

Theories regarding the conditions roughly classified as “Morgellons”

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Last updated: June 2021 by Rachael Stephens

THIS IS CURRENTLY IN DRAFT FORM (with lots of “notes to self” commentary) SO PLS DO NOT CIRCULATE

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1. The more mainstream work:

	Etiology (of fibers <i>and</i> other symptoms)	Treatment	Fibers/Debris?	Communicable?	Associated researchers/clinicians/foundations and their interests	Thoughts/questions
Delusions of parasitosis/hypochondriacal/internet disease (and thus, not communicable)	Psychogenic, or “in the head” (as distinct from neuro- or bio-chemical)	Anti-psychotics, therapy, often with ivermectin	“Don’t exist” or patients implant them under their skin (not sure how given that they are microscopic, but alas...)	No, not communicable	Mainstream med. Community, supported by recent CDC study (despite Wynmore’s and others’ insistence that the study didn’t include a single MD patient)	
Correlation with <i>Borrelia</i> and <i>Agrobacterium</i> (many frame it as causation)	<i>Borrelia</i> / <i>Agrobacterium</i> cause fibers, liberty by causing genetic changes; parasitic/bacterial infections are secondary, opportunistic infections, often exacerbated by	LOTS of antibiotics and ivermectin (sometimes treatment for secondary infections, too); lessen toxic load, low-histamine diet Ginger Salvey (APRN) is said to	fibers are made of keratin; other debris are “a mystery” or attributed to secondary infections Particularly resistant bioforms	No, (likely) not communicable	The Charles E. Holman Foundation; ILADS Interested in challenging the “delusion” narrative by showing “real” etiology; also interested in allying patients	--Couldn’t the <i>Borrelia</i> simply be what weakened the immune system? --Did the cows/dogs/pigs that had “filamentous dermatitis” test positive for <i>Borrelia</i> ?

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Folder with relevant research papers can be found here	<p>environmental toxins (mold, EMF, etc.) and by diet</p>	<p>have the “gold standard treatment protocol” for this theory and will email it to physicians</p> <p>Dr. Cornish notes that many of her patients have parasite infections on top of lymes/mold illness/Babesia/h pylori/candida/etc; she has had a number who have had Toxoplasma gondii</p>	<p>are produced by mixing with chlamydia and with h. Pylori</p> <p>NB: Middleveen and Strickler recently discussed the “contamination” of MD skin samples by “plant specimens”</p>		<p>fears of being contagious</p> <p>Middleveen, Strickler, Sapi, etc.</p> <p>Sapi runs a lab in University of New Haven dedicated to Lyme/Morgellons/s pirochetes</p>	
<p>It’s “real,” but we don’t have sufficient evidence to say more than that</p>	<p>Likely toxic exposure and infection</p>	<p>Dr. Cornish notes that many of her patients have parasite infections on top of lymes/mold illness/Babesia/h pylori/candida/etc; she has had a number who have had Toxoplasma</p>	<p>n/a</p>	<p>Too early to say</p>	<p>Dr. Randy Wymore (microbiologist) and his lab at OSU https://medicine.okstate.edu/research/morgellons.html</p> <p>Dr. Eboni Cornish https://www.betterhealthguy.com/Episode112</p>	<p>-- Wymore brought the fibers to the FBI textile database and there weren’t any matches and the filaments wouldn’t vaporize under high heat</p>

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		gondii				
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2. The less mainstream work:

	Etiology (of fibers <i>and</i> other symptoms)	Treatment	Fibers/Debris?	Communicable?	Associated researchers/clinicians/foundations and their interests	Thoughts/questions
Neuro-cutaneous Syndrome (NCS) Folder with Amin’s research and his protocols	Sensation of itchiness caused by heavy metal toxicity (often via dental work), and the lesions invite secondary parasite/bacterial infections	<p>For NCS: at least one xanthone component, which may comprise at least one mangosteen component, and at least one detoxification component</p> <p>For secondary infections: (not sure)</p>	(not sure)	NCS is not communicable, but parasite/bacterial infections can be	Dr. Omar Amin (parasitologist) and his Parasitology Center	--How does he explain the fluorescent microscopic filaments?

