

20 Years of Treating Morgellons Disease: What Experience has Shown

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What is Morgellons Disease?

An unusual disease with systemic and dermatologic manifestations that is increasing in prevalence. The defining characteristic is the presence of “filaments” of different shapes, sizes and colors underneath and extruding from the skin



Why include Morgellons in a conference about Lyme and co-infections?

- ❑ My 2010 descriptive study of 122 clinically-confirmed MD patients first associated Morgellons disease with Lyme (*Clinical, Cosmetic & Investigative Dermatology*) – 97% of my MD patients had Lyme
 - ❑ Subsequent laboratory research has found Bb, TBRF and Bartonella henselae in Morgellons lesions
 - ❑ 2 different studies show 6% of Lyme pts get MD
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Primary Symptoms of MD

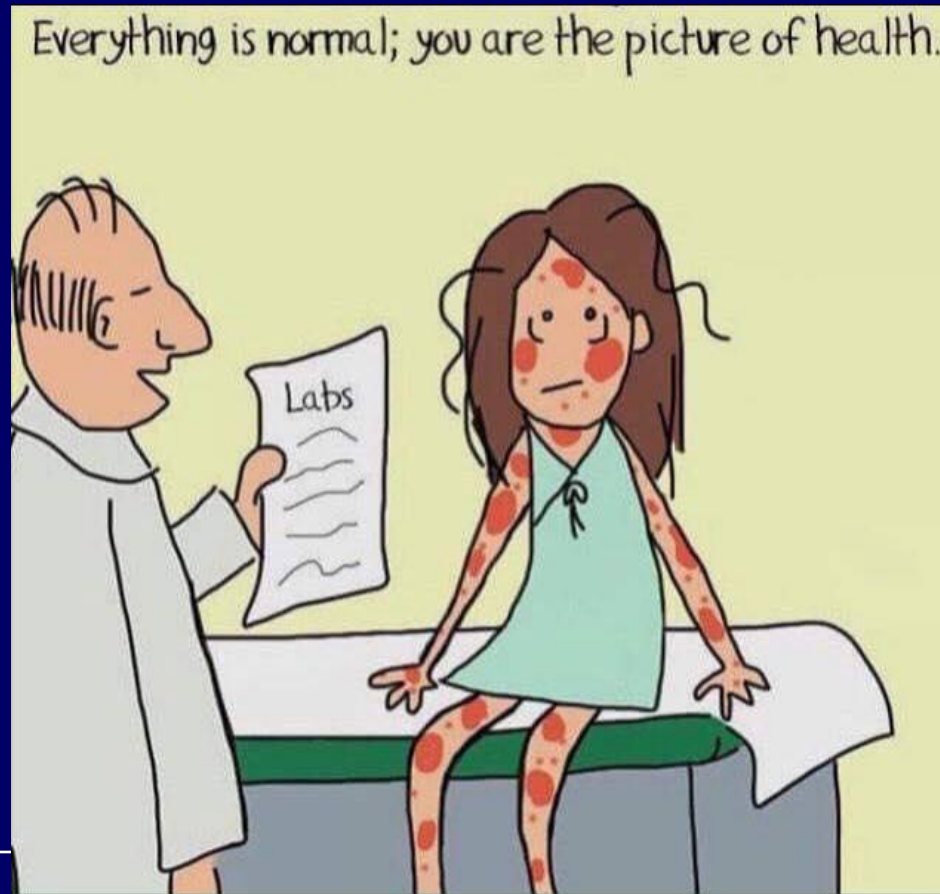
- Crawling sensations under the skin
 - Spontaneously—appearing, slow-healing lesions
 - Hyper-pigmented scars when lesions heal
 - Intense itching
 - Seed-like objects and black specs on skin
 - “Fuzz balls” on intact skin
 - Fine, thread like filaments
 - Lesions with thick, tough, translucent filaments - highly resistant to extraction
 - Sensation of something trying to penetrate the skin from the inside out
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Sufferers also complain of systemic symptoms including:

- ☐ Extreme fatigue
 - ☐ Body aches
 - ☐ Insomnia
 - ☐ Difficulty concentrating, thinking, remembering
 - ☐ Joint pains
 - ☐ New onset of anxiety, panic and OCD
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Standard Labs done on
Morgellons patients are usually
normal!





