

Abstract

This paper explains the cause-effect relationship between a specific category of toxins that cause progressive brain damage with repeated exposure resulting in declining intelligence of the vaccinated population.

The prevalent source of these toxins are vaccines with adjuvant aluminum compounds and recently [graphene oxide](#). The injury mechanism is occult because the causal toxin effect is transient and the durable injury occurs to capillary structures throughout the body which particularly affect the brain.

The injury is cumulative. This relationship correlates the *vaccine schedule* to both the:

- **Progressive decline in the intelligence of all vaccinated individuals**
- **An escalation trend in juvenile neuropathology, specifically diagnoses in [autism](#) and [Auspberger's](#) incidence.**
- **These effects trend exponential as the potency and frequency of administration which correlates to the [vaccination schedule](#).**

About Autism

Autism occurs when a child is subjected to an overwhelming dosage of toxins which cause the blood to sludge, historically ionic aluminum, but with current injections graphene oxide, which temporarily reduce blood viscosity causing durable microcirculation injury.

Exposure causes severe and unrecoverable injury because it shuts down blood flow to a disabling percentage of the child's body.

The Severity of the vascular insult is determined by the disabled percentage of organ tissue while the **character** of the injury is determined the tissues that lose function. The brain is most affected resulting in highly varied cognitive and emotional syndromes. Recently, cardio-myopathy has emerged as common injury to the heart.

This affects everyone

While autism is most visible, the mechanism of injury herein will reduce the intelligence of virtually all vaccine recipients. As with autism, the severity of the loss depends on the metabolic vulnerability at the time of toxin exposure, while the character of the loss is determined by the specific tissues disabled by the exposure event.

In most cases, the single-exposure effect creates a small but measurable loss of intelligence. Coincident metabolic injuries reduce metabolism and increase delayed vulnerability to disease conditions particularly cancer and fatigue syndromes. While these effects are measurable they are often unnoticeable.

Background Science

This disclosure connects two well-established bodies of science that date back approximately 100 years. One body of science – zeta potential – is the cause. The second body of science – tourniquet injury causes the long term loss of function.

Purposes

1. **Predict & Prevent injury** using a common blood test;
2. **Evaluate Vaccine Safety with Inexpensive tests;**
3. **Enable Recovery** – A strategy to reverse vaccine injury;
4. **Expose** that vaccines cause brain damage in most recipients.

The Injury Sequence

Injury is a 2 step sequence from two separate mechanisms. A zeta-toxin is a substance that causes the blood to become thick or sludge.

1. Zeta-Toxin injection or ingestion causes a 90+ minute blood sludge event
2. The blood sludge event causes a body-wide tourniquet injury which permanently blocks blood flow to microscopic areas of tissue in the brain, organs, and other tissues.

The injury permanently stops oxygen delivery to cells resulting in durable loss of cellular function which often lasts a lifetime.

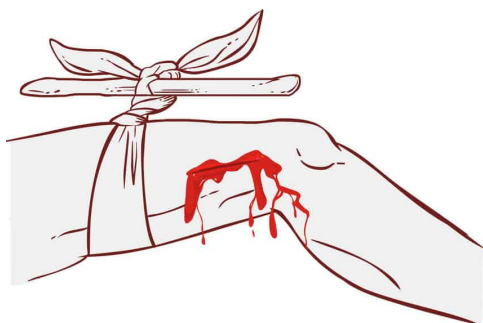
What is Tourniquet Injury

A tourniquet is a life-saving device that halts blood flow for a period of time to limit bleeding.

Tourniquet use mandates loosening every 30-60 minutes to briefly restore blood flow – even though bleeding will occur, absent periodic flow the uninjured tissue suffocates and eventually dies.

After 90 minutes a tourniquet causes [endothelial](#) swelling resulting in ultrastructural degeneration of the occluded tissue.

