Carnicom Institute Research

2009

Acknowledgements

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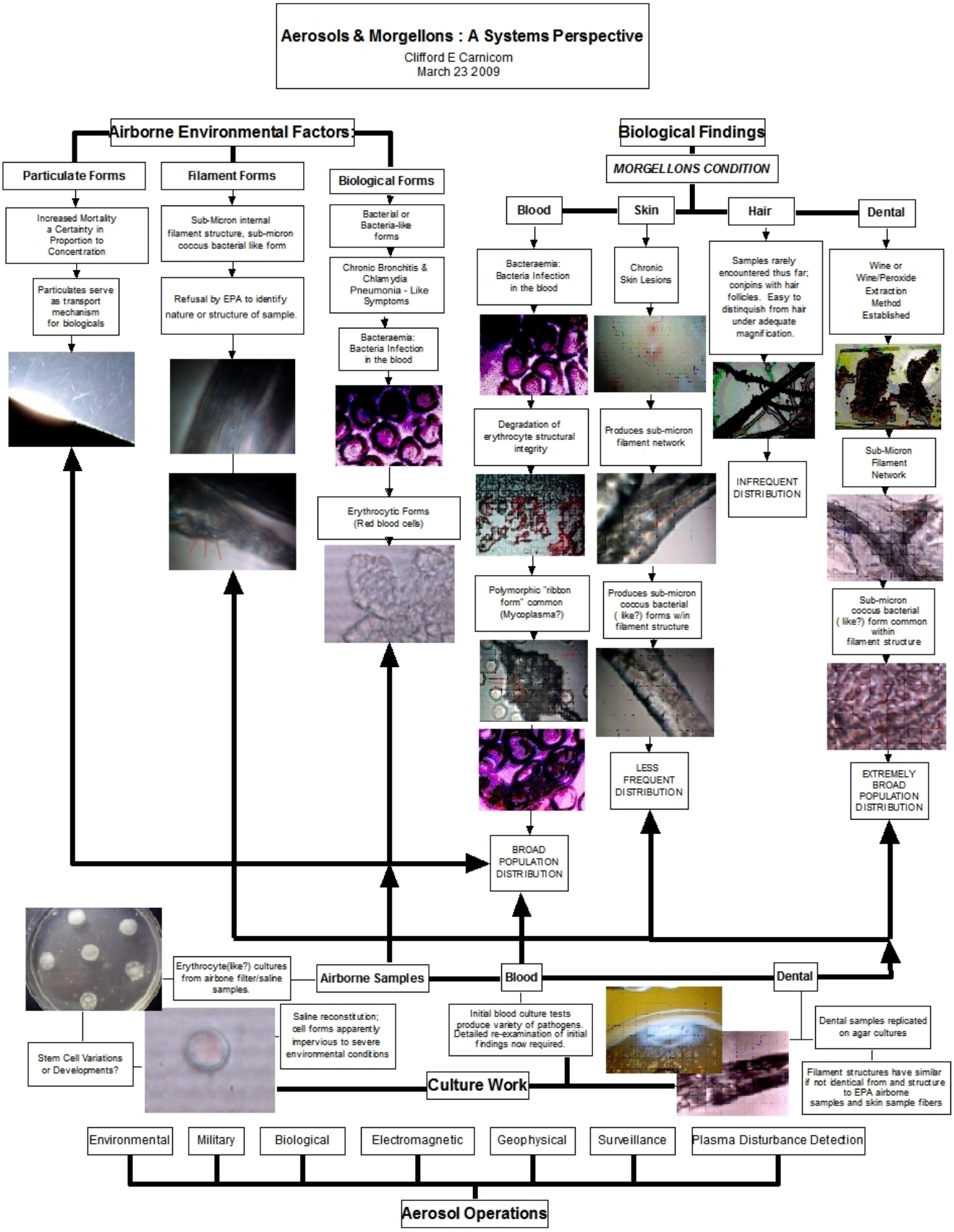
AEROSOLS & MORGELLONS: A Systems Perspective

AEROSOLS & MORGELLONS:
A Systems Perspective
Clifford E Carnicom
Mar 23 2009



Additional Notes:

1. This document is subject to significant revision.

BLOOD ISSUES INTENSIFY

BLOOD ISSUES INTENSIFY
Clifford E Carnicom
Apr 22 2009

I am not offering any medical advice or diagnosis with the presentation of this information. I am acting solely as an independent researcher providing the results of extended observation and analysis of unusual biological conditions that are evident.

Three independent methods have been established that appear to confirm the presence of developing modified erythrocytes (red blood cells) within cultured dental samples that exhibit the characteristics of the Morgellons condition as previously researched and identified. All individuals tested thus far have produced the dental filamentous materials, regardless of whether visible skin anomalies are present or not. Please see previous research for further clarification on the prevalence of the condition.

The erythrocytic detection methods are:

1. Direct observation under the microscope at relatively high magnification (8000x – 10000x) using developed microscopy techniques.
2. The use of the Kastle-Meyer presumptive test (visual and microscopic, sensitive test) for blood, a method commonly used in forensics for blood identification.
3. The HEMASTIX (TMP) presumptive forensic test (very high sensitivity) commonly used for blood identification.

The tests have been repeated several times to assure consistency in methods, results and controls.

The appearance of the cultured erythrocytic cellular structures, if accepted as properly identified, in and of itself defies all conventional understanding of blood cell development. This appearance also corroborates a long history of research through this site of environmental and biological samples that defy conventional expectations and knowledge with respect to the state of public health and the environment (e.g, refer to Extraordinary Biological Observations, Carnicom, May 2004). Simply put, erythrocytes are not to be grown in the the test tube under the current state of conventional knowledge. To do so, however, is considered to be a holy grail of biological achievement with huge implications for bioengineering, human health and the human species. Ground breaking research in this aspect of biology, i.e, the "*growing* of blood cells" has been reported in the media throughout this last year, and

was simultaneously stated to entice immediate interest from the Defense Department for battlefield applications (radio news report). Research previous to this recent announcement reports the sustenance and perpetuation of *existing* cells within a growth medium, but not the creation of new cells. Achievements of growth *on any scale* are clearly on the leading front of stem cell research, and comparative questions must be raised regarding the state of public disclosure on the subject vs. actual technological achievements that may already be in place.

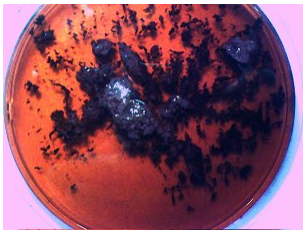
I have no desire to sensationalize this subject as the seriousness of the issue is apparent to those that understand the ramifications of this report, should it bear itself to be true. I am obligated, however, to report on the state of affairs as they are encountered through honest research. I would hope that all three methods used here along with all previous reports involving erythrocytes for more than 10 years can be shown to be false, but if so, it will have to be done with open and public research that is subject to full cross-examination. I would prefer to not be forced to continue to report findings of this nature but the obligations with respect to public health and the environment do not afford me that liberty.

It has taken some time and effort for me to be able to employ three independent methods of erythrocyte identification at the forensic level, but the seriousness of the subject requires this as a minimum. I do not state this subject to be a closed affair; to the contrary, I am opening a door that requests that there be additional resources activated to conduct the investigations in proper earnest. The purpose of this paper is not to incite controversy. It is to acknowledge what appears over and over to be a very real issue that appears to be of consequence whether we would like to confront it or not.

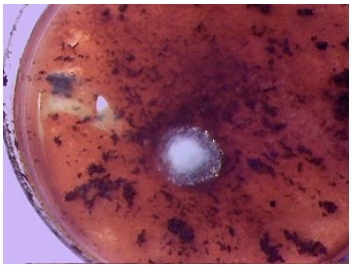
From the vantage point of this researcher (through varied research over an extended period), it is difficult to come to any other interpretation than that the Morgellons condition is very likely to be fundamentally a blood borne condition. It is quite possible that the findings of this report demonstrate a key element of the Morgellons condition. From additional extensive research that has been conducted, it appears likely that it affects the general population at large. Any skin anomalies or surface manifestations appear to be just that, and they are not necessarily representative of the underlying causative factors. It also appears unreasonable to use surface or skin manifestation as a primary criteria for assessing the extent and distribution of the condition. It may be wise to consider the blood condition of the general population as a focal point of further investigation and research. The associations of airborne and environmental factors also established through extensive research must also be given their due consideration.

ADDITIONAL DETAILS:

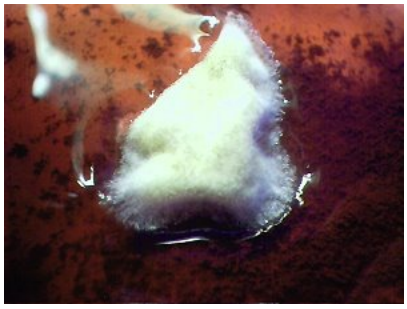
Culture Development:



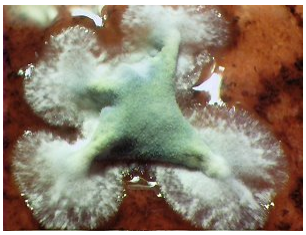
Original extracted filamentous dental sample in red wine contained and held in a petri dish with lid. This acts as the culture medium of this report. This sample represents a total collection period of nine minutes of gum exposure to the wine solution; three segments of three minutes each, respectively.



After approximately two to four weeks, a filamentous growth form emerges on the surface of the wine (unanimous at this point). This growth form is identical in nature at the microscopic level to previous dental cultures that have been reported on with the use of an agar medium. A time lapse video of that growth is available on a previous report.



The earlier forms of the filamentous growth are pure white as in this sample. This is identical to previous agar medium cultures that have been developed. At this stage, the growth is approximately two to three days old. The photographs in this collection are taken from more than one culture to demonstrate various stages of growth and development.

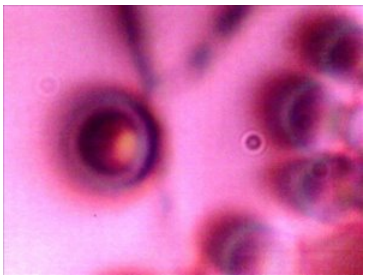


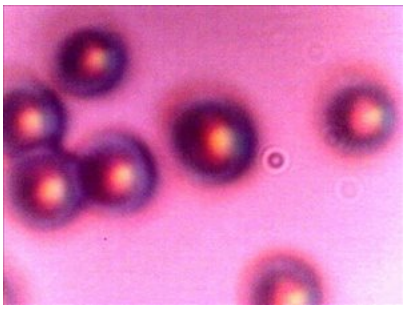
The culture growth several days into development. This stage produces greater variation in the surface structure. Additional structure and color is introduced and appears visually to be more of a mold or fungus nature. It is this stage which departs from the previous agar cultures and adds greater complexity to the form. It appears that the nutrients within the wine are essential to reaching this stage of development,.

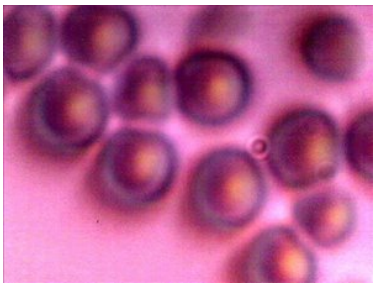
Further development of the filamentous form. A convoluted surface is now a characteristic feature. Some structures have been observed to reach approximately one inch in thickness with numerous folds before being constrained by the lid of the petri dish An additional difference between the agar medium and the wine medium is that growth on the agar medium can occur within 24 hours, whereas the wine medium requires approximately two to four weeks to begin the growth process..

The final form of development that has been reached by the culture growth. Total time elapsed at this stage is approximately one to 1 1/2 months after the appearance of the original growth. Total time elapsed is therefore on the order of two to three months after the original collection of the dental sample in the wine medium. The growth form reaches a much greater degree of complexity than with the use of the agar medium. The diameter of the growth is approximately three inches and appears to be constrained only by the petri dish boundary and available nutrients. The structure is cohesive. Thus far every dental sample observed has produced this growth form and only this growth form after the time lapse of two to three months.

Microscopic Analysis:



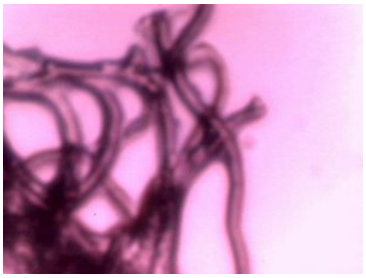


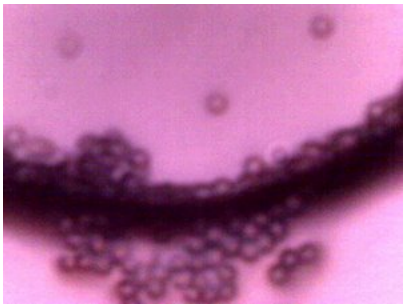


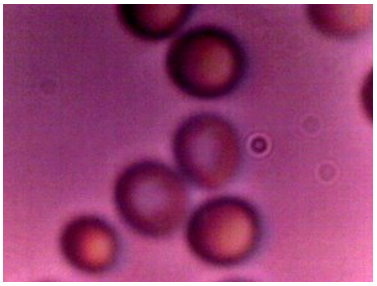
What appears as a fully reconstituted ethrocyte on the left side of the photograph. Diameter approximately 6 microns. Biconcavity of structure is apparent. A reconstitution process similar to that reported earlier on eyrthrocytic studies appears to also be in place within the wine medium. Partial reconstitution appears to take place in the wine medium, additional reconstitution appears to take place over a 20 to 40 minute period under the light and heat of the microscope stage. Additional partially reconstituted structures on the right side of the microphotograph. Magnification approx. 9000x.

A set of largely or fully reconstituted erythrocytic structures. Biconcavity characteristic of erythrocytes is apparent. Original size at time of first observation is on the order of 4 to 5 microns in diameter. Full biconcavity and uniform shape not apparent at beginning of observation period; this develops more fully under on the microscope stage as sample is subjected to additional light and heat. Reconsitution takes place to a size range of 5-6 microns with largely uniform structure under these conditions. Human blood cells are on the order of 6-8 microns in diameter. Additional red blood cell size comparisons are available at Biological Observations Confirmed, Carnicom, 2001. Magnification approx. 9000x.

