



# TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE

[www.tjhms.com](http://www.tjhms.com)

## CASE REPORT

### TREATMENT OF PHOTODERMATITIS WITH HOMOEOPATHY- A CASE REPORT

Sweety Thripathi<sup>1</sup>, Anushree Gupta<sup>1</sup>

<sup>1</sup>PG Scholar, Bakson Homoeopathic Medical College and Hospital, Greater Noida, UP

#### Abstract

Received- 09/09/2023

Revised- 25/09/2023

Accepted- 30/09/2023

**Key Word-** Skin,  
Photodermatitis, Derma,  
Homoeopathy, Allergic.

#### Corresponding Author:-

Sweety Thripathi,  
PG Scholar, Bakson  
Homoeopathic Medical  
College and Hospital,  
Greater Noida, UP

Skin diseases are one of the diseases that affect the patient in both physical and mental plane as it decreases the quality of life of the person. Dermatitis is one of the most common skin disorders which are used to describe a number of skin irritations and rashes that may vary from mild to severe. This case report is an attempt to establish the role of individualised homoeopathic medicine in the treatment of photodermatitis; a type of allergic contact dermatitis

#### INTRODUCTION

**Dermatitis** is inflammation of the skin, typically characterized by itchiness, redness, and a rash.<sup>[1]</sup> In the word “dermatitis,” “*derm*” means “*skin*” and “*itis*” means “*inflammation*.” The area of skin involved can vary from small to covering the entire body. The cause of dermatitis is unknown but is presumed to be a combination of genetic and

environmental factors.<sup>[2]</sup> The type of dermatitis is generally determined by the person's history and the location of the rash. Dermatitis affects <sup>[3]</sup> 3.34% of the world population. Contact dermatitis is twice as common in females as in males.<sup>[4]</sup>

#### TYPES OF DERMATITIS:

The types of dermatitis defined according to the International Statistical

Classification of Diseases and Related Health Problems (ICD) are:

**Atopic Dermatitis-** is an allergic disease with genetic factors. The itchy rash is especially noticeable on the head and scalp, neck, inside of the elbows, behind the knees, and buttocks. Stress can make atopic dermatitis worse.<sup>5</sup> It is the most common type and usually begins in childhood.<sup>1</sup>

**Contact Dermatitis-** is of two types: allergic and irritant. Some substances act both as allergens and irritants. It is curable, provided the offending substance can be avoided and its traces removed from one's environment. (ICD-10 L23; L24; L56.1; L56.0)<sup>[6]</sup>

**Seborrheic Dermatitis-** is a condition sometimes classified as a form of eczema that is closely related to dandruff. It causes dry or oily flaking of the scalp, eyebrows, face, and sometimes the trunk. (ICD-10 L21; L21.0)<sup>[6]</sup>

**Photo Dermatitis**<sup>[7,8]</sup>., sometimes referred to as **sun poisoning** or **photo allergy**, is a form of allergic contact dermatitis in which the allergen must be activated by UV radiation, visible light, or both in sunlight and artificial light sources to sensitize the allergic response, and to cause a rash such as eczematous eruptions or other systemic effects on subsequent exposure. In photosensitive dermatitis, a

phototoxic or photoallergic reaction causes the patient to react abnormally to sunlight.

**Diagnosis of photodermatitis:** To confirm the diagnosis of photodermatitis, certain questions need to be asked:

- About previous sun exposure,
- Exposure to photosensitizing agents,
- Family history, and
- Any other accompanying symptoms.

Careful examination of the skin and the pattern of distribution of skin lesions is necessary to help rule out other forms of photosensitivity. These appear at sun-exposed parts of the skin, such as the outer part of the arms and hands, the chest, the back, the neck, and its sides.

### CASE REPORT

<b>Name-</b> Mrs. XYZ	<b>Marital status-</b> married
<b>Age-</b> 45years	<b>Occupation-</b> teacher
<b>Sex-</b> Female	<b>Socioeconomic status-</b> middle class
<b>Date of Registration-</b>	20/02/2023.

### Presenting Complaint:

Eruptions with itching and redness in and around the neck region and on the sides of the neck.

