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*An exclusive translated article for Praxis2Practice Supporters,
published April 2023 by Praxis2Practice Consulting . . .*

Corona Virus and Dark Field Diagnostics

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From an article in Der Heilpraktiker, Volume 90, February 2023

Machine Translation by Lernout & Hauspie, LogoMedia & Promt

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During the time of the Corona virus pandemic, dark field diagnostics have once more gained increasing importance. Unfortunately in many media and internet portals the most bizarre images, speculations and statements about "typical" changes in the blood of COVID patients and/or SARS-CoV-2 vaccinated people are rampant, which circulate unchecked. Some even claim they can differentiate the different vaccines of the manufacturers by means of dark field in the blood of vaccinated people.

But what is really the point? To anticipate it, there is no typical image of Covid-19 patients or SARS-CoV-2 vaccinated in dark field. However there are indications of antigenic stress from the disease and/or vaccination if the patient shows clear symptoms such as "Long-Covid" or "Post-Covid". However these changes can also be observed in other viral illnesses.

Brief Introduction to Dark Field Microscopy

In a darkfield microscope the light source is arranged in such a way that the light hits the object from the sides, a special condenser prevents the direct radiation of the light through into the objective after penetration of the specimen. This creates a “dark field” and particularly transparent and low-contrast objects such as cells and microorganisms can be displayed without prior staining or fixation.

With a 10 x ocular, a 100 x objective lens develops a total magnification of $10 \times 100 = 1,000$ or with a 12.5 ocular the total magnification is $12.5 \times 100 = 1,250$.

What Can Dark Field Diagnostic Achieve?

For better understanding I would first like to point out the possibilities and limits of dark field diagnostics:

- In DF Diagnostics the blood is understood as a “circulating organ”. Conclusions can be reached about the quality of the blood with its cell and plasma appearance, on the supply of oxygen and nutrients to the organs as well as on the detoxification situation of the overall system. Thereby it is possible to make statements about the metabolic state, which can then be incorporated into a therapy concept.
- The “milieu” of the blood is assessed. That way you obtain indications how a person lives in their function, that means in interaction with their genetic disposition, constitution, environmental pollution and the current nutritional situation.
- The blood with erythrocytes and leukocytes is a carrier of microorganisms such as viruses, bacteria, fungi (whole antigens) and residues of microorganisms not completely eliminated by the immune system (residual antigens) as well as protein by-products. These products transported in the blood, or also changes in the cells and proteins caused by them, are evaluated using a dark field microscope.

For the most part, there are only empirically obtained statements about cell and plasma changes, [but] you can obtain indications about shifts in blood pH value, toxic burdens, oxidative stress and immunologically stressed antigens.

No organic diseases can be diagnosed with it, but must also be considered with medical laboratory parameters.

