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# MANAGEMENT OF BULLOUS PEMPHIGUS WITH SPECIAL REFERENCE TO VISPHOTA THROUGH PANCHKARMA - A CASE REPORT

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## ABSTRACT

Bullous Pemphigus is a rare chronic autoimmune blistering disorder of the skin and mucous membranes. A 45-year-old female presented with complaints of itching followed by vesico-bullous lesions predominantly on the limbs, with involvement of elbows, ears, thighs, hips, neck, and shoulders since 2016. Despite taking allopathic medicines for nearly a decade, she experienced no significant relief. The condition was diagnosed as Visphota (Bullous Pemphigus) and managed through Panchkarma and Shamana Chikitsa. The treatment protocol included Vaman karma with Madanphala churna, Virechan karma with Trivritavaleham, and Basti chikitsa using Kandughna Mahakashaya. Shamana chikitsa was administered with Brihat Manjishthadi Gulika, Amalaki Rasayana, Gandhaka Rasayana, Arogya Vardhini Vati, and Khadirarista, along with external application of Jatyadi ghrita and Nimba taila. After the intervention, the patient showed significant improvement in blister formation, reduction in burning sensation, and prevention of new lesion development. The outcome suggests that Shodhana Chikitsa plays a vital role in eliminating vitiated doshas and restoring the balance of dhatus, while Shamana Chikitsa supports complete healing. This case highlights the potential of Panchkarma in the effective management of Visphota (Bullous Pemphigus).

**KEYWORDS:** Bullous Pemphigus, *Visphota, Vaman karma, Virechan karma, Basti karma, Panchkarma, Shamana Chikitsa*

## INTRODUCTION

Bullous Pemphigus, more specifically Pemphigus Vulgaris, is a rare, chronic autoimmune blistering disease of the skin and mucous membranes. It is characterized by the formation of intraepidermal bullae resulting from acantholysis, a process where keratinocytes lose adhesion due to the action of autoantibodies against desmoglein-3, which are cadherin-type cell adhesion proteins in the epidermis [1].

The disease commonly affects middle-aged and elderly individuals and presents with flaccid bullae on normal or erythematous skin, often beginning in the oral mucosa before spreading to other cutaneous sites. The Nikolsky's sign - where slight rubbing of the skin results in exfoliation of the

outermost layer is often positive, reflecting the superficial location of the blister [2].

The mainstay of treatment involves systemic corticosteroids, immunosuppressants (e.g., azathioprine, mycophenolate mofetil), and newer biological therapies like rituximab, targeting CD20+ B cells. Despite treatment, the disease is often chronic, with periods of remission and relapse, and long-term immunosuppression increases the risk of adverse effects [3].

In Ayurveda, blistering skin disorders such as Bullous Pemphigus are conceptually aligned with *Visphota Roga*, which is classified under *Kshudra Kushtha*. The term *Visphota* literally means bursting or erupting, denoting the presence of fluid-filled vesicles or bullae that appear on the skin due to the vitiation of *Pitta* and *Kapha doshas* [4]. The disease affects the *Rasa* and *Rakta dhatus*, leading to systemic involvement [5].

**CASE**

A 45 years old married woman presented with severe itching followed by blisters formation all over the body except face, palm & sole since 2016. Patient was diagnosed with Bullous Pemphigus and treated with *Panchkarma* treatment.

**Patient description**

| | |
|---|---|
| Name | ABC |
| Age | 45 years |
| Sex | Female |
| Marital status | Married |
| Occupation | Lecturer |

**Complaints**

1. Itching followed by vesico-bullous lesions majorly affecting limbs, mainly legs below knees and minorly elbow, ears, thigh, hips, neck and shoulder since 2016.
2. Erythematous dermatotic plaques over back
3. Multiple tiny vesicles over left ear helix.

**Past history**: N/H/O Diabetes, HTN, Endocrinal disorders.

**Treatment history**: Patient had taken allopathic medicine but not got any significant relief.

**Family history:** No history of any skin disorder.

**Personal history:**

- Diet- Vegetarian
- Addiction- nil
- Sleep- Sound
- Bowel – Regular & clear
- Micturition – Normal, 5-6 times/day

**Gynaecological history:** Menopause before 3 years.

**Obstetrical history:** 2 FTND without any complications.

**Vitals**

- Blood pressure - 120/80 mm Hg
- Pulse rate - 80/min
- Temperature - 98.4° F
- Respiratory rate – 24/min
- Weight – 56 kg
- Height – 5.1ft

**General examination:**

- Conscious - awake, well oriented
- Nutrition - moderate
- Gait - normal
- Pallor - absent
- Icterus - no yellowish discoloration seen
- Clubbing - absent
- Cyanosis - absent
- Lymphadenopathy - absent
- Edema – absent

**Systemic examination:**

CNS - Conscious, well oriented

CVS - S1 & S2 heard, no added sounds

RS - Air entry bilaterally equal

***Ashtavidha Pariksha**:*

| | |
|---|---|
| *Nadi* | *Vata-pittaj* |
| *Mala* | *Prakrit* |
| Mutra | *Prakrit* |

| | |
|---|---|
| Jihva | *Samaj* |
| Shabda | *Prakrit* |
| Sparsha | *Sama-shitoshna* |
| Drika | *Prakrit* |
| Akriti | Madhyama |