A set of partial and mostly fully reconstituted erythrocytic structures.The non-reconstituted form is more typical of early observation in the session; it appears as though additional heat and/or light is responsible for the final reconstitution that takes place. No budding or fission process characteristic of yeast cell reproduction is observed. Biconcavity and size range is a unique identifying characteristic of erythrocytes. If erythrocyte identification is accepted, species of blood remains unidentified. It can also not be be stated that the reconstitution process is entirely complete. Magnification approx. 9000x.



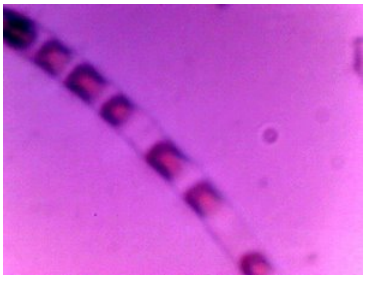




Two main structural forms are visible with the culture growth: filaments and erythrocytic forms. This microphotograph presents the filament aspect of the sample. Dimorphic fungal forms such as Candida have also been a serious topic of consideration in this study. Reconstitution, biconcavity and lack of budding or fission observed fails to support the conventional fungal hypothesis. Additional forensic studies were conducted to eliminate ambiguity and they further confirm the tenets of this report. Additional similar findings under different circumstances over the history of research on this site must now be be given further consideration. Magnification approx. 2000x

A combination of a filament section with surrounding erythroctyic structures. There does appear to be a relationship between the presence and origin of the presumed erythrocytes and the filament forms. This relationship is not clearly defined at this time. There are some indications that the filaments may be the source of origin for the presumed erythrocytes, but actual formation has not been observed.. It can be stated that there is no fission or budding that has been observed to date. Time lapse imagery may shed further light on this issue. Magnification approx. 1500-2000x.

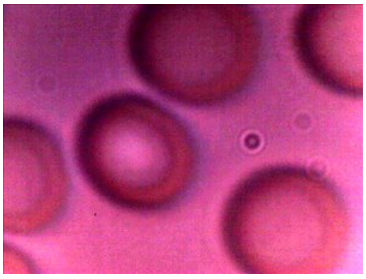
A good example of variation in the reconstitution process. Three primary changes take place during the reconstitution stage: First, the size of the presumed erythrocye increases, as if a dessication stage may have been breached. The second is that uniformity of circular form develops. Lastly, the biconcavity characteristic of erythrocytes develops. This image shows examples of all three of these stages. The structure at the lower left is in the original form observed. The structure near the top and the structure to the lower right have increased in size, but they do not yet exhibit the biconcave stage of development. The central two structures show reconstitution with increased size and biconcavity visible. It is appropriate to compare the two central structures with the control image of a human blood cell in this series below. Magnification approx. 9000x.

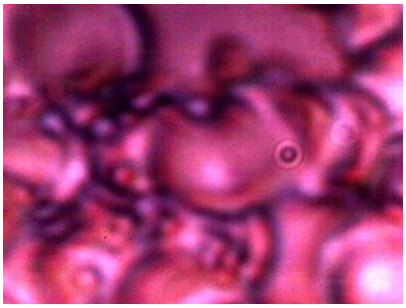


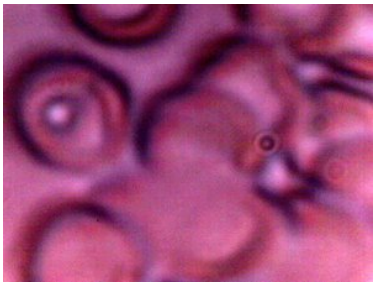
A peculiar, but not unique example of structures within the filament form. It is this image which brings to question the origin of the presumed erythrocytes. It is also of interest to compare this image with the one that immediately follows to the right. Magnification approx. 9000x.

One of the early observations which promoted further detailed study. The co-linear aspect of development raises further questions about the association and relationship between the filament form and the erythrocytic form. It is not expected that erythrocytes in any natural arrangement would display this type of alignment. At the lower right of the photograph may be evidence of a filament or vestiges of a filament. It was during this observations that reconstitution was also observed, as biconcavity increased during the observation session. Magnification approx. 9000x.

A representative example of the combined filament and erythrocytic forms. Magnification approx. 9000x.







A control example and microphotograph of fairly uniform human blood cells, or erthrocytes. The only visual difference between this control photograph and the reconstituted structures that are the basis of this report is that of size. Human erythrocytes generally measure on the order of 6-8 microns in diameter. The erythrocytic structures of this report, after apparent full reconstitution, are on the order of 5-6 microns. A human hair is on the order of approx. 60-100 microns in thickness. The presumptive forensic tests of this report do not establish a case of human blood, only that of blood and hemoglobin. Questions of what is full reconstitution under optimal environmental conditions and consideration of species involved remain open questions. Magnification approx. 9000x.

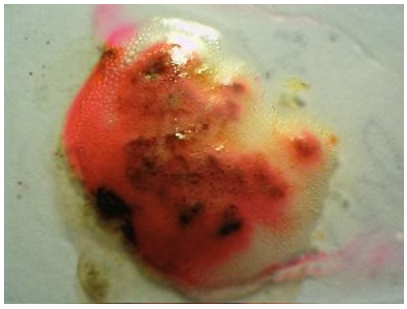
An example of the anomalous blood condition that has been the subject of numerous reports on this site. The individual providing this blood sample produces a relatively large amount of the dental filaments during the wine extraction process. The culture that developed from this individual was the quickest to appear; approximately two weeks were required vs. what can be up to four weeks for the other cases. The culture growth from this individual was also extensive and rapid relative to other individuals. The individual displays no known skin anomalies. At this point, there appears to be a fairly strong and direct correlation between the conditions of the blood that have been observed along with anomalous physical manifestation, whether it be skin anomalies or the volume of dental materials removed. Please see additional reports on this site for further description of the blood condition that is depicted here. Magnification approx. 9000x.

Another example of the anomalous blood condition that has been described on numerous reports on this site. Deformation of the cellular structure is apparent and common. This individual is the same as that of the previous photograph. Bacteria is also a strong consideration in this case; please refer to previous references to Chlamydia Pneumonia and its characteristics. Essentially all individuals that have been observed in these studies show degree of these anomalies, regardless as to whether skin anomalies are present or not. All individuals tested thus far produce some degree of the dental filaments. All cultures mediums established thus far produce the culture form that is the subject of this report. Magnification approx. 9000x.

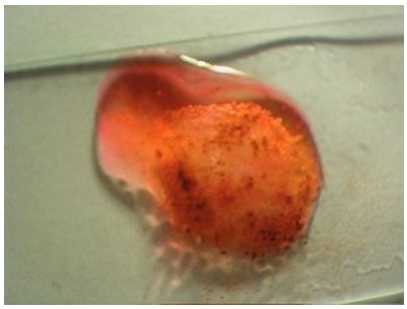
All magnifications reported are prior to reduction of images for web site presentation.

Kastle-Meyer Blood Detection Forensic Test:
(Performed on Microscope Slide)

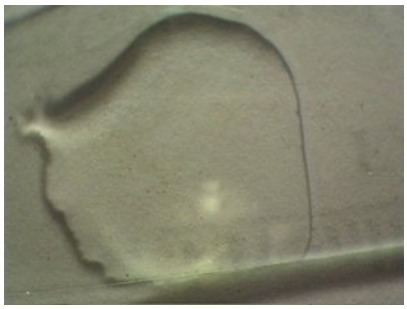
View of cultured dental sample #1subjected to Kastle-Meyer blood detection forensic test. Peroxide activity characteristic of hemolysis and phenolphthalein color change to bright pink-red is evident. A positive presumptive test for the existence of blood within the cultured dental sample. On glass microscope slide.The sample is dried prior to performing the test. Magnification approx. 2x.



View of cultured dental sample #2 subjected to Kastle-Meyer blood detection forensic test. Peroxide activity characteristic of hemolysis and phenolphthalein color change to bright pink-red is evident. A positive presumptive test for the existence of blood within the cultured dental sample. On glass microscope slide. The sample is dried prior to performing the test. Magnification approx. 2x.



Control case for the Kastle-Meyer presumptive blood detection test. View of human blood sample subjected to Kastle-Myer blood detection forensic test. Peroxide activity characteristic of hemolysis and phenolphthalein color change to bright pink-red is evident. A positive test result. On glass microscope slide. The blood is dried prior to performing the test. Magnification approx. 2x.



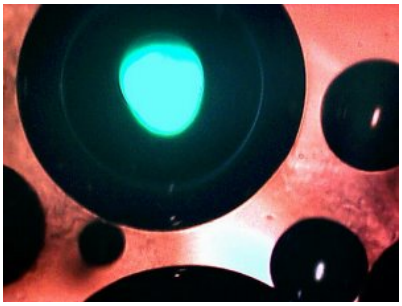
Second control case for the Kastle-Meyer presumptive blood detection test. No blood present in the sample. No peroxide hemolysis evident and no color change. A negative Kastle-Meyer forensic test result. On glass microscope slide. Magnification approx. 2x.

Summary : Both the human blood cell control test and the cultured dental samples produce the same visible physical

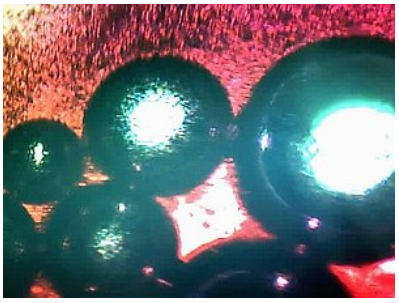
and chemical reactions at the visible level and satisfy the expected conditions of blood

detection by the Kastle-Meyer forensic test.

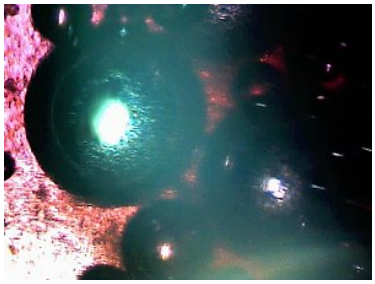
Kastle-Meyer Blood Detection Forensic Test:
(Microscopic View)



Microscopic view of human blood sample subjected to Kastle-Meyer blood detection forensic test. Peroxide activity characteristic of hemolysis and phenolphthalein color change to bright pink-red is evident. Magnification approx. 600x.



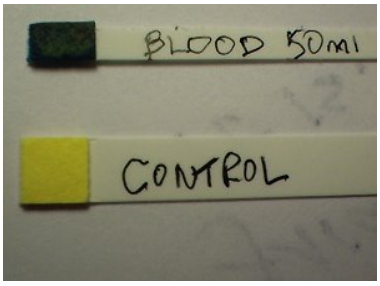
Microscopic view of cultured dental sample #1 subjected to Kastle-Meyer blood detection forensic test. Peroxide activity characteristic of hemolysis and phenolphthalein color change to bright pink-red is evident. Magnification approx. 600x.



Microscopic view of cultured dental sample #2 subjected to Kastle-Meyer blood detection forensic test. Peroxide activity characteristic of hemolysis and phenolphthalein color change to bright pink-red is evident. Magnification approx. 600x.

Summary : Both the human blood cell control test and the cultured dental samples produce the same visible physical
and chemical reactions at the microscopic level and satisfy the expected conditions of blood detection by the Kastle-Meyer forensic test.

HEMASTIX (TMB) Blood Detection Forensic Test:



HEMASTIX control blood test. The lower stick is that of a negative, i.e., no blood of any trace evident. The upper stick is a positive test that corresponds to one to two drops of human blood in 50 milliliters of distilled water. The HEMASTIX test is positive for the existence of blood essentially if any green to blue-green tint shows on the stick after a time interval of 60 seconds. The HEMASTIX test (TMB) is highly sensitive to the existence of blood in a sample. Magnification approx.2x.	Positive HEMASTIX test result when exposed to dental culture sample #1. The sample is prepared by extraction of a small portion of the filamentous growth which is then placed on a glass slide. The sample is mechanically broken down with a scalpel and the HEMASTIX is exposed to the surrounding solution. The results are recorded at the stated time of 60 seconds. The cultured dental sample produces a positive test for the existence of blood. Magnification approx.2x.	Positive HEMASTIX test result when exposed to dental culture sample #2. The sample is prepared by extraction of a small portion of the filamentous growth which is then placed on a glass slide. The sample is mechanically broken down with a scalpel and the HEMASTIX is exposed to the surrounding solution. The results are recorded at the stated time of 60 seconds. The cultured dental sample produces a positive test for the existence of blood.. Magnification approx 2x.

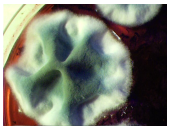
Summary : Both the human blood cell control test and the cultured dental samples produce the same visible physical
and chemical reactions and satisfy the expected conditions of blood detection by the HEMASTIX forensic test.

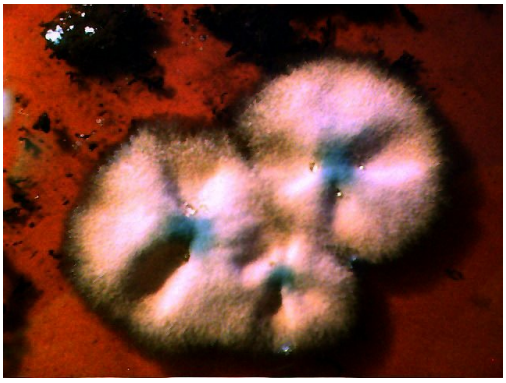
FIRST GROWTH INHIBITION STUDY:

An initial growth inhibition study follows below.
This information is of a preliminary nature only and the details of the study will not be presented at this time.

Copper sulfate can be toxic or lethal to the human species in sufficient quantity.
I repeat that no medical advice or diagnosis is presented in this paper.
NO ONE is advised to experiment with the ingestion of copper sulfate under any conditions as a basis of this report.
All individuals are advised to consult with a medical professional for any medical related issues.

This presentation is for information purposes only.





Control Culture. Growth is rapid, extensive and described as above.	A separate culture exposed to a solution of copper sulfate and the original wine base for approximately three days. Growth of the culture appears to have ceased at the time of exposure to the copper sulphate. Over the next several days, discoloration of the culture takes place to a red-brown cast. Additional study is required. Details of the study will follow later as time and circumstances permit.

Additional Note:

The Carnicom Institute now exists as a non-profit corporation registered in the state of New Mexico.

Those that wish to support the mission and goals of the Carnicom Institute may make contact at the following web address:

http://www.carnicominstitute.org

or at:

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MORGELLONS STATEMENT

MORGELLONS STATEMENT
Clifford E Carnicom
May 09 2009

The term “Morgellons” refers to a condition that was originally perceived to manifest primarily as an anomalous skin condition. The visible symptoms commonly include skin lesions that resist healing and the presence of unusual filaments that emanate from sores and the skin in general. Many individuals that demonstrate visible physical symptoms have been diagnosed as being delusional even though the physical effect upon the body is evident and the samples can be subjected to detailed examination.

