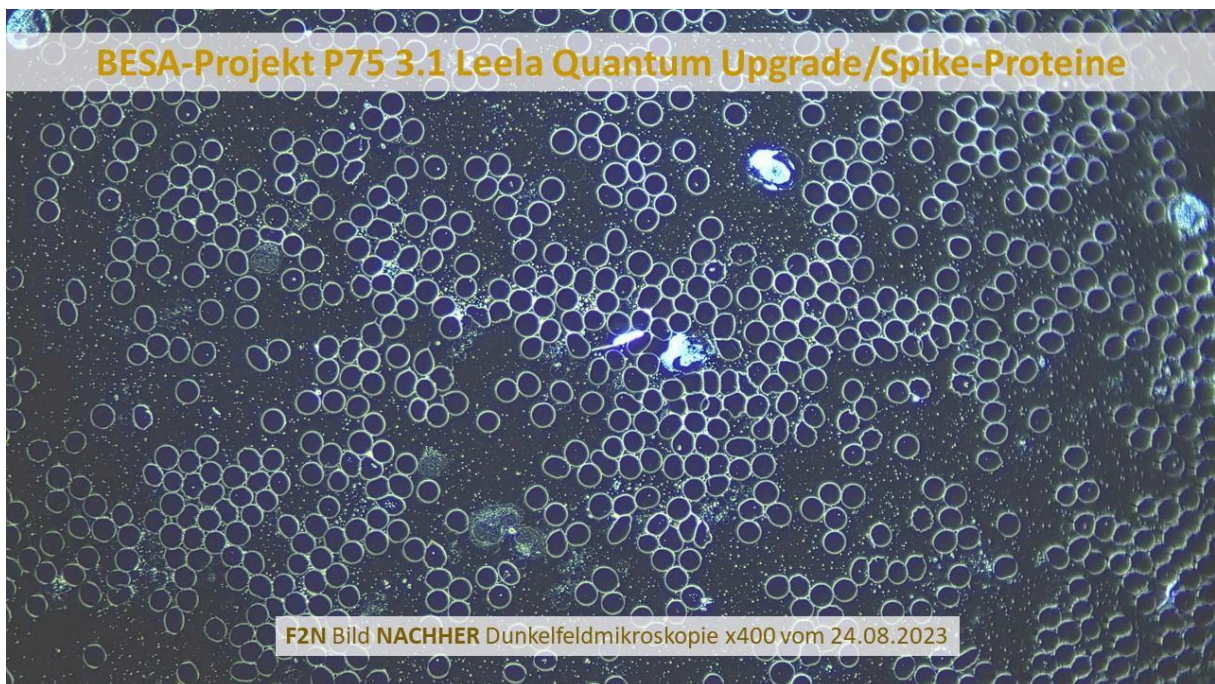
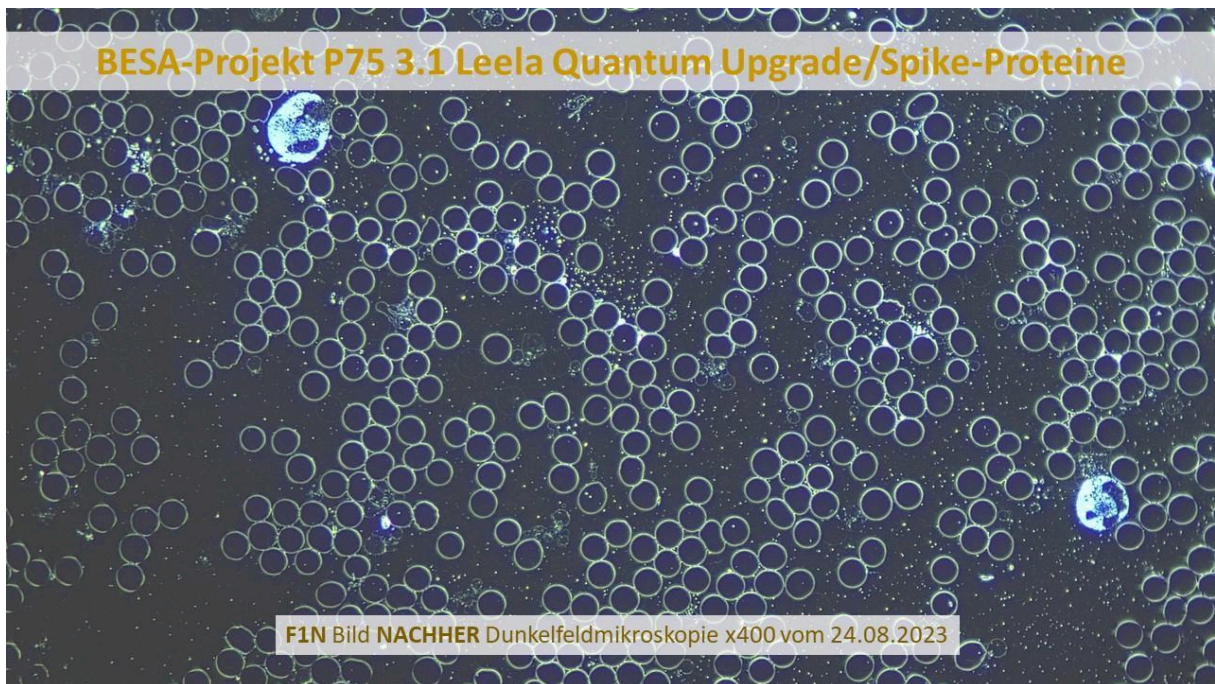


F4V Bild VORHER Dunkelfeldmikroskopie x 400 vom 25.04.2023

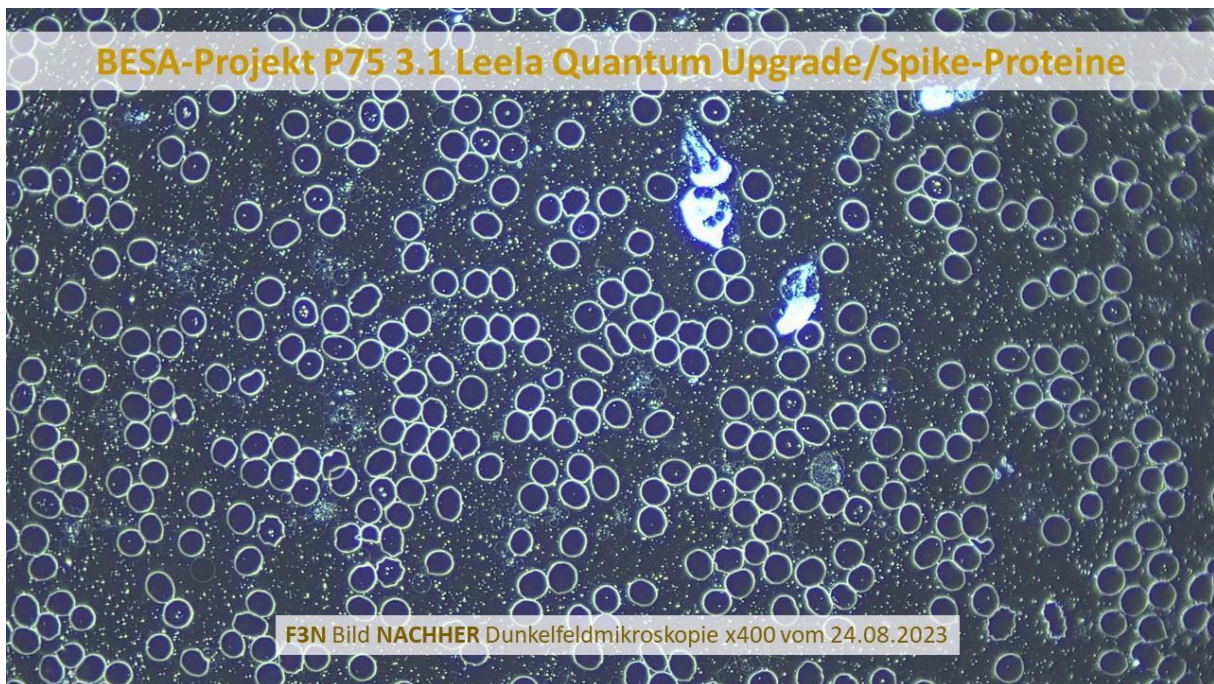
#### Subject no. 3 or case no. 1 AFTER:

The following FIGURES F1N-F3N BELOW show an excerpt of the subject's blood condition after the microscopy and AFTER the confrontation of the subject with the test object. The AFTER microscopies were taken on 24.08.2023, i.e. around 4 months after the subject was confronted with the test object.

The images were also taken a few minutes after the blood sample was taken and give no indication of hydrogel at the relevant time



All 3 images show that the stressful, highly pathogenic factors from the BEFORE microscopies (hydrogel) are largely harmonized at this point in the microscopies.



The erythrocytes show a regular shape and characteristics.

There are no visible strains that indicate the presence of spike proteins. The white blood cells are also regular and very dynamic.

Subject no. 8 or case no. 2 BEFORE:





FIGURE F1V and F2V ABOVE show a giant thrombus with a diameter of about 1.5 to 2 mm! Almost the entire drop of blood consisted of this thrombus. Such images are very rare and it is rare that such a giant thrombus can be extracted from the fingertip. In image F2V, the raised edge structure stands out clearly from the slide. The images show an extract of the subject's blood condition after microscopy, i.e. BEFORE the subject was confronted with the test object.

In the lower section F2V of the image, the red erythrocytes are clearly visible. If we were not talking about a highly pathological process triggered by spike proteins in this situation, it could be considered either a work of art or a section of a cosmic planet



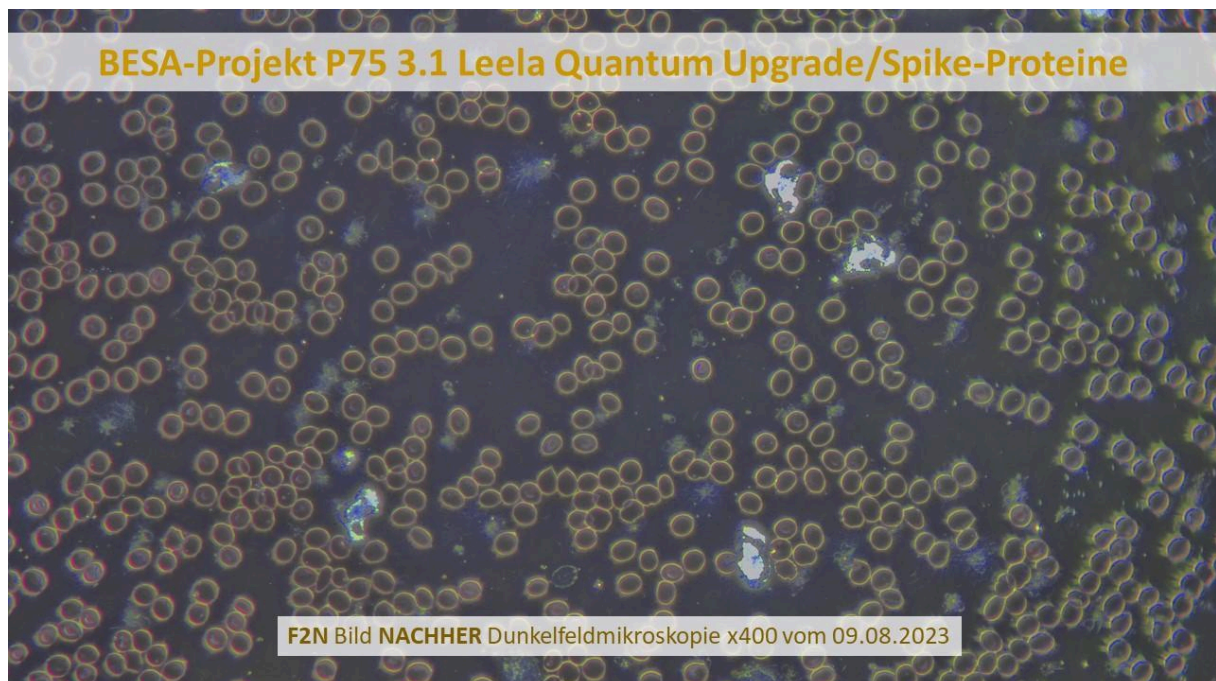
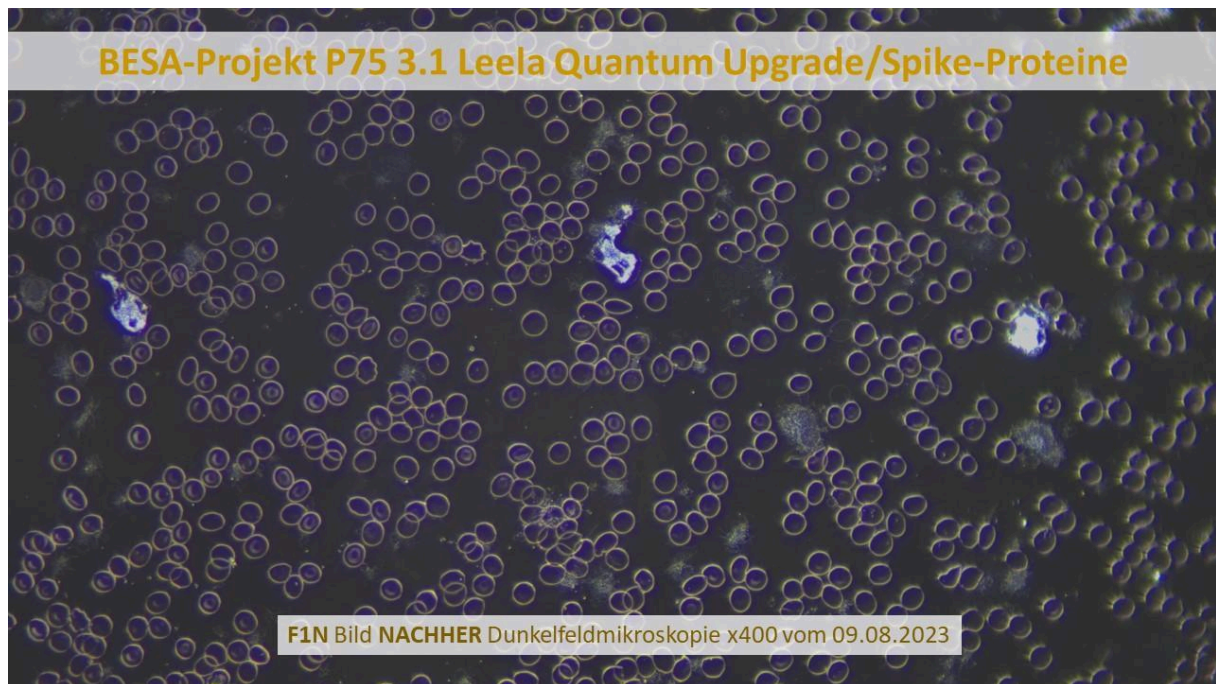
PICTURE F3V shows 2 more pictures below the photo. These were taken after I applied slight pressure to the cover glass of the slide, after which beautiful erythrocytes were immediately released to the left and right of the giant thrombus. In these two pictures below, the network structure of the filites is clearly and beautifully visible (high risk of thrombosis).

### **Subject no. 8 or case no. 2 AFTER:**

The following FIGURES F1N and F2N BELOW show an excerpt of the subject's blood condition after microscopy and AFTER the subject was confronted with the test object. The AFTER microscopies took place on 24.08.2023, i.e. around 5 months after the subject was confronted with the test object.

All of the following two images (F1N and F2N) show that there was no filit formation and certainly no platelet nests or giant thrombi. To be fair, it must be said that it would be almost impossible to obtain such large thrombi twice in succession via the fingertip.

However, the overall impression was that the blood was much improved at the same time and no traces of spike proteins could be detected. The incriminating, highly pathogenic factors from the BEFORE images of the microscopies were largely harmonized. The erythrocytes show a wonderful shape and quality. No cyclogenetic stresses are recognizable. The white blood cells also appear to be really mobile and dynamic.