### History Of Presenting Complaint:

The patient was apparently well 1 year back when she started complaining of papular eruptions with redness on both sides of the neck followed by burning and itching. She took allopathic medication and was prescribed the standard treatment. She was fine as long as she took medicines for 3 months but her complaint reappeared on discontinuing treatment

- Location- in and around the neck region, both sides
- Sensation- intense burning and itching
- Modalities - <slight sun exposure, heat; >cold application
- Concomitants- n/s
- local examination-redness with inflammation,

#### Past History:

In the year 2009 she suffered from typhoid for which she took allopathic treatment and was cured.

#### Family History:

<b>Maternal History-</b> Mother- deceased at the age of 66years
<b>Paternal History-</b> Father- 68 years, has had diabetes mellitus type 2 for 30 years
<b>Sibling-</b> one brother of 40 years, alive and healthy

#### Physical Generals:

- Thermals – Chilly
- Appetite – Adequate, 3 Meals/Day; 2 Chapatis/Meal

- Thirst –Increased 3 To 4 Litres, At Room Temperature
- Desire- Salt
- Aversion- N/S
- Intolerance- Sour Food
- Urine-D 4 N 2. Pale Yellow, Non-Offensive
- Stool- D 1 N 0, Satisfactory And Hard Stool
- Taste- N/S
- Tongue- Clean And Moist
- Perspiration- *Scalp, <Eating While*, Non-Offensive, Non-Acid, Non-Staining
- Sleep-. No Specific Position Nor Any Movements During Sleep.

#### Gynaecological History:

Her last menstrual period occurred on 06/02/2023 with no associated complaints. Her menstrual cycle is regular, and occurs for 4-5 days, every 26-28 days.

#### Obstetric History:

P<sub>2</sub>L<sub>1</sub>A<sub>0</sub>

2 children, both male, FTNVD. One is of 20 years and the other of 24 years

#### Mental Generals:

The patient is friendly and helpful to everyone around her. She is calm, affectionate, and rarely gets angry. She often works in NGOs and does charitable work for underprivileged people. She doesn't like sitting ideally and always

keeps her busy with one or the other work. She does all her work on her own and doesn't like taking help from others.

#### Physical Examination –

<b>Complexion-</b> light-complexioned	<b>Respiratory rate-</b> 20/minute
<b>Built-</b> endomorphic	<b>Temperature-</b> Afebrile
<b>Weight-</b> 78 kg	<b>Oedema-</b> Absent
<b>Height-</b> 153 cm	<b>Pallor-</b> Absent
<b>Pulse-</b> 75/minute	<b>Cyanosis-</b> Absent
<b>Blood Pressure-</b> 124/80 mm of Hg	<b>Lymph nodes-</b> not palpable

**Clinical Diagnosis:** Photo-dermatitis

**Differential Diagnosis:** <sup>[9]</sup>

- **Contact Dermatitis-** is an itchy rash caused by direct contact with a substance such as cosmetics, fragrances, jewelry, and plants or an allergic reaction to it.
- **Porphyria cutanea tarda -** is a part of a spectrum of diseases that arise as a result of abnormal enzymes in the biosynthesis of heme.
- **Systemic lupus erythematosus-** is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation and tissue damage in the affected organs.
- **Polymorphous light eruption (PMLE)-** is a delayed hypersensitivity reaction in the skin to unknown

endogenous cutaneous photo-induced antigens.

#### ANALYSIS OF SYMPTOMS

COMMON	UNCOMMON
Eruption on neck with redness	Works in NGOs and does charity (BENEVOLENCE)
Eruption better by cold application	Doesn't like taking help and does all her work (INDEPENDENT)
Skin eruption<sun	Intolerance of sour food
	Papular eruption of skin with itching
	perspiration on scalp while eating

#### Evaluation Of Symptoms

Symptoms of patient	Intensity	Miasm <sup>[10]</sup>
Mental Generals	+3	Sycosis
1. Works in NGOs and does charity (BENEVOLENCE)	+2	Psora
2. Doesn't like taking help and does all her work (INDEPENDENT)		

Physical Generals	+3	Sycosis
1. Perspiration on scalp while eating		
2. Intolerance of sour food	+3	Sycosis
Particulars	+3	Psora
1. Papular eruption with itching		

