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

Dr. Rupesh Agrawal[1], Dr. Sangita Prusty, H.O.D[2]
[1]Post Graduate scholar, Pg Department of Kaumarbhritya, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha India
[2]PG Department of Kaumarbhritya, Gopabandhu Ayurveda Mahavidyalaya ,Puri, Odisha , India

ABSTRACT
Bullous pemphigoid is a rare and potentially life-threatening autoimmune disorder, forming blisters characterized by disturbed immune system producing antibodies against the structural components that spread from epidermis to the dermis of skin. This immune response leads to inflammation, resulting in intense itching and the formation of blisters. The condition is particularly uncommon in infants. In Ayurveda, its clinical presentation bears a strong resemblance to a condition known as Visphota. This report discusses a case involving an eight-month-old female infant who presented with multiple ruptured blisters and bullae initially localized to the lower abdomen and thighs, which subsequently spread to the back and limbs over a three-month period. The patient was treated with a combination of orally administered Ayurvedic medicines and topical application of an Ayurvedic lotion. Remarkable improvement was observed, with complete recovery achieved within 65days and no signs of relapse noted thereafter.
KEY WORDS: *Bullous Pemphigoid, Visphota, autoimmune, blisters*

INTRODUCTION

Bullous pemphigoid (~Visphota) is described among autoimmune sub-epidermal blistering disorders[1,2] .Though rare, it can be potentially life-threatening[3]. This condition is marked by the formation of sub-epidermal blisters due to the presence of circulating auto antibodies targeting specific antigens located in the basement membrane zone of the skin and mucous membranes[4–6].Clinically, it manifests as vesicles and blisters of varying sizes, typically symmetrical and scattered rather than grouped, on a background of red, inflamed skin. These may be accompanied by intensely itchy, erythematous papules and plaques with irregular borders and polycyclic patterns[5].The disorder predominantly affects elderly individuals and is considered uncommon in children, particularly infants[6].

In pediatric cases, the clinical presentation can vary depending on age, with the majority of childhood-onset bullous pemphigoid occurring in infants under 12 months[7] .Commonly affected areas include the flexural surfaces of the limbs, as well as the trunk, abdomen, face, head, and neck[8].Recovery time is highly variable, ranging from 9 weeks to as long as 17 years, with a median treatment duration of approximately 25 months[9].The disease often follows a chronic course with unpredictable flare-ups. Relapse is frequent, with around 50% of patients experiencing recurrence within the first three months after discontinuation of treatment[10].The average time to relapse is approximately 3.2 months[11] Management typically involves corticosteroids, antibiotics, and other anti-inflammatory therapies[1,12]

In Ayurvedic literature, this condition is closely related to *Visphota*,[13] described as an affliction characterized by the sudden appearance of burn-like vesicular eruptions (*Agnidagdhasphota*), which may be localized or spread across the body,accompanied by fever and is believed to result from the vitiation of *Rakta* (blood) and *Pitta* (one of the three doshas)[13,14] .The typical clinical features include the appearance of *Sphota* (blisters) across the body, along with a burning sensation, fever, and excessive thirst[15].*Visphota* is also categorized under *KshudraKushta* (minor skin disorders), presenting with symptoms such as *Shveta-arunavabhasasphota* (whitish to reddish blisters) and *Tanu Tvak* (thinning of the skin over the lesions)[16].These manifestations are said to be caused by the imbalance of *Pitta* and *Kapha* doshas[17].The clinical picture of *Visphota* shares significant similarities with bullous pemphigoid. In the case presented here, an allopathic diagnosis of bullous pemphigoid was made, and the condition was successfully managed through an Ayurvedic approach based on the principles of treating *Visphota*.

PATIENT INFORMATION

An eight month-old female baby name Subhalakshmi prusty along with her parents visited the opd of Kaumarbhritya ,GAM, Puri with the chief complain of multiple fluid filled blisters over the body since past three months with irritability and itching associated with leisons.Her mother noticed by sudden appearance of tense, fluid-filled blisters on the lower abdomen and thighs, which later spread to the back and limbs. Some blisters are ruptured which shows reddish appearance .Her parents consulted an allopathic physician and was diagnosed with bullous skin disease and taken allopathic medicine for 1 month with no significant relief was noticed with the treatment then she came to Kaumarbhritya OPD for further possible management.

