

The misdiagnosis of “delusional parasitosis”

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Abstract

The body of knowledge on delusional parasites incriminates “delusional patients” as having imaginary external and internal symptoms that feel like parasite movements, dismisses them as psychiatric cases, and confuses cause with effect. We are critical of these arguments and believe that the symptoms of crawling and pin-pricking are genuine; just misinterpreted as parasite movements. Based on our research on over 1000

“delusional” patients since 1996 at our Parasitology Center, Inc. (PCI), we have established that the symptoms of crawling and pin-pricking are caused by toxicity from exposure to chemicals incompatible with host immune system, e.g., dental materials, that alter the propagation of normal nerve impulses. We have also observed that external parasites/organisms including springtails (Collembola), other arthropods, bacteria, and fungi represent only opportunistic infections of skin sites compromised by the toxicity disorder involving the elimination of toxins through the skin. We have described a new pathological disorder, Neurocutaneous Syndrome (NCS) to which justified “delusional parasitosis” and Morgellons disease cases could be assigned. We have developed a protocol for the resolution of the symptoms of NCS cases. When followed to the letter, all symptoms of NCS, conventionally called delusional parasites, are invariably and irreversibly resolved.

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1. Introduction

1.1 Background

There is ample literature describing the reported symptoms of delusional parasites are cases and characterizing patients as psychiatric cases. For example, see Aw et al. (2004), Bak et al. (2008), Donabedian (2007), Driscoll et al. (1993), Hinkle (2000), Lyell (1983), and Trabert (1995). The 2 most recent articles are those of Shelomi (2013), an entomologist who also reported on a case of photo manipulation of presumed springtails (Collembola: Arthropoda), and Lyons (2013), a veterinarian who presented 3 case histories.

1.2 Our work at PCI

Judging by our experience with over 1000 “delusional” patients that we have seen at our Parasitology Center, Inc. (PCI) in Arizona, however, the above reported “delusional” cases appear to be cases of Neuro-cutaneous Syndrome (NCS). NCS is a

toxicity disorder related to Morgellons disease, caused mostly by intimate exposure to incompatible chemicals, especially dental materials (Amin, 2003-2012). Other toxic exposures are occasionally involved. Proponents of the delusional parasites convention do not appear to have stopped to ask the following question: what if the main symptoms of crawling and pin-pricking declared by “delusional” patients are real; just misinterpreted as parasite movement. We have asked that question, and during 15 years of research, we have come up with an alternative explanation that works.

1.3 Our rebuttal

To the delusional parasites literature referenced above, especially that of Shelomi (2013) is in 4 sections. (1) Do springtails actually infest people? (2) What is delusional

parasites is really? (3)A case history, (4) Additional notes about toxic dental materials.

2. Results and Discussion

2.1 Do springtails actually infect people?

We know that springtails do “infect” humans. At PCI, we have collected springtails from a few patients since 1995. I personally recovered a number of springtails from scalp lesions of JH, a tall healthy, well-nourished middle aged white American female from Arizona in December, 1995 (Amin, 2001). See pictures of 1 of JH’s scalp lesions and 1 of a springtail from the same patient in Amin (2001). In another case, we collected at least 2 springtails from a scalp lesion of TH, a 44 year old female from Washington who was diagnosed with NCS at PCI on June 29, 2005. A bacterial culture from her chest tested positive for *Staphylococcus aureus*; an opportunistic infection. Other reports of springtails collected from people, some with dermatitis, include those of Hunter et al. (1960) and Scott et al. (1962).

2.2 Other skin infestations

The presence of arthropods on humans, especially in dermatitis cases, is not limited to springtails. Amin (1996) recovered a tick nymph, small ant, an oribatid mite, and various insect parts from facial mucoid sores of a middle aged NCS case; a female who lived in an old rural home in the woods of Oklahoma.

2.3 Bacterial and fungal infections

Our bacterial culture swab tests from open sores of NCS cases usually show infections with *Staphylococcus aureus* (*S. coagulase positive*), *S. epidermidis* (*S. coagulase negative*), or *S. haemolyticus*, as well as with metabolic waste, mycelia or sporangia of fungi such as *Madurella* sp., among others. The latter material from *Madurella* sp. appear to be related to the often reported black specks and fibers (Amin, 2001, 2003). The healing of these lesions was observed to be proportional to the exit of the remaining fibers from lesions (Amin, 1996).

