



A Case Study For Treatment Of Polymorphus Light Eruption With Homoeopathy

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Abstract

Polymorphic light eruption is the most common form of immunologically mediated photosensitivity dermatoses. The following case report is of polymorphus light eruption which is a type of photodermatoses in 49 -year- old female. She was treated successfully with homoeopathic treatment which took around 2 years. This report illustrate successful treatment of polymorphus light eruption with homoeopathy.

I. INTRODUCTION

Polymorphous Light Eruption (PMLE) is one of the most common photodermatoses, i.e., abnormal skin reactions to sunlight. It is a benign but distressing condition characterized by rashes that appear after sun exposure. The term “polymorphous” refers to the fact that the rash can present in multiple forms such as papules, vesicles, or plaques. PMLE is most prevalent in young adults, particularly women, and usually develops in spring or early summer when sun exposure suddenly increases.

Photodermatoses is classified in four groups:

- (A) Idiopathic (immunologically mediated) photodermatoses;
- (B) Drug/ chemical induced photodermatoses;
- (C) Genetic and metabolic photodermatoses; and
- (D) photo-aggravated dermatoses.

1.2 Causes and predisposing factors

- Sunlight (UV radiation): Both UVA and UVB rays can trigger PMLE.
- Genetic susceptibility: family history
- Skin type: fair-skinned individuals are more prone.
- Immune response: abnormal reaction of immune cells to UV- induced changes in the skin.
- Environmental triggers: sudden exposure after a period of low sunlight, stress, or hormonal factors.

1.3 Clinical features

- Onset: Rash appears hours to days after sun exposure.
- Appearance: Polymorphic rash- red papules, plaques, or vesicles.
- Location: commonly on arms, chest, neck, and legs (rarely on face).
- Symptoms: intense itching, burning, erythema and rashes
- Course: symptoms improve with reduced exposure; chronic recurrent pattern.

Differential diagnosis of papular or papulovesicular type include photoallergic eczema, ictus or prurigo simplex. Plaque-type lesions must be differentiated from delayed onset solar urticaria, and lupus erythematosus (LE).

Photoprotection is the supportive treatment in all photodermatoses. Other treatment methods are systemic or topical steroids, antihistamines, use of high SPF and high UVA protection sunscreens.

Homoeopathy, with its individualized, holistic approach, offers gentle and effective management of PMLE by strengthening the body's natural defense mechanism and reducing hypersensitivity to sunlight.

II. Homoeopathic management of PMLE

Homoeopathy aims not only to relieve acute symptoms but also to modify the underlying susceptibility, thereby preventing recurrence. Remedy selection is based on the totality of symptoms and the individual constitution.

Commonly indicated remedies

1. Natrum muriaticum- eruptions after sun exposure. Greasy or oily skin with vesicular eruptions. Suited to reserved, sensitive individuals.
2. Sepia – skin eruptions with itching and burning worse in sunlight. Brownish discoloration and blotches. Especially helpful in women with hormonal imbalance.
3. Sulphur – chronic tendency to skin eruptions with intense burning and itching. Eruptions aggravated by heat and washing. Skin is dry, rough and unhealthy.
4. Apis mellifica- red, Swollen, burning, and stinging eruptions. Relief from cold application. Useful in acute flare-ups.
5. Carcinosinum- for individuals with strong family history of allergies, cancer, or skin disorders. Photosensitivity with recurrent skin eruptions.
6. Belladonna – sudden bright red rash after sun exposure. Burning heat with throbbing sensation. Suited to acute, sudden attacks.

III. CASE REPORT

Presenting complaints: A 48-year-old female patient visited the clinic on 19-04-2022 complaining of reddish, small, multiple pruritic, vesicular eruptions on face, neck and chest, since she was 18 years old.

History of presenting complaints: when the patient was 18 years old, she experienced itching on her forearm and she visited a doctor and took some allopathic medicines and her symptoms were relieved. At the age of 25, experienced the same complaint and again took allopathic medicines and got relieved. but at the age of 40, she again complained the same condition but this time she experienced itching around neck areas, face, forehead, and even legs and it was worse such that she used to scratch until it bled and no medicines were giving her relief and affected areas became reddish and she used to cry because of her condition.

Causation – sun exposure, no modalities

Past history: history of goiter –at age of 19, took treatment for around 1 and ½ year. Hysterectomy got done in 2018.

Personal history: Patient is of fair complexion and robust constitution.

Physical General: Thermal reaction – hot

Perspiration– Profuse, even in winter.

Sleeps with uncovered legs in winter.

Dreams- falling from high places and of water.

Mental General:

Patient belongs to Sikh family and of jolly type of person, she is satisfied with her family. Likes to boast about her, her family background, and she compared her family with her husband's family. She has superior complex for everything.

3.1 CLINICAL FINDINGS: small, reddish vesicular eruptions on hands , face, legs, neck or any area that expose to sun . Severe itching.

