

**AYURVEDIC MANAGEMENT OF BULLOUS PEMPHIGOID
(VISPHOTA): A CASE REPORT**

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ABSTRACT

Introduction: Bullous pemphigoid is a chronic autoimmune disorder characterized by sub-epidermal blisters that persist from months to years, with unpredictable exacerbations or remissions. It is usually seen in elderly patients between the age of 60 to 80 years. This disease consists of both immunological and inflammatory components, in which the immune system produces auto-antibodies against basal membrane antigens of the skin. This triggers an inflammatory response that produces the blisters. **Materials And Methods:** The present study is a case of a 79-year-old male patient, admitted to the Kayachikitsa department of SDMIAH, Bengaluru, who is a known case of Type 2 Diabetes mellitus, with the chief complaints of widespread pruritic bullous eruptions distributed over bilateral upper, lower extremities and trunk associated with itching and discharge, for a duration of 3 months. Dermatological examination revealed numerous intact tense bullae and scattered erosions on the trunk and the extremities. Based on the clinical features, this chronic vesiculobullous skin condition can be clinically correlated to *Visphota* according to *Ayurveda*. This case

was managed through an ayurvedic treatment approach on the lines of *Kaphaja Visphota* which majorly concentrated on *Shamana chikitsa* planned after assessing the *dosha*, *avastha*, *bala*, and *agni* of the patient. **Result:** The lesions changed from erosive, and exudative to erosive, dry, and reepithelialised lesions. The improvement observed was graded using

Autoimmune Bullous Skin Disorder Intensity Score (ABSIS) which improved from 58.5 to 27 points which is a significant regression in a short period in an elderly patient with Type 2 Diabetes mellitus. **Discussion:** This case study documents the challenges in managing cutaneous manifested autoimmune condition in elderly patients, through understanding its link with Type 2 Diabetes mellitus. Photographs were taken during and after treatment for records with consent.

KEYWORDS: Bullous Pemphigoid, Chronic, Autoimmune, *Visphota*, *Shamana Chikitsa*.

INTRODUCTION

Bullous Pemphigoid (BP) is a type of autoimmune sub-epidermal bullous disorder characterized by sub-epidermal blistering of the skin. It is mostly seen in elderly patients between the 6th and 8th decade of life and rarely in children and infants. The incidence of Bullous pemphigoid in the general population is 2.4 to 23 cases/million/year. As age advances, the incidence rises to 190-312 cases/million/year in patients above the age of 80 years. In the past two decades, there has been a fourfold increase in the number of cases recorded.^[1] It is an autoimmune disorder in which autoantibodies are directed against the basement membrane proteins BP180 and BP230, which play an important role in dermo-epidermal adhesion and integrity. Its clinical features show lesions as generalized, ungrouped bullae mostly seen over the trunk, extremities, head, and neck associated with pruritis. It is a chronic disease with unpredictable exacerbations and remissions. The common treatment methods for this condition include the use of immunosuppressants and topical corticosteroids.^[2]

According to Ayurveda, Bullous pemphigoid can be understood as *Visphota* based on the clinical presentation. *Visphota* is described as '*Agnidagdha nibha*' (burn-like blisters), which is a disease is caused by vitiated *Rakta* and *Pitta dosha*.^[3] In *Charaka Samhita*, it is described as one among the *Kshudra kushta* with the symptoms of *sweta arunavabhasata* (whitish red lesions) and *tanu twak* (thinning of the skin) due to the vitiation of *pitta* and *kapha dosha*.^[4] *Yogaratanakara* has explained the *doshaja* variations of *visphota* along with a detailed description of the treatment. The use of *Guduchi* (*Tinospora cordifolia*) in the treatment of *visphota* has been highlighted in this context.^[5] In this case study, *Amrutottara Kashaya*, containing *guduchi* (*Tinospora cordifolia*), was the main drug of choice. The present study is a case of a 79-year-old male patient clinically diagnosed as *Kaphaja visphota* treated successfully in the lines of *visphota chikitsa*.

PATIENT INFORMATION

A 79-year-old male patient presented with the complaints of multiple blisters of size 2 to 3cm over bilateral upper limbs, lower limbs, and trunk associated with itching for 3 months. He was a known case of uncontrolled Type-2 diabetes mellitus for 30 years and was under antidiabetic medications. According to the patient, the lesions started 3 months before and the onset of lesions was gradual. The blisters first appeared over bilateral upper limbs, and then involved the trunk and the lower limbs. There was no mucous membrane involvement. Clear discharge was observed on rupture of the blisters. The patient also complained of generalized itching and occasional vomiting for the same duration. There was no history of arthralgia, myalgia, or difficulty in swallowing.

FAMILY HISTORY There was no relevant family history.

