

PHOTODERMATITIS

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IMPORTANT

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Introduction

Sun allergy, also called photosensitivity or photodermatitis, occurs when the body's immune system overreacts to sunlight exposure (specifically to the ultraviolet rays within sunlight). The condition occurs when the immune system reacts to ultraviolet exposure and it can manifest as acute (sudden onset) or chronic (long term). Photosensitivity is not the same as sunburn.



Photodermatitis

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Symptoms

Symptoms of Photodermatitis include:

- Blisters
- Chills
- Fever
- Headache
- Hyperpigmentation (dark patches on the skin)
- Itchy bumps
- Lesions that resemble eczema
- Long-term effects include thickening and scarring of the skin
- Nausea
- Outbreaks in areas of skin exposed to the sun
- Pain
- Raised areas
- Redness
- Sandpaper rash
- Swelling

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Causes



Photodermatitis

Causes of Photodermatitis include:

- Diseases, such as lupus or eczema, that also make skin sensitive to light
- Diseases, such as polymorphic light eruptions, characterized by sensitivity to sunlight
- Exposure to plants in the Apiaceal or Umbelliferae family - including weeds and edible plants, such as hogweed, cowbane, carrot, parsnip, dill, fennel, celery, and anise
- Genetic or metabolic factors (inherited diseases or conditions, such as pellagra, caused by lack of niacin, vitamin B-3)
- Inherited condition
- Reactions to chemicals and medications - certain chemicals and drugs may produce an adverse reaction, when the individual is exposed to ultraviolet rays, and may cause sunburn, various rashes, an eczema-like reaction, or hives. The reaction may be inconsequence of an

allergic reaction, or it may be a direct toxic effect from the substance. See below for examples of substances or circumstances that may trigger a reaction:

Allergic reactions:

- Fragrances
- Industrial cleaners that contain salicylanilide
- Lavender
- Sunscreens with PABA

Direct toxic effect:

- Anti-anxiety medications, such as benzodiazepines
- Antibiotics, such as tetracycline and sulfonamides
- Antidepressants, such as the tricyclics, used for depression
- Antifungals, such as griseofulvin
- Antimalarial drugs, such as quinine and other medications, used to treat malaria
- Antipsychotics, such as phenothiazines
- Chemotherapy agents
- Coal tar derivatives and psoralens (used topically for psoriasis)
- Diuretics
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Retinoids, such as tretinoin and medications containing retinoic acid, used for acne
- Sulfonyleureas, oral medications used for diabetes

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Photodermatitis

Who's Susceptible?

- People with fair to light skin, and people with red or blond hair and green or blue eyes, tend to be most sensitive
- People with lupus, porphyria, or polymorphous light eruptions
- Exposure to ultraviolet rays for 30 minutes to several hours increases risk (especially in spring and summer), as does exposure between 11 a.m. - 2 p.m. (50% of ultraviolet radiation is present during this time).

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Prevention

The following suggest may help to minimise or prevent photodermatitis:

- Limit sun exposure, especially at mid-day

- Use PABA free sunscreens that have a sun protection factor (SPF) of 30 - 50
- Cover up with a long sleeved garments/tops, long trousers, and a wide brimmed hat
- Beware of using products, supplements, or medications that may cause sun sensitivity (discuss any prescription medications with your doctor)
- Do not use any tanning devices (such as a tanning lamps, booths, or beds)

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Topical Treatment

For blisters or weepy eruptions, apply cool, damp dressings. With certain types of photodermatitis, alopaths may use controlled phototherapy to control symptoms and to desensitize the skin.

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Alopathic Treatment

Doctors may prescribe azathioprine to suppress the immune system. Additionally, short-term use of glucocorticoids may help to control eruptions. For patients who cannot be treated with phototherapy, alopaths may prescribe hydroxychloroquine, thalidomide**, beta-carotene, or nicotinamide.

