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AN ELDERLY WOMAN WITH BULLOUS PEMPHIGOID SUCCESSFULLY TREATED WITH HOMOEOPATHIC MEDICINE: A CASE REPORT WITH 9 MONTHS FOLLOW-UP

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Abstract

Background: Bullous Pemphigoid [BP] is a rare autoimmune disease commonly affecting elderly age group, characterized by subepidermal bullous formation and pruritus. The standard conventional management with corticosteroids is reported to have severe adverse effects which add to the morbidity of the patient. In this scenario it is prudent to explore the role of alternative medicines in the management of rare autoimmune disorders like BP.

Methods: A case of BP treated with Individualized Homoeopathic medicine *Natrum muriaticum* in ultrahigh dilution is presented here. The case was followed-up with documentation of symptoms, BPDAI [Bullous Pemphigoid Disease Area Index] score and photographs with the patient consent. The case reporting is done according to the HOM-CASE guidelines, extension of CARE guidelines.

Results: The lesions resolved within 3 months of Homoeopathic treatment. No adverse events were reported during the course of treatment. BPDAI score reduced to 0 from baseline objective total score of 60/120 and baseline subjective score of 30/30.

Conclusion: The present case report shows that BP may respond to Homoeopathic treatment and there was 'complete remission on therapy' as per Definition of Bullous pemphigoid. Further research is warranted in this direction to establish the efficacy of ultrahigh dilutions in the management of Auto immune disorders.

INTRODUCTION

Bullous Pemphigoid [BP] is a rare autoimmune disease which usually begins with a non-specific itchy rash that does not look quite right for eczema or urticaria. Weeks or months later blisters occur. Here the separation of the skin is at the dermoepidermal junction. It is the commonest cause of blistering disorder in the elderly. [1] Average age of onset is 65 years; males and females are equally affected. [2] It is the most common type of subepidermal autoimmune bullous disease with an estimated annual incidence of 2.4 to 21.7 new cases per million populations in different population worldwide. [3]

The disease is caused by autoantibodies (BP-230 and BP-180) directed against the hemidesmosomal BP antigens, BPAg-1 (intracellular) and BPAg-2 (transmembranous type XVII collagen), respectively. Antibody-antigen binding initiates complement activation and inflammation, with hemidesmosomal damage and subepidermal blistering. [2]

The roof of the blister is made up of full thickness of epidermis, so blisters may become, large, hemorrhagic, unilocular and remain intact for several days.[1] The bullae do not rupture but roof settles.[4] Healing occurs with minimal scarring and hyper pigmentation. Trunks, flexures and limbs are commonly involved. Mucosal lesions are infrequent. [2]

The diagnosis can be made by histopathology, direct and indirect immunofluorescence. Standard Conventional treatment includes Corticosteroids, Antibiotics and Topical steroid ointment. [1,5] The condition is often self-limiting and often burns out over a few years. [2]

Effectiveness of Homoeopathy in the management of BP has been previously reported by Kuzmina [5] and Thakur. [6]

This case report is an effort to highlight the effectiveness of individualized Homoeopathic medicine in the management of BP in an elderly female patient.

Methods

A case of Bullous Pemphigoid treated with Individualized Homoeopathy is presented here. The case was followed-up for nine months to see whether there was any relapse. Photographs were taken before, during and after treatment with the consent of the patient, considering the use of data for future publication. The clinical improvement was assessed

before and after treatment using the subjective and objective Bullous Pemphigoid Disease Area Index [BPDAI] score. The case reporting was done according to the HOM-CASE guidelines, extension of CARE guidelines. [7] The causal relation between the Clinical improvement and the medicine prescribed was assessed using the Modified Naranjo Algorithm. [8]

