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HEALING BEYOND BLISTERS: AN AYURVEDIC APPROACH TO BULLOUS PEMPHIGOID (*VISPHOTA*): A CASE STUDY

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ABSTRACT

Bullous pemphigoid (BP) is autoimmune sub-epidermal blistering disorder which is characterised by tense, fluid-filled bullae with an underlying inflammatory, erythematous base. Conventional management mostly relies on systemic corticosteroids and immunosuppressants, which carry significant burden of adverse effects. On the basis of its clinical presentation- Recurrent, fluid-filled vesiculobullous eruptions with associated burning, pain and oozing - the condition can be correlated with *Visphot* which is one of the types of the *Ksudrakushtha*. This case study reports a 60-year-old male with a three-month history of recurrent flaccid bullae distributed over the whole body, associated with erosions, pain, burning and disturbed sleep, who was managed at OPD of Kayachikitsa Department of Dr. D. Y. Patil Hospital and Research Centre, Pimpri, Pune. The patient was treated with a combination of Panchakarma procedures for duration of 15days along with internal and local Ayurvedic medication for duration of 3 months. Marked symptomatic and clinical improvement was observed over the course of treatment, without any reported adverse effects, suggesting that

an integrated Ayurvedic protocol may offer a safe and effective alternative in the management of bullous pemphigoid, particularly where conventional immunosuppressive therapy is not feasible.

KEYWORDS: Bullous Pemphigoid, *Visphota*, *Kshudra Kushtha*, *Raktashodhaka ksheera Basti*.

INTRODUCTION

Bullous pemphigoid is the most common autoimmune sub-epidermal blistering disease, resulting from the production of autoantibodies directed against components of the basement membrane zone (BP180 and BP230).[1]

Bullous pemphigoid chiefly occurs in the elderly, typically presenting during the fifth to seventh decades of life, with a mean onset age of 65 years. Despite its predominance in older individuals, cases affecting children have also been reported, including those from India.[2] There is no known ethnic, racial, or sexual predilection seen. It typically presents with tense bullae arising on erythematous or urticarial skin, accompanied by pruritus and, occasionally, mucosal involvement. Although generally considered less severe than pemphigus, bullous pemphigoid can be associated with significant morbidity and, in elderly or debilitated patients, carries a considerable mortality risk, largely attributable to complications of long-term immunosuppressive treatment.[3] Conventional treatment primarily relies on topical and systemic corticosteroids, often administered alongside steroid-sparing immunosuppressive agents or antibiotics such as doxycycline. Although these therapies effectively suppress disease activity, their long-term use is frequently constrained by adverse effects, disease relapse during dose reduction, and financial burden, leading many patients to explore complementary or alternative therapeutic options.[4][5]

In Ayurvedic classics, *Twakroga* (disorders of the skin) are broadly grouped under the term *Kushtha*, further classified into *Mahakushtha* (major) and *Kshudrakushtha* (minor) types on the basis of the predominant *Dosha* involvement and clinical presentation.[6] *Visphota*, a variety of *Kshudrakushtha*, is described as being predominantly *Pittaja* and *Kaphaja* in origin and is characterised by the eruption of vesicles/bullae associated with burning sensation, redness and oozing - features that closely resembles the clinical picture of bullous pemphigoid.[7] The present case is reported to document the clinical outcome of an integrated Ayurvedic protocol - combining Panchakarma (*Basti chikitsa*) with internal medication and

local wound care - in a patient with an extensive, longstanding presentation of bullous pemphigoid.

MATERIALS AND METHODS

A 60-year-old male patient presented to the OPD of Kayachikitsa Department of Dr. D. Y. Patil Hospital and Research Centre, Pimpri, Pune, with a three-month history of recurrent, flaccid, fluid-filled bullae distributed over the whole body. On rupture during the course of healing, the bullae evolved into crusted erosions. The patient reported associated redness, severe pain and burning sensation over the lesions, serous oozing without foul odour, and significant disturbance of sleep on account of the discomfort. There was no history of preceding drug intake, insect bite, or similar illness in the family.

The patient underwent allopathic treatment for two months prior to seeking Ayurvedic care.

Personal history

Diet - Mixed, preferably non-vegetarian diet

Appetite- Reduced

Sleep - Disturbed

Bowel - Irregular

Micturition - 4 to 5 times per day

Addiction - Not known

General examination

Heart rate-80 BPM

Blood pressure-120/70 mm/hg

Temperature- 95°F

No pallor icterus, cyanosis and clubbing

Systemic Examination

RS, CVS, CNS were within normal limits.

