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Research Article

A CASE REPORT ON AYURVEDIC MANAGEMENT OF PEMPHIGUS VULGARIS

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ABSTRACT

Auto-immune bullous disorders includes pemphigus vulgaris which may be extremely debilitating and fatal. They need quick and proper management to avoid fatal complications. In *Ayurveda* , they may be correlated to *Visarpa*or *Visphota* according to the symptomatology. Herein we report a 47-year-old male patient diagnosed with Pemhigus vulgaris who failed to respond to Allopathic medicines and was subsequently treated with *Ayurvedic* medicines and procedures. *Gomoothrapana* was included along with internal medications. The patient achieved complete remission of symptoms.

INTRODUCTION

Pemphigus vulgaris is a chronic autoimmune disease characterized by the formation of intra-epithelial blisters. It's a very rare disease (0.1-0.5 cases/100,000 inhabitants/year), with onset usually in the fifth or sixth decade of life. Pathology reveals that the antibodies are produced against the desmoglien protein which is an adhesive protein and is responsible for holding the cells of the epithelium together.Dsg-3 is present in the oralcavity while Dsg-1 is present over the skin surface. The serum antibodies accountable for the PV type are always IgG type and they act against the desmoglien adhesion protein and leads to the formation of bullae. The diagnosis of PV is based on a set of criteria-clinical features, histology and immunological tests[1]. In *Ayurveda*, the deadly disease may be correlated to the *tryadhishtanavyadhi,* visarpa. The *doshik* predominance and the clinical features justifies the diagnosis *Kardhamavisarpa*. According to *Ashtanga Hridayakara, kaphapitha* involvement with *lakshanas* like *gambheerapaka, prajyoshma, pankavatseernamamsa, spashtasnayu* and *savagandhi* were encountered in the patient[2].

Case Description

A 47 year old male patient attended the *Agadtantra* OPD,VPSV Ayurveda college hospital presenting with erythematic exudative blisters all over the body with crusty lesions over scalp, area behind both ears, chest, axillae. There were scattered lesions over both upperlimbs and both foot.

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He was unable to open his eyes as there were exudative lesion over the peri-orbital area and upper eyelids. He was unable to raise his neck as there were crusty exudative lesions over the whole length of neck. He had difficulty in swallowing the food due the erosion of oral mucosa. Pain and generalized burning sensation all over the body with intermittent rise in temperature was persisting since last 1 month.

Past History

Complaints started 6 months back as an erythematic pustule over forehead. Gradually it burst out with yellowish pustular exudation and remained as a hyperpigmented patch. Allopathic consultation was sought and the histopathological analysis was done, reports was in favour of Pemhigus vulgaris. The lesions healed with external medications and internal steroid medications. About 1 month before complaints re-appeared with bullae over the trunk region. Sidha medicines were taken and the lesions spread all over the body with pustular eruptions and crust formation. He was a cement contractor by profession. No relevant family history could be traced.

Investigations

Histopathology Report (13/04/2018)

Microscopy-shows skin covered by epidermis with suprabasal blister containing acantholytic cells. Dermis shows edema, congestion and a moderate perivascularlymphocytic infiltrate Immunofluorescence-Granular lace like deposits of IgG and C3 seen along the intercellular bridges. IF negative for IgA and IgM.

Diagnosis-features are in favors of pemphigus vulgaris

Immunoflourescence Report-(08/05/2018)

Nature of specimen-serum
Clinical diagnosis-Pemphigus vulgaris
Indirect Immunofluorescence study-section of human skin was incubated with3 dilutions of patients serumin (1:10,1:100,1:200)and followed by staining with IgG.

Heamatology and Peripheral Smear Report (19/04/2018)

RBC-predominantly normocytic normochromic cells with minimum morphological changes

WBC-Total count normal, predominant cells are lymphocytes, no atypical cells are seen

PLT-normal count and morphology

IMPRESSION-smear showing lymphoid predominance

CBC, ESR-WNL, Urine RE-WNL,FBS-151 mg/dl, PPBS-281 mg/dl,HbA1C-9.8 %

Peripheralsmear-lymphocytic predominance seen

Blood Sugar Reports

19/8/06/18-FBS-256 mg/dl
21/06/18-FBS-196 mg/dl
25/06/18-FBS-228 mg/dl
30/06/18-FBS-183 mg/dl

Present Medications

Tab Walaphage G1-1-0-0(for the past 15 years)
The patient was asked to stop the steroid medicine and advised to continue the medicines for hyperglycemia. The internal medicines prescribed were

Internal Medications

Table no-1 *Amapachana* and *Agnivardhakaoushadhas*

Vaiswanarachoornam	5 gm-bd

Table 2 *Vrunaropana* and *sophaghna*

Guloochyadikashayam	90 ml bd
Panchatikthakamkashayam	90 ml bd
Rajanyadichoornam	5 gm with hot water

