

**“Delusional Parasitosis” or  
Morgellons (Neuro-cutaneous Syndrome; NCS),  
a neurological and dermatological disorder  
mostly caused by  
incompatible dental materials**

**Omar M. Amin  
Parasitology Center, Inc.  
Scottsdale, Arizona**

Earliest attempts at understanding NCS (Explore 7: 62-64, 1996):  
Studies of case histories with emphasis on opportunistic infections in facial sores. 13 arthropods were collected from the face of this Oklahoma case

# Facial Cutaneous Dermatitis Associated with Arthropod Presence

©Copyright 1996 by Omar M. Amin, Institute of Parasitic Diseases, Dept. Of Zoology, Arizona State University.

## Abstract

After moving to a rural home in a wooded area in Oklahoma in 1991, a 59-year old white female presented with facial lesions associated with an assortment of arachnids and non-parasitic insects. A complete case history and an interpretation of findings are presented.

tisone 23 times into the lesions by one physician. The lesions got worse and a new sensation of subcutaneous "movement" at the affected areas was felt. S.P. was told she had fungus overgrowth and anti-fungal preparations, e.g., lotrosone, were used. In November, 1991 a hematological study demonstrated elevated

(12.7/cmm eosinophil 11.0) and 1 (reference nophilia possible cutan-tember, 199 anti-DNA

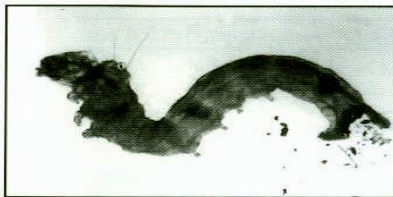


Figure 2. Caterpillar removed from right perioral lesion on August 11, 1994.



Figure 3. An adult male hymenopteran obtained from lesion on October 10, 1994.

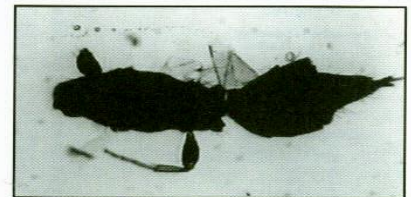


Figure 5. An adult hymenopteran from lesion obtained October 25, 1995.

# The first description of NCS (Explore 10: 55-56, 2001)

Relationship to dental toxicity was not yet established

## Neuro-cutaneous Syndrome (NCS): A New Disorder

© Copyright 2001 by Dr. Omar M. Amin, USA

### Abstract

A new neuro-cutaneous syndrome (NCS) is described. It is characterized by neurological sensation of movement subcutaneously and/or in deeper tissues and cavities that is usually associated with mucoid cutaneous lesions from

which one or more species of arthropods as well as unidentified fibers may be recovered.

### Introduction

This presentation is introductory in nature and is intended only to bring attention to a new disease entity that has



Fig. 4. One of a number of lesions on the scalp of JH.

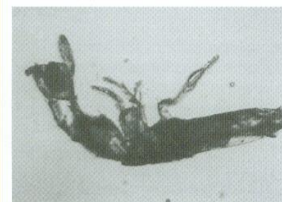


Fig. 5. One of many springtails collected from scalp lesions of JH. The tail of that specimen was broken off; magnification 100X.



Fig. 6. Filaments from skin lesions of EL; magnification 1000X.

well  
Mo  
tand  
occ  
bru  
pers  
of J

Research on the relationship between NCS and dental toxicities was first published in Explore 12: 21-25, 2003.

Reprinted by Permission of Explore Publishing, 1-(928)-541-1920 Prescott, AZ 86301

## On the Diagnosis and Management of Neurocutaneous Syndrome (NCS), A Toxicity Disorder from Dental Sealants

© Copyright 2003 by Omar M. Amin, B.Sc., M.S., Ph.D.; USA

### Abstract

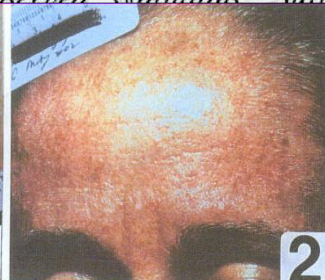
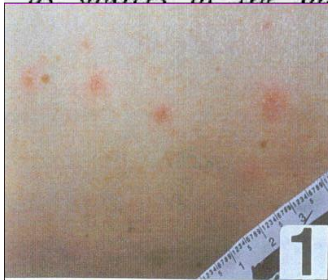
*Neurocutaneous syndrome (NCS), a newly discovered toxicity disorder, is characterized by neurological sensations, pain, depleted energy and memory loss as well as itchy cutaneous lesions which may invite various opportunistic infections. Components in the calcium hydroxide dental sealants Dycal, Life and Sealapex have been identified as sources of the observed symptoms. Sulfonamide and*

*list of substitute sealants are p  
up to monitor and insure the*

### Results and Discussion

The Neurocutaneous Syndrome

The disorder is double  
and neurological symptoms c





A more detailed report was published in the Holistic Dental Association journal, the Communicator 2004: 1-15.

*Holistic  
Dental  
Association*

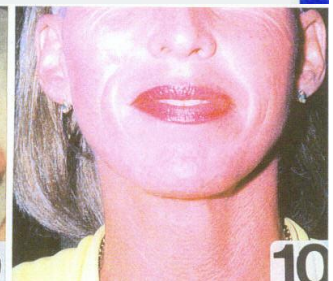
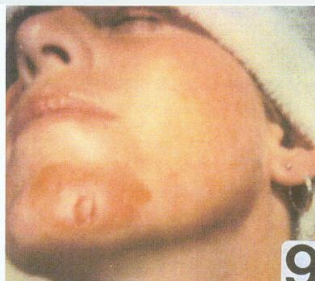


*Volume 2004  
Issue 1*

the  
***Communicator***

[www.holisticdental.org](http://www.holisticdental.org)

***Dental Sealant Toxicity:  
Neurocutaneous Syndrome (NCS), a  
dermatological and neurological disorder***



Original research was also published in the:  
*California Dent. Assoc. J. 2004, Vol. Vol. 32 (9): 657-663.*

## TOXICITY DISORDER

# ON THE DIAGNOSIS AND MANAGEMENT OF NEUROCUTANEOUS SYNDROME, A TOXICITY DISORDER FROM DENTAL SEALANTS

Omar M. Amin, BSc, MSc, PhD

### ABSTRACT

Neurocutaneous syndrome, a  
newly discovered toxicity disorder,

The original description of neurocutaneous syndrome<sup>1</sup> was "introductory in nature."<sup>1</sup> Examination of many NCS patients and a careful study of

### Results and Discussion

#### *The Neurocutaneous Syndrome*

The disorder is double faceted with dermatological and neurological symp-

# Summary

- **Neurocutaneous Syndrome (NCS)**, a newly discovered dental toxicity disorder, is characterized by **neurological** (pin-prick & movement) sensations (**often confused with parasites & diagnosed as delusional parasitosis**), pain, depleted energy, and memory loss, as well as itchy **cutaneous** lesions that may invite various opportunistic infections. Components in the calcium hydroxide dental sealants **Dycal**, **Life**, and **Sealapex**, among others, have been identified as sources of the observed symptoms.
- Toxicity issues and additional notes on **zinc oxide**, **Fynal**, **IRM**, and **Sultan U/P** sealants, among other sealants and toxic dental materials are also included.
- Over 20 case histories and management protocols are also discussed.

The physical & psychological ramifications of the misdiagnosis of NCS by medical professionals as delusional are discussed in a recent article on the history of 24 cases; Explore 13: 4-9, 2004.

## On the Course of Neurocutaneous Syndrome (NCS) and Its Pseudo-Diagnosis by Medical Professionals

© Copyright 2004 by Omar M. Amin, B.Sc., M.S., Ph.D., USA

5. LG: white female  
from California,  
born in 1957

Dycal in tooth #18 on  
9-18-1998. Allergic to  
sulfa. Removed Dycal  
in April, 2002 and  
replaced with Starflow  
and Aria.

Symptoms started same  
day. Lesions, open sores,  
grayish secretions with  
springtails and fibers,  
pin prick, movement  
sensations, high blood  
pressure, fatigue, heart  
palpitations, valve  
prolapse, fatigue,  
swelling, weight loss.

Crazy, self inflicted  
wounds, stress,  
anxiety, almost  
admitted to insane  
assylum. Scabies (no  
mites demonstrated).

Diagnosed with NCS  
in Jan. 2002. All  
symptoms resolved  
by May, 2002. Case  
no. 3 in Amin (2003,  
2004).



**Table 1- Components in catalysts (C) and bases (B) of Dycal, Life and Sealapex.**

Material	Dycal*	Life*	Sealapex
Calcium hydroxide	51% ( C )	51% ( B )	NG ( B )**
Zinc oxide	9.23% ( C )	13.75% ( B )	NG ( B )
Zinc stearate	0.29% ( C )	0.25% ( B )	_____
Ethyltoluene sulfonamide	39.48% ( C )	34% ( B )	NG ( B )
Silicon dioxide	_____	_____	NG ( B )
Titanium dioxide pigment	_____	10.0% ( C )	NG ( C )
Pigment	0.1% ( B )	0.1% ( C )	_____
Calcium phosphate	31.0% ( B )	_____	_____
Barium sulphate	_____	37.90% ( C )	NG ( C )
Zinc oxide	9.0% ( B )	_____	_____
Methyl silicate	_____	12.0% ( C )	_____
Silicon dioxide	_____	_____	NG ( C )
Calcium tungstate	17.0% ( B )	_____	_____
Butylene glycol disalicylate	43% ( B )	_____	_____
Polymethylene mythyl salicylate	_____	38.0% ( C )	_____
Isobutyl salicylate	_____	_____	NG ( C )

\* See Draheim and Murrey.9

\*\* NG = Percentages not given in the manufacturer's ( Kerr Corp.)  
Material Safety Data Sheet published July 28, 2000.