### Subject no. 9 or case no. 3 BEFORE:

FIGURES F1V and F2V BELOW show an excerpt of the blood condition of the test person after microscopy, i.e. BEFORE the test person was confronted with the test object. Image F1V and F2V show veil-like or fungus-like mucor structures, which have a strongly stressful influence on both the shape and the dynamics of the surrounding erythrocytes. This can be seen in the deformed cell membranes (weakened kidney function) and also in the agglutination (accumulation of red blood cells) of the erythrocytes

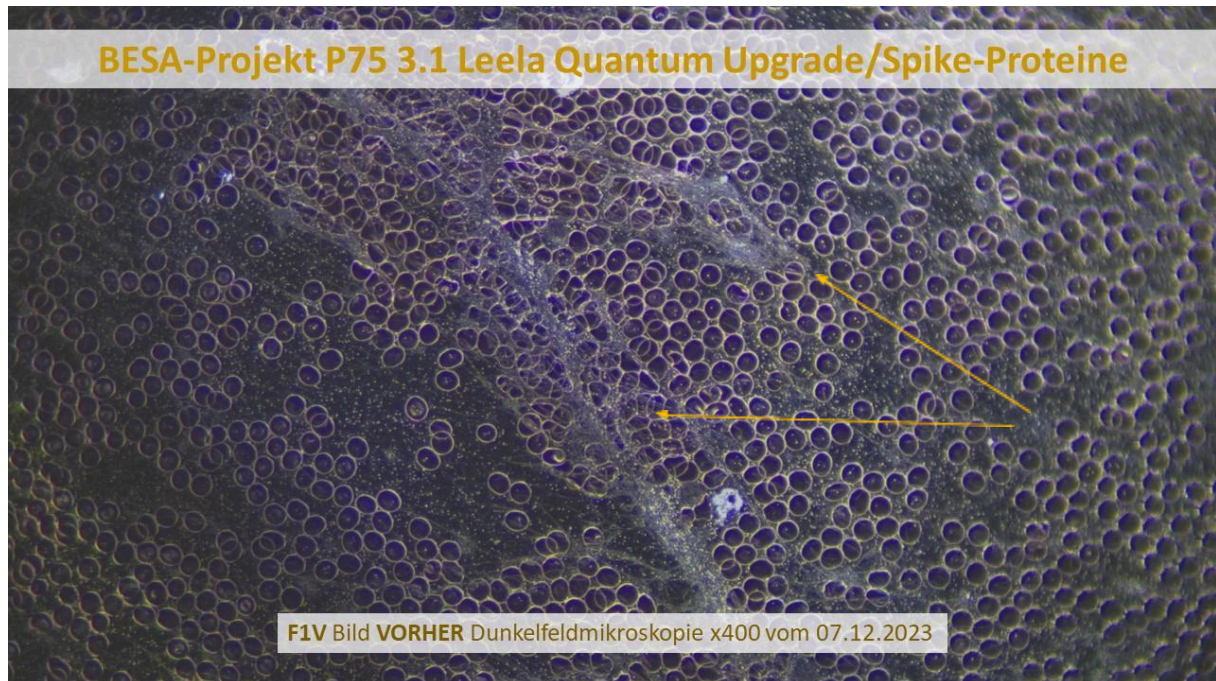
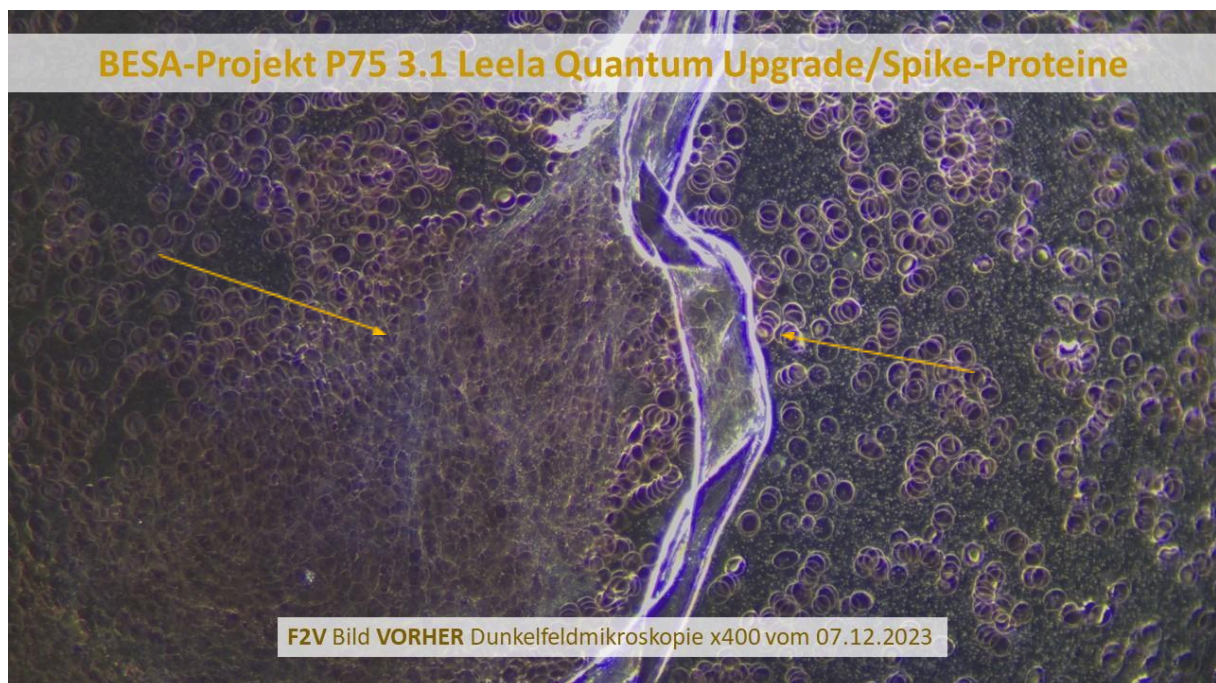


FIGURE F2V BOTTOM shows an Aspergillus mycelium (from top to bottom across the image) and the resulting agglutination and deformation of the erythrocytes as traces of spike proteins. They block the flow properties of the blood morphology and pollute the blood environment.



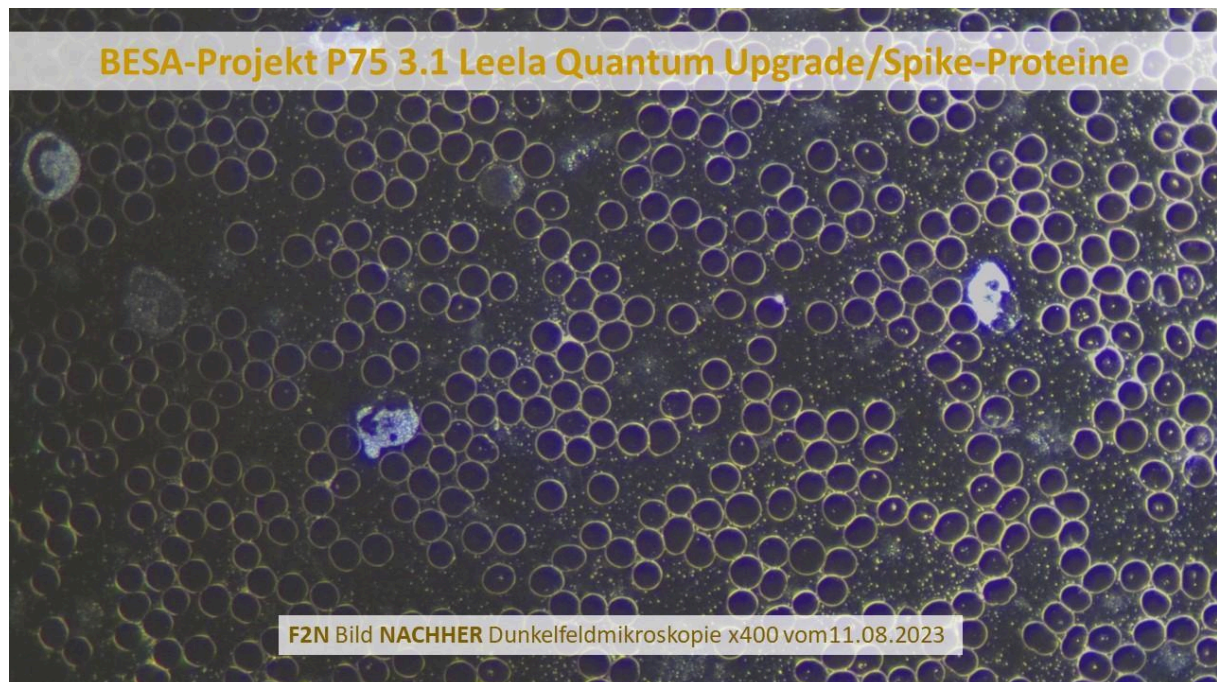
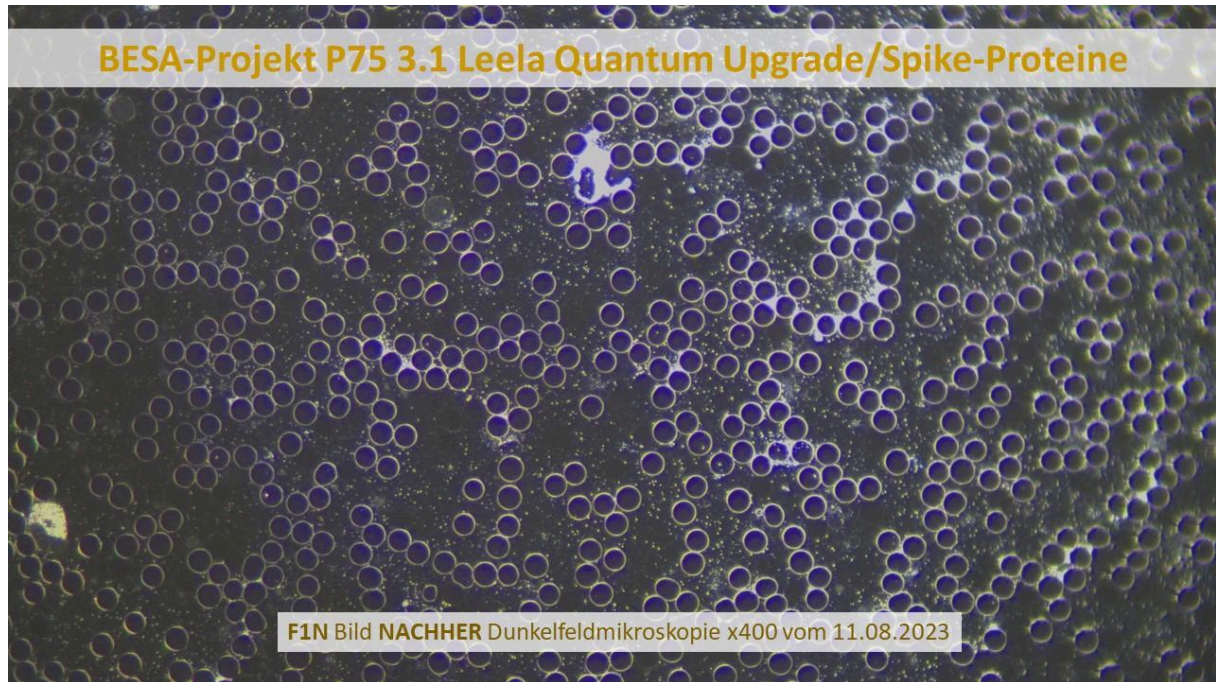
### Subject no. 9 or case no. 3 AFTER:

The following FIGURES F1N and F2N BELOW show an excerpt of the blood condition of the





subject after microscopy and AFTER confrontation of the subject with the test object.



The AFTER microscopies took place on 11.08.2023, i.e. around 8 months after the subject was confronted with the test object.

The following FIGURES F1N and F2N ABOVE show an excerpt of the subject's blood condition after the microscopy and AFTER the confrontation of the subject with the test object. The

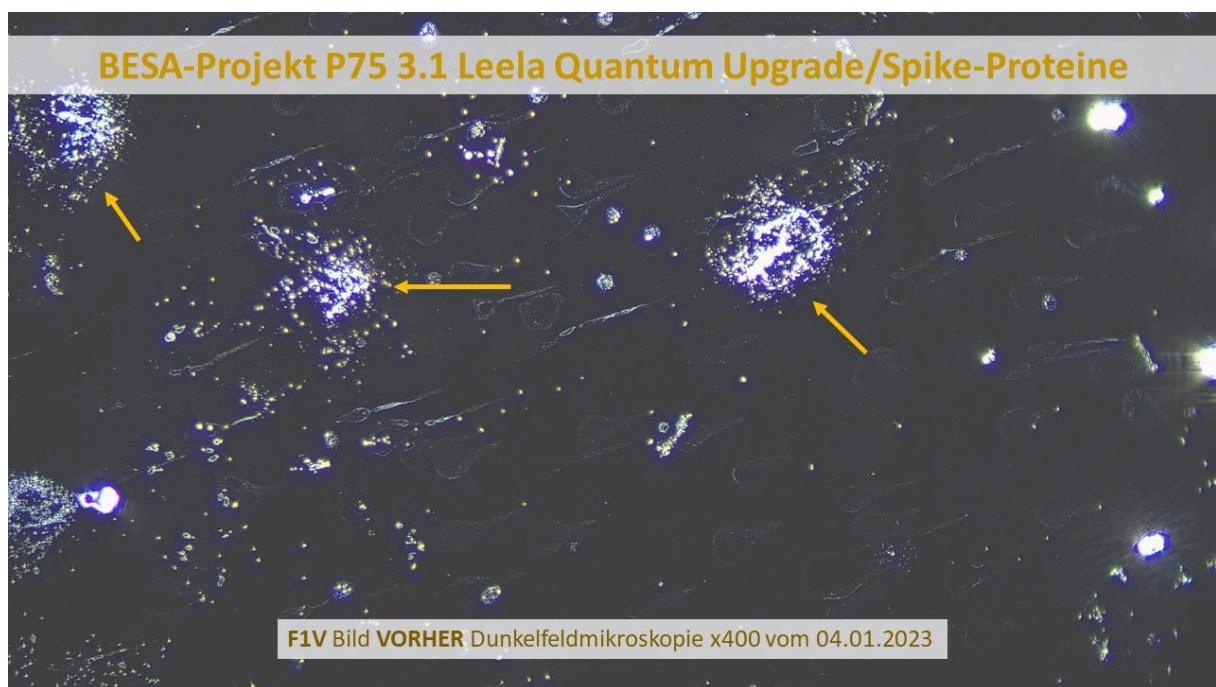


AFTER microscopies took place on 24.08.2023, i.e. around 5 months after the subject was confronted with the test object

In both of the following images (F1N and F2N) it can be seen that there was no filit formation and certainly no platelet nests or giant thrombi. The incriminating, highly pathogenic factors from the BEFORE images of the microscopies are largely harmonized. The erythrocytes show a wonderful shape and quality. At this stage of the observations, there is no evidence of spike proteins. The white blood cells also show themselves to be really mobile and dynamic

### Subject no. 14 or case no. 4 BEFORE:

FIGURES F1V to F4V BELOW show an extract of the blood condition of the test person after microscopy, i.e. BEFORE the test person was confronted with the test object. Due to the traces of spike proteins, image F1V already shows a highly contaminated environment, which led to the premature dissolution or destruction of the white blood cells (yellow arrows) (highly pathogenic process in the sense of bacterial cyclogenesis). Furthermore, veil-like, greasy-looking structures can be recognized within the blood milieu



FIGURES F2V to F4V BELOW show ghosts (shadow cells - see green arrow in F2V and F3V) over large parts of the blood smear as a result of exposure to spike proteins. Their cell membrane is already damaged to such an extent that there is no longer any light-refracting effect. This means that the haemolytic effect has been lost - the haemoglobin has passed into the actual, colorless blood plasma.

We observe these changes with great concern, as more and more often these ghosts spread over large areas of the blood smear shortly after the blood is taken, with a devastating degree of destruction of the blood environment. This represents a highly pathogenic process



that is increasingly polluting the environment. The cause is spike proteins, which subsequently lead to this premature dissolution or destruction of the white blood cells (yellow arrows F2V-F4V). This represents a highly pathogenic process in terms of the cyclogeny of the endobiont

