



REVIEW ARTICLE

Historical figures at the office of Endocrinology^{☆,☆☆}



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Abstract Some historical figures have suffered endocrine diseases. This review relates those whose diseases have been published in the scientific literature. It takes a biographical summary and describes the disease process in those considered most relevant by the nature of the disease or the importance of the figure in the Spanish and Latin American context: the Pharaoh Akhenaten, Maximinus I, Bodhidharma, Sancho I of Leon, William the Conqueror, Enrique IV of Castile, Henry VIII, Mary Tudor, Carlos II of Spain, Pio Pico, Pedro II of Brazil, Eisenhower and J. F. Kennedy.

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Personajes históricos en la consulta de Endocrinología

Resumen Algunos personajes históricos han sufrido enfermedades endocrinológicas. Esta revisión relaciona aquellos cuyas enfermedades han sido publicadas en la literatura científica. Se realiza un breve apunte biográfico y se describe el proceso patológico en aquellos considerados más relevantes por la naturaleza de la enfermedad o la importancia del personaje en el ámbito español e iberoamericano: el faraón Akhenatón, Maximino I, Bodhidharma, Sancho I de León, Guillermo el Conquistador, Enrique IV de Castilla, Enrique VIII de Inglaterra, María Tudor, Carlos II de España, Pío Pico, Pedro II de Brasil, Eisenhower y J. F. Kennedy.

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Introduction

Endocrinology and Nutrition is a specialty of Medicine covering a wide number of fields related to the endocrine system, metabolism of immediate principles, vitamins and trace elements, and clinical nutrition, amongst others.¹

Because of the high prevalence of some endocrine and nutritional diseases, it is hardly surprising that they have

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^{☆☆} To the memory of Dr. Lorenzo Abad Martínez, professor of Gynecology at the School of Medicine of Universidad de Murcia, who awoke in me interest in Endocrinology and the disease suffered by historical figures in the past.

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Table 1 *Medical subject* headings used, together with "history", in the literature search for this review.

Acromegaly	Adrenal insufficiency
Anorexia nervosa	Cushing syndrome
Diabetes insipidus	Diabetes mellitus
Enteral nutrition	Goiter
Hirsutism	Hyperaldosteronism
Hyperandrogenism	Hyperparathyroidism
Hyperthyroidism	Hypoglycemia
Hypogonadism	Hypopituitarism
Hypothyroidism	Insulinoma
Nutritional support	Obesity
Pheochromocytoma	Prolactinoma

been suffered by historical figures. Specific diagnoses have been proposed for some public figures.

In addition to providing care, endocrinologists should play a teaching role for both undergraduates and graduates.¹ Retrospective diagnosis of historical figures is an intellectual exercise that allows for a deeper understanding of differential diagnosis, and has a great interest in both academic and postgraduate teaching and continued training. It also serves to motivate students who start to study Endocrinology and Nutrition.

Materials and methods

A literature search was made in PubMed for historical figures reported to have suffered (or possibly suffered) an endocrinole or nutritional disease. For this, searches were made for articles which had indexed both the term "history" as *medical subject heading*-MeSH-and each of the terms listed in Table 1. Titles of articles retrieved were subsequently analyzed to choose those referring to a historical figure.

Articles published in Spanish, English, and French were collected.

Historical figures

Akhenaten, Egyptian pharaoh

Akhenaten, who started his reign as Amenophis IV, was an important Egyptian pharaoh of the 18th dynasty. He reigned 17 years, from 1365 to 1348 BC. Akhenaten made radical changes in Egypt: he established a new capital and, above all, founded a new monotheistic religion with a god called Aten, which represented a radical rupture with prior polytheism. The new religion was associated to a pacifist philosophy and a deep respect for nature, and also to a new concept of art in which sculptures or reliefs portraying the pharaoh were no longer highly idealized.²

This new, less idealized concept of art has led to many medical interpretations about Akhenaten, who is often portrayed as a person with marked bones and prominent jaw, sunken chest, bulky abdomen, and gynecoid fat distribution. In addition, his skull appears deformed.³ Many of the various diseases attributed to pharaoh Akhenaten based

on the physical characteristics depicted in sculptures and reliefs are within the scope of Endocrinology and Nutrition. Thus, several authors have suggested that Akhenaten suffered from acromegaly, with or without hypogonadism, isolated hypogonadism, or rickets, and even gender dysphoria, which would have led to portray him as a womanish figure with no male genitalia.³ Other proposed diagnoses include Klinefelter syndrome⁴ or lipodystrophy,^{2,3} especially a cephalothoracic form which would partly explain the facial configuration, marked collarbones, loss of subcutaneous fat layer, increased hip fat, and hepatosplenomegaly and eventual cirrhosis with bulging.²

Maximinus I, Roman emperor

Gaius Julius Verus Maximinus was a Roman emperor of the 3rd century. He was born in a remote Thracian village and was a shepherd as a child, but was soon recruited for the army because of his size and strength. After a meteoric military career, in which he commanded legions and provinces, he was proclaimed emperor by his soldiers, who killed his predecessor, Alexander Severus.⁵ His reign lasted three years, and he was finally murdered by his own soldiers. This led to a time of anarchy which lasted until emperor Diocletian ascended the throne.

The size of emperor Maximinus was legendary. According to *Historia Augusta* he was approximately 239 cm in height, drank large amounts of fluid, and had profuse sweating. His image in denarii coined during his reign shows marked prognathism and growth of the superciliary arch. His sculptures also show acral growth. These characteristics (tall height, much greater than that of his contemporaries, acral changes, excess sweating, and polydipsia possibly related to diabetes mellitus) have led to suggest that emperor Maximinus I was an acromegalic giant.⁶

Bodhidharma, founder of zen buddhism

Bodhidharma, the third son of an Indian king, became a monk and in 527 AD took to China a new form of buddhism characterized by meditation and self-deprivation. He moved to the Shaolin monastery in China, where he found monks to be in a poor physical condition and an easy prey for bandits. Since monks were forbidden to use weapons, Bodhidharma developed a system to fight without weapons which, over time, would lead to kung fu in China and karate in Japan. The religious system started by Bodhidharma represented to foundation of zen buddhism. Bodhidharma is said to have introduced green tea (on which patients often ask questions at endocrinology offices) in China to help him and his disciples to stay awake during meditation. According to another story, Bodhidharma always had his eyes open, so that he was able to see and know everything. Although a distinction between historical facts and legends is impossible, there is no doubt that Bodhidharma was a historical figure of the 6th century. In sculptures and portraits in zen temples, Bodhidharma has the typical appearance of Graves' ophthalmopathy, with eyes open and bulging. This has led to suggest that he suffered from this ophthalmopathy, probably alone, with no thyroid involvement.⁷

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