### Repertorial Totality <sup>[11]</sup>

1. Mind- Independent
2. Mind- Benevolence
3. Head- Perspiration-Scalp-Eating, While
4. Generalities-Food And Drinks- Sour Acids- Agg.
5. Skin-Eruptions- Itching
6. Skin-Eruptions- Papular

### Repertorial Chart

Repertorization was done from complete repertory using RADAR software

### Therapeutic Intervention

After analysing the repertorial totality, it was observed that *Calcarea carbonica* covered all the rubrics with

the maximum score. On consulting the materia medica, *Calcarea carbonica* seems to be the nearest minimum of the case. It was prescribed in 200C potency, one dose of four globules of size 30 to be taken on an empty stomach in the morning, on the baseline visit i.e. 20/02/2023 followed by *sac lac* 30/BD/15 days.

### Follow-Up Of The Case

Date	Complaint	Prescription	Remarks
5/03/2023	Burning is slightly reduced, and itching is with the same intensity	<i>Sac lac</i> 30/BD/15 days	Don't disturb the action of medicine
26/03/2023	No change	<i>Calcarea carbonica</i> 200/OD/1 day <i>Sac lac</i> 30/BD/20 days	Repetition of the last potency used before changing to the next higher potency
7/04/2023	burning and itching were	<i>Sac lac</i> 30/BD/15 days	Wait and watch

	reduced		
/05/2023	No change	<i>Calcarea carbonica</i> 1M/OD/1 day <i>Sac lac</i> 30/BD/20 days	Since there was no change, a higher potency of the same medicine
8/06/2023	Redness, itching, and burning were reducing along with reduction in eruptions.	<i>Sac lac</i> 30/BD/15 days	Wait and watch
7/07/2023	Condition has gradually improving	<i>Sac lac</i> 30/BD/30 days	

**RESULT:**

There is an improvement in the patient's condition. Her burning, itching, and redness were reduced to a marked degree on taking homoeopathic treatment for 5 months. She was advised to not wear any jewellery for some time.

**Figure 1 On first visit- 20/02/2023****Figure 2- Taken on 17/04/2023****Figure 3- Taken on 7/7/2023**



## DISCUSSION AND CONCLUSION:

In this case, through a holistic approach of homeopathy, the condition of allergic contact dermatitis has improved along with mental well-being. This case report confirms the effectiveness of homeopathic medicine in cases of allergic contact dermatitis. It further proves the effectiveness of *Calcarean carbonic* in cases of allergic contact dermatitis.

## REFERENCES:

1. Nedorost ST (2012). Generalized Dermatitis in Clinical Practice. Springer Science & Business Media. pp. 1–3, 9, 13–14. ISBN 978-1447128977. Archived from the original on 15 August 2016. Retrieved 29 July 2016.
2. "Handout on Health: Atopic Dermatitis (A type of eczema)". NIAMS. May 2013. Archived from the original on 30 May 2015. Retrieved 29 July 2016.
3. Vos T, Allen C, Arora M, Barber RM, Bhutta ZA, Brown A, et al. (GBD 2015 Disease and Injury Incidence and Prevalence Collaborators) (October 2016). "Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015". *Lancet*. **388** (10053): 1545–1602. doi:10.1016/S01406736(16)31678PMC 5055577. PMID 27733282.
4. Adkinson NF (2014). Middleton's Allergy: Principles and Practice (8 ed.). Philadelphia: Elsevier Saunders.p. 566. ISBN 978032308593
5. Atopic Dermatitis National Eczema Association. "Balsam of Peru contact allergy". Dermnetnz.org. 28 December 2013. Archived from the original on 5 March 2014. Retrieved 5 March 2014
6. Rodriguez E, Valbuena MC, Rey M, Porras de Quintana L. 2006. Causal agents of photoallergic contact dermatitis diagnosed in the national institute of dermatology of Colombia. *Photodermatol Photoimmunol Photomed* 22(4): 189-192.
7. Photodermatitis. Papadakis M.A., & McPhee S.J., & Bernstein J(Eds.), (2022). *Quick Medical Diagnosis & Treatment 2022*. McGraw Hill.

**How to Cite this Article-** Tripathi S., Gupta A., Treatment Of Photodermatitis With Homoeopathy- A Case Report. *TUJ. Homo & Medi. Sci.* 2023;6(3):110-116.

**Conflict of Interest:** None

**Source of Support:** Nil