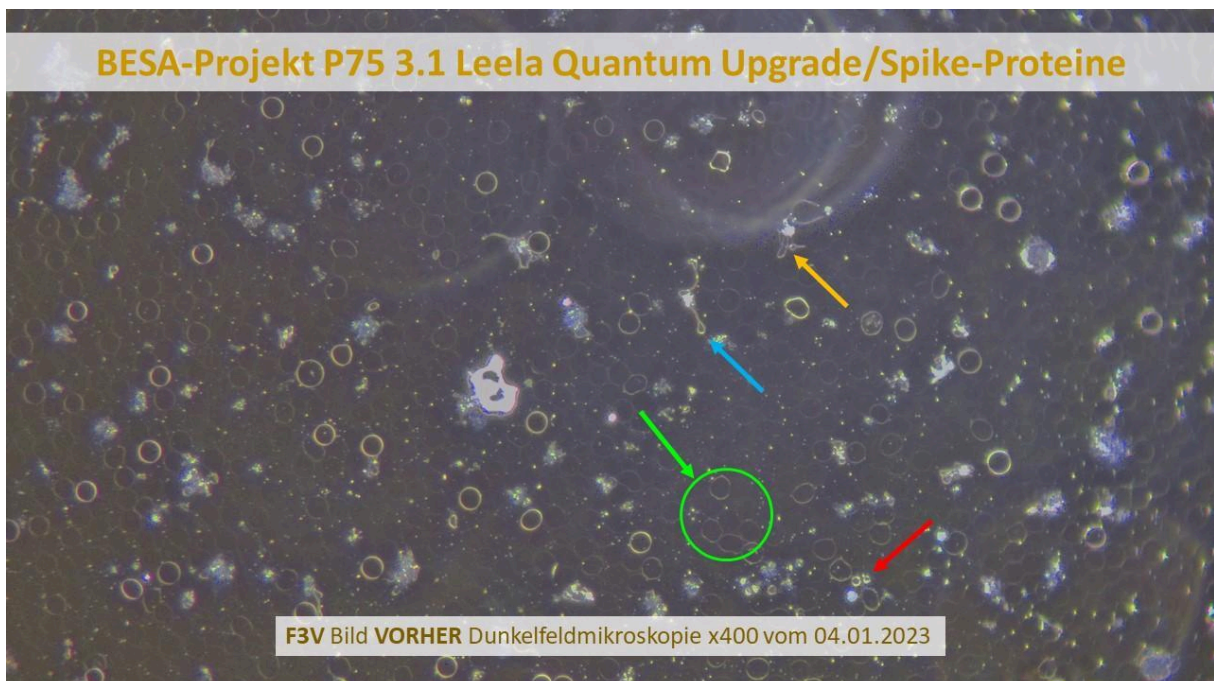
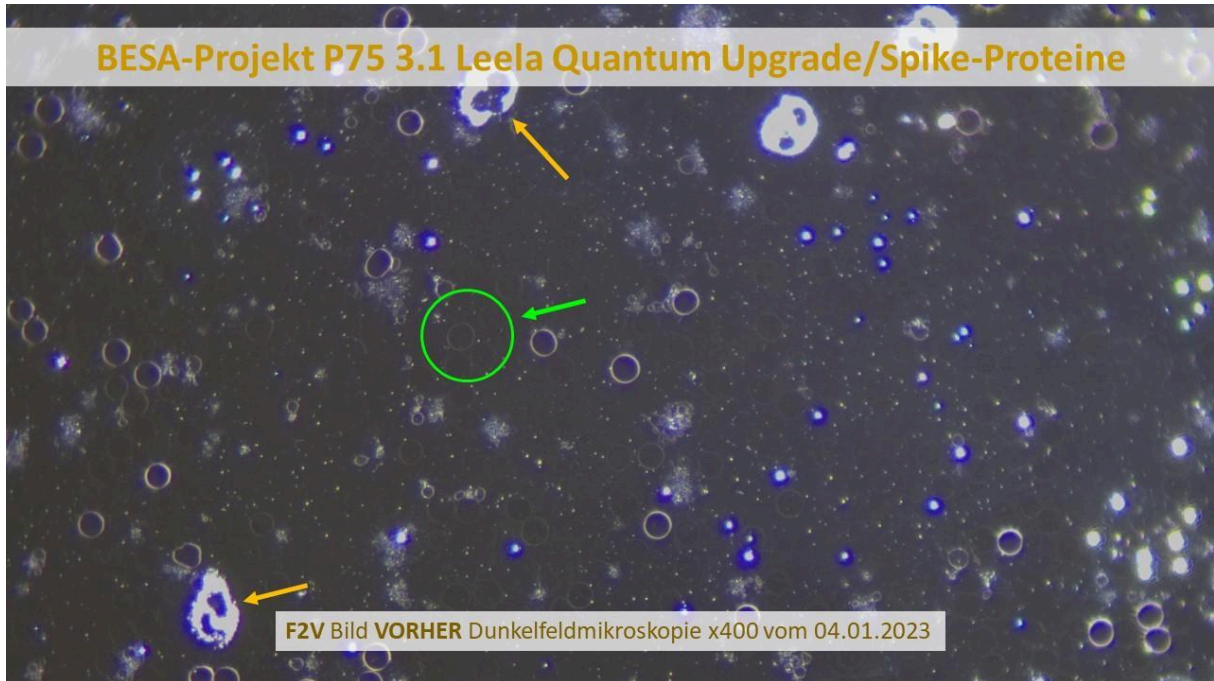
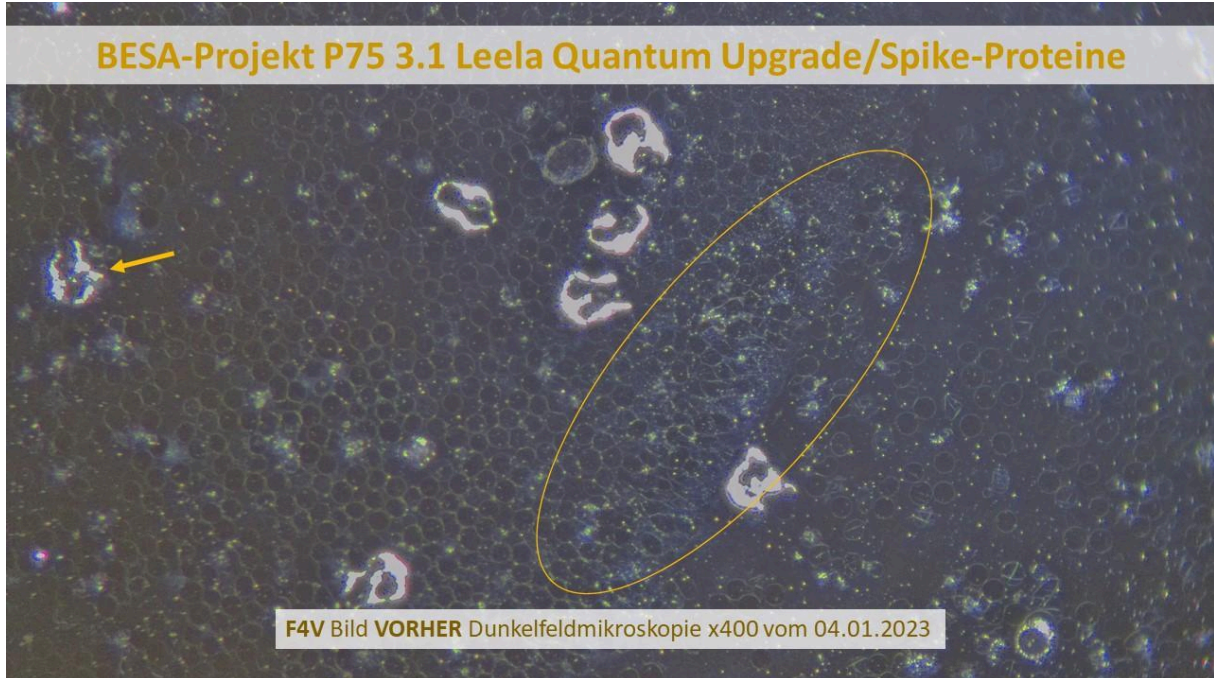


FIGURE F3V ABOVE shows further pathogenic factors in the same blood smear. The yellow arrow at the top right of the image indicates a strain of “Leptotrichia buccalis” and represents the highest development in the bacterial form. The blue arrow points to a



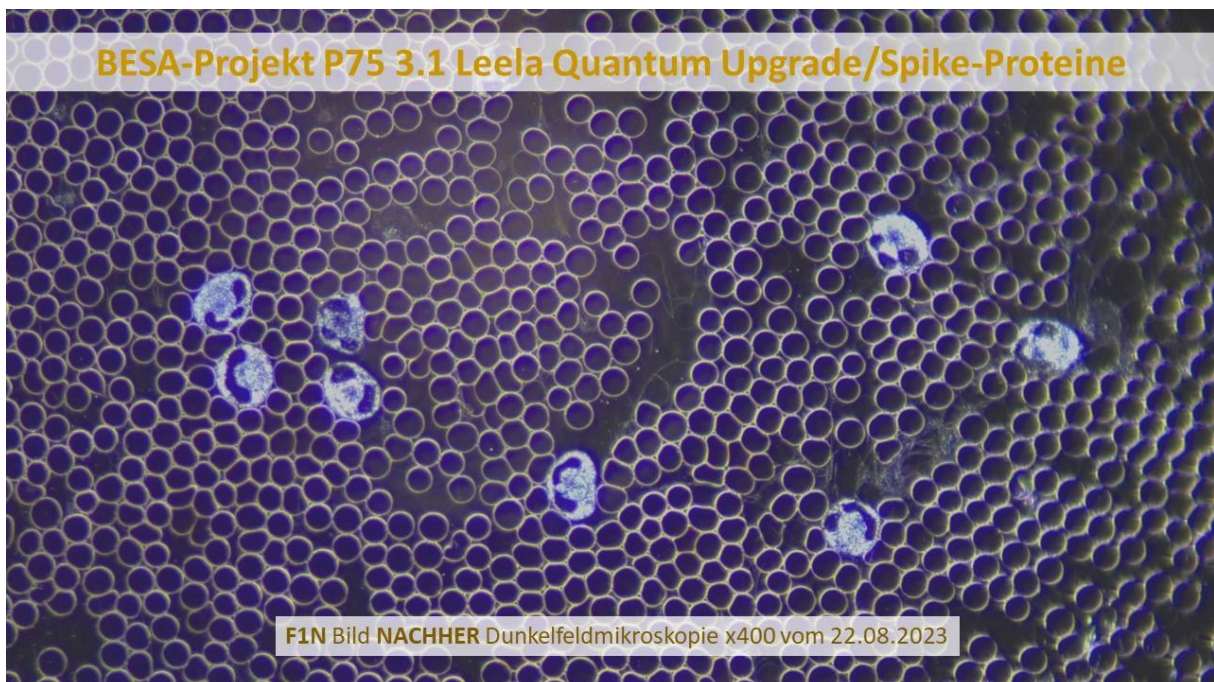
Internationaler Fachverband für BESA | ZVR Nr. 975047937  
Hauptstraße 1, A 4861 Kammer-Schörfling am Attersee | Österreich - Austria  
Tel.: +43 – 664 – 73152899 | E-Mail: [info@ifvbesa.at](mailto:info@ifvbesa.at)

chondrite growing out of a granulocyte. The red arrow in the picture below left points to anisocytes (reduced form of erythrocytes as a result of pathogenic influence).



### Subject no. 9 or case no. 3 AFTER:

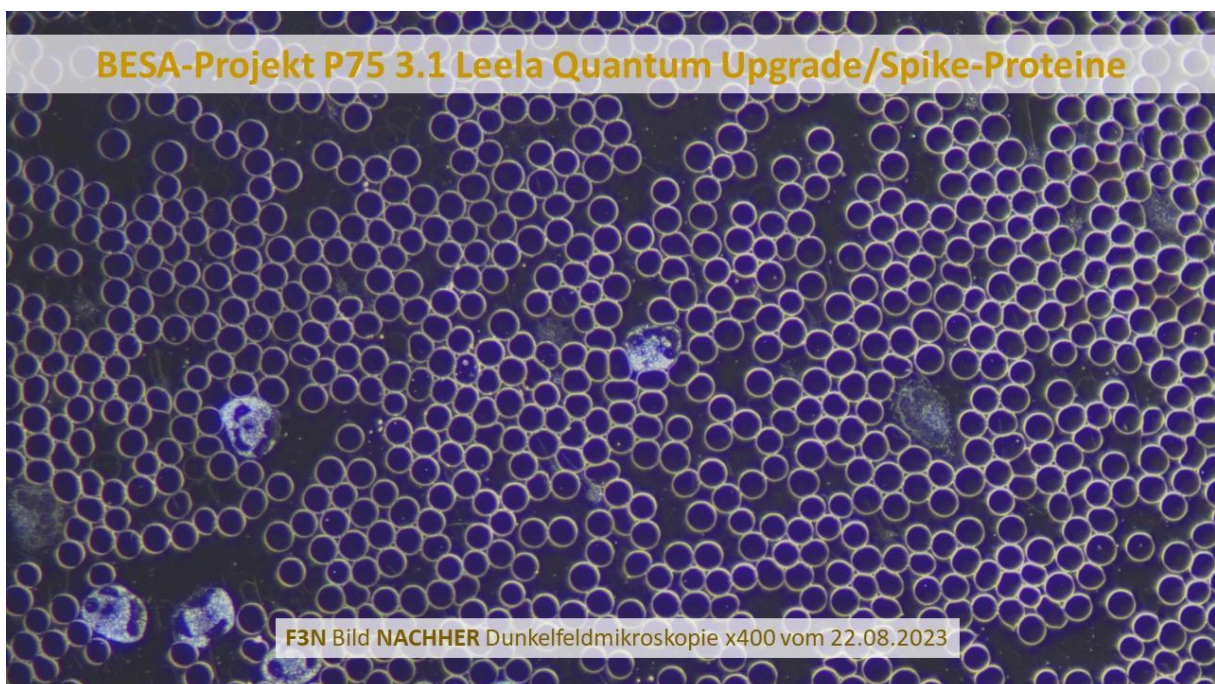
The following FIGURES F1N to F3N BELOW show an excerpt of the subject's blood condition after microscopy and AFTER the subject has been confronted with the test object.





The AFTER microscopies took place on August 22, 2023, i.e. around 8 months after the test subject was confronted with the test object.

The stressful, highly pathogenic factors from the BEFORE microscopy images are largely harmonized. The erythrocytes show a wonderful shape and quality. In this phase of the observations, no stress caused by spike proteins can be recognized. The white blood cells also show themselves to be really mobile and dynamic





## Results of the follow-up of study P75 3.0

### Control group

In the following, subjects from the control group are presented and interpreted for the photographic documentation of the changes detected during the microscopic examination of the blood. The following illustrations show the expression of parasitic load in a representative and summarizing manner for all 24 subjects or cases with peripheral blood changes. The difference to the subjects in the experimental group is that the subjects in the control group were not within the field of the test object.

### Subject overview in general, case no. 1 BEFORE:

FIGURE F1V BOTTOM shows an excerpt of the subject's blood condition at the time of February 2023. The image basically shows a balanced picture, both in terms of morphology and the blood environment. The formation of filit nests (accumulation of gray filamentous structures) is only visible in the approximate center of the image. Otherwise, both the white blood cells (granulocytes and leukocytes) and the red blood cells (erythrocytes) show a regular shape and dynamics

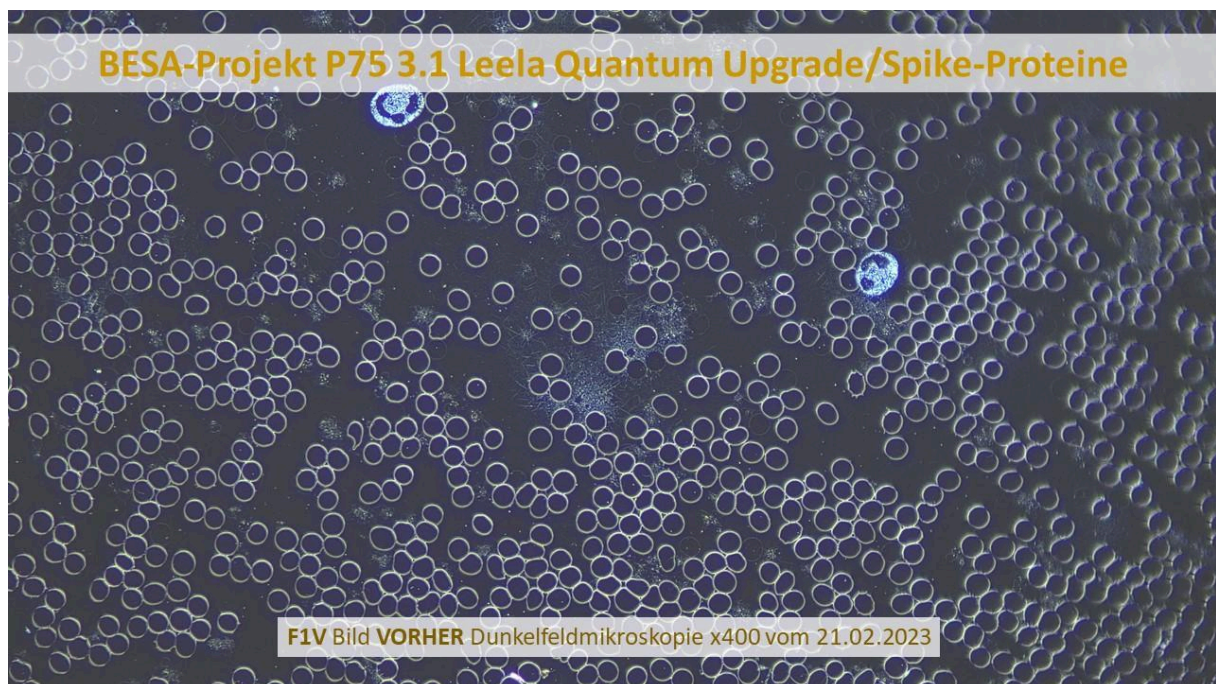
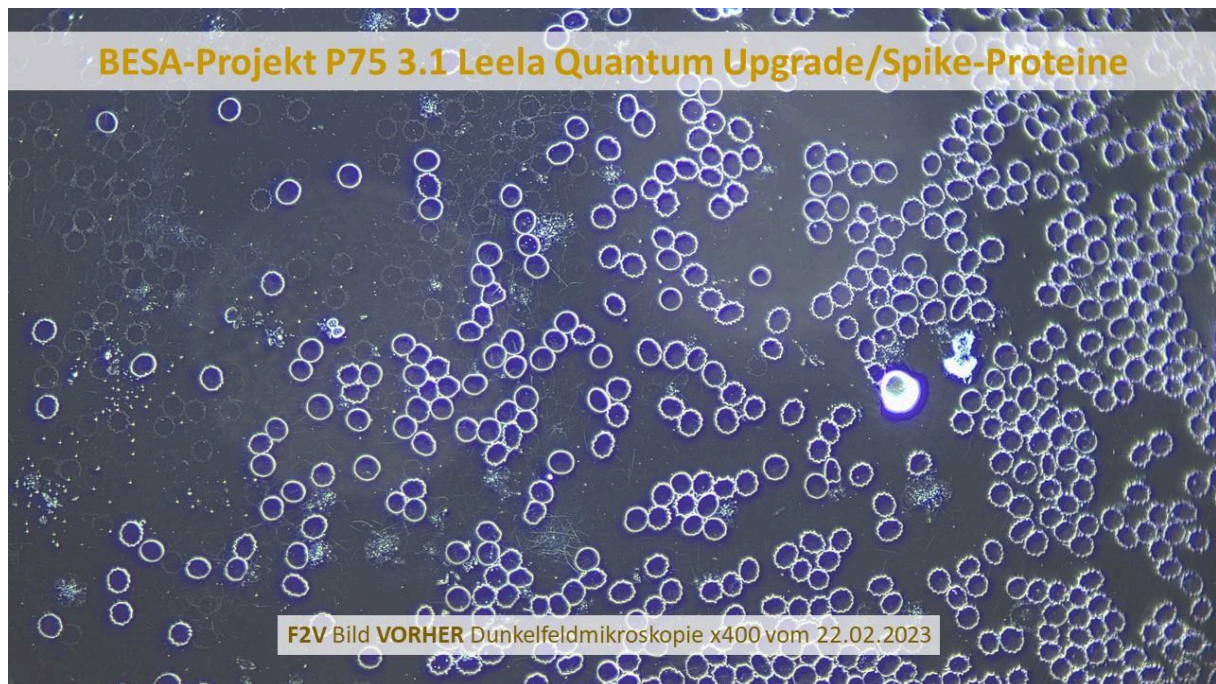


FIGURE F2V BOTTOM shows a completely different situation from the same blood smear (blood center). In this image, both shadow cells (highly pathogenic state) and cogwheel cells (or datura cells) can be seen.