# Toxicity of components in sealants (a)

- The major calcium hydroxide liners (bases) causing NCS (Dycal, Life, Sealapex) include only ca. 50% calcium hydroxide in the catalyst.
- Zinc oxide & ethyltoluene sulfonamide are most toxic.
- Toluene is a known potent nerve toxin associated with the neurological symptoms in NCS patients.
- The sulfonamide component brings about a sensitivity allergic toxic reaction ultimately presenting as vascular mucoid sores, compatible with classical sulfa toxicity symptoms, especially in sulfa sensitive patients.
- Titanium dioxide & Barium ions provoke strong foreign body & bio-incompatible reactions in live tissues.

## Toxicity of components in sealants (b)

- Zinc oxide was shown to be genotoxic, cytotoxic, killing macrophages, and causing chronic fibrous inflammatory reactions, ulcerations, and osteosclerosis.
- The toxic effects of zinc oxide and calcium hydroxide were shown to be similar.
- Calcium hydroxide was shown to cause periapical inflammation, typical granuloma, and partial lack of healing.
- Toxicity of ethyltoluene sulfonamide is a function of its concentration in the sealant, amount of sealant used, and number of teeth involved. These factors and patient sensitivity determine the length of the incubation period.

# Toxicity of Sealapex

- Sealapex was shown to cause severe inflammatory infiltration and edema accompanied by subcutaneous tissue necrosis and progressive differentiation and reaction of monocytes, macrophages, and epithelial cells.
- The final phase of inflammation is characterized by an intense granulomatous reaction especially in epithelial cells causing various intensities of irritation.
- The cytotoxicity and neurotoxicity of Sealapex was well demonstrated *in vivo* (in various mammalian systems) and *in vitro* (in a variety of tissues).

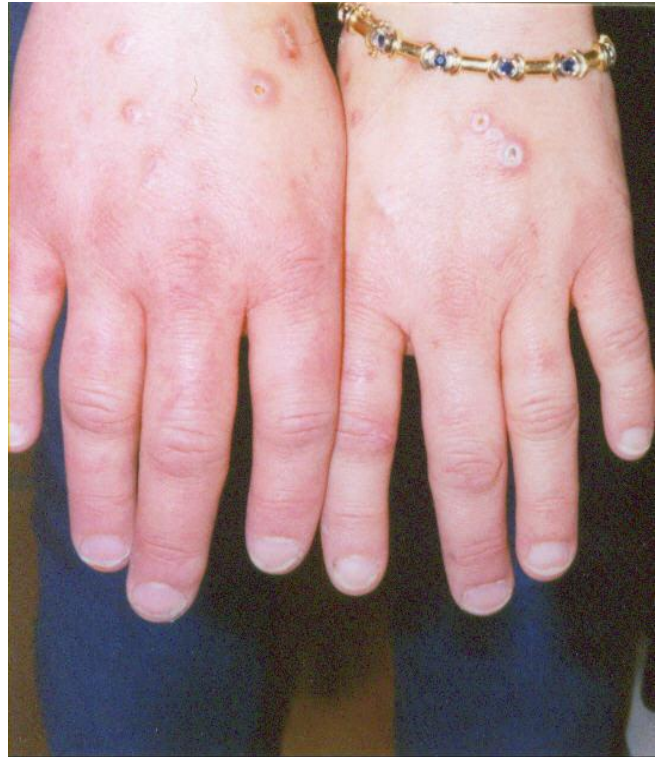


## Toxicity of Dycal and Life, among others

- Dycal and Life have been shown to cause hemorrhage and acute to consistent inflammatory cell necrosis, tissue loss, karyorrhexis, neurotoxicity, and formation of serous exudate.
- Both Life and Dycal have been frequently associated with classical NCS symptoms in many of our patients.
- Sealants not containing ethyltoluene sulfonamide but including zinc oxide and eugenol, e.g., Fynal, IRM, and Sultan U/P were also associated with NCS cases.
- Gluma One Bond & Scotch Bond (containing 2-hydroxy-ethyl methacrylate) also produce NCS symptoms.

DB: White female from California born on 4-9-65.

- Had 10 amalgam restorations in 1982-83 using **Life**.
- Symptoms first noted in 2001-02: sores, swelling, diffuse rash, black specks (fungal spores), pin prick & subcutaneous crawling sensations.
- Diagnosed with anxiety disorder. Sores dismissed as not clinically genuine and patient declared normal.
- Diagnosed with NCS at PCI on 12-12-02. Treatment in progress.



JB: White female from Arizona born on 6-19-74.

- 10 fillings: 6 amalgam (1978-88), 2 **caulk** (eugenol & zinc oxide, 1988) sealant, 2 silux composite (1990).
- Symptoms: open sores, rash-excretion, pin prick & crawling sensations, fever, joint pain.
- Diagnosed with hypertension, referred to pulmonary. Staphylococcus (11-11-03), impetigo (9-2-03), sebaceous cysts (11-14-03). Put on blood pressure medication, antibiotics, warm packs.
- Diagnosed with NCS at PCI on 11-24-03. Follow up information not available.

Date	tooth #	Surface	material used
4/5/78	K	0	Amalgam Filling
4/19/78	T	0	Amalgam
6/1/78	A	0	Amalgam
3/27/80	J	0	Amalgam
10/21/81	3	0	Amalgam
10/29/81	14	0	Amalgam
4/14/83	30	0	Amalgam
8/8/84	19	no	Amalgam
8/11/87	31	0	Amalgam
5/24/88	2	0	Cauk Sealant
5/24/88	15	0	Cauk Sealant
5/27/88	18	0	Amalgam
8/14/90	8	mI	Silux Composite Filler
8/14/90	9	mI	Silux Composite

ME: White female from Sweden born on 5-26-51.

- A business woman from Sweden now turned health care practitioner, had **Dycal** in 20 teeth in 1985.
- She is allergic to sulfa.
- **Dycal** was removed in 1991 & 1992 and initially replaced with Harvard cement. Initial healing period was very painful.





**ME (cont.):** Had typical sulfa toxicity symptoms, oozing skin and nasal sores, memory loss, kidney pain, sensitivity to light & electricity, pin prick & crawling sensations, itching and breathing difficulties.



**ME** (cont.): Photosensitivity produced blotchy skin & enhanced the diffusion of sores accompanied by severe burning sensations in the face, throat and chest. Fatigue and headaches were relentless.



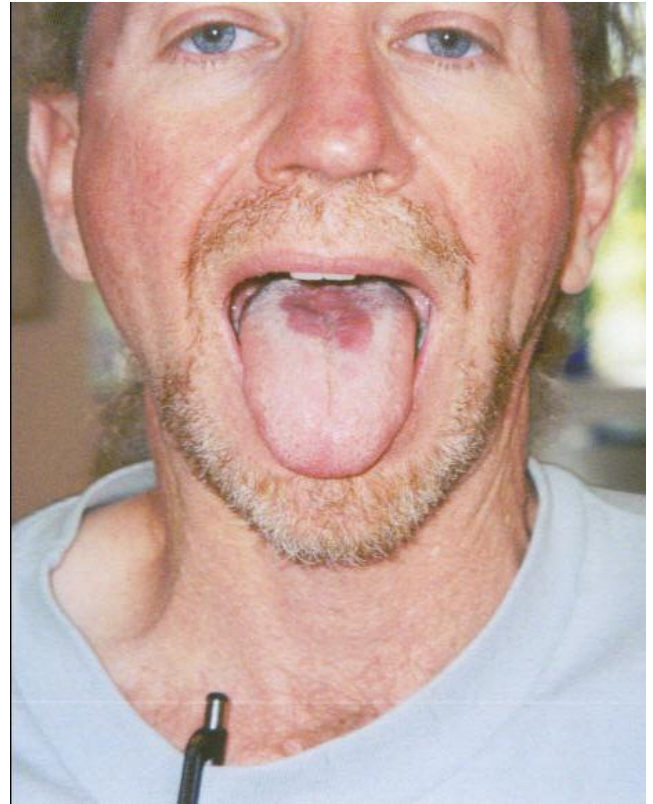
**ME** (cont.): Diagnosed with polyneuropathy, atopic dermatitis, toxic (**Dycal**-related) ulcerative dermatitis. Experienced severe musculo skeletal pain and bowel disturbances during initial stages of dental rehabilitation. Complete recovery in 1992 after one year of rehabilitation. Now: activist against Kerr Co.





BG: White male from New Mexico born 1962

- Allergic reaction to bonding sealant **Heraeus Alabond ET.**
- Three of four crowns removed with much amalgam remaining.
- One filling and 2 overlays redone on 4-24-03.
- Skin sores & lesions. Burning eyes, recurrent respiratory infections, memory loss, blurred vision and allergies.





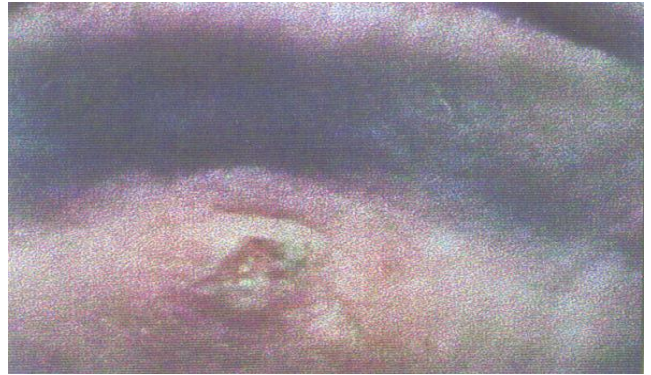
**BG** (cont.): Was never taken seriously, told that lesions were self-inflicted, depression.

Diagnosed with NCS at PCI on 4-17-04. Follow up info. Not available.