More recent research strongly indicates the underlying symptoms are much deeper and more broadly distributed than has been realized, and that blood borne vectors may be a common denominator amongst affected individuals. Any reference to supposed “delusional parasitosis” in light of the physical examinations and documentation available appears to be a gross miscarriage and misdirection of effort. The more advanced or severe cases may introduce some pyschological complexities to the issue in addition to the physical manifestations, but the data is insufficient at this point. Erythrocyte (red blood cell) degradation and variation appears to occur in

proportion to the severity of the condition. Furthermore, various erythrocyte modifications detected indicate that stem cell research should be incorporated within the investigation of the condition.

A certain level of progress has been achieved in the culturing of biological samples and the early stages of inhibition study are in progress. Additional research indicates strong correlation and similarity of form between certain environmental and biological samples.

The presence of skin anomalies as the primary criterion for determining the existence of the condition appears to be especially deficient, and it is recommended that blood borne conditions amongst the general population be investigated in addition to any skin manifestation in the minority of the population. The existence of the condition is now acknowledged by the Centers for Disease Control, the National Institutes of Health and the Mayo Clinic.

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http://www.carnicominstitute.org

ARTIFICIAL BLOOD (?)

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Clifford E Carnicom
Aug 27 2009

I am not offering any medical advice or diagnosis with the presentation of this information. I am acting solely as an independent researcher providing the results of extended observation and analysis of unusual biological conditions that are evident.

Strong evidence now exists that an artificial or modified blood form is a dominant internal component, if not the dominant component, of dental filament samples that are commonly associated with the Morgellons condition.

A method has been developed that breaks down the external casing of the fibers. A reconstitution process then takes place. The constituents in the resulting solution have been repeatedly examined under the microscope at high power. The method has been replicated numerous times, and on each occasion the same identifiable structures result. The structures indicate that they are a form of erythrocyte, or red blood cell.

It has been repeatedly proposed by this researcher that the condition of the blood appears to be a common denominator of the Morgellons condition; this latest research further substantiates that position. Essentially all individuals tested thus far demonstrate these same blood variations to some degree, regardless of whether certain skin anomalies are present or not.

It has previously been established that cultures developed from the dental samples are also producing erythrocytes, or red blood cells within the culture. This work has been confirmed with two separate forensic level tests. The latest finding of an erythrocytic form directly within original dental filament samples further substantiates this unique aspect of the Morgelllons condition.

The biology of both the culture samples and the erythrocytic forms directly within the filaments is clearly outside the conventional framework of scientific knowledge, and it demonstrates advanced technologies that are beyond public purview and consent. These technologies likely include artificial or modified biological developments, advanced stem cell developments and genetic transfer or programming.

The supposition that the eythrocytic forms are likely artificial, or at least manipulated in some fashion, is based upon the following observations:

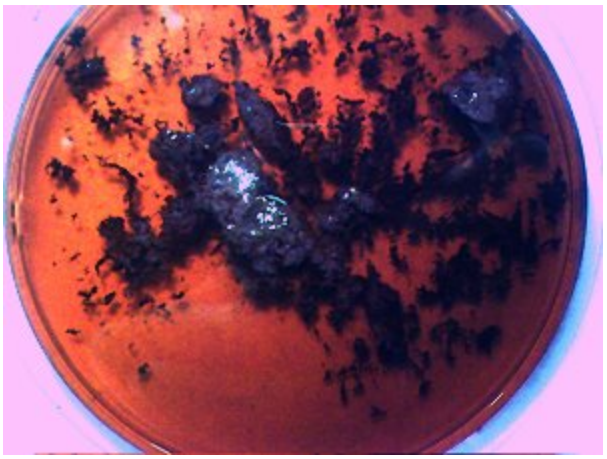
1. The cells are essentially perfectly formed, with no visible variation in form or geometry.

2. Reconstitution of the erythrocytes takes place in an extremely hostile environment with respect to chemicals and heat.

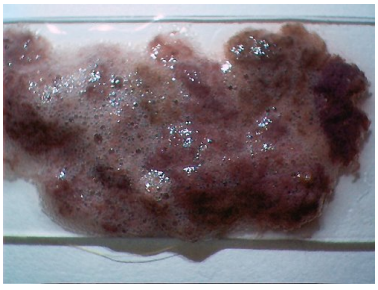
3. An additional sub-micron structure often accompanies, or is within the erythrocytic form. These structures are identical by view and size to numerous anomalous human blood samples that have been reported on in conjunction with the Morgellons research through this site.

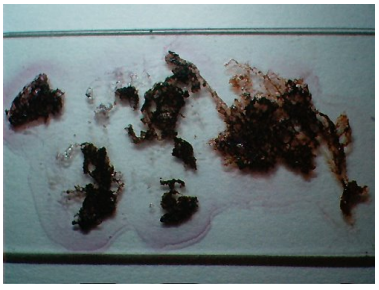
4. The size of the erythrocytic form within the dental filament varies more than within the human species, and this appears to be a response to the reconstitutive chemical environment. This chemical medium is hostile and adverse to normal biological development, but reconstitution appears to thrive in this same environment.

A series of photographs with captions below describe the essential details of the process and the results that follow:



Original representative dental sample material in wine base. Essentially all individuals tested thus far produce varying degrees of this dental filament material. This is the type of material used in this test.

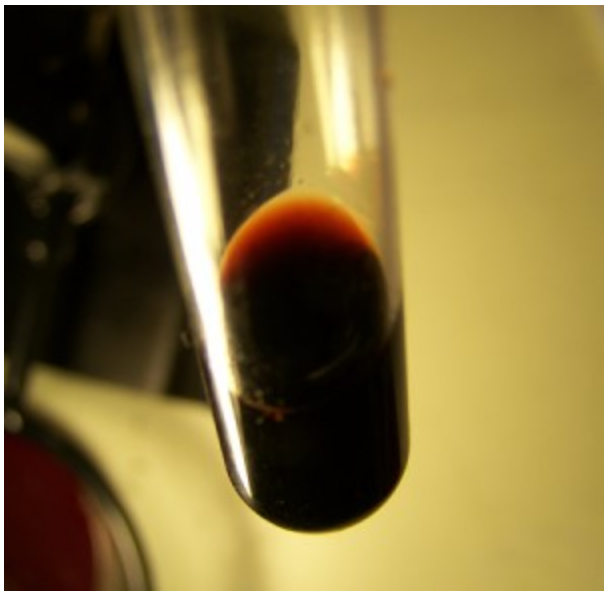




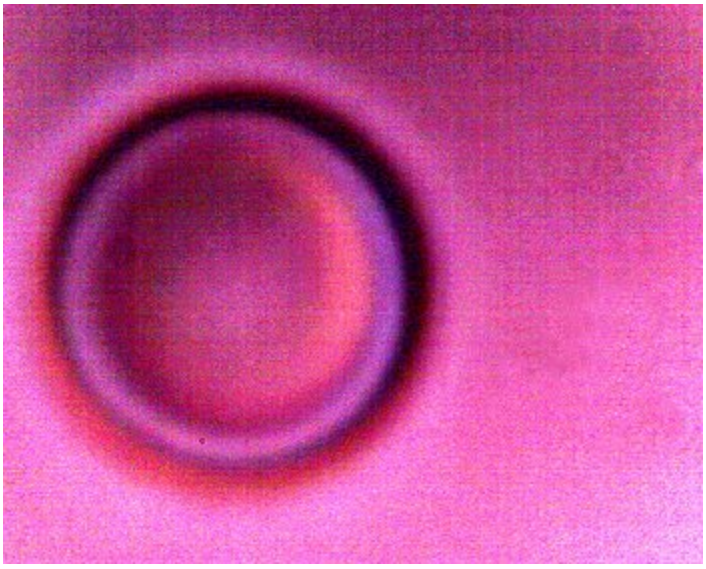
Original representative dental sample material (extracted using a wine-peroxide base) and placed onto a glass slide. The sample in this procedure has been extracted using only a wine base (no peroxide).

Original representative dental sample material placed onto a glass slide and dried. This dried sample is presented for comparison purposes only and is not used in this test.

The dental filaments (from wine extraction method only – no peroxide is used for this procedure). are placed into approximately 2-3 ml. of water with one drop of a highly caustic solution (sodium hydroxide and potassium hydroxide mixture) added. Thus, a highly alkaline solution is at the core of the procedure. The exact concentration level of this solution can be determined at a later time; it does not appear to be required to be highly specific at this point. When the filaments are within the alkaline solution, an initial partial breakdown of the filaments will occur and the solution will turn darker (blackish tone) in color. The filaments do not break down in total at this point. The solution is then heated gradually and cautiously to the boiling point.



In addition to the highly alkaline environment created for the filament sample, the solution is heated gradually to the boiling point as described above. This heating process appears to a critical addition to the procedure and a significant change of color will then occur. The solution will turn to a dark red color. The reddish tint that develops can be seen at the upper portion of the photographed solution above. The color of the solution at this point does indeed appear blood red, and visually does match that of blood in solution. It is possible that a hemoglobin or protein transformation is incited at this point, and the additional heat in combination with the caustic solution produces this final result. Specific tests for hemoglobin are inconclusive at this stage of the research, and a full protein analysis (not restricted to hemoglobin) is required at this point. This combination of heat and strong alkali solution would normally be considered to be detrimental to most biological processes. It appears that microscopic examination of the solution is facilitated by placing a high concentration of filaments within the solution.



If a drop of the concentrated solution is placed upon a glass slide with a cover slip and placed under the microscope at sufficient power, numerous erythrocytic forms such as that above have been found in all cases considered. Detailed microscopic examination does indeed satisfy all visual and metric expectations of an erthrocye, or red blood cell, including biconcavity. Examination occurs over approximately a half hour interval after creating the slide. Prolonged exposure(i.e., 1day +) to this chemical environment appears to destroy all recognizable cellular forms.

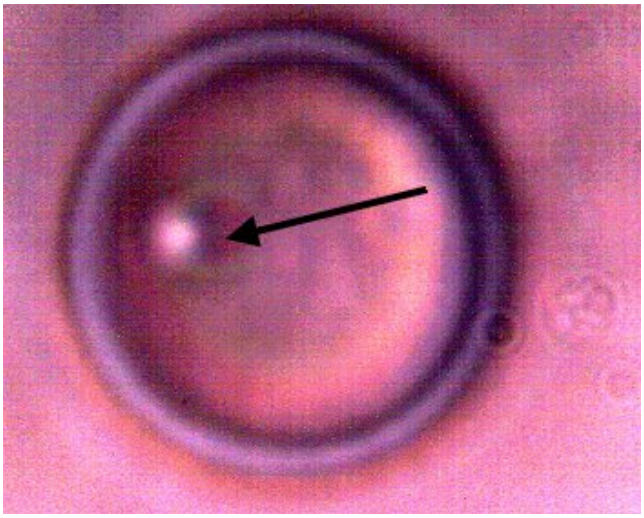
Please also refer to the previous report entitled "Blood Issues Intensify" of April 2009 that demonstrates the existence of blood and hemoglobin at the forensic level from cultures developed from this same dental material. Detailed protein analysis is a future requirement; such analysis cannot take place without an increased level of support and resources.

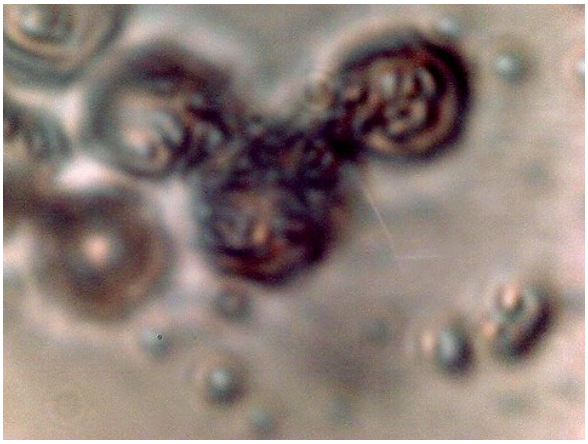
Improved microscopy methods and equipment have been developed to permit viewing of the structures at this level; the magnification of this image is approximately 8000x and the structure measures approximately 6-8 microns in diameter. Conventional microscopy will peak at approximately 1000-2000x. The availability of an electron microscope would be expected to provide greater detail.

There are several interesting observations that can be made of these particular erythrocytic forms, however. The first of these, as itemized above, is the extreme geometric regularity of the forms of the cells. They appear to be essentially of regular and flawless geometric form; no human blood samples examined thus far demonstrate this level of uniformity. It is this observation which asks us to consider the existence of an *artificial* blood form here, or at the very least the consideration of a manipulated or altered cell of some fashion.

A second observation is that more variation of size (not form, however) will occur than within human samples observed. This appears to be a result of the chemical environment that allows this reconstitution process to take place. The cells will change in size during observation on the microscope stage, and some of them will reach abnormally large diameters estimated up to approximately 20-25 microns. In addition, some of the cells will reconstitute to a smaller diameter than a human cell, down to a level of approximately 4 microns in diameter. The average size of the cells appears to coincide closely with that of the human species, on the order of 6-8 microns in diameter.

It does appear to be a remarkable event of discovery that this particular combination of chemical and thermal environments causes this apparent reconstitution to take place; such conditions would not be anticipated for most normal biological processes. This is another factor in the consideration of an artificial or altered biological form. It is relevant to note that previous research efforts that first uncovered dessicated erythrocytic forms also included the boiling of the solution within some of the procedures. It was at that earlier time that an understanding of hostile and adverse environmental effects upon the unique erythrocytic structures identified was reached.



