ISSN: 2457-0400

Impact Factor: 6.711

WORLD JOURNAL OF ADVANCE HEALTHCARE RESEARCH

www.wjahr.com

Volume: 9, Issue: 9

Page N. 319-321

Year: 2025

Case Report

Coden USA: WJAMA3

CASE REPORT ON BULLOUS PEMPHIGOID: DIAGNOSTIC NUANCES IN A FEMALE PATIENT

Dr. Tredha Hitesh Vyas*

Assistant Professor & Consultant, Department of Swasthvritta Evam Yoga, P. P. Savani Ayurveda College and Hospital, India.

Article Received: 21 July 2025 **Article Revised:** 11 August 2025 **Article Published:** 01 September 2025

***Corresponding Author: Dr. Tredha Hitesh Vyas**
Assistant Professor & Consultant, Department of Swasthvritta Evam Yoga, P. P. Savani Ayurveda College and Hospital, India.
DOI: https://doi.org/10.5281/zenodo.17294515

How to cite this Article: Dr. Tredha Hitesh Vyas* (2025). Case Report on Bullous Pemphigoid: Diagnostic Nuances In A Female Patient. World Journal of Advance Healthcare Research, 9(9), 319–321.

ABSTRACT
Bullous pemphigoid is the most common autoimmune blistering condition located below the epidermis mainly found in older patients. It presents with tense blisters, erythematous macules and excruciating pruritis. In Ayurveda, these sorts of eruptions which are vesiculobullous and glandular, often with concomitant fever and associated with vitiated *Rakta* and *Pitta*, are called *Visphota*. They can appear locally or be present across the body surface. Taking into consideration of this pathological condition we present here a case report of 85-year-old woman who developed progressively itchy bullous eruptions. She was initially thought to have eczema, however, bullous pemphigoid was confirmed by skin biopsy. She improved significantly with an Ayurvedic intervention. This case highlights the possibility of using Ayurvedic approaches for the management of bullous pemphigoid, thus promoting improved quality of life and reducing morbidity.

KEYWORDS: *Ayurveda, Bullous pemphigoid, Visphota, Pitta Doshas, Skin.*

INTRODUCTION

Bullous pemphigoid is an autoimmune blistering skin condition caused by auto antibodies targeting the hemidesmosomal proteins. It mainly occurs in older adults with an incidence of six to thirteen per million per year. Its clinical manifestations are variable and often cause delay in diagnosis.[1-3]

Ayurveda describes it in relation to *Visphota* that specifically involves *Pitta* and *Rakta*. Classical literature describes *Visphota* as the rapid appearance of *Pidakas* that looks like blisters filled with serous or watery fluid, along with the presence of *Daha*, *Kandu* and sometimes *Ruja* that can rapidly spread across the skin. *Visphota* is further described as *Agnidagdha Sphota*, which may appear focally or all over the body, and occur with fever, thirst, and intense burning. *Visphota* is believed to occur due to the predominance of *Pitta* and *Rakta doshas*, and it is classified as *Kshudra Kushta*. Clinical features include *Shweta-Arunavabhasa Sphota* and *Tanutwak*, which suggests involvement of *Pitta* and *Kapha doshas* together. The suggestive pathological events of *Visphota* are depicted in **Figure 1.**[4-6]

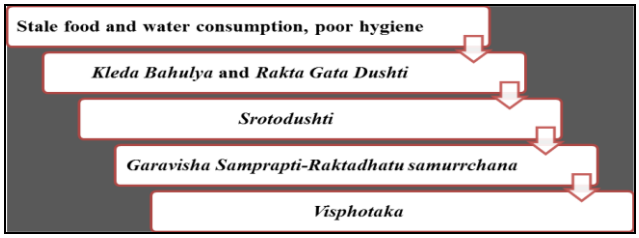

Figure 1: Pathological events associated with *Visphota*.

The Ayurvedic approach to *Visphota* places an emphasis on two treatments; *Shodhana* and *Shamana* to focus on correcting the underlying *Kapha-Pitta* imbalance. The treatments involve *Virechana* and *Raktamokshana*, in addition to medicated decoction, oils, powders, and other preparations that alleviate *Pitta*. This article emphasizes importance of Ayurveda in such case by presenting a clinical case report.[5-7]

CASE-REPORT

85-year-old female, with medical history of hypertension and type 2 diabetes mellitus arrived for treatment. No autoimmune history was observed and family history also found negative for blistering disorders. Patient reported negative history for smoking and drinking habits.

Clinical Findings

- ✓ Symptoms: Intense itching for 3 months, followed by bullae.
- ✓ Signs: Multiple tense bullae with clear fluid, on lower extremities, on abdomen, thighs, flexor forearms, face. No mucosal involvement. Nikolsky sign
  negative.