## LG: White female from California born in 1957.

- **Dycal** in tooth # 18 on 9-18-98. Allergic to sulfa. Symptoms started same day (shortest incubation period noted) with vomiting & headache.
- Other symptoms: Lesions, open sores with grayish secretions (top right) springtails & fibers, pin prick & movement sensations, high blood pressure, fatigue, heart palpitation & mitral valve prolapse, swelling (bottom right) and weight loss.
- Diagnosed with self-inflicted wounds, scabies (no mites demonstrated), stress, anxiety disorder, crazy (almost admitted to insane asylum) .



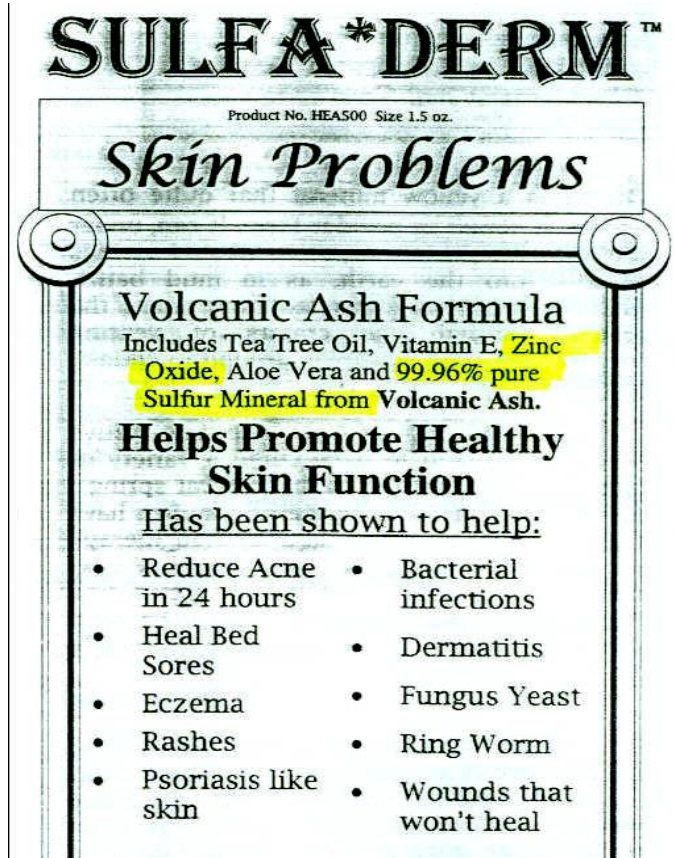
## LG (cont.):

- Diagnosed with NCS at PCI in Jan. 2002.
- Removed **Dycal** in April, 2002 & replaced with Starflow & Aria.
- All symptoms resolved by May, 2002 (shortest observed recovery) and remain resolved.



AH: White American female born on 1-21-1932.

- **Life** and **Sealapex** used. Specifics undertermined. Sensitive to sulfa.
- Symptoms: rashes, movement sensations.
- Used Sulfa derm (right) (containing zinc oxide & sulfa) on face once; discontinued because of irritation.
- Diagnosed with dermatitis (1-23-00), treated with Clobetasol & with scabies (10-9-01); no mites were demonstrated. Treated with mebendazole.





EJ: White female from Norway born on 5-22-1971.

7 fillings using **Dycal & Life** with **Clearfil SE** primer & bond (2-hydroxyethyl methacrylates, dimethacrylates) in 1979 (at age 7). Root canal in 1 tooth using **Procosol** in 1995. Highly reactive to **Dycal & Life** (bio-compatibility test).

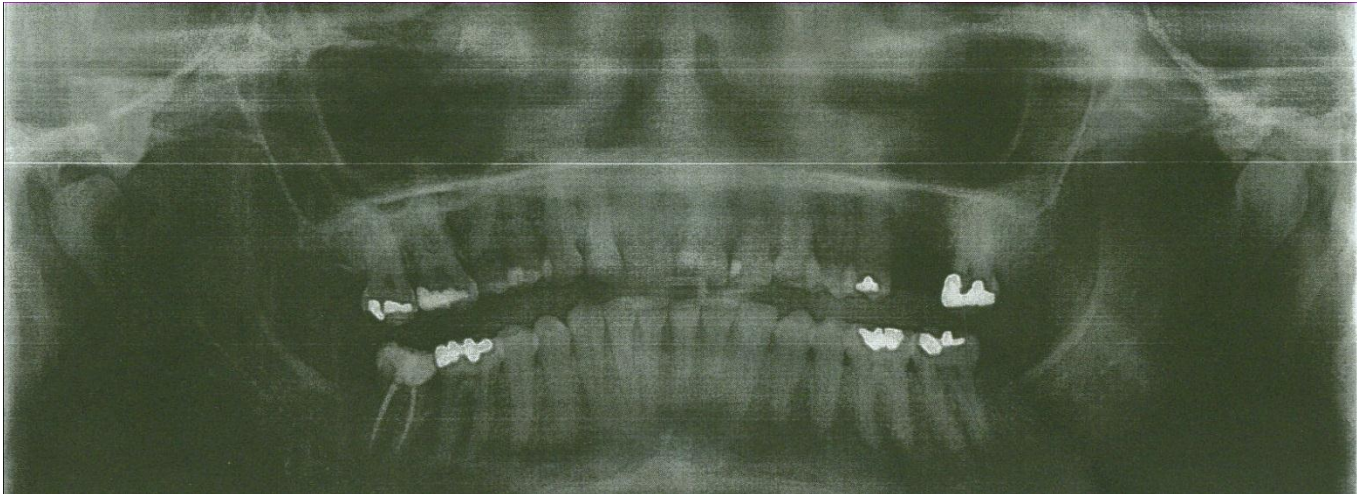
- NCS symptoms first observed in 1989 : Dental decay, sores, pin prick, crawling sensations, heart palpitations, memory, breathing & intestinal disturbances, swelling, fatigue, electromagnetic sensitivity, night fevers/sweats, insomnia, gray gum tissue & tongue, trauma.





## EJ (cont.)

- Diagnosed with delusional parasitosis, cancer, unspecific dermatitis, scabies (no skin samples taken, no mites/parasites found). Treated with Dalacin, Tetracycline, Arco & Differin without improvement.
- Diagnosed with NCS At PCI on 4-23-04. Completed dental rehabilitation using Durelon & Unicem cement in May & Aug., 2004.
- Symptoms are resolving. (Scan in April, 2004)



JK: White female from Wisconsin born in 1950.

- 4 root canals in 1996-98 using **Gutta Percha** (zinc oxide, barium sulfate) and **Sultan** (eugenol).
- Symptoms: Allergy to metals, crawling sensations & itchy sores.
- Sensations dismissed as imaginary & sores as self-inflicted.
- Diagnosed with NCS at PCI on 3-16-2004. Dental rehabilitation in progress.



SK: White female from California born 9-17-1956.

- Porcelain veneers cemented with **Durelon** (zinc oxide) in 1982.
- Symptoms: Pain, inflammation, widely diffused lesions, itching, shaking, fungal infections, recurrent reaction to sulfa drugs.
- Diagnosed with deep perivascular dermatitis. Treated with Vicodin, Augmentin, Tinidazole & cod liver oil.
- Diagnosed with NCS at PCI in Dec. 2002. Follow up information not available.

**A histopathological section in 1 of the more than 300 sores of SK showing hyperkeratosis-like perivascular dermatitis with eosinophils.**



**GK: White female from Alaska born in 1954.**

- **5 resin fillings (silicate based methyl methacrylate, 9-13-00), 2 gold crowns (bigold, 8-2001), 2 root canals (Gutta Percha: zinc oxide, barium sulfate, 2002), 2 porcelain crowns (9-2002).**
- **Symptoms: Sensitivity to sulfa. Diffuse rash , crawling sensations breathing difficulties, angina, pain.**
- **Diagnosed with pericarditis, meningitis, encephalitis. Treated with Biotics, ADP & heavy metal protocols.**
- **Diagnosed with NCS at PCI on 4-15-03. Removed affected teeth same month. Dermatological, neurological & systemic problems resolved within a few weeks.**



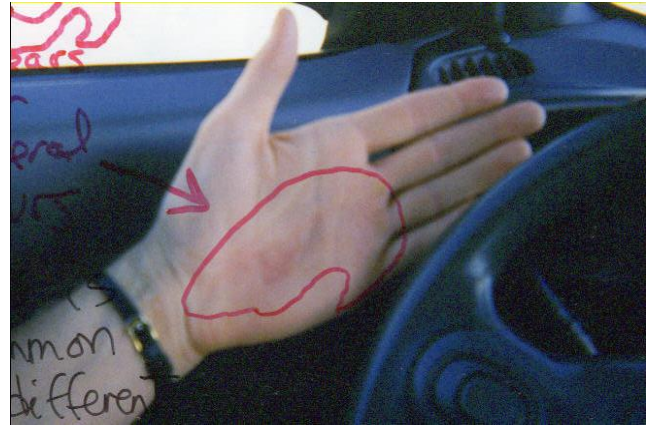
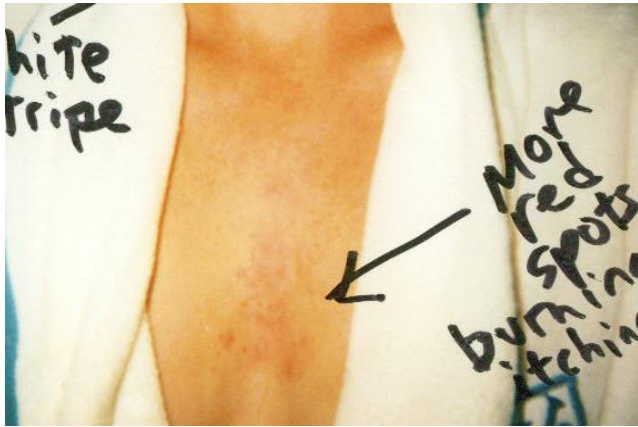
JM: White female from Arizona/Colorado born on 4-17-65.