Most Common Misdiagnoses

- ❑ Delusions of Parasitosis
 - ❑ Self-mutilation
 - ❑ Methamphetamine abuse (“meth mites”)
 - ❑ Scabies or Lice
 - ❑ Systemic symptoms diagnosed as Chronic Fatigue Syndrome or Fibromyalgia
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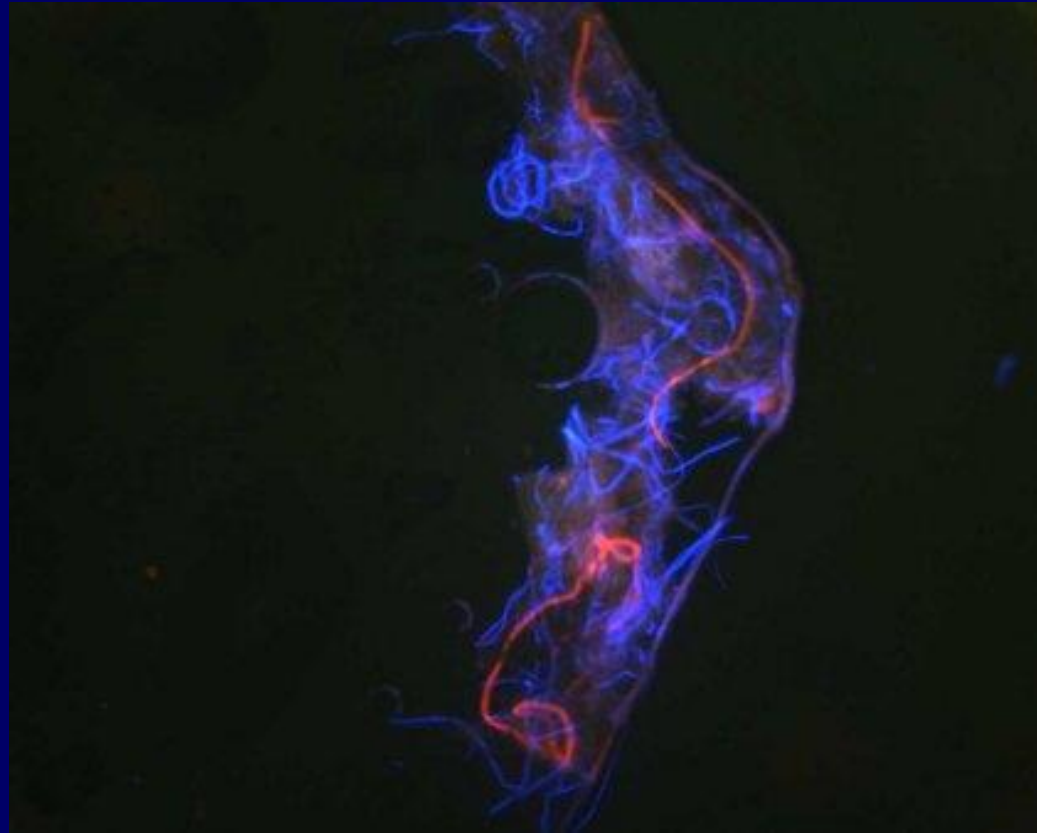


HISTORY of Morgellons

- Described by Sir Thomas Browne in the 1620's while a resident at the medical school in Montpellier, France
- Description of similar malady appears throughout the centuries
- Renewed interest in the past 17 years when Mary Leitao borrowed the name and started a website

Kellett CE. Sir Thomas Browne and the disease called the Morgellons. *Ann Medical History* 1935;7:467-9

