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Photosensitivity, treated with 1m potency: A case report

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Abstract

Photosensitivity is an abnormal cutaneous reaction to solar ultraviolet radiation. This reaction may clinically manifest as greater propensity toward sunburn or development of a rash upon exposure to sun light [1]. In these cases homoeopathic medicines are always beneficial when given after individualization of the patient in order to achieve cure. A 44 year old male patient attended outpatient department (OPD), chiefly for the complaints of red macular eruptions on forehead, nape of neck and on bilateral hands. He was under treatment with modern medicine for past sometime but getting no relief so patient turned to homoeopathic treatment. After detailed case taking and repertorization, Sulphur 0/1 was prescribed. Within 3 months of homoeopathic treatment, patient showed improvement, eruptions get subsided and no new eruptions are observed in subsequent visits.

Keywords: Photosensitivity, sulphur, homoeopathy, repertorization, LM potency

Introduction

Photosensitivity is an allergic reaction occurring due to exacerbated exposure to sunlight [2]. Many etiological factors may be responsible, including porphyria, connective tissue disease, nutritional abnormalities, genetic diseases, and idiopathic disorders. Particularly relevant to the agricultural worker is photosensitivity as a result of contact with exogenous factors, such as plants, pesticides, and sunscreens. These exogenous photocontact reactions are known as photoallergy and phototoxicity [3].

It presents as an erythematous or violaceous maculopapular eruption in sun-exposed areas, most commonly on the face, arms, neck (in "V"-shaped distribution) and hands, sparing the knuckles. The rash, most common amongst Caucasians, is caused by both UVA and UVB light. Similar to the malar rash, it has a high specificity (96%) and moderate sensitivity (43%) for SLE [4].

Photodermatitis is of four types [5]:

- 1. Exogenous chemical or drug reactions:** These are the phototoxic and photoallergic reactions wherein the photosensitizers are being ingested or topically applied on the skin.
- 2. Idiopathic photodermatoses:** These includes the polymorphic light eruptions, chronic actinic dermatitis, actinic prurigo and solar urticaria, with an unknown photosensitization reaction.
- 3. Metabolic or genetic photodermatoses:** It include conditions like pellagra, xeroderma pigmentosum and variegate porphyria; the photosensitizer is being formed and deposited in the skin.
- 4. Systemic and cutaneous diseases:** These lesions are exacerbated by an exposure to UV rays of the sun; examples are acne, eczema, systemic lupus erythematosus, herpes simplex and roseacea.

Case Report

A 44 year old male patient visited outpatient department (OPD) on 15 March 2019 with the complaints of red macular eruptions on forehead, nape of neck and on bilateral hands. Severe itching and burning present in affected part. Itching aggravate from sun exposure and at night and better by bathing from cold water.

History of presenting complaint

Patient was apparently well 3 years back when he had started complaint of macular eruption on forehead which gradually spread over nape of neck and on bilateral hands.

At that time he received allopathic treatment and used topical applications on affected part and get relief. But the eruptions get reappeared within sometime as he left the treatment. His condition get worse whenever he came in contact to sun rays. Application of topical application with remission of lesions and relapse on cessation of treatment continued. Skin around lesion was little thickened and had unhealthy look.

Past History

No relevant past history

Family History

Elder Brother – Diabetic (DM II)

Physical Generals

- Appetite – Adequate
- Thirst – Decreased
- Desire – Sweets
- Reaction to temperature – Hot

Mentals

- Anxiety related to his disease.
- Helping others makes him happy.

Totality of symptoms

- Anxiety related to his disease.
- Helping others makes him happy.
- Desire for sweets.
- Red macular eruptions on forehead, nape of neck and on bilateral hands.
- Itching aggravate from sun exposure.
- Itching aggravate at night.
- Itching better by bathing from cold water.
- H/o suppression of eruptions.

Miasmatic evaluation for the presenting symptoms showed the predominance of psora miasm.^[6] Considering the above totality, Kent’s Repertory was preferred and RADAR software was used for repertorization. The repertorization chart is given in [Figure 1].