***Dashvidha pariksha***

| | |
|---|---|
| *Prakriti* | *Vata - Pitta* |
| *Vikriti* | *Pitta - Kapha* |
| *Sara* | *Madhyama* |
| *Samhanana* | *Madhyama* |
| *Pramana* | *Madhyama* |
| *Satva* | *Madhyama* |
| *Satmya* | *Madhyama* |
| *Ahara shakti* | *Madhyama* |
| *Vyayama shakti* | *Madhyama* |
| *Vaya* | *Madhya vaya* |

**Investigations**

Skin biopsy- reveals suprabasal acantholysis

Direct Immuno Fluorescence (DIF) - shows IgG and C3 deposition in a "chicken-wire" pattern.

ELISA tests: detects circulating autoantibodies against desmoglein-1 and -3.

**Diagnosis-** Bullous Pemphigus

**Nidana**

Excessive intake of Kshira, Dadhi, Kulatha, Masha, Katu Rasa Ahara, Virudha Ahara, Shoka, Chinta and Ratri Jagarana.

***Samprapti*** [6]

According to Acharya Charaka, seven *Dravyas* are involved in the *Samprapti*. These include all the three *Doshas* (*Vata, Pitta, Kapha*) along with four *Dushyas* i.e., *Twaka, Rakta, Mamsa* and *Lasika*. Acharya Charaka has emphasized the dual role played by *Nidana*—that is, the simultaneous vitiation of *Tridosha* and disturbance of the normal configuration (*Shaithilya*) in *Dhatus*. This leads to the final manifestation of *Kushtha*.

***Samprapti Ghataka***

- *Dosha - Tridosha Pitta Kapha Pardhan*
- *Dushya - Twaka, Rakta, Mamsa, Lasika*
- *Srotas - Rasa, Rakta, Mamsa, Meda*
- *Prakara - Sanga and Vimargagamana*
- *Udbhava Sthana - Amashaya and Pakwashaya*
- *Sanchara Sthana - Tiryag Sira*
- *Roga Marga - Bahaya*
- *Adhistana - Twacha*
- *Swabhava - Chirkari*

*Vyadhi Vinischaya - Visphota Kushtha*

**Treatment plan**

| | | | |
|---|---|---|---|
| ***Vamana karma*** | 24-26 April | *Deepan- Pachana* | *Avipattikara churna 5gm tds*<br>*Aarogyavardhini vati 2 bds* |
| | 27-02 May | *Snehapana* | *Panchtikta ghrita (600ml).* |
| | 03 May | *Snehan- swedan* | *Til tail*<br>*Dashmool kwath* |
| | 04 May | *Vaman karma* | *Madanphala churna*<br>*Madhuyashti phanta* |
| | 05- 12 May | *Sansarjan karma* | |
| ***Virechana karma*** | 13-15 May | *Snehpana* | *Panchtikta ghrita* |

| | | | |
|---|---|---|---|
| | | | *(200ml)* |
| | 16-18 May | *Snehan- swedan* | *Til tail*<br>*Dashmool kwath* |
| | 19 May | *Virechan karma* | *Trivritavaleha* |
| | 20-26 May | *Sansarjan karma* | |
| ***Basti karma*** | 28 May to 12 June | *Kaal basti* | *10 Anuvasana basti* by *Panchtikta Ghrita*<br>*6 Niruha Basti* by *Kandughna mahakashaya* |
| ***Shaman chikitsa*** | 13 June to 13 July | *Kushtaghna aushadhi* | *Brihat Manjishtadi Gulika 2 tds*<br>*Amalaki rasayana 5gm bds*<br>*Gandhak rasayan 1 tds*<br>*Aarogyavardhini vati 2 bds*<br>*Khadirarishta 20ml bds* |

Along with the above treatment plan external application of *Jatyadi ghrita* and *Nimba tail* all over the body is done

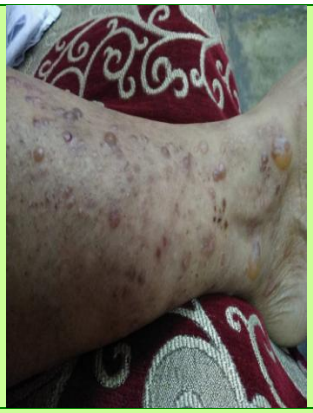
**Mid-point and progress**

After *Vamana karma* major relief in itching was noted and no newer bulla were formed. *Jihva* was *niramaj* and *agni, kshudha* and *malapravritti* was *prakrit*.