Furthermore, the formation of filit nests (accumulation of gray filamentous structures) is visible in approximately the middle of the image.



### Subject overview in general, case 1 AFTER:

FIGURE F1N BELOW shows an excerpt of the subject's blood condition on July 12, 2023, i.e. about 5 months after microscopy 1 BEFORE.

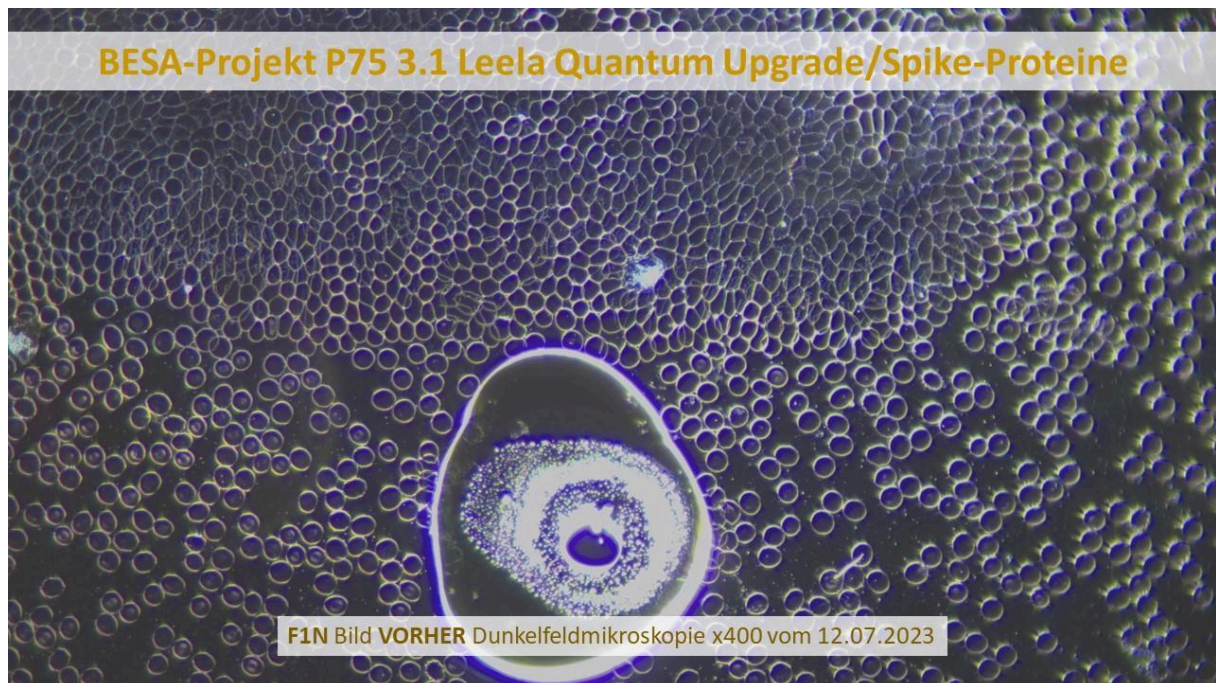
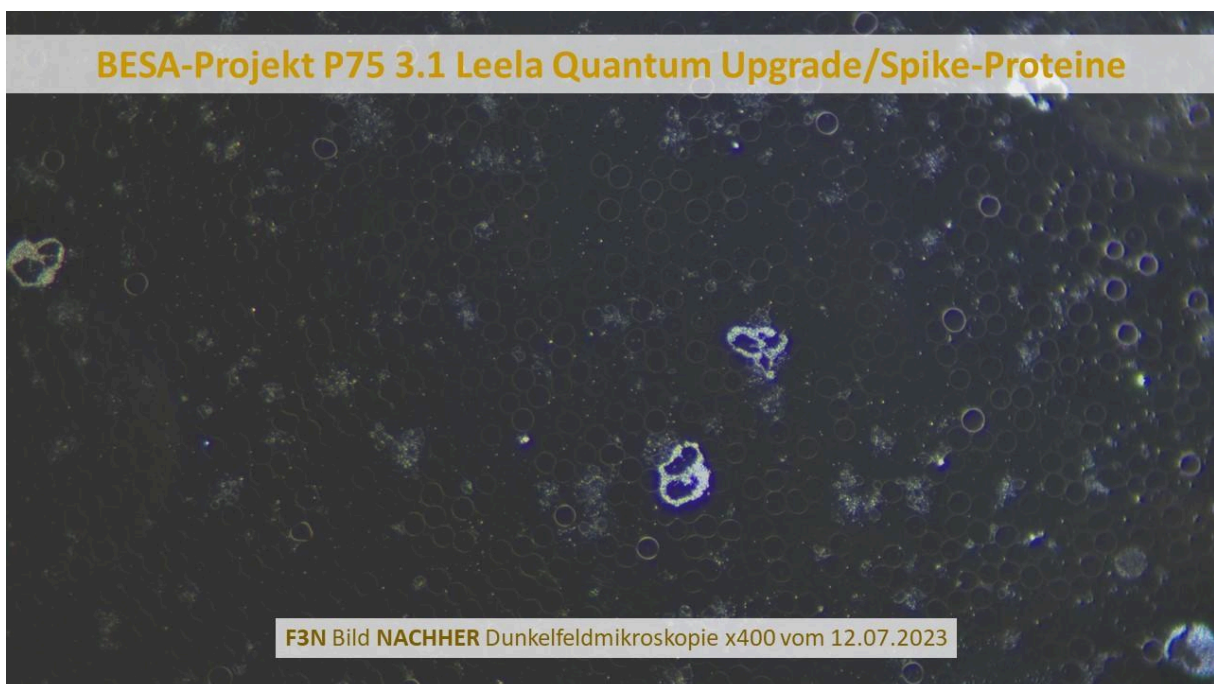
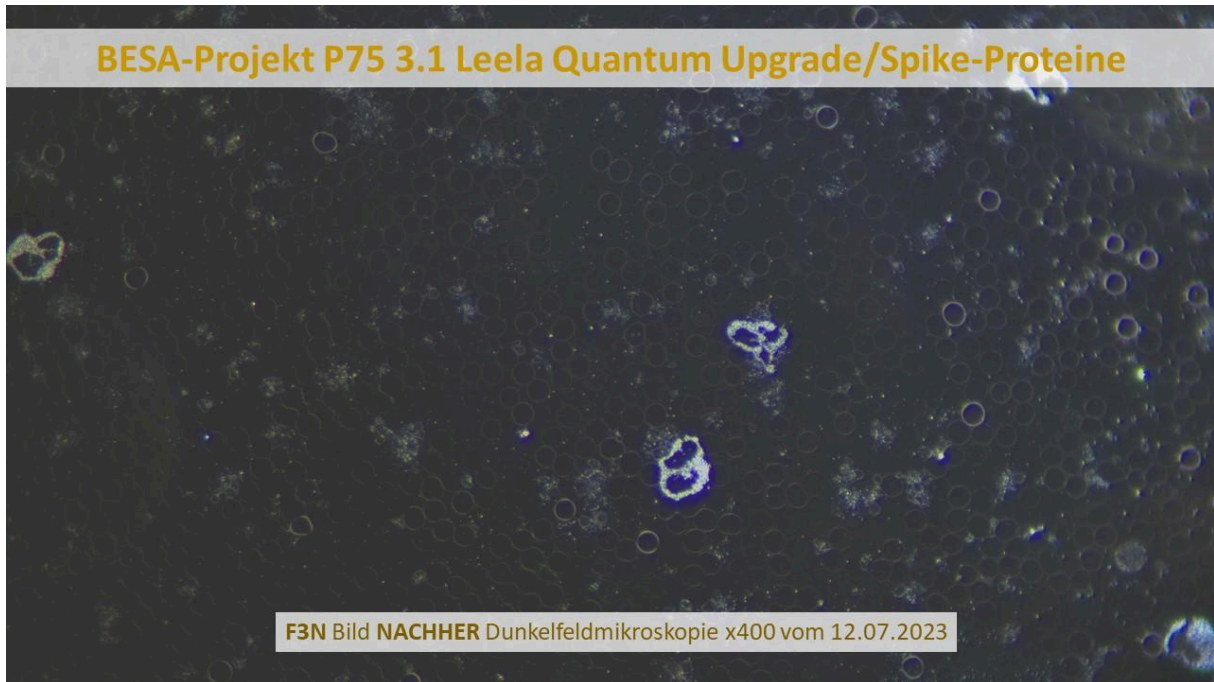


Image F1V TOP shows clear traces of spike proteins (bright and colorful glowing lipid plug) with agglutinations in the immediate vicinity.



In the images F2N and F3N BOTTOM, the same blood smear shows a completely different and already far more advanced highly pathogenic situation, as we could already see in previous images.



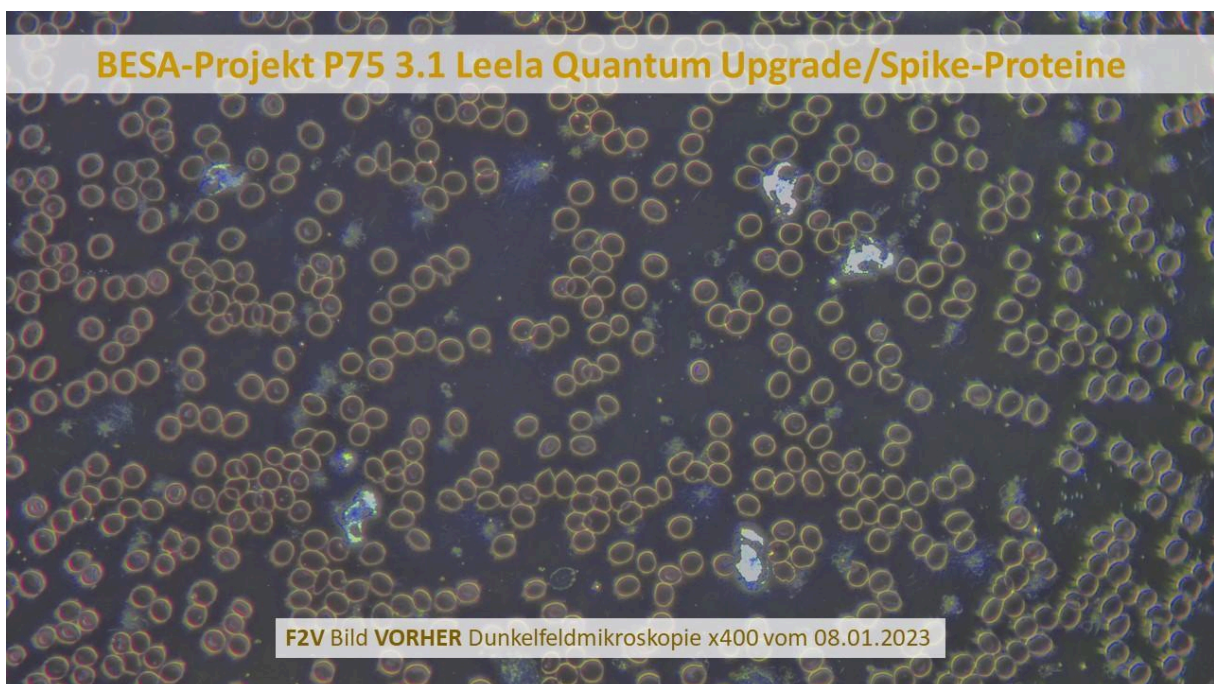
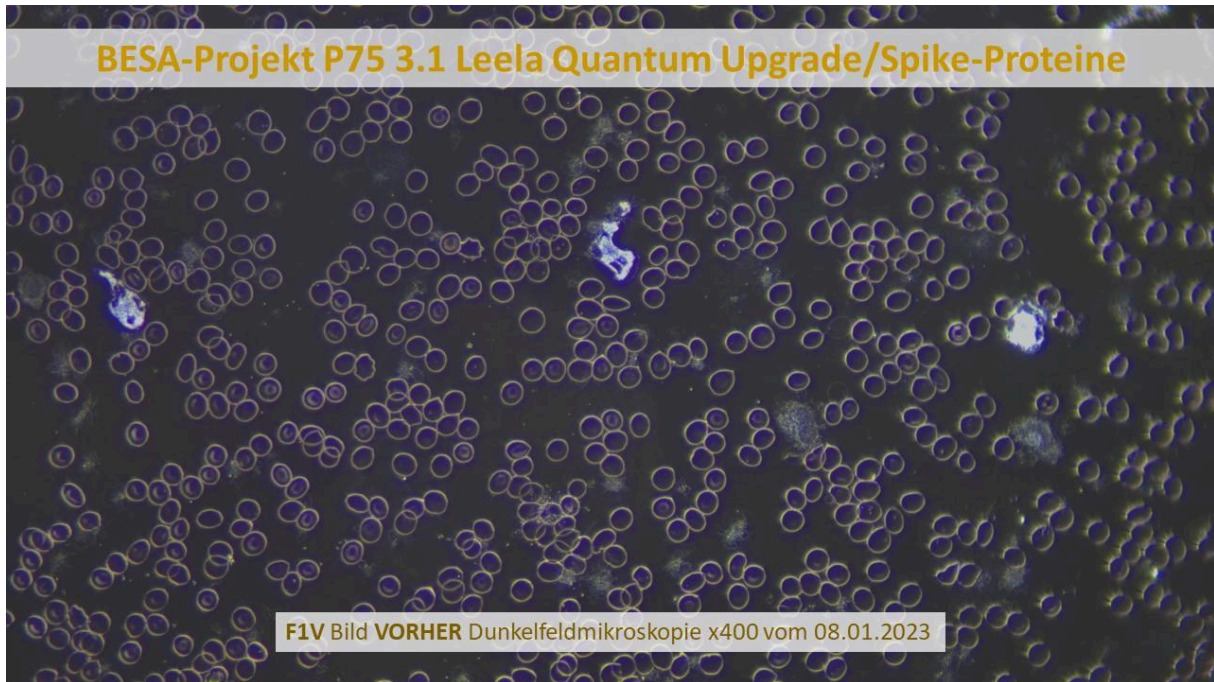
Subject overview in general, case no. 2 BEFORE:

FIGURE F1V and F2V BOTTOM show an extract of the subject's blood condition at the time of January 2023.





The images basically show a balanced picture, both in terms of morphology and blood environment. Both the white blood cells (granulocytes and leukocytes) and the red blood cells (erythrocytes) show a regular shape and dynamics.



### Subject overview in general, case 2 AFTER:

A slightly pathogenic image in the form of strong agglutination and liver islands can also be seen here, even if only at a low stage of cyclogenia (strong liver burden - especially in image F2N).