Ashtavidha Pareeksha (eight-fold clinical examination)

Nadi - 80/min, Regular, *Vatapradhana Kapha*

Mala - Normal, 2 times/day

Mutra - *Samyak* (5-6 times)

Jivha - *Niram*

Shabda Spastha

Sparsh - Anushna sheet

Drik - No Pallor

Akriti - Madhyam.

local examination

Show erythema and urticarial changes surrounding the bullae, along with tense bullae at several sites - features considered suggestive of bullous pemphigoid. Because of the patient's poor economic condition, skin biopsy and Tzanck smear examination - required for definitive histopathological/immunofluorescence confirmation - could not be carried out, and the diagnosis was therefore made on clinical grounds.

Routine haematological screening were carried out to assess the patient's general status.

Table 1: Investigations done.

Investigations	Observed value
Hb%	14.6 gm%
TLC	5,200/cumm
DLC Neutrophils Lympocytes Eosinophils Monocytes	 75 % 25% 04% 02%
ESR	21 mm/1sthr
RBS	163 mg%
HIV	Non - Reactive
Australian Antigen	Non - Reactive

Management

As the patient experienced only minimal improvement with previous allopathy treatment, he was subsequently referred for Ayurvedic management (Table 2). Based on the clinical presentation, a diagnosis of *Visphoṭaka* (bullous skin disorder) was established according to Ayurvedic principles. The patient was admitted to the Inpatient department and managed with a comprehensive Ayurvedic treatment protocol for 15 days, as outlined in Table 2. After discharge, oral Ayurvedic medications were continued for a further three months, with periodic follow-up assessments.

Classical Ayurvedic texts describe *Visphoṭaka* as a condition characterized by widespread blister formation accompanied by burning sensation, fever, and excessive thirst.[8][9] From an

Ayurvedic perspective, the pathogenesis involves the vitiation of all three *Doṣas* (*Vata, Pitta,* and *Kapha*), with a predominant involvement of *Pitta* and *Kapha*.[10]

Table 2: Treatment protocol administered.

Type of Treatment	Name of Drug/ Procedure	Dose / Duration
Panchakarma	*Anuvasana Basti* with *Sahachra Taila*	120 ml (On first and last day)
	Raktashodhaka Ksheera Basti	280 ml (On alternate days)
Internal medication	Tab. *Nimbasaladi Ghanavati*	250mg (Twice a day/After meal)
	Tab. *Gandhaka Rasayana*	250mg (Twice a day/After meal)
	Tab. *Arogyavardhini Vati*	250mg (Twice a day/After meal)
	Paripathadi Kwatha	15ml (Twice a day/Before meal)
	Saraka vati	500mg (at night)
Local Application	*Dhawana* with *Panchvalkala Kwatha*	Once daily
	Jatyadi Taila local application	Once daily

OBSERVATION AND RESULTS

Over the seven-day period of admission, progressive reduction was noted in the appearance of fresh bullae, along with a decrease in erythema, oozing, pain and burning sensation over the existing lesions. The erosions showed healthy granulation and progressive crusting/healing with the combination of *Panchvalkala Kwatha* irrigation and *Jatyadi Taila* application. The patient also reported improvement in sleep quality corresponding to the reduction in pain and burning. The patient was advised continuation of internal medication and local application on discharge, with follow-up at the OPD to monitor recurrence and further healing.