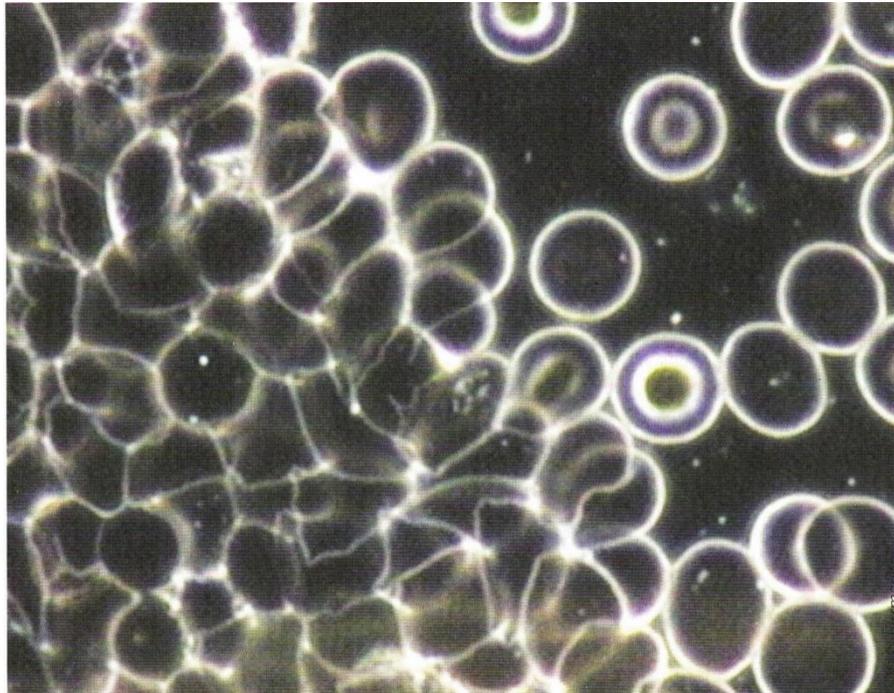


Fig. 1: Honeycomb formation during liver burden © Schirrmacher

Example: In the dark field there are indications of liver stress (See Fig. 1), so for the therapist this means that the patient first only needs a liver remedy to treat his symptoms such as exhaustion with chronic fatigue.

However, in order to exclude liver disease with permeability of the liver cells, the parameters gamma GT, GOT, GPT and, if necessary, electrophoresis must be collected, and in the therapy plan be treated differently according to the clarification of the cause. Dark field diagnostics cannot provide any information about the cause of liver disease, this anamnesis can only be performed with further laboratory tests.

Make sure that the patient's fingers are warm before the blood draw and that he has drunk at least two glasses of water. And note that the first drop of blood must always be discarded!

From My Practice

Long-Covid patients who come into my practice always bring laboratory results with them (complete blood count, CRP, D-dimer and the usual laboratory status) and now seek help in my naturopathic practice because they could not be further helped by their physician.

So I noticed that in spite of the severe complaints like dizziness, burning all over the body, numbness of the extremities and total exhaustion, the laboratory parameters can be relatively unspectacular except for a slight to medium CPR increase (6-18 mg/l). The lymphocytes are often low, but still within the normal range (20 to 25%).

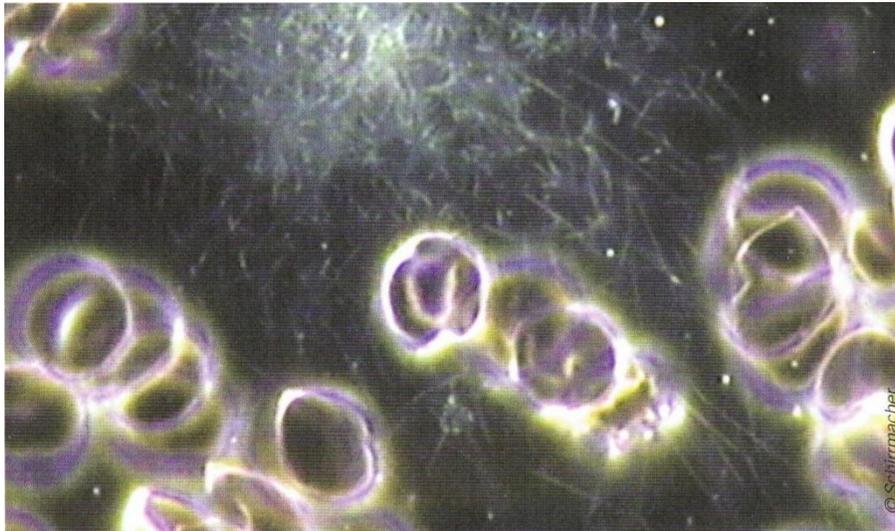


Fig. 2: Increased fibrin formation, thrombocyte clusters with "mushy" erythrocytes © Schirmacher

Since I examine the blood of each patient in the dark field, I dare to make the following statement: Patients with chronic complaints after COVID-19 illness and/or SARS-CoV-2 vaccination can first show an unobtrusive dark field blood count in addition to spleen/lymph burden. However after 2 to 3 hours it is evident that the erythrocytes disintegrate faster, the membranes of the erythrocytes rupture, there are "blood shadows" or the erythrocytes appear "mushy" (See Fig. 2).