The injury process becomes more severe as blood flow is blocked for longer, but at about 90 minutes durable inflammation of the endothelium occurs.



stopping the blood flow on leg with a piece of wood by applying tourniquet

Table 1. Previous reports on histologic changes following skeletal muscle ischemia

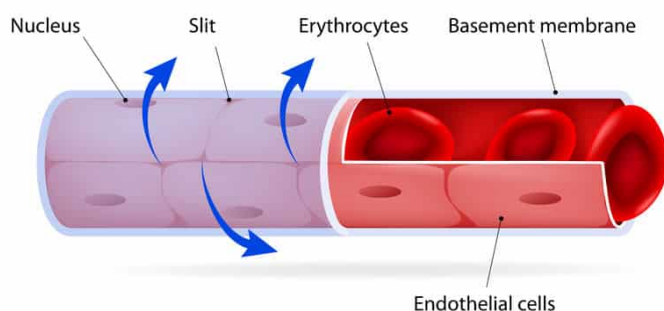
Ischemic duration (hours)	Interval to biopsy	Observations	
0.5	0–6 hours	Inflammatory reaction, mild edema, minimal degeneration	Dahlbäck and Rais 1966
0.5	2 hours	Mast cell degranulation, areas of no-reflow	Strock and Majno 1969b
1	–24 hours	Granular degeneration	Heppenstall et al. 1979
1	–5 days	Edema, fiber degeneration	Sjöström et al. 1982
1.5	10 min	Endothelial swelling and ultrastructural degeneration	Gidlöf et al. 1988
2	4 hours	Dilatation of sarcoplasmic reticulum and T tubules	Harris et al. 1986
2	–21 days	Acute inflammation, edema	Sanderson et al. 1975
2	–226 days	Mitochondrial swelling, glycogen depletion	Mäkitie and Teräsväinen 1977
2.5	0.1–5 hours	Generalized no-reflow, scattered necrosis	Strock and Majno 1969b
2.5	1–21 days	Fiber degeneration, inflammation	Jennische 1986
3	16–18 hours	Mitochondrial swelling and internal disorganization	Heppenstall et al. 1986
3	1–7 days	Mitochondrial degeneration	Patterson and Kiernerman 1979
3	7 days	Mitochondrial swelling, dilatation of sarcoplasmic reticulum	Tountas and Bergmann 1977
3	–226 days	Capillary degeneration, motor end-plate degeneration	Mäkitie 1977, Mäkitie and Teräsväinen 1977
4	4 hours	Mitochondrial swelling and degeneration, calcium deposition	Labbe et al. 1988
4	5 hours	Calcification, no-reflow	Jennische and Hansson 1986
4	–30 days	Necrosis	Harman 1948
6	4 hours	Myofibrillar edema, mitochondrial swelling, sarcolemmal disruption	Blebea et al. 1987

Tourniquet injury occurs because the tissues suffocate. Loss of blood flow by any means including a blood clot, aneurism, or hyper-viscosity, will cause similar injury to tissue.

The specific injury that occurs at about 90 minutes affects the inner lining of the vascular system. A single layer of cells called the endothelium lines the vascular system everywhere, but capillaries **are** this single layer.

When endothelial cells swell – they shrink the diameter of the vascular system and capillaries choke so that blood flow is permanently blocked because capillaries are barely large enough for red blood cells to pass without inflammation.

CAPILLARY



Capillary. blood vessel. labelled. Vector Diagram

This injury chokes blood flow to cells and creates a durable (permanent) injury. The blocked blood flow prevents the cells fed by the capillary from receiving oxygen virtually forever.

- **Perpetual.** Cells locked in perpetual low energy
- **Invisible.** Cells supplied by the inflammation are not injured and the endothelial inflammation is not visible on most medical scans
- **Unrecoverable.** No accepted medical treatment reverses this endothelial injury.

