Abstract

The causative agent of Morgellons Disease is unknown. Our past and current research has focused on attempts to identify the cause of Morgellons Disease. Numerous fiber analyses have been completed and many fungal and bacterial types have been cultured. DNA extraction, PCR and sequencing have been performed from numerous samples. Results from the first attempt at “shotgun cloning/sequencing”, will be described. Household, environmental samples have been provided and results of preliminary observations will be described.
“The CDC, Unexplained Dermopathy and the Future of Morgellons Diagnosis, Research & Treatment”

Randy S. Wymore, PhD  
Department of Pharmacology & Physiology, OSU-CHS, Tulsa, OK

Abstract

The long-awaited results of the CDC’s unexplained dermopathy study were published in January, 2012. Kaiser Permanente Northern California performed data collection and clinical evaluation of putative Morgellons patients. Researchers at the CDC then coordinated efforts of multiple agencies to examine the data collected for the unexplained dermopathy project. The history of the CDC and Morgellons Disease will be reviewed and the unexplained dermopathy project will be evaluated. Future directions for Morgellons Disease clinicians and researchers will be framed within the context of the report of the external peer review panel prepared for the Coordinating Center for Infectious Diseases at the CDC.
Abstract

Morgellons disease is a debilitating illness, with Lyme-like symptoms suggesting systemic involvement. It is characterized by painful, concave, ulcerating lesions with subcutaneous and projecting filaments.

Bovine digital dermatitis is an illness causing lameness, loss of condition and weight, and decreased milk production in cows. The pathology demonstrates painful ulcerating lesions, most often on the heel bulb above the hooves. Lesions are characterized by the formation of unusual filamentous keratin projections.

While Treponema species closely related to human oral and genital strains have been implicated as etiologic agents in bovine digital dermatitis, the etiologic agent of Morgellons disease remains unidentified. Positive serologic reactivity to Borrelia burgdorferi antigens and/or a Lyme disease diagnosis in Morgellons patients suggests that a spirochete may be the etiologic agent of Morgellons disease.

The parallels and differences between these two diseases will be explored.
Dermatitis artefacta, delusions of parasitosis and keratin filament formation

Dr Peter Mayne
Laurieton Australia

Abstract

The talk: A Structured Dermatological Approach to Morgellons

• Itchy skin – assessment and causes
• DD of Morgellons
• Characteristics of Morgellons
• Dermatological features
• Eczema and arthropod bite comparison (breakfast lunch and dinner)
• Histological findings in skin biopsies
• History of the term Morgellons
• A look at some fibres
• Fibre analysis and composition
• Electron microscopy
• Filament formation associated with spirochetal infection: a comparative approach to Morgellons disease – Middelveen Stricker
• Discussion from dermatological perspective including hair bulb
• Some words on treatment – empirical
• DOP does not exist
Abstract

This is a presentation that looks at glaring faults in the concept of the (CDC) paper from a dermatological viewpoint.
Abstract

Even though there is no detailed epidemiological data in Germany and Europe, the numbers of Morgellons Disease patients have steadily increased over the past years in our clinic.

Unfortunately, Morgellons disease is still not recognized as a parasitic disease in Europe. In most cases patients are diagnosed with and treated for psychiatric illnesses (Delusional Parasitosis) and incorrect therapies are prescribed.

Approximately 90% of Morgellons patients are treated in our clinic according to treatment protocol that are similar or the same as in the USA. Antibiotics, Antihelmintics and Antimycotics are used in the treatments. Since the treatment approach is holistic other supporting therapies are also implemented.

The rest of the patients are prescribed with integrative treatments due to various reasons (naturopathic treatments with herbal anti-infective substances). The aim of this presentation is to highlight this integrative treatment option. Herbal treatments have proven to be very effective and successful in treating tick-borne diseases and other chronic infectious diseases. By now there has been experience and knowledge of herbal treatment for 5 years. The treatment results are very satisfying and are very close to the results of traditional treatment protocols.

In the future it would be desirable to include integrative therapies in scientific studies of this disease. Therapy studies with larger numbers of patients should be conducted. It seems that at the moment we are missing acceptance in Europe that Morgellons Disease is an infectious disease.
2012 Morgellons Conference

A Case of Institutional Cognitive Dissonance: The CDC’s continuing refusal to recognize Morgellons Disease

Elizabeth Rasmussen, PhD

Abstract

For more than fifteen years, the Centers for Disease Control (and “Prevention”) have refused to deal with a serious emerging disease, and has continued to psychopathologize patients suffering from a progressive and very painful physical illness. This presentation will deal with the history of this misconception and the consequences for increasing numbers of suffering patients.
Abstract

The long-awaited results of the CDC’s unexplained dermopathy study were published in January, 2012. Kaiser Permanente Northern California performed data collection and clinical evaluation of putative Morgellons patients. Researchers at the CDC then coordinated efforts of multiple agencies to examine the data collected for the unexplained dermopathy project. The history of the CDC and Morgellons Disease will be reviewed and the unexplained dermopathy project will be evaluated. Future directions for Morgellons Disease clinicians and researchers will be framed within the context of the report of the external peer review panel prepared for the Coordinating Center for Infectious Diseases at the CDC.