Autofluorescence of fibers from skin lesion of lip of 3 year old male





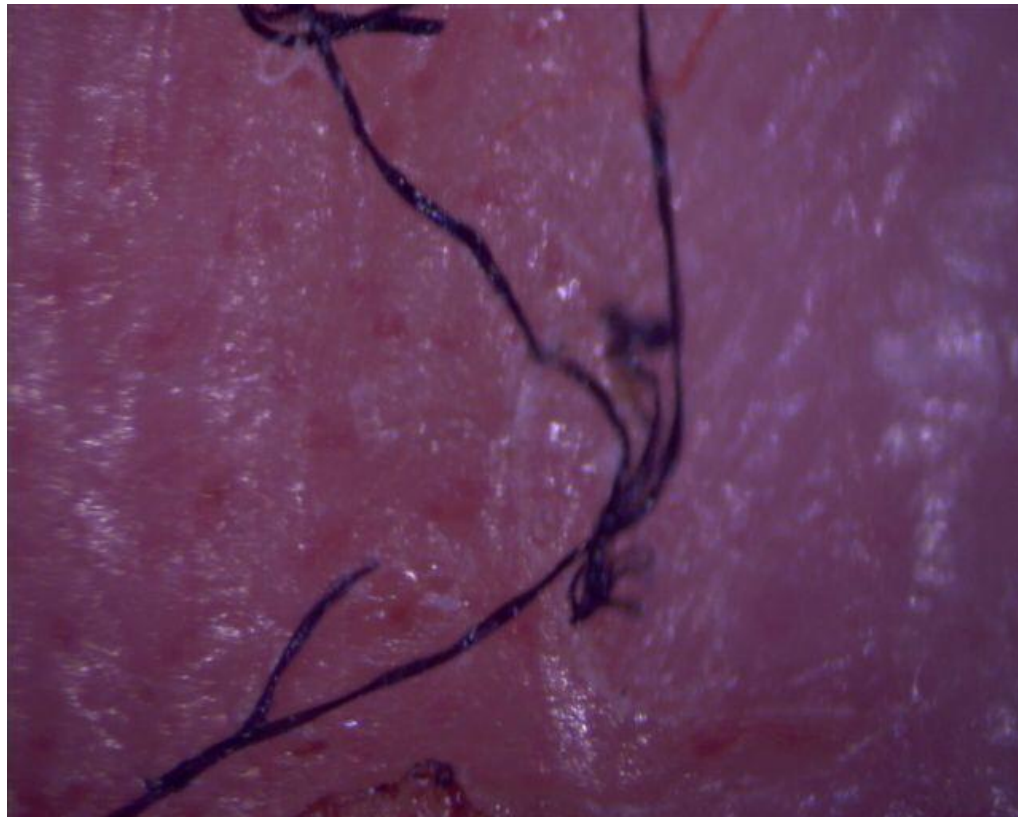
Diagnosis of Morgellons

- Diagnosis is clinical and based on typical symptoms and visualization of the filaments
 - Necessary to examine skin and hair carefully using a 30-200X hand-held lighted magnifier, preferably with ultraviolet light. Rarely are the characteristic filaments able to be seen with the naked eye.
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Fiber seen at 200x on a patient's arm just under the outer layer of skin. This is not at all visible with the naked eye!