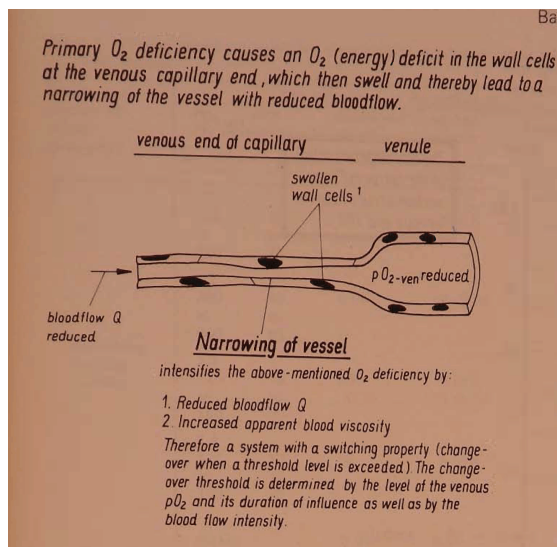


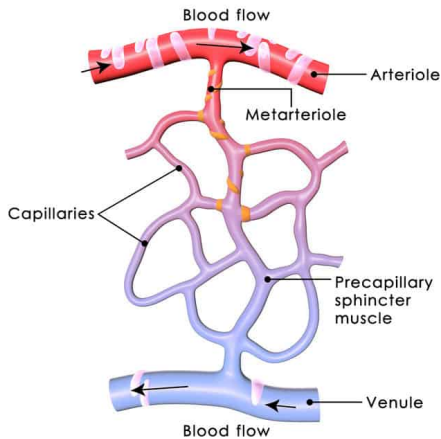
Image from Oxygen Multistep Therapy by Manfred von Ardenne that shows the reduced capillary diameter that blocks blood flow to cells.

Tourniquet Injury from Blood Sludge

When the body receives toxins that thicken the blood so much that it cannot pass through the tiny branches of the vascular system the sludge stops blood flow like a dam.

When the blockage lasts 90 minutes the vascular system is permanently injured and cells supplied by the vascular system are permanently deprived of oxygen and nutrients.

A temporary Sludge Event that lasts 90 minutes creates the same injury as a tourniquet.



This injury causes a ***long term loss of function*** in any tissue, brain, or other organ supplied by the injured capillary.

We address the Blood Sludge later with the term Zeta Potential which addresses how various chemicals like ionic aluminum cause temporary clumping of particles in blood.

The blood recovers - the tissue doesn't.

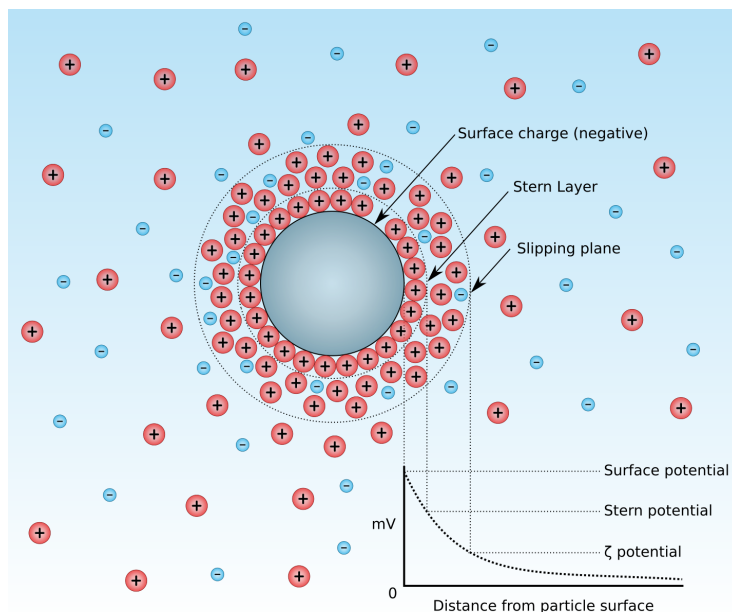
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[Scientific Paper: Tourniquet Induced Neuromuscular Injury – Robert A Pedowitz](#)

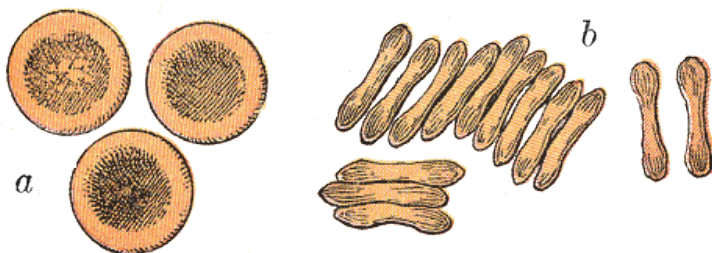
Zeta Potential

[Zeta Potential](#) is the electrical charge of blood. Any substance that reduces Zeta Potential in blood will slow or halt blood delivery. When this substance remains in the blood for 90 minutes – it will cause micro-zones of tourniquet injury throughout the body and in organs including the brain.

These brain injuries cause a durable loss of function in the parts of the brain that are affected.