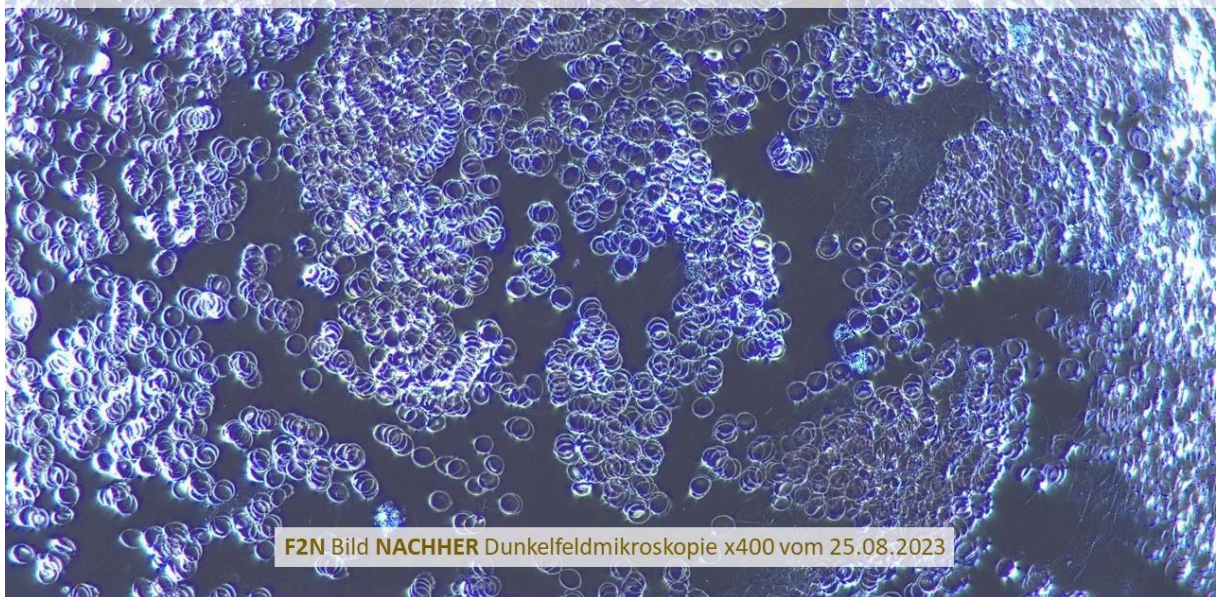


### BESA-Projekt P75 3.1 Leela Quantum Upgrade/Spike-Proteine



F1N Bild NACHHER Dunkelfeldmikroskopie x400 vom 25.08.2023

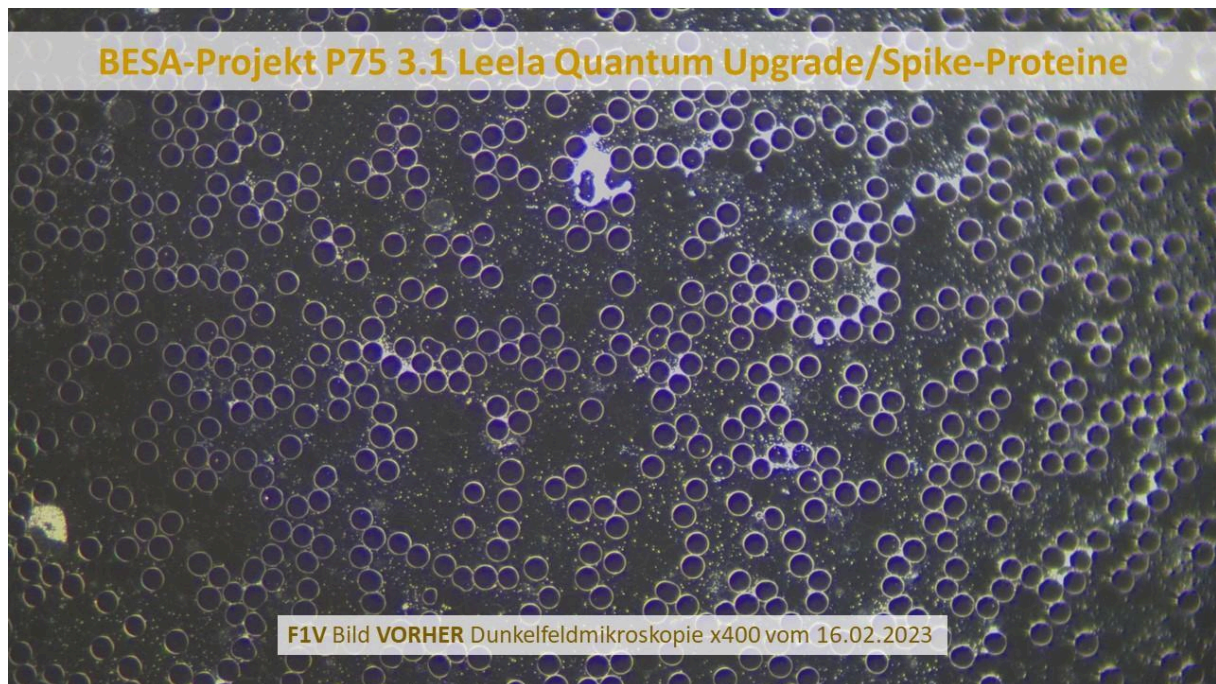
### BESA-Projekt P75 3.1 - Leela Quantum Upgrade - PARASITEN



F2N Bild NACHHER Dunkelfeldmikroskopie x400 vom 25.08.2023

#### Probandübersicht allgemein, Fall Nr. 3 VORHER:

BILD F1V und F2V UNTEN zeigen einen Auszug vom Blutzustand des Probanden zum Zeitpunkt Februar 2023. Die beiden Bilder zeigen grundsätzlich ein ausgewogenes Bild, sowohl in Bezug auf die Morphologie als auch auf das Blut-Milieu. Sowohl die weißen Blutkörperchen (Granulozyten und Leukozyten) als auch die roten Blutkörperchen (Erythrozyten) zeigen sich nach Form und Dynamik regelrecht.



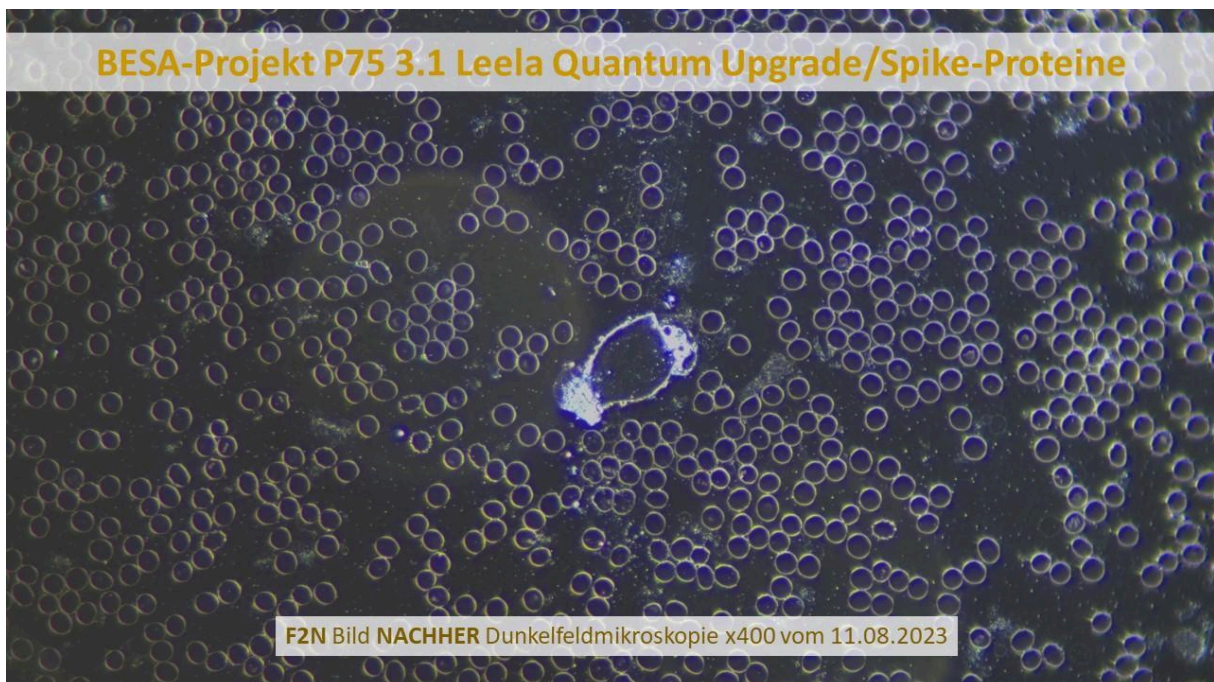
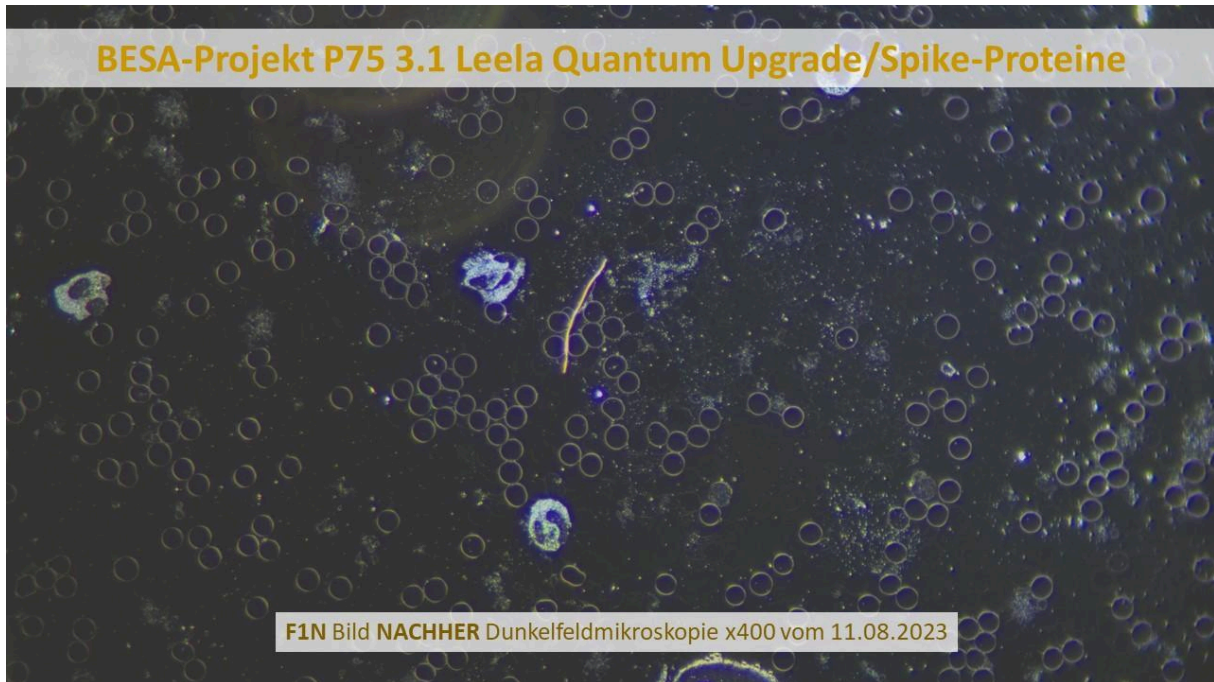
### **Subject overview in general, case no. 3 BEFORE:**

FIGURE F1V and F2V BOTTOM show an extract of the subject's blood condition at the time of February 2023.

The two images basically show a balanced picture, both in terms of morphology and blood environment.



Both the white blood cells (granulocytes and leukocytes) and the red blood cells (erythrocytes) show a regular shape and dynamic.

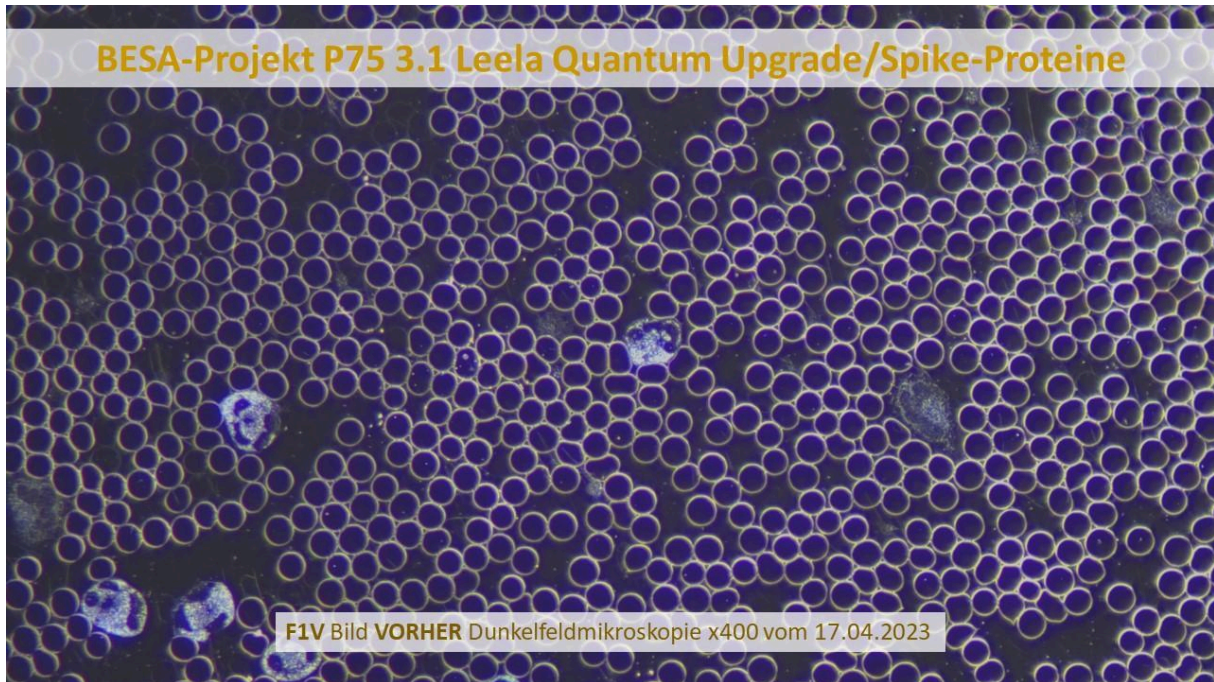


Subject overview in general, case no. 4 BEFORE:

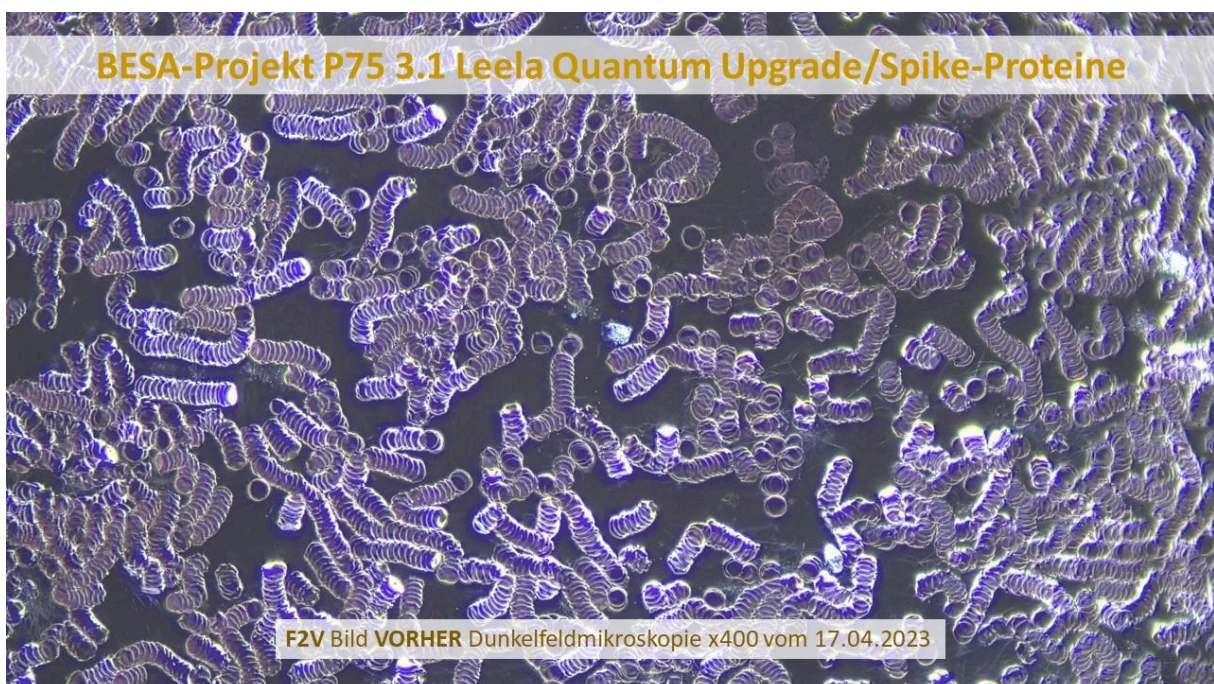
FIGURES F1V to F3V BELOW show an excerpt of the subject's blood condition at the time of April 2023.



Another interesting situation is shown here, which is partially evident in every blood smear. Part of the blood shows itself in shape, dynamics and environment as can be seen in image F1V.