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<p>Yan Disease</p> <p>Folder with's Yan's (one) paper</p>	<p>“Plant like” infection that grows within the body; “might be the first report of an organism undergoing a photosynthetic process in humans”; “Biopsy shows a probably infectious granuloma”</p>	<p>Antifungals (despite negative KOH)</p> <p>“Voriconazole might have been a better choice than fluconazole for suppressing the organism, given that the fluconazole had the adverse effect of driving the fibrous root form of the organism onto the skin...putting others at risk of infection... The organism appeared to evade the effects of the antifungal drug by migrating onto the skin surface from the underlying dermis. The effectiveness of antifungal azole drugs in decreasing the number of organisms might relate to the reported cellulose structure of Morgellons fibers.” (p 14-15)</p> <p>“Other classes of medication with different antimicrobial mechanisms should be used, if possible. Atypical antipsychotic drugs quetiapine and olanzapine show activity against the organism with unknown mechanism...” (p 15)</p> <p>“The seed form of the organism grows in solid potato and blood agar as pointed masses, and in potato broth as interconnecting bundles of fibers.”</p>	<p>Yes, contagious via contact with seed-like form (when expelled from skin)</p>	<p>Chun-Yeung Yan</p> <p>(he seems to have been associated with: Geodynamics Research Institute Texas A & M University College, Station, TX; notably, he was on the research team with scientists from Scripps, which is leading research on microplastics right now)</p> <p>Pathology reports done by Dr. Luther Linder, MD (who specializes in studying chlamydia) https://www.doximity.com/pub/luther-lindner-md</p>	<p>-- Why has no one engaged with this paper?? (at least according to the reference stats on google scholar)</p> <p>--Who wrote this paper? I can't find him online and he doesn't seem to have an institutional affiliation? (I've since tracked him down but he would like to remain 'hidden' from public view)</p> <p>--Why did he write up the case from 1992 and where was the patient treated?</p>
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<p>Agrobacterium association</p> <p>Paper here</p>	<p>“Our preliminary results indicate that <i>Agrobacterium</i> may be involved in the etiology and/or progression of Morgellons disease...[this] would be the first example of a plant-infecting bacterium playing a role in human disease.”</p>		<p>“Further testing is ongoing to validate this observation and to determine whether <i>Agrobacterium</i> not only resides in the infected areas but also transforms them genetically.”</p>		<p>SUNY Biologist Victor Citovsky helped Strickler, Salvey, etc. but later noted that he merely did the tests on the samples they sent and showed the presence of agrobacterium in those samples, which does not immediately suggest a specific etiology</p>	<p>---Has there been any follow up??</p>
<p>Addl. associated parasitic infections</p>	<p>See folder of articles on Cutaneous Manifestations of Toxoplasmosis as well as tinea capitis (and diagnosis by “comma hairs”) here</p>					

