LETTERS TO THE EDITOR

EFFECT OF PARENTERAL VITAMIN D3 IN SKIN DISEASES

To the Editor

Taking the clue from the topical use of vitamin D3 derivatives in psoriasis and its efficacy, we in AIMS, B.G. Nagar, tried vitamin D3 parenterally in psoriasis. For the experimentation we used Arachitol of Duphor company, 3 lakhs international units intramuscularly every week for 4 weeks and we found substantial improvement in 4 patients. In first week itself, there was decrease of erythema and scaling. By the end of 4 weeks erythema disappeared, the plaque thickness diminished by 80%, no new lesions appeared and some lesions disappeared altogether. What is of interest is that all four patients had extensive psoriasis, involving around 40% of skin surface and not few plaques.

Extending this interesting observation further, we tried the same dose in 2 cases of lichen planus. After 2 weeks, the lesions regressed by 50%. Some lesions disappeared and new ones did not appear. Both the patients had complete relief from itching.

We tried the same regimen in 4 cases of photodermatitis. After 4 weeks the lesions in all disappeared leaving residual pigmentation. All had complete freedom from itching.

The conclusion therefore is that vitamin D3, parenterally has got antipruritic, anti-inflammatory and healing properties, on skin. It is also evident that vitamin D3 administered intramuscularly could be a good adjuvant to existing dermatological therapies.

The only theoretical objection for using vitamin D3, parenterally, could be hypercalcemia. However even after repeated checking in these patients serum claim levels did not cross 11 mg%.

We are reporting this observation, because we feel that parenteral vitamin D3 may prove an important medicine or an adjuvant in the treatment of many skin conditions.

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HAND DERMATITIS IN BEAUTICIANS

To the Editor

This is with reference to the article entitled "Hand dermatitis in beauticians" published recently. We wish to share our experience in this regard.

Our study comprised of 16 female beauticians in and around Manipal with working experience ranging from 4 months to 20 years. A detailed history of atopy, contactants, symptoms, aggravating factors and protective measures used was taken. All except 7 used gloves for hair dyeing and perming. These 7 (43%) noted burning sensation and peeling of skin over finger tips after contact with permina lotion and burning sensation alone with bleaching cream which subsided within a few days. There was history of atopy in 3 out of which one had past history of itching with vesicles following use of hair dye without gloves. Two others complained of itching and burning alone after use of hair dye. Nine (56%) had dryness of skin. Other findings noted were promi-