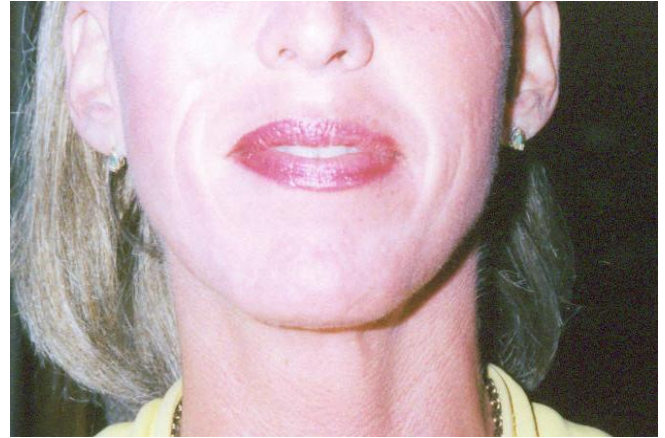
- 17 fillings; 16 with **Dycal**.
- First NCS symptoms in 1991:
- Rash, ulcerations crawling & pin prick sensations, vomiting, joint & dental pain insomnia, swelling, skin peeling, coughing and elevated veins.
- Heavily medicated.



JM (cont.): Other symptoms included “*tracks*,” body tremors and hair loss



## JM (cont.):



- JM also experienced red-hot face (left) & chest and night fevers.
- She was diagnosed as psychotic with delusional parasitosis.
- Never taken seriously by medical professionals, family or friends.
- She was diagnosed with NCS at PCI in Sept. 2000.
- **Dycal** was removed in 2001. Followed with initial episodes of sickness, sweats & vomiting.
- Complete resolution of symptoms by mid-2002 (right).

KMc: White female from California born in 1964.



- 3 fillings using **Dycal**: 2 in 1982 & 1 in 2002.
- Symptoms first felt in 1997: crawling sensations in upper quadrant .
- Cutaneous sores and rashes started in spring, 2002 aggravated by treatment with topical sulfa products for possible “mite infestation.”
- Mites were never demonstrated.

## KMc (cont.):



- The rash later developed into elevated sores accompanied by red hot skin in head (left) and chest (right).
- KMc was diagnosed with scabies (never demonstrated) & treated with Elimite, Ivermectin and herbs.
- She was diagnosed with NCS at PCI on 11-19-02.
- **Dycal** was removed in December, 2002. Progressive resolution of all symptoms following removal of **Dycal**.



MM: White female from California born 9-2-1950.

- **Fynal** in 6 teeth in 1981 & in one tooth in 1986; **Life** in 2 teeth in 1985 & 1988 (root canal, metal rods, impacted teeth, crowns).
- Highly reactive to Dycal & life (bio-compatibility test).
- Symptoms: mucoid lesions on face, pain, black specks (fungal spores), intense itching, excretions, ringing in ears, crawling sensations, poor circulation, compromised immunity. Photo (right) in 1982.
- Diagnosed with psychosis (1999), hyperkeratosis hemachromatosis, mercury poisoning, over-use of antibiotics (1998).
- Diagnosed with NCS at PCI in 1999.





**MM (cont.)** Dental rehabilitation in **May** and **June**, 2004.

**May:** Symptoms were “calm” at time of 1<sup>st</sup> rehabilitation (left).

**June:** Symptoms (aggravated by 1st rehabilitation) at time of 2<sup>nd</sup> rehab. (right).

**Presently:** Gradual but marked improvement in all symptoms as of Aug., 2004.



TR: White female from Nevada born on 10-8-64.

- 5 molars using **Dycal**. Written records not available.
- Symptoms: diffused skin eruptions throughout entire body, severe itching, crawling sensations & fatigue.
- Diagnosed with delusional parasitosis and dermatitis.
- Diagnosed with NCS at PCI on 2-13-2003.
- Removed all compromised molars in Sept., 2003.
- All NCS symptoms resolved shortly after molar extraction.



TR (cont.): Diffuse skin eruptions in Feb., 2003 before dental restoration in Sept. 2003.



TS: White female from Arizona born in 1969.

- 5 teeth sealed in 1995-96) with **IRM** (zinc oxide) & 2 with **Sultan U/P** (eugenol); 14 teeth with **Gluma One Bond** & Scotch Bond (hydroxyethyl methacrylate).
- Symptoms: Open lesions on arms & face, headaches, pain, crawling sensations, night sweats, chills, fever & nausea.
- Diagnosed with unspecific dermatitis.
- Diagnosed at PCI with NCS on 3-4-2003.
- Follow up information not available.





# PS: White female from Arizona born on 2-28-1953.

- 9 teeth with **Dycal**: 3 in 1977, 2 in 1982, 1 in 1983, 1 in 1985, 2 in 1987; also **Durelon** (zinc oxide) and **Fuji cement** (hydroxyethyl-methacrylates).
- Symptoms first noted in 1993: Diffuse rashes, fibers, crawling sensations, GI problems & sleep disorders.
- Diagnosed with psychosis & anxiety disorder (4-18-2000), erythropoietic protoporphyria (March, 98), neurodermatitis.
- Diagnosed with NCS at PCI in Dec., 2002.
- Dental rehabilitation in Aug. 2003.
- **Initial observations after dental rehabilitation:**
  - Initially: weakness, heat & pain sensations, gastric upset, anaphylaxis, skin lesions.
  - Later: spine, posture, bone & gum pain much improved. Less sensitive to light.
  - Sulfite sensitivity (swelling, pain & rashes)) from drugs: Bactrim, Cepahlexin, Colon Prep Peg-3350, Zovirax/Acyclovir, Lidocaine/Septocaine, Mylanta, Zithromax, Ultratemp/ultradent contain zinc oxide.
  - Wine, metal dental braces, foods, detergent soaps, make-up, etc. containing sulfites/zinc oxide agg- ravate symptoms & delay healing.



KS: White female from Arizona born ca. 1965.

- Cemented veneer using **Lute-it** in # 24 late in 2001.
- First noted NCS symptoms in March, 2003:
- Sore face with lesions, pin prick & crawling sensations.
- Dismissed with psychosis & mental disorder, in psychiatric care in a mental facility for weeks until helped out by OA.
- Diagnosed with NCS at PCI on 10-23-2002.
- Tooth extracted in early Nov., 2002.
- Full recovery by end of Nov., 02.

## BAIRD LAW FIRM, LLC

ATTORNEYS AND COUNSELORS AT LAW

THE BUSHONG MANSION

2036 E. 17<sup>th</sup> AVENUE

Denver, Colorado 80206

Tel: 303.813.4500 • Fax: 303.813.4501

ANGIE GENELLA

February 25, 2003

Parasitology Center

Omar Amin, Ph.D.

903 S. Rural Road, Suite 101-318

Tempe, AZ 85281

1

JANET NAPOLITANO

2

Attorney General

3

PATRICIA ARNOLD / 018730

4

Assistant Attorney General

5

430 North Dobson, Ste. 101

6

Mesa, AZ 85201

7

(480) 834-3775

8

Attorney for the Arizona Department  
of Economic Security

9

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

10

## JT: White female from Georgia

- **Fynal & Eugenol** in 8 teeth; 1992.
- Symptoms included extensive skin lesions, insomnia, fatigue, crawling sensations, dizziness, memory problems, headaches, joint pain, fibers & filaments.
- Diagnosed with delusional parasitosis & fibromyalgia.
- Diagnosed with NCS at PCI on 3-25-2003.
- Follow up information not available.



## CW: White female from Arkansas.

- 2 teeth with **Dycal**; date ?
- First NCS symptoms in 2002:
- Diffuse rash, itching, superimposed fungal infections.
- Diagnosed with delusional parasitosis & pruritis (3-18-03), chronic dermatitis & superficial lymphocytic dermatitis with eosinophils.
- Diagnosed with NCS at PCI on 4-24-03.
- The 2 teeth rehabilitated.
- Full recovery shortly afterwards.



KK: White female from Arizona born on 9-1-1978.

- 9 teeth worked on 1992-2002 using **SE Bond & Vitre-Bond** (dimethacrylate).
- First symptoms in early, 2004:
- *Dermatology*: Open lesions, itchy & painful sores (also on scalp), elevated tracks & veins, skin infections, peeling, fibers.
- *Neurology*: Pin prick, crawling & burning sensations, loss of memory, brain fog, poor concentration, vision problems.
- *Other*: Breathing, bowel, liver & kidney disturbances, swelling, tight chest, vomiting. Inflamed gum, mucoid secretions, dental decay, thrush, nausea, insomnia, fatigue, compromised immunity, trauma. Allergic to light & metals.





KK (cont.): Diagnosed with “encrusted psoriasiform dermatitis” on 6-3-04.  
Recurrent eruptions treated as scabies but recurs. No scabies demonstrated.

Diagnosed with NCS at PCI on 7-2-2004.

Clinical picture compounded by use of **methamphetamine** (crystal meth).



MC: White female from Arizona born 1962

Dental records showing compromising dental materials used since age 6.

Admitted use of **weed** only but also tested positive for **cocaine** & **crystal meth**.



N(A)H: White female from Arizona born 3-8-1948.

**Not all NCS patients experience marked dermatological symptoms**

- Silver fillings replaced with non-metallic material in 1987. 9 new fillings in 2001-02 using **Z250** (dimethacrylate) & **Solo plus**.
- Skin symptoms occasional & mild (lesions & sores) on head.
- Neurology: Strong itching, pin prick, crawling sensations (believed to be from mites that were never recovered) brain fog, vision, memory & systemic problems.
- Allergy to metals, penicillin, aspirin, electromagnetic fields & mold, and insomnia.
- Currently undergoing dental rehabilitation.

