

A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF PEMPHIGUS FOLIACEUS THROUGH *VISHA CHIKITSA*: A CLINICAL APPROACH BASED ON *KARDAMA VISARPA*

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Abstract

Pemphigus is a life-threatening autoimmune blistering disease formed due to circulating antibodies like IgG against desmoglein. Pemphigus foliaceus (PF) is a subtype of pemphigus, in which only skin is affected with characteristic features of widespread blisters and crusted lesions all over the body. The signs and symptoms of *Kardama visarpa* mentioned in *Ayurveda* classics resembles the clinical features of PF. The present case is aimed to treat a male patient diagnosed with PF admitted in the IP department of Agadatantra in VPSV Ayurveda College Kottakkal. The aim of the treatment was to control the progression and reduce the current clinical condition through the concepts of *Visha chikitsa* as the condition was triggered due to continuous usage of hair dye to which the patient was allergic. PDAI score is used in this study as assessment tool for PF.

Keywords: Pemphigus foliaceus, *Kardama visarpa*, *Dūṣiṣa*, *visa chikitsa*,

Introduction

Autoimmunity plays significant role in emergence of skin disorders. Pemphigus is a rare autoimmune disorder, in which IgG antibodies act against the protein component of epidermal cells and the mucosal epithelial cells^[1]. Clinically it can be divided into 4 major types, which include Pemphigus Vulgaris (PV), Pemphigus Foliaceus (PF), IgA pemphigus, and Paraneoplastic Pemphigus (PNP)^[2].

PF is less common when compared with the pemphigus vulgaris. It manifests chiefly with scaly lesions over the blisters. This occurs when the immune system produces autoantibodies against desmoglein 1, which is the protein responsible for the integrity of the skin^[3]. Unlike other forms of pemphigus, PF does not typically involve the mucous membrane. The disease usually presents as scaly, crusted lesions on the face, scalp, and upper trunk, which may gradually spread. PF is triggered by environmental factors, which includes certain medications or infections^[3].

In *Ayurveda*, skin disorders are collectively described in the chapter named *Kushta* as well as *visarpa*. Spread of PF is more similar to the spreading nature of *Visarpa*. While considering the symptoms and dosha predominance of PF, they tally with *Kardama visarpa*. Symptoms explained in *Kardama visarpa* like *seeghrakleda*(oozing), *daha*(burning sensation), *pidaka* (blisters) are seen in PF

Today we are exposed to various toxins from prolonged use of cosmetics and medications. Unlike acute poisoning, these exposures usually occur at low doses over extended periods, allowing certain xenobiotics and their metabolites to persist within tissues or repeatedly challenge the body's detoxification mechanisms. These are retained in our body which later lead to vitiation of *Rasa* and *Raktha dhathu* and manifests various skin disorders as mentioned in *Dūṣiṣa*.

Vishaghna chikitsa and prolonged *Rasayana chikitsa* is more beneficial in auto immune skin conditions since inflammatory markers produced in auto immune skin disorders are more toxic in nature. They remain inside the body for a long period of time like *Dūṣiṣa*.

Patient information

A 62-year old male patient visited the Agadatantra OPD with complaints of erythematous and oedematous scaly lesions along with oozing which had spread over whole body for the last two months. The patient was

working abroad for the past 20 years . He had a habit of using hair dye and had allergic symptoms such as breathing difficulty, cough, sneezing for which he took allopathic medications and got relief. But he continued to use the hair dye for the last 20 years and take medicines to mask the allergic reactions. Two months back papular eruptions developed over upper back and chest for which he took steroid injections and medicines. After that papular lesions changed to Painful blisters which developed all over the body. It eventually led to oozing, breaking and crust formation[figure1,figure 2 and figure 3]. And the condition subsequently worsened to intense itching and foul- smelling all over the body. It made him to return to Kerala and consulted a dermatologist who advised skin biopsy and diagnosed with PF, so that he came to our OPD for further treatment.

Past history

Allergy to hair dye dye for the past 20 years

Para-phenylenediamine which is commonly present in all hair dyes is a Class I allergen on lymph node assay and a potential contact sensitizer even in low concentrations^[4]

Personal history

Ahara (diet): Mostly follows non vegetarian diet and included curd and pickle regularly
(Aggravate *Rakta* and *Pitta*)

Vihara (lifestyle): *Avyayamaseela*

Sleep: Disturbed due to itching and pain (aggravates *Vata*)

Micturition: 3 to 5 times in a day

Bowel habits: Regular one time per day

Addiction: smoking (*Rakta dushti*)

Clinical findings

Clinical findings based on clinical examinations are given in table 1 and table 2