In another blood smear such as FIGURE F2V BELOW, a high accumulation of money roll and rouleaux formation can be seen in the blood center of the smear. Although this does not yet represent a pathogenic condition in the sense of the cyclode of the endobiont, the complete absence of symprotites (normally a vitality characteristic) is an alarm signal and a sign of a completely blocked immune system. This already represents a highly pathological process. And the situation can change quickly, as FIGURE F3V BELOW shows





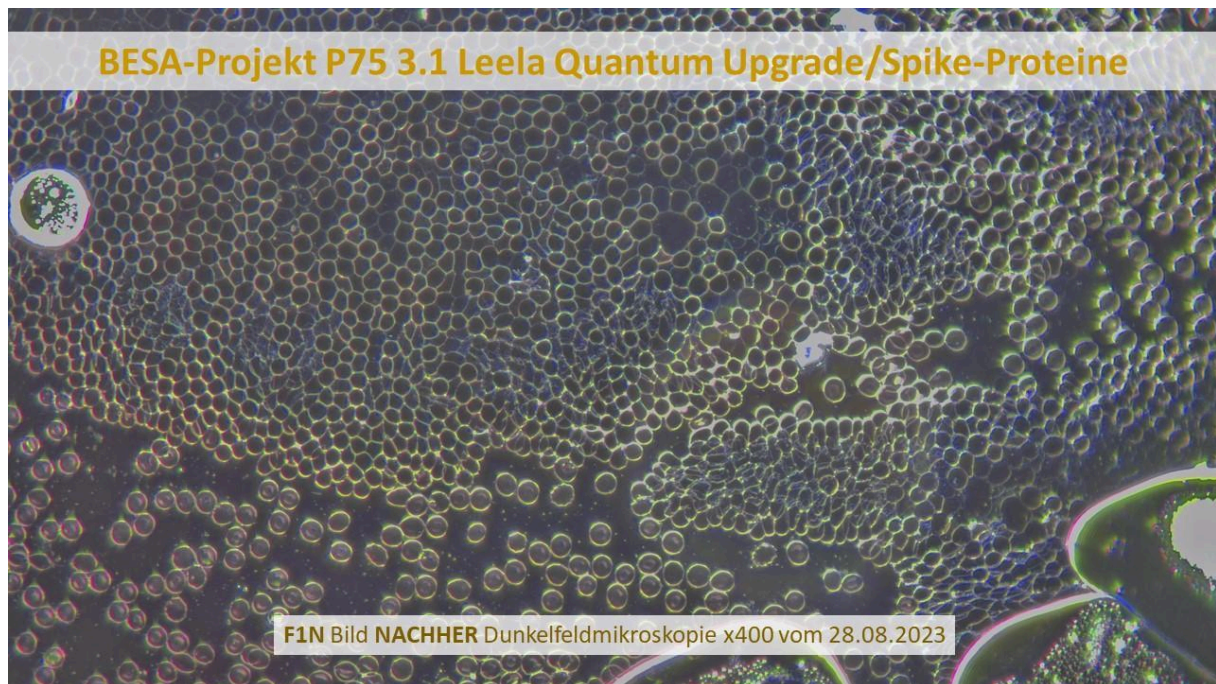
The so-called “mucor symplast”, which is quite recognizable in the middle of the image, is a clear indication of the effect of the spike proteins in this phase of cyclogenesis.

Important to understand: Not every pathological-looking situation is caused by spike proteins. It is rather the pathogenic structures that do not fit into the overall picture that appear out of “nowhere” and influence the morphology and the environment. Furthermore, so-called cross-diagnostics (using BESA) are a very good way of identifying the causes of a particular development



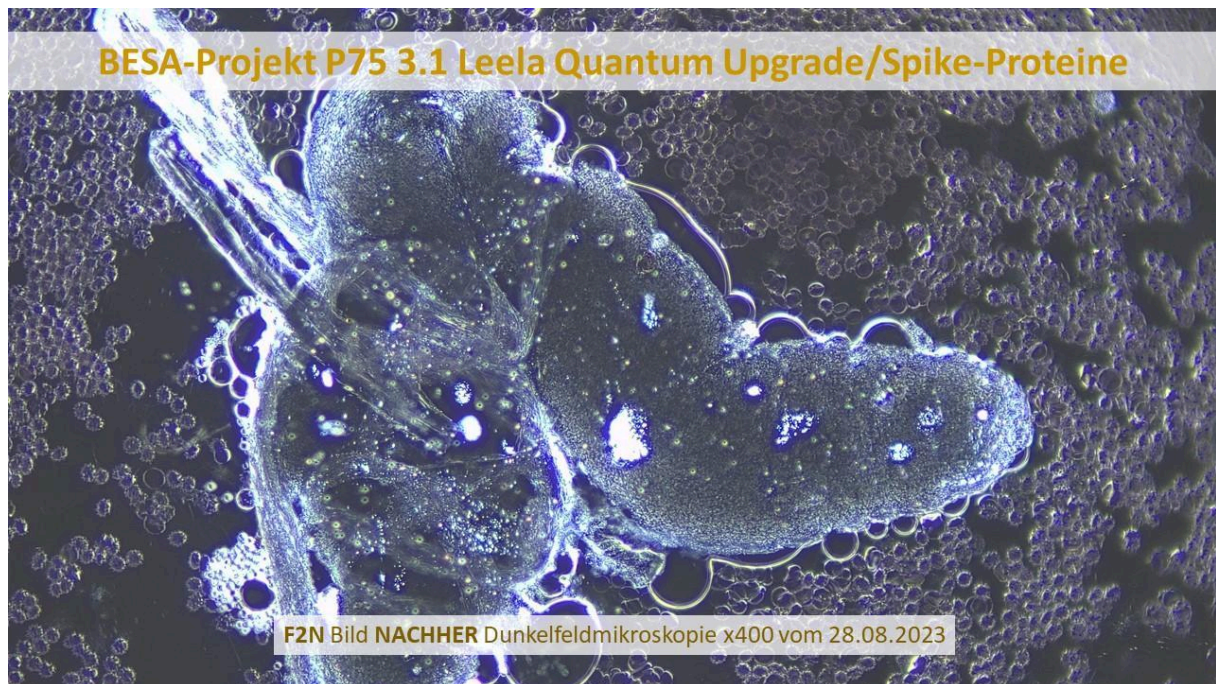
### **Subject overview in general, case 4 AFTER:**

FIGURES F1N and F2N BELOW show an excerpt of the subject's blood condition on August 28, 2023, i.e. about 4 months after microscopy 1 BEFORE.



These images show that it can become much more pathological in such a short time (4 months) (see also the explanation of the question: what are spike proteins on page 6 of this project description). We have often observed the pattern in image F1N. Clear traces of hydrogel (artificial lipid structures) show how the morphology of the white and red blood cells changes destructively. The agglutination in this image indicates liver stress.

FIGURE F2N BOTTOM shows a very interesting MEGA mixed symplast (Mucor and Aspergillus symplast) from the same blood smear. This picture was also taken a few minutes after the blood sample was taken. This symplast is peppered with already dead leukocytes and granulocytes. The erythrocytes around the MEGA symplast are also heavily contaminated and deformed. Agglutination, erythrocyte rigidity, cogwheel cells as well as anisocytes and thecites (thecite symplasts at the lower and upper left edge of the symplast) are the first signs of a highly pathogenic transformation process.



## Graphical summary

Representation of the values on a scale from 0-6

- low numbers correspond to a low or weak expression
- high numbers correspond to a high or strong manifestation

In the following tabular-graphic representations, the most conspicuous blood values of all test subjects, such as: the blood plasma and the pathogenic forms contained therein, the red blood count (erythrocytes) and the white blood count as well as the forms of desiccation from the project description, from the P75 3.0 project were used.

Blood plasma and the pathogenic forms it contains





**Blood environment load:**

The higher the values on the scale (0-6), the greater the contamination (severity) of the blood environment with pathogens.

**Symprotites or dark field corpuscles:**

Symprotites are the three-dimensional agglomeration of so-called protites (microorganisms). living organisms). They can only be observed in living blood and only under a dark-field microscope. Many symprotites immediately after the blood sample is taken are an expression of an increased defense (functioning immune reaction) against or in the case of a viral, bacterial or parasitic load. Too many symprotites (snow flurries) can be an indication of an allergic reaction or inflammation. The absence of symprotites is an alarm signal. The plasma pH value is out of balance, a lockdown has taken place (blocked immune system - symptom of exhaustion). Low values on the scale are an expression of a disorder, high values correspond to an inflammatory or allergic condition.

**Apathogenic bacterial formation:**

Is an expression of a functioning endobiosis in the context of bacterial cyclogeny. The lower the values on the scale, the higher the pathogenicity in the vital blood.

**Pathogenic bacterial formation:**

Is an expression of a certain pathogenicity in the context of bacterial cyclogeny. The lower the values on the scale, the lower the pathogenic expression.

**Symplasts/detoxification potential:**

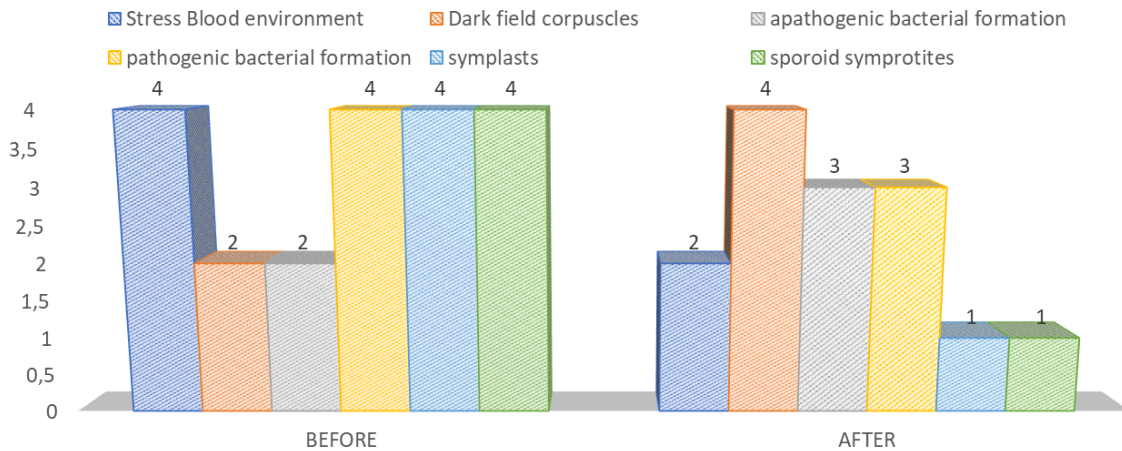
They form a cyclogenetic stage. By shifting the blood pH value towards an alkaline orientation. Their pathogenicity can only be differentiated according to cyclode affiliation, form and species. E.g. Mucor symplasts, Aspergillus symplasts, mixed symplasts etc. An excessively high number of symplasts can possibly be an indication of limited detoxification. The higher the values on the scale, the higher the pathogenic load.

**Sporoid symprotites or sclerosymprotites (dry protein):**

Strongly luminous in several colors, depending on the organ assignment, represent a sclerotic, pathogenic form of the endobiont. The higher the values on the scale, the higher the pathogenicity.



## BEFORE – AFTER REPRESENTATION



	BEFORE	AFTER
Stress Blood environment	4	2
Dark field corpuscles	2	4
apathogenic bacterial formation	2	3
pathogenic bacterial formation	4	3
symplasts	4	1
sporoid symprotites	4	1

### Red blood count - erythrocytes (RBC-red blood cells)

#### Flow properties of the blood:

The higher the values on the scale, the greater the expression of active/vital blood and blood milieu. Low values are an expression of restricted vital blood activity.

#### Degenerated cell membrane:

Disturbances in the regular shape of the erythrocytes (blood-cell membrane disorders) resp. Irregularities in the membrane shapes of the red blood cells are an expression of pathogenic stress.

The more regular, the more pronounced the vitality of the blood. The higher the values on the scale, the greater the pathogenic expression.

#### Agglutination of the erythrocytes:

The non-specific agglutination (accumulation of cells or agglutination) of the erythrocytes. The higher the values on the scale, the higher the pathogenicity.

#### Liver islets:

They represent a specific agglutination (accumulation of cells or agglutination) of the erythrocytes to form so-called liver islands. The higher the values on the scale, the higher the pathogenicity (liver burden).

#### Target cells (hypochromic erythrocytes):

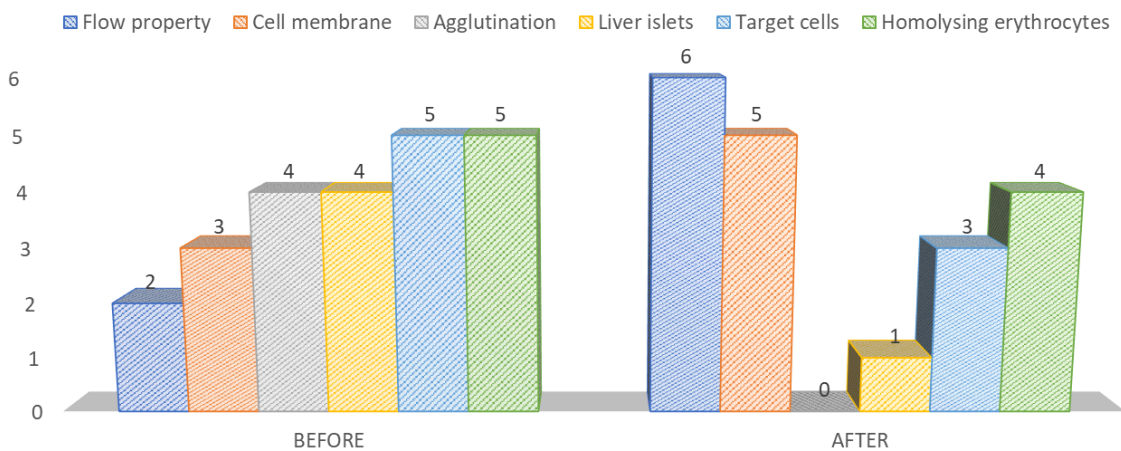


Target cells indicate a limited ability to transport oxygen. This can have many causes, such as a lack of water and/or oxygen, anemia, an increase in cellular protein load (over-rejection), toxin load or gastrointestinal load. The higher the values on the scale, the greater the burden.

**Hemolytic erythrocytes:**

Haemolysis represents a breakdown or dissolution of erythrocytes (red blood cells) due to highly pathogenic parasitic load (basis of the most severe disease patterns up to cancer). The higher the values on the scale, the higher the pathogenicity in the vital blood.

**BEFORE – AFTER REPRESENTATION**



	BEFORE	AFTER
Flow property	2	6
Cell membrane	3	5
Agglutination	4	0
Liver islets	4	1
Target cells	5	3
Homolysing erythrocytes	5	4

**White blood count - (WBC) and desiccation pattern**

**Activity of the WBCs:**

The white blood cells represent the immune system. The higher the values on the scale, the greater the expression of an active/vital immune response. Low values are an expression of a limited immune response.

**Number of WBCs:**

The higher the values on the scale, the higher the number of WBCs and the stronger the expression of an active immune response, e.g. in the case of inflammation or corresponding pathogenic stress. The higher the values on the scale, the higher the number of WBCs in the vital blood.

**Platelet symptoms:**



Thrombocytes are blood platelets that form clusters and are important for blood clotting. The higher the values on the scale, the higher the load on the platelets due to their number or the number of platelets. Due to excessive clustering of platelets and blood clots (giant thrombi). Concentrated platelets mixed with calcium and cholesterol, causes thrombosis and atherosclerosis.

**WBC with endobiontic infestation:**

Chain-like accumulation of ascites either free or growing from leukocytes are highly pathogenic. The higher the values on the scale, the greater the pathogenicity.

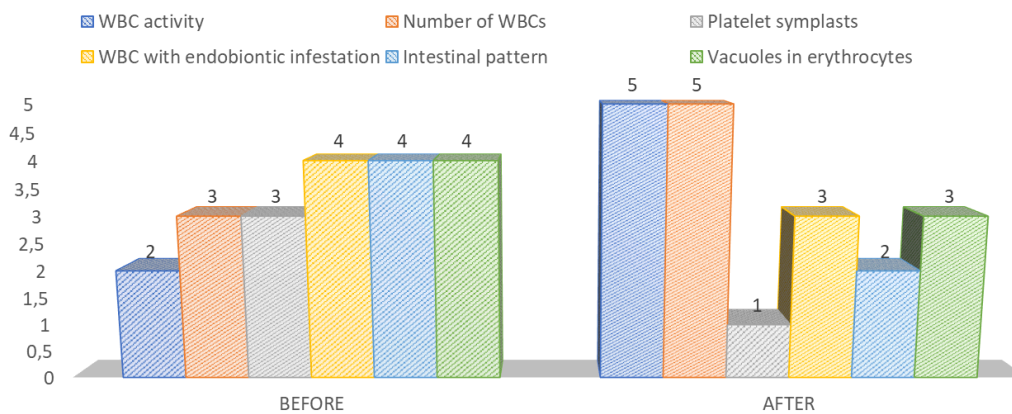
**Intestinal pattern:**

Drying forms that are similar to an intestine indicate intestinal stress. The higher the values on the scale, the greater the pathogenic expression.

**Vacuoles in erythrocytes:**

Vacuoles are formed by decay and consumption processes of erythrocytes by the endobiont. These are highly pathogenic conditions. The higher the values on the scale, the higher the pathogenicity.

**BEFORE – AFTER REPRESENTATION**



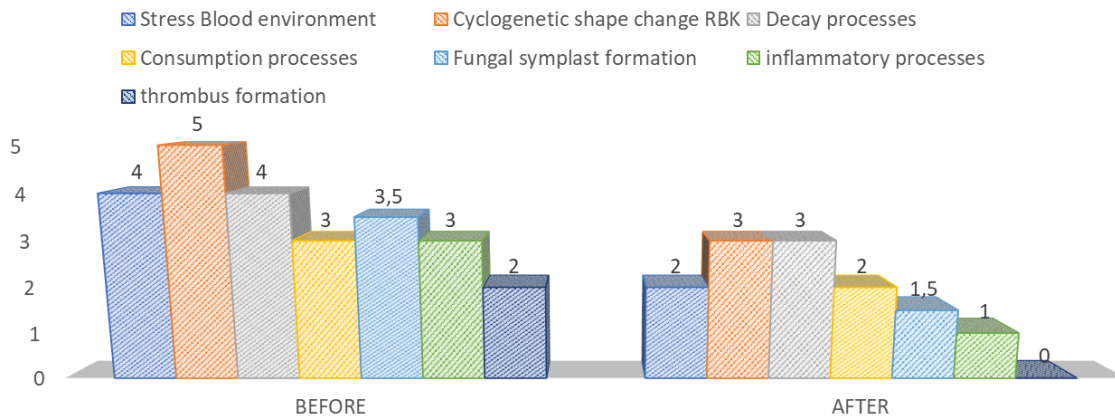
	BEFORE	AFTER
WBC activity	2	5
Number of WBCs	3	5
Platelet symplasts	3	1
WBC with endobiontic infestation	4	3
Intestinal pattern	4	2
Vacuoles in erythrocytes	4	3



## Generalized before/after presentation from the Experimental Group

This presentation relates to all subjects in the experimental group who were presented in the project or in the project description P75 3.0.