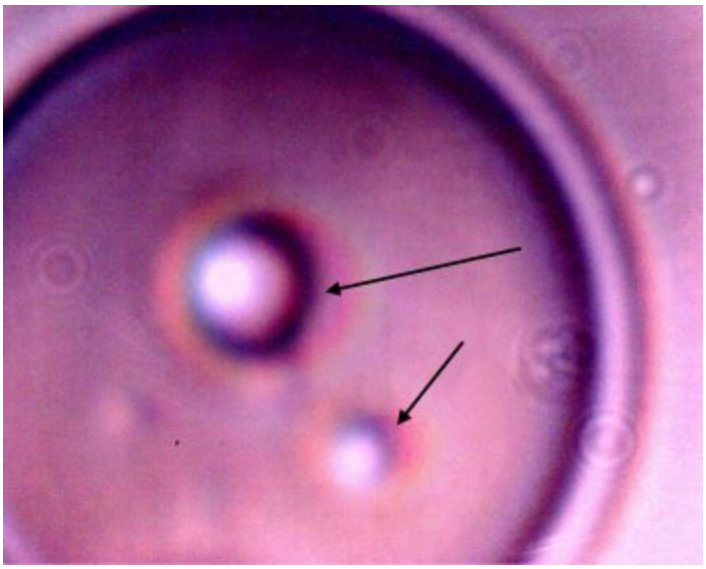


An equally important and additional observation must be considered. If the research of this site is reviewed over the past several years, it will be seen that special attention has been drawn to the existence of a sub-micron spherical structure commonly being observed within numerous human blood samples.

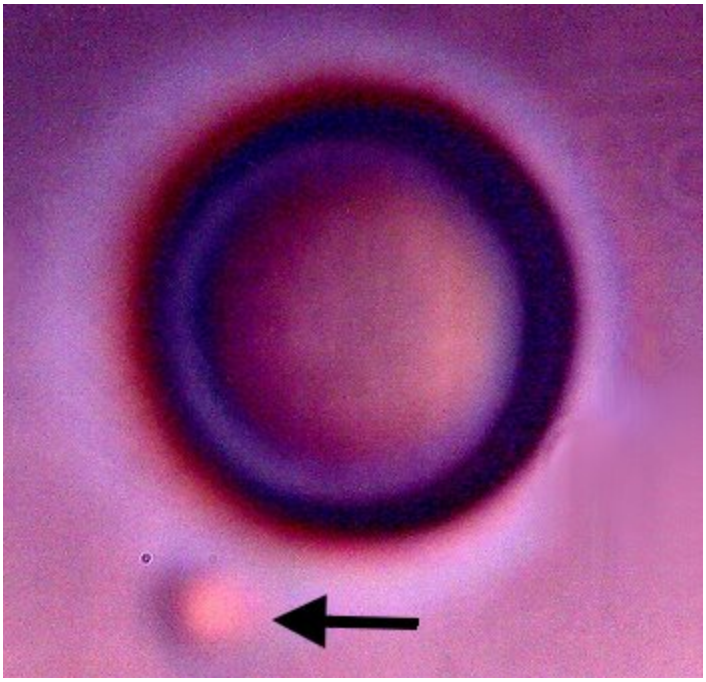
For instance, please refer to the paper entitled "Morgellons: 5th, 6th & 7th Match", January 2008 with special attention to the Gram stained blood cell samples as is repeated on the right side of the two images above. Further information on this particular structure has been limited by the technology available to this researcher. Further progress on this matter has long required additional resources, such as electron microscopy. This researcher has maintained a strong and particular interest in this specific structure since it was first reported. No subsequent progress on identification of this structure has been made, beyond the initial proposal that Chlamydia-like forms should be considered. This structure must be identified; further support and resources are required to accomplish this task.

It is now of tremendous interest and of high importance that similar, if not identical structures, are being observed within the current reconstituted samples which are the subject of this report. The arrow on the left photograph shows such a sub-micron structure that has now identified within a dental sample that has been chemically broken down. These structures are commonly associated with the erythrocytic forms that have been discovered, both internal and external to the cells. The particular example shown also appears to be an intracellular form, as in the paper referenced above.

This finding is highly suggestive that this alteration of the erythrocytic form is deliberate, and that it can produce a similar result within the general bloodstream of the human body. Again, the geometric regularity is also indicative of an artificial process that has been developed to produce this result. It also strongly indicates the likelihood of genetic transfer or manipulation in the process chain.



Additional examples of intracellular structures within the erythrocytic forms reconstituted from within the filament samples.



Another of many examples of *geometrically smooth* erythrocytic forms reconstituted from within the dental filament sample. The sub-micron structure is this example is external to the cell, as indicated by the arrow.

This paper presents the results of further extraordinary biological observations and events that are in association with the so called "Morgellons" condition. The sample set of this report is relatively small and it must be extended. There is a remarkable consistency in the detailed observations and reports that have been made over a

period of several years. This paper reaffirms the position of this researcher that blood conditions and or alterations appear to be at the crux of this situation. It is quite clear what type of work must be done to address the gravity of this situation, but additional resources must become available for this to take place. The current work now introduces the very real prospect or consideration that an artificial, or deliberately modified, process of the blood may have been introduced into the human condition. Elevated levels of research, aggressive involvement and appropriate resources must be dedicated and allocated to initiate progress on the many serious issues that have been disclosed.

Clifford E Carnicom
Aug 27 2009

Note : This paper remains subject to additional edits.

MORGELLONS : A STATUS REPORT

MORGELLONS : A STATUS REPORT
Clifford E Carnicom
Oct 08 2009

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SUMMARY STATEMENT:

A partial summary of the research accumulated through this site on the so-called "Morgellons" issue is as follows:

1. The internal filament repeatedly described, as in the dental extraction samples, appears to be a primary pathogenic form. These internal biological filaments have been identified, to a varying degree, in essentially all individuals that have participated in the testing process thus far. The blood of participating individuals also displays, to a high correspondence, anomalies in structural integrity. A sub-micron spherical structure, to be assessed in further detail at a later point, also commonly occurs within the erythrocytes.

2. The morphology, size, structure and chemistry of these internal filaments appears to be highly similar to that of certain environmental filament samples, notably that which has been refused by the Environmental Protection Agency (EPA) for identification. In addition, numerous research papers over the last ten years document the repeated detection of unusual biological components within a series of environmental samples, including that of erythrocytic (red blood cell) forms.

3. Numerous cultures have been developed from the internal filaments on agar and in wine based mediums. These cultures are essentially identical in form and chemistry with that of the original internal biological filament samples.

4. The cultures produced from the internal biological filaments (dental samples) have been shown to produce an erythocytic form. These cultures have produced a positive result for the existence of hemoglobin by two separate forensic level tests. The determination of the erythrocytic form is also repeatedly evidenced by direct observation, measurement and biconcave morphology.

5. The production of erythrocytic forms within direct biological filament samples and by culture is completely outside the known boundaries of conventional science and biology. It is repeatedly evident that these same erythrocytic forms can withstand (and even flourish in) extremely adverse environmental, chemical and thermal conditions. The evidence thus far indicates the original erythrocytic form is dessicated or spore-like and a reconstitution process is required to bring the cellular structures to full form and activity.

6. A method has been developed to break down the outer casing of the internal biological dental filaments. The internal components of these filaments have been examined in detail upon repeated occasions. Two main structures emerge: an erythrocytic form and a sub-micron spherical form. The best current assessment of the sub-micron spherical form is that of being Chlamydia-like, with a special interest in Chlamydia Pneuomonia. Mycoplasma forms are also strong candidates of consideration as a "tertiary form" that is also frequently observed. Please also refer to the the paper entitled Pathogens and the General Population, April 2008, for the introduction of the Chlamydia-like structure as a primary topic of interest; the rationale of identification for this candidate remains. In addition, recent size measurements and the response of the Chlamydia-like structure to Giemsa stain further solidifies that rationale.

7. There is a strong consideration that the internal structures from the internal biological filaments are of a synthetic or artificial nature. This assessment is based upon an observed uniformity in geometry as well as the hostile chemical environment under which reconstitution takes place.

8. The internal biological filaments and the cultured form of the filaments have been subjected to the same chemical and thermal breakdown process. The same two internal structures are evident and observed in each case, that of an erthyocytic form and a Chlamydia-like form.

9. The existence of the internal biological filaments, the existence of introduced or modified erthrocytic forms, the Chlamydia-like structure and the tertiary form are interpreted by this researcher to be critical and central aspects of the " Morgellons" condition. It is accepted that numerous symptom manifestations are reported in association with the condition; this report simply enumerates that which exists as a common denominator within all studies conducted thus far.

10. The source of the erythrocytic form and the Chlamydia-like organism is the filament under study, either in the direct biological internal form or identically from the cultured source. This assessment is reached through direct observation.

11. Success has been achieved in developing a solution based culture that originates from the decomposition (chemical and thermal) of the cultured filaments. A complete cycle of growth has been obtained. An aqueous or solution based culture development has numerous advantages in the development and application of experimental procedures. This culture work is based upon the following sequence:

1. Original filament form (biological or cultured).
2. Decomposition of the filament through chemical and thermal processes.
3. A single drop of the resulting solution is sufficient to reproduce the entire cycle.
4. The decomposed filament solution is cultured in a wine medium.
5. Two structures appear simultaneously over a period of several days within the solution when observed under the microscope: The Chlamydia-like form and the pleomorophic form (Mycloplasma candidate). Visually this material has an appearance similar to that of the original dental filament extractions, but not as fully developed.
6. Lastly, the original filament form (white in color) appears on the surface of the solution, completing the full cycle of development and growth.

12. The recent solution-based culture work infers that four varying components comprise the basic pathogenic form:

1. The encasing filament which appears to serve the purpose of housing, transport and delivery of the internal components.
2. An ethryrocytic form (primarily internal to the filament)
3. A Chlamydia-like structure (primarily internal to the filament).
4. An apparent *pleomorphic* form (primarily internal to the filament). One candidate of identification is a Mycoplasma variant.
5. All items listed require positive analytic, chemical and biological testing and identification; candidate mention is dependent upon resources available at this time. The ability of the structures to withstand hostile and adverse chemical and environmental conditions strongly indicates modification to originating organisms or structures.

13. It can be shown by direct observation that the cultured filaments, after decomposition through chemical and thermal processes, appear to be the source of the blood anomalies first reported on by this researcher in November and December 2007. It is anticipated that the direct biological form of the filaments is likely to produce an identical result, as the cultured forms derive from the direct biological forms. Please also refer to the papers entitled Blood Testing and Morgellons : Airborne, Skin and Blood – A Match for a partial background preparation on this subject. Three structures are observed in the process : erythrocytic, Chamydia-like, and a "pleomorphic" (many form) ribbon or *sausage-like* form as shown in these original papers. A mycoplasma form is a viable candidate for the "pleomorphic" (tertiary) form.

14. Some of the primary functions of the blood include:

1.

Transports:

- Dissolved gases (e.g. oxygen, carbon dioxide);
- Waste products of metabolism (e.g. water, urea);
- Hormones;
- Enzymes;
- Nutrients (such as glucose, amino acids, micro-nutrients (vitamins & minerals), fatty acids, glycerol);
- Plasma proteins (associated with defence, such as blood-clotting and anti-bodies);
- Blood cells (incl. white blood cells ‘leucocytes’, and red blood cells ‘erythrocytes’).

Maintains Body Temperature

2.

3.	**Controls pH**	The pH of blood must remain in the range 6.8 to 7.4, otherwise it begins to damage cells.
4.	**Removes toxins from the body**	The kidneys filter all of the blood in the body (approx. 8 pints), 36 times every 24 hours. Toxins removed from the blood by the kidneys leave the body in the urine. (Toxins also leave the body in the form of sweat.)
5.	**Regulation of Body Fluid Electrolytes**	Excess salt is removed from the body in urine, which may contain around 10g salt per day (such as in the cases of people on western diets containing more salt than the body requires).

Source: Structures and Functions of the Blood
Ivy Holistic
http://www.ivy-rose.co.uk/HumanBody/Blood/Blood_StructureandFunctions.php

15. There are now strong parallels of interest (specifically Chlamyida Pneumonia and Mycoplasma) that have emerged between the current work and that of prominent research on the so-called "Gulf War Syndrome". Additional parallels of interest occur with such conditions as Lyme Disease, fibromyalgia and Chronic Fatigue Syndrome.

16. The structure, chemistry and internal composition of the biological based filaments appears at this stage to be essentially identical to that of the cultured filaments. This offers the distinct advantage that numerous research projects can now be pursued within a controlled laboratory environment, including that of growth inhibition.

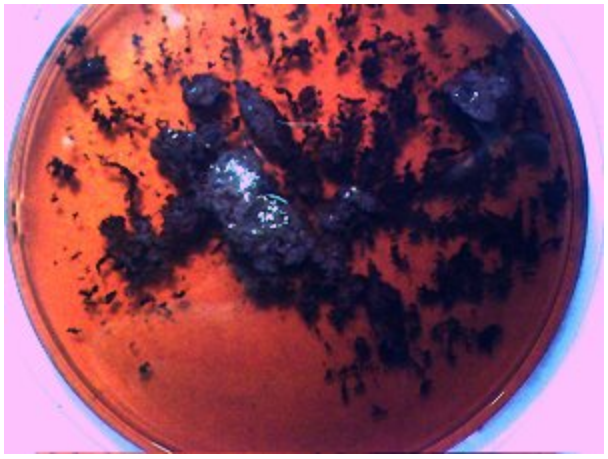
17. It is understood that there are likely many numerous variations of development, form and manifestation with respect to the ” Morgellons” condition. This researcher has focused on, and continues to focus on, those elements that appear to exist as a common denominator in most (or all) subjects, regardless of any external symptoms that may or may not be present. It remains the assessment of this researcher that the blood (and the alteration of it) and the existence of certain filament forms (INTERNAL to the body) are central to the condition. The existence of skin anomalies does not appear to be, in any way, a suitable criteria for establishing or denying the existence of the condition. Thus far, essentially any individual that has been studied displays, to a varying degree, the common denominators of blood anomalies and filament existence that are a basis of this report. Exceptions to this last statement in some fashion are presumed to exist (although not identified thus far) and they are an obvious desirable pursuit in the research.

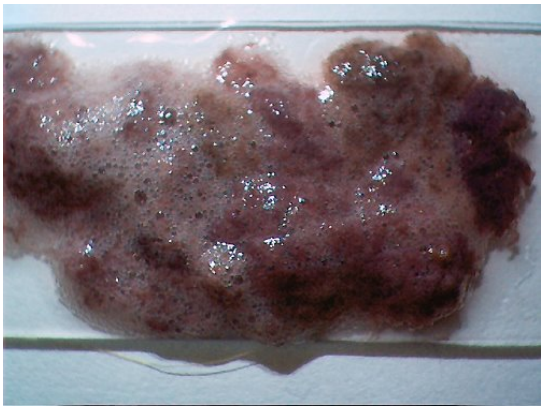
18. Future immediate needs include a full protein and genetic analysis of the filament forms, cultures and components that have been repeatedly identified. Additional resources will be required to accomplish this.

