



## Case Study

### AYURVEDIC MANAGEMENT OF BULLOUS PEMPHIGOIDS

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#### Article info

##### Article History:

Received: 05-09-2025

Accepted: 10-10-2025

Published: 15-11-2025

##### KEYWORDS:

Bullous  
pemphigoids,  
Garavisha, Visha  
visarpa, Lutavisha  
cikitsa, Ayurvedic  
management.

#### ABSTRACT

Bullous pemphigoid is a rare skin disease that causes large fluid filled blisters. They often appear on the skin near creases or armpit, upper thighs etc. The affected areas may be painful and usually very itchy. It occurs when the immune system attacks the layer of skin. the reason for the immune system attack not well understood. Here we report a case of bullous pemphigoids with a history of poor sanitary practices which can be correlated to *Garajanya visarpa* (Spreading condition from artificial poison) in Agadatantra (toxicology) preview, Patient presented with reddish hyper-thickened lesion with intense itching over both foot and finger webs of bilateral upper limb. Here the treatment planned according to the diagnosis, special yoga mentioned for *Visarpa* (spreading skin disease) and *Luta visha cikitsa* (spider poisoning) were employed in the present case. Malayalam *Vishha cikitsa grandhas* (Malayalam toxicological texts) like *Prayoga samucchaya*, *Kriyakoumudi* and *Vishavaidya jyotsnika* are mentioned some the peculiar yoga are also helps to manage the case. Treatment for *Gara* (artificial poison) and *Rasayana chikitsa* (rejuvenating therapy) are also employed here. The patient got complete relief from the symptoms. In the management of bullous pemphigoids, *Visha visarpa* (spreading skin disease from poison) and *Lutavisha cikitsa* are found to be effective.

### INTRODUCTION

Bullous pemphigoid is a chronic, autoimmune blistering skin disease that predominantly affects the elderly [1]. Characterized by subepidermal blisters and intense pruritus. Its etiology is multifactorial, involving genetic predisposition, environmental triggers, and immune dysregulation.[2] While the pathogenesis of bullous pemphigoid primarily depend on the formation of autoantibodies against hemi-desmosome proteins (BP180 and BP230), emerging evidence suggests that environmental factors, including poor sanitation, may play a contributory role. In unhygienic settings, the increased exposure to pathogens, skin infections, and chronic inflammation can exacerbate immune system activation, potentially triggering or worsening autoimmune responses.[3]

This condition mainly showing painful blisters with intense itching which prevents the patient from daily activities. So according to Ayurveda it shows the features of *Parisarpa* (spreading nature). So that considered as *Visarpa* [4], and also it shows similarities with *Luta visha* in symptoms [5]. So that both *Visarpa* and *Luta damsha cikitsa*[6] (spider poison treatment) principles are used for management of the condition.

#### Case Report

A 32-year-old female hailing from Ponnani, Malappuram, presented for evaluation on January 30, 2024, with a distressing seven-month history of recurrent, erythematous, and intensely pruritic bullous lesions affecting her feet and bilateral finger webs. The onset of her condition was reportedly preceded by frequent exposure to contaminated water from a septic tank effluent at her residence. Shortly thereafter, she developed initial symptoms of constant fever and painful, purulent vesicles on the heel and the medial and lateral aspects of her foot. The condition subsequently adopted a relapsing-remitting course, with exacerbations occurring three to four times per month and showing a marked seasonal worsening during the rainy season. Her cutaneous manifestations

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Quick Response Code	
	<a href="https://doi.org/10.47070/ijapr.v13i10.3885">https://doi.org/10.47070/ijapr.v13i10.3885</a>
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were accompanied by significant systemic symptoms, including recurrent febrile episodes with rigors, arthralgia, and the symptoms suggestive of urinary tract infections. Despite a protracted treatment history involving approximately fourteen steroidal injections, she failed to achieve a sustained clinical remission. Three weeks prior to consultation, an acute flare of symptoms followed a high-grade fever, precipitating the emergence of new, intensely painful, and pruritic bullae on her palms and feet, which prompted her to seek further medical care.