PAST TREATMENT HISTORY

The Patient was under the following oral anti-diabetic medications:

- Tab. Gluconorm G2: 1-0-1 (Before food)
- Tab. Vildapride M: 0-1-0 (After food)

PERSONAL HISTORY

- *Aahara*- vegetarian diet
- *Nidra*- adequate (6-7 hours)
- *Jarana shakti*- *avara*
- *Koshta*- *Krura koshta*

EXAMINATION**General Examination**

- Built- moderate
- Consciousness- Conscious
- Orientation- Well-oriented to time, place and person

Vitals- Blood Pressure- 128/80mmHg; Pulse rate-83/min; Temperature-97.8°F (on the day of admission).

Physical Examination

- Pallor, Icterus, Clubbing, Cyanosis, Oedema, and Lymphadenopathy were absent

Ashtavidha Pareeksha

- *Nadi - Vata Kapha* (72/min, Regular)
- *Mala – prakruta*, (once/day)
- *Mutra – prakruta*, (6-8 times/day)
- *Jivha – Ishat lipta*
- *Shabda - prakruta*
- *Sparsha - Anushna sheeta*
- *Drik - prakruta*
- *Akriti - Madhyama*

Integumentary System Examination**Figure: A (Before treatment).**

- Nature : tense reddish white bullae
- Size : 2-3cm
- Discharge : clear
- Onset : Gradual
- Primary Lesion : Bullae
- Secondary Lesion : Crusts, Erosions
- Nikolsky Sign : Negative

- **Autoimmune Bullous Skin Disorder Intensity Score (ABSIS)^[6]**- Before treatment

Table 1: Autoimmune Bullous Skin Disorder Intensity Score -Body surface area- Before treatment.

SKIN INVOLVEMENT (Max. BSA)	PATIENT'S BODY SURFACE AREA
Head & Neck (9)	0%
Trunk (36)	18%
Left Arm (9)	3%
Right Arm (9)	3%
Genital (1)	0%

Left Leg (18)	9%
Right Leg (18)	6%
TOTAL BODY SURFACE AREA	39%

Table 2: Autoimmune Bullous Skin Disorder Intensity Score -Weighing Factor- Calculation- Before treatment.

Weighing Factor (for the most dominant appearance of skin lesions)	1.5	Erosive, exudative lesions
	1	Erosive, dry lesions
	0.5	Reepithelialised lesions

$\text{ABSI Score} = \text{Body Surface Area} \times \text{Weighing factor} = 39 \times 1.5 = \mathbf{58.5}$
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INVESTIGATION

The following investigations were done on the day of admission (23/09/2023)

Table 3: Laboratory Blood Investigations (23/09/2023).

S.No.	INVESTIGATION	OBSERVED VALUE
1.	Haemoglobin	10.2gm%
2.	ESR	50 mm/hr
3.	Absolute Eosinophil count	296 cells/mm ³
4.	Fasting blood glucose	113 mg/dl
5.	Post prandial blood glucose	192 mg/dl
6.	HbA1c	6.2%

AYURVEDIC TREATMENT ADOPTED

PHASE I – OUTPATIENT TREATMENT - 20 DAYS – (02/09/2023 – 21/09/2023)

Table 4: Out Patient Treatment - 20 Days – (02/09/2023 – 21/09/2023)- Phase I.

TREATMENT	DRUG USED	DOSE
Oral	<i>Asanadi Kashaya +Mahamanjishtadi Kashaya</i>	20ml BD Before food
	<i>Kaishora guggulu</i>	1-0-1 After food
	<i>Amalaki churna + Nimba churna</i> (with warm water)	½tsp-0-0, empty stomach
External	<i>Yashtimadhu kalka lepa</i>	Q. S

Observation

- Drying of older lesions was observed
- Onset of new blisters persisted
- Itching persisted

PHASE II – INPATIENT TREATMENT - 7 DAYS – (22/09/2023 – 28/09/2023)**Table 5: Inpatient Treatment - 7 Days – (22/09/2023 – 28/09/2023)- Phase II.**

TREATMENT	DRUG USED	DOSE
Oral	<i>Amruttotaram Kashaya</i>	15ml BD After food
	<i>Shanka vati</i>	1-0-1 After food
External	<i>Lepa with Triphala churna + Panchavalkala Kashaya</i>	Q. S

Diet Advised: Rice porridge, boiled vegetables.

Observation

- Proper healing of wounds was observed
- Itching reduced
- Appetite improved

POST DISCHARGE PERIOD- 32 DAYS – (29/09/2023 – 30/10/2023)**Table 6: Post Discharge Period- 32 Days – (29/09/2023 – 30/10/2023)- Phase II.**

TREATMENT	DRUG USED	DOSE
Oral	<i>Amruttotaram Kashaya</i>	15ml BD After food
	<i>Kaishora guggulu</i>	1-0-1 After food
External	<i>Panchavalkala oinment</i>	Q.S

Observation

- No new lesion was observed
- Number of lesions reduced

PHASE III – FOLLOW-UP (31/10/2023)**Table 7: Follow-Up (31/10/2023)- Phase III.**

TREATMENT	DRUG USED	DOSE
Oral	<i>Chandraprabha Vati</i>	1-0-1 After food
	<i>Mehabhaya Vati</i>	1-0-1 After food
	<i>Asanadi Kashaya</i>	15 ml BD Before food

