NOTABLE NOTES

Dermatology and Possession

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In the classic film *The Exorcist*, Father Damien Karras is asked, "How does a doctor end up as a priest?" Though the dual vocation of doctor-priest may have fallen out of favor in modern medical practice, societies have attributed death and disease to a higher power since time immemorial. For most of human history, the medical and the mystical have been one and the same.

This holds particularly true for dermatologic conditions. Readily visible, these conditions unfortunately generate disgust and result in the social rejection of afflicted individuals.¹ The more stigmatizing the disorder, the greater the belief in a magical or religious etiology. For instance, the Ayurvedic medical system considers leprosy and vitiligo to be more serious and stigmatizing than tinea versicolor. Accordingly, while nearly half of patients with leprosy and vitiligo interviewed in 1992 attributed their disorder to supernatural causes, only 17% of patients with tinea versicolor did so.²

Possession was a commonly cited etiology in India and Indonesia, where the Hindu Sátkuváris air spirits were believed to cause smallpox, measles, and chickenpox by entering the bodies of unsuspecting pass ersby. Only by consulting a medium could the offending spirit be identified, based on the clinical manifestations of the disease; for example, the queen of the Sátkuváris was thought to both cause and cure smallpox. The appropriate intervention was then propitiation of the spirit with tributes of coconuts and fowls.^{2,3}

In Nigeria, on the other hand, possession was a cure: the Yoruba believed that Sopono spirits induced carbuncles, boils, and smallpox. Therapy involved a possession ritual orchestrated by elderly women who had been previously afflicted; this technique was meant to both identify the spirit responsible and, in itself, reverse the ailment.³

As the corpus of medical knowledge has grown, supernatural interpretations of skin disorders have been largely discarded. There are now medical explanations available for the dermatologic manifestations of erstwhile demonic possessions. Consider *The Exorcist*: when the demon first takes up residence in Regan MacNeil's body, her skin blanches and becomes averse to holy water. When it later assumes total control, in desperation she somehow scrawls "help me" on her own skin.

Holy water aversion could easily be mistaken for polycythemia vera, in which water can induce sensations of itching, tingling, and even burning. "Skin writing" could be nothing more than a manifestation of dermographic urticaria, in which firm strokes or pressure on the skin immediately result in wheals, essentially turning the skin into a canvas. One must therefore consider which is more probable: a girl with unmet psychiatric needs and polycythemia vera comorbid with dermographic urticaria... or demonic possession? Perhaps the diagnostic benefits of a stint in the seminary deserve another look.

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