#### **Treatment History**

1. Tab. Livid 1 bd
2. Cap. Omez 1bd
3. Tab. Zerodol-sp 1 bd
4. T-bact ointment

These are taken as initial management along with steroidal injection for about 14 times within this 7 month but the patient doesn't get complete cure.

#### **Family history**

Nothing relevant

#### **Personal history**

Diet - Mixed, preferably vegetarian diet

Appetite- Reduced

Sleep - Reduced

Bowel - Regular

Micturition - 4 to 5 times per day

Addiction - Not known

#### **General examination**

Heart rate-70 BPM

Pulse-70 per minute

Blood pressure-110/70 mm/hg

Temperature- 95°F

No pallor icterus, cyanosis and clubbing

#### **Physical examination**

##### **Systemic examination**

CNS- conscious, well oriented to time, place and person

GIT- No abdominal mass, no tenderness on palpation

CVS- Normal heart sound, No murmur

RS-Normal breath sounds, no wheezing

##### **Local examination**

##### **1) Right leg**

Location and distribution: The lesions are localized to the sole, primarily affecting the heel, mid-plantar surface, and the plantar aspect of the great toe.

Nature of Lesions: Raptured bullae presented as multiple, large, superficial erosions with a moist,

erythematous base. There are areas of re-epithelialization visible as shiny, pink patches, particularly on the heel. A distinct, circular lesion on the medial aspect of the midfoot appears crusted and violaceous.

Dimensions: The largest area of erosion on the heel and midfoot appears to be approximately 8-10 cm in its longest dimension.

Edges: The borders of the erosions are irregular, serpiginous, and clearly demarcated from the surrounding intact skin.

Discharge: No visible pus is present.

Tenderness: Grade 2

Bleeding: Absent

##### **2) Left leg**

Location and distribution: The lesion is located on the dorsal aspect of the great toe of the foot, extending from the base of the nail proximally up the toe.

Nature of Lesions: Polymorphic presentation and it shows an active, tense bulla near the tip, along with older, healing, or excoriated lesions characterized by crusting, erosions, and hyperpigmentation further up the toe.

Dimensions: The largest area of erosion 3-4 cm in length.

Edge: The edges of the lesion are ill-defined, blending into the surrounding skin.

Discharge: Slight pus was present.

Tenderness: Grade 1

Bleeding: Absent

##### **3) Right hand**

Location and distribution: On the palmar aspect of the hand, near the wrist, specifically over the thenar eminence.

Nature of Lesions: The lesion is a tense, fluid-filled bulla.

Dimensions: 2\*3cm diameter

Edge: Well-demarcated and circular or oval in shape.

Tenderness: Grade 2

##### **4) Left hand**

Location: Multiple pin-head sized bullae presented over upper medial aspect of middle finger.

Nature of Lesions: Tense bullae

Edge: Well-demarcated and circular

Tenderness: Grade

#### **METHODOLOGY**

Treatment given at the IPD level

**Table 1: Treatment given at 1<sup>st</sup> admission**

Day	Treatment	Medicine	Review
5 days	<i>Samana</i>	1) <i>Lodrasevyadi Kashayam</i> <sup>[7]</sup> as <i>Panam</i> 2) <i>Visha vilwadi Gulika</i> <sup>[8]</sup> 1 tablet thrice daily before food. 3) <i>Triphala guggulu</i> <sup>[9]</sup> tablet 1 tablet thrice daily before food.	
8 days	<i>Rukshanam</i>	<i>Kashayadhara with Lodrasevyadi Kashaya</i>	
3 days	<i>Pacana</i>	1) <i>Jathi, Amalaka, Mustha, Dhanvayasa</i> <sup>[10]</sup> <i>Paniyam</i> 2) <i>Shadharanam Gulika</i> <sup>[11]</sup> 1 tablet thrice daily before food.	