Case summary

An eighty six year old female presented to the OPD of Practice of medicine Department of National Homoeopathy Research Institute in Mental Health Kottayam during November 2019 with severe pruritic lesions over limbs and trunk. The lesions started gradually before 4 months as itchy urticarial rashes which first appeared over the upper limbs followed by trunk and gradually the foot was also involved. She was on standard conventional medications for BP since July 2019 but there was development of new lesions, extension of old lesions, failure of established lesions to heal and continual pruritus despite conventional medications which indicated 'failure to therapy for Initial control' as per the definition. [9] She was unable to sleep and restless due to the itching. She was admitted in the IPD and closely monitored for 4 days. She discontinued all the conventional medications namely fucidin & fucibet ointment, fluconazole 300 mg and atarax 10 mg since there was no relief for her complaints with these medications. She was hypertensive and borderline diabetic, and was on conventional antihypertensive arkamin 100 mg. She was advised to continue the antihypertensive and follow dietary measures for Diabetes mellitus.

She had undergone Thyroidectomy at her 45 years for Goitre, and had taken Hormone replacement therapy up to 82 years of age. Thyroid function test was regularly monitored since that time and found to be normal. Both her brothers and her son had Coronary Artery Disease, Younger sister was asthmatic and both her off springs were Diabetic and Hypertensive. Her daughter was Hypothyroid.

The diagnosis of BP was made by the consultant Dermatologist based on history and Clinical manifestations. The patient was examined in detail and all the other Vesiculobullous disorders were ruled out.

On physical examination the patient appeared uncomfortable and febrile with body temperature 100.6 F, pulse rate – 96/min, Respiratory rate 28/min, BP – 160/90 mm Hg, pallor, pedal edema, and there was no sign of dehydration.

Systemic examination revealed extensive lesions on upper limbs involving the palms, over the trunk and lower limbs. Scalp, face, genitals and mucosal membranes were not involved. The bullae were unilocular which shrunk after few days. But severe itching and scratching led to peeling of skin and bleeding. There was ulceration on lateral malleolus of right leg. [Figure-1]



Figure – 1: Appearance of the eruptions before starting homoeopathic medicines

Laboratory investigation results were as follows: Haemogram revealed HB 8.6 gm/dl, WBC Total Count 10500/ μ l, ESR 52 mm/hr, RBC 3.5 million/cumm, FBS 115 mg/dl, PPBS 186 mg/dl. Liver Function Test and Fasting lipid profile were normal.

Analysis and evaluation of the case according to Homoeopathic principles

Analysis of the case was done according to Kent’s Philosophy ^[10] in to general symptoms, particular symptom and common symptoms as follows:

General symptoms: desire for travelling and amusement. Desire for extra salt and fish; and aversion to vegetable diet.

Common symptoms: bullous eruptions all over the body except face and mucosal surfaces; Intense itching leading to bleeding and discharge fluid on scratching; Peeling of skin leaving a red base.

Particular symptoms: chronic sneezing.

Miasmatic analysis was done as per Miasmatic prescribing ^[11] [Table -1], which shows dominance of Sycotic miasm.

Table - 1: Miasmatic analysis

Symptoms	Psora	Syphilis	Sycosis	Tubercular
Travel desires				✓
Craving salt			✓	
Aversion to green leafy vegetables			✓	
Sleeplessness occurs due to mental and physical disquiet			✓	
Aggravation at night		✓		
Vesicular eruptions			✓	
Skin look hemorrhagic, symptoms/skin lesion are red and hemorrhagic appearance				✓
Hypertension			✓	
Goiter(Hypertrophy and hyperplasia)			✓	

Therapeutic Intervention, Follow-up and Outcome

Selection of medicine

Homoeopathic case taking was done in detail. Selection of medicine was based on the totality of symptoms of the patient as enlisted below:

- Desire for extra salt in food and fish for meals, aversion for vegetables in diet.
- Vesiculobullous eruptions with pruritus which was worse towards night disturbing sleep.
- Eruptions on extremities, ulceration on lateral malleolus.
- Chronic rhinitis
- Past history of Goitre
- Hypertension

Repertorisation was done using RADAR 10.0 software. The first 4 remedies on repertorisation were *Causticum*, *Sulphur*, *Phosphorus*, and *Natrum muriaticum*. The patient was thermally hot. So the chilly remedies *Causticum* and *Phosphorus* which were of higher ranks in the repertorisation chart were excluded. *Natrum muriaticum* was selected based on the characteristic symptoms of the patient viz. Intense desire for salt and fish in diet, raw red inflamed vesicular eruptions with itching and past history of Goiter; after consulting Literatures on Homoeopathic Materia Medica. [12, 13]

Natrum muriaticum was prescribed in 30centesimal [C] potency. The medicine was procured from The Kerala State Homoeopathic Co-operative Pharmacy LTD (Sponsored by Govt. of Kerala) GMP certified, and dispensed from the pharmacy of NHRIMH Kottayam.