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There was no relevant family history.The patient was born full term with CS delievery with birth wt- 2870gm , H.C was 32CM without complication and exclusively breastfed upto 6 month.The patient received recommended vaccines as per NIS. No icterus, pallor, cyanosis and lymphadenopathy were observed. Passed mecomium within 24 hrs, urine ouput normal, adequate sleep, acquired all the developmental milesrone according to the age, appetite is also normal.The lesion type was multiple, asymmetric, widespread, ruptured blisters affecting areas of normal as well as erythematous skin. The leisons spread all over the body including face .Texture was rough and dry. She presented with hemorrhagic crusts, papules. Nails and mucosa were unaffected.

DIAGNOSTIC FOCUS AND ASSESMENT

According to modern as per above said symptoms it can be said that it is a case of Bullous pemphigoid and as per Ayurveda the symptoms of *Sphota* were associated with *Daha* (~burning sensation), *Ruja* (~pain), *Srava* (~watery or serous secretion), *Paka* (~fluid filled blisters or bullae), and *Trishna* (~thirst); the case was diagnosed with *Visphota* (*Pitta*dominant)[18]. The investigation report is shown in figure:

THERAPEUTIC FOCUS AND ASSESSMENT

Based on the involved *Doshas* and *Samprapti*(~pathogenesis), *Pittashamaka*(~*Pitta* pacifying) treatment was adopted. *Samshamana chikitsa* along with diet restriction of *Tila*(~sesame), *Urad*(~black gram), *Kulatha*(~horsegram) ,intake of excessive salty, sour and pungent and dry food items along with incompatible food items.

TREATMENT PLAN

The total treatment course is of 65 days with 4 visit from 4/1/25 to 24/2/25

1st visit (4.1.25): Rx

1) SypClevira – 5ml BD in empty stomach
2) Syp Rakta Sodhini – 5ml BD empty stomach
3) SypImmudab(5ml)+Giloysatwa(125mg) –BD after food
4) WH5 gel – For external application

2nd visit (13.1.25): Patient got some relief as mentioned in picture .

All the previous(above) medicine were continued for next 15 days .

3rd visit (6.2.25): Rx

1) Vidangadi lauha(1/2 tab)+Arogyavardhini vati(1/2 tab) – BD with honey empty stomach
2) Syp Immudab-5ml BD after food
3) Syp Raktasodhini- 5 ml TD empty stomach

4th visit (24.02.25){ continued for 15 days}:Rx

1) Vidangadi lauha(1/2tab)+Arogyavardhinivati(1/2 tab) – BD with honey after food
2) Syp Immudab(5ml) + Giloy satwa(125mg) – BD empty stomach
3) Syp Raktasodhini- 5 ml TD empty stomach
4) WH5 gel– For external application
5) Syp Alpitone- 5ml TD before food (Prescribed as appetite is decreased)

FOLLOW-UP AND OUTCOME

Patient was presented with hemorrhagic papules with crusts[Figure:1]. After two weeks of treatment the patient was examined and found significant relief in redness, pain, and burning sensation. Complete cessation of new bullae and marked healing in old lesions was noticed [Figure]. After 50 days of treatment, there was complete healing of lesions with no signs of relapse. Itching and all other associated symptoms were also subsided [Figure2]. No adverse drug reaction was noticed during the treatment period nor during follow-up period.

DISCUSSION

The main causative factors in the manifestation of the pathology of *Visphota* are *Pitta pradhana tridosha* associated with *Dhatu* like *Rakta, Mamsa,* and *Asthi*.The *Nidana*(~cause of manifestation of the disease)is any sort of pungent, sour, spicy, alkaline, unctuous food in excess, eating before digestion of previous food, intake of food in indigestion condition, and avoiding seasonal regimen.[19]In the present case, unwholesome dietary habits of mother (especially unctous, pungent, sour, spicy food, and intake of food in indigestion condition) during pregnancy as well as lactating period has probably contributed to vitiation of *Doshas*(*Pitta pradhana tridosha*) that reached breast milk through *Stanya vaha* srotas[20](~lactating channels) and manifested as *Visphota* in the patient due to *Dushti* of *Rakta, Mamsa* and *Asthidhatu*.[19]

CONCLUSION

Clinical manifestation of bullous pemphigoid has close resemblance with *Visphota* and can be successfully managed with line of treatment of *Visphota.*The adopted treatment helped in significant regression in the short span of time with no signs of relapse proved *Ayurvedic* potential to address such autoimmune bullous disorders. As compared to contemporary management (corticosteroids, antibiotics, and

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antihistamines), the above treatment is cost effective, free from side effects and purely based on the principles of *Ayurveda.*

BEFORE TREATMENT



Figure-1

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AFTER TREATMENT



Figure-2

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