These are the treatment given at the time of first admission. The course of treatment helps to reduce the pain and oozing considerably. After this, patient was discharged on request. The following medicines are given as discharge medicines.

1. *Jathi, Amalaka, Musta paniyam*
2. *Shadharanam Gulika* 1 tablet thrice daily before food.
3. *Kottamtagaradi Kashaya* <sup>[12]</sup> for *Kshalana*.

**Table 2: Treatment given at 2<sup>nd</sup> admission**

Day	Treatment	Medicine	Review
5 days	<i>Rukshana</i>	1) <i>Pacanamrtam Kashayam</i> <sup>[13]</sup> 90ml thrice daily before food. 2) <i>Shadharanam curnam</i> 5gm with <i>Kashayam</i> 3) <i>Lodrasevyadi Kashaya kshalana</i>	
5 days	<i>Rukshanam</i>	1) <i>Lodrasevyadi Kashayam panam</i> 2L 2) <i>Triphala guggulu Gulika</i> 1 tablet twice daily. 3) <i>Visha vilwadi Gulika</i> 1 tablet twice daily. 4) <i>Lodrasevyadi Kashaya kshalana</i>	
After attaining <i>Ruksha lakshanas</i>			
4 days	<i>Snehapana</i>	<i>Guggulutiktaka ghrutham</i> <sup>[14]</sup>	
After attaining <i>Samyak snigdha lakshanas</i>			
1 day	<i>Virecana</i>	<i>Avipatti curnam</i> <sup>[15]</sup> 30gram with honey	17 Vegas
9 days	<i>Samana</i>	<i>Kashayadhara with Lodrasevyadi Kashayam</i>	
3 days	<i>Samana</i>	1) <i>Patolakaturohinyadi Kashayam</i> <sup>[16]</sup> tablet twice daily before food. 2) <i>Triphala guggulu</i> tablet 1 tablet twice daily before food. 3) <i>Visha vilwadi Gulika</i> 1 tablet twice daily before food. 4) Herbalizer syrup 1 teaspoon 5 times daily.	

At the time of discharge pain and bullae formation considerably reduced. Symptoms like pain and itching also got relieved. For *Sesha dosha shamana* the following medicines are given.

- 1) *Kottamtagaradi Kashayam* as *Panam*

- 2) *Punaravartaka jwarahara Kashayam* <sup>[17]</sup> 90ml at bed time
- 3) *Lodrasevyadi Kashayam* for *Kshalana*
- 4) Herbalizer syrup 1 teaspoon 5 times daily
- 5) *Chandraprabha Gulika* <sup>[18]</sup> – 1 tablet thrice daily

### Before Treatment



Figure 1: Lesion on left foot



Figure 3: Lesion on left middle finger

Figure 4: Lesion on palm

### After Treatment



Figure 5: Right foot

Figure 6: Left foot



Figure 7: Palms

## RESULT AND DISCUSSION

Line of treatment mainly based on *Aama pacana* (digestion of metabolic toxins), *Agni Dipana* (stimulation of digestive fire), *Kleda soshana* (drying of moisture), *Vrana ropana*, (wound healing) *Rukshana* (drying therapy), *Rakta shodhana* (blood purification), *Kandughna* (anti-pruritic) and *Vedanastapana* (analgesic/pain-relieving). Patient presented with *Bahu dosha lakshana* (symptoms of multiple aggravated humors), so that *Shodhana* procedure was administered.