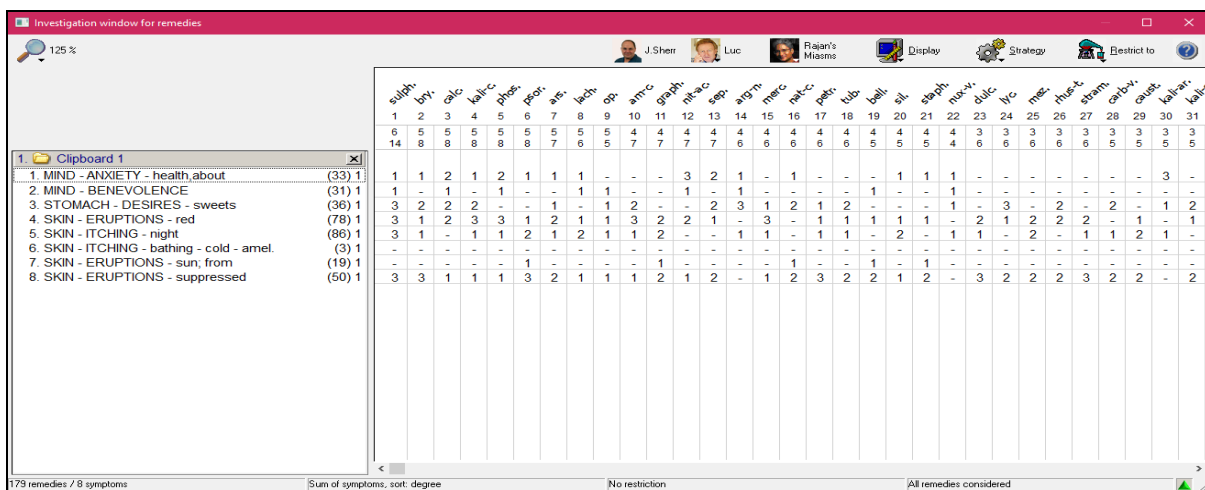


Fig. 1: Repertorization of case from Kent Repertory using RADAR software.^[7]

Repertorial Analysis

On reportorial analysis *Sulphur* has scored highest marks (14/6) followed by *Bryonia*, *Calcarea*, *Kali carb*, *Phosphorus* and *Psorinum* covering 8/5.

Sulphur is also indicated as the patient was hot in thermal reaction, and is used in patient using local application leading its suppression of lesions.

First prescription

On 15/03/2019 *Sulphur* 0/1 prescribed for 14 days on first visit on the basis of reportorial totality and considering the miasmatic background.

General management

Avoid exposure to direct sunlight and artificial sources of UVR.

Follow ups

Date	Symptoms	Prescription
29/03/2019	<ul style="list-style-type: none"> • Red macular eruptions over forehead, nape of neck and on bilateral hands. • Severe itching present. • Thickening of skin with dryness. 	Sulphur 0/1 X TDS for 14 days
12/04/2019	<ul style="list-style-type: none"> • No new eruptions appear. • Intensity of itching decreased. • Skin texture better. 	Sulphur 0/1 X BD for 14 days
26/04/2019	<ul style="list-style-type: none"> • Some new eruptions appear. • Itching present on and off. 	Sulphur 0/1 X BD for 14 days
10/05/2019	<ul style="list-style-type: none"> • Eruptions decrease in size. • Mild itching present. 	Sulphur 0/1 X OD for 14 days
24/05/2019	<ul style="list-style-type: none"> • No new eruptions seen. • No itching present. 	Rubrum 30 X TDS for 14 days

07/06/2019	<ul style="list-style-type: none"> • Skin texture better. • Eruptions and itching disappears. 	Rubrum 30 X TDS for 14 days
21/06/2019	• The patient was asymptomatic and no eruptions at that time.	Rubrum 30 X TDS for 30 days
19/07/2019	• No symptoms.	Rubrum 30 X TDS for 60 days
21/09/2019	• No symptoms	Rubrum 30 X BD for 60 days
25/11/2019	• No symptoms	Treatment stopped.

Discussion

In this case Sulphur was prescribed after repertorization, in LM potency. LM potency have the potential to give significant improvement in the treatment of chronic diseases

without any major aggravations. In LM potency there is possibility of frequent repetition, least aggravation which could be very much admissible for hypersensitive persons. Least quantity of material doses helps to hasten the cure.

Sl. No.	Before treatment	After treatment
1.		
2.		
3.		
4.		

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