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3. RS questions

<p>Why do the fibers look and auto-fluorescence just like microplastics/</p> <p>Microfibers?? And also various fungi</p> <p>See folder with lectures here</p>	<p>I have no idea if this is possible but it is quite curious to me that the microfibers/microplastics environmental scientists have been talking about (which are now found in every ocean in the world, in most forms of marine life, in the feces, lungs, and other systems of humans, and even in unborn fetuses) look identical to the stuff coming out of MD patients’ skin, are the same sizes, and also auto-fluorescences in UV light. Oddly, O cannot find ANYTHING about this online (but for a few random youtube commenters who also wondered what I am now wondering about this seemingly strange similarity).</p> <p>The research has shown that these microfibers are now present in nearly all of us, so could it be that those are the debris coming out of/in MD patients’ bodies? If they are, the logical question would be, why are they irritating/coming out of some people and not others? But the researchers note that the most concerning part of the presence of microplastic in humans is NOT the plastic itself but rather, the fact that it usually leeches very toxic chemicals into the body (depending on what it absorbed prior to ingestion/ inhalation). This means some microplastic is more toxic than others, there is a ton of variability, AND there is also the variability of human response (e.g. some people have allergies/sensitivities to some toxins that others find totally benign).</p> <p>Since it took time for the microplastic to make its way through the food cycle/get into the air/etc), would explain why medical researchers and clinicians aren’t used to seeing these fibers in human skin.</p> <p>This would also explain many of the things that lay people use to fuel “conspiracy theories” (e.g. finding that, under magnification, the little pieces that come out from under the skin have remnants of a bar code or printed numeric ID on it).</p>	<p>--If this is true then why would patients be responding to antimicrobials?</p> <p>-- If the morgellons fibers do not vaporize under high heat (see Wynmore’s research), do any of these microfilaments (surely it depends on the type)?</p> <p>--And if the filaments in Morgellons are microplastics/micro filaments, wouldn’t they have matched for synthetic fibers in the FBI textile database? (Maybe that depends on which type of plastic/contaminati</p>
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		<p>on by what toxins)?</p> <p>--If microfilaments fluoresce under UV light, do the plastics they originate from also fluoresce? Does this help explain why MD filaments fluoresce?</p>
<p>Could it be much more widespread? And then hyper-vigilance is “contagious”?</p>	<p>Could it be that -- due to whatever etiology-- these fluorescent fibers and other debris are now in manyyyy human beings/other organisms, but only some have painful response and start looking with a microscope (which obviously everyone else isn’t doing)? And That hyper-vigilance can be “infectious” so would then lead family/friends to take magnifying glass to their skin, find this stuff, and think it’s contagious? In that sense, could it be incidental-- that is, the fibers/debris are now in all of us for god knows what reason, and there is something else going on with those diagnosed with MD but the fibers are seen as the cause since we aren’t used to seeing them??</p>	

4. The “conspiracy” theories/folk theories from understandably desperate and marginalized patients¹:

¹ Some of these theories are quite “conspiratorial” and likely inaccurate, but when taken in context, they might provide helpful data points within what is otherwise a sea of rather antagonistic and reactionary argumentation about what is or is not “in the head” (rather than transparent, repeatable, and logical scientific inquiry).

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- An unidentified organism that the director calls a “Cross-Domain Bacteria” is neither fungal nor bacterial but has characteristics similar to both and alters the human DNA
 - The Carnicom Institute is often seen as “quackery”; the director, Clifford Carnicorn, calls himself an “independent researcher” but unlike many of the other lay people accused of “quackery,” Carnicorn seems to approach his work far more systematically and seems to have some training in microbiology as he performs what seems to be quite detailed microbiological tests (to my ignorant eye, at least); while he assumes that his findings suggest that some greater power is maliciously trying to destroy the human species (a perspective I don’t share), the results of his extensive testing are nonetheless interesting in their own right (I also appreciate that, in numerous cases, Carnicorn emphasizes that he knows his observations, conclusions, and terminology are wholly imperfect and must be re-worked by professional microbiologists/researchers, but that those researchers keep refusing to do the tests he is interested in, so he is offering a poor substitute in the time being); he does take things a bit...far (eg apocalyptic and biowarfare), but in my experience, some of the most insightful people re also, at times, the most um paranoid/out-there/eccentric
 - The most notable “finding” (no idea of the legitimacy) to my eye: that the filaments are indeed comprised of keratin, but that these are simply an outer encasement or sheath that covers the infectious organism, which he calls a “Cross-Domain Bacteria”
 - The reports from 2014, 2013, and 2019 are especially helpful because they provide the raw data of the all the tests he ran (I, however, do not know if they are legit/would stand up in a formal lab)
- Sporotrichosis, Dictyostelium Discoideum or “slime molds”
 - There is some literature discussion on [Dictyostelium Discoideum infecting humans](#)
 - I’ve also compiled a host of additional [literature on cutaneous fungal infections](#)/mycoses in immunocompetent patients (particularly given climate change)
 - The fact that so many patients improve with SSRI does seem like something worth investigating....
- Other theories
 - [Springtails \(Collembola\)](#)
 - [Demodex mites/other mites](#)
 - Chem trails, genetic engineering/warfare, and even so far as aliens, and more.... (the evidence on the chem trail stuff is difficult to subsume under ‘conspiracy’ as it is increasingly well documented, but I realize I’m on thin ice with the credibility thing so I’ll leave it here for now!)