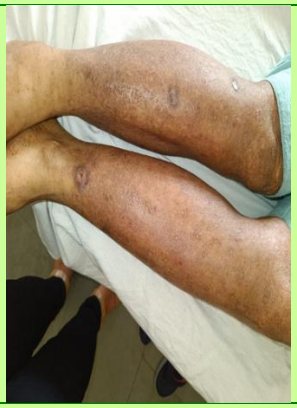
**Assessment Criteria**

| | | |
|---|---|---|
| Types of skin lesion | 1 | Blister or bulla |
| | 0.5 | Crusted lesions |
| | 0 | Only pigmentation changes |
| Number of skin lesions | 2 | More than 20 bulla |
| | 1 | 20 or less blisters |
| Distribution of skin lesions | 1 | Scalp |
| | 1 | Face |
| | 1 | Neck |
| | 1 | Trunk |
| | 1 | Each limb (0-4 points for no to 4 extremities involvement) |
| Nikolsky's sign: pressure induced blister | 1 | On the affected skin |
| | 0.5 | Around the lesions |
| | 0 | None |

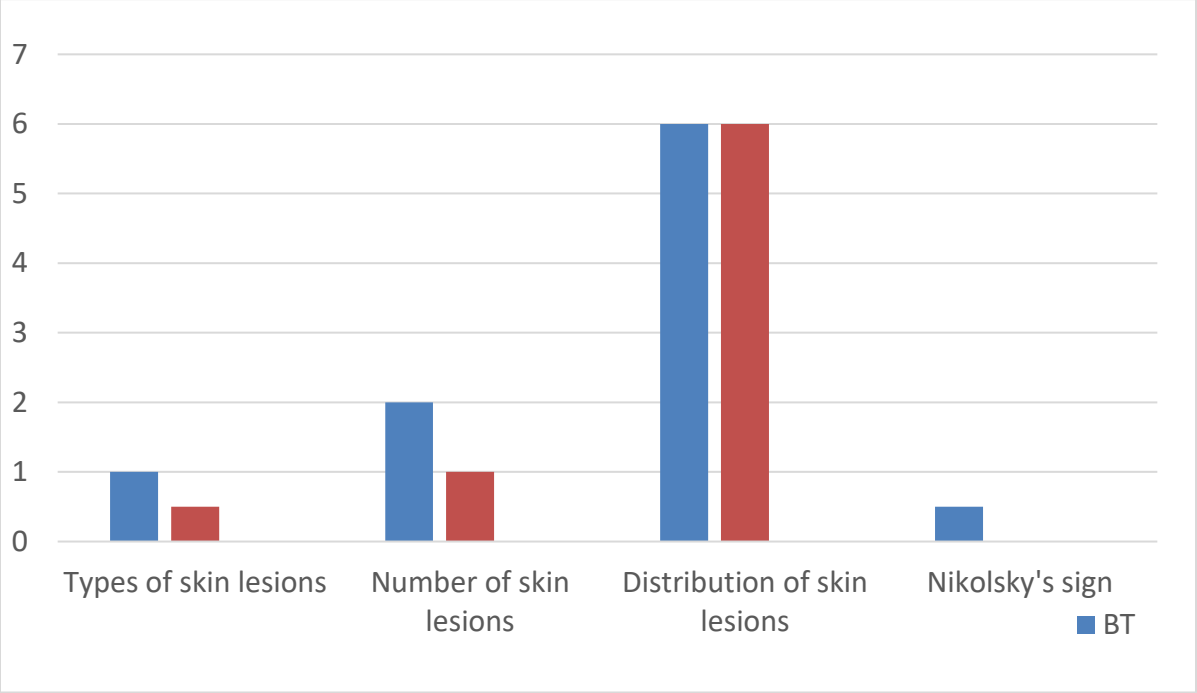
## RESULT



Before treatment



After treatment




## DISCUSSION

In the presented case, the therapeutic strategy focused on *Shodhana* and *Shamana*, aiming to eliminate the vitiated doshas from the body and restore the dhatu balance.

Panchakarma interventions included:

*Snehapana* (internal oleation) with medicated *ghee* to prepare the body for purification.

*Vamana* (therapeutic emesis) to eliminate vitiated *Kapha* and *Pitta*, which are often involved in skin pathologies.

*Virechana* (purgation) played a significant role in pacifying aggravated *Pitta* and *Rakta dosha*.

*Basti karma* helped to manage the chronic *kushta roga*.

Internal medications such as *Brihat Manjishtadi Gulika, Amalaki rasayana, Gandhaka Rasayana* etc. were used for their immunomodulatory, anti-inflammatory, and blood-purifying properties. Topical applications like *Jatyadi ghrita* is used externally to promote healing of blisters, reduce inflammation, and prevent secondary infection.

The patient was advised to follow an early sleep-wake schedule with a morning walk and a structured daily routine. Dietary recommendations included consumption of green leafy vegetables, pomegranate, and barley, while avoiding rice, curd, tea, pickles, fried foods, and excessive salt.

The case showed considerable improvement in blister formation, reduction in burning sensation, and prevention of new lesion development with the complete improvement in her itching. There was also marked improvement in the patient's overall Bala, Agni, and Nidra.

## CONCLUSION

The present case of Bullous Pemphigus, clinically correlated with *Visphota Roga* in Ayurveda, highlights the effectiveness of a comprehensive Ayurvedic approach in

managing a complex autoimmune blistering disorder. The patient showed significant clinical improvement through the administration of Panchkarma procedures.

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