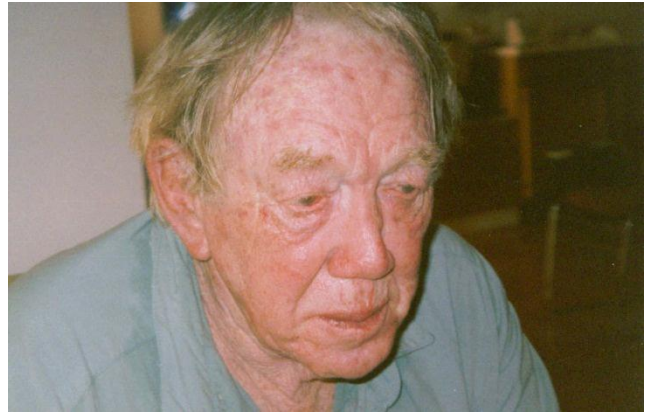




# ME: White male from Las Vegas born 8-11-1950

## A storage organ case

- ME had classical neurological and dermatological symptoms of NCS.
- He lost the last of his original teeth 3 years ago. Dental materials used: **unicem**, **clear fill prime & bond**, **fugi** and **rely x** (all **methacrylate-** & **dimethacrylate-based**) & **Temp bond (zinc oxide)** circulating with lymph to storage organs (liver, pancreas, spleen) & continue to cause NCS symptoms after teeth removal.
- He came to see us at PCI on 9-6.
- He promptly followed our protocol & considerable improvement was noted over the next few weeks.
- He was hospitalized for a heart condition and died in the hospital after an injection of **narcan** on 9-28.





JM: White female from Kentucky born 6-24-1944  
Another case of storage organ NCS

- JM continued to have classical symptoms of NCS after the removal of the last of her original teeth in 1991/92.
- Her earlier dental work included **Dycal** and **Herculite** (uncured methacrylate ester monomers).



# Procedures for rehabilitation

- Personal interview with patient.
- Examination of patient and verifying symptoms: history, photos.
- Examination of dental and related records.
- Patient filling up a questionnaire and documenting symptoms.
- Swabbing patient for bacteriological & fungal infections.
- Establishing a diagnosis & providing report to patient.
- Examination of dental issues.
- Vitamin supplementation.
- Initiate skin and internal cleansing.
- Follow up on progress.

# Consideration for the proper selection and use of replacement dental materials:

(1) Examine Material Safety Data Sheets (MSDS) for products used.

## SECTION I – Product/Company Identification

1.1 Product Trade Name: **FYNAL<sup>®</sup> POWDER**  
**Zinc Oxide Eugenol Permanent Cement**

1.2 Part (Item) Number: 609001, 609002

1.3 Division Name: **DENTSPLY Caulk**

1.4 Address: 38 West Clarke Avenue  
City State Zip: Milford DE 19963-0359  
Internet Address: <http://www.caulk.com>

1.5 Emergency Telephone Number: (800) 424-9300 (Chemtrec)

1.6 Telephone Number for Information: (302) 422-4511 (8:00 AM – 4:30 PM Eastern Time)

1.7 Date Prepared: 11/13/98 Date Revised: 11/12/01

## SECTION II - Hazardous Ingredients/Identity Information

<u>Hazardous Components</u>	<u>OSHA PEL</u>	<u>ACGIH TLV</u>	<u>CAS #</u>	<u>Percent</u>
<b>Zinc oxide</b>	10 mg/mm <sup>3</sup>	10 mg/mm <sup>3</sup>	1314-13-2	<b>Greater than 75%</b>

## SECTION VI - Health Hazard Data

6.1 Route(s) of entry: Inhalation?: Yes Skin?: Yes Ingestion?: Possible

6.2 Health hazards (acute and chronic): **Liquid irritating to skin and eyes. Repeated contact may cause allergic dermatitis.**  
**Repeated daily oral doses of large amounts to rats caused liver damage. The effects in humans are unknown.**

6.3 Carcinogenicity: NTP?: Not listed IARC monographs?: Not listed OSHA Regulated?: No  
All components of this product are in compliance with the inventory listing requirements of the U.S. Toxic Substances Control Act (TSCA) Chemical Substances Inventory

# Considerations:

- (2) In selecting dental materials (sealants, bonds, adhesives, etc.) to replace removed materials: consider the following example:
- **Dycal** includes zinc oxide, among other ingredients. It is recommended NOT to replace using material that includes zinc oxide such as **Durelon** even if the compatibility test shows that the patient is not (highly) reactive to **Durelon**.

## GUARDIAN SEAL

Pit and Fissure Sealant

### 1 - IDENTIFICATION

Manufacturer: Kerr Corporation  
Address: 1717 West Collins Avenue  
City, State, Zip: Orange, CA 92867-5422  
Telephone: 1-800-KERR-123  
Emergency: Chemtrec 1-800-424-9300  
Date Prepared: July 27, 2000

### 2 - COMPOSITION INFORMATION

#### Hazardous Ingredients

	<u>CAS #</u>	<u>PEL</u>	<u>TLV</u>	<u>%</u>
Uncured Methacrylate Ester Monomers	109-16-0	NA	NA	60-65

#### Other Ingredients

Inert mineral fillers, photoinitiators and stabilizing additives.

### 3 - PHYSICAL AND CHEMICAL PROPERTIES

## MATERIAL SAFETY DATA SHEET

### 6 - HEALTH HAZARD DATA

#### Routes of Entry:

**Skin:** Prolonged or repeated exposure to uncured material may cause irritation or skin rash especially in sensitive individuals.

**Eyes:** May cause irritation and damage if not removed promptly.

**Inhalation:** Prolonged or excessive inhalation may cause respiratory tract irritation.

**Ingestion:** Uncured material may be harmful or fatal if swallowed.

**Carcinogenicity -** NTP: No

**IARC Monographs:** No **OSHA Regulated Carcinogen:** No

### 7 - EMERGENCY FIRST AID PROCEDURES

**Skin:** Wash thoroughly with soap and water.

**Eyes:** Flush with water for 15 minutes including under eyelids.

**Inhalation:** Remove to fresh air. Get medical attention if discomfort persists.

**Ingestion:** Rinse mouth out with water. Do not induce vomiting. Seek medical attention.

### 8 - PRECAUTIONS FOR SAFE HANDLING & USE

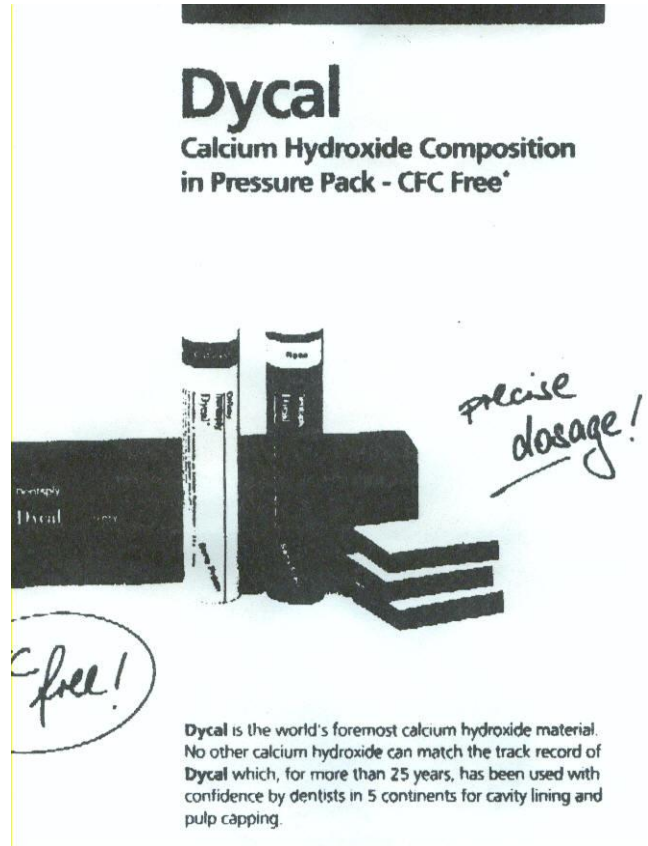


Examples of dental materials containing:  
**methacrylates, dimethacrylates, or 2-hydroxyethyl-methacrylates.**

- Adper (3M single bond)
- All-Bond 2
- Bisfil core
- Bisfil II base paste
- Bisfil 2B
- Clearfil SE (bond, primer)
- Cavalite
- Filtek
- Filtek Z100
- Filtek Z250
- Fuji 2
- Fuji
- Gluma Comfort Bond
- Gluma One Bond
- Guardian Seal
- Heliomolar
- Hi-X Base
- Optibond Solo
- Solo Plus Bond
- ProBond Adhesive
- Scotchbond Multi-Purpose
- Structure 2 SC
- Vitre-Bond

Dental material containing : **Calcium hydroxide, ethyltolene sulfonamides, zinc oxide, titanium dioxide & barium sulfate.**

- Dycal
- Life
- Sealapex



**Dycal**  
Calcium Hydroxide Composition  
in Pressure Pack - CFC Free\*

*precise dosage!*

*free!*

Dycal is the world's foremost calcium hydroxide material. No other calcium hydroxide can match the track record of Dycal which, for more than 25 years, has been used with confidence by dentists in 5 continents for cavity lining and pulp capping.