Charge distribution around a particle that creates Zeta Potential



a -> Cells with enough charge to repel b->cells without enough charge to repel each other. They stick together

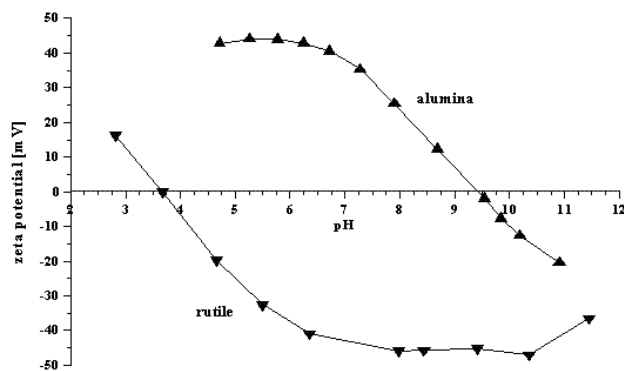
A loss of Zeta Potential in the blood causes agglutination or aggregation of blood cells into [Rouleaux](#) or clump formations. This event occurs anytime a clumping agent is introduced into the blood. The blood eventually recovers – but the endothelial injury does not. The endothelial injury (tourniquet injury) causes a durable loss of blood flow to affected areas distributed throughout the body.

What are the toxins?

When an injected substance causes temporary blood trauma that lasts for 90 minutes it creates permanent loss of blood flow throughout the body.

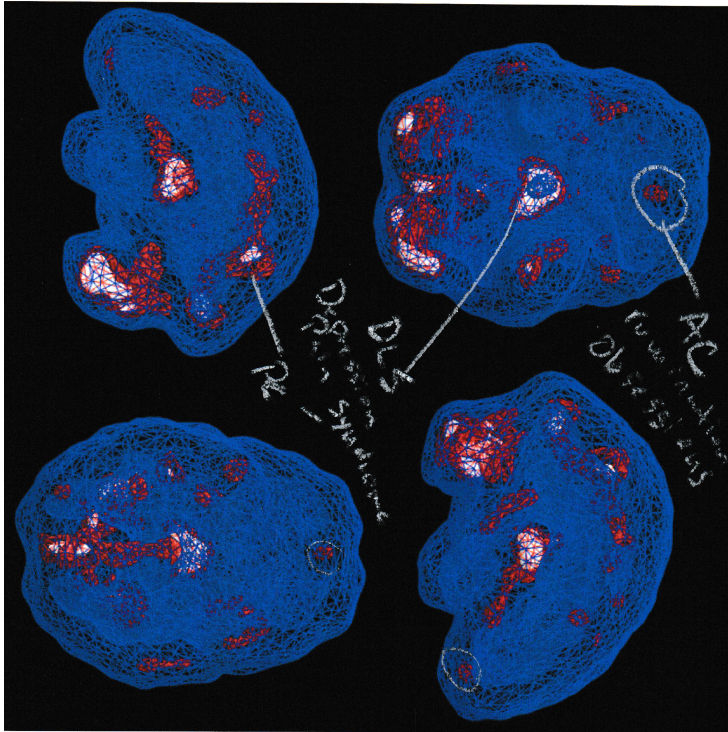
Aluminum, barium and ionic metals crash the Zeta Potential in the blood. This temporarily thickens the blood. When the thickened blood blocks blood flow to any part of the body it causes tourniquet injury which **permanently** blocks blood flow affected areas.

The zeta toxin, blood-sludge, is temporary – but the loss of tissue function is permanent in any area which is suffocated for 90 minutes.

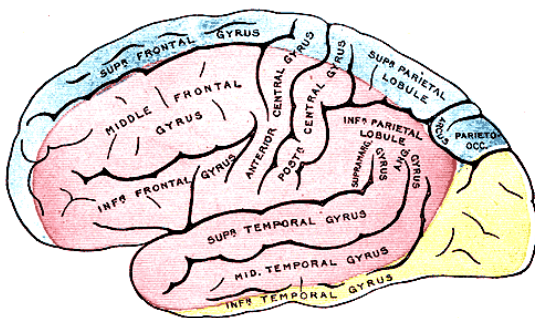


Chronic Cellular Suffocation

Loss of oxygen supply causes each of these areas to lose function. These areas do not show as injured because the affected cells are structurally intact and are not visible on common medical imaging systems. In severe cases they are visible on SPECT Scans. Loss of function is proportional to the percentage of the body downstream of tourniquet injury.



