

Unexplained Pathology - Dr. Greg Smith



Dear colleague,

I appreciate your taking this information and hope you find it informative.

It is my purpose to inform you of what I think is a **rapidly emerging infectious disease**.

I have seen patients with this disease in my practice.

One major organ system affected by this disease is the **skin**.

Patients report itching, stinging, and biting sensations (most report a 'skin crawling' sensation).

Patients also usually have severe excoriations from continued scratching (many have large open sores).

As a pediatrician, scabies would be high on my differential diagnosis list, but many other disorders might also be considered.

What makes this so different is that many patients have also noticed **other skin symptoms** and **changes** in their **skin** and **hair**.

Frankly, the descriptions are so far from anything most of us think of as typical or even possible that credibility is quickly strained...

Many patients report they have seen 'fibers' come out of their skin - they report seeing what appears to be a type of **unidentified fibrous material** in their **home** and **cars** and report they have *never* seen these before.

Thinking it the appropriate step, these very same patients collect specimens and present them to the physician they consult (commonly a dermatologist), which unfortunately results into **false** diagnosis of *Delusions of Parasitosis*.

The act of collecting specimens & presenting them is supposedly characteristic of *Ekbom Syndrome*, now generally known as *Delusions of Parasitosis* or *DOP*.

However ... the dermatology literature (i.e. DSM-IV) very clearly states that **DOP** is a **diagnosis of exclusion**.

Yet all **too many patients** have been immediately **labeled** as **psychiatric cases** with **no lab studies**, **no skin biopsies**, and often not even a **thorough skin examination** (and thus, their self-collected specimens are usually dismissed and trashed).

Many patients feel the physicians did not take them seriously and did not listen to their story.

These patients' stories sparked my interest in Morgellons while also making me ashamed of the treatment given them by members of my profession.

Tragically, it seems the **systemic symptoms** are **not** being **considered** in these patients.

This appears to be a **multi-system disorder**, as a large proportion of patients report **neurological** and **gastrointestinal symptoms**.

Almost all experience significant and **disabling fatigue, concentration problems & short term memory issues**, as well as other **cognitive** difficulties, such as **muscle spasms, twitching, balance problems**.

Many experience periods of what is called *brain fog*.

A significant number have neurologic impairments, including **Multiple Sclerosis, ALS**, and other neuropathies.

The personal medical history of most patients IS bizarre - the symptoms they describe, as well as their observations, seem totally beyond belief.

When they occur on one's own body, it can cause one to question his sanity.

I have had this disease since May, 2004, and witnessed things happening to my own body which have stretched the limits of belief.

I also developed **neurologic symptoms** early this year which became severe enough I have been unable to work since May, 2005.

This disease is not recognized by the traditional medical care system.

Morgellons is the name we are using although others have called it the *Fiber Disease, Elliot's Disease*, and other names.

Numerous testimonies from sufferers who are situated in different parts of the world can be found on the internet - and I strongly encourage you to perform your own research.

Do beware of any misinformation or disinformation out there.

There are physicians who specialize in Lyme Disease & believe Morgellons is either associated with, or is a direct result of chronic Lyme disease.

As an individual, I am sharing this information only to inform, and appreciate the time you have taken to read this and review the information I have given you.

Sincerely and appreciatively,

Gregory V. Smith, MD, FAAP