Morvan’s Syndrome after Siddha Drug Intake

Mangalapalli Vijay, Sowmini Padmaja Raman, Sakthi Velayutham Saravanan, Malcolm Jeyaraj Krishnasamy, Vivekasaravan Raju, Mugundhan Krishnan

Sir,

Morvan’s syndrome is a disorder of the central and peripheral nervous system caused by voltage-gated potassium channel (VGKC) autoantibodies. We report a case of a woman who presented with symptoms of Morvan’s syndrome after 2 months of Siddha medicine intake. She presented with burning feet sensation, insomnia, and dysautonomia. She tested positive for VGKC antibody. Her symptoms improved with a course of steroids and intravenous (IV) immunoglobulins. This case report highlights the association between VGKC antibody and Siddha medicine intake.

Augustine Marie Morvan, a French physician, first used the term “la chorée fibrillaire” in 1890 to describe a syndrome characterized by peripheral nerve hyperexcitability, fluctuating delirium, dysautonomia, and insomnia. Autoantibodies against VGKC complex proteins, contactin-associated protein-like 2 (CASPR2), and leucine-rich glioma-inactivated 1 (LGI1) are considered strongly in the pathogenesis of Morvan’s syndrome. A large number of case reports are available about the association between native medicine intake or heavy metal poisoning like gold, lead, mercury, and silver with neuromyotonia-like presentation.

In a study from Northwest India, 20 patients of neuromyotonia had an association with ayurvedic drug intake. In a country like India, where Siddha and ayurvedic drugs are used in abundance, such a treatable condition should not go unrecognized when patients with similar clinical features present to the general practitioner.

REFERENCES