Spect Scan showing Loss of blood flow to areas of the brain affected by multiple concussions



Watershed areas of the brain are most vulnerable because they have a single blood supply. Areas of the brain with redundant blood supply are less vulnerable.

Presentation of the injury is determined by the specific regions of the brain that become dormant from lost blood flow:

- Loss of Fluid Intelligence
- Emotional Instability
- Anxiety & Depression

- Brain Fog

Autistic Childrens Blood

This presentation illustrates blood presentations in children already diagnosed with Autism.

These images suggest vulnerability to zeta-toxin-induced injury is suggested by ongoing low Zeta Potential in the blood. These low electrostatic energy potential in the blood suggests injected toxins would have caused a 90 minute event which caused severe body-wide and brain tourniquet injury.

[This video illustrates live-blood images from autistic children. It shows consistent rouleau and agglutination in autistic children's blood suggesting probable vulnerability as risk factor. Each of these children became autistic after vaccination.](#)

Injury Vulnerability

Three major factors determine vulnerability to this injury. The intensity of the injury results from vulnerability. The character of the injury depends on the tissues that are affected.

Vulnerability Factors

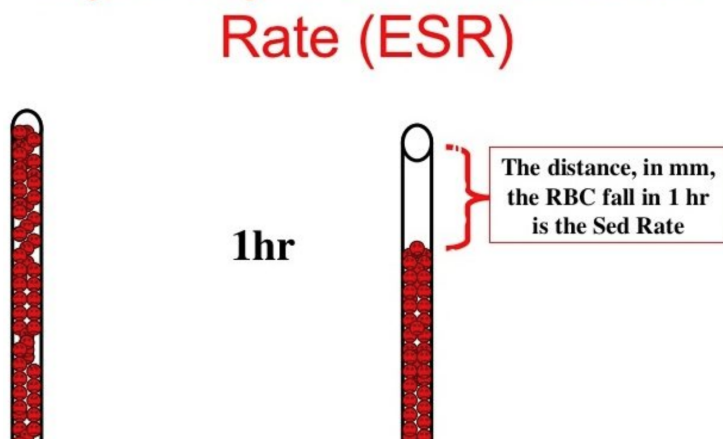
- Circulating Blood Volume
 - Hydration Status
 - Physical Size
- Energetic Reserve in blood
 - Antioxidant reserve status
 - CO₂/O₂ blood pH stability
 - Exercise habits that maintain Aerobic Metabolism
 - Measured by ESR
- Potency and amount of Zeta Toxin

Vulnerability Testing

The [Erythrocyte Sedimentation Rate Test](#), ESR, is a simple blood test.

ESR measures how long it takes blood cells to settle to the bottom of a test tube. A

high sedimentation rate suggests inflammatory vulnerability.



ESR Test Assembly

This test measures how fast zeta potential reserves. Energetic blood with high charge will settle slowly, resulting in a low ESR. Low energy blood, with poor energetic reserve, will settle fast. This test indicates the injury vulnerability to injury from zeta toxins.

The ESR is an inexpensive risk indicator that tells if exposure to zeta-toxin should be avoided due to elevated risk of injury.

Other Consequences

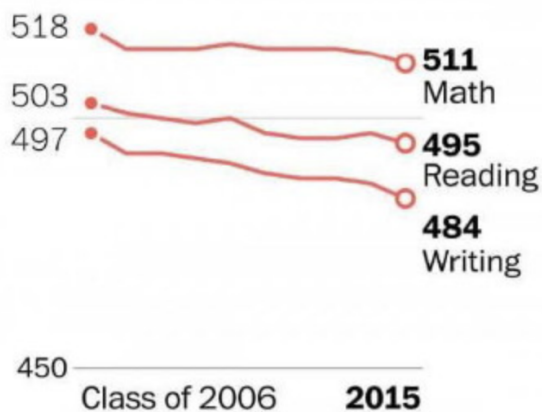
Most people conclude they are unaffected by zeta-toxin exposure because they usually don't experience a noticeable adverse event soon enough to correlate the cause and the effect.

Why care?

- How of your intelligence would accept for the safety promise of a vaccine, for yourself? For your child?
- How much increase in cancer vulnerability is acceptable for the safety promise from a vaccine?
- How much loss of quality of life would you accept for a vaccine?
- How many vaccines are acceptable?