### BEFORE - AFTER REPRESENTATION



	BEFORE	AFTER
Stress Blood environment	4	2
Cyclogenetic shape change RBK	5	3
Decay processes	4	3
Consumption processes	3	2
Fungal symplast formation	3,5	1,5
inflammatory processes	3	1
thrombus formation	2	0

#### Stress Blood environment load:

The higher the values on the scale (0-6), the greater the burden (severity) of the blood environment with pathogens.

Low values are an expression of an active/vital blood environment.

#### Cyclogenetic shape change RBK:

Disturbances in the regular shape of the erythrocytes (blood-cell membrane disorders) or Irregularities in the membrane shapes of the red blood cells are an expression of pathogenic stress. The more regular, the more pronounced the vitality of the blood. The higher the values on the scale, the greater the pathogenic expression through cyclogenetic change.

#### Decay processes of the erythrocytes (RBC):

Haemolysis represents the disintegration or dissolution of erythrocytes (red blood cells) due to highly pathogenic parasitic load (basis of the most severe disease patterns up to cancer). The higher the values on the scale, the higher the pathogenicity in the vital blood.

#### Consumption processes through anisocytosis:

Anisocytes are differences in size between erythrocytes due to pathogenic effects. These are



so-called consumption processes with erythrocyte reduction. The higher the values on the scale, the greater the pathogenicity.

**Formation of fungal symplasts:**

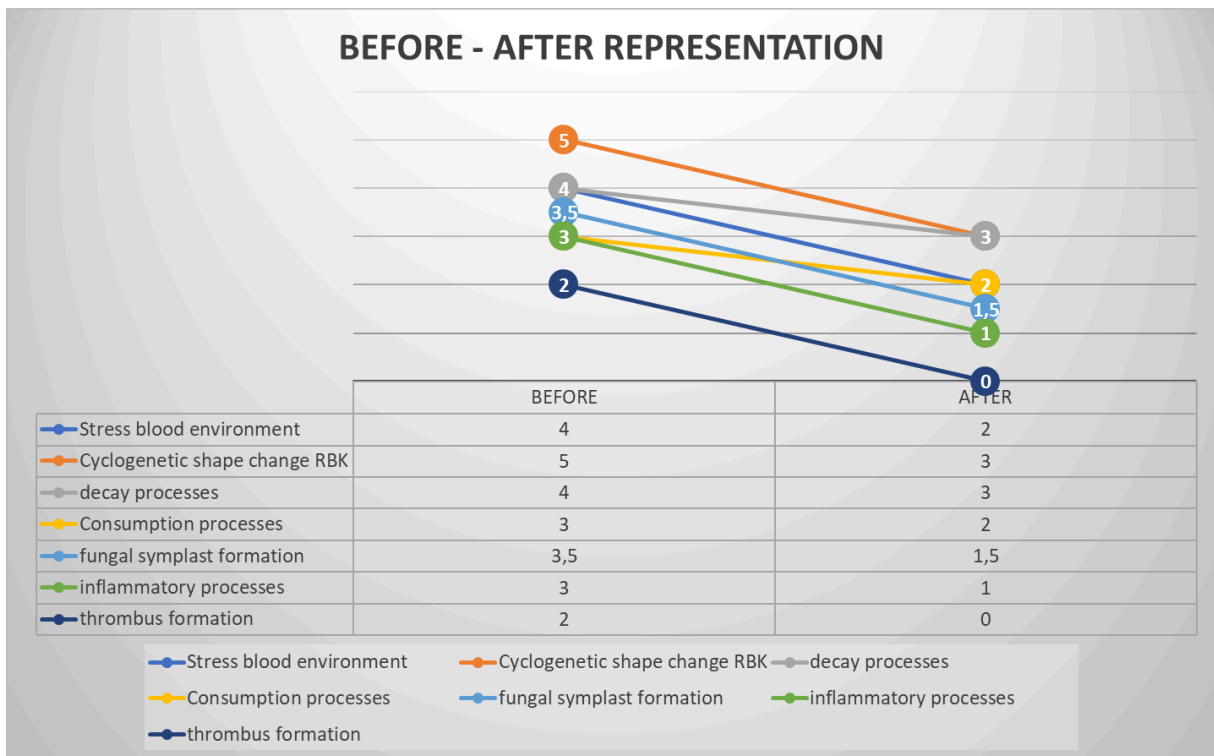
Form a cyclogenetic stage. By shifting the blood pH value to an alkaline orientation. Their pathogenicity can only be differentiated according to cyclode affiliation, form and species. E.g. Mucor symplasts, Aspergillus symplasts, mixed symplasts etc. The higher the values on the scale, the greater their pathogenicity.

**Inflammatory processes:**

Are indicated, for example, by an increased number of white blood cells (WBC) or excessive formation of symproites (snow flurries). The higher the values on the scale, the higher the pathogenicity.

**Thrombus formation:**

Thrombocytes are blood platelets that form clusters and are important for blood clotting. The higher the values on the scale, the higher the load on platelets due to their number or the higher the risk of thrombosis. Due to excessive clustering of platelets and blood clots (giant thrombi). Concentrated platelets mixed with calcium and cholesterol are the cause of thrombosis and atherosclerosis.

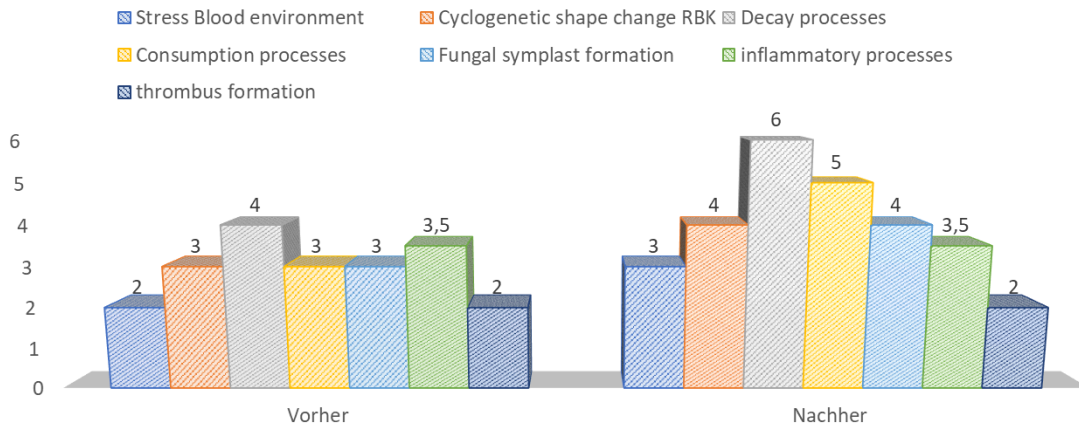




## Generalized before/after presentation from the project description of the Control Group

This presentation primarily relates to those test subjects in the control group who are presented in the project or in the project description P75 3.0.

### BEFORE – AFTER REPRESENTATION



	Vorher	Nachher
Stress Blood environment	2	3
Cyclogenetic shape change RBK	3	4
Decay processes	4	6
Consumption processes	3	5
Fungal symplast formation	3	4
inflammatory processes	3,5	3,5
thrombus formation	2	2

#### Stress Blood environment load:

The higher the values on the scale (0-6), the greater the burden (severity) of the blood environment with pathogens. Low values are an expression of an active/vital blood environment.

#### Cyclogenetic shape change RBK:

Disturbances in the regular shape of the erythrocytes (blood-cell membrane disorders) or Irregularities in the membrane shapes of the red blood cells are an expression of pathogenic stress.

The more regular the shape, the more pronounced the vitality of the blood.

The higher the values on the scale, the greater the pathogenic expression.

#### Decay processes of the erythrocytes (RBC):

Haemolysis represents the disintegration or dissolution of erythrocytes (red blood cells) due to highly pathogenic parasitic load (basis of the most severe disease patterns up to cancer).

The higher the values on the scale, the higher the pathogenicity in the vital blood.

#### Consumption processes Anisocytosis:



Anisocytes are differences in size between erythrocytes due to pathogenic effects. These are so-called consumption processes with erythrocyte reduction. The higher the values on the scale, the greater the pathogenicity.

### Formation of fungal symplasts:

Form a cyclogenetic stage. By shifting the blood pH value to an alkaline orientation. Their pathogenicity can only be differentiated according to cyclode affiliation, form and species. E.g. Mucor symplasts, Aspergillus symplasts, mixed symplasts etc. The higher the values on the scale, the greater their pathogenicity.

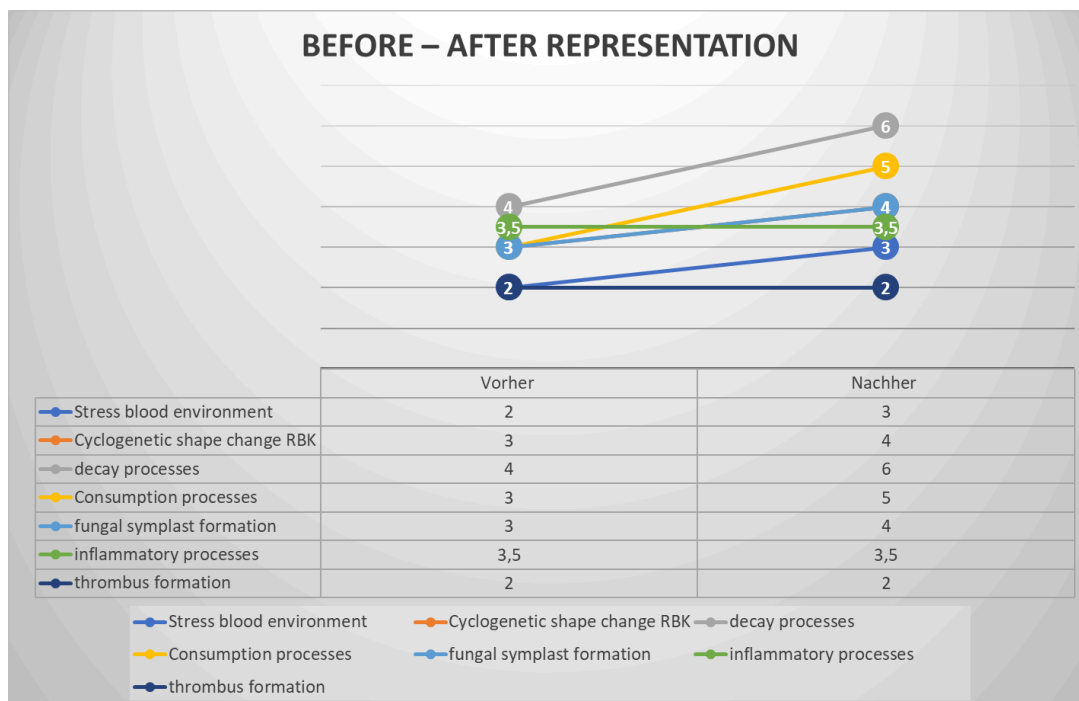
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Are indicated, for example, by an increased number of white blood cells (WBC) or excessive formation of symproites (snow flurries). The higher the values on the scale, the higher the pathogenicity.

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Thrombocytes are blood platelets that form clusters and are fundamentally important for blood clotting. The higher the values on the scale, the higher the load on platelets due to their number or the higher the risk of thrombosis. Due to an excessive clustering of thrombocytes and blood platelets (giant thrombi).

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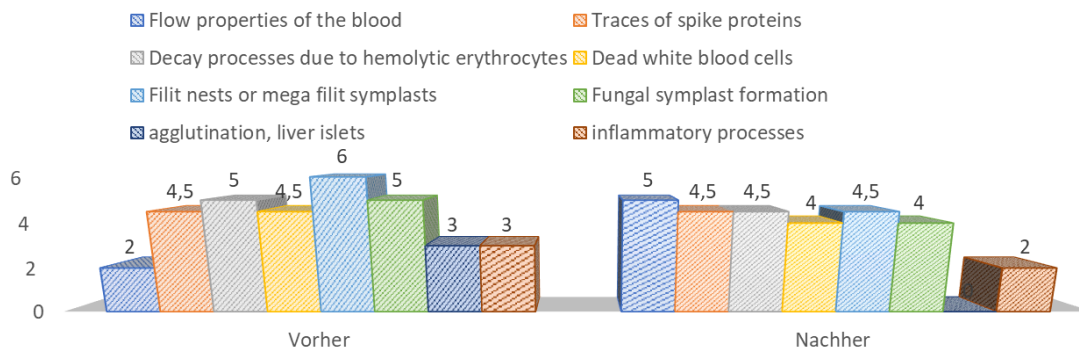




## Explicit before/after presentation from the project description of the Experimental Group

This presentation primarily relates to those subjects in the experimental group who are explicitly presented here in the project description P75 3.2.

### BEFORE – AFTER REPRESENTATION



	Vorher	Nachher
Flow properties of the blood	2	5
Traces of spike proteins	4,5	4,5
Decay processes due to hemolytic erythrocytes	5	4,5
Dead white blood cells	4,5	4
Filit nests or mega filit symplasts	6	4,5
Fungal symplast formation	5	4
agglutination, liver islets	3	0
inflammatory processes	3	2

#### Traces of spike proteins:

Spike proteins are too small to be seen under the Dinkelfeld microscope. What is recognizable are the traces of spike proteins, as they can also be detected as such using BESA (resonance diagnostics). Typical haemolytic processes (disintegration or dissolution of erythrocytes and leukocytes) can be seen in all stages of bacterial cyclogenesis.

Reproducible spike proteins, as we have known them since the introduction of mRNA vaccination thus represent a highly pathogenic form of contamination.

#### Ghost's shadow cells or hemolytic erythrocytes as a decay process:

Shadow cells or ghosts develop due to a weakening of the cell membrane, which is normally considered an age phenomenon or is caused by an increased lack of vital substances. The resulting haemolysis represents a disintegration or dissolution of the erythrocytes (red blood cells) due to highly pathogenic parasitic load. (Basis of the most severe disease patterns up to cancer). The cell membrane is too weak to withstand the stressful factors. The higher the values on the scale, the higher the pathogenicity in the vital blood.

#### Dead white blood cells (WBC):



Particularly in connection with the haemolytic process in the erythrocytes (ghost or shadow cells) there is always an increased death of white blood cells (WBCs). The higher the number of shadow cells, the greater the number of dead WBCs. The higher the values on the scale, the higher the pathogenicity in vital blood.

#### **Filit nests or filit symplast as mega thrombus:**

Filites are networks of filaments in the blood and basically lead to a restriction of the microcirculation and the flow properties of the blood. This leads to so-called congestion, both arterial and venous, and subsequently to circulatory problems. Further consequences are circulatory disorders, forms of hypertension and much more.

Filit formation is a sign of oxidative stress. The lower or more harmonious the filit formation, the higher the stress tolerance. Adequate filit formation is an expression of harmonious cell metabolism. Filite nests are Filite fibers with a tendency to form symplasts. These in turn are strong accumulations of filament networks in the blood to form nests or further to form regular symplasts when combined with endobiotic material.

The aforementioned mega-symplasts (thrombus-like) are highly pathogenic and pose an increased risk of thrombosis. The higher the values on the scale, the higher the burden of these filit symplasts either due to their size or their number.

#### **Fungal symplast formation:**

Form a cyclogenetic stadium, caused by spike proteins. They are formed by the shift of the blood pH value to an alkaline orientation (hyperacidity in the interstitial tissue of the cells). The cause could be the expression of oxidative and nitrosative stress. The pathogenicity of the fungal load can only be differentiated according to cyclode affiliation, form and species. E.g. Mucor symplasts, Aspergillus symplasts, mixed symplasts etc. The higher the values on the scale, the greater their pathogenicity.

#### **Inflammatory processes:**

Are indicated, for example, by an increased number of white blood cells (WBC) or excessive formation of symprotites (snow flurries). In areas of severe haemolysis, there is always an increased number of white blood cells (WBC). White blood cells (WBC) as an expression of an increased immune reaction. The dead WBCs subsequently pollute the blood environment and promote inflammatory reactions. The higher the values on the scale, the higher the pathogenicity.

#### **Flow properties of the blood:**

The higher the values on the scale, the greater the expression of an active/vital blood and blood environment. Low values are an expression of limited vital blood activity.