Same patient, right forearm

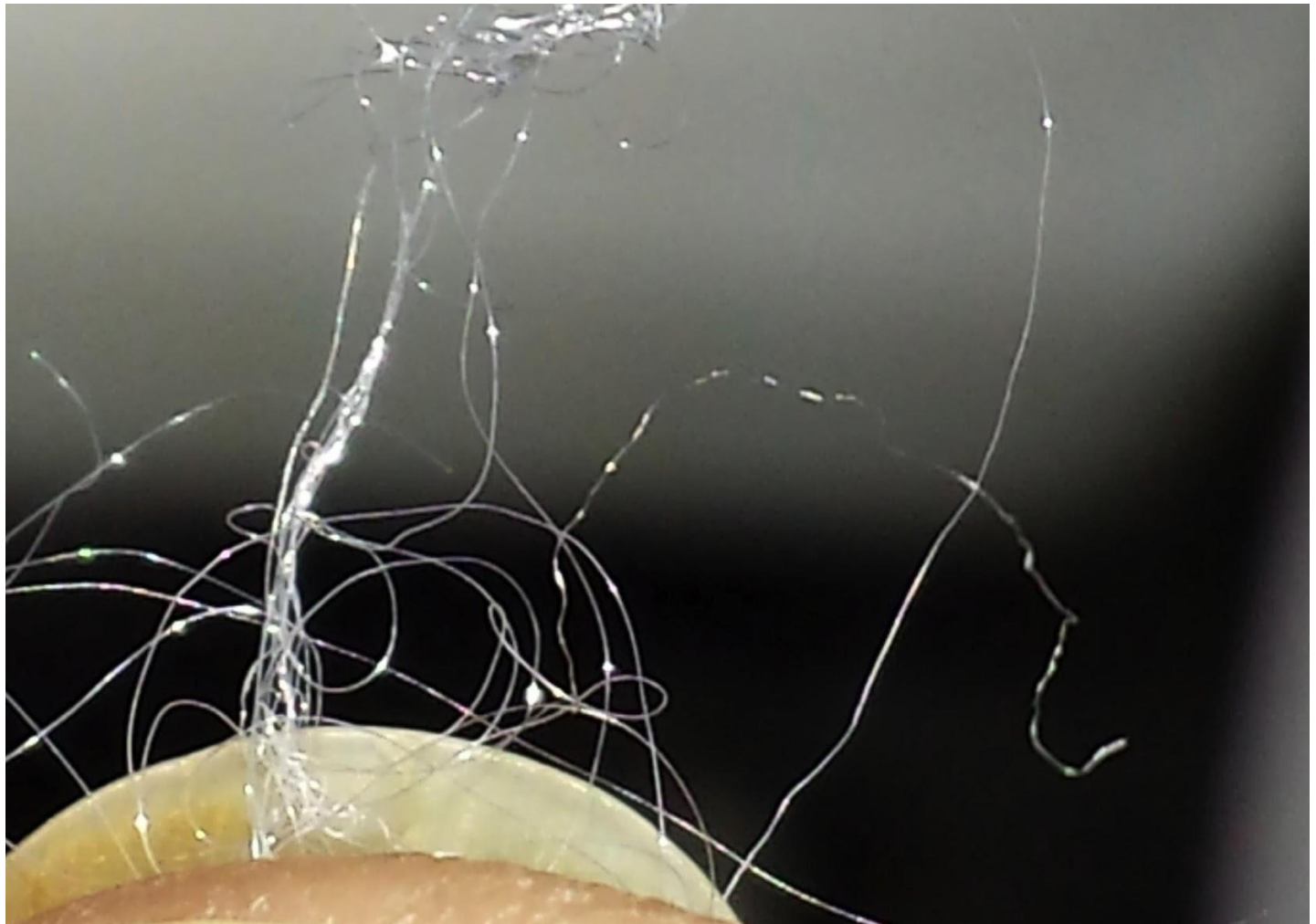


The Fibers Come From Every Orifice – This One, Vaginal















The skeptics say.....

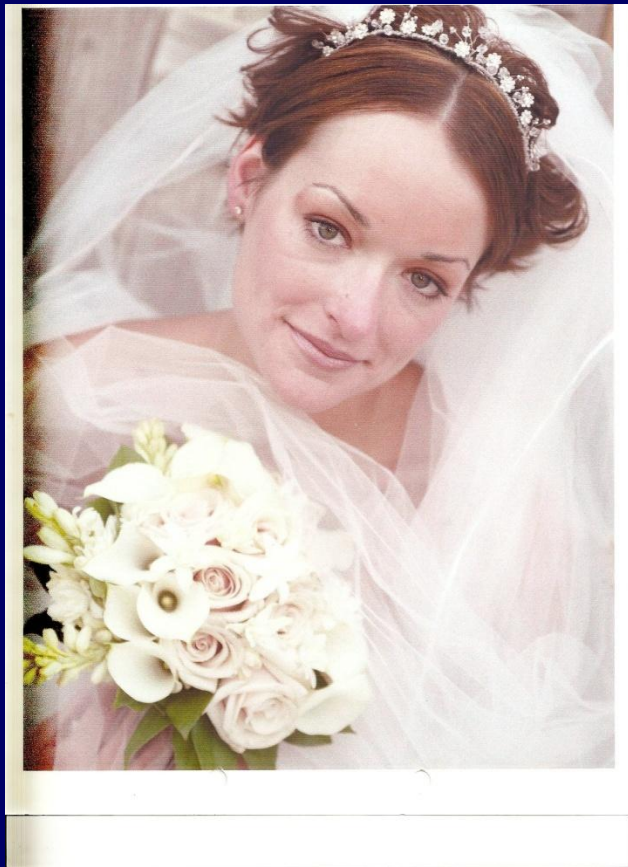
“These lesions are self inflicted!”

BUT....

....they occur in places on the back that patients cannot reach

....they occur all over the faces of women who work hard to look good and certainly would not self-mutilate!

Before.....and after.





The skeptics say.....

