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POLYMORPHOUS LIGHT ERUPTION (PMLE) TREATED WITH HOMOEOPATHIC MEDICINE SULPHUR- A CASE REPORT

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ABSTRACT

Polymorphic light eruption (PMLE) also known as polymorphous light eruption or prurigo aestivalis is the most common form of immunologically mediated photosensitivity dermatoses which is characterised by an abnormal, recurrent and delayed reaction to sunlight. The cause is unknown and people who experience polymorphic light eruption are those who reside at high altitude than at sea level. The unique feature of PMLE in Indian skin is the pigmentary change which varies from hypopigmented to hyperpigmented lesions. Here, is a case report of PMLE which is treated successfully with Sulphur, an individualised homoeopathic medicine and marked improvement was seen in the follow up.

KEYWORDS: Polymorphous light eruption, Sulphur.

INTRODUCTION

Polymorphous light eruption (PMLE) is an acquired disease and is the most common of the idiopathic photodermatoses.^[1] It was first described by Ebstein in 1942 as prurigo

aestivalis. PMLE is characterised by recurrent, abnormal, delayed reactions to sunlight ranging from erythematous papules, papulovesicles, and plaques to erythema multiforme-like lesions on sunlight-exposed surfaces.^[1] Within any single patient, only one clinical form is consistently manifested.^[1] The word polymorphous in the name refers to different morphologic presentation of the condition.^[1] Variants include juvenile spring eruption (vesicles on the ears of young boys) and PMLE sine eruption (pruritus on sun-exposed skin without visible skin changes).^[2]

PMLE engenders a substantial psychological impact. In a review by Richards et al, up to 40% of patients described emotional distress related to PMLE.^[1] Women associated more severe consequences linked to PMLE and were more emotionally distressed than men.^[1] Patients experienced a decreased in quality of life owing to efforts to avoid sun exposure.^[1] Sunburn reaction in patients affected by polymorphous light eruption is normal.

In patients with a polymorphic light eruption, T-cell function is not suppressed by UV radiation until photo-hardening has taken place.^[2] The putative antigen induced by UV radiation leads to a predominance of CD4+ T cells and the production of proinflammatory cytokines such as interleukin (IL).^[2] Vitamin D insufficiency, the role of estrogen in preventing UV-induced immune suppression, and dysregulated antimicrobial factors may be relevant.^[2] The hardening effect, where further exposure to UV prevents the eruption, is not fully understood and could involve tanning, hyperkeratosis, and acanthosis of the epidermis, and/or the development of immunological tolerance.^[2]

Clinical features:

- Typically, the lesions of PMLE first erupt after strong exposure to sunlight. The onset of the disease is sudden.^[3]
- The rash is pruritic, and in some instances, painful. To trigger the eruption, it takes 30 minutes to several hours of sun exposure. Most patients have associated pruritus, but some patients describe stinging and pain.^[3]
- The rash appears within hours to days of exposure and it subsides over the next 1-7 days without scarring, although it has been reported to persist for up to 5 weeks.^[3]

- Occasionally, patients experience systemic flu like symptoms after sun exposure.^[3]

Management:

Management of PMLE includes strict sun protection. This can be accomplished by using broad-spectrum sunscreens, seeking shade, and wearing protective clothing, including hat wear. Photohardening is beneficial and can be used early in spring to increase tolerance to sun exposure.^[1] Topical and systemic immunosuppressants are used for symptom management. Their use should be tailored to each patient where the benefits and risks are weighted.^[1] However, in homoeopathy there are various medicines which can treat PMLE based on the individualised symptoms of the patient.

CASE REPORT

A 70 years old married Christian female patient, came to our Hospital OPD (OPD Reg. No. 7079/2019, dated October 14, 2019) with complaints of dry eruptions on the nape of the neck with burning and itching sensation since 1 year. Itching aggravates at night, sun exposure and ameliorates by scratching. Small eruption started developing on the nape of the neck which increases in size and number as time passes. The apparent cause was a continuous exposure to sun during gardening. She had a medical history of hypertension and hyperchlorhydria with sour eructation. Her appetite was increased, thirst increased and was irritable.

Vital signs: No abnormality detected with HTN= 130/80mmhg

Local examination- Skin on inspection: [Figure 1]

- Location: nape of neck
- Shape of eruption: irregular
- Edges: undefined
- Character: pinkish red, dry, no discharge
- Size: Approximate 2inches

Totality of symptoms:

1. Irritable
2. Appetite increased

3. Thirst increased
4. Sour eructation
5. Burning sensation on the skin eruption
6. Itching sensation on the skin eruption
7. Itching sensation on the skin eruption aggravates at night
8. Itching sensation on the skin eruption aggravates sun exposure
9. Itching sensation on the skin eruption ameliorated by scratching

Repertory used with reason: Repertory of Homoeopathic materia medica by Dr J.T Kent was used as the case was rich in mental and physical generals ^[4]

Table 1: Repertorial totality-Conversion of symptoms into rubrics ^[4]

Sl no.	Symptoms	Rubric	Reason	Page no.
1	Irritable	MIND, IRRITABILITY	Mental generals	57
2	Appetite increased	STOMACH, APPETITE, increased	Physical generals	477
3	Thirsty	STOMACH, THIRST	Physical generals	527
4	Sour eructation	STOMACH, eructations, sour	Physical generals	496
5	Burning sensation on the skin	SKIN, burning	Particulars	1303
6	Itching sensation on the skin	SKIN, itching	Particulars	1327
7	Itching sensation on the skin eruption aggravates at night	SKIN, itching, night	Particulars	1327
8	Itching sensation on the skin eruption aggravates sun exposure	SKIN, itching, warm, on becoming	Particulars	1329
9	Itching sensation on the skin eruption ameliorated by scratching	SKIN, ITCHING, scratching amelioration	Particulars	1328

Repertorisation: Total addition method

Analysis of repertorial result:

1. Sulphur- 26/9

2. Phosphorous- 20/7
3. Mercurius- 17/8
4. Arsenicum album-17/7

First prescription: In consultation with materia medica and comparing the potential differential field, Sulphur 200, single dose was given to the patient on October 14, 2019

Sulphur: Dry, scaly, unhealthy; itching, burning, worse scratching and washing.^[5]
Itching, feels good to scratch. Scratching causes burning.^[6]

Table 2: Follow up

Date & Time	Observation	Advice
19/11/2019	Patient is feeling better Skin eruptions had disappeared No itching and burning sensation No new complaint [Figure2]	Placebo 30/BD



Figure 1: Before treatment (14/10/2019)



Figure 2: After treatment (19/11/2019)

DISCUSSION AND CONCLUSION

Most commonly polymorphic light eruption is treated with topical and systemic immunosuppressants but the recurrences of the condition is common, leading to emotional distress and isolation. In this case report, an individualised homoeopathic medicine, Sulphur of 200 potency was given to the patient with the help of repertorisation. In the second visit itself, there was disappearance in the size of the lesion on her nape of the neck. The burning and itching sensation were also absent and no appearance of new symptoms. Local application was not used in this case. Patient was also satisfied with the homoeopathic treatment given. Additional advices of frequent application of sunscreen on the affected area and avoiding exposure to direct sunlight were given to the patient. However, this is a single case report and further larger studies with large sample sizes are required for determining the efficacy of homoeopathic treatment in such cases.

Informed consent

Written informed consent was obtained from the patient prior the publication.

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Conflict of interest

There are no conflicts of interest

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