Diagnostic Assessment

- ✓ Direct Immuno fluorescence: Linear IgG deposition at dermo epidermal junction.

Differential diagnoses

- ✓ Pemphigus vulgaris, dermatitis herpetiformis, bullous drug eruption.

Past Treatment History

- ✓ Prednisolone 40 mg/day tapered over 12 weeks.
- ✓ Azathioprine 50 mg/day added for steroid-sparing.
- ✓ Supportive care: Emollients, antihistamines, glucose monitoring.

TREATMENT PROTOCOL

Written informed consent was obtained from the patient for publication of this case report. The clinical history began on Day 0 with the patient experiencing pruritus, which was treated as eczema by a family doctor. On Day 4, blisters appeared and the patient was referred to dermatology. On Day 30, the patient underwent a skin biopsy and direct immunofluorescence, and by the end of first month, a diagnosis of bullous pemphigoid was confirmed. During Months 3 through 6, the patient was treated with prednisolone (40 mg/day tapered) and azathioprine (50 mg/day) only to experience a recurrence after withdrawal of therapy (past treatment history). During Months 6 through 9, the patient was treated with Ayurvedic medicines* resulting in a remission disease period, with residual hyperpigmentation. In Months 10 through 12, the patients skin had fully cleared.

In current case patient was treated with following Ayurvedic medicine

1. *Bilwadi Gutika*- 2 Tabs: TID- *Pragbhakta* (before meals) with lukewarm water
2. *Mahatiktaka Kashayam*: 10 ML- TID- *Abhakta* (Empty Stomach)
3. *Kushmanda Rasayan* 10 gms: TID – *Abhakta* (Empty Stomach)
4. *Panchvalkal Kwath* for bathing two times
5. *Avipattikar Churna* 10 gms every night with water

Pathya & ***Apathya***: All fermented & baked food products was stopped until complete remission.

Follow-up Periods

- ✓ First follow up period: 02 weeks
- ✓ Second follow up period: 01 month
- ✓ Third follow up period: 03 months

OBSERVATION AND RESULTS

After two weeks of treatment, pruritus had completely resolved. By the end of one month, the condition remained stable with no appearance of new bullae. At three months, the patient achieved remission, maintained on the same medication regimen without any relapses. The blisters resolved completely, and the patient's skin returned to its normal appearance. She resumed her routine activities without any evidence of relapse. Clinical photographs (**Figures 2 & 3**) taken during *Shamana Chikitsa* demonstrated this improvement. Initially, the patient had mistaken her condition for an allergy, experiencing persistent itching and bullous lesions that caused marked discomfort and anxiety. With the correct diagnosis of bullous pemphigoid and subsequent Ayurvedic management, she achieved substantial symptomatic relief, reporting greater comfort, reduced distress, and restored confidence in carrying out her daily life.

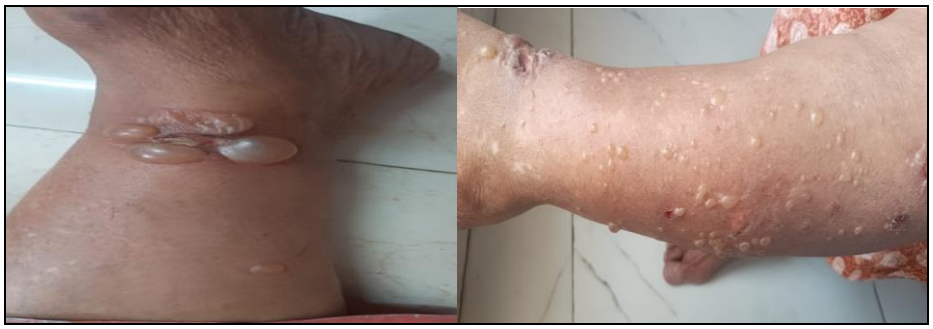

Figure 2: Pathological manifestations before treatment.

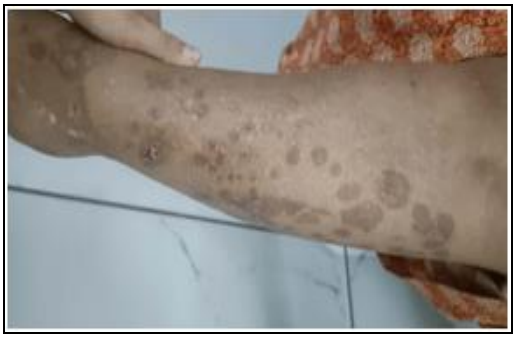

Figure 3: Improvement in symptoms after the therapy.

