

Medical Philately (Medical Theme on Stamps)



St. Vitus Flume-1923



International Congress on Epilepsy,
Rome showing EEG and St. Valentine,
Italy-1988



Mental Health, Uganda-1988

CHOREA-St. VITUS, SYDENHAM OR PANDAS?

St. Vitus (285-304?), the only son of a senator, was born in Sicily. When he was seven, he became a Christian under the influence of servants who tended him. When Valerian, the administrator of Sicily, knew his conversion and miracles, he had Vitus brought before him to shake his faith but was unsuccessful. Vitus then fled to Rome along with his tutors. In Rome, he exorcised Emperor Diocletian's son of an evil spirit. The Emperor became afraid of St. Vitus' mysterious powers and tortured him, but his faith remained strong and finally he died a martyr in Lucania. He prayed that all who commemorated his day should be protected from dancing mania. The great devotion to Vitus developed in Germany and France where his relics were translated in 836 AD. He is one of the fourteen holy Helpers and is patron of epilepsy, lightning, storm, St. Vitus' dance, and actors. The miracles of healing have formed one of the fundamental qualifications for sainthood since Middle Ages through long pervasive culture of Christianity.

Dance of death was a phenomenon of the frenzied, mass hysterical behavior during the plague pandemic of middle ages; it reflected people's wish to escape from their fear of death by visiting healing shrines of St. Vitus. In fact, the phenomena kept appearing wherever plague became epidemic, and was dubbed the "Chorea St. Vinti", by Paracelsus (1416). Chorea Minor was named "St. Vitus dance", by Thomas Sydenham (1675), who noted that it was occasionally associated with arthritis related to Rheumatic Fever. Thus, it was different from the dancing mania of Middle Ages. The term Chorea originates from the Greek word 'Khoreia', which means act of dancing. In 1894, William Osler noted behavioral components in chorea that have features of Obsessive Compulsive Disorder (OCD). He observed that some patients with Chorea Minor had 'perseverativeness of behavior'.

Several inflammatory disorders are associated with preceding streptococcal infections, including Acute Rheumatic Fever (ARF), Glomerulonephritis, Erythema Nodosum, and Cutaneous Polyarteritis. The spectrum has expanded with addition of Pediatric Autoimmune Neuropsychiatric Disorders associated with streptococcal infections (PANDAS). Criteria proposed for the diagnosis include presence of OCD or a tic disorder, abrupt onset of symptoms in childhood and associated neurological abnormalities. Thus, Chorea may be a part of the clinical spectrum of post-infectious streptococcal illnesses. It is supported by the finding of antibodies against the neurons of caudate nucleus, probably resulting in imbalance between dopaminergic and cholinergic systems. OCD, Tourett's Sydenham Chorea are neurobiological disorders possibly due to basal ganglia abnormality. The role of special imaging techniques (PET-MRI) and possible treatment avenues with immunomodulatory therapies are complex and rapidly evolving areas of clinical research.

Contributed by

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