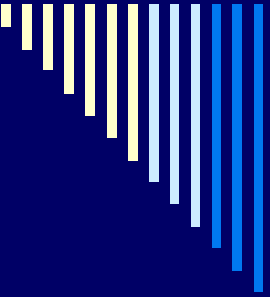
“These patients are cramming fibers into their skin!”

BUT...

.....a Chicago GYN has seen fibers on colposcopy in the cervixes of 2 women

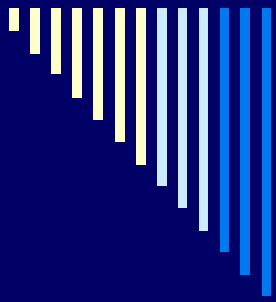
.....a San Francisco ophthalmologist has pulled fibers out of the eye

.....a Boston GI doc has seen the lesions and the fibers on colonoscopy in 2 pts



“In the face of obvious
abnormalities
skepticism is not
appropriate!”

□ Richard Shoemaker, MD



What we know so far

What we understand about the signs and symptoms



The Filaments (fibers)

- ❑ NOT textile as many are claiming
 - ❑ Made of keratin due to proliferation and activation of keratinocytes and collagen due to proliferation and activation of fibroblasts and
 - ❑ Some filaments are fine – others are thick
 - ❑ Translucent, black, white, red, other colors
 - ❑ Flattened and ribbon like
-



The Lesions

- ❑ NOT self-inflicted, appear spontaneously
 - ❑ Very slow to heal – wound care experts try everything and nothing works
 - ❑ Do not tend to get secondary infections with *staphyococcus* or *streptococcus*
 - ❑ Sometimes lesions can be very deep leaving huge scars
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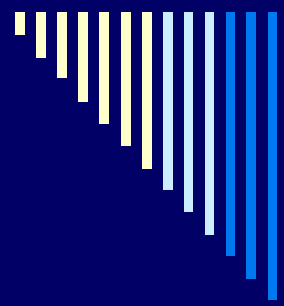
The Lesions, continued

- The following bacteria have been isolated from the lesions of MD patients:
 - *Borrelia burgdorferi*
 - Other *Borrelia* species including those that cause tick-borne relapsing fever
 - *Bartonella henselae*
 - *Helicobacter pylori*
 - *Treponema denticola*
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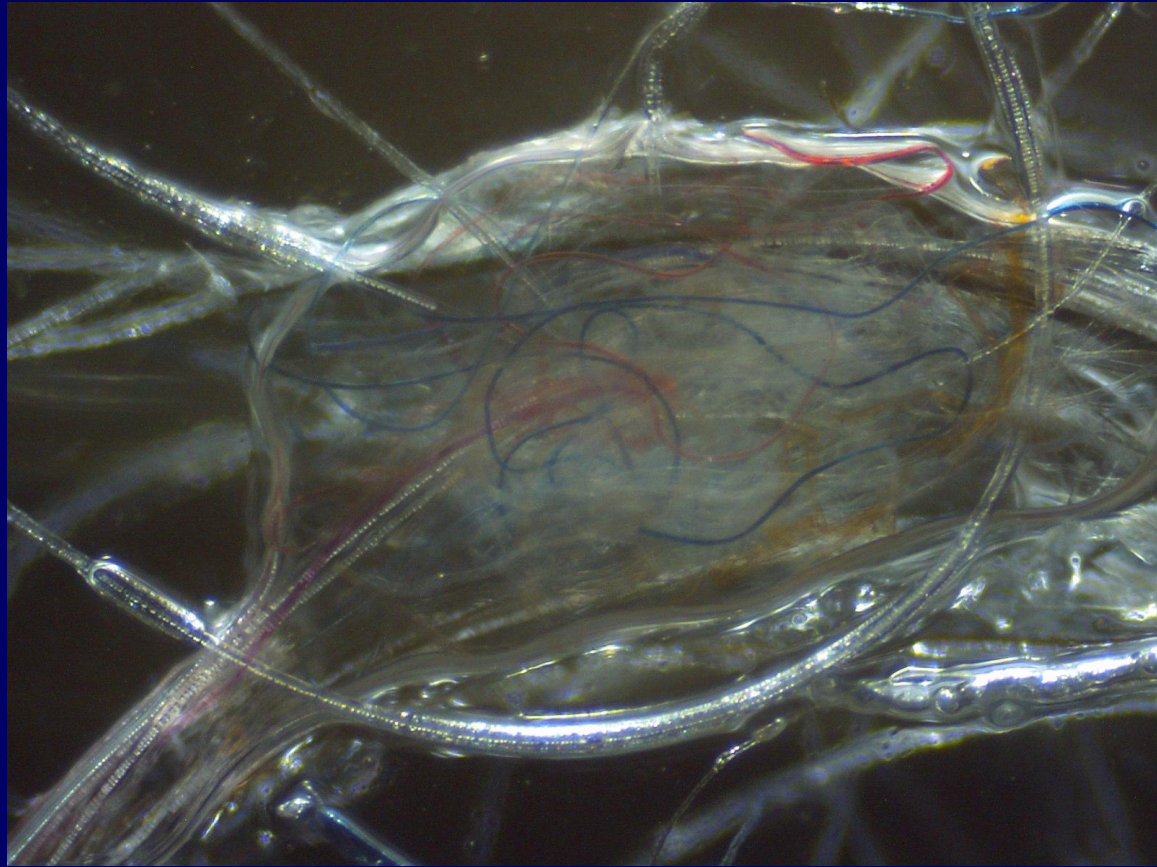