19. Growth inhibition studies, especially upon the culture forms that have been developed, also exist as an immediate requirement. Preliminary studies with prospect are in progress. Additional resources can accelerate this process.

20. The available information indicates that the human condition is likely to have been affected en masse.

PHOTOGRAPHS:

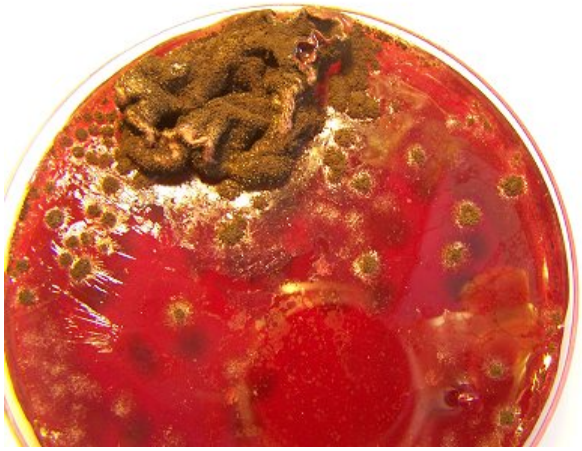


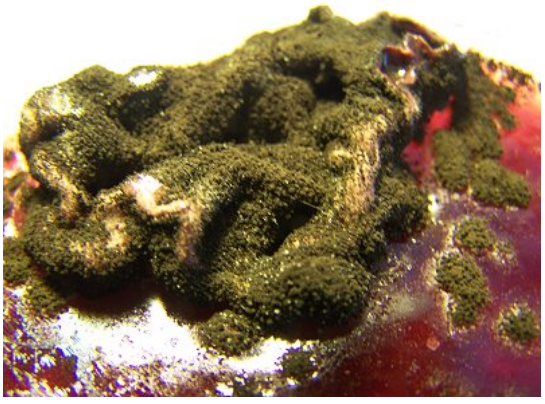


Original previously analyzed dental sample material in wine base. Essentially all individuals tested thus far produce varying degrees of this dental filament material.

Representative dental sample material, previously analyzed, placed onto a glass slide. This particular sample uses a wine-hydrogen peroxide base mix.

The culture of the dental filaments at the early stage. Characterized by a pure white color. Microscopic and time lapse imagery of this development are available in more detail in the papers entitled Culture Breakthrough (?), (Jul 2008), Culture Work is Confirmed (Aug 2008) and Morgellons : Growth Captured (Aug 2008).

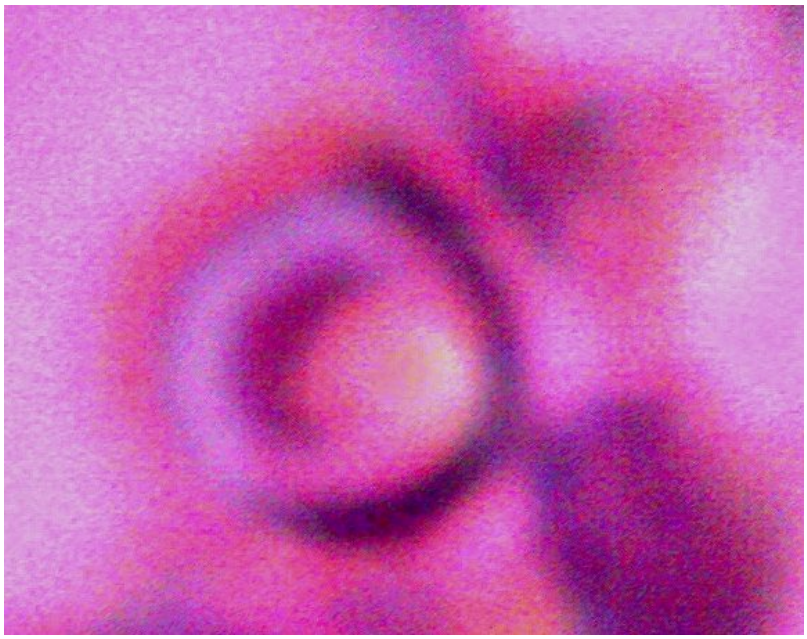




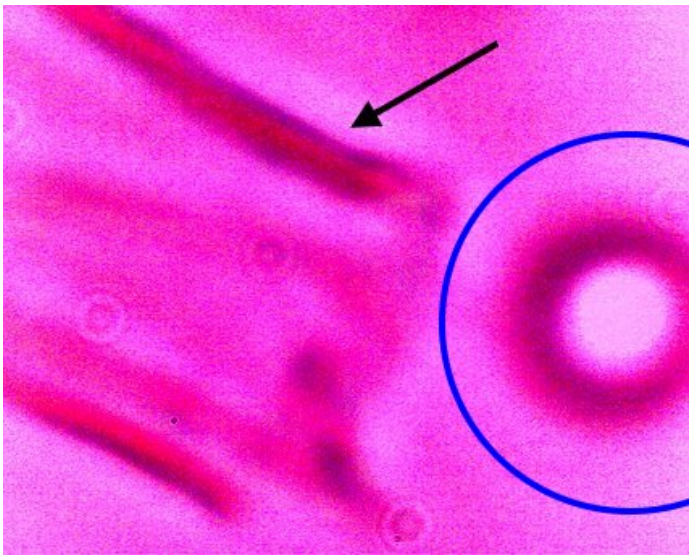
This is the culture material used in this test. This culture has been developed from extracted dental samples that have been placed within a red wine culture medium. The approximate time of development is approximately two weeks. The first stage of development is characterized by a pure white filament as shown above; subsequent stages will transform to a greenish color and ultimately to a deep black color.

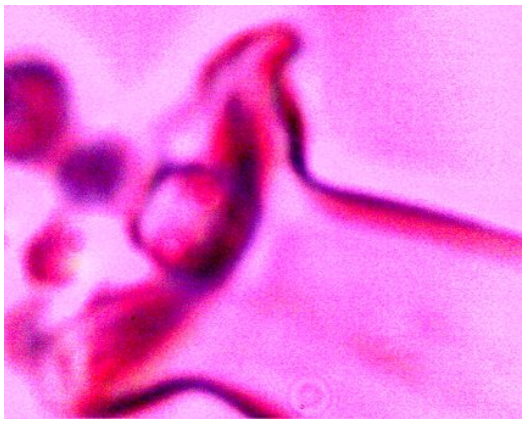
A close-up of the culture development to the left. This is typical of a culture in the mid to mature development stage. Folding with the developed culture is common during maturation. Growth and folding up to approximately 3/4″ to 1″ has. been. observed, apparently only restrained by the lid of the culture dish and the available growth medium.

Decomposition of the filaments, either biological or cultured, involves the use of an alkali solution and heat. Currently, the filaments are placed within approximately 1-2 ml. of distilled water with a drop of concentrated sodium and potassium hydroxide added. The concentration of the base can be determined at a later point; it does not appear to be critical at this stage. Initial decomposition takes place along with a transformation of the solution to a blackish color. The addition of heat, to the boiling point, appears to be an additional critical factor in the decomposition process. The addition of the strong alkali and the additional heat will turn the final solution to a deep red color (visually similar to that of blood in solution). If the solution is made in a concentrated form, i.e., limited water, the subsequent examination of components under the microscope will be facilitated.



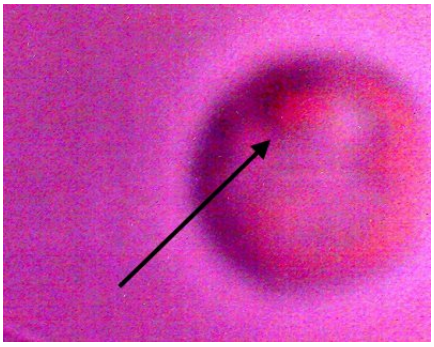
An erythrocytic form that appears from within a cultured filament after decomposition by chemical and thermal processes.. Varying degrees of reconstitution occur.. Reconstitution is not complete in all cases, and thus varying final diameters will occur. The source form appears to be on the order of four microns in diameter; the average of a final reconstituted erythrocytic form is on the order of 6-8 microns. This is also the diameter of a human erythrocyte. Biconcavity is a distinguishing visible characteristic. The fact that reconstitution of biological structures occurs within a hostile chemical and thermal environment is a primary topic of interest in the research.
Magnification approx. 8000x.

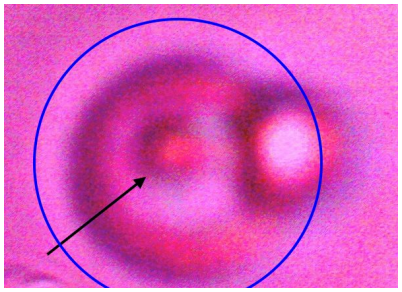


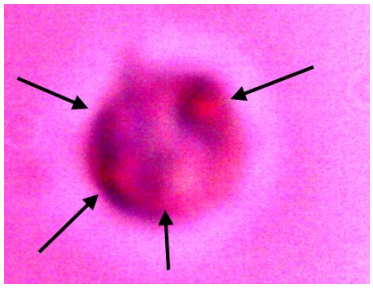


Direct evidence of decomposition of a cultured filament when subjected to alkali and heat. On numerous occasions, a breakdown in the bounding structure of the filament has been observed. The black arrow points to the boundary of the filament, which measures on the order of 15 microns in width. The blue circle encloses an erythroytic form in an early stage of reconstitution. Magnification approx. 8000x.

Additional direct evidence that the erythrocytic form are contained within the filament forms. Another example of the breakdown of the filament boundary when subject to an alkali and heated solution. A series of erythroytic forms, prior to reconstitution, are visible emanating from the filament. Magnification approx. 8000x.



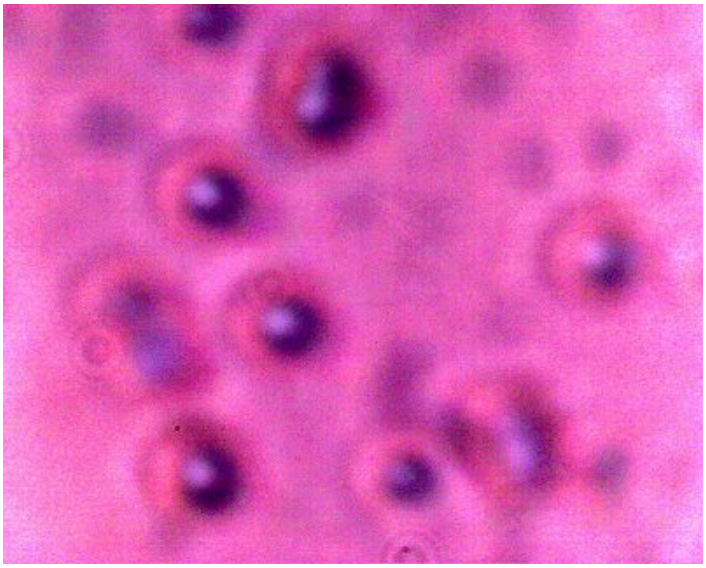




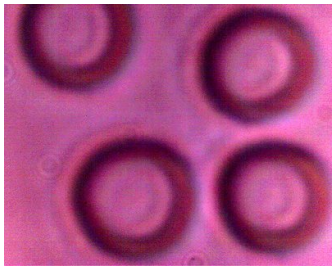
An internal component of a decomposed (alkali and heat) cultured filament. A reconstituted erythrocytic form with the intracellular sub-micron spherical structure visible (black arrow). Chlamydia-like, especially Chlamydia Pneumonia, organisms are primary candidates of consideration in the future identification of this structure. Specialized modifications to any original biological form, should it be identified, are anticipated. Magnification approx. 8000x.

An internal component of a decomposed (alkali and heat) cultured filament. Another example of the intracellular sub-micron structure within an reconstituted erythrocytic form (blue circle). This phenomenon occurs frequently in observation, and is identical to that observed in the anomalous human blood observations reported on this site. The structure on the right edge appears to be an erythrocytic source form prior to reconstitution. Magnification approx. 8000x.

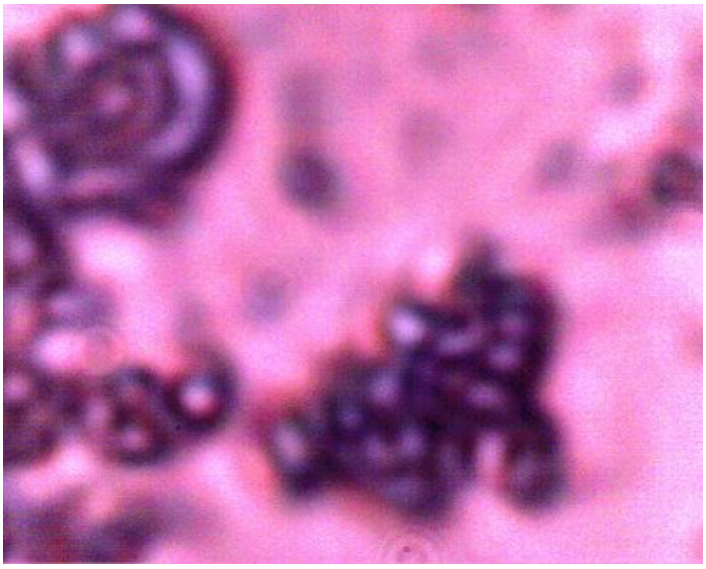
Internal component of a decomposed (alkali and heat) cultured filament. Several examples of the sub-micron structure (black arrows) occurring within a partially reconstituted erythrocytic form. In human examples studied thus far, the damage to the integrity of erythrocytes appears to occur in direct proportion to the prevalence of the Chlamydia-like structure shown above. Magnification approx. 8000x.



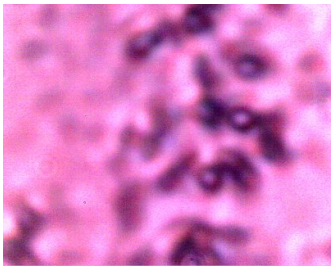
The Chlamydia-like structure isolated and in detail. Numerous criteria (e.g, intracellular, size, Gram-Stain, symptomology, etc) suggest the Chlamydia-like organisms as a primary candidate for identification. Positive tests and additional resources will be required for completion of this stage of the research. In addition, this photograph shows the structures subjected to a Giemsa staining process (methylene blue and eosin). Chlamydia structures are expected to accept the blue stain under this test. This additional test is positive in this case, and further solidifies Chlamydia-like organisms as candidates for positive identification. The best size assessment thus far for this structure is on the order of 0.7-0.8 microns; also within the primary range of consideration for Chlamydia-like(esp.Chlamyida Pneumonia) organisms. Magnification approx. 8000x.