Table 3 Jwaraghnaoushadhas

Agnikumararasam	**1-tds**
Gopichandanadi tab	1 bd
Drakshadikashayam	muhurmuhu
.Sahadevikashayam	90 ml-evening
.Sudarsanam tab	1-bd

Table 4 *Mehaghnaoushadhas*

Amritameharichoornam	5gm-with hot water

Table no 5 *Sramsanaoushadhas*

Trivritchoornam	10 gm-HS

Table no 6 External Medications

1.Mahatikthakam oinment	External application
2.Lodhrasevyadi kashayam	*Avagaham*
3.Guggulu	*Dhoopanam*
4.Triphala kashayam and Jatyadighritham	*Kshalanam* and *vruna bandage*

All the external medicines were practiced regularly and the *kshalana and vruna* band age was done twice a day for the first two weeks and once for the remaining period. It was continued till the complete healing of the *dushtavruna* formed in the dorsum and sole of both foot. *Avagaha* with *lodhrasevyadikashaya* was done for both lower limbs and *Parisheka* was done with the same for lesions in the trunk and upperlimb.

Table no-7 Gomoothrapanam-1

Day 1-25mlgomoothra+10ml water	Morning-10 am
Day 2-25 mlgomoothra +10 ml water	“ “
Day 3-25 mlgomoothra+10 ml water	“ ‘’
Day 4-25 ml gomoothra+10 ml water	“ “

Gomoothrapana was adviced twice during the treatment which was continued for four days. After an interval of 1 week, second schedule of *Gomoothrapana* was adviced with increased dosage.

Table no 8 *Gomoothrapanam*-2

Day 1-50mlgomoothra+10ml water	Morning-10 am
Day 2-50 mlgomoothra+10 ml water	“ “
Day 3-50 mlgomoothra+10 ml water	“ ‘’
Day 4-50 mlgomoothra+10 ml water	“ “

Gomoothra was taken assisted by the doctor and in order to avoid nausea, *sita* was taken immedietly. Body vitals and bowel and bladder habits were screened regularly.

Table no 9 *Rookshavasthi Panchatikthakamkashayam*(100 ml)+*Aviltholadibhasmam*(5 gm)

Day 1	Vasthi 1
Day 3	Vasthi 2
Day 5	Vasthi 3

Rookshavasthi was done on alternate days without intervening *Snehavasthi* inorder to avoid the chances of *Kledana*.

Patient was given practice in adequate *yogasanas* and breathing exercises.

Discharge Medicines

1. *Panchatikthakam kashayam*-90 ml bd
2. *Drakshadikashayam*-frequently
3. *Nishakathakadi kashayam*-90 ml-bd
4. *Gopichandanadi gulika*-1-tds
5. *Amritamehari choornam*-5 gm-bd
6. *Rajanyadi choornam*-5gm with hot water
7. *Mahtikthakamghritham* ointment-e/a
8. *Pramehoushadhi* granules-1 tspbd
9. *Jatyadighritham*-e/a
10. *Sudarsanam*tab-1-0-1
11. *Gorochanadi*gulika-0-0-1

Pathya-Apathya

Patient was advised to include *Shashtika, Yava, Godhooma, mudga, jangalamamsa, ghrithaetc* in the food. Vegetables like *Karavella, Padola and Punarnava* were advised to be included more in the diet. *Viharas* like *vegarodham, vyayamam, vyavaya* and *divanidra* were contraindicated.

RESULTS

The lesions were found to heal completely which left hyperpigmented areas with minimal itching. Exudation from the lesions ceased. The patient was able to raise his head, vision became clear and there was no difficulty in taking food. Burning sensation with pain and intermittent rise in temperature subsided at the time of discharge. After follow-up of two weeks, itching had subsided with improved physique.

Image 1-Before treatment **Image 2 – After treatment**

DISCUSSION

The term "pemphigus" refers to a group of auto-immune blistering disease involving the skin and mucous membrane that are characterized by intraepidermal blisters due to acantholysisand immune pathologically by in-vivo bound and circulating immunoglobulin G(IgG) directed against the skin surface of keratinocytes. Pemphigus may be divided into four groups-Vulgaris, Foliaceus, Paraneoplastic and IgA pemphigus. In pemphigus vulgaris, blisters occurs in the deeper part of the epidermis while in pemphigus foliaceus, the blisters occurs in the granular layer. Direct immunofluorescence shows immunoglobulin G (IgG) on the keratinocyte cell surface of the patients skin; indirect immunofluorescence shows IgG in the patients serum that binds the cell surface of normal keratinocytes. Antibody-induced acantholysis in suprabasilar layer is the pathophysiology involved in the PV.[3]Cortico-steroids are used for the management of pemphigus conventionally.[4].