DISCUSSION

Initial symptoms of bullous pemphigoid can appear similar to both eczema and urticaria, which may delay diagnosis. Currently, direct immunofluorescence (DIF) was the gold standard for a diagnosis of bullous pemphigoid. In present case an old female who visited a private Ayurveda clinic with multiple blisters first located on her extremities but subsequently progressed to her chest, trunk, face, and genitalia. She also complained of severe pruritus, amorphous discharge from the blisters, loss of appetite and sleep, and intermittent fever. The ruptured blisters resulted in painful erosions.

While bullous pemphigoid may not be described overtly in Ayurveda, it aligns closely with a disease termed *Visphota*. A thorough history elicited contributory factors of stale food and water consumption, poor hygiene, the concept of *Kleda Bahulya* and *Rakta Gata Dushti* enabling *Srotodushti*. Thus, *Bilvadi Gutika* was indicated, relating to *Garavisha Samprapti* being the main causative agent for the clinical condition. In addition, to cleanse the wounds (*Vrana Shodhana*), *Panchavalkala Kwatha* was indicated as a whole body bath. *Mahatikta Kashaya* was used to counter *Rakta Gata Dushti* and assist in breaking the *Samprapti* of disease, and *Kushmanda Rasayana* was provided for *Agni Bala Pradana* and *Rakta-Twak Prasadana*.[7-9]

Panchakarma and *Raktamokshana* as postulated through Ayurvedic texts effectively manage *Visphota*, along with some *Shamana* therapies for symptom relief. However, due to the patient's age, extensive *Shodhana Chikitsa* was not utilized. Thus, *Mridu Virechana* with *Avipattikara Churna* was administered daily with *Shamana Chikitsa*.

CONCLUSION

In the current situation, all manifestations of *Visphota* were completely resolved after completion of therapy. An approach based on the principle of *Shodhana* and *Shamana*, followed by appropriate *Pathya-apathya*, was found very effective in managing dermatological etiologies. In this diagnosed case of *Visphota*, based on the *Samprapti*, *Pitta-kapha hara* line of treatment was adopted. Both internal and external purging along with wholesome diet was effective with the *Samprapti stambha*. The patient demonstrated a positive response in a short duration of time and treatment modalities were found effective in keeping the condition from worsening as well as led to healthy healing of blisters. All other symptoms and signs associated with the condition resolved completely after the complete course of therapy.

REFERENCES

1. Prof. Yadunandana Upadhyaya edited Madhava Nidana of Madhavakara, Published by Chaukambha Prakashan Varanasi, Reprint Edition 2021, Part 2, Visphota Nidana, Chapter no:53, Sloka no:3, Page no:214.
2. Vaidya Yadavji Trikamji Acharya edited Sushruta Samhita of Susruta, Published by Chaukambha Sanskrit Sansthan Varanasi, Reprint Edition 2010, Nidanasthana, Chapter no:13, Sloka no:18, Page no:320.
3. Vaidya Yadavji Trikamji Acharya edited Charaka Samhita of Agnivesha, Published by Chaukambha Publications New Delhi, Reprint Edition 2016, Nidanasthana, Chapter no: 5, Sloka no:3, Page no: 216.
4. Vagbhata Ashtanga Hridaya, editor. Pandit Hari Sadasiva Sastri Paradkar with sarvanga sundara commentary of arunadatta and Ayurveda rasayana commentary of hemadri. Published by Chaukhamba Surbharti Prakashan, Varanasi, Reprint Edition, 2010; p 716.
5. Vagbhata Ashtanga Hridaya, editor. Pandit Hari Sadasiva Sastri Paradkar with sarvanga sundara commentary of arunadatta and Ayurveda rasayana commentary of hemadri. Published by Chaukhamba Surbharti Prakashan, Varanasi, Reprint Edition, 2010; p 118.
6. Acharya Yadavji Trikamji, editor. Caraka samhita of agnivesha, cikitsa sthana; kushta cikitsitam: Chapter 7, Verse 30. Varanasi: Chaukhamba Surbharati Prakashan, 2011; p. 451.
7. Kumar N, Singh S, Manvi RG. Trichosanthes dioica Roxb.: an overview. Phcog Rev, 2012; 6(11): 61e7.
8. Chung SO, Kim YJ, Park SU. An updated review of Cucurbitacins and their biological and pharmacological activities. EXCLI J., 2015; 14: 562e6.
9. Vedavathy S, Rao KN. Antipyretic activity of six indigenous medicinal plants of Tirumala Hills, Andhra Pradesh, India. J Ethnopharmacol, 1991; 33: 193e6. PMID: 1943168.