Examples of dental materials containing:  
**Zinc oxide**

- Cavitec Base
- Cavit
- CRCS (with calcium hydroxide)
- Durelon
- Fi-cem Paste Alecks Zinc (Mizzy)
- Fynal Powder
- Gutta Percha
- IRM powder
- Modern Tenacin
- Pulpdent
- Pulp Canal Sealer powder
- Temp Bond Base
- Tubli-Seal) (with eugenol)
- 3RM Liquid (with eugenol)
- ***Sultan (eugenol)***
- ***Hypocal SN (calcium hydroxide)***

## ON LINE HELP

- NCS patients who are not able to come to Scottsdale can now access an on line self-help and self-paced program for assessment and treatment by clicking on Morgellons (NCS) on our web site [www.parasitetesting.com](http://www.parasitetesting.com) and going through the program thus avoiding the costs of travel and accommodations. This is especially helpful for overseas patients.



[— Main Menu](#)

[— Home](#) [About](#) [PCI Tests](#) [Products](#) [Parasite Cleanse](#) [Services](#)  
[Testimonials](#) [Morgellons \(NCS\)](#) [Consultation](#) [Publications](#) [Forms](#)  
[Parasites](#) [FAQs](#) [Login](#)

## **MORGELLONS or Neuro-cutaneous Syndrome (NCS)**

### **Introduction**

The terms Morgellons, and Neuro-cutaneous Syndrome (NCS) as characterized by Amin (2001-2009) are used interchangeably, yet cautiously, as their symptoms are very similar. While Morgellons has never been researched, the etiological agent(s) and remedies have never been identified, these factors for NCS have been well researched and published in refereed medical journals (see below) and patients have been successfully helped. Only a few highly speculative accounts of a wide assortment of purported infectious agents for Morgellons serve as an awareness call for those suffering comparable symptoms but have not managed to find out where to go for help.

## Background

At the Parasitology Center, Inc. (PCI), we have been researching NCS since 1996. Our early reports on this syndrome included the description of a case with many facial opportunistic infections from Oklahoma (Amin, 1996) and the first naming and evaluation of the syndrome from 3 more cases, with a special reference to fibers and springtails (*Collembola*) (Amin, 2001). By 2003, we were able to provide a comprehensive evaluation of NCS and establish the link to dental toxins as the causative agents. Amin (2003) clarified the nature of action of dental liners (bases) in the causation of NCS neurological and dermatological symptoms and provided the history of 3 NCS patients who have recovered following rehabilitation thus establishing a cause-effect relationship. Various versions of this landmark publication were subsequently published elsewhere (Amin, 2004 a, b, 2006a).

The above contributions were researched and published, and patients were successfully helped long before we discovered a similar clinical entity called Morgellons. The only difference is that we, at PCI, have done the research, established a causal relationship with dental toxins, developed a protocol, and successfully helped patients.

# Dental Products Causing Neuro-Cutaneous Syndrome (NCS) Symptoms In NCS Patients

© By Omar M. Amin, BSc, MSc, PhD. USA

## Abstract

*Neurocutaneous Syndrome (NCS) was recently described from many patients showing dermatological and neurological disorders. Certain dental materials, especially sealants, were documented to be the causative agents of this syndrome. A comprehensive listing of about 350 more dental products than originally reported is included herein. It is recommended that dentists research MSDS sheets for proposed dental materials to be used, and match blood bio-compatibility test results with patients' dental history before embarking on, at least major, dental procedures.*

---

## from the Introduction of “Dental Products...”:

About 360 dental compounds are included in this paper. The toxic ingredients common to all belong in four major categories: Zinc Oxide, Ethyltoluene Sulfonamide (especially in patients with allergy to sulfa and toluene), Titanium Dioxide and other metal compounds (especially in patients with allergy to metals) and Methacrylate compounds as well as Calcium Hydroxide. Our studies of the many NCS patients examined indicate that these ingredients are causally associated with their symptoms. It should be noted that the included list is not comprehensive but rather preliminary. Undoubtedly, more dental products include these ingredients. I have concluded, however, that the listing of more dental compounds will not make the point any stronger at this time. Dentists should be only satisfied when identifying a toxic ingredient in a dental product whether it is included in this list or not. It is therefore important that dentists examine the MSDS of products to be used, especially in major procedures, and insure their biocompatibility to patients' biological as well as energy systems.



# from the last page "of Dental Products...":

**Tempit:**

*urethane dimethacrylate*

**TempoCemNE:**

*zinc oxide*

**TempoCem.TempoCem Soft:**

*zinc oxide, eugenol*

**TimeLine VLC Baseline**

**with dentin primer:**

*urethane dimethacrylate*

**TotalBond Liquid:**

*2-hydroxyethyl methacrylate,  
4-methacryoxyethyltrimellitic  
acid anhydride, diacrylate of  
polycondensate of bisphenol  
a glycidyl ether, dimethacrylate  
of polycondensate of bisphenol  
a and glycol, dimethacrylate  
of polycondensate of glycol*

**TotalBond Powders**

**(light, medium and dark):**

*copolymer of methacrylates*

**TPH 3 Micro:**

*titanium dioxide, urethane  
modified bis-gma dimethacrylate,  
polymerizable dimethacrylate resin*

**TPH Spectrum:**

*urethane modified bis-gma  
dimethacrylate, polymerizable  
dimethacrylate resin*

**TR2 Temporary Cement:**

*uncured acrylate,  
methacrylate ester monomers*

**Triethylene Glycol**

**Dimethacrylate:**

*toxic when uncured*

**Triphasix Aliginate Tray Adhesive:**

*Toulene*

**Tubli-Seal:**

*zinc oxide eugenol*

**Tubulitee Cavity Liner:**

*calcium hydroxide*

**Turbo Temp:**

*multifunctional methacrylates*

**Twinlook Cement Base:**

*methacrylates*

**Twinlook Cement Cat:**

*methacrylates*

**Tylok-Plus:**

*zinc oxide, polyacrylic acid*

**Tyrian SPE Part B:**

*bis 2-methacryloyloxy*

**UDMA Compisite:**

*urethane dimethacrylate resin*

**Ultrafil Gutta Percha cannules:**

*usp zinc oxide, barium sulfate*

**Unicem: (relyx unicem):**

*methacrylates; dimethacrylates*

**Unicem Rely X:**

*methacrylates, dimethacrylates*

**Universal liquid,**

**clearfil new bond:**

*n,n- diethanol p-toluidine*

**Universal liquid,**

**clearfil photo bond:**

*n,n-diethanol p-toluidine*

**Universal paste,**

**clearfil core new bond:**

*bisphenol a diglycidylmethacrylate,  
triethyleneglycol dimethacrylate,  
n,n-diethanol-p-toluidine*

**U/P Root Canal Powder:**

*zinc oxide*

**VersaFlo:**

*glycol methacrylate, multifunctional  
methacrylates, barium glass*

**Vitapex:**

*calcium hydroxide*

**Vitre-Bond:**

*dimethacrylates*

**3RM Liquid:**

*zinc oxide eugenol*

**3M single bond (Ad Per):**

*dimethacrylates, methacrylates*

**Wachs Root Canal Powder:**

*zinc oxide*

**Xeno III:**

*hydroxyethyl methacrylate*

**Xeno IV:**

*urethane dimethacrylate resin,  
dipentaerythritol pentaacrylate  
phosphate, polymerizeable  
dimethacrylate resin*

**Zical:**

*zinc oxide*

**Zinc Oxide Powder:**

*zinc oxide, eugenol*

**Zinocol Polymer**

**Reinforced Zoe Cement:**

*zinc oxide, eugenol*

**Zircate Prophyl Paste:**

*tin oxide*

**Zoe B & T Liquid:**

*eugenol*

**Zoe B & T Powder:**

*zinc oxide*

**2 bond 2 base:**

*dodecandioldimethacrylate* 🌸

# An Overview of Neuro-Cutaneous Syndrome (NCS) with a Special Reference to Symptomology

© By Omar M. Amin, B.SC., M.SC., Ph.D., USA

## Abstract

*A detailed analysis of the clinical history of a random sample of 50 NCS patients (9 males, 41 females) is reported. Symptoms are classified into six categories, neurological, dermatological (including opportunistic skin infections), systemic, oral, allergic and general. The most common symptoms in each of these categories in the same order are pin prick and crawling sensations, skin lesions and sores, respiratory and bowel disturbances, gum disease, sensitivities to light, noise and mold, and fatigue and insomnia. Symptoms were relatively similar in both sexes. These results are tabulated and their biological foundation explained. The misdiagnosis of NCS by medical professionals is discussed. NCS symptoms in toothless patients and those on recreational drugs are described. Over 360 dental toxins are placed in four major categories and their mode of action explained. Incubation period varied between a few hours to 28 years. Our protocol for rehabilitation is included. All patients following and completing our rehabilitation protocol recovered.*



**Table #1**  
*Neurological Symptoms in 50 NCS Patients*

	Patients with symptoms ( % )					
	Intensity of symptoms in all 50 patients					
	Males (n=9)	Females (n=41)	Total (n=50)	Severe	Moderate	Light
Skin irritation	9 (100)	33 (80)	42 (84)	35 (83)	7 (17)	0
Pin prick sensations	9 (100)	38 (92)	47 (94)	34 (72)	12 (26)	1 (2)
Crawling sensations	8 (88)	38 (93)	46 (92)	32 (69)	13 (28)	1 (2)
Burning sensations	8 (88)	28 (68)	36 (72)	21 (58)	12 (33)	3 (8)
Movement sensations	9 (100)	39 (95)	48 (96)	27 (56)	15 (31)	6 (13)
Loss of memory	8 (88)	35 (85)	43 (86)	21 (49)	18 (42)	4 (9)
Brain fog	8 (88)	33 (80)	41 (82)	26 (63)	13 (32)	2 (5)
Poor concentration	9 (100)	39 (95)	48 (96)	29 (60)	14 (29)	5 (10)
Body tremors	7 (77)	22 (54)	29 (58)	9 (31)	10 (34)	10 (34)
Vision problems	7 (77)	33 (80)	40 (80)	17 (43)	18 (45)	5 (13)