Table 1: Integumentary examination findings

S.N	Type of examination	Findings
1	Inspection	Type of rash
2		Colour, size, shape
3		Crust formation
4	Palpation	Elevation
5	Nikolsky's sign - positive	Tenderness
		Findings
		vesicle
		Erythematous, approximately 1cm, circumscribed
		Present
		raised
		painful

Table 2: Ashtasthana pareeksha

S.N	Ashtasthana	observations
1	<i>Nadi</i>	<i>Jalouka gati(vata)</i>
2	<i>Mala</i>	<i>Peeta(pitta),Amayukta (kapha)</i>
3	<i>Mutra</i>	<i>Peeta (pitta)</i>
4	<i>Jihwa</i>	<i>Upalipta(kapha)</i>
5	<i>Drik</i>	<i>Ardra(kapha)</i>
6	<i>Sabda</i>	<i>Jarjara(vata)</i>
7	<i>Sparsa</i>	<i>Ushna (pitta)</i>
8	<i>Akriiti</i>	<i>Sputita kesa gatra</i>



Figure 1: Before treatment. Face and scalp with crust and oozing associated with foul smell



Figure 2: Before treatment . Bilateral upper limb with crusting and oozing



Figure 3: Before treatment ,bilateral lower limbs

Investigations

Skin biopsy findings: Section studied shows thin layer of stratified squamous epithelium of skin with subcorneal vesicle formation with scanty acanthocytic cells. Dermis shows scattered lymphocytes and plasma cells suggestive of PF.

Pathophysiology and *samprapti*

Nidana – *Katu* , *Ruksha*,*Vidahi*, *Guru*,*Vistambhi ahara* and use of dye on hair frequently, regular intake of anti-histamines



Tridosha dushti



Vitiates Rakta ,Mamsa, Twak , Lasika dushti



Sthana samsraya in twak



Small blisters developed over scalp and face which gradually spread over whole body



Manifestation of *Visarpa*

Diagnosis

Dūṣṭiṣajanya visarpa

Therapeutic intervention

Detailed description regarding the internal medicines are given in table 3

Table 3- Internal medications

S.N	Medicines	dose	anupana	Time administration	of duration
1	<i>Lodhrasevyadi kashayam</i>	As paneeya 3 litre per day	Nil	Intermittently	1 month
2	<i>Moorvadi gulika</i>	1 bd	Lukewarm water	Before food	1 month
3	<i>Vishavilwadi gulika</i>	1 bd	Lukewarm water	After food	1 month
4	<i>Dasangam gulika</i>	1 bd	Lukewarm water	After food	1 month
5	<i>Musta ramachadi kashayam</i>	90 ml bd	Nil	Before food	1 month

External medications

Kaya seka (head and body) was done using *Lodhrasevyadi kashayam* and *Nalpamaradi Kashayam*

Therapeutic outcome

Therapeutic outcome of the treatment protocol was assessed through grading of various symptoms like *Kandu*, *Daha*, *Srava* and *Spota* before and after treatment which is given in table 4. Initially, the patient presented with extensive crusted and scaly lesions involving the face, scalp, neck, and trunk, associated with diffuse hyperpigmentation, erosions, and severe exfoliation. Following the administration of the planned Ayurvedic intervention with Visha chikitsa principles, significant regression of lesions was observed. There substantial reduction in crusting, scaling, and erythematous lesions, along with healing of erosions and improvement in skin texture. Re-epithelialization of affected areas and reduction in inflammatory activity were evident[figure 4,figure 5, figure 6]

Table 4- Grading of symptoms before and after treatment

S.N	Symptom	grade	Before treatment	After treatment
1	<i>Kandu</i>	0- No itching 1- Negligible itching with 10 to 12 hour gap 2- Occasional itching with 4 to 6 hour gap 3- Frequent itching with 2 to 3 hours gap	3	1
2	<i>Daha</i>	0- No burning 1- Burning 2 to 3 times a day 2- Frequent burning sensation 3- Frequent burning which disturbs sleep and other activities	3	0
3	<i>Srava</i>		present	absent
4	<i>Spota</i>		present	absent



Figure 4: After treatment.Face and scalp. Crusting and oozing reduced



Figure 5:After treatment. Bilateral upper limbs. Scaling reduced



Figure 6: After treatment, Bilateral lower limb. Regression of lesion and improvement in skin texture

Timeline

Detailed timeline of treatment plan is given in table 5

Table 5- Timeline of treatment plan

Days	Symptoms present	Internally	Externally	PDAI Score	
				before	after
Day 1 to day 14	Pruritic erythematous blisters and crust associated with burning sensation and swelling	• Vishavilwadi Gulika 1-1-1 • Dasangam Gulika 1-1-1 • Lodhrasevyadi kashayam-paneeyam • Patolamooladi kashayam-90 ml morning • Moorvadi Gulika-2-0-0	Lodhrasevyadi Kashaya dhara- Head and body	77	62
Day 15 to day 30	Pruritus, blistering and burning sensation reduced with persistent swelling	• Sigrupunarnavadi kashayam-90 ml bd • Vilwadi Gulika 1-0-1	Nalpamaradi Kashaya dhara - Head and body	62	45
Discharge medicines	Crust formation subsided leaving behind hyperpigmented lesions. Swelling reduced	• Mustaramachadi kashayam-90 ml bd • Moorvadi Gulika 1-0-1	nil	45	30

Discussion

PF is an auto immune blistering disease which affects only the skin, not the mucus as in pemphigus vulgaris . It is formed due to the circulating auto antibodies IgG against desmoglein 1 which mainly affect the skin [5]. Here, the patient had used hair dye for a prolonged period, although he was aware of hypersensitivity towards

the hair dye. To avoid allergic symptom, he took anti histamines while using dye. This represents repeated exposure to a sensitizing allergen while masking the early warning symptoms rather than eliminating the causative factor.

In this case, PF is triggered due to prolonged use of hair dye and antiallergic medications. So, it can be due to the cosmetic induced and drug induced toxicity over a long period of time. In *Agadatantra* perspective such toxicities are categorized under *Dūṣṭviṣa* [6]. *Dūṣṭviṣa* refers to a weakened or latent poison that is not completely eliminated from the body and remains concealed for prolonged periods. Due to repeated exposure, inappropriate dietary and lifestyle practices, or suppression of the body's natural responses, the toxic principle gradually contaminates the Rasa, Rakta, and other Dhātus, producing subtle but progressive pathological changes. In this case, the repeated application of hair dye represents continuous intake of a toxic substance, while the use of antihistamines merely suppresses the immediate manifestations without removing the underlying toxic influence. This is analogous to the persistence of *Dūṣṭviṣa*, which remains dormant yet continues to vitiate the Doṣas and Dhātus over time. In accordance to this concept, treatment was planned. The treatment opted were *Rookshana*, *Kledasoshana*, *Raktasodhana* treatments coming under *Visha chikitsa*. In *Dūṣṭviṣa* the treatment is *Swedana* followed by *Sodhana karma* (*vamana and virechana*). Here the patient was *Abala*, *Vyadhiksheena*, so that *Sodhana* procedure was not appropriate. *Doshanulomana* by *Nityavirechana* was opted with *Patolamooladi kashayam* and observed [7]. *Patolamooladi kashayam* has an indication in *yakrutvikara*. For *Swedanam*, *koshna kashaya dhara with Lodhrasevyadi* [8] and *Nalpamaradi kashaya* which is mentioned in Panchama paricheda of Prayoga samuchaya was applied [9]. *Nalpamaradi kashayam* contains *Nalpamaram*, *Usheeram*, *Madhuka*, *Neeli*, *Chandanam*, *Durva* all drugs are helpful in reducing *Pittakapha* symptoms like *Srava*, *Raga*, *Puya*, *Kandu* etc. *Nalpamaradi Kashaya* has indications in *Pitta kapha shoshana* and *Visha visarpa*

Moorvadi Gulika was given for *Amapachana* and *Dhatwagni deepana* [10]. A combination of *Sigrupunarnavadi kashaya* and *Ardhivilwam kashaya* was given internally to reduce swelling [11]. *Vilwadi gutika* was given initially and later replaced with *Vishavilwadi gutika* for *Visha shamana* as they are known to have antioxidant and antimicrobial properties [12]. In the clinical practice *Lodhrasevyadi* is found to be very effective for the treatment of any kind of *Lootavisha*. As it contains more *Sheeta veerya* drugs having *Madhura rasa* and *Kapha-pittahara* property, it can also be used in other dermatological conditions with *Kapha-pitta* predominance [13]. In this case we used *Lodhrasevyadi* both internally and externally and observed good results in patient including reduction in itching, oozing, blistering and burning sensation. *Musta ramachadi Kashaya* mentioned in Prayoga samuchaya is indicated in inflammatory skin disorders associated with stress factors. Combined action of *Sarpagandha* and *Aswagandha* contributes to its effect in chronic skin conditions associated with stress and hypertension [14]. *Dasanga Gulika* is a very effective formulation and widely practiced by many of the *Visha vaidyas*. It has a combined effect of anti-inflammatory, analgesic and wound healing action. [15] Most of the drugs in *Dasanga gulika* are having *Ushna veerya* which may act quickly in emergency conditions like *Visha*.

Conclusion

This case report demonstrates the potential of ayurvedic management in addressing PF through *Visha chikitsa*. The patient shown notable clinical improvement and symptomatic relief without adverse effect. This case emphasizes the relevance of ayurveda in managing autoimmune skin diseases and highlights the need for further clinical studies to substantiate its efficacy and broaden its therapeutic scope

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