3.2 DIAGNOSIS – POLYMORPHUS LIGHT ERUPTION

3.3 ANALYSIS AND EVALUATON OF SYMPTOM WITH MAISMATIC ANALYSIS

SYMPTOMS	TYPE OF SYMPTOM	INTENSITY	MAISMATIC ANALYSIS
• Superiority complex	Mental general	++	Psora
• Thermal reaction – hot	Physical general	+++	Psora
• Profuse perspiration	Physical general	+++	Psora
• Sleeps with uncovered legs	Physical general	++	Psora
• Dreams of falling from high places	Physical general	++	Psora
• Dreams of water	Physical general	+	Psora
• Reddish eruption on face , forehead	Particular	++	Psora
• Eruption on hands	Particular	++	Psora
• Cause – exposure to sun	Particular	+++	Psora
• Itching	Particular	++	Psora

3.4 Totality of symptoms –

- Superiority complex
- Thermal reaction – hot
- Profuse perspiration
- Sleeps with uncovered legs
- Dreams of falling from high places
- Dreams of water
- Reddish eruption on face (forehead)
- Eruption on hands
- Irresistible desire to scratch
- Cause – exposure to sun



3.5 Repertorial sheet –

MIND	Remedies	ΣSym	ΣDeg	Symptoms
1 MIND - BOASTER - squandering through ostentation	lyc.	3	8	5, 7, 9
2 MIND - IMPATIENCE - always	dig.	3	4	5, 7, 12
3 MIND - IRRITABILITY - business - about	verat.	3	3	5, 7, 9
FACE	bell.	2	4	7, 9
4 FACE - ERUPTIONS - red - Forehead	thuj.	2	4	7, 9
EXTREMITIES	acon.	2	3	9, 12
5 EXTREMITIES - ERUPTIONS - Hands - rash	agar.	2	3	5, 12
DREAMS	carb-v.	2	3	5, 7
6 DREAMS - FALLING - high places; from	chin.	2	3	7, 9
7 DREAMS - WATER	ferr.	2	3	7, 9
PERSPIRATION	ign.	2	3	7, 9
8 PERSPIRATION - PROFUSE - winter; during	merc.	2	3	2, 7
9 PERSPIRATION - UNCOVERING - amel.	puls.	2	3	1, 9
SKIN	sil.	2	3	2, 7
10 SKIN - ITCHING - eruptions - where eruptions have been	calc.	2	2	1, 9
11 SKIN - ITCHING - sun exposure; from - winter; even in	carc.	2	2	7, 8
12 SKIN - ITCHING - Affected parts	led.	2	2	5, 9

3.6 Selection of remedy and potency with justification

Lycopodium clavatum prescribed on the basis of totality of symptoms and repertorial analysis. It covered 3 out of 12 rubrics, and got highest marks (8). Moreover, on referring to materia medica, platinum metallicum also seemed most appropriate similimum among other indicated medicines on repertorization, i.e. veratrum alb (3/3), digitalis (4/3).

3.7 Prescription- lycopodium 30 / tds/ 3 days, followed by sac lac /tds/ 20 days

3.8 General management-

- Avoid sudden and prolonged sun exposure.
- Use protective clothing and wide- brimmed hats.
- Gradual “hardening” of skin by controlled sun exposure.
- Application of broad- spectrum sunscreens.
- Stress management and adequate hydration.

3.9 Follow –up

Date	Symptoms	Prescription
19-04-2022	Eruption on face and hands with itching	Lycopodium 30/ tds/3 days, SL 30/tds / 20 days
20-05-2022	mild redness and eruptions after exposure of sun	Lycopodium 30 / tds/ 3 days , SL30/ tds / 20 days
16-06-2022	Slight better than before , no new complaint	SL 30/tds / 15 days
04-07-2022	Eruptions flare up in exposure of sun	Lycopodium 200 / 3 doses /Ods/ 3days, SL 30/ tds/1 month
10-08-2022	Improvement than before, no new rash in exposure of 5-10 min.	S/L 30 / tds/ 1 month
12-09-2022	Slight better than before but still some eruption appear when in exposure for more than 15 min.	Lycopodium 200/3 doses / Ods/ 3 days SL 30/ tds/ 1 month
15-10-2022	No new eruption on face , but few eruptions on hands and ankle, which is exposed to sun	SL 30 / tds/ 1 month
20-11-2022	No new eruption , slight itching in old scars present	SL 30/ tds/ 1 month
20-12-2022	No new eruption , itching better	SL 30 / tds/ 1 month
22-01-2023	Few eruption if exposed to sun for more than ½ an hour	SL 30 / tds/ 1 month
25-02-2023	No new eruption and no itching and old complaints are better now	SL 30/ tds/ 1 month

IV. CONCLUSION

Polymorphous light eruption is a recurring sun- induced skin disorder that significantly affects quality of life. Homoeopathy offers a holistic, safe, and effective mode of treatment by relieving acute symptoms, reducing recurrence, and improving overall resistance to sunlight. This case is of polymorphus light eruption and complaints were chronic and suppressed before but with homoeopathic medicines complaints improved gradually without any episodes of recurrence of symptoms. With proper lifestyle modifications and individualized remedy prescription, PMLE can be managed successfully without long- term dependence on chemical sunscreens or steroids.

V. **DECLARATION OF PATIENT CONSENT** Patient has given her consent for her images and other clinical information to be reported in the journal.

Conflicts of interest

None declared.

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