Initially for *Rukshana*, *Lodrasevyadi Kashaya* was administered as *Pana*, as it is mentioned in A.H.U

37<sup>th</sup> chapter *Lutavisha chikitsa*. The condition was *Tridosha* and symptoms shows *Parisarpana* (spreading) nature. *Bahu Vedana* (pain), *Kleda* (moisture/dampness), *Ashupaka* (rapid suppuration) were also presented. So that *Luta visha shamana chikitsa* (pacifying treatment for spider poison) was employed as these symptoms were mentioned in *Luta visha*. The *Yoga* (formulation) *Lodrasevyadi kashaya* (decoction) contains, *Lodra*, *Sevya*, *Padmaka*, *Chandana*, *Raktachandana*, *Kantapushhpa* etc., most of the drugs having *Tikta rasa* (bitter taste), *Sita virya* (cold potency) thus helps to pacify *Pitta dosha* (*Pitta*



humor). The *Laghu ruksha guna* (light and dry qualities) of drugs facilitates easy spreading of medicine. On analysing *Vipaka* (post-digestive effect) 70% drugs having *Katu vipaka* (pungent post-digestive effect), which pacifies *Kapha dosha* (*Kapha* humor). Most of the drugs are *Kapha pitta shamaka* (*Kapha* and *Pitta* pacifying). So, all the three Doshas were managed effectively. Same yoga was also used for *Dhara* (pouring therapy) to enhance *Rukshana*.

Along with *Kashaya*, *Vishavilwadi Gulika*, *Triphala guggulu* were also given. *Visha vilwadi* contain 16 drugs, which is *Tikta* (bitter), *Katu rasa* (pungent taste), *Laghu*, *Ruksha guna*, *Kapha vatahara*, *Vishaghna* and *Rakta shodhana* and these properties helps to manage the condition.

*Triphala guggulu* mentioned in *Vranashodha* (wound purification) *Adhyaya* (chapter) of *Cakradatta* and *Vidradi rogadikara* (section on abscesses and other diseases) in *Yogaratanakara*, and *Vatika Kalpana* (tablet preparation) in *Sharangadhara*. It contains *Triphala*, *Guggulu* and *Pippali*. Majority of the constituents contain *Tikta*, *Kashaya* (astringent) and *Madhura rasa* (sweet taste), *Ushna virya* (hot potency), *Katu vipaka*, *Laghu*, *Ruksha*, *Ushna*, *Tikshna guna* (sharp qualities). These drugs act as *Vranaropaka* and *Kleda soshaka*. It relieves *Kapha dosha* due to *Tikta*, *kashaya rasa* and *Laghu*, *Ruksha guna*. It reduces *Vata kapha dosha* due to *Ushna virya*. *Pitta dosha* is relieved by drug's *Tikta*, *Kashaya* and *Madhura rasa*.

During the course of treatment patient feels fatigue and on examination, BP was found to be low. In this condition *Sidhamakaradhwaja* and *Suvarnamuktadi* tab was given. After that patient had an episode of fever due to urinary tract infection along with joint pain. Her CRP level was found to be 26.7 mg/dl, which indicate the presence of an inflammation. Thus, here *Aama pacana* line of treatment was given. For that yoga mentioned in *Jwaradhikara* (fever treatment) of A.H. *Jatyamalakadi yoga* given in the form of *Panam* (as a drink) along with *Shaddharam Gulika*. Patient was discharged for a while on her on request. The same medicines *Jathyamalakamusta panakam*, *Shaddharanam Gulika* and *Lodrasevyadi panam* were advised to take.

After 10 days patient was readmitted. Symptoms reduced considerably than the previous time. Itching and intense pain reduced but pus discharge was present, so that *Rukshana* is again continued with *Pacanamrtam Kashaya*, mentioned in *Sahasrayogam Kashayaprakaranam* (decoction chapter). It contains ingredients like *Amruta*, *Bhunimba*, *Patha*, *Musta*, *Ushira* etc., which helps to reduce *Aama* (metabolic toxin), along with *Shaddharanam curnam*. *Lodrasevyadi Kashaya* also given for *Rukshana* which was mentioned earlier. Later, medicines were revised to *Lodrasevyadi*

