

“A’ la guerre comme à la guerre: le soleil est étroitement lié à la souffrance et à la mort”: A theoretical homeopathic approach able to mitigate or exorcise actinic prurigo

Luca Veranzi¹, Lorenzo Martini²

¹University of Siena, Department of Excellence of Biotechnologies Pharmacy and Chemistry, Via A. Moro 2, 53100 Siena, Italy, ²C.R.I.S.M.A. Inter University Centre for Researches Advanced Medical Systems, Via A. Moro 2, 53100 Siena, Italy

Corresponding author: Prof. Lorenzo Martini, M.Sc, E-mail: lorenzo.martini@unisi.it

Sir,

Actinic prurigo is an intensely itchy skin condition caused by an abnormal reaction to sunlight (photosensitivity) [1-6].

It presents with small, intensely itchy papules (prurigo) on sun-exposed sites.

In severe and long-standing cases, skin covered by clothing (eg, buttocks) may also be affected, and because of this, the role of sunlight may not be so obvious. Also, the condition often persists throughout the year, although usually much worse in the summer months.

Actinic prurigo is sometimes called ‘Hutchinson prurigo’.

Actinic prurigo occurs when affected individuals are exposed to long- and short-wave ultraviolet radiation (UVA and UVB). The reason why this reaction between skin and sunlight occurs is still unknown. Current research suggests that actinic prurigo may be an immunologically-mediated genetic disease as a family history of the condition has been found in some patients. Genetic studies have shown there to be an increased frequency of Human Leukocyte Antigen (HLA) DRB1*0407 in affected individuals.

Actinic prurigo may affect people of all skin types but more commonly occurs in people of Latin American

and American Indian descent with darker skin types. Hence it is common in Mexico and Central and South America, where it often affects people who live at high altitude. It always affects people in Europe and Asia.

It can affect people of all ages. One-third of patients are children; in many cases, it first occurs in childhood before puberty. When the condition appears during childhood, both males and females are equally affected. However, in adult-onset actinic prurigo, women are two times more frequently affected than men.

Actinic prurigo is characterised by an intensely itchy rash. The rash consists of an eruption of small, scratched, red and inflamed papules, thickened plaques, and nodules. The rash usually appears hours or days following sun exposure. Chronic scratching, ulcers, weeping, crusting and scaling are found in 60–70% of patients. Actinic prurigo may look very like atopic dermatitis (eczema) but is more severe on sun-exposed sites. Areas affected include:

Sun-exposed areas of the face such as the cheeks, nose, forehead, chin and earlobes. V of the neck and chest, upper sides of the arms and hands.

Lips are involved in 60–70% of cases (in 10% the lips are the only site affected).

Conjunctiva of the eye is affected in 45% of patients.

How to cite this article: Veranzi L, Martini L. “A’ la guerre comme à la guerre: le soleil est étroitement lié à la souffrance et à la mort”: A theoretical homeopathic approach able to mitigate or exorcise actinic prurigo. *Our Dermatol Online*. 2024;15(e):e9.

Submission: 10.12.2023; **Acceptance:** 10.05.2024

DOI: 10.7241/ourd.2024e.9

Actinic prurigo usually starts or worsens in spring and summer. In many patients, symptoms persist throughout the year, particularly in tropical areas.

There is no cure for actinic prurigo. The main goal is prevention by avoiding sun exposure. Patients must realise their condition will worsen during the sunniest months of the year and they must adhere to sun protection strategies to avoid or reduce outbreaks.

Some medications have been used to help relieve the symptoms of actinic prurigo. These include:

Emollients to relieve itching.

Topical corticosteroids.

Antimalarials such as hydroxychloroquine for their anti-inflammatory action.

Thalidomide – once improvement occurs the drug should be gradually reduced, then stopped. It can be started again in cases of relapse. Because thalidomide may cause birth deformities, it must be used cautiously, particularly in women of childbearing years.

In some cases, actinic prurigo spontaneously resolves in early adult life. However, in others, it remains throughout their lifetime with relapses and outbreaks according to the seasons.

During the III World War and specifically during the devastating Global Warming (in Italy e.g. in Sicily in the town of Girgenti, grǵnt, one assist to 60 days of rain pro year and Sun is the undisputed and malign master throughout all the seasons) and in South Italy as in Greece and Tunisia the maximum temperatures in january and february are similar to the minimum temparatures in july or august), too many individuals suffer from actinic prurigo and present always embarassing skin manifestations and physical and psychological bother during the entire year, the authors deem it is better to treat the occurrence of the Hutchinson prurigo in a homeopathic way, like a real vaccine.

