Photosensitivity, treated with LM 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 sunlight [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 out patient 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 rosacea.

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].

**Repertorial Analysis**

On repertorial 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 repertorial totality and considering the miasmatic background.

**General management**

Avoid exposure to direct sunlight and artificial sources of UVR.

**Follow ups**

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
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<tbody>
<tr>
<td>29/03/2019</td>
<td>Red macular eruptions over forehead, nape of neck and on bilateral hands.</td>
<td>Sulphur 0/1 X TDS for 14 days</td>
</tr>
<tr>
<td></td>
<td>Thickening of skin with dryness.</td>
<td></td>
</tr>
<tr>
<td>12/04/2019</td>
<td>No new eruptions appear.</td>
<td>Sulphur 0/1 X BD for 14 days</td>
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<td></td>
<td>Intensity of itching decreased.</td>
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<td>Skin texture better.</td>
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<td>26/04/2019</td>
<td>Some new eruptions appear.</td>
<td>Sulphur 0/1 X BD for 14 days</td>
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<td>Itching present on and off.</td>
<td></td>
</tr>
<tr>
<td>10/05/2019</td>
<td>Eruptions decrease in size.</td>
<td>Sulphur 0/1 X OD for 14 days</td>
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<td></td>
<td>Mild itching present.</td>
<td></td>
</tr>
<tr>
<td>24/05/2019</td>
<td>No new eruptions seen.</td>
<td>Rubrum 30 X TDS for 14 days</td>
</tr>
<tr>
<td></td>
<td>No itching present.</td>
<td></td>
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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.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Before treatment</th>
<th>After treatment</th>
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<tr>
<td>1.</td>
<td><img src="image1" alt="Image" /></td>
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References