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"Rhesus Factor": Analysis of Rhesus Factor Claims
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In the article "Rh im Blut" (DER SPIEGEL, August 1948) one can read the following: "In Alfeld, Lower Saxony, the vivisectors wait for 300 monkeys. In New Delhi, India, a request for urgent transport of the animals is awaited by the relevant ministry. These are Rhesus monkeys. They are intended for German medical institutes." [1]

The fact that the Rhesus monkeys were highly regarded and highly sought after as special "scientific objects" (!) was mainly due to Viennese professor Karl Landsteiner of the Rockefeller Institute in New York, who, at the beginning of the 20th century on behalf of his employers, sought a "blood fingerprint" in order to classify people according to certain blood characteristics and subsequently awarded the Nobel Prize.

We already know from his famous research on suspected polio virus that Professor Landsteiner was a lover of experimenting on and with monkeys.[2] Professor Landsteiner and his collaborator Dr. Erwin Popper took dried spinal cord tissue from a child who died of "polio" in 1909, dissolved it in water and injected approximately 1-2 cups of this "broth" into the belly of two lab monkeys. Of the two monkeys, one died after 8 days, while the other showed paralysis after 17 days and was killed two days later.

Without verifying the results using control experiments or by checking the Henle-Koch postulates already in force at the time, the two scientists concluded that "poliomyelitis is caused by intraperitoneal injection transference". Since they did not find any bacteria there that they could accuse, they "presumed" that the disease is likely to be triggered "by a so-called invisible virus".

The Rockefeller Institute offered Prof. Landsteiner employment in their labs, where the institute had the necessary "logistics" to procure thousands of animals for experiments.

The discovery of the so-called "blood groups"

Landsteiner first discovered "blood groups". According to Wikipedia, "for the classification of blood, the expressions of certain antigens are grouped into so-called blood group systems".[3] The most important group is the 'AB0 system'. As Veronika Widmer noted in an earlier edition of klein-klein-aktion, "*the contradictions that have arisen from the dogma of blood groups were discussed away first by the assertion of a rhesus factor and later by the continuous introduction of thousands of sub-blood groups*."

The official purpose of blood group determination, which was to avoid the problems that often occurred with blood transfusions and still occur today, was not totally fulfilled, because – as the Spiegel article of 1948 also reported, "*the*

doctors using blood transfusions, despite careful consideration of blood groups of donors and recipients, could not prevent repeated shock effects, sometimes fatal ones."

With the knowledge of New Medicine, we can now better understand the events that lead to such tragedies. A blood transfusion, i.e. the introduction of foreign (dead) canned blood into a living organism, often leads not only to anaphylactic shock, but also to, among other things, bleeding and spleen necrosis. The resulting symptoms have nothing to do with "blood groups".

In addition, the blood group dogma gives lots of leeway for new methods of changing the blood group of canned blood using newly discovered "biotechnological" means. Henrik Clausen and colleagues from Harvard University have developed the method by which the blood groups A, B and AB can be used to produce the particularly sought-after blood group 0. There are no limits to "research" in the laboratory.[4]

But back to our monkeys and the old master of blood group research.

The discovery of the "Rhesus Factor"

Prof. Landsteiner and his colleague Wiener came up with the idea of injecting tapped blood from Rhesus monkeys into guinea pigs and rabbits. They did what every living being would have done in this situation: they reacted to the injected foreign blood. The globulins formed in the blood of guinea pigs and rabbits were promptly christened 'antibodies' ("defence" or "immune serum") and then injected into the blood of other Rhesus monkeys. Oh wonder! The red blood cells of the monkeys also reacted to the infused foreign blood. Control experiments were not carried out as always.[5] Furthermore, caught up in the delusion that life can be studied comprehensibly in the test tube, the scientists "vaccinated" with the newly discovered "anti-rhesus serum" resulting from the monkey-rabbit blood combination, with the result that about 85% clumped, while 15% showed no reaction. Why was there no reaction in 15% of the samples? Why did 15% not respond to the injection of animal blood at all? They did not want to investigate or find out. They were glad that a new blood characteristic had been found "*with the help of <Immune sera> against animal blood*" and that people could suddenly be classified as "Rhesus-positive" and "Rhesus-negative".