Prescription

Natrum muriaticum 30 C was dispensed as 4 pills of number 40 globules in saccharum lactose to be taken 1 hour after food in the morning. Proper wound hygiene was ensured by regular dressing with Normal saline and Calendula tincture externally. Salt restriction for hypertension and other dietary measures were advised by the dietician.

The case was followed-up for 9 months and the details are depicted in Table -2.

Table 2: Timeline including follow-up of the case

Date of visit/follow up	Observation/symptoms and signs	Prescribed medicine with potency and doses
First visit on 15.11.2109	Base line presentation	<i>Natrum muriaticum</i> 30 C / 1D Mane H. P.C. [21]
IPD observation 15.11.19 to 18.11.19	Eruption over limbs and trunk started healing. Bleeding from scratching persists. Itching got aggravated on the first day following the prescription of <i>Natrum muriaticum</i> , thereafter it reduced by itself. New bullae appeared but less in number. Sleep improved.	<i>Sac Lac</i> / 1 D.
Second visit on 25.11.19 1 st Month	Eruption over limbs and trunk getting healed. Bleeding from scratching persists. Itching got slight relief. New bullae appeared but less in number. Sleep disturbed from itching with restlessness.	<i>Sac Lac</i> / 1 D.
Third visit on 02.12.2019 2 nd Month	Eruption on both limbs and trunk persists. Itching eruptions which bleed on scratching persists and it become worse by night. New bullae appeared but less in number. Disturbance in sleep persists and the patient was restless.	<i>Natrum muriaticum</i> 30 C / 1D Mane H. P.C.
Fourth visit on 09.12.2019 2 nd Month	Lesions of upper extremity and trunk improving. Itching and bleeding from lesions persists. New bullae appearing. Sleep improving still restlessness persists.	<i>Natrum muriaticum</i> 30 C / 1D Mane H. P.C.
Fifth visit on 24.12.2019 2 nd Month	Patient was improving gradually. Lesions of upper extremity and dorsum of trunk about to heal. Itching and bleeding improved. But still some new bullae appeared. Patient slept well and was no more restless.	<i>Natrum muriaticum</i> 30 C / 1D Mane H. P.C.

Sixth visit on 06.01.2020 3 rd Month	Healing process progressed. Eruptions of lower extremity also improving. Itching of palms and soles slightly persists. Reduction in number of new lesions. Had sound sleep and not restless.	<i>Natrum muriaticum</i> 30 C /1D Mane H. P.C.
Seventh visit on 24.01.2020 3 rd Month	Marked relief of complaint. Patient feels better. Eruptions of lower extremity about to heal. No more itching and bleeding. There was no recurrence of blisters. Sleeps well.	<i>Natrum muriaticum</i> 30 C / 1 D Mane H. P.C.
Eighth visit on 24.02.2020 4 th Month	Patient was healthy. Small lesions on foot without any discharge and itching. There was no new blisters. Patient recovered without any complications.	<i>Natrum muriaticum</i> 30 C / 1D Mane H. P.C.
Ninth visit on 25.05.2020 7 th Month	No new lesions. Skin appeared almost normal. Allergic rhinitis symptoms completely relieved.	<i>Natrum muriaticum</i> 30 C / 3 D Mane H. P.C Semel ^[21] Monthly.
Tenth visit on 03.08.2020 10 th Month	No new lesions. Skin appeared almost normal. No relapse.	<i>Sac lac</i> /3 D.