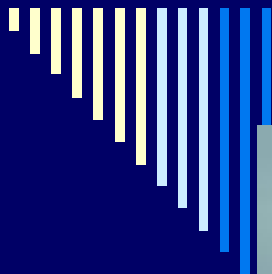
The “slime” or gel

- Contains alginate, a sugar, one of the protective elements in the biofilm of the bacteria found in the lesions
 - Alginate is gelatinous
 - Found at the root of hairs in MD patients
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Blue, Red and White Fibers in “Slime” that patients report on their skin







Dispelling the Myths

1. MD is NOT caused by Collembola (Springtails)
 2. MD is NOT the result of GMOs
 3. MD is NOT caused by chemtrails
 4. MD is NOT caused by some sort of nematode and the fibers are not worms
 5. MD is NOT caused by a fungus
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Dispelling the myths, cont.

- 6. MD is NOT caused by mold exposure
 - 7. MD is NOT caused by allergenic dental materials
 - 8. MD is NOT caused by agrobacterium
 - 9. MD is NOT caused by the dermocenter mite or another barely-visible mite
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What do we know so far?

Victims have immune suppression due to chronic infections, environmental toxins, or immunosuppressive therapy making them susceptible to a new infection

Victims had exposure to something dirty under the skin – a bite, splinter, thorn prick or cut exposed to dirty water



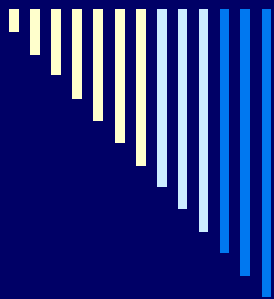
More about what we know....

- 97% of victims have Lyme disease and/or other tickborne diseases
 - *Borrelia burgdorferi* (causative pathogen of Lyme) has been cultured from the lesions – not clear if Bb is the causative pathogen – also H.pylori, TBRF and Bartonella
 - The fibers are keratin; the “slime” on the skin is hyaluronic acid or alginate (polysaccharides produced by the body)
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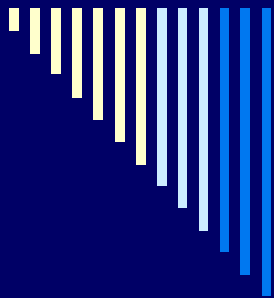


Based Upon Clinical Experience.....

- For 20 years I have treated over 2000 Morgellons disease patients
 - Trial and error has led to some conclusions but even more confusion
 - Each patient responds differently – feedback is crucial
 - Clinically, I have noted the following
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Treatment of Lyme disease with appropriate antibiotics and/or herbals usually gets rid of the typical Lyme systemic symptoms (joint pain, muscle pain, fatigue, brain fog, etc) but does NOT get rid of the skin symptoms of Morgellons disease



Treatment of the tickborne disease
BARTONELLOSIS (whether patient
tests positive for it or not) is hands
down the best approach for
treatment of Morgellons disease
patients



How is Chronic Bartonellosis Treated?

- ❑ Combination of clarithromycin 500mg + Sulfameth 800mg (one of each 2x/day)
 - ❑ Combination of rifampin 300mg + doxycycline 100mg (one of each 2x/day)
 - ❑ Ideally 3 intracellular antibiotics are given together – for example Rifampin + Sulfameth + clarithromycin
 - ❑ Quinolones work great but many patients are leery - possible tendon problems
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Minimal inhibitory concentrations (MICs) of select drug candidates against *B. henselae*^a.

