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Morgellons Disease: How do you treat a disease that is not officially a disease?

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Abstract: - There is hardly a clinical picture that is as unclear as Morgellons disease. The level of suffering of the patients (predominantly female) is considerable and they need therapy. They are psychologically oversensitive and fixated on the symptoms. Antipsychotics do not really help them. On the basis of twelve female patients, the author has developed a mixed naturopathic and pharmacological therapy that has proved successful and is presented here. It is based on the aetiological hypothesis of widespread subcutaneous fungal mycelia that live in symbiosis with other pathogens or parasites.

Keywords: Morgellons disease, Morgellons treatment.

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Introduction

The term Morgellons was first mentioned in the 17th century in a work by the English physician Sir Thomas Browne.(1) Similar clinical pictures are often described in the medical-historical literature. (2-7) However, the term has only been widely used since 2002, especially in the English-speaking world, after the mother of an affected child rediscovered the term and publicized it by founding the "Morgellons Research Foundation" - https://www.morgellons.org/ . The rapid spread of the term is attributed to an internet and media phenomenon ("internet meme"). (8, 15-19)

Phenomena

Morgellons disease is a rare condition in which patients attribute their symptoms to materials under and in the skin. (9) The disease is not officially recognized, not even in the International Statistical Classification of Diseases and Related Health Problems (ICD). (10) It is clear and well-known that those affected suffer a great deal of distress. Typically, patients present with poorly healing skin lesions accompanied by itching or stinging, biting, or crawling sensations. They are convinced that their skin and subcutaneous tissue is contaminated with inanimate or even animate objects - usually fibers, filaments or hyphae - that are growing out of the lesions. They can appear in the stool, and can also come out of the ears and eyes. (11-13) One nurse's interesting explanation was, "It's a fungal mycelium that has spread under my skin, sending its fungi through the skin as filaments." (Fig. 1) (13-14)

Figure 1: Fungal mycelium growing out of coffee grounds

In principle, it is quite possible to objectify these fibers. There are patients who collect the objects, clean them and examine them with a magnifying glass or under a microscope. (22) Nevertheless, the patients are generally classified as psychopathological ("dermatozoan delusion") and treated with antipsychotics. This is also the case in many articles in the literature. (13-16, 20-30)

After a great deal of media attention in the USA in the early 2000s, the Center of Disease Control and Prevention (CDC) published a study of 115 affected people in 2012. According to the study, the prevalence is estimated at 3.56 per 100,000 inhabitants, with a higher incidence among women and those of Caucasian descent. (10) Other theories link it to Lyme disease or even an internet-borne disease (whatever that may be). Lateral-thinking patients also consider weapons of biological warfare (hybrid symbiosis of a fungus and a plastic), geoengineering or nanotechnology to be a possible cause of their ailments.

The aetiopathogenesis of the disease is still unclear. Proponents of an independent clinical picture often describe the pathophysiology as "unspecific", and infectious pathogens such as the bacteria *Agrobacterium tumefaciens* and *Stenotrophomonas maltophilia*, the

fungus *Cryptococcus neoformans* or the parasite *Strongyloides stercoralis* are sometimes suspected as causes. (36-38)

Therapy?

The question arises as to whether an etiologically effective and promising treatment is possible. How do you treat a disease that is not officially a disease? The author has experience with twelve Morgellons patients. The prerequisite for success is to take them seriously. They are psychologically and vegetatively unstable, overexcited, intelligent, highly sensitive, meticulous to over-correct, without basic trust, burdened by unresolved traumas from childhood and adolescence. Their tolerance threshold is low. However, her symptom descriptions are credible.

The author recommends the following remedies:

1. an antiparasitic mixture of: Wormwood, mugwort, methylsulfonylmethane (MSM), garlic, oregano, papaya seeds (31)*, therapy over approx. 3 weeks.*

2. CDL (formerly MMS): Chlorine dioxide 0.3 % against pathogens of various types (32), *long-term.*

3. grapefruit seed extract + black cumin oil: This mixture is effective against viruses, bacteria and fungi. It is therefore considered a natural antibiotic (33*), for approx. 6 weeks.*

4. metronidazole 400mg tabl: an antibiotic used against various bacterial (anaerobic) and parasitic infections, including protozoa (34), *for approx. 3 weeks.*

5. fluconazole 250mg tablets: an antifungal agent (35), *for approx. 4 weeks following metronidazole.*

Overall, these remedies cover a broad spectrum of pathogens and achieve a good improvement in symptoms. One could argue that this is polypragmasia. Why not? As long as the origin and structure of the fibers have not been clarified, this is better than referring to psychotropic drugs that are not etiologically effective. If the itching is severe, symptomatic anti-pruritus drugs such as cetirizine or diphenhydramine can also be used. For the psyche, the brain drug Gaba (gamma-amino-butter-acid, 2 x 750 mg) is indicated.

Conclusions

It is still unclear whether Morgellons disease is a genuine infection or a psychogenic disease. The itching is severe. A possible pathogen would be novel and has not yet been identified with certainty. The patients bring filaments that they have scratched out of their skin. In the author's experience, polypragmatic therapy against all possible pathogens (especially protozoa and mycelium of fungi) is appropriate and successful.

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