# Involvement of opportunistic infections mistaken for cause

**Table #2**

*Dermatological Symptoms in 50 NCS Patients*

	Patients with symptoms ( % )					
Symptom			<i>Intensity of symptoms in all 50 patients</i>			
	Males (n=9)	Females (n=41)	Total (n=50)	Severe	Moderate	Light
Open lesions	8 (89)	37 (90)	45 (90)	22 (49)	14 (31)	9 (20)
Oozing lesions	7 (78)	30 (73)	37 (74)	15 (41)	16 (43)	6 (16)
Painful sores	9 (100)	29 (71)	38 (76)	22 (58)	13 (34)	3 (8)
Itchy pimples	8 (89)	29 (71)	37 (74)	18 (49)	14 (38)	5 (14)
Red hot face	7 (78)	29 (71)	36 (72)	11 (30)	16 (44)	9 (25)
Elevated ripples	6 (75)	27 (65)	33 (66)	15 (54)	18 (24)	7 (21)
Elevated veins	5 (56)	28 (68)	33 (66)	15 (45)	11 (33)	7 (21)
Tracks	7 (78)	26 (63)	33 (66)	16 (48)	13 (36)	5 (15)
Bumps	9 (100)	31 (76)	40 (80)	15 (38)	24 (60)	1 (3)
Skin peeling	8 (89)	29 (71)	37 (74)	13 (35)	12 (32)	12 (32)
Scalp sores	6 (75)	27 (65)	33 (66)	13 (40)	12 (36)	8 (24)
Fibers	8 (89)	29 (71)	37 (74)	21 (57)	10 (27)	6 (16)
Springtails	3 (33)	17 (41)	20 (40)	11 (55)	7 (35)	2 (10)
Fungus	2 (22)	15 (37)	17 (34)	13 (76)	2 (12)	2 (12)
Other skin infections	1 (11)	10 (24)	11 (22)	6 (54)	3 (27)	2 (18)



# Storage organs:

**Table #3**  
*Other Systemic Symptoms in 50 NCS Patients*

	Patients with symptoms ( % )					
Symptom			<i>Intensity of symptoms in all 50 patients</i>			
	Males (n=9)	Females (n=41)	Total (n=50)	Severe	Moderate	Light
Endocarditis	0	4 (10)	4 (8)	3 (75)	1 (25)	0
Heart palpitations	4 (44)	23 (56)	27 (54)	8 (30)	9 (33)	10 (37)
High blood pressure	5 (56)	12 (29)	17 (34)	5 (29)	6 (35)	6 (35)
Flu-like symptoms	8 (89)	25 (60)	33 (66)	14 (42)	12 (36)	7 (21)
Intestinal abnormalities	5 (56)	26 (63)	31 (62)	14 (45)	11 (35)	6 (19)
Bowel disturbances	7 (78)	28 (68)	35 (70)	17 (49)	13 (37)	5 (14)
Parasites	4 (44)	21 (51)	25 (50)	20 (80)	3 (12)	2 (8)
Vomiting	1 (11)	16 (39)	17 (34)	6 (35)	5 (29)	6 (35)
Kidney problems	2 (22)	14 (34)	16 (32)	4 (25)	8 (50)	4 (25)
Breathing disturbances	6 (67)	27 (66)	33 (66)	10 (30)	13 (39)	10 (30)
Coughing	2 (22)	20 (49)	22 (44)	3 (14)	11 (50)	8 (36)
Tight chest	5 (56)	19 (46)	24 (48)	6 (25)	13 (54)	5 (21)
Swelling	6 (67)	28 (68)	34 (68)	16 (47)	13 (38)	5 (15)
Joint pain	8 (89)	29 (71)	37 (74)	20 (54)	12 (32)	5 (14)
Muscular pain	6 (67)	29 (71)	35 (70)	19 (54)	14 (40)	2 (6)
Liver dysfunction	1 (11)	4 (10)	5 (10)	3 (60)	2 (40)	0
Arthritic symptoms	5 (56)	25 (61)	30 (60)	19 (63)	9 (30)	2 (7)

**Table #4**  
*Oral Symptoms in 50 NCS Patients*

	Patients with symptoms ( % )					
Symptom			Intensity of symptoms in all 50 patients			
	Males (n=9)	Females (n=41)	Total (n=50)	Severe	Moderate	Light
Inflamed gum disease	5 (56)	21 (51)	26 (52)	12 (46)	8 (31)	6 (23)
Gum tissue gray	2 (22)	13 (32)	15 (30)	5 (33)	9 (60)	1 (7)
Mucoid secretions	3 (33)	14 (34)	17 (34)	7 (41)	7 (41)	3 (18)
Dental decay	4 (44)	17 (41)	21 (42)	10 (48)	8 (38)	3 (14)
Abscesses	3 (33)	10 (24)	13 (26)	5 (38)	4 (31)	4 (31)
Teeth gray	3 (33)	8 (20)	11 (22)	1 (9)	6 (55)	4 (36)
Roots painful	2 (22)	13 (32)	15 (30)	5 (33)	6 (40)	4 (27)
Thrush around lips	1 (11)	17 (41)	18 (36)	8 (44)	7 (39)	3 (17)



**Table #5**  
*Sensitivities and Allergies in 50 NCS Patients*

	Patients with symptoms ( % )					
Symptoms			<i>Intensity of symptoms in all 50 patients</i>			
	Males (n=9)	Females (n=41)	Total (n=50)	Severe	Moderate	Light
<b>Metals</b>	0	15 (37)	15 (30)	9 (60)	6 (40)	0
<b>Sulfa</b>	1 (11)	7 (17)	8 (16)	6 (75)	2 (25)	0
<b>Zinc</b>	1 (11)	2 (5)	3 (6)	2 (67)	1 (33)	0
<b>Asprin</b>	0	5 (12)	5 (10)	2 (40)	1 (20)	2 (40)
<b>Penicillin</b>	2 (22)	8 (20)	10 (20)	7 (70)	2 (20)	1 (10)
<b>Bright light</b>	5 (56)	22 (54)	27 (54)	11 (41)	12 (44)	4 (15)
<b>Loud noise</b>	5 (56)	24 (59)	29 (58)	9 (31)	15 (52)	5 (17)
<b>Electro-magnetic field</b>	1 (11)	8 (20)	9 (18)	3 (33)	5 (56)	1 (11)
<b>Mold</b>	4 (44)	16 (39)	20 (40)	15 (75)	4 (20)	1 (5)
<b>Humidity</b>	5 (56)	17 (41)	22 (44)	10 (45)	6 (27)	6 (27)

**Table #6**  
*General Symptoms in 50 NCS Patients*

	<b>Patients with symptoms ( % )</b>					
<b>Symptom</b>			<i>Intensity of symptoms in all 50 patients</i>			
	<b>Males (n=9)</b>	<b>Females (n=41)</b>	<b>Total (n=50)</b>	<b>Severe</b>	<b>Moderate</b>	<b>Light</b>
<b>Fatigue</b>	9 (100)	37 (90)	46 (92)	37 (80)	7 (15)	2 (4)
<b>Nausea</b>	8 (89)	22 (54)	30 (60)	10 (33)	12 (40)	8 (26)
<b>Insomnia</b>	7 (78)	30 (73)	37 (74)	27 (73)	6 (16)	4 (11)
<b>Compromised immunity</b>	4 (44)	20 (49)	24 (48)	18 (75)	5 (21)	1 (4)
<b>Psychological trauma</b>	5 (56)	25 (61)	30 (60)	23 (77)	6 (20)	1 (3)
<b>Night fever/sweats</b>	5 (56)	28 (68)	33 (66)	18 (55)	9 (27)	6 (18)
<b>Weight loss</b>	7 (78)	24 (59)	31 (62)	14 (45)	11 (35)	6 (19)



# The Face of Neuro-Cutaneous Syndrome (NCS): New Cases, Recovery, and Perspectives

© By Omar M. Amin, B.Sc., M. Sc., Ph.D., USA

## Abstract

*Neuro-Cutaneous Syndrome (NCS) is a disorder primarily characterized by neurological crawling and pin-prick sensations and dermatological symptoms including itchy cutaneous sores. Many other neurological and dermatological imbalances are also involved. A cause-effect relationship has been established between toxic dental materials (cause) and NCS (effect). A protocol has been developed and NCS patients have been successfully treated at our Arizona-based Parasitology Center, Inc. (PCI). This article addresses the experience of 18 new patients seen at PCI and treated following our designated protocol. Of these, 6 patients have completed the protocol and have experienced full recovery.*

2006 b) made special reference to organ system symptomatology in 50 patients of both sexes and all age groups, misdiagnoses, storage organs, sealants, drug involvement, incubation period, and recovery, with the discussion of 5 relevant cases.