Antibiotics	MIC (µg/mL)	C _{max} (µg/mL)
Rifampin	0.01	15.6 [20]
Azithromycin	0.04–0.08	0.57 ± 0.23 [21]
Pyrrvinium pamoate	0.04–0.08	0.003 * [22]
Methylene blue	0.08–0.16	3.91 ± 1.60 [23]
Doxycycline	0.08–0.16	1.5–7.0 [24]
Erythromycin	0.08–0.16	1.44 [25]
Clinafloxacin	0.16–0.31	5.0 [26]
Nitrofurantoin	0.31–0.63	0.88–0.96 [27]
Nitroxoline	0.31–0.63	5.59 ± 3.15 [28]
Pentamidine	0.31–0.63	0.22 ± 0.05 [29]
Clotrimazole	0.63–1.25	0.5–1.5 [30]
Gentamicin	0.63–1.25	11.0 ± 0.6 [31]
Berberine	0.63–1.25	0.00044 ± 0.00041 [32]
Ciprofloxacin	1.25–2.5	1.97–5.39 [33]



Add in herbals or neutraceuticals known to address Bartonellosis:

- ❑ Sida acuta
 - ❑ Houttuyina
 - ❑ Hawthorne
 - ❑ Berberine
 - ❑ Herbal combination products
 - BLt Microbial Balancer by *Res Nutritionals*
 - BART Plus by *MakeWell*
 - A-Bart by *Byron White*
 - MC-BAR 1 & 2 by *Beyond Balance*
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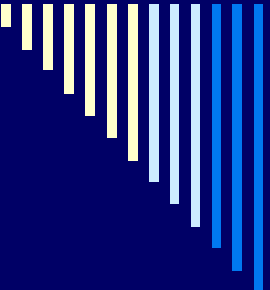
How About Anthelmintics?

- Always good to try with all MD patients
 - Don't work for all MD patients but when they do they're a game changer
 - Ivermectin 3mg, 3 to 7 every morning
 - Praziquantil 600mg 3x/day,
 - Albendazole 200mg, 2 twice a day
 - Mebendazole and thiabendazole
 - Pyrantel pamoate 50mg/ml, 4 tsp per day
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Other considerations.....

- Addition of an antiparasitic such as nitazoxanide, metronidazole or tinidazole is often helpful
 - Penicillins or cephalosporins have very poor effectiveness against Morgellons disease. A first generation cephalosporin (cephalexin) is often given for skin healing but not effective for Morgellons lesions
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The following may appear to work at first but do NOT work in the long run:

- ☐ Antifungals
 - ☐ Antivirals
 - ☐ Silver (internal)
 - ☐ Topicals (antifungals, antibiotics, antiparasitics etc)
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Best Topicals for Healing (Both are Rx's)

- ❑ Aczone 7.5% gel (or generic dapsone which just comes in 5%)
- ❑ Metronidazole 10% cream which can be ordered from Kripp's Pharmacy in Vancouver



Disulfiram?

Of 10 Morgellons patients I have treated with disulfiram, their systemic symptoms greatly improved but their typical Morgellons skin symptoms did NOT improve (dosages as high as 500mg/day)



Methylene Blue?

At dosage of 200mg – 400mg/day there is slight improvement in Morgellons symptoms. So far, it has not been impressive



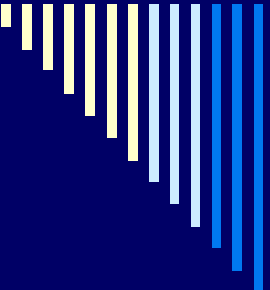
Herbal Protocols for Those Who Cannot Take Antibiotics

German herbal company *MakeWell* has a protocol for Morgellons that I helped Dr. Carsten Nicolaus develop

info@make-well.com

Susan McCamby of *Beyond Balance* and I developed a Morgellons treatment protocol which they can provide to you

www.Beyondbalanceinc.com



Even With Rx & Herbal Medications,
Morgellons Disease Patients Will
NOT get well unless they have a
holistic treatment plan addressing....