But what would have happened if Landsteiner and Wiener had experimented with blood from wild boars or pouch frogs? Then they would probably have discovered a feature that could have divided humans into "pouch frog-positive" and "pouch frog-negative". We should therefore first be grateful that Landsteiner only played this sad game with monkeys.

As always in the gene and sub-gene delusion, interestingly, many "antigen combinations" were also found. According to Wikipedia, the "*most important antigen combinations CE, Ce, cE and ce) are also the small letters for antigens that can be detected by testing seras with appropriate antibodies. So, in addition to the anti-C serum, there is also an anti-c serum etc. On standard-compliant German blood donation cards, therefore, the rhesus factors appear to be doubled as "ccddee". The combination makes the Rh blood group system one of the most complex human blood group systems*."[6]

In the same Wikipedia article, one also reads: "*Since in addition to the frequent manifestations of the Rh-D and Rh-CE genes, other wild types exist, the literature also contains a numerical notation for the blood group characteristics of the rhesus system. Here d = RH1, C = RH2, E = RH3, c=RH4, e = RH5, ... Cw = RH8 ... with more than 50 variants today. How these are actually shown in the genome is still not definitively clarified*." In my opinion, common sense shows that nothing has actually been clarified, they work exclusively with chains of endless hypotheses, there are "genes" and "sub-genes" (no "side genes"?), there are phenotypes, wild types (and probably also "tame-types"), they make assumptions that there are over 50 "variants" of blood group characteristics, some of which are "quantitative" and some are "qualitative" etc. How good is it that our alphabet has so many letters, right?

Willy A. Flegel published in the medical journal 10/2007 an overview of the "genetics of the Rhesus blood group system." [7] This includes claims that Rhesus is the most complex of the 29 blood group systems described so far (sic!). Flegel goes on to say that the Rhesus proteins RhD and RhCE are very similar, but they differ "only in 36 of their total 417 amino acid positions". There are also a number of variations of the D-negative phenotype, that are each designated as "Part D" (Partial D), "weak D" (weak D), "DEL" etc.

In the fine print at the end of the article there is the following text: "*Prof. Flegel and the DRK Blood Donation Service Baden-Württemberg-Hessen gGmbH consider patents or patent applications for nucleotide sequences and their molecular diagnostic use to be weak D, the Rhesus box, the RHD deletion and some DEL alleles*." Well, then I guess everything will be alright!

Blood characteristics are non-specific and may be modifiable

It is now known that after organ or blood stem cell transplants, both a "conversion" from "rhesus-negative" to "rhesus-positive" as well as a blood group change with all associated characteristics can take place. [8] [9]

A funny story shows that the Rhesus theory is really just a monkey game. In 1953, the physician Miguel Layrisse made an astonishing discovery in Caracas, Venezuela, which of course did not get as big a headline as the discovery of Landsteiner. Layrisse was treating a Venezuelan child named Diego, who was born with a suspected "blood defect."[10] His red blood cells had largely disintegrated – diagnosis: "erythroblastosis". Otherwise, according to clinical medical records, the clinical picture resembled that of severe jaundice. Although the doctor carefully examined the fresh blood of the parents several times, he found no evidence of the "Rhesus" diagnosis. Because he did not know ‘New Medicine’ and could not correctly classify the symptoms, Layrisse assumed that the symptoms were caused by another unknown "blood factor". After Layrisse sent all blood samples to the Serological Research Institute in New Jersey for evaluation, the doctor proudly announced the discovery of a new blood type that entered medical history as "Diego factor". In this way, it is possible to "carefully" examine all children with similar symptoms and discover other blood types such as a "Maximilian" or a "Friedhelm type".

What is this good for?