2.4 Opportunistic infections

It is important to view the finding of springtails, other arthropods, bacteria, and fungi from mucoid sores/lesions of “delusional” dermatitis patients in the proper context as only opportunistic infections. None is believed to cause delusory parasites is, NCS, or Morgellons disease. In reality, it is the opposite. Opportunistic infections are actually attracted to skin sites of elimination of dental

and other toxins. Lesions can be microscopic but still emit enough odors to attract opportunistic skin infections. Opportunistic organisms (Amin, 1996, 2001, 2003, 2006, and unpublished data) appear to feed and seek moisture, and were occasionally observed to aggregate in large numbers in those sites.

2.5 What are delusory parasites really?

The terms Morgellons, and Neuro-cutaneous Syndrome (NCS) as characterized by Amin (2001-2010) are used interchangeably, yet cautiously, as their symptoms are similar to each other and to those reported in delusory parasites is cases. NC Swas described from many patients showing dermatological and neurological disorders (Amin, 2001, 2003). Neurological disorders manifest as crawling and pin-pricking sensations that we attribute to toxic corruption of normal propagation of nerve impulses but interpreted by patients as the movement of parasites in their bodies and hence the delusory parasites is symptom. The passage of toxic chemicals through the skin for elimination will cause the skin to break out and the resulting sores/lesions will attract opportunistic infections (Amin, 2003). Of the many different possible exposures, the most common are dental materials, especially sealants, liners, bases, cements, adhesives, bonding agents, metals, crowns, and root canal materials (Amin, 2003, 2005, 2012). The role of these dental materials as the causative agents of NCS was verified by the application of the concept of cause-effect relationship.

2.6 Other toxins

The present report does not address non-dental exposures associated with NCS such as chemical fumes, cleaning agents, recreational drugs, implants, insecticides, among others.

2.7 Case studies

We have seen over 1000 patients to date and have developed a treatment protocol which includes detoxification and dental rehabilitation, among other measures. Patients diagnosed with NCS at our facility (PCI) that have used our protocol have invariably and irreversibly recovered. See especially Amin (2009) for recovered patients’ accounts and our web site www.parasitetesting.com which includes testimonials by many other patients, a few videos, images of cases, and a complete list of our accessible publications on the subject, among other related topics.

3. Objectives of our Research

Because “delusionary” patients were convinced that their crawling, movement and pricking sensations were caused by parasites, and because our thorough examinations have shown that they had no parasites, we were determined to find out the real causes of these symptoms. A common denominator shared by practically all patients was incompatible dental materials that were demonstrated to have some toxic effects as per the OSHA required MSDS (material safety data sheets) forms. Establishing a cause and effect relationship was of primary importance in the design of our research. The various stages of this research that ultimately lead to this conclusion are documented below.

4. Documentation

At PCI, we have been researching NCS since 1996. Because our research was published in holistic medical and dental journals not usually read by parasitology journals readership and because of the newness of our contributions to said readership, we are providing a brief chronological listing of research done at our facility to resolve the delusionary parasites issue characterized by us as NCS. Our early reports on this syndrome included the description of a case with many facial opportunistic infections from Oklahoma (Amin, 1996). Amin (2001) first named and diagnosed NCS from 3 more cases, with a special reference to fibers and springtails (Collembola). By 2003, we were able to provide a comprehensive diagnosis of NCS and established the link with dental toxins as the primary causative agents. Amin (2003) clarified the nature of action of dental liners (bases) in the causation of NCS neurological and dermatological symptoms based on *in vitro* and *in vivo* studies, in part, and provided the history of 3 NCS patients who have recovered following treatment thus establishing a cause-effect relationship; pre- and post-recovery pictures were included. Various versions of this major publication were subsequently published elsewhere (Amin 2004 a, b, 2006 a). We have established a causal relationship with dental toxins, as well as with other less frequent toxic exposures, developed a protocol, and successfully treated patients. All patients that have followed our protocol had invariably recovered. Most people have had dental work. Many have various degrees of sensitivity to some dental materials to which their bodies manifest varied intensities of allergic reactions. 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 (2004 c) specifically addressed this issue while discussing the clinical history of 24 NCS patients that have been misdiagnosed by other medical professionals. 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 360 dental materials that have been involved in the causation of NCS symptoms in patients that we have seen. Toxic ingredients common to all listed chemicals were classed in 4 categories. These categories are found in many more dental chemicals that were not reported in Amin’s (2005) list but existed in our data base and published later (Amin, 2012). An overview of NCS (Amin, 2006 b) made special reference to organ system symptomology in 50 patients of both sexes and all age groups, misdiagnoses, storage organs, liners, drug involvement, incubation period, and recovery, with a detailed discussion of 5 relevant cases. Amin (2007) further analyzed 18 new NCS cases that have been in various stages of treatment and recovery and have demonstrated that those patients that have followed and completed our protocol have invariably recovered. Among patients experiencing recovery, 15 have shared their experience and perspectives (Amin, 2009). NCS symptoms stated by 166 patients upon first examination at PCI were reported by Amin (2010). These patients expressed how they felt then and the reasons for which they came to see us in the first place. The final listing of dental materials involved in NCS cases (Amin, 2012) included 644 dental products.

4.1 A case history

Many case histories have been published in Amin (1996, 2001, 2003, 2004a-c, 2006, 2007, 2009). The following case of SH, a 42 year old white female from California is new. SH came to see us at PCI in December, 2011 with full blown classical neurological and dermatological NCS symptoms. She was clearly NOT a case of delusionary parasites is. Her neurological symptoms included intense skin irritation, pin-prick, crawling, movement, and burning sensations, red-hot face, memory loss, brain fog, poor concentration, body tremors, and vision problems. Her dermatological symptoms included open

oozing lesions (Fig. 1), painful sores, itchy pimples, elevated tracks and ripples, peeling skin, and scalp sores. Fungi and springtails not identified by us were recovered. Her systemic symptoms included heart palpitations, flu-like, and arthritic symptoms, intestinal, bowel, and respiratory disturbances, coughing, tight chest, swelling, and joint pain. Her oral cavity symptoms included inflamed gum tissue, dental decay, painful roots, and thrush around lips. She had braces in 1984 and 8 fillings in 1988, all with incompatible dental materials as judged by the biocompatibility blood test matched to her dental history. She was sensitive to metals, penicillin, bright light, loud noises, mold, and humidity. Her general symptoms included severe fatigue, insomnia, psychological trauma, night fever and sweats, and weight loss. She was also diagnosed with food allergies, leaky gut, hypothyroidism, ADP, and “drug resistant acne” (2009-2011). In December, 2011, SH was placed on our PCI protocol, started incremental dental

rehabilitation and began using recommended homeopathic remedies to detoxify her organ systems e.g., lungs, heart, kidneys, liver, from dental toxins that have traveled there from the oral cavity via the lymph system. Two months later, SH came to PCI for a follow up. She has shown considerable improvement and was interviewed on ABC News; please see the video showing the great change in her face: http://www.youtube.com/watch?v=zjLLZcg4FfQ&feature=player_embedded#t=0s.

SH’s neurological symptoms were proportionally resolving to near normalcy. Shortly thereafter, SH’s neurological and dermatological symptoms totally resolved. She “Had a slight relapse when we moved back to St. Louis, but discovered the water I was drinking from our new refrigerator had a copper hose, which I am reactive to. I went back to bottled water and my face is completely clear” (SH, pers. Comm.) (Fig. 2). SH could have been readily diagnosed with delusional parasites is by others.