Mane - Morning; H-Hora, an hour; P.C -Post Cibus, after food; Semel –once; Sac lac - Saccharum lactose ^[21]

DISCUSSION

Bullous Pemphigoid, ICD-10-CM L12.0 ^[14] is a billable code and is recognized as a rare disease by Orphanet report series [Orphanet No.703]. ^[15] It is the most common autoimmune bullous disease typically affecting the elderly. Due to the rarity and severity of

this disease condition there is no standard treatment protocol available but the usual line of treatment includes topical and systemic glucocorticoids which are immunosuppressive drugs. Although the mortality from this disease has decreased significantly, the complications caused by the medications cause morbidity in these patients. [16] There are a few publications which show the efficacy of Homoeopathy in the management of autoimmune disorders. [17]

A case of BP treated with Individualized Homeopathic medicine *Natrum muriaticum* 30C [Nacl] [18] is presented here. The eruptions were almost generalized and there was no improvement with conventional topical antibiotics fucidin and fucibet, antifungal flucanazole 300 mg, and anti histamine atarax 10 mg. The Homoeopathic Medicine was selected based on the principles of Individualization. [10] Although *Natrum muriaticum* ranked fourth in the repertorisation chart, it was prescribed considering the characteristic symptoms of the patient - intense desire for salt and fish in diet, past history of Goitre and the character of eruption raw, red, inflamed vesicular lesions with itching. [12, 13]

The prognosis after the remedy was ascertained by BPDAl Scores [9] before and after treatment. The sleep had improved as the severity of pruritus was relieved. The baseline subjective BPDAl score for Erosions/Blisters was 34/120 and for Urticaria/Erythema was 26/120. The objective BPDAl score [Visual Analogue Scale] at baseline was 30/30. Both the scores reduced to zero after 3 months of Homoeopathic treatment. Gradually the lesions started healing first of the upper limb followed by trunk and lower limb. Although new vesicles were coming the intensity was relatively less. All the conventional medicines except antihypertensive were discontinued. Wound hygiene was maintained with regular dressing with normal saline and Calendula tincture externally. The lesions were completely resolved within 3 months of Homoeopathic treatment which is satisfactory since the patient was on conventional medicines for 4 months prior to Homoeopathic treatment without any relief. The patient was followed-up further for a period of 6 months up to August 2020, and there was no relapse, and *Natrum muriaticum* 30C was repeated at regular intervals during this period.



Fig 2: 17 days after Homeopathic treatment





Fig 3: 25 days after Homeopathic treatment



Fig 4: 40 days after Homeopathic treatment

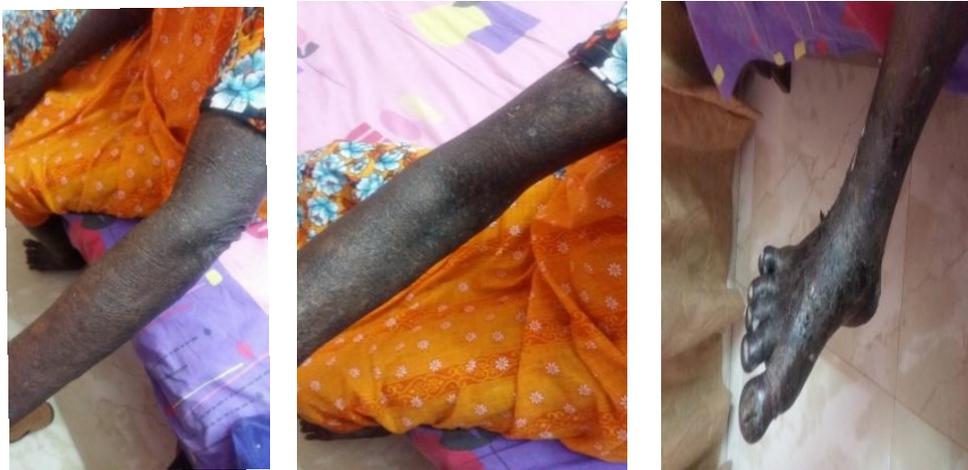


Fig 5: After 3 months of Homeopathic treatment

As per a study conducted by Wang Y, Mao X et al. on relapse of BP, it was concluded that majority of relapses occur early during remissions mostly within 6 months. The chance of relapse is more in elderly patients and in patients with increased disease severity. [19]