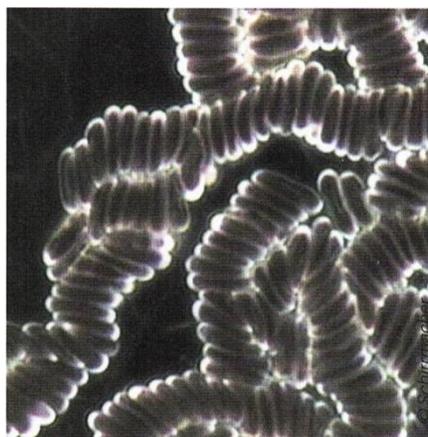


Fig.3: Rouleaux phenomenon with too little drinking © Schirmacher

The "rouleaux" often mentioned in connection with COVID-19 are not often seen as a real phenomenon. Unfortunately the formation of "rouleaux", thus the gluing together of erythrocytes, often engages in abuse in diagnostics, with the statement of serious illnesses. But the rouleaux phenomenon can also come about from cold fingers and too little drinking (See Fig. 3).

Because the rouleaux phenomenon can be an indication of thick blood (polyglobulia) by for example: increase of plasma proteins in acute inflammatory events with strong antibody formation and increase of interleukins, reinforced coagulation with fibrin formation. Here however a holistic view of the patient's symptoms and with the laboratory parameters Hb, erythrocytes, CRP, D-dimer, and coagulation parameters, is required in order to be able to make a serious statement.

If it is a true rouleaux phenomenon in which the erythrocytes do not dissolve, but continue to "cake" and appear with dissolution of the membranes, thus it is a serious result (> Fig. 2).

Case Studies

1. Example

Patient 68 years old, vaccinated 3 times, then ill with COVID-19. After 4 weeks of lymph swelling Hodgkin's Disease was diagnosed. In the dark field the erythrocytes were completely dissolved after 3 hours and the blood showed only as "red mush". You could not clarify whether a connection could exist between the malignant illness and the vaccination/COVID-19 illness.

2. Example

Patient 53 years old, myocarditis after the 2nd vaccination, then ill with COVID-19, since then severe exhaustion, she can no longer cope with her everyday life. In laboratory status CRP 5 mg/l and D-dimer 0.55 ug/ml at the limit, lymphocytes 22%, otherwise all laboratory parameters were unobtrusive. In the dark field rather watery blood, many erythrocytes studded with small spikes (prickly = spleen burden) and arrangements of erythrocytes in honeycomb form (liver burden). After 2 to 3 hours the erythrocytes showed only as blood shadows (hemoglobin had leaked).

3. Example

Student 14 years old, vaccinated 2 times, then ill with COVID-19, since then tired, concentration problems such as "cotton wool in the head", often sore throat. In the laboratory blood CRP increase of 14 mg/l, lymphocytes of 24% (considered as normal, but this is very low for a child), the IgM antibody increase against Epstein-Barr virus shows a reactivation (first infection EBV is 6 years ago), otherwise unobtrusive values. In the dark field long fibrin threads appear with good flowability, the erythrocytes shrink and lyse after 2 hours.

Therapy Suggestions

These have proven themselves very well in my practice for Long-Covid or Post-Covid: Teucrium scorodonia Synergon Nr. 15 and Grindelia Komplex Nr. 260 (spleen burden), Wobe Mucos, amino acids (L-arginine, L-lysine, Taurine) as well as Artemisia annua (annual mugwort) and frankincense.

The patients who had no symptoms after vaccinations and/or had recovered from COVID-19 also showed no pathological changes in the dark field diagnosis.

Result

In conclusion it should be recorded: There are no typical or uniform changes in the the dark field blood with symptoms caused by COVID-19 illness and/or the SARS-CoV-2 vaccination, but a shortened lifespan of the erythrocytes can often be observed in vitro.

The dark field diagnostics, like traditional urine functions diagnostics and eye diagnosis, are only indicative diagnostics, which together with the patients symptomatology and medical laboratory parameters must be integrated into an individual therapy plan – thus their important significance only comes into a holistic treatment manner.

Keywords: COVID-19, dark field diagnostics, erythrocytes, rouleaux phenomenon

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Translated and re-published in an effort to spread the information and research to as many practitioners of complementary, integrative and energy medicine as possible by:

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