**** Warning:**

Thalidomide causes severe birth defects and should never be used by women who are pregnant or wish to become pregnant.

In fact, thalidomide should never be used.

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Complementary Treatment

Tissue Salts

Combin D - Calc Sulph, Kali Mur, Kali Sulph, Silica.

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Supplements

Supplements, especially antioxidants and flavonoids, may help protect skin against sun damage in healthy people. Antioxidants help protect skin from damage. Recent studies suggest that antioxidants, especially beta-carotene, may help reduce the symptoms of photodermatitis.

- Alpha-lipoic acid - 25 to 50 mg, 2 x daily, for antioxidant support (if the person has a Thiamine (vitamin B1) deficiency, discuss with doctor prior to taking)
- Multivitamin - 1 x tab daily - (Antioxidant vitamins A, C, E, D, B-complex, trace minerals such as magnesium, calcium, zinc, and selenium. etc)
- Omega-3 fatty acids, such as flaxseed and fish oils, 1,000 to 2,000 mg daily
- Vit B-complex 100 - 1 x tab daily
- Vit C - 1,000 to 6,000 mg daily, as an antioxidant (reduce dose if diarrhoea develops)
- Vit D - 200 to 400 IU daily

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Herbs

Standardized dried extracts (pills, capsules, or tablets), teas, or tinctures/liquid extracts (alcohol extraction) should be used. Mix liquid extracts with a beverage or juice. Dose for teas is 1 - 2 heaped teaspoonfuls per /cup water steeped for 10 - 15 minutes (roots need longer).

Therapeutic herbs:

- Rhodiola (*Rhodiola rosea*) standardized extract, 150 to 300 mg, 1 to 3 x daily, for radiation protection. Rhodiola is an "adaptogen" and also helps the body adapt to stress
- Astragalus (*Astragalus membranaceus*) standardized extract, 250 to 500 mg, 3 to 4 x daily, for radiation protection. Astragalus can interfere with lithium, among other medications

Herbs to avoid:

Some herbs can cause photodermatitis, including:

- Angelica seed or root (*Angelica archangelica*)
- Arnica (*Arnica montana*)
- Celery stems (*Apium graveolens*)
- Lime oil/peel (*Citrusaurantifolia*)
- Rue (*Rutae folium*)
- St. John's wort (*Hypericum perforatum*)

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Homeopathy

Before prescribing a remedy, a homeopath will evaluate a person's constitutional type - their physical, emotional, and intellectual makeup; then they will determine the most appropriate remedy for a particular individual.

- *Aconitum napellus* -- Exposure to sunlight, or being out on a cold, dry, windy day, may precipitate symptoms. The rash may feel numb or itch, and stimulants may reduce the itching. For a sudden rash, when the person feels anxious, frightened, and restless. Exposure to a cold, dry wind or sunlight may cause symptoms. If a rash breaks out suddenly and the person feels extremely anxious and apprehensive, this remedy may be indicated.
- *Belladonna* -- For a rash that comes on suddenly with a feeling of heat, and the face is flushed and burns. Belladonna is often used for sunstroke.
- *Natrum carbonicum* -- For a blistering rash that appears in patches. The person usually feels ill from exposure to the sun. They can be sensitive to changes in the weather and allergic to milk.
- *Natrum muriaticum* -- For those who feel tired after being in the sun, with headaches and a blotchy, itchy or burning rash. They may be thirsty and have a craving for salt. Symptoms tend to be worse in the morning.

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Prognosis

Most photosensitivity reactions eventually fade and this is no permanent harm. However, symptoms may persist when there is an underlying disease or when the exposure has been severe. Some photosensitivity reactions can continue for years, even after the exposure ends.

Complications may include:

- Dark patches (hyperpigmentation) or on the skin even after the inflammation has subsided

- Ongoing photosensitivity, resulting in chronic photodermatitis
- Premature aging of the skin
- Squamous cell or basal cell skin cancer or melanoma

End

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