SAT scores' decline

Total group scores for the Class of 2015 were the lowest in a decade. The maximum score on each section is 800.



Cohort data presented prior to 2007 includes students testing through March of their senior year, while cohort data from 2007 on includes students testing through June.

Source: College Board
THE WASHINGTON POST

Declining IQ – Race to the Bottom

Specific Effects

This injury causes a permanent loss of function in any affected area. The low energy tissue creates adverse lifetime health effects consequences which tend to be sub-clinical but measurable. The health effects depend on the affected organ or tissue:

1. ***In the brain - it causes a partial lobotomy.*** Functionals shutdown of brain regions disable brain function which manifests as cognitive, emotional, motor dysfunction, depression and a wide range of conditions that compromise the individuals lifetime potential – and in severe cases autism;
2. ***Cancer probability*** due to creation of anaerobic low energy zones which are isolated from the immune system, and locked in low energy and prone to

erroneous reproduction and cancer [2019 Nobel Prize](#), 1931 - [Otto Warburg Nobel Prize](#)

3. **Decreased vitality as quality of life.** Depending on regions, organs and scope and proportional loss of metabolic capacity resulting in reduced well being and quality of life depending on the affected organs;
4. **Accelerated aging and degeneration.** Cells affected areas under chemical, acid and low-energy stress have shorter life-spans thus have higher turnover so affected areas of the body age faster than healthy cells;
5. **Reduced Systemic Metabolism.** The sum of affected areas that do not participate in systemic respiration and metabolism compel anaerobic metabolism causing fatigue, vulnerability to acid/alkali imbalances, pain syndromes, chronic fatigue and fibromyalgia. [Pubmed 7863276](#), [FatigueO2 Resources](#)

Injuries are measurable

This table illustrates conventional tests that enable detection and even prediction of injury.

These can be applied before and after vaccines to assess the level of injury caused by one or more vaccines or from any injury or stress known to decrease vitality.

- More comprehensive methods to test vaccine safety
- Measure stealth effects on seemingly unaffected vaccine recipients
- Enable safer administration of vaccines by predictive testing
- Evaluate the efficacy of recovery methods for zeta-toxin injury including vaccines
- Measure progressive loss of function from zeta-toxin exposure

Purpose	Price	Availability	Store
Logical Cognitive Panel	%50	Online	Test for logical loss of brain function
Tactile Neurological Panel	\$50	Computer with special mouse	Test for loss of motor/sensory function
Resting Metabolic Rate	\$200	Clinic	Test for percentage of body that lost function by measurement of decreased CO2 production

Purpose	Price	Availability	Store
Active Metabolic Test (VO2 max)	\$200	Clinic	Measures loss of metabolic performance capacity as ability to produce energy during exertion
Erythrocyte Sedimentation Rate – Before-and sequence after Vaccine	\$20	Clinic	Measures before vaccine vulnerability to blood sludge versus post vaccination to indicate likely effect & extent of vaccine damage.
ESR Before Vaccine	\$20	Clinic	Predictive of Vaccine Damage Vulnerability based on electrodynamic buffer capacity in blood.

The Injury is mostly reversible

Manfred von Ardenne documented the reversibility of this injury. The list physiological requirements is short:

1. Deliver at least 12/cc of oxygen per liter in blood plasma
2. To injured endothelial tissues.

But only when...

Even though the list is short these conditions rarely occur in normal physiology because conventional medical care disregards plasma dissolved oxygen. It is not medically recognized as a curative factor.

The vascular conditions that deliver oxygen to the site of the injury are inhibited by multiple factors:

- Most people lack the athletic capacity to achieve 12 cc/l oxygen in dissolved plasma under normobaric atmospheric conditions and normal exercise;
- The endothelial injury inhibits blood flow like a clogged pipe;
- Blood viscosity (and toxins) inhibit blood flow;
- Oxygen is a vaso-constrictor and inhibits blood flow – so oxygen by itself is ineffective.

Hyperbaric chambers create a partial pressure of 2-3 ATM which is insufficient. An external pressure of 3 ATM will create a dissolved oxygen rate in bulk blood of 9

cc/l. This is 75% of the required oxygen concentration in plasma – and it has slight effects because it is below the required threshold.

Once the conditions are met recovery is near-instant, like a switch [Ardenne]. Recovery only occurs when the switch condition is met. No amount of time at conditions less the switch level is effective.