At first, however, it was not possible to do much with the discovery of a "rhesus factor". A pathology had to be quickly conjured out of a hat in order to associate it with the Rhesus factor "problem" so that the discovery could be quickly turned into money. Thus, the choice was made for so-called "erythroblastosis" (*Morbus haemolyticus neonatorum*), a severe "hemolytic anaemia" to be attributed exclusively to newborns. [11]

After the discovery of this "blood type", it was postulated that the blood of a "rhesus-negative" mother would form "antibodies" against the blood of her own children by lesions that would arise at the birth of her first child, but this would not become dangerous to the first child, but strangely only in the second or possibly third pregnancy. But why should this happen in women who showed no reaction to the injection of foreign proteins? Where is causality supposed to be? So why should these so-called "rhesus-negative" women, i.e. pregnant women who just didn't respond to injected animal blood suddenly start developing "antibodies" against their own foetus? Where is the logic?

According to the medical school definition of erythroblastosis on Wikipedia, the "*cause is usually a blood group intolerance in the rhesus system*". "*During the examination, the doctor often finds an enlargement of the spleen and liver (hepatosplenomegaly) and protein deficiency, which is noticeable by water retention in the skin (oedema) and abdominal water addiction (ascites).*" In reality, as with influenza or AIDS, different symptoms, such as anaemia, general weakness, pleural effusions, oedema and neonatal jaundice (which also often occurs in "rhesus-positive" mothers) etc., for this diagnostic invention each of these symptoms has its own cause.

Let the blood(business) flow!

At this point, the (then somewhat battered) business of blood transfusions was further boosted, since it was now claimed that in babies with the diagnosis "erythroblastosis" a total blood exchange must be performed (!) in order to remove the "antigen-D-antibodies". They even went so far in some cases that the blood transfusion should be carried out in the womb!

It was not taken into account at all that every blood transfusion of dead canned blood for the newborns causes incredible trauma in many ways: the baby first loses all its healthy blood immediately after birth, then it receives foreign dead blood from the body of an adult. The dangers of foreign blood transfusion are manifold. The consequences can range from allergic reactions to kidney damage. This dead foreign blood must also place a tiny weakened body immediately under incredible stress, because foreign blood never becomes ‘self’ blood, despite medical school fantasies! It should come as no surprise to us that so many babies died despite all this (or because of the exchange of blood?).

In a technical article by Prof. Dr. Axel Seltsam titled "Rhesus D-Diagnosis in Pregnancy" he mentions that other factors are also considered for this so-called "incompatibility": "*Traumas during pregnancy, chorionic villi biopsies, amniocentes [...].*" [12] It must therefore be assumed, with the knowledge of New Medicine, that the symptoms attributed to 'erythroblastosis' are rather conflict-

related and have nothing at all to do with a congenital 'blood intolerance'. Furthermore, it is also incomprehensible, from this article, that only "*sometimes in a second*" or "*often only in a third-party contact*" with the same "antigen" there would be an alleged "secondary immune response of the mother" which would decimate the "other hostile" blood cells of her baby already in the womb.

In any case, we know from the history of medicine that where experiments are carried out with damaged/contaminated blood, the invention or patenting of an "antibody" test may not be far off.

The Coombs Antibody Test

After Landsteiner and Wiener made their discovery of the "Rhesus blood group system" public in 1940, the employees of the English Galton Laboratory Serum Unit Dr Race and Taylor also jumped on the bandwagon of success and also published in 1940 that in addition to the "*probable normal form of the anti-Rh antibody (from now on called anti-D antibodies*)" when they were dissolved in a saline solution, there was also a variation of "incomplete antibodies" (i.e. non-clumping "antibodies"). Initially, this could only be detected by the so-called blocking test, i.e. the blocking of Rh-positive cells dissolved in an incomplete "serum", so that the "normal antibodies" cannot cause agglutination of erythrocytes.