*Kashaya*, *Triphala guggulu* and *Visha vilwadi Gulika*. When the patient attained *Rukshana*, *Kleda* and pus discharge from the wound completely stopped. Then, *Snehapana* (oleation therapy) was done with *Guggulu tiktaka ghrutam*, which is mentioned A.H *Cikitsa sthana vatavyadhi cikitsa* (treatment of Vata disorders). As it is indicated for *Kushtha* (skin diseases), *Bagandhara* (fistula in-ano), *Nadivrana* (sinus ulcer), *Vataraktha* (gout/blood related Vata disorder). It helps to reduce the deep seated *Doshas*.

During the course of *Snehapana*, on 4<sup>th</sup> day patient presented the symptoms like vomiting, loose bowels, and abdominal pain. So, *Snehapana* is discontinued and *Virecana* was advised with 30gm of *Avipatti curna* along with hot water. In *Virecana* 17 *Vegas* (bouts) were attained. After this *Shodhana* (purification), lesions were completely healed. There was no development of new lesions. But on the next day, patient became febrile, So, *Sudarshana* tablet was given and symptom reduced considerably. To reduce *Sesha dosha* (remaining toxins), *Samana cikitsa* (pacifying therapy) was advised. *Lodrasevyadi Kashaya* for *Kleda soshana*, *Patolakaturohinyadi Kashayam* given for *Kaph pitta shoshana*, *Kushtha shamana* as well as *Jwarahara*. *Visha vilwadi* and *Triphala guggulu* were given, which were mentioned earlier. Patient had recurrent UTI attack, for that Herbalizer was given. Herbalizer contain drugs which were *Pitta shamaka* in nature. Hence helps to reduce the symptoms of UTI.

After that all the symptoms like, pus-filled bullae, itching, intense pain etc., reduced. Thus, patient was advised to discharge. *Kottamtagaradi Kashaya*, *Punaravataka jwarahara* (relapsing fever) *kwatha*, *candraprabha Gulika*, *Lodrasevyadi Kashaya* were given at the time of discharge. *Kottamtagaradi Kashaya* is mentioned in the *Tritiya pariccheda* (3<sup>rd</sup> chapter) of *Mandali visha prakarana* (section of viper poisoning) of *Prayoga samucchaya* mentioned for *Kaph pitta shamaka*, *Rakta shhodhaka*, and *Visha hara*. Patient had recurrent UTI and febrile episodes. To manage these symptoms, *Kashaya* mentioned in the context of *Punaravataka jwara* of A.H was advised. *Chandraprabha* given for *Mutra recaka* (diuretic) and also it acts as anti-inflammatory, and *Rasayana* (rejuvenating). *Lodrasevyadi* help to reduce the *Kleda*. So, these medicines were given at the time of discharge.

## CONCLUSION

Ayurvedic management of bullous pemphigoid, as presented in this case report, demonstrates a promising integrative approach to treating autoimmune blistering disorders. Through individualized treatment protocols involving *Sodhana*, *Samana*, and appropriate *Aahara-vihara* (diet and lifestyle), the patient showed significant symptomatic

relief and improvement in quality of life without notable side effects. This case highlights the potential of Ayurvedic interventions in managing chronic dermatological condition. While conventional medicine focuses primarily on symptom suppression through immunosuppressants and corticosteroids, Ayurveda emphasizes the root cause, providing long-term relief with minimal side effects. Integrating Ayurvedic principles- such as dietary regulation, lifestyle modification, and internal purification- can significantly improve patient outcomes and quality of life.

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### Cite this article as:

Anju Sudhakaran, Harsheedha U V, Gopikrishna S. Ayurvedic Management of Bullous Pemphigoids. International Journal of Ayurveda and Pharma Research. 2025;13(10):74-79.

<https://doi.org/10.47070/ijapr.v13i10.3885>

**Source of support: Nil, Conflict of interest: None Declared**

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