Texas Fog

Is Morgellons contagious? A nurse who is afflicted thinks that it might be.

Natasha Braley, RN, CWCN, COCN, a 35-year-old wound care nurse in Mansfield, Texas, first heard of Morgellons when she began treating a patient for foot wounds from a prior injury.

Before visiting the patient's home, Braley read in the patient's report that she was “profusely positive for parasites in all her orifices.” Since the patient also had methicillin-resistant Staphylococcus aureus, Braley was more cautious than usual when she changed the wound dressing, “double-bagging everything,” using hand sanitizers repeatedly, replacing her gloves several times.

On the second visit, two days later, the patient told Braley that she’d been diagnosed with something called Morgellons by a physician in Houston. The patient believed she’d lost her eyebrows and all other facial hair, including eyelashes, to the illness; she showed Braley scars on her back that she said had been painful lesions. She’d been to many physicians, most of whom—with the exception of the unnamed physician in Houston—said she needed to be on psychotropic medication.

“At first I thought she might be a little paranoid,” says Braley. Besides the scars and the strange facial hair loss, “I didn’t see anything on her at the time.” Not only that, but the patient lived in a “little bitty RV” with her husband, who was certain that he was not infected. But Braley wanted to learn more about how she could help her patient; she went home and searched the Internet.

Then, on February 23, nine days after first visiting the patient, her own skin “began to crawl.” She had a pretty good idea what was happening, but she didn’t want to believe it. “I thought it was my imagination,” she says. By the next day it worsened; she felt “as if someone were lightly tapping” on her back. It didn’t hurt and didn’t itch, but neither did it let up. She lay on her back, finding some relief in the pressure, but it gradually became so bad she went to the ED. “They laughed me out of the hospital,” she says.

Braley is energetic, quick, and determined, and the moment she began to suspect she had Morgellons, she resolved that she would beat it. She went home from the ED and that day started taking colloidal silver orally, which she’d read about as one alternative remedy. (Colloidal silver, if taken for too long or at high concentrations, can cause a condition called argyria, also known as silver poisoning, that causes a blue skin discoloration; the Food and Drug Administration stated in 1999 that “no products containing colloidal silver are generally recognized as safe and effective.”)

“Instantly, my skin stopped crawling,” says Braley. But later the same day her legs and back started breaking out in bumps and lesions that “resembled elevated moles” and “little scrapes.” Unlike many others who believe they have Morgellons, Braley experienced little discomfort. She went to the dermatologist, who biopsied two of the bumps. The findings, she says, were “inconclusive.” When some of the lesions kept growing until they had a “circular crater area, with elevated wound edges,” the dermatologist opted to treat her for a “general skin infection,” prescribing the antibiotic doxycycline, while her primary care physician prescribed a second antibiotic and Braley began applying colloidal silver topically. Some of the lesions seemed to respond, gradually healing, leaving scars.

Braley is aware of the medical community’s skepticism surrounding Morgellons, but she speaks well of her own physicians, saying that “most of them have taken me seriously. They know I’m a nurse. They know it’s something.”

Of her own physicians, she says that ‘most of them have taken me seriously. They know I’m a nurse. They know it’s something.’
Three days before she spoke with AJN, she tried to go off the colloidal silver, but less than 12 hours later she developed “brain fog.” An alert, curious, active person who works “two and a half” jobs and raises four small children on her own, Braley hates this symptom most of all. “Your mind just stops functioning,” she says. “Sometimes I just stop and stare. I’ve lived in this county for 15 years, and the other day I got lost 10 miles from my house. I just kept going back and forth, and I had [GPS] navigation in my car!” Braley went back on the colloidal silver and, as she puts it, “popped right back.”

She had sent her four children, the youngest of whom is three years old, to stay with relatives on February 23, as soon as symptoms appeared and she suspected Morgellons.

She’s suggested to her employers that they should talk to public health officials. Recently, she says, another nurse who saw the same patient has developed a far worse case of Morgellons and is covered in a rash, with “little scrapes all over her body.” But, she says, “they’re denying that it’s anything contagious.” Braley goes on working, seeing patients, and intends to do so “until they tell me I can’t.”

Despite continuing symptoms, Braley is undaunted. Describing herself as a person who’s always happy, she believes that her aggressive approach to the condition will help her overcome it, an attitude she would take to treating a patient’s infected wound. “It’s only scary if you don’t face it,” she insists. “It’s nothing worse than anything else, like scabies. We just have to figure out what it is, what’s causing it, and what to do to treat it.”—Jacob Molyneux, senior editor ▼