It is well known that homeopathic oral vaccines containing Cupressus sempervirens pollen are to be taken in november as pollen of Cypresses breaks out in february and oral vaccines containing pollen of Graminaceae are to be assumed in february-march, so it is clear that topical applications of “vaccines” (in shape of ointments containing nettlesome and

blister agents) should be applied in march-april, almost in lands characterised by continental climate (and in february in lands when sun is overwhelming in march-april).

So, a blister agent (or vesicant), is a chemical compound that causes severe skin, eye and mucosal pain and irritation. They are named for their ability to cause severe chemical burns, resulting in painful water blisters on the bodies of those affected. Although the term is often used in connection with large-scale burns caused by chemical spills or chemical warfare agents, some naturally occurring substances such as cantharidin are also blister-producing agents (vesicants).

Furanocoumarin, another naturally occurring substance, causes vesicant-like effects indirectly, for example, by increasing skin photosensitivity greatly. Vesicants have medical uses including wart removal but can be dangerous if even small amounts are ingested.

Here follows a list of blister agents used during warfare [7]:

Sulfur mustards – A family of sulfur-based agents, including mustard gas.

Nitrogen mustards – A family of agents similar to the sulfur mustards, but based on nitrogen instead of sulfur.

Lewisite – An early blister agent that was developed, but not used, during World War I. It was effectively rendered obsolete with the development of British anti-Lewisite in the 1940s.

Phosgene oxime – Occasionally included among the blister agents, although it is more properly termed a nettle agent (urticant).

Exposure to a weaponized blister agent can cause a number of life-threatening symptoms, including:

Severe skin irritation.

Skin erythema with large fluid blisters that heal slowly and may become infected.

Ça va sans rien dire that the authors have not chosen war vesicants to insert in dermal-cosmetological ointments to be employed as homeopathic “topical” vaccines, but they propose only vegetal urticant agents.

The following are simplest examples:

Compositae (chrysanthemum, absinthe, wild thistle, *Solidago virgaurea*); carrots; parsley; celery; *Ficus carica* (Fig milk); All plants rich in furocoumarins; Compositae (gerbera daisy); (they say that during the San Remo Festival in february 2024, where the stage was adorned and decorated with bouquets of gerbera daisies, many “canzonettisti” and valets caught severe dermatitis and respiratory allergies); Alstroemeniaceae (alstroemeria); Liliaceae (tulip, hyacinth); Amaryllidaceae (daffodil); Primulaceae (all primroses).

Six are the caucasian young men and women who accepted to undergo the experiments (19-72 y. old).

The emulsion was prepared using: Celery lypophylic extract; Hyacinth lypophylic extract; Absinthe oil (ANA 3) to be disperded in a simple ointment prepared hot using hard paraffin, cetostearyl alcohol, white soft paraffin, and wool fat according to the last Ukranian Pharmacopoeia.

These three couples of young people had planned to go on trip to Mogadishu already since last october (in this African town at february maximum temperatures are 34 C° and sky is always sunny).

The volunteers accepted to spread the ointment twice a day from early October and so 113 days before the very departure for the sunny lands.

They came back some days ago and after a rapid physical examination and a questionnaire based upon the hours pro day of sun exposure, nobody of the young people referred about an actinic prurigo nor sun burns.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

REFERENCES

1. Cuevas-Gonzalez JC, Vega-Memije ME, Borges-Yáñez SA, Rodríguez-Lobato E. Risk factors associated with actinic prurigo: a case control study. *An Bras Dermatol*. 2017;92:774-8.
2. Sitek JC. Actinic prurigo in scandinavian adolescent successfully treated with cyclosporine a. *Dermatol Reports*. 2017;9:7050.
3. Zonunsanga. Targeted Phototherapy (newer phototherapy). *Our Dermatol Online*. 2015;6:222-7.
4. Vega Memije ME, Cuevas Gonzalez JC, Hojyo-Tomoka MT, Rodríguez Lobato E. Actinic prurigo as a hypersensitivity reaction type 4. *Int J Dermatol*. 2017;56:e135-e136.
5. Rajaiah YC, Herkal KC. Ploymorphous Light Eruption – a review. *Our Dermatol Online*. 2013;4:375-9.
6. Naka F, Shwayder TA, Santoro FA. Photodermatoses: Kids are not just little people. *Clin Dermatol*. 2016;34:724-35.
7. Cantharidin and Meloids: a review of classical history, biosynthesis, and function Archived, 2005, at the Wayback Machine.

Copyright by Lorenzo Martini. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source of Support: This article has no funding source.

Conflict of Interest: The authors have no conflict of interest to declare.