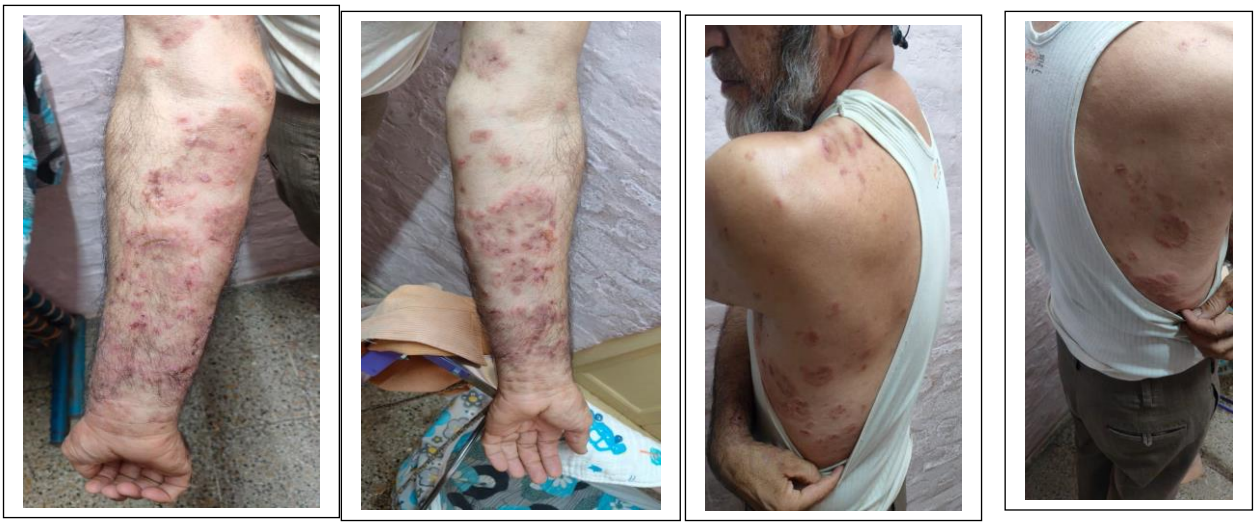

Figure 1: Before Treatment.

Figure 2: After Treatment.

DISCUSSION

The line of treatment adopted in this case was directed at the predominant involvement of *Pitta* and *Rakta*, with secondary *Kapha* involvement, consistent with the classical description of *Visphota*.

Anuvasana Basti with *Sahachra Taila* was employed to pacifies *Vata* and *Kapha Doṣa*, reduces inflammation, improves local circulation, promotes wound healing (*Vraṇa Ropaṇa*), restores the skin barrier, and facilitates tissue repair.[11]

Raktashodhaka Ksheera Basti was administered on alternate days with the objective of purifying vitiated *Rakta* and *Pitta*, since bullous, oozing lesions with an erythematous base are, in Ayurvedic understanding, closely linked to *Rakta dushti*. As *ksheera basti* act as *Pittahara* and *Shonitasthapana*.[12]

Among internal medications, *Nimbasaladi Ghanavati*, was used for its *Kushthaghna* and *Raktashodhaka* action.

Gandhaka Rasayana is classically indicated in all varieties of *Kushtha* and has documented antibacterial and antifungal activity, making it useful in preventing secondary infection of ruptured bullae.[13]

Arogyavardhini Vati is widely used in dermatological disorders for its *Raktashodhaka* and *Kushthaghna* properties.[14]

Paripathadi Kwatha, prepared predominantly from *Pittahara* and *Raktashodhaka* drugs, was used to further support the correction of vitiated *Pitta* and *Rakta*, while *Saraka Vati* was included to maintain regular *Vata anulomana* (downward movement of Vata) and *Koshtha shuddhi*, considered important for preventing accumulation of *Ama* that could aggravate the dermal condition.[15]

For local management, *Panchvalkala Kwatha* - a decoction of five bark-yielding drugs classically used for wound cleansing (*Vrana Prakshalana*) - was used for its *Vranashodhana* (wound-cleansing) and mild astringent properties, helpful in controlling oozing and preventing infection of the ruptured, erosive lesions.[16]

This was followed by local application of Jatyadi *Taila*, a classical formulation indicated for *Vranashodhana* and *Vranaropana* (wound *healing*), which additionally possesses *Kushthaghna* and *Kandughna* (anti-pruritic) properties, supporting re-epithelisation of the eroded areas.[17]

Taken together, the combination of *Raktashodhaka Basti* therapy, internal *Kushthaghna*/*Raktashodhaka* medication and *Vranashodhana*-*Vranaropana* local care appears to have acted synergistically – addressing both the underlying *doshic* vitiation and the local wound pathology - and may account for the symptomatic and clinical improvement observed within a relatively short period. As histopathological or immunofluorescence confirmation was not possible in this case, the diagnosis remains clinical, and this should be considered a limitation of the study.

CONCLUSION

The favorable clinical outcome observed in this case suggests that an Ayurvedic therapeutic regimen comprising *Basti Chikitsa*, internal *Kuṣṭhaghna* and *Raktasodhaka* medications, along with local *Vraṇasodhana* - *Vraṇaropaṇa* therapy, may represent a promising complementary approach for the management of bullous pemphigoid. This multimodal intervention resulted in meaningful symptomatic and clinical improvement in a patient with extensive bullous pemphigoid, without the adverse effects commonly associated with prolonged corticosteroid or immunosuppressive therapy. However, as this is a single case report with inherent limitations, including the absence of histopathological confirmation, the findings should be interpreted with caution. Further well-designed clinical studies involving larger patient cohorts, longer follow-up, and objective diagnostic and outcome measures are required to establish the efficacy and safety of this therapeutic approach in the management of bullous pemphigoid.

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