Visarpa is a *tryadhishtanavyadhi* in which *prakupitadosha* gets situated in *twak, mamsa* and *sonitha* and produces *sarvangasarinasopham*[2]. According to *Carakacharya*[5], its also called *"parisarpina"* as it has a nature of *sarvataparisarpanat*. According to *Vagbhatacharya*[2], *visarpa* with pitta kapha predominance is known as *"kardhamavisarpa*". The clinical symptomatology of the patient simulates with that of *kardhamavisarpa* in which *angavasada, vikshepa, pralepa, arochaka ,pipasa and indriyagouravam, mechakabha(vyakhyaana-mayoorakandasadrisavarna) pidaka, gambheerapaka* and *pankavatseernata* is seen. *Chikitsatatwa*of*visarpa* includes *langhana* and *rookshana. Snehana* is contra-indicated.

The aim of the treatment was to prevent the remissions with intensive internal, external medications including *gomoothrapanam*. *For amapachana and agnideepana, Vaiswanarachoornam was selected. Vrunaropana, and sophaghna*drugs were selected for healing the lesions. *Guloochyadikashayam* was the drug of choice, researches have proved that Tinosporacordifolia shows significant bacteriocidal activities. It improves phagocytic and intracellular bactericidal capacities of neutrophils and stimulates bacteriocidal capacities. As a result of these *Gudoochi* stimulates the immune system.[6] *Jwaraghna*drugs needed to be included in the medicines as there was intermittent rise in temperature especially in the evenings. *Sahadevikashayam* was included along with the internal medicines like *Agnikumara rasa, Drakshadikashaya, Gopichandanadigulika,* etc. *Sahadevi* producessesquiterpenes, lactones, pentacyclic, triterpene, alcohols, various alkaloids. It is used to control fever, inflammation, bleeding, swelling and detoxification1. It is also seen to have therapeutic effects against certain gastrointestinal and skin disorders and also some immunomodulatory effects[7]. *Lodhrasevyadiagada mentioned in Ashtangahridaya, Loothaprakarana* was selected for *avagaha* as bullous eruptions were similar in both conditions with *Mahatikthakaghritham* for *ropana.* A non-healing ulcer present over the medial aspect of the foot was dressed daily with *Triphalakshalana* and *Jatyadighritha* bandage with which the ulcer healed completely.

Cow (Bosindicus) urine/gomutra has been elaborately explained in Ayurveda and described in *SushrutaSamhita, AshtangaSangraha* and other *Ayurvedic* texts as aneffective medicinal substance/secretion of animal origin with innumerable therapeutic properties. *BhavaPrakash Nighantu* describes *gomutra* as the best of all types of animal urine (including human) and enumerates its various therapeutic uses.[8]Cow urine (gomutra) has been described to have *rasa as katu-tikta-kashaya; Guna as tikshna, laghu, kshar; viryaas ushna. Itsdosaghnata is Vata-Kaphashamaka.* Cow urine in *Ayurveda* has been described to possess therapeutic uses as*gulma, udara, anaha, kandu, akshi&mukharoga, kilasa, vatavyadhi, bastiroga, kustha*, *kasa, swasa, shotha, kamla, pandu* etc. [6]

The laboratory analysis of cow urine shows that it contains nitrogen, sulphur, phosphate, sodium, manganese, iron, silicon, chlorine, magnesium and mineral as its mineral content; malic, citric, succinic, carbolic acids; calcium salts, Vitamins A, B, C, D, E; lactose, enzymes, creatinine and hormones . Nitrogen remove blood abnormalities, toxins and is a natural stimulant of urinary system; Sulphur support peristaltic movement in large intestine and purified blood; Copper control unwanted fat; Iron help in production of hemoglobin and erythropoiesis; Phosphorus helps in removal of stones from urinary tract; Sodium purifies blood and acts as an antacid. Manganese prevents growth of germs, tissue necrosis; Calcium is a blood purifier and strengthens bones; Cow urine meets the deficiency

of these micronutrients in the body[9].*Gomutra* exhibits the property of *Rasayanatattwa* responsible for modulating various bodily functions, including immunity. It augments B- and T-lymphocyte blastogenesis; and IgG, IgA and IgM antibody titers in mice. It also increases secretion of interleukin-1 and interleukin- 2, Phagocytic activity of macrophages, and is thus helpful in the prevention and control of infections[10]. The properties of the non-irritant internal medicines and external medicines which helped in *vrunaropana* helped in the recovery from the dreadful disease. *Panchatikthakakashayavasthi,* was selected as it is krimikushtapramehahara according to Charakacharya as explained in Charaka. Chikitsasthana, Kushtachikitsaadhyaya.[11]

CONCLUSION

Auto-immune bullous diseases are a group of rare acquired disorders characterized by overlapping features, resistance to treatment and potential fatality. They need quick and proper management to avoid fatal complications. The presented combination of medicaments is found to be a good alternative therapy in autoimmune bullous disorder. Long term prospective studies are required to substantiate the data.

Declaration of the patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that the name and initials will not be published and due efforts will be made to conceal identity.

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Conflicts of interest

There are no conflicts of interest.

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