

A SUCCESSFUL MANAGEMENT OF BULLOUS PEMPHIGOID (VISPHOT) THROUGH AYURVEDA – A CASE STUDY

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ABSTRACT

Bullous pemphigoid (BP) is the most common autoimmune blistering disease caused by the production of autoantibodies. It is a rare but potentially fatal group of skin diseases. According to *Ayurveda*, the *twakrogas* are known by the general term *Kushta*. There is no any direct correlation with any disease described in *Ayurveda* but somewhat it can be correlated with *Visphot* which is one of the types of the *Ksudrakushtha*. In present study, a 35 yrs male patient was diagnosed with *Visphot*. He was taken treatment at different hospitals but due to recurrence of condition, he preferred *Ayurvedic* treatment. He was successfully managed with Ayurvedic treatment including internal medication and some external therapy.

KEYWORDS: Bullous Pemphigoid, *Visphot*, internal medication, external therapy

INTRODUCTION

Bullous pemphigoid (BP) is the most common autoimmune blistering disease caused by the production of autoantibodies.¹ It is a rare but potentially fatal group of skin diseases. The aim of treatment is to suppress the clinical signs of Bullous Pemphigoid sufficiently to make the disease tolerable to patient. It is commonly managed with Corticosteroids, antibiotics and other anti-inflammatory drugs.

According to *Ayurveda*, *twakrogas* are known by the general term *Kushta*. *Visphot* is one of the types of *Kshudra Kushta*. Some of the symptoms of *Visphot* like *shyav* or *raktavarni*(Blackish or Red coloured), *tanutwakyukta* and *stravyuktapitika* (Bullae) are similar to Bullous pemphigoid.²

Following case was diagnosed as Bullous pemphigoid which was correlated with *Visphot*.

CASE REPORT:

A 35 years old male came to Kayachikitsa OPD of Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H), Wardha, with the complaints of multiple bullae on the left ankle to toe, mild itching, watery discharge and swelling.

On history taking, he was suffering from it since one year. Every time there was temporary relief. He was fed-up with recurrence. So for further treatment he admitted to MGACH & RC.

Physical Examination: Multiple bullae were present from left ankle to toe, foul smelling

watery discharge and edema was also Present. Personal history revealed vegetarian diet, adequate nidra and no any habit. No any history of HTN, DM and Asthma. No specific family history and surgical history. Ashtavidha pareeksha (general examination) –Nadi - 70/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
 Systemic Examination: RS, CVS, CNS were within normal limits.

Following investigations were done –

Table No. 1: Investigations done

Investigations	Observed value
Hb%	15.6 gm%
TLC	6,900/cumm
DLC	
Neutrophils	57 %
Lymphocytes	33%
Eosinophils	04%
Monocytes	06%
ESR	22 mm/1 st hr
RBS	91 mg%
Australia Antigen	Non – Reactive
HIV	Non – Reactive

Patient was admitted and following treatment was given for seven days.

TABLE NO. 2- CHIKITSA GIVEN-

Type of treatment	Name of Drug	Dose
Oral	<i>Triphala Guggul</i>	500mg twice a day, after meal with water
	<i>Gandhaka Rasayan</i>	500mg twice a day after meal with water
	<i>Tab. Septillin</i>	1Tab thrice a day
	<i>Guduchi Ghanvati</i>	1 Tab thrice a day
	<i>Sarivadyasav</i>	20ml twice a day after meal with water
	<i>Punarnava – 1gm</i> <i>Yashad Bhasma – 500 mg</i>	Twice a day in divided doses with honey
External	<i>Local cleaning with Triphala and Neem quath</i>	
	<i>Dressing with Jatyadi oil + Karanja oil</i>	

TABLE NO. 3. – MEDICATIONS AFTER DISCHARGE

Name Of Drug	Dose	Duration
<i>GandhakRasayan</i>	500mg twice a day after meal with water	7 Days
<i>Panchatiktaghruta guggulu</i>	500 mg twice a day after meal with water	7 Days
<i>Sarivadyasava</i>	20ml twice a day after meal with water	1 month
<i>Jatyadi oil + Karanja oil</i>	For local application	For 15 Days

Observation – In seven days of treatment, bullae and foul smell were completely disappeared but mild watery discharge was present. Patient was discharged after seven

days and follow-up was taken on every 7th day. The lesion was completely cured in 30 days.



Figure 1: On the day of admission



Figure 3: On 15th day



Figure 2: on 7th day



Figure 4: On 30th day

DISCUSSION

In the local examination, predominance of *Pitta* and *Kapha* was considered. Following medicines were used because of their *kledaghna* (decrease discharge), *kaphaghna* (*Kapha* alleviating) and *tvachya* (dermal caring) properties. *Triphala guggulu* was given as it is *Shothhara* (ability to reduce oedema), *Kledhara*, *Sravhara* (decrease discharge), *Durgandhi Vranahara* (reduce foul smelling wound).³ *Gandhaka rasayana* was used because it is indicated in all types of *Kushta*.⁴ In one study, it is found as an antibacterial and antifungal.⁵ It was helpful to prevent secondary infection. Tablet

Septilin contains *Maharasnadi kwata*, *Guduchi*, *Guggulu*, *manjistha*, *amalaki*, *shigru*, *yasthimadhu*. *Maharasnadi kwata* is *shothashamaka* (anti-inflammatory)⁶, *Guduchi* is *Kushtaghna*.⁷ *Guggul* is *vedanasthapana*, *shothahara*, *durgandhi nashana*, *pidikahara* and *Kushtaghna*.⁸ *Manjistha* is *shothahara*, *vranaropan* and *kusthaghna*.⁹ *Aamalaki* is *kushtaghna*.¹⁰ *Shigru* is *shothahara*, *krumihara*.¹¹ *Yashtimadhu* is *shothahar*, *vranropan*.¹² *Sarivadyasava* is *raktaprasadhaka* (improving circulation) and *pidakahar*.¹³ *Yashadbhasma* contains zinc which is known to promote healing.¹⁴ *Panchtikta*

ghruta guggulu was used because it is indicated in *kushthavikara*.¹⁵ *Jatyadi* oil was used because *Jati* is *kushthaghna*, *kandughna*, *vranshodhaka* and *vranropaka*.¹⁶ *Karanja* oil was given because it is *jantughna*, *kandughna*, *kruminashaka*, *vranshodhaka*, *vranropaka* and *kushtaghna*.¹⁷ *Triphala* is *kushthaghna*, *vranropaka*, *vranshodhaka*.¹⁸ No specific pathya – apathy was advised to patient except low salt diet. Patient had complete improvement in a short duration. Only scar mark was found.

CONCLUSION

This case study showed complete relief in Bullous pemphigoid in a very short duration. So it is concluded that *Ayurveda* can be a promising alternative in *such type of* skin disorders. This case study is helpful to encourage researchers to conduct research on large number of patients to validate its efficacy in such type of conditions.

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