The causal attribute between the medicine prescribed and clinical improvement was assessed using the Modified Naranjo Algorithm. [8] The total score of 11 indicates that the improvement was attributed to the Homoeopathic medicine *Natrum muriaticum*. [Table-3]

Table 3**Modified Naranjo algorithm**

Modified Naranjo algorithm	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
2. Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-	-
3. Was there an initial aggravation of symptoms?	+1	-	-
4. Did the effect encompass more than the main symptom or condition, (i.e. were other symptoms ultimately improved or changed)?	+1	-	-
5. Did overall wellbeing improve? (use Eq-5D-5L)	+1	-	-
6 (A) <i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	0	-
6 (B) <i>Direction of cure</i> : did at least two of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less	+1	-	0

importance - from deeper to more superficial aspects of the individual - from the top downwards			
7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
8. Are there alternative causes (other than the medicine) that –with a high probability- could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-	+1	-
9. Was the health improvement confirmed by any objective evidence? (e.g. lab test, clinical observation, etc.)	+2	-	-
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
Total score 11			

CONCLUSION

The eruptions started as itching during July 2019 and the patient had taken conventional medication for 4 months. But there was ‘failure to therapy for initial control’ as per the definition [9]. Homoeopathic treatment was started during November 2019 and there was ‘complete remission on therapy’[9] by January 2020, as there were no new or established lesions or pruritus while receiving minimal therapy for 6 months . The case was followed-up up to August 2020 and there was no relapse of this condition up to this period. The case report indicates that Homoeopathy can be effective even in rare autoimmune disorders like BP where standard conventional treatment failed. Although many remedies are suggested in homoeopathic literature for vesiculobullous disorders, selection of the indicated remedy

requires individualization of the case as described in Organon of Medicine [20] and Lectures on Homoeopathic Philosophy. [10] Further studies are required to explore the scope of Homoeopathic treatment in autoimmune disorders and rare diseases.

Conflict of Interest Statement

The authors declare that there is no conflict of interest.

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Informed consent

Written informed consent was obtained from the patient prior to publication.

REFERENCES

1. Aston R, Leppard B. Differential diagnosis in dermatology. 3rd ed. United Kingdom: Radcliffe publishing; 2005. 224.
2. Ralston SA, Penman ID, Starchan MWJ et al (editors). Davidson's principles & practice of medicine. 23rd ed. United Kingdom: Elsevier Health Sciences; 2018. p. 1255-1256.
3. Kridin K, Ludwig RJ. The growing incidence of bullous pemphigoid: overview and potential explanations. *Front Med (Lausanne)* [Internet]. 2018 [cited 2020 Aug 11];5:220. Published 2018 Aug 20. Available from : URL doi:10.3389/fmed.2018.00220
4. Khanna N, Singh S. Bhutani's color atlas of dermatology. 6th ed. New Delhi: Jaypee Brothers Medical Publishers; 2015. p. 169.
5. Kuzmina I. Case of Homeopathic treatment of bullous pemphigoid in an old man. *Allgemeine Homöopathische Zeitung* [Internet]. 2017 Mar [Cited 2020 Aug 12];262(02):2-76. Available from URL doi:10.1055/s-0037-1601145
6. Thakur Dr. Bullous pemphigoid treated with homoeopathy: a case report. *World Journal of Pharmaceutical Research* [Internet]. 2017 May [cited 2020 Aug 12];1119-1126. Available from: URL doi:10.20959/wjpr20175-8407

7. Van Haselen RA. Homeopathic clinical case reports: development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med* [Internet]. 2016 [Cited 2020 Aug 11];25:78-85. Available from: URL doi:10.1016/j.ctim.2015.12.019
8. Lamba CD, Gupta VK, van Haselen R, et al. Evaluation of the modified naranