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GUEST EDITORIAL

Delusions May Not Always Be Delusions

The history of medicine is replete with examples of diseases that have been misdiagnosed as psychosocial problems. Gastric ulcer patients were told that their inability to handle stress was the cause of their disease; epileptics were believed to be possessed by the devil; heart disease was blamed on a Type A personality; and patients with tertiary syphilis were placed in straight jackets in insane asylums.

The philosopher Thomas Kuhn proposed that scientific communities operate within a rigid set of assumptions and, therefore, are not open to a paradigm shift when confronted by an anomaly. Throughout history, the medical community has been reluctant to adopt new paradigms or concepts of disease. A case in point is the newly emerging, mysterious skin condition with improbable-sounding symptoms known as Morgellons disease. Its victims are being routinely diagnosed with delusions of parasitosis, a rare condition wherein patients mistakenly believe they are infested with parasites.

Delusions of parasitosis should be re-examined as a valid psychiatric phenomenon. Its victims have no prior history of psychiatric disorders, the onset often follows an immune suppressing event, it occurs in children and in entire families, it is more prevalent in certain parts of the country, and its onset is seasonal. Furthermore, it appears to be increasing in incidence. One would suspect an infection rather than a psychosis with this epidemiological picture.

The few medical professionals who are interested in Morgellons disease are increasingly convinced that its victims have been hastily misdiagnosed as delusional when they are in fact suffering from a horrific and puzzling somatic illness. The top symptoms of Morgellons patients are: spontaneously-appearing, slow-healing, open lesions; sensations of crawling, biting, and stinging on and under the skin; and fibers,

black specks, and seed-like objects coming out of the skin. Because the etiology of the disease is unknown, diagnosis is based on the patient reporting the characteristic symptoms and the in-office, microscopic visualization of fibers under and extruding from the skin.

The first step to unlocking the medical mystery of Morgellons disease is for the medical community to recognize it as a real, somatic condition. When patients present with unusual symptoms, it is unjust to summarily discount them and confer a stigmatizing psychiatric diagnosis without a thorough and proper history and examination. If health care providers would take the time and effort to really look at Morgellons patients' skin with illuminated magnification, they would be amazed and confounded by the unusual phenomena they would see.

Sir William Osler, one of the greatest physicians and humanitarians of the 19th century, taught that "medicine is learned by the bedside and not in the classroom." We must strive to look beyond what we have been taught when confronted with new and puzzling symptoms. Rather than prejudicially pigeonholing patients with a psychiatric diagnosis, we owe it to them to take their symptoms seriously and investigate the cause of their distress. The recognition of Morgellons disease will serve as a reminder to the medical community that there is much to learn by taking the time to listen to the patient with open ears and an open mind.

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