While this research was taking place, there was a veterinarian named R.R.A. Coombs, who was interested in this "incomplete antibody". In 1945, he was able to develop a method for an "anti-globulin test."[13] First, the team around Coombs had to produce an "anti-serum against human globulins" and then develop the test "based on rabbit antihuman globulin". Fortunately, (!) the Physiological Laboratory had a stock of rabbit serum from rabbits that had previously been "immunized" with human globulin, human serum and human-pseudo-globulin. The team experimented with these serums until the results in the test tube could be declared "specific" enough to apply for the relevant patents. [14]

In the meantime, according to a study by Sandler et al. from the year 2012 even new molecular blood-typing methods, which are now called "*variable D antigens, which were identified as Rh-positive or Rh-negative, depending on the laboratory method used*" can be shown.[15]

The Coombs test is a so-called "haemagglutination test" and, according to the National Library of Medicine, consists of adding a [patented] reagent ("antiglobulin or antihuman globulin rabbit immunoserum") to a patient's serum to detect incomplete (non-adhesive, monovalent, blocking) antibodies that cover erythrocytes. The test is a "*mixture of pooled rabbit anti-IgG and monoclonal anti-complement (IgM Anti-C3d, Mouse, Clone Bric 8)."*

Since these tests are not calibrated (no gold standard), the results are therefore unreliable and scientifically unusable. On the internet and in various mothers' forums, you can read lots of reports of women, who had different test results depending on the laboratory (once Rhesus-positive, 2 years later Rhesus-negative or before birth Rhesus-negative, after birth Rhesus-positive etc.) or who were confronted by their doctors with apocalyptic scenarios ("*They are now*

Rhesus-negative and will give birth to a disabled child without anti-D prophylaxis" – the mothers who ignored the doctor of course had a healthy child.

Anti-D prophylaxis

As is almost always the case after first developing and patenting an "antibody test", a "vaccination" cannot be long in coming.

It also does not matter that vaccinations in theory are intended to produce antibodies against "causative agents", and that this Rhesus theory, in which antibodies are suddenly used prophylactically *against* the production of other antibodies, lags massively. No matter! A (passive) vaccination, a "prophylaxis" injection for "isoimmunized" women immediately after childbirth (and more recently also for "Rh-negative" pregnant women) had to be produced.

In order to encourage the now frightened women to "save their babies" by injection without solid scientific studies on the effectiveness of "anti-D-prophylaxis", it was announced that the "antibodies" from the syringe were useful, while the "antibodies" of their own mother would harm the foetus.

In 1967, for example, the "Detectives in White Coats" around the Hamburg serologist Hoppe finally selected nine blood samples from 2300 "Profiles" in order to produce a novel preparation, which allegedly is supposed to prevent the fatal "intolerance" between the blood of the mother and that of her unborn child. Professor Ernst Fromm, President of the German Medical Association, promptly announced the pious message that "erythroblastosis" can now also be "practically eradicated". The name of the desired magic "protective substance"? The anti-D-gammaglobulin.[16]

American and Australian scientists had previously tested the purported protective effect of anti-D gamma globulin obtained from human blood plasma, but the "protective substance" contained a number of impurities. The German team around Hoppe succeeded allegedly in 1967 after a manhunt with over 2000 bloodletting volunteers to filter out those people "*whose blood contained the sought-after active substance in particularly large quantities*". In addition, "*by means of a suitable injection (?) before the blood was taken, they also "increased the effectiveness of the anti-D gamma globulin later extracted from the donor's blood while still in his body*".

There have been no studies of the long-term effects or potential risks of routine "anti-D prophylaxis" for either women or their babies, even if the issue was quite controversial at the time.[17]

The Spiegel article from 1967 goes on to say: "*From a total of 12 litres of blood plasma, which they had gradually taken from the donors, the Hamburg physicians gained 6000 ampoules of the sought-after active substance. Each ampoule is sufficient to protect a patient against the rhesus danger of her next child*."

I don't know how others are doing, but for me personally, it sounds like a recipe from Frankenstein's kitchen. Although (or precisely because?) one knows exactly how anxiety and panic affect pregnant women and their babies growing in the

womb, the artificially generated Rhesus panic-mongering must permanently cause future mothers to live in fear of a (second or third) pregnancy; whether this could also be a subtle manipulation so that women do not bring more than one child into the world, I dare not say.

The "rescue" can therefore, as always, only come from the syringe of the doctors. So, let's take a closer look at this "life-saving" syringe.

In fact, such agents of so-called anti-D prophylaxis (such as e.g.B.RhoGAM, RHESOGAM, RHOPHYLAC, Partobulin, Rhesonative, etc.) are listed in the Red List under "Sera, Immunoglobulins and Vaccines"!

A side effect of anti-D injection causes the iso-deimmunized to suddenly react to hepatitis or HIV tests as "positive". The following is stated in the technical information of the anti-D product RHESONATIV: "*In serological post-administration studies of immunoglobulins, it should be noted that there is a temporary increase in various passively supplied antibodies in the patient's blood, the detection of which may be false. Influence of the test results in blood group determinations, antibody determinations including Coombs tests is possible*."

The RhoGAM package leaflet also contains a reference to laboratory tests: "*After administration of RhoGAM, the results of some blood tests (serological tests) may be different for some time. If you are a mother who received RhoGAM before the birth of your baby, the results of some blood tests related to your baby may also be different*."

After administration of an anti-D injection such tests should therefore be employed with caution if one does not suddenly want to be labelled as a "hepatitis or HIV patient".

Manufacturers of such products, e.g. Rhesonativ, also insure themselves carefully from the point of view of contamination: "*The standard measures to prevent infections due to the use of drugs made from human blood or plasma include the selection of donors, examination of individual donations and plasma pools for specific infection markers as well as effective production steps for inactivation/removal of viruses. Nevertheless, the possibility of infectious diseases caused by the transmission of infectious pathogens cannot be completely ruled out when administering drugs made from human blood or plasma. This also applies to previously unknown or emerging viruses and other pathogens*."

Until 1998, the RhoGAM syringe's package leaflet indicated that it contained polysorbate 80 and other ingredients as well as thiomersal (49% mercury). From 2001, this reference was no longer found, but it remains questionable whether this additive can really be filtered out of the final product or whether production residues may still contain "residues present in traces" of the organic compound thiomersal, which no longer need to be declared.

As regards the approval studies for such blood products, the author Hanz Tolzin for the product Rhophylac, which touts the advertising slogan "*We make children compatible*" on the Internet,[18] found: "*RHOPHYLAC was not approved on the*

basis of a placebo-controlled comparative study, but a group of about 250 Rh-negative women who received RHOPHYLAC intravenously compared to a roughly equal group of women who received it intramuscularly. It was not the frequency of the unborn babies who were actually harmed that was evaluated, but only the blood readings."[19]

In the English technical information sheet of RhoGAM you can find further interesting information, which is missing in the German:[20] In the section "*Clinical Studies*" we find evidence of various studies (Pollack et al.) for the dose-response relationship of the injected RhoGAM, which surprisingly were carried out almost exclusively on **men** (!).

In the section "*Laboratory tests*" one finds another insightful and consequential statement, which I would like to leave unabridged, so that the reader can form his own opinion: "*The recovery of anti-D in plasma or serum after injection of RhoGAM or other Rho(D) human immunoglobulin products is very variable on an individual level. The anti-D detection in a patient's plasma depends on the test sensitivity and the time of sample collection after injection. Currently, there are **no** requirements or practice standards to test for the presence of anti-D to determine the **suitability or efficacy** of the dose after an injection of RhoGAM*."

In conclusion, I think it can be said that we are obviously dealing with a classic case of 'failure' in medicine; this aberration could cost ignorant pregnant women or weary new mothers dearly. I would therefore advise all readers to seek thorough education from independent sources and to make informed decisions for their lives and their children's lives.

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