Observation

- Fasting Blood Sugar – 72mg/dl; Post Prandial Blood Sugar- 76mg/dl
- No new lesions were observed

Autoimmune Bullous Skin Disorder Intensity Score (ABSIS)- After treatment**Table 8: Autoimmune Bullous Skin Disorder Intensity Score -Body surface area- After treatment.**

SKIN INVOLVEMENT (Max. BSA)	PATIENT'S BODY SURFACE AREA
Head & Neck (9)	0%
Trunk (36)	12%
Left Arm (9)	3%
Right Arm (9)	3%
Genital (1)	0%
Left Leg (18)	6%
Right Leg (18)	3%
TOTAL BODY SURFACE AREA	27%

Table 9: Autoimmune Bullous Skin Disorder Intensity Score -Weighing Factor- Calculation- After treatment.

Weighing Factor (for the most dominant appearance of skin lesions)	1.5	Erosive, exudative lesions
	1	Erosive, dry lesions
	0.5	Reepithelialised lesions

$$\text{ABSI Score} = \text{Body Surface Area} \times \text{Weighing factor} = 27 \times 1 = \mathbf{27}$$

OVERALL OUTCOME**Table 9: Overall Outcome- Comparing Before and After Treatment.**

BEFORE TREATMENT	AFTER TREATMENT
Lesions are erosive, exudative	Lesions are erosive, dry, denuded, reepithelialised lesions
The number of tense bullae is 10 – 12 in number	The number of tense bullae is nil, and the onset of new bullae stopped
ABSI score= 58.5	ABSI score = 27
Agni - weak (<i>manda agni</i>)	Agni is improved
FBS – 113mg/dl; PPBS- 192mg/dl	FBS – 72mg/dl; PPBS- 76mg/dl Significant reduction in blood glucose

**Figure B. Before Treatment.****Figure C. After Treatment****Figure D. Before Treatment.****Figure E. After Treatment.**

DISCUSSION

In the present case, the patient with *deergha kālina prameha* exhibits a sustained accumulation of *vikṛta kleda* within the body. This, compounded by persistent *āhāraja nidāna*, has progressively led to *agnidushti*. Over time, this metabolic dysfunction facilitated the formation of toxins (*āma*) at the cellular level, leading to structural derangement of skin layers (which can be understood as *dhatu dushti*). This pathological cascade likely triggered an autoimmune response against the basement membrane proteins of the skin due to the dysfunction of the immune system (*ojo visramsa*), disrupting the dermo-epidermal integrity.^[7,8] This pathogenesis explains the mechanism of autoimmune skin involvement in chronic metabolic disorders.

On adopting *Avastha anusara chikitsa*, the treatment was administered in 3 phases. Phase I focusing on *Kleda Shoshana* and *rakta shodhana*, Phase II involving *ama pachana* with *Vrana ropana* followed by Phase III comprising *rasayana chikitsa*; incorporating *pramehahara chikitsa* in all three phases to address the underlying metabolic dysfunction. Initially, during the active and spreading phase of the lesions, the drugs administered were *Asanadi kashaya* having *kledahara* property along with *Mahamanjishtadi Kashaya*, and *Kaishora guggulu* having *rakta shodaka* property. Internal administration of *Nimba churna* having *tikta rasa* along with *Amalaki churna* possessing *pramehahara* and *kushtahara* action helped in reducing *kandu* and *kleda*, resulting in faster drying of the lesions. *Yashtimadhu* was given for external application for *Vrana Ropana*.^[9] Upon admission, the patient was started with *Amrutottara Kashaya* and *Shanka Vati* for *Ama pachana*. *Amrutottara kashaya*, having *Nagara* (*Zingiber officinale*), *Amrta* (*Tinospora cordifolia*), and *Haritaki* (*Terminalia chebula*) as ingredients acts as a good immunomodulator.^[10] This helped in reducing the onset of new lesions. *Triphala churna* mixed with *Panchavalkala Kashaya* as a topical application helped in *vrana shodana* and *ropana*. In the subsequent phase, *Candrāprabhā vaṭi*—containing *Śilājīṭ* and *Guggulu* as the main ingredients—was administered for its *kuṣṭhahara*, *pramehahara*, and *rasāyana* actions.^[11] Autoimmune Bullous Skin Disorder Intensity Score (ABSIS) grading was used to assess the progress throughout the course of treatment which improved from 58.5 points (before treatment) to 27 points (after treatment) in a duration of 2 months period, which is a significant regression of the condition.

CONCLUSION

This case report emphasizes the importance of treatment based on the *Avastha* of disease considering the *Agni* and *Rogi bala*. Adopting a systematic approach of *Shamana chikitsa* comprising of *Ama pachana (kleda shoshana)*, *rakta shodana*, and *rasayana* has brought symptomatic relief in this condition of Bullous pemphigoid, a *kapha-pitta pradana twak vikara*. The treatment adopted along the lines of *Visphota chikitsa* helped in significant regression of the condition in a short time.

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