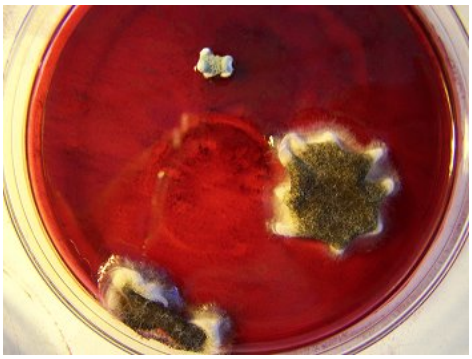
A CONTROL photograph of human erythrocytes for comparison of size, geometry and biconcavity. A modified conventional analog microscope is used in this research; these modifications include the substitution of a digital camera chip for the eyepiece (CCD) and a barlow lens to increase the magnification levels. Magnification approx. 8000x.

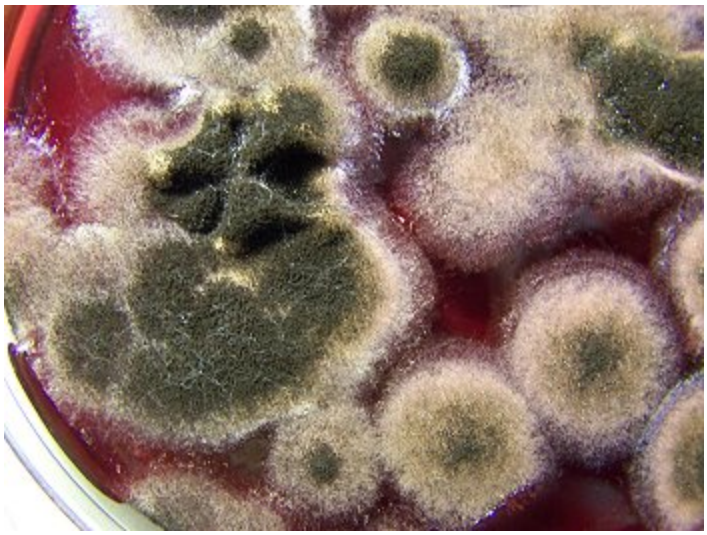


Additional examples of clusters of the Chlamydia-like structures that have been subjected to a Giemsa stain process. This stain process is damaging to the reconstituted erythrocytic forms, but it is helpful to accentuate the observation of the sub-microns structures as shown in this photograph. Human blood observations have shown identical forms under numerous occasions, and the severity of the so-called Morgellons condition appears to occur in proportion to the presence of this organism..
Magnification approx. 8000x.



An additional example of the Chlamydia-like structures that have been subjected to a Giemsa stain process. Magnification approx. 8000x.





This photograph is unique and important in the fact that it represents the first successful complete cycle of the filament culture process.

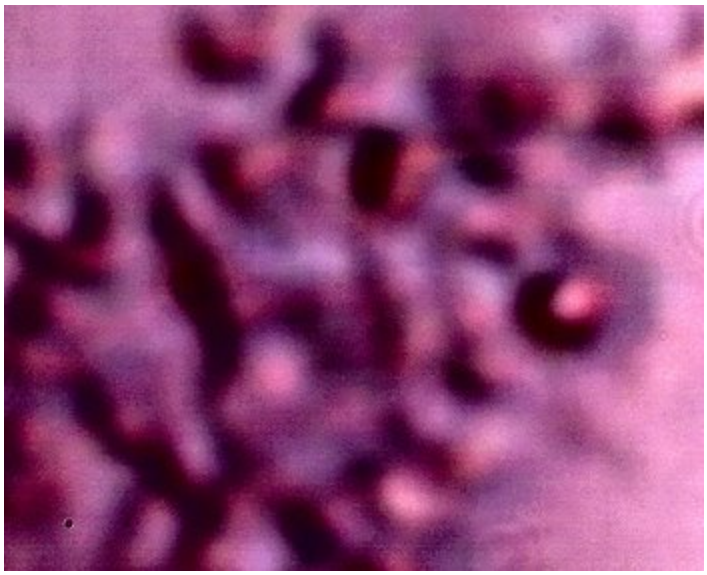
The sequence of culturing is as follows:

1. Biological dental filament sample is extracted.
2. The biological filament sample is subjected to the alkali and heat process.
3. A single drop of the resulting decomposed filament in solution is placed into a wine medium culture.
4. The resulting culture now develops through the following sequence:

a) Chlamydia-like organism develops first at the bottom of the solution over a period of a a few days.. This appears as the darkened, more diffuse form shown in this petri dish.
b) The pleomorphic, or tertiary form (ribbon-like) appears gradually over the next few days as well, also at the bottom of the wine medium. One candidate for identification of this form is mycoplasma.
c) The final stage is the development of the filament form on the top of the wine medium as is visible on this photograph. The initial development of the filament will be pure white; it will eventually transform through green and black stages at maturity.

It can be concluded that a single drop of the cultured solution (decomposed filament)

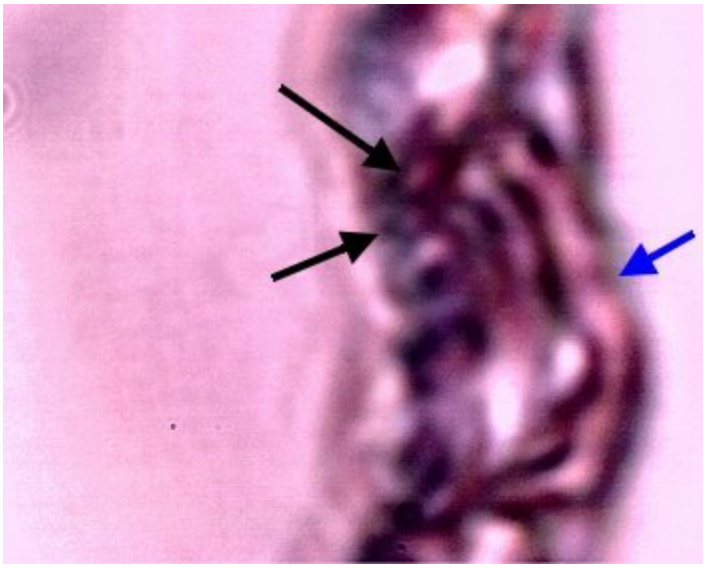
A filament culture in a wine medium, well developed, in the mid-level stages of development. The filaments will progress though a stage of pure white, green and subsequent black color, usually over a period of a couple of weeks.



An example of the pleomorphic, or tertiary form (ribbon-like) accompanied with a Chlamydia-like structure in the right central portion of the photograph. These forms develop in the culture sequence as described previously. These are the two most common forms also identified in the numerous anomalous blood observations that have been reported on extensively within this site. Magnification approx. 10,000x.

is sufficient to reproduce the entire growth cycle of this pathogenic form.

The ring like disturbance in the central fluid portion of the petri dish is due to a copper sulphate inhibition study that is in progress. .



An example of what appears to be a developing filament form within the latter stage of the culture sequence described immediately above. Examples of the Chlamydia-like structures are visible to the left (black arrows) and the pleomorphic, tertiary (ribbon-like) form (black arrow) is visible on the right. In addition, a coalescing and enveloping structure is visible that contains the identified components ; it possesses full similarity to the filament forms studied extensively.
Magnification approx. 8000x.

MORGELLONS : AN ENVIRONMENTAL SOURCE

MORGELLONS :
AN ENVIRONMENTAL SOURCE
Clifford E Carnicom
Dec 14 2009

I am not offering any medical advice or diagnosis with the presentation of this information. I am acting solely as an independent researcher providing the results of extended observation and analysis of unusual biological conditions that are evident.

An environmental source, at least in part, for specific biological organisms that are under scrutiny in association with the so-called "Morgellons" condition, has been identified. This source is the unusual airborne filament sample that was sent in June of 2000 to the Administrator of the United States Environmental Protection Agency (EPA) for identification on behalf of the public welfare. The United States EPA refused to acknowledge the existence of the sample for a period of one and one-half years, and subsequently returned the sample without identification after a Freedom of Information Act request for accounting was submitted by a third party.

Upon return in 2001, the EPA stated that it was not the policy of the Agency to "test, or otherwise analyze any unsolicited samples of material or matter."

The mission of the United States Environmental Protection Agency is to "protect human health and the environment."[1]

This particular and same sample that was sent to the EPA has been successfully cultured and reproduced, and the culture growth exhibits the identical biological organisms, structure and chemistry of certain biological filaments that are under extensive study in association with the *Morgellons* condition. The sample has been held in custody for more than ten years to await opportunities for proper identification. This particular form of material has been observed, gathered, reported and documented on numerous occasions by independent citizens during the last decade. The filament samples have been considered by many to be a potential health hazard due to the sustained lack of proper identification and the airborne nature. Previous documentation of the events surrounding the original requests for identification are available through this site.

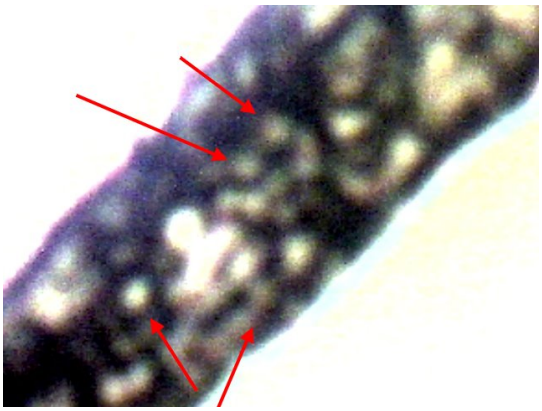
An incomplete (or false) report by a private laboratory, at cost, was received shortly after the EPA refusal of identification. A meeting held to confront and dispute the findings of the private laboratory was abruptly canceled while in process when

evidence was presented that contradicted the report using numerous independent methods of observation and analyses. No further progress in formal analytical or biological identification has been made since that time.

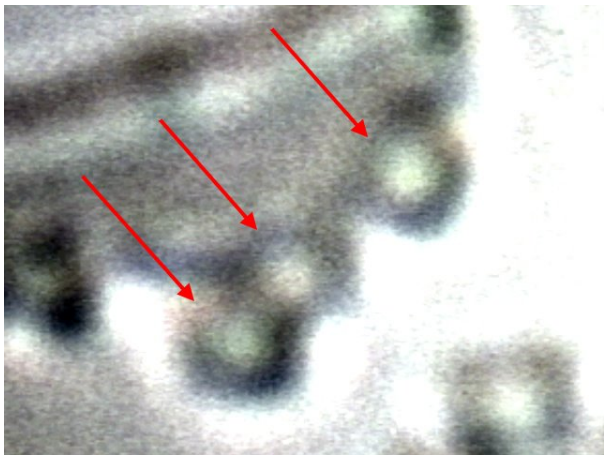
The method of culturing is identical to that which has been developed for certain dental filament samples, and it involves the application of an alkali in solution to the filaments, heat, and subsequently an introduction into a wine medium for growth. The culture has taken approximately four to six weeks to develop. This method has been briefly described on numerous occasions with respect to the dental sample analyses, and it will not be repeated here.

The specific cultured structures that have been identified are the chlamydia-like organism, the mycoplasma-like organism (pleomorphic), and the encasing filament structure. The erthyrocytic form within the EPA culture has not been identified at this time. The recent set represents three out of four primary forms that continue to be under examination from a multitude of analyses viewpoints. Erythrocytic forms were identified by an independent medical professional in the original sample that was submitted to the EPA, and that has
been reported on in detail within this site during the early part of this decade.

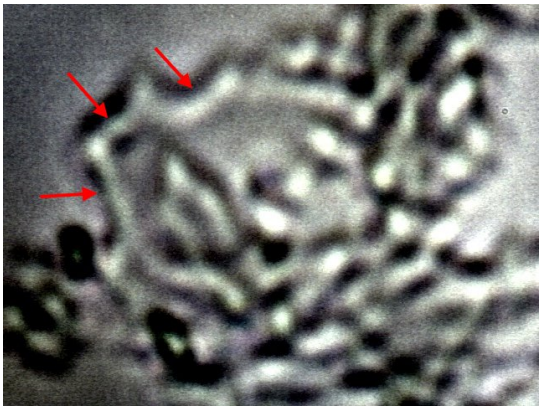
PHOTOGRAPHS:



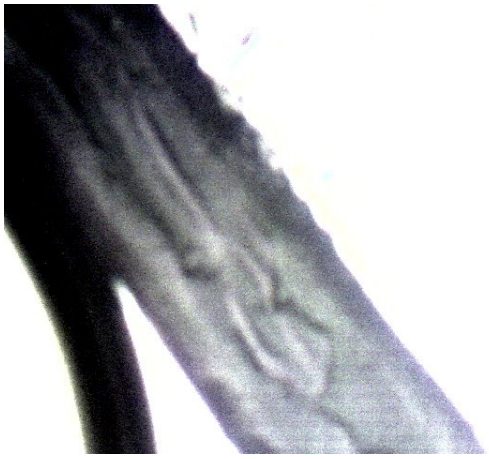
An example of more mature development within the culture medium. Comprised of an encasing filament and internal structures of both chlamydia-like (red arrows) and the pleomorphic (ribbon-like) forms. Magnification approx. 10,000x.



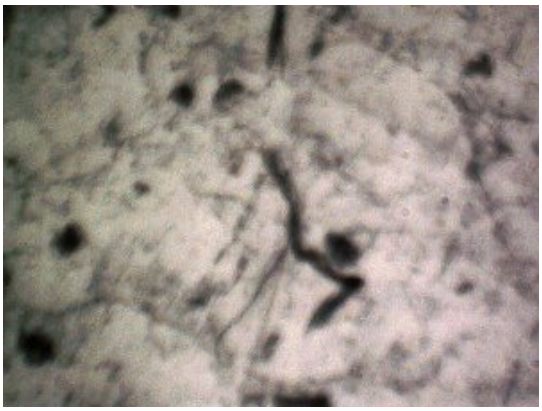
A digital close-up of the chlamydia-like organisms (red arrows) that have developed in solution from the cultured EPA filament sample. Magnification approx 30,000x.

