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### **Case Study**

### AYURVEDIC MANAGEMENT OF PEMPHIGUS VEGETANS

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Article info	ABSTRACT
Article History: Received: 29-12-2023 Accepted: 23-01-2024 Published: 04-02-2024 KEYWORDS: Kardama visarpa, Pemphigus vegetans, Pemphigus vulgaris, Gugguluthiktakam gritam.	Pemphigus vegetans is a group of autoimmune disorder characterized by mucocutaneous bullae or pustules that erode to form hypertrophic papillated plaques that predominantly involve the scalp, and the face. It is the rarest variant of pemphigus vulgaris representing about 1-2% of all pemphigus. It may be correlated with <i>Kardama visarpa</i> in Ayurveda. The contemporary management of pemphigus is by systemic steroids. This case report of a 38 year old, male patient diagnosed with Pemphigus vegetans who presented with pustular lesions with foul smell, reddish spots with hypertrophic papillated lesions on scalp, itching and burning sensation over various body parts especially on upper parts since 20 years. He was treated with both <i>Samana</i> as well as <i>Sodhana</i> therapies for about 1 month. This condition was assessed using Pemphigus diseases area index. After treatment there was a significant reduction in the score. Moreover no new lesions were formed suggesting non progression of the diseases.

#### **INTRODUCTION**

The ultimate goal of Ayurveda therapies is health (Swasthasya maintenance of swastva rakshanam) and diseases prevention (Athurasya vikara prasamanam). In the current scenario there is an emergence of numerous diseases due to improper diet and life style. Moreover psychological factors like stress, anxiety. depression, insomnia further contribute to the disease progression especially in dermatological disorders.

Pemphighus vegetans is considered to be area variant of pemphigus vulgaris. It was first described by Neumann in 1876 <sup>[1]</sup>. It is characterised by vesicles, bullae, pustules, and erosions that form vegetating masses. It has two variants- Neumann and Hallopeau. Neumann variant is a non-healing bullous disorder. Hallopeau variant is characterised by pustular lesions, which merge after rupturing and gradually evolve into vegetating erosions. Contemporary management of this disease is with systemic steroids in the form of Prednisolone or injectable Dexamethasone.

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Pemphigus vegetans may be correlated with Kardama visarpa in Ayurveda. It is caused by the vitiation of Kapha and Pitha and is accompanied by clinical features like blackish discoloration, dirty swollen and heavy lesions, which undergoes ulceration from deep inside. Due to an increase in Ushna guna the affected part becomes very moist, fall of like slush when touched, exposes the deep tendons and vein and emits foul smell <sup>[2]</sup>. Thus it is required to treat this life threatening diseases with Ayurvedic modalities.

#### **Patient Information**

A 38 year old male patient with no known comorbidities who was working as chef came with complaints of pustular lesions over neck, axillary region, inguinal region and face since 20 years. Since 5 years he developed pustular lesions over scalp with foul smell, reddish spots, itching and burning sensation. He studied hotel management and as a part of his job in the year 2000 he went abroad. From there his life style changed dramatically. As he had late night and early morning duties he used to skip his meals frequently. His frequent food pattern included non-veg items like chicken, shawarma, Chinese food items, rabbit, duck, porotta and bread. Moreover he also used to take 5-6 tea daily during work time. After two years the eruptions initially appeared in the neck region. He thought it was due to dye allergy and took some medicines from nearby medical store. These lesions resolved but gradually it spread to other regions like

Athira V Kottoor, Anjana D, Sunii John Thykattii.	Ayurvedic Management of Pemphigus Vegetans		
axilla, back of pinna, inguinal region and hands. These	Cyanosis- Absent		
eruptions were associated with pus discharge, itching	Clubbing- Absent		
and burning sensation. Thereafter whenever the	Lymphadenopathy- Absent		
lesions appeared he took medicines and got temporary	Tongue - Coated		
relief. In the year 2018 the lesions spread to the scalp	Pulse rate- 72/min		
region, initially as eruptions and within two years the	Blood pressure- 110/80 mmHg		
lesions developed as pustules with reddish spots	Integumentary system examination		
associated with itching and pus discharge it later	Inspection		
changed to hypertrophies papillated lesions. He consulted a dermatologist ad was advised to do take a	Distribution- Scalp, back of pinna (B/L), right side of		
skin biopsy which revealed this condition as	face, lips, neck		
pemphigus vegetans. Though he was continuing the	Symmetry- Discrete lesions, involvement of genital		
medicine no permanent relief was obtained. So he got	regions -present		
admitted in our IPD for a better management.	Palpation		
History of Past Illness	Tenderness- Present		
There was no known history of diabetes mellitus,	Temperature- Normal		
hypertension, dyslipidaemia or thyroid dysfunction.	Tethering – Absent		
There was no history of any other chronic medications.	Nikolsky sign- Positive		
Family History	Candle grease sign- Negative		
There was no relevant family history.	Auspitz sign- Negative		
Personal History	Nail changes- Absent		
Appetite- Good	Morphology		
Bowel- Frequency once per day	Colour- Yellowish, white, pustular lesions		
Evacuation- Incomplete	Size- Varying size		
Stool consistency – Hard	Consistency- Soft		
Micturition - 6-7/day, 2/night	Configuration- Discrete		
Sleep- Disturbed due to stress and anxiety. Had day	Margin- Well defined		
sleep due to late night duties.	Surface - Moist		
Diet- breakfast- Dosa, idli, curry	Primary lesions – Pustules		
Lunch- Rice, curd, fish chicken, beef, leafy	Secondary lesions- Crust		
vegetables	Lichenification- Over armpit and inguinal region		
Dinner- Rice and fish curry, during late night hours	Laboratory Investigation		
he used to have junk foods.	Table 1: Blood investigation		
Food habits- 5-6 tea per day	Blood Routine examination as on 22/12/2023		
Addiction- Alcohol 3 peg day since 20 years,	Hb- 9gm%		
smoking -nil	Esionophil- 12%		
General Examination	ESR- 52mm/Hr		
Built - Lean	Albumin- 2.8mg%		
Pallor- Present	Globulin- 4mg%		
Icterus- Absent			

### Table 2: Ayurvedic examination

Ashtasthana pareeksha	Dasavidha pareeksha
Nadi- Vata pitha	Prakriti- Vata pitha
• Mootra - Sadharanam	Vikriti- Kapha pitha
Mala - Sadharanam	• Sara - Madhyama
• Jihwa - Upalipta	• Satwa - Avara
• Sabda - Vyakta	• Satmya - Sarvarasa (Katu, Ushna pradhana)
• Sprasa – Anushana seetham	• Desa - Anoopa
• Drik - Vyakta	Kala - Kshanadi- ushna vyadhyavasta-purana
• Akruti – Madyama	• Samhanana - Madhyama
	• Ahara sakti – Abhyavaharana sakti- pravara; Jarana sakti-pravara
	Vyayama sakti- Madhyama
	• Vaya - Madhyama

# Diagnosis

Diagnosed case of pemphigus vegetans (skin biopsy).

## Treatment Schedule

Date	Internal medications	External treatment	Remarks	
06/10/2023	-	Sadyovamana 100ml Kashaya of Yasti, Indrayava, Madanaphala + 3g Madanaphala choorna + honey + Saindhava	18 Vegas obtained, Pravara sudhi Patient had slight fatigue, and oozing slightly reduced from the lesions of scalp.	
07/10/2023		Peyadi karma 3 days		
10/10/2023	Shaddharanam tablet 2-2-2Yavagu with Shaddharanachoorna afternoon and nightKshadirarishatam20mltwice daily, after food	Shirodhara with Aragwadadi kshaya+Nimba twak kwatha for 7 days.	Itching relieved, oozing persists	
18/10/2023	Guggulu thiktakam kashaya90ml twice, before foodKaisora guggulu 2-0-2Guggulu panchapalachoornam 1 teaspoon withhoney, three times after food	FAyurveda	Appetite improved	
25/10/2023	- tional Joy	Snehapana Gugguluthiktaka gritha Test dose -25ml, Starting dose-60ml increased upto -150ml	Samyak snigdha lakshanas like Vatanulomyata, Agnideepthi, Snigha asamhata varchas, Snigdhangatha were observed.	
02/11/2023	-	<i>Abhyanga ushma sweda</i> with <i>Sudha durvadi tailam</i> 2 days	Utklesana ahara like Ksheera, Tila, Guda, Madhura ahara were consumed on the previous day of Vamana	
04/11/2023	-	Vamana with Nimba kashaya in which Kutaja was put as kizhi- Vamana dravya Yasti kashaya+ Lavanodaka- Vamanopaka dravya <sup>[3]</sup>	6 <i>Vegas</i> and 15 <i>Upavegas</i> Oozing, foul smell completely relieved, lesions began to heal	
5/11/2023		Peyadi karma	2 days	
7/11/2023		Snehapna Gugguluthiktakam gritha	7days Samyak snigdha lakshanas like Snehadweda, Vatanulomyata, Snigha asamhata varchas, Snigdhangatha were observed	
14/11/2023		Abhyanga Ushma sweda with Sudhadurvadi tailam	3 days	
17/11/2023	-	VirechanawithPatolamooladikashaya60ml+Drakshadikashaya30ml at 8am	6 <i>Vegas</i> attained Oozing absent Lesions healed	
18/11/2023	-	Peyadi krama	2 days	

Table 4: Pemphigus Diseases area index [4]							
Anatomical location	Erosion/ blisters/ new erythema		Post inflammatory hyperpigmentation or erythema from resolving lesions				
	Before treatment (06/10/2023)	After treatment (19/11/2023)	Before treatment (06/10/2023)	After treatment (19/11/2023)			
Ears	2	0	0	0			
Nose	0	0	0	0			
Rest of face	3	0	0	0			
Neck	3	0	0	0			
Chest	0	0	0	0			
Abdomen	0	0	1	0			
Back, buttocks	0	0	0	0			
Arms	1	0	0	0			
Hands	0	0	0	0			
Legs	0	0	0	0			
Feet	0	0	0	0			
Genitals	0	0	1	0			
Total skin	09/120	0/120	02/12	02/12			
Total Scalp	10/10	10/10	0/1	0/01			
Total mucosa	02/120	0/120	-	-			
Total activity score and total damage score	21/250	10/250	02/13	02/13			

#### Table 4: Pemphigus Diseases area index [4]

**RESULT AND OBSERVATION** 

Total activity score which was initially significant (21/250) became moderate (10/250) after treatment. The total damage score (2/13) remained the same which showed that there was no further progression of diseases.

Figure 1: Lesions on the face - at the time of admission (6/10/2023), before *Sodhana* (4/11/2023) and after *Sodhana* (19/11/2023)



Figure 2: Lesion on the neck at the time of admission before Sodhana and after Sodhana



Figure 3: Lesion on the scalp at the time of admission, before Sodhana, after Sodhana



Figure 4: Lesion on the back of pinna at the time of admission, before Sodhana and after Sodhana







#### DISCUSSION

Most of the Avurvedic treatments are found to be effective in many life threatening ailments which are incurable in the contemporary system of medicine. There is no direct correlation for pemphigus vegetans in Ayurveda. It may be correlated with Kardama visarpa. Acharva Vagbhata while explaining Visarpa chikitsa mentioned that no medicated ghee which is not a purgative should not be initially used in the management of Visarpa. It may leads to Paka of the deeper *Dhathus*<sup>[5]</sup>. *Raktamoksha* is considered to be a vital therapy in the management of Visarpa. Kardama visarpa is caused by vitiation of Kapha and Pitha. Here the patient indulged in Rakta, Pitha dusti nidanas like frequent intake of curd, fish, different meat, exposure to hot environment and alcohol intake. Kaphadusti nidanas like Diwaswapna, Athimatra asana of Guru, *Snidgha ahara*. This resulted in vitiation of *Kapha* and Pitha there were also Vata kopa nidana like intake of tea, over exertion, Bhaya, Soka and Akala bhojana, Badha pureesha. Thus there is a Kapha pitha pradhana tridosha dusti. It results in the vitiation of Rasadhathu which further vitiates *Raktadhathu*. The *Doshas* getting aggravated by the respective causes quickly spread throughout the body and get localised in external areas like scalp, face, inguinal region, axillary region and abdomen. Since most of the lesions were located in the Jatru oordha and was in an Uthklishta avasta, Sadyo

vamana was done. Yasti, Indravava and Madanaphala have both Vamanopaga as well as Kustahara properties. After *Vamana* there was a slight reduction in oozing nature. Khadirarista and Shaddharana choorna which is specifically mentioned in *Kusta* were selected as *Shamana oushadas*. Since itching as well as oozing is still persisted Shirodhara was done with Aragwadadi kashaya and Nimba twak. Aragwadadi gana kashaya is mainly indicated in Kapha pitha dominant conditions and specifically mentioned for Visodhanam<sup>[6]</sup>. Dushta vrana ropanam and Dermatological disorders have a positive relationship with stress factors so for the purpose of mind calming Shirodhara was done.

For Rookshana, soshana and Vata kapha shamana, Guggulu thiktakam kashayam, Guggulu panchapala choorna and Kaisora guggulu were given. Later achasnehapana was done with Guggulu thiktakam gritam is indicated in Kushta, Nadivrana and Oordha jatru vikaras.<sup>[7]</sup> After attaining the Samyak snigdha lakshana as the Doshas were localised in Oordha jatru vamana was selected for Sodhana. Vamana was done using Nimba, Kutaja along with Yastimadhu act as Visarpahara. Virechana is considered to be the best Upakrama for Pitha vikaras, for this Patolamooladi kashaya mentioned in Kushta chikitsa was taken since there was burning sensation, Vata pitha samana voaas like Drakshadi kashava was added. Acharva *Charaka* has stated the importance of repeated *Sodhana* therapies in the management of dermatological disorders. Vamana should be done in every 15 days *Virechana* in one month, *Nasva* in 3 days and *Raktamokshana* in 6 months<sup>[8]</sup>. Moreover in Visarpa chikitsa Acharya has mentioned that it is beneficial to administer Sodhanas like Vamana, Virechana and Raktamoskhana in the beginning of treatment itself <sup>[9]</sup>. The condition was assessed using Pemphigus diseases area index, which revealed a significant score initially. After treatment the score was reduced to moderate. Moreover no new lesions were firmed which suggested that there was no further diseases progression.

### CONCLUSION

The observations made from the above case study suggested that Ayurvedic treatment is beneficial in the management of skin ailments like pemphigus vegetans. The internal well as external therapy acts synergistically to relieve the symptoms. This condition may be correlated with *Kardama visarpa* and the formulations mentioned in *Kushta* as well as *Visarpa* can adopted for its management.

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