Figures 1, 2: SH before and after recovery. **(1)** The face of SH showing the dermatological symptoms of Neuro-cutaneous Syndrome at the height of intensity before coming to PCI for diagnosis and treatment. **(2)** SH’s face after her symptoms have totally resolved following dental rehabilitation and detoxification as per the PCI protocol



4.2 Additional notes about toxic dental materials

The active toxic ingredients established as the causal factors for NCS observed in many of our patients were researched using actual patient histories, interviews, symptomology, OSHA’s MSDS sheets of dental materials

used, and dental biocompatibility test results. The components in catalysts and bases of Dycal, Life and Sealapex were identified in Amin (2004a, b) who provided an analysis of the nature of action of the included toxic ingredients causing observed dermatological and neurological symptoms in NCS patients.

Reference was also made to Fynal, IRM, Sultan U/P, Gluma One Bond and Scotch Bond by Amin (2004 a). These dental products among 644 reported by Amin (2012) are now recognized as toxic based on patient's symptoms, MSDS forms, and blood biocompatibility test results. Toxicity and individual reactivity will vary from person to person depending on degree of sensitivity to the compounds which is related to the concentration of the toxic ingredient(s) in the product, amount of product used, the age at which incompatible dental materials were first used and the number of teeth involved (Amin, 2006). That degree of sensitivity is established by a blood biocompatibility test for dental materials that we contract out to a laboratory in Colorado. The toxic ingredients common to all 644 dental products reported by Amin (2012) 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 implant patients and others with allergy to metals), and Methacrylate compounds, as well as Calcium Hydroxide often thought to be harmless. Our studies of the many NCS patients examined indicate that these ingredients are causally associated with their symptoms. When the source (cause) is removed by appropriate dental rehabilitation and detoxification, and other cleansing processes are properly implemented, the patient recovers (effect). It should be noted that while the 2012 list is far more compreh

4.3 What can dentists do?

Dentists should always attempt to identify the toxic elements in the dental products that they use whether they are included in this list or not. They should examine the relevant OSHA-required MSDS forms especially when they embark on major dental procedures, and should insure their biocompatibility to patients' immune systems. Please note that toxicity and individual reactivity will vary from person to person and that there is no one product that is "safe" for everyone. What is safe for one person may be toxic for another.

4.4 Forward

We hope that this presentation, and follow up by practitioners, will help the proponents of the delusionary parasites is convention to revise their ideas and take a fresh look at alternative approaches that work, instead of dismissing their patients' plight thus adding insult to injury. Publications by Amin in the following list can be readily downloaded from our web site www.parasitetesting.com

Research Highlights

Our research establishes for the first time that the primary cause of delusional parasitosis is incompatible dental materials and related toxins, and demonstrates cause-effect relationship. No other published work addresses this problem.

Limitations

Major gaps in work like ours is failure of the dental industry, dentists, and other practitioners to acknowledge the damage and suffering they cause to people when incompatible, and untested dental chemicals and implants are used.

Recommendations

We recommend that dentists research the OSHA required MSDS sheets for proposed dental materials to be used, and match blood bio-compatibility test results for dental materials (contracted to a Colorado laboratory) with patients' dental history before embarking on, at least major, dental procedures. It is a moral responsibility that dentists as well as surgeons use that approach, especially in cases of implants.

Funding

Parasitology Center, Inc. is an independent center that does not receive any funding or support from government or other agencies.

Justification

Our reported research is justified solely by the need to know what is causing "delusional parasitosis" that has eluded the many "researchers/ scientists" who opted for the easy answer of labeling their patients as crazy with prescriptions of anti-anxiety drugs instead of doing the hard work. Our protocol works.

Conclusions

We have concluded that the symptoms of crawling and pin-pricking are caused by toxicity from exposure to chemicals incompatible with host immune system, e.g., dental materials that alter the propagation of normal nerve impulses. We also conclude that external parasites/organisms including springtails (Collembola), other arthropods, bacteria, and fungi represent only

opportunistic infections of skin sites compromised by the toxicity disorder involving the elimination of toxins through the skin. We have described a new pathological disorder, Neuro-cutaneous Syndrome (NCS) to which justified "delusional parasitosis" and Morgellons disease cases could be assigned. We have developed a protocol for the resolution of the symptoms of NCS cases. When followed to the letter, all symptoms of NCS, conventionally and conveniently called delusional parasites is, are invariably and irreversibly resolved.

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