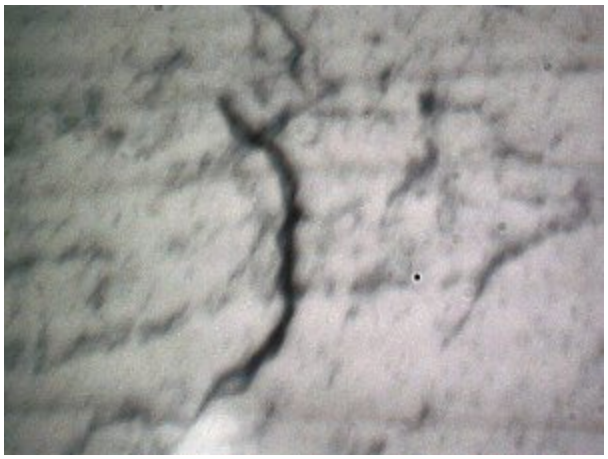


What appears to be an example of the pleomorphic structure (red arrows) that is under examination in addition to the chlamydia-like organism. These two forms appear first in growth at the bottom of the petri dish. They slowly coalesce into linear formations that eventually form as separating filaments in solution. Magnification approx. 10,000x.



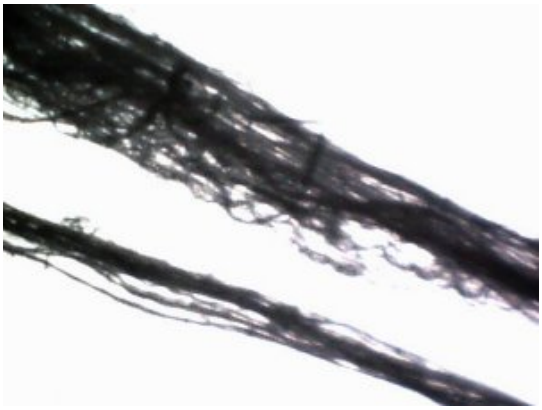
An example of the encasing filament structure with little internal detail at this particular location. The general process of culturing is to subject the EPA filament to an alkali solution (sodium hydroxide) and then heat the solution to the boiling point. Temperature is maintained at this level just beneath boiling for several minutes. The resulting solution and remaining filaments are placed into the wine medium for examination within a petri dish. The process of culturing here has taken approximately 6 to 8 weeks to reach the stages shown. Magnification approx. 10,000x.





A photograph of an emerging filament and surrounding early growth within the wine culture medium. This culture process has taken approximately 4-6 weeks to reach this stage of development. The chlamydia-like and pleomorphic structures develop at the bottom of the petri dish and slowly continue to develop until they reach a filamentous form which eventually separates from the bottom of the petri dish. Magnification approx 300x.

To be continued. The photographs within this are taken while the filaments remain in solution. An emerging filament structure and surrounding earlier growth stages. Magnification approx. 300x.



The original EPA fibrous sample material, as sent to the EPA in 2000. What might be viewed as a single filament in this photograph at low magnification is actually comprised of hundreds to thousands of sub-micron fibers. Please refer to early reports on this site for the original studies on the EPA filament samples. Magnification approx. 300x.

A larger segment of the original EPA filament sample as sent to the EPA in the year 2000. Magnification approx. 300x.

Reference:

1. EPA Mission Statement, http://www.epa.gov/epahome/aboutepa.htm#mission

A MECHANISM OF BLOOD DAMAGE

A MECHANISM OF BLOOD DAMAGE
Clifford E Carnicom
Dec 14 2009

I am not offering any medical advice or diagnosis with the presentation of this information. I am acting solely as an independent researcher providing the results of extended observation and analysis of unusual biological conditions that are evident.

An organism and a method that damages the condition of the blood has now been identified and it has been directly observed. The blood variations reported here are in direct association with the existence of and the severity of the so-called "Morgellons" condition.

The degradation occurs, at least in part, as a result of the existence of a *chlamydia-like organism* that has been repeatedly called to attention within the research during the past several years. This organism, along with a pleomorphic form tentatively identified as a mycoplasma variation, as well as certain filamentous forms, have been identified as common denominators in past and active biological and environmental examinations.

It will be recalled from earlier studies that essentially all individuals observed thus far display the presence of these blood anomalies to varying degree; statistically it would certainly appear as though the general population is subject to these forms. It has also been stated that the severity of the damage to the blood appears to occur in direct correlation with the manifestation of symptoms of the Morgellon's condition.

It is commonly perceived that skin anomalies and lesions (eruptions) are the major indicators as to the presence of the Morgellons "condition." It is asserted by this researcher that this criteria is completely and totally inadequate to establish the existence of the condition. A more comprehensive assessment appears to be that the presence of certain filamentous forms *internal to the body* and the presence of the *chlamydia-like* organism *within the blood* more positively establishes the existence of the condition. The presence of skin lesions (eruptions) and or filaments appears to be simply an outward manifestation by a subset of the population of the underlying biological changes that have occurred *within the body*. Thus far, all individuals studied show these changes *within the body* to varying degree.

The specific organisms (four specific forms in total, thus far) involved still require positive identification, as they have for several years now. I do not claim any medical or biological expertise at the level that is required. The size of the organisms alone is beyond conventional microscopy and they have been identified only with custom microscopic developments. Chlamydia-like and mycoplasma-like identifications must only be regarded as tentative and they are based primarily upon observation, research and deduction.

One of the dominant characteristics of the Chlamydia genus is that its members are metabolically incomplete, and that they require the energy of the host to thrive; this is one reason why they exist as intracellular (within the cell) within the host. In addition, intracellular organisms present a series of challenges to the immune system for detection and eradication, as recognition of a pathogen becomes much more difficult internal to the cell.

One of the dominant characteristics of the Mycoplama genus is that the species lack a cell wall, and hence the ability to assume various forms, i.e, pleomorphic.

Regardless of the eventual identifications that are to take place, the involvement of unconventional biology and genetic modification appears to affirmed by the unusual characteristics, enclosure and transport of these particular organisms under study.

The importance of this paper is that a specific organism and method of blood degradation that is in association with the Morgellons condition has been identified by function and has been observed and recorded, and that this same specific organism has been under study from several different vantage points for several years now. This chlamydia-like organism remains a focal point of investigation with respect to both the Aerosol Operations and the Morgellons issue; from the current studies it is expected to remain so for some time. The ubiquity and importance of this specific, (but still unidentified by species), organism will become even more apparent in future writings. In general, it would appear that the chlamydia-like and the mycoplasma-like intrusions set the stage for broader systematic degradation, immune suppression and additional pleomorphic manifestations upon sufficient invasion. In addition, genetic modification and transformation of the infective agents as well as the hosts are to be considered as very real possibilities.

The specific method of blood damage referred to in this paper is as follows:

1. The chlamydia-like organism appears to frequently exist in large numbers within the blood, i.e, the serum. The erythrocytes (red blood cells) can *appear* to be in good form even with the presence of the chlamydia-like organism in the serum external to the cells.

2. The chlamydia-like organism does appear to be attracted to the outer wall of the erythrocytes.

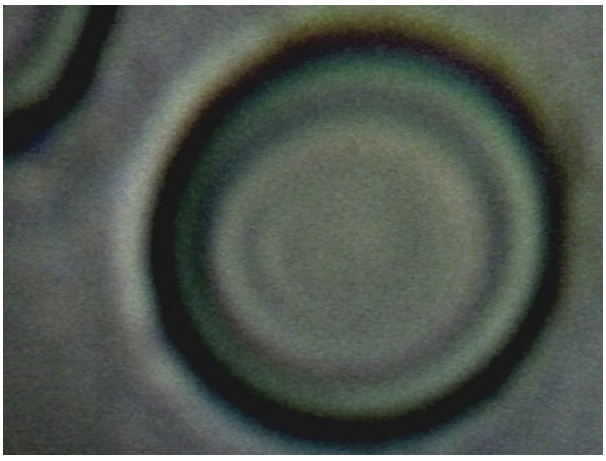
3. In the early stages of intrusion, the chlamydia like structures can surround and bind to the outer wall of the erthryocyte, with no damage to the cell wall necessarily apparent.

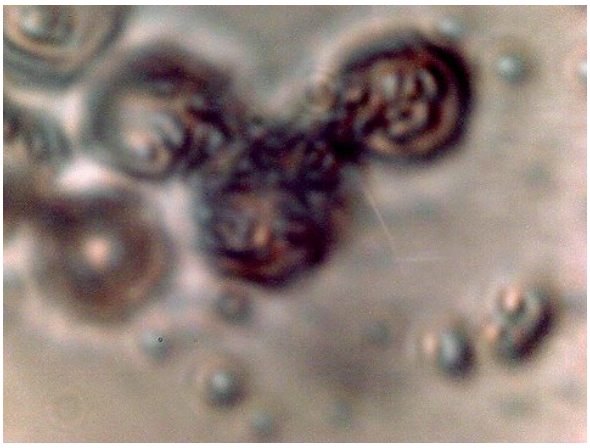
4. Upon increased intrusion of the cell, the chlamydia-like organism will be seen to have been incorporated within the cell wall. It is at this point that a breakdown of the integrity of the cell wall can often be observed.

5. Upon further intrusion, the chlamydia-like organism can exist in relatively large numbers within the erythrocyte. Further damage to the integrity of the cell occurs.

6. In extreme cases observed thus far, the integrity of the cell wall is radically compromised, along with the general structure of the red blood cells. Existence of the chlamydia-like organism can be rampant within the blood. The functioning of the blood would appear to be seriously impaired at this point and this is expected to have a major impact upon the health of an individual. The pleomorphic organism under study (i.e., mycoplasma-like) is also commonly observed under these conditions. Skin lesions (eruptions) and anomalies, such as filaments, may also be more common at this stage of the condition.

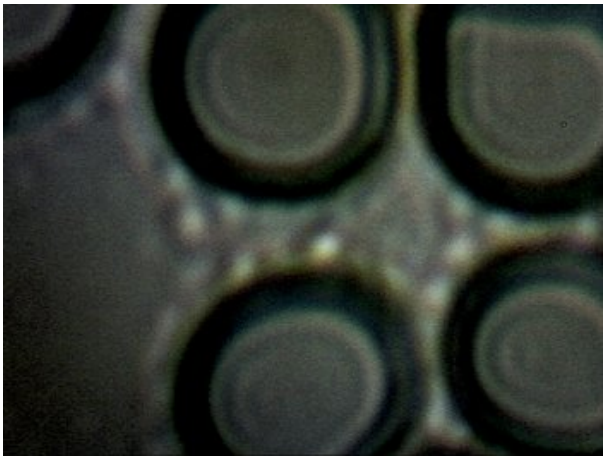
PHOTOGRAPHS:

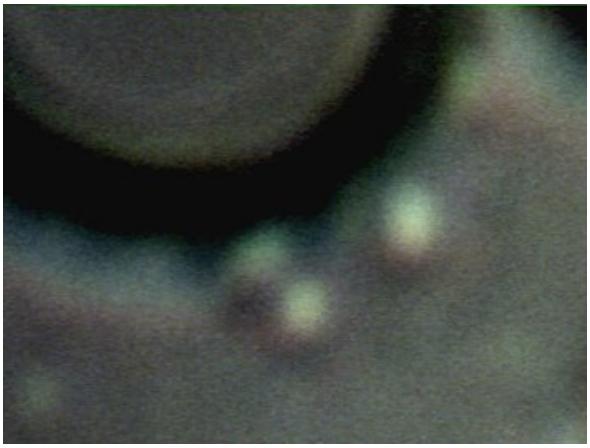




Control photograph of human red blood cell (erythrocyte). Integrity and uniformity of cell is apparent. No visible damage from any external structures or organisms. This same individual has exhibited seriously compromised erythryocytic form in the past several years. No obvious or major external manifestations (skin) of the Morgellons condition have been exhibited by this same individual during that same time period. Certain protocols being followed during that same period may have influenced the improvement of erythrocytic form. This image is a result of improved microscopy developments over recent months. Approx. magnification is 15,000x..

The condition of the blood of the same individual as reported on to the left, but approximately two years ago. This observation was reported in the paper entitled "Morgellons : A 5th, 6th & 7th Match", dated January 21, 2008. It may be worthwhile to revisit that paper, as it describes numerous similarities of form between different sample types, both biological and environmental. One significant aspect of this photograph is the exposed presence of large numbers of the chlamydia-like organisms INTERNAL to the red blood cells. This was accomplished with the Gram stain process.. The result of the testing procedure was Gram-negative and this is one of many factors that established chlamydia-like organisms as a prime candidate for identification. Please note that it is EXPECTED that the erythrocytes (red blood cells) are to be damaged from this testing process, and the integrity of the red blood cells is not relevant in this particular photograph. The importance of this photograph is the revelation of the chlamydia like organisms in large numbers internal to the cells, and the numerous sample types (environmental and biological) in which this particular organism was observed. Magnification approx. 7000x.

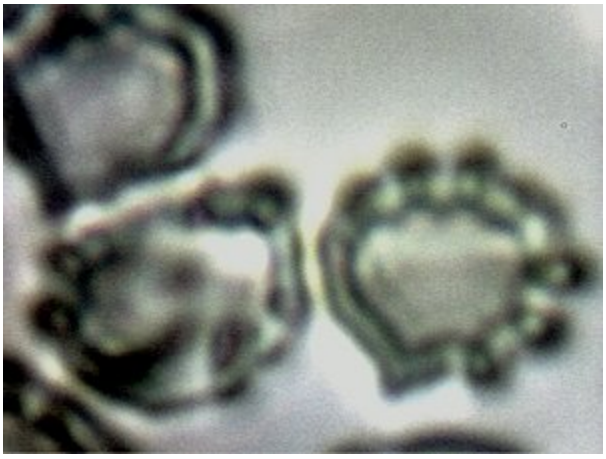




A critical photograph of discovery. This photograph is the result of the improved microscopy techniques developed over the past several months. The photograph reveals, for the first time, that even if the erythrocytes are intact and of good form, the chlamydia-like organisms can exist in large numbers external to the cell, or IN THE BLOOD SERUM. This fact was discovered only because of minor variations in focusing of an improved and modified camera A human blood cell is on the order of 6-8 microns in diameter; the chlamydia-like structures are sub-micron (estimated 0.3 – 0.8 microns) and can easily escape detection with conventional microscopy. This observation establishes that the intracellular presence of the chlamydia-like organism is not a sufficient basis upon which to assess the health of the blood. The presence of the organism within the blood, i.e, serum or cells, provides a more comprehensive assessment of factors that may affect the health of the individual. In addition, previous papers clearly present evidence that the presence of this particular organism is not restricted to the blood. Please see the paper referred to, along with others on this site, to review the ubiquity of the organism and related forms. Magnification approx. 10,000x.