1. Occult viral or bacterial infections
 2. Diet – no sugars or refined or processed foods
 3. Smoking cessation
 4. Environmental toxins – mold, metal toxins
 5. External stressors - work, relationships, lifestyle
 6. Anxiety and depression
 7. Physical rehabilitation
 8. Stress Management
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It takes a long time...

- Plan on at least 2 years of treatment
 - Symptoms will intensify in early treatment making it difficult to keep the faith
 - The mind-body connection cannot be overstated – group support and/or personal counseling are extremely important. The approach to therapy is like that used for PTSD patients
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REMEMBER!

- ❑ MD is NOT contagious though casual personal contact
 - ❑ Filaments are NOT contagious to others
 - ❑ It is fine for patients to be around people and to hug their loved ones!
 - ❑ There is no need for exhausting cleaning rituals – the infection is IN the victim, not AROUND them. The constant cleaning will NOT help.
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And most importantly:
THERE IS HOPE!

Patients WILL get better!

- Maybe not 100% (although some have) but well enough to function well and get on with their lives



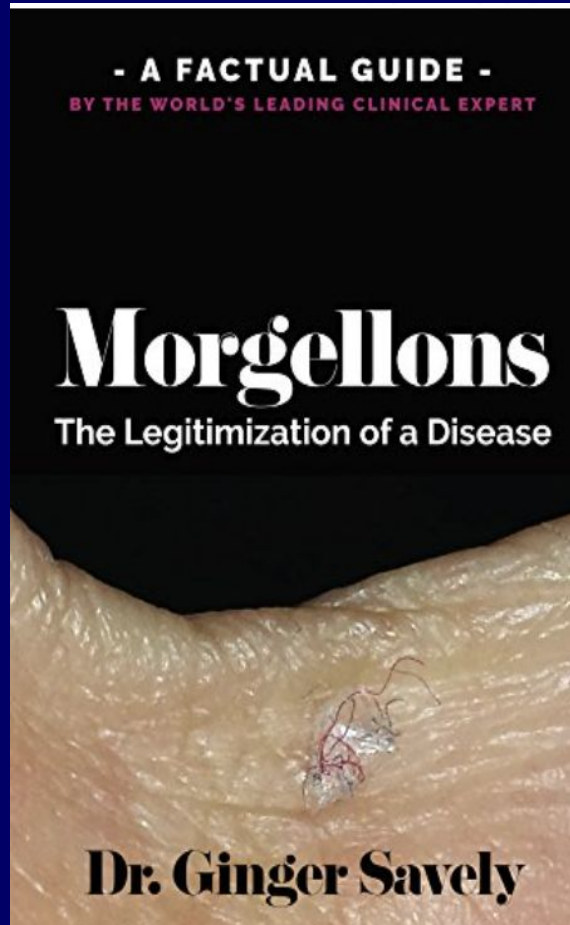
For More Information on
Morgellons Disease ...

Go to: www.thecehf.org

The Charles E. Holman Foundation
for Morgellons Disease Research
and Support



My book on Morgellons disease
is available on Amazon



“Morgellons: The
Legitimization of
a Disease”



My contact information

Email me if you are a health care provider
with prescriptive authority and would like
more treatment information

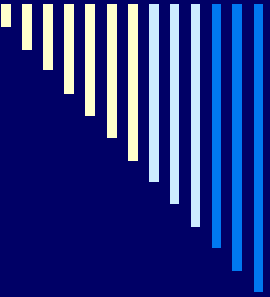
LymeDC@gmail.com

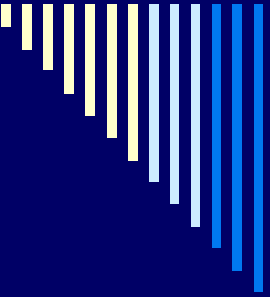
I can only provide this directly to health
care providers!

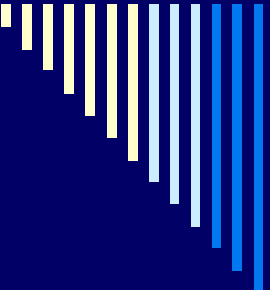


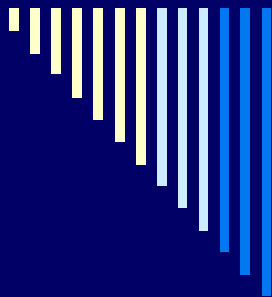
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