## Materials and Methods

Files of 18 new NCS patients of both sexes that have not been previously reported were selected. Availability of sufficient dental records and patients photos especially those showing their dermatological symptoms were required for each patient, with two exceptions. Patient's permission for use of their photos was obtained before hand. Sixteen females and two males are included. The information reported were substantiated with medical documents, dental histories, photographic records, personal observations and interviews involving data recorded in

# Recovering from Morgellons and Neuro-cutaneous Syndrome (NCS): Patients' Perspectives

© By Omar M. Amin, B.Sc., M. Sc., Ph.D., USA

## Introduction

*The terms Morgellons, and Neuro-cutaneous Syndrome (NCS) as characterized by Amin (2001-2007) are used interchangeably, yet cautiously, as their symptoms are very similar. While Morgellons has never been researched, the etiological agent(s) and remedies have never been identified, these factors for NCS have been well researched and published in refereed medical journals (see below) and patients have been successfully treated. Only a few highly speculative accounts of a wide assortment of purported infectious agents for Morgellons have been published in non-refereed obscure publications, and no Morgellons patients have ever been helped.*

*Most people have had dental work. Many have various degrees of sensitivity to some dental materials to which their bodies manifest varied intensities of symptoms. This epidemic-in-disguise has been routinely misdiagnosed by medical professionals who often label patients as delusional because of their unfortunate description of their neurological symptoms (actually caused by nerve damage) as having been caused by parasite infections. Amin (2004c) specifically addressed this issue while discussing the clinical history of 24 NCS patients. Of these patients, 7 who have followed our protocol and completed treatment, by the time of publication, have experienced full recovery.*

*Amin (2005) provided an annotated list of about 400 dental materials that have been involved in the causation*



(3) B. S., *white male born in Alaska in 1970.*

10/25/05: I was able to get an appointment with Dr. ... (Dentist) ... I did get tested for dental material compatibility ... I am taking Ubichinon ... 3 times a day which helps tremendously ... I actually replaced the antidepressant Symbiax which I was taking with it because it works a ton better and does not give me the side effects of the antidepressant. Still have Staph. and *candida sp.* infection (identified) from the skin test. A skin rash at times. Also. Also a white tongue at times and smelly teeth."

3/13/06: Still having nervousness at times and problems sleeping. Up every 2 to 4 hours. I do have a rash on my left leg.

5/25/06: Some of the products in the same chemical family to avoid were Eugenol. The dentist who did the crown building on my teeth saw Eugenol in tooth #20. He removed it and it made a tremendous difference to improvement in my health. I have been waiting for a relapse but it has not come ... back pain is gone. Nervousness reduced dramatically. Sleep apnea going away. Constipation disappearing. Able to dream for the first time in years. Reduced allergy reactions. White tongue almost gone. I unfortunately did not see Eugenol as being incompatible on my ... dental testing report and will need to call them to ask why? I do recall it coming up as something my body does not like on a MSA test (Meridian Stress Test machine) by a local naturopath 2 years ago ... the naturopath thought my problem was mercury ... and I went out and had most of silver fillings redone without knowing what to replace them with and how to replace them (that got me into more trouble). I probably had Eugenol and other incompatible stuff put in the teeth as replacement.

8/14/07: Scalp sores are all but gone. I have been rather conservative in following rehab program. Removing materials and teeth as I experienced problems. I took out the sheet that you had compiled for me with the teeth and the problematic materials. It was interesting that they match exactly. I have removed some of the problematic teeth and improved when I do so. The current problems ... outlined by my dentist match the same teeth you had specified. It was neat to see this and show others. I wonder if these allergic/toxic materials are responsible for the holes in my jawbone that the oral surgeon found recently? Nico/cavitations?

(7) C. R., *white female born in California in 1964.*

2004. I had my toxic dental work removed in the middle of June, 2004. In the first month following the procedure (PCI protocol), the topical (treatment) helped close and heal most of the open lesions ... there is still something bulging underneath. The (treatment) helped with the new eruptions as well.

In the second month, I began to experience severe fatigue. My teeth ached. I have gained almost seven pounds ... have less muscle strength; I can see pockets of swelling in my ankles ... my knees. I have become very discouraged and am so tired. Some of my sores began to heal. When the sores got broken open, they bled an unusual amount.

In the third month, my energy is still low, I am feeling very foggy several times a day and experience this vision problem. It is the same as before the dental work was performed. When I get a large dose of sun ... my skin improved dramatically. My right shoulder ... became very painful. Yoga ... seems to have broken the concentration of toxins up in my shoulder and it is feeling much better. At PCI, they recommend lymph drainage massage therapy ... the breakouts I have are on my ankles, around the knee area, abdomen, face, head ... wrist and hands. My fingernails grow like they have not for years ... hard and ... fast. I have begun to itch which was never a symptom of mine before. The teeth that were worked on are very sensitive ... the gums (nearby) swelled up ... and bled and bled. I am sleeping better and have not had night sweats for almost ten days.

9/16/04: My sores seemed to clean up ... no longer remaining open. I have new ones raise up daily though ... they don't always break out of the skin. I am (still) having sore lumps on my scalp ... blurred vision, sensitivity to light, and ... severe joint pain. My capability to concentrate, remember, or even focus is so compromised that at times I think I am having dementia.



10/2/04: the Staph. infection recurred, some sores resolved, less overall sores, pin-prick and crawling sensations decreased especially in the face. Nails with pin-prick are ridgy, nails without pin-prick are smooth, and that the fatigue was worse right after the dental work.

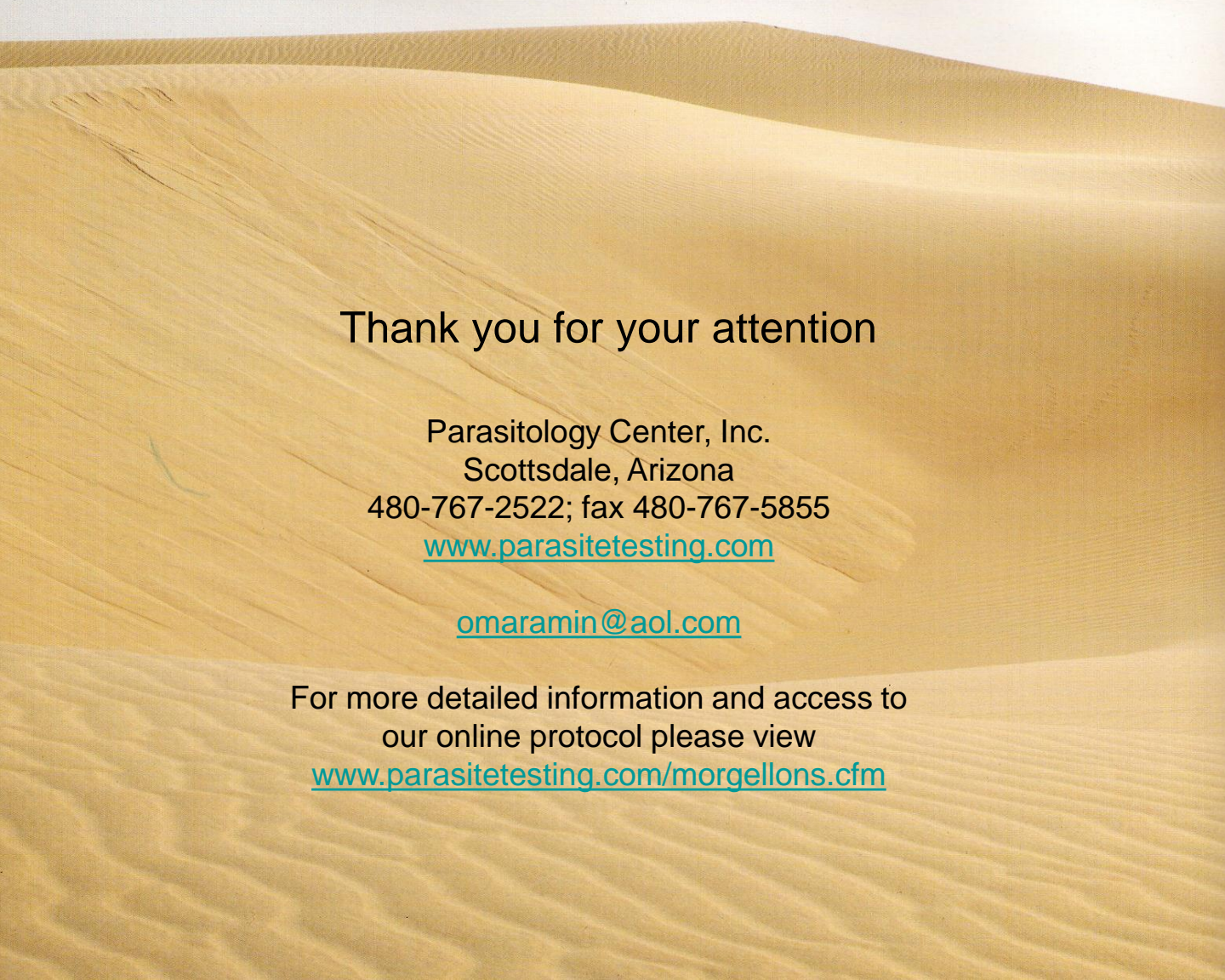
12 01/05: I am doing fine, but have found that it takes years to undo the havoc that toxins have created. I want you to know that I believe that God sent me to you, gave you a gift that you didn't disregard, and because you were willing, have been a turning point in my life.

12/4/05: I am feeling good. I am just now at that point where I no longer feel the sensations in my face and chest. It is awesome.

1/5/07: I am feeling very good, no sores, no sickness and finally no toothaches. It took a long time before I felt good enough to exercise ... I eat the right foods ... get through an hour jog ... it has taken longer that I anticipated to feel "normal" again, but it has come. My life has been turned around since the time of dental work. My sores began healing immediately and my mouth has not peeled once since that day. My energy has returned ... I did feel worse (at the beginning), but then things turned around.

7/28/07: I am feeling better than I ever have.

8/3/07: I am devoted to your work because I believe that had you not recognized what was going on in my system I would have died or been ... sent away to a mental hospital.

The background of the slide is a photograph of sand dunes. The dunes are light tan in color and show distinct, wavy ripples across their surface, created by wind. The lighting is soft, highlighting the texture of the sand. The dunes curve gently across the frame, creating a sense of depth and movement.

Thank you for your attention

Parasitology Center, Inc.  
Scottsdale, Arizona  
480-767-2522; fax 480-767-5855  
[www.parasitetesting.com](http://www.parasitetesting.com)

[omaramin@aol.com](mailto:omaramin@aol.com)

For more detailed information and access to  
our online protocol please view  
[www.parasitetesting.com/morgellons.cfm](http://www.parasitetesting.com/morgellons.cfm)