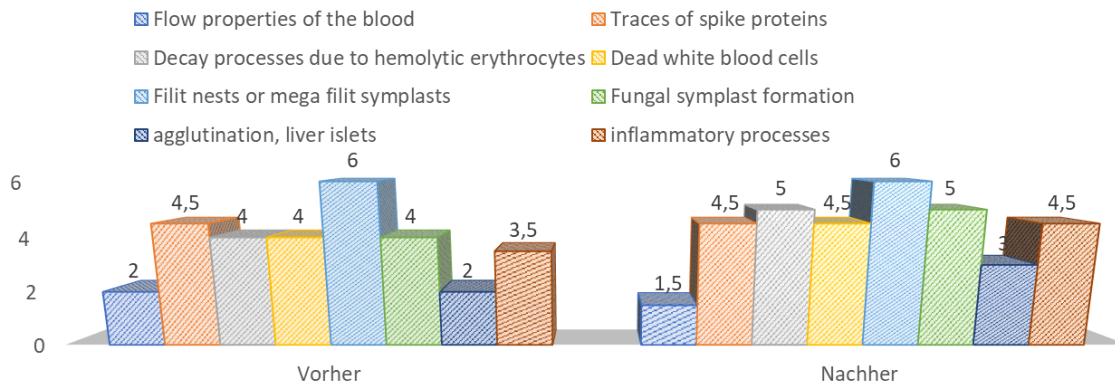
#### **Agglutination, liver islets:**

They represent a specific agglutination (accumulation of cells or agglutination) of the erythrocytes to form so-called liver islands. The higher the values on the scale, the higher the pathogenicity (liver burden).



## Explicit before/after presentation from the project description of the Control Group

### BEFORE – AFTER REPRESENTATION



	Vorher	Nachher
Flow properties of the blood	2	1,5
Traces of spike proteins	4,5	4,5
Decay processes due to hemolytic erythrocytes	4	5
Dead white blood cells	4	4,5
Filit nests or mega filit symplasts	6	6
Fungal symplast formation	4	5
agglutination, liver islets	2	3
inflammatory processes	3,5	4,5

This presentation primarily concerns those test subjects in the control group who are explicitly presented here in the project description P75 3.2.

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### **Flow properties of the blood:**

The higher the values on the scale, the greater the expression of an active/vital blood and blood environment. Low values are an expression of limited vital blood activity.

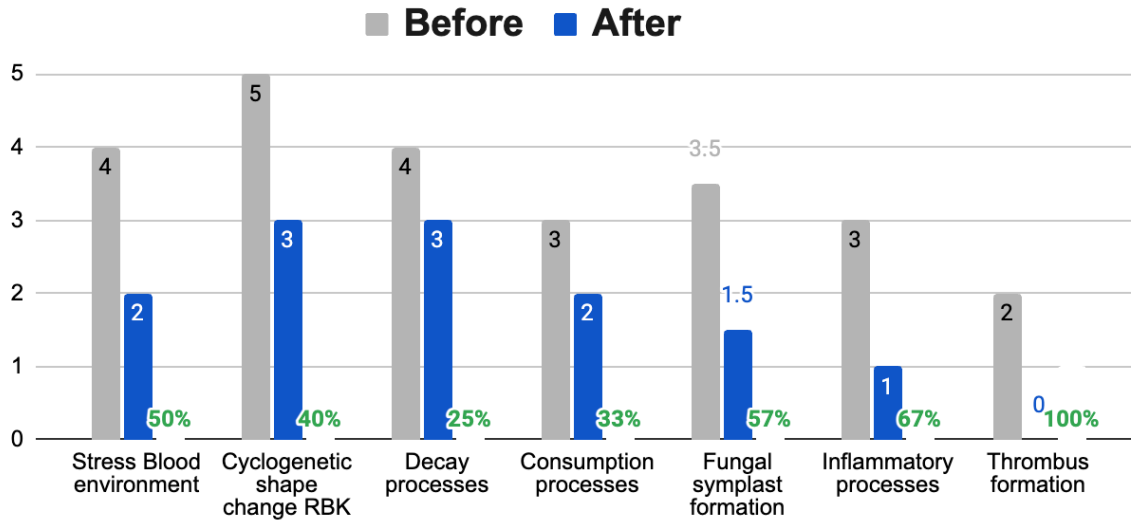
### **Agglutination, liver islets:**



They represent a specific agglutination (accumulation of cells or agglutination) of the erythrocytes to form so-called liver islands. The higher the values on the scale, the higher the pathogenicity (liver burden).

## Authorized Summary

Explicit before/after presentation from the project description of the Experimental Group:



*Lower values indicate better health outcomes and a reduced pathogenic load.*

Parameter	Before	After	Reduction (%)	Interpretation
Stress Blood environment	4	2	50%	Reduced pathogen burden, indicating a more active/vital blood environment
Cyclogenetic shape change RBK	5	3	40%	Fewer irregularities in erythrocyte shape, suggesting reduced pathogenic stress
Decay processes	4	3	25%	Lower haemolysis, indicating reduced pathogenic load on red blood cells
Consumption processes	3	2	33.33%	Fewer size differences in erythrocytes, indicating lower pathogenicity
Fungal symplast formation	3.5	1.5	57.14%	Reduced formation of fungal symplasts, indicating lower pathogenicity and a more balanced blood pH
Inflammatory processes	3	1	66.67%	Lower inflammation markers, suggesting decreased pathogenic load and reduced inflammation
Thrombus formation	2	0	100%	Complete reduction in thrombus formation, lowering the risk of thrombosis and atherosclerosis

The presentation of the AFTER images only shows a small section of the available image material. The aim of the presentation was not so much to compare the worst BEFORE images with the best AFTER images in order to create an impressive overall picture. The aim here was to determine possible parasitic developments from the BEFORE microscopy of the vital



blood and to compare these with the AFTER microscopy from the P75 3.0 project. An attempt was made to deliberately separate parasites from the so-called spike proteins, as described in the abstract of this study. It is clear that there are always overlaps between stress factors caused by parasites and stress factors caused by spike proteins. This means that the framework conditions were to recognize possible parasitic structures or processes in the BEFORE microscopies in order to compare them with the AFTER microscopies to determine whether possible parasitic representations are also detectable in the AFTER microscopies. This does not represent a comparison of sick to healthy (bad image versus good image), but rather careful processing of the photo and video material for possibly specific parasitic changes and their documentation. For this purpose, the 1st microscopies, which referred to a time frame of about 60 minutes after the blood sample was taken, were used.

In the follow-up of the P75 3.0 study, the experimental group, unlike the control group, showed that after around 6-12 months in the field of the test object, the pathological loads caused by parasites in the vital blood of the test subjects, as determined in the BEFORE tests, in some cases improved significantly and in others decreased or remained the same. Only the presentation of the hemolysis of the erythrocytes and the dead white blood cells from the experimental group showed a minimal deterioration. See the image comparison between the experimental group and the control group. Particularly in the control group, the difference between BEFORE and AFTER microscopy is clearly recognizable in the direction of increased pathogenicity. The radical nature of certain parasitic developments is thought-provoking and confirms the views and study results presented in the abstract.

Here is a brief statement in relation to the questions posed before the start of the project:

**Question:** Could the traces of the spike proteins observed in the vital blood of the P75 3.0 study under a dark-field microscope after human volunteers were exposed to the quantum field of the test object with varying intensity and duration for about 6-12 months in a quantum-entangled manner regulate themselves in a life-promoting manner in the sense of bacterial cyclogeny?

**Answer:** As far as the observation period until October 2023 is concerned, yes. It should be noted that the meaning “in terms of bacterial cyclogeny” in relation to this project is subject to a certain subjectivity. Here, scientists decide on the final data for this graphical representation on the basis of intellectual influencing factors as well as through resonance diagnostics via BESA (see also “Objectivity versus subjectivity of science”).

Even if the decay process caused by hemolytic erythrocytes and that of white blood cells has increased slightly, it is the remaining parameters that represent a positive influence of the test object or the quantum field. The comparison with the control group in particular confirms the regulatory influence of the Quantum Upgrade.

**Question:** Is the effect of the quantum field from the test object via the process of quantum entanglement able to harmonize or improve a blood situation that may be detrimental to the health of the test subjects?



**Answer:** Yes

**Question:** What altered behavior can be observed in the morphology, the environment and subsequently in the immune system, especially in the red and white blood cells (e.g. erythrocytes, leukocytes, monocytes, lymphocytes, thrombocytes, etc.)?

**Answer:** During the observation period, the white blood cells showed a regular development without any parasitic infestation, in extreme cases a very limited parasitic infestation (in any case, the lifestyle of the sample ends is a determinant).

**Question:** In what way could the environment be adapted by the influence of the test object?

**Answer:** Especially or particularly in the area of the blood environment, clear changes in the direction of a life-friendly environment in the sense of bacterial cyclogenesis could be observed after application of the test object (see experimental group).

**Question:** Or is it the environment that undergoes regeneration through the influence of the test object and thus influences certain blood components and pathogens and parasites?

**Answer:** Yes, subjectively from the observation of the image material and the determination via BESA, it can be assumed that these lasting changes can be seen in the environment. It is ultimately the change in the environment that causes changes in the morphological blood structures through the use of the test object (see experimental group). In our opinion, this process also confirms the bacterial cyclogeny.

**Question:** What conclusions can be drawn from the application and the already proven effect of the test object on the situation of certain pathogenic stress factors?

**Answer:** On the one hand, the current environmental pollution shows that a permanent use of the test object seems necessary. Furthermore, the follow-up to the P75 3.0 study showed that the test object can have a lasting influence on the blood environment and thus on bacterial cyclogenesis. In this context, the important question arises: "What influence do the increasing environmental influences have on the human metabolism, especially in correlation with long-term use of the test object"?

## Discussions and conclusions

In the present project P75 3.2, the live and vital blood from the P75 3.0 study of 24 subjects was analyzed and recorded under the light microscope in the dark field in addition to BESA. Of these subjects, 12 subjects were in an experimental group and 12 subjects were in a control group.

### Implementation in the project:

As already mentioned in the abstract under General, vital blood analysis in dark-field microscopy is a highly interesting form of diagnosis for scientific research. It is interesting because, unlike other variants, in the field of vital blood microscopy it is necessary to create a separate matrix at the beginning of each research project in order to integrate it into the



study design accordingly. Both the diagnosis and the research require the research team to have the appropriate practice both in setting up the framework for the research project and in interpreting the results. I mention this here because dark-field microscopy or vital blood or live blood analysis is a form of diagnosis that must be classified to a large extent as subjective science. This is because both dark-field microscopy and subjective science are rejected by guideline medicine and its purely objective science (see abstract for this project).

In this current project, the vital blood from the specified observation period was used for the P75 3.0 study. This means that in the current project P75 3.1, the vital blood of the test subjects from study P75 3.0 was examined with regard to parasites. What exactly the research team refers to as parasites is also discussed in detail in the abstract. This project thus defines exactly what parasites are and what they do, when and how. Furthermore, the blood from the first observation period up to 30 minutes after the blood sample was taken was used. Again, it is important to understand that in this project we are referring precisely to this period, because each period of observation in connection with the age of the blood smear has its own regularities with regard to the changes that can be seen. With regard to parasites, it is sufficient to limit ourselves to this time frame. Anything beyond that would be too great and unnecessary an effort in terms of parasites. After all, the aim of this project was to determine whether the test object is capable of containing the development and effect of parasitic processes or reversing them in the sense of bacterial cyclogeny. As the study was conducted around 12 months ago, the current project P75 3.1 did not focus on current developments in relation to parasites.

Furthermore, it is important to understand that each blood smear represents the environment and morphology of the vital blood from a specific finger prick. In order to minimize the risk that the contents of the blood smear from another fingerberry reflect a different picture (which is repeatedly observed in the practice of the IFVBESA), the IFVBESA always takes blood from at least 2 different fingerberries.

Unclear or completely new aspects in the blood smear that have never been observed before are also shown photographically and additionally scrutinized on the energy-informative levels via BESA (as also shown in the pictures of this project).

### **About the project itself**

Various changes in the aggregate state of the erythrocytes and white blood cells were detected in all test subjects. Furthermore, an extremely rapid and aggressive parasitic development as well as the presence of exogenous factors in the peripheral blood of the test subjects was observed (see also images in project P75 3.2 Spike proteins). The resulting hemolysis of erythrocytes and dissolution of leukocytes and granulocytes was significantly higher than that of the well-oxygenated wall of red and white blood cells. They gave the impression that they could have a direct influence on a certain pathogenic development. The changes observed in the vital blood of all test subjects support the hypothesis that these are primarily due to increased formation of environmental influences such as: Consequences of mRNA vaccination, transfer of spike proteins, environmental pollution, water, food, etc.).





The 4 cases described in this series are representative of all 24 subjects, both in the experimental group and the control group, in which absolutely abnormal structures and substances were found. The changes in the erythrocytes show a tendency towards aggregation/disintegration, stacking in rouleaux, hemolysis, i.e. conditions that indicate a significant change in the so-called zeta potential.

The zeta potential is the electrical cell potential, in the case of blood it is -20mV. The more negative it is, the more free-flowing the blood is. The more positive it is, the more the blood components tend to clump together and restrict the blood's ability to flow.

In addition, a strong tendency towards the formation of fibrin symplasts (fibrin nests), ghosts and mixed symplasts (Mucor and Aspergillus) has generally been demonstrated. These changes could correlate on the one hand with coagulation disorders and on the other hand with morphological membrane malformations due to the known vascular toxicity of the artificial spike protein. In this context, it is also interesting to note that all test subjects were affected.

In summary, it can be said that such an abrupt change in the vital blood or peripheral blood level has never been observed from the point of view of vital blood-live blood dark field microscopy or been described in relevant medical forums. It is almost unbelievable how quickly these changes took place within a few months. (For comparison, see also "Project P75 3.2 Spike proteins" and "Project P75 4.0 Animal study").

In this context, the observation of the rapid transition from a completely normal transition from a completely normal state of vital blood to a pathological state with hemolysis, agglomeration of red blood cells and their stacking in complex and huge conglomerates up to giant thrombi and MEGA-symplasts.

According to our findings, such processes coupled with such a large amount of particles in the blood are obviously incompatible with a microcirculation that promotes normal blood flow. Also, red blood cells (erythrocytes) changing so rapidly over time (60 minutes to 24 hours) with self-aggregation phenomena and membrane deformation on such a scale has never been documented before.

Further studies are needed to question the following:

- define the type of blood particles found, where they come from and what they mean
- which causes are actually behind why the breakdown of live blood (haemolysis ghosts) takes place in such a short time
- the meaning behind the highly luminescent and sometimes oversized round circular substances (donut-like)
- To what extent are the parameters observed in this project mutually dependent?  
How is it possible that certain parameters in the vital blood change significantly due



to the influence of the test object and certain others do not or even slightly deteriorate without worsening the overall impression?

- what influence the consciousness of humans and animals has on the blood

As already mentioned in the abstract on the topic of spike proteins, spike proteins correlate strongly with physical stress in humans; on the other hand, they are sustainably involved in the generation of nitro stress. This in turn favors the development of parasitic processes and is thus the cause of the increase in further oxidative processes and thus associated with the diseases already mentioned (see also abstract stress axis for study P79 Men`s H.E.A.L 360 Underwear and abstract spike proteins for project P75 3.2 Spike proteins).

The aim of this project was therefore to test whether the influence of the field of the test object (quantum upgrade) makes it possible to induce the more highly developed, pathogenic growth forms of the microbes (parasites) to develop back into lower-valent, apathogenic symbiotic growth forms (symbionts) of the endobiont's cyclode.

In other words: Is the field of the test object suitable and capable of creating a symbiotic balance in the vital blood of the test subjects?

First of all, it is important to understand this:

*“The microbe is nothing, the culture medium is everything”.*

In order to survive on this planet or in this 3-dimensional world, every living being requires a certain biological and spiritual terrain. Every biological change in the living organism, regardless of whether it is destructive (in the direction of illness in the broader sense) or constructive and life-promoting (in the sense of healing), always requires a certain terrain for its development. In detail, this is independent of whether we are talking about bacteria or viruses (in the original sense) or inflammatory or degenerative deregulations. The respective biological and, above all, mental terrain determines the type of development.

The French researcher and hydrologist Prof. Louis Claude Vincent (1906 to 1988) was one of many who dealt with this topic. Perhaps the most important in this context, as he provided scientific evidence as to which terrain is ultimately necessary for healthy biological development.

Three physical measurements, which are taken from the body fluids blood, urine and saliva and calculated accordingly, determine the requirements for the ideal biological terrain for humans. These three aspects in particular confirm the results of this project P75 3.1 as well as those of our previous projects and studies.

Basically, it is precisely these physical aspects that have always been the most obvious to us and are still the most obvious today. And it is precisely these aspects that we are also observing at the levels of BESA and dark-field vital blood microscopy (including blood, urine, sperm ejaculate and saliva).

Regardless of which technology we use, the images and results are always congruent.



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And it is precisely in these aspects that we can observe and understand the essential effect of the test object.

The effect of the test object relates primarily to the change in the milieu of the vital blood and to certain organs that influence the milieu, such as the liver, kidneys, lymph excretion, etc., and not to the endobiont (pathogen or parasite) itself.

It is the endobiont itself that adapts to its changed environment. We also observe this phenomenon in nature and in water.

**“Change the soul of the water and the fish will change”.**

The question of the extent to which the field of the test object is suitable and capable of restoring a symbiotic balance or regulation in the sense of bacterial cyclogeny or in the sense of BESA in the vital blood of the test subjects can therefore be answered unequivocally in the affirmative.

“The test object changes the information of the environment, whereupon the living components of the blood also change in the direction of significant regulation”.