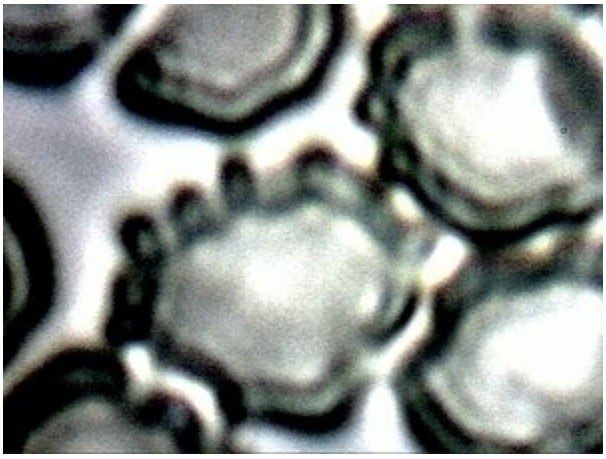
Digital magnification focusing on the chlamydia-like organism external to the erythrocyte (red blood cell) wall. Approx. size is 0.5 microns; this size range represents the transition range between bacteria and viruses. Indeed, chlamydia species, upon discovery, were first categorized as viruses. Camera techniques and equipment are critical factors in making the presence of this organism visible. Magnification (digital enhancement) approx. 30,000x.

Another critical photograph in the discovery process. It has become apparent now through observation how cellular damage to the erythrocyte occurs. All indications are that the chlamydia-like organism is attracted to the cell wall of the erythrocyte. This photograph shows clearly the alignment of the organisms on the outside wall of the red blood cells. The linkage between the presence of the organism external to the cell (in the serum) and its attachment to the cell itself is a critical mechanism of discovery that is reported here. Furthermore, this photograph also shows the ensuing damage of the cell wall that occurs with the sustained presence of the organism in contact with the cell. This photograph comes from observation of a separate individual than that reported on in the above four photographs. This individual also does not manifest any external skin symptoms of the so-called “Morgellons” condition; the failure of skin anomalies as a suitable criteria to establish the existence of the *condition* has been extensively asserted by this researcher within numerous prior papers. Magnification approx. 10,000x.

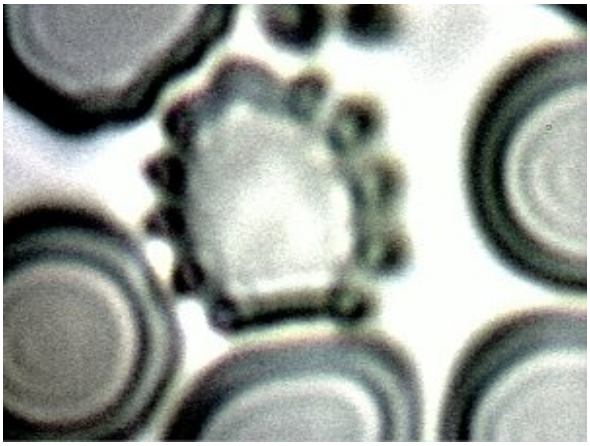


An additional important photograph of discovery. This set of photographs are of the same individual as reported on in the top set of four photographs., APPROXIMATELY THREE WEEKS LATER in time. This photograph shows that dramatic changes in the condition of the blood, at least with respect to this particular organism, can occur within a period of only three weeks.. This also has since been shown to occur in reverse (again, within approximately a three week period), with a corresponding improvement in health that may or may not correspond to certain protocols under investigation. In this case, however, the existence of the organism external to the cell appears to be a resident condition, regardless of the resistance level of the cells to internal invasion. The life cycle of a red blood cell is approximately three months.

Further evidence of incorporation of the chlamyida-like organism into the external wall of the erythrocytes. This can be considered as an earlier stage of the invasive process. Cellular deformation is also apparent, as is commonly observed as an impact from the organism. Upon severe invasion, the integrity of the erythrocytes is radically compromised and the organism occurs frequently within the cell (i.e., intracellular) in addition to causing exterior wall damage. Magnification approx. 10,000x.



An additional photograph which demonstrates the effect of the chlamydia-like organism upon the erythrocytes and the mechanisms of damage. Magnification approx. 10,000x.



An additional photograph which demonstrates the effect of the chlamydia-like organism upon an erythrocyte and the mechanisms of damage. Magnification approx. 10,000x.

It is to be considered only as anecdotal information, but it is a fact that this individual encountered a significant onset of illness in the midst of this same time interval. The symptoms of illness did have a certain level of correspondence with those that are associated with Chlamydia pneumonia. It is also to be considered as anecdotal information, but aerosol operations of significance were conducted during the earlier portion of this same three week interval and the week preceding. No conclusions regarding direct association with a particular illness or atmospheric conditions are being made at this time. Magnification approx. 10,000x.

Additional Note : The term “eruptions” vs. “lesions” has been introduced into this paper due to discussions with an individual of medical background. This individual has studied and observed the dynamics of certain skin anomalies in detail. It has been suggested that this term may be more accurate in describing the specifics of presentation, and it is correspondingly offered to the readership for consideration. Appreciation is extended to this individual for the discernment that has been provided.

DNA CULTURE RESULTS

DNA CULTURE RESULTS
Clifford E Carnicom
Dec 28 2009

I am not offering any medical advice or diagnosis with the presentation of this information. I am acting solely as an independent researcher providing the results of extended observation and analysis of unusual biological conditions that are evident.

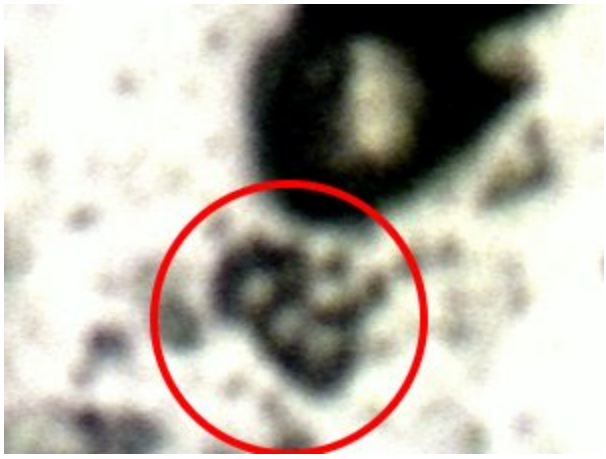
A method of extracting DNA samples from living forms has been established. The protocol being followed is that from the Genetic Services Learning Center at the University of Utah[1]. The methods have been applied successfully to human and fruit samples. Equipment to examine the internal structure of the DNA samples is not available at this time; visual microscopy techniques at relatively high magnification (~10,000x) are available.

The initial finding is that the Chlamydia-like organism under extensive study with respect to the so-called "Morgellons" condition occurs in relatively large numbers within the human DNA samples that have been studied and that it can be readily identified with sufficient magnification. This further confirms the supposition that this particular organism appears to broadly distributed within human physiology, and that its existence should not be restricted to blood sample examination. Thus far, this particular organism has been found within dental samples, saliva samples, urinary samples, red blood cells (erythrocytes) and anomalous skin filaments. The particular DNA sample examined here is developed from human saliva.

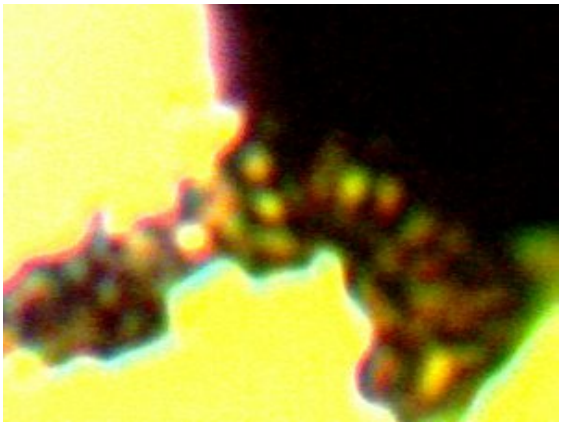
INITIAL RESULTS :

Human DNA sample extracted from saliva. . Magnification approx 300x.

Human DNA sample extracted from saliva. . Magnification approx 300x.



The Chlamydia-like organism identified within the human DNA sample. . This photograph is taken from the original sample prior to any cultured result. The size of the individual organism, as reported previously, is approximately 0.5 to 0.8 microns. The limit of conventional light microscopy is. approximately 1000-2000x. Magnification approx.10,000x.

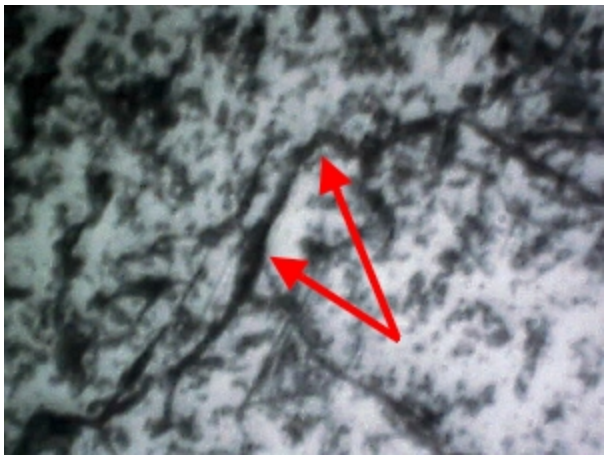


An additional representative cluster of the Chlamydia-like organisms identified within the human DNA sample. . This photograph is taken from original sample prior to any cultured result. The size of the individual organism, as reported previously, is approximately 0.5 to 0.8 microns. Magnification approx. . 10,000x.

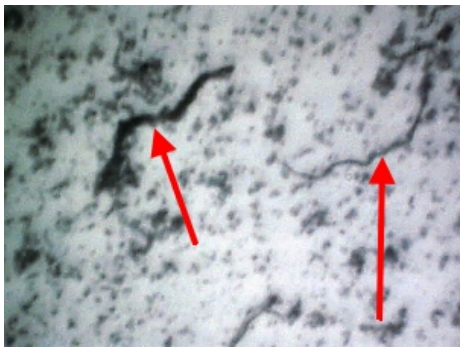
Secondly, the Chlamydia-like organism has been successfully cultured from its origin in the human DNA sample. The culture medium is again red wine. Most biochemical reactions take place within a specific pH range, and the chemistry of wine will become

increasingly important in the understanding of why this particular medium is repeatedly favorable toward a multitude of culture developments under way. The chemistry of wine is relatively complex and eventually the various components that are favorable toward growth will require isolation and identification. It is presumed that the pH of red wine (acidic) will be one important factor to be identified within this future analysis as it takes place; a first hypothesis may be that this pathogenic form favors an acidic environment within the body. It is also reasonable to suggest the hypothesis that a shift toward increased alkalinity within the growth medium may eventually serve as an inhibiting growth factor. The current culture under analysis is approximately 7-8 weeks of age.

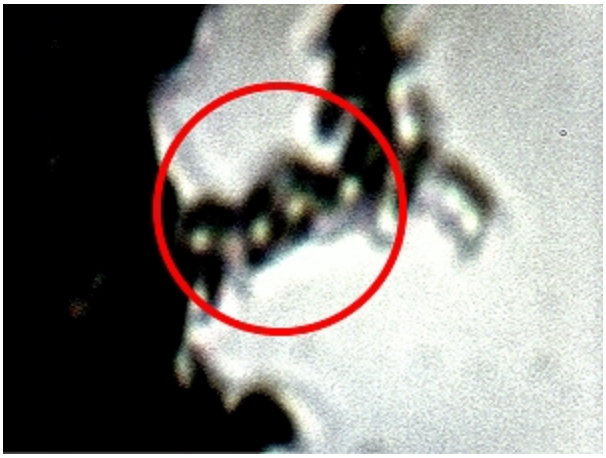
CULTURE RESULTS :



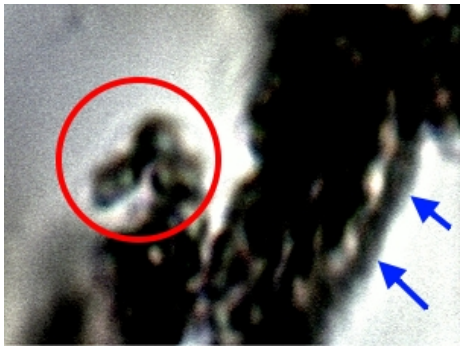
A culture of the DNA sample in a red wine medium. . The earlier stages of the identified pathogenic cycle are contained within this level of growth. This includes extensive development of the Chlamydia-like organism, the pleomorphic structures (tentative candidate is Mycoplasma-like) and the eventual encasing filament structure (red arrows). The erythrocytic form is not identified within this culture. Age of culture is approximately 7 to 8 weeks. Approx. magnification 300x.



An additional view of the culture of the DNA sample in a red wine medium. Arrows point to the early development of the filament stage of the growth cycle. The background growth is composed primarily of the Chlamydia-like organism. The age of the culture is approximately 7 to 8 weeks. Approx. magnification 300x.



A focus on the Chlamdia-like organism that has developed from the culture of the human DNA sample (red circle encloses four individual structures). Magnification level approx. 10,000x.



Another. example of the Chlamdia-like organisms that have developed from the culture of the human DNA sample (red circle). In addition, the pleomorphic and early stages of the filament form (blue arrows). are also contained within this photograph. Magnification level approx. 10,000x.

Third, the DNA sourced culture that has been developed demonstrates identical growth to that which develops from the dental filament cultures.

In addition, as reported earlier, an environmental source for an identical growth cycle has been established; this is the unusual airborne filament sample that has been extensively reported on over the years. The identification of the nature of this filament sample has been refused by the U.S. Environmental Protection Agency (EPA). Please refer to the paper entitled "Morgellons : An Environmental Source" for additional documentation on this recent development.

Lastly, It is now to be reported that the growth from the DNA culture as shown in this report is identical (to the magnification level that is available) to that of the airborne environmental sample culture described in the earlier report .

The level of congruence between environmental sampling, biological sampling, and culture developments is sufficient to merit extensive and detailed study and discussion with respect to the *Morgellons* condition. Additional preliminary studies also indicate that these examinations should be extended beyond consideration of the human organism.

Reference:

1. . How to Extract DNA from Anything Living, University of Utah, Genetic Sciences Learning Center, http://learn.genetics.utah.edu/content/labs/extraction/howto/