

# A Brief Insight on Bullous Pemphigoid Case Study Successfully Treated with Homoeopathy

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**Abstract:** Bullous pemphigoid is a rare skin condition that causes large, fluid-filled blisters. They develop on areas of skin that often flex such as the lower abdomen, upper thighs or armpits. Bullous pemphigoid is most common in older adults, (1) it occurs when the immune system attacks a thin layer of tissue below the outer layer of skin. The reason for this abnormal immune response is unknown, although it sometimes can be triggered by taking certain medications. Bullous pemphigoid can be life-threatening, especially for older people who are already in poor health. Here is a case of Bullous pemphigoid that was successfully improved with homoeopathic medicines, which indicates the significance of homoeopathic medicines in the treatment of Bullous pemphigoid.

**Keywords:** Homoeopathy, Bullous Pemphigoid, Arsenicum album

## 1.Introduction

A rare skin disorder known as bullous pemphigoid results in enormous, fluid-filled blisters. They grow on skin that frequently stretches, such as the armpits, upper thighs, and lower abdomen. The majority of people with bullous pemphigus are older adults. (1)

- **Definition:** Bullous pemphigoid is a chronic, acquired autoimmune blistering disease characterised by auto-antibodies against hemidesmosomal antigens, resulting in the formation of a sub-epidermal blister. (2)
- When the immune system targets a tiny layer of tissue underneath the skin's outer layer, bullous pemphigoid develops. Although it occasionally can be brought on by taking specific medications, the cause of this aberrant immune reaction is unknown. Itching and blister healing are typically aided by treatment. Bullous pemphigoid can be life-threatening, especially for older people who are already in poor health.

**Symptoms:** Bullous pemphigoid symptoms and indicators might include: weeks or months before blisters occur, the skin will itch Large blisters that are difficult to break when touched and frequently appear around folds or creases in the skin normal-looking skin around the blisters that is reddish or darker than usual hive-like rash, eczema mouth sores or tiny blisters on other mucous membranes (benign mucous membrane pemphigus). (3)

**Causes:** An immune system malfunction is the source of the blisters. Antibodies are often produced by our immune system to combat bacteria, viruses, and other potentially hazardous foreign substances. The immune system creates antibodies against the fibres connecting the epidermis, the top layer of skin, and the second layer of skin in bullous pemphigoid (dermis). The bullous pemphigoid blisters and itching are brought on by these antibodies, which also cause inflammation. Bullous pemphigoid is a blistering autoimmune condition. (4) When the body's natural

defences against "foreign" or invading organisms attack healthy tissue for unclear reasons, autoimmune diseases are caused. In BP, an autoantibody binds to a skin structure that connects the dermis and epidermis, separating the two layers and resulting in the formation of a blister. The BP antigen 1 and 2 components of the basement membrane zone are recognised by the autoantibodies (and in some cases other basement membrane zone antigens). (5) These proteins are a component of complexes called hemidesmosomes that hold the skin together and support its structural integrity. The skin becomes more brittle and the clinical signs of BP are visible when the body "attacks" these proteins.

**Risk factors:** Some medications, such as gliptins used in the treatment of diabetes, or chronic use of spironolactone or phenothiazine, may trigger the onset of bullous pemphigoid. If bullous pemphigoid is diagnosed, these drugs may be replaced. Bullous pemphigus most commonly occurs in older adults, and the risk increases with age. (6)

**Diagnosis:** When typical bullae are present, the diagnosis is suspected clinically. In most cases, the diagnosis will be confirmed by a skin biopsy of an early blister. (7) The diagnosis can also be made from non-blistered, inflamed skin. Pathological examination of bullous pemphigus shows a split under the epidermis. A dermal neutrophilic infiltrate is usual but not always present. Eosinophils may be prominent. (8) Direct immunofluorescence staining of a skin biopsy taken adjacent to a blister highlights antibodies along the basement membrane that lies between the epidermis and dermis. Blood tests include an indirect immunofluorescence test for circulating. Bullous pemphigus (BP) 180 antibodies and BP 230 antibodies. (9)

**Case Report:** A female patient aged 73 years presented with the complaints of severe itching present all over the body, since 1 year, <warm weather; < night. Burning sensation present all over the body especially legs, beginning in the soles radiating towards the knees. Ulcers

present in the lower back, both thighs, genitals, legs, feet.  
Difficulty in walking is also present.

Address: Vadapachakaithachanvila  
Date: 27.1.2022

### Personal data

Name: xxxxxx  
Age: 71 years.  
Sex: Female  
Religion: Christian  
Education: 4th std  
Occupation: Cook in anganwadi  
Marital status: Married

### Presenting Complaints

A 73 years old lady reported with complaints of severe itching present all over the body, since 1 year, <warm weather; < night. Burning sensation present all over the body especially legs, beginning in the soles radiating towards the knees. Ulcers present in the lower back, both thighs, genitals, legs, feet. Difficulty in walking is also present.

**Table 1:** Presenting Complaints

LOCATION AND DURATION LOCATION	SENSATION & PATHOLOGY SENSATION	MODALITIES MODALITY (>, <) & A/F (=) IES	CONCOMITANTS, IF ANY
SKIN Whole body (ascending from toes to knees) Since 1 year. Lower back, both thighs, genitals, legs and feet.	Itching ++ Burning Irregular Ulcer painful Thick yellowish discharge of pus	< warm weather, < night  < touch < contact with water < itching	Difficulty in walking Difficulty in sleeping Difficulty in passing urine and stool Difficulty in sleeping

### History of Presenting Complaints

Patient was apparently well before one year. In 2021, patient got severe itching on the occipital region of the scalp. Eruptions started to appear and spread to vertex of the head and then to the neck and in the knee. After appearing in the neck she took allopathic treatment, complaints got ameliorated and then started reappearing all over the body. Severe itching and burning pain present after scratching. Blood oozes from the eruptions after scratching. Crust like formation present in both the upper limbs and all over the body. Taken siddha treatment eruptions got relieved. After 2 weeks Bullous eruptions appeared in the lower back, inner and outer thighs, back of legs, genitals. The bullous eruptions were filled with blood, pus and fluid. Eruptions if gets burst that fluid will spread and form another ulcer in that area, like that ulcers got spread. Patient cannot bear itching. Along with that oedema was also present in lower extremities.

### Life Space Investigation

The patient was born in a poor family. Her father was a coolie worker and mother was a housewife. She along with her siblings had less education and studied up to 4th std. She got married at the age of 19 years and had four children. Her father died at the age of 50 due to stroke and her mother died at the age of 93 due to old age. She had four children in that one male child died at the age of 2 years. Another male left and went 5 years ago, till now no information about him. So she was emotional when narrating about the death of her son. The patient who was working as a cook had retired at 58 years of age. After that she was engaged in prayerful life, attending holy messages and became very pious related to religious matters. The patient was a known diabetic, but it was mild in nature, and as she was very pious she said God will look after and so she didn't take any medications for it. One year back, she started having itching on the scalp along with rashes

behind the neck and head to an extent that she couldn't wear her chains and took Allopathic medications for it and got temporary relief from it. After taking a lot of allopathic tablets she started having symptoms of stomach ulcer, so she discontinued the medicines. She then started having ulcer in her toes and then the ulcer spread to both her extremities. She was then admitted to general hospital and allopathic medicines were administered to her. As there was no change in her condition, she got discharged, went home and continued taking the allopathic medication. Even after taking the allopathic medications, her ulcers became worse day by day. On advice from her granddaughter she decided to try Homoeopathic medication. On 27/1/22, she came with ulcer on her legs, severe pain, burning and itching of whole body. Fluid filled blisters were present in the legs.

- **Mental Generals** in this case are patient is hypochondriac, religious, sad, anxious about disease.
- **Physical generals** are her sleep is disturbed due to burning pain and itching all over the body. Urine scanty, stool constipation (once in 2 days), discharges from ulcer is pus filled and offensive.

### Systemic Examination Skin

**Inspection:** Blackish discolouration in patches (with small blister formation initially, after our treatment the blisters disappeared) on the hands, abdomen, back; the surface bleeds on rough scratching; ulcers on both the legs - discharge of offensive yellowish pus, oedema of both foot, the ulcers are covered by rough blackish dry skin on healing.

**Palpation:** an ulcer of 1 cm depth just beneath the popliteal fossa. Tenderness marked.





27/03/2022	Skin dryness and hardness completely improved, discoloration far better than before, itching and scratching better than before	BLANK DISKET (1-1-1) -For two weeks
		BLANK PILLS (4-4-4) BLANK TAB (1-1-1) BLANK DISKET (1-1-1) -For one month

### Before Treatment (27.1.2022)



Fig 1, 2, 3: Photographs of Bullous pemphigoid before treatment

### During Treatment (12.2.2022)



Fig 4, 5: Photographs of Bullous pemphigoid during treatment

### After Treatment (12.3.2022)



Fig 6 & 7: Photographs of Bullous pemphigoid after treatment

## 2. Discussion

In Bullous pemphigoid condition we have the dryness of psora, the squamous character of the syphilitic eruption and the moles and warts of sycosis. Tri-miasmatic conditions can be effectively treated when similimum is approached. (11) Individualization and miasmatic approach led to the selection of Arsenicum album, which proved effective improvement in the treatment of Bullous pemphigoid. Arsenicum album is a well-known remedy for skin complaints and it also covers tri-miasmatic symptoms, along with the patient symptoms in holistic manner. Higher grade symptoms of Arsenicum album include dryness, hypersensitivity, rough, discoloration of skin. (12) Homoeopathy plays an effective role in improving the case of Bullous pemphigoid and also to control diabetes with the help of Arsenicum album within a period of 3 months.

## 3. Conclusion

Bullous pemphigoid can be successfully improved with Homoeopathic medicines based on detailed individual case analysis. Homoeopathic treatment has shown the ability to improve Bullous pemphigoid internally and also to control Diabetes and remove the predisposition state of the Bullous pemphigoid. Homoeopathic medicines treat the individual as a whole, considering physical constitution, mind, emotions, lifestyle, and other factors. Hence the case report shows marked improvement in the skin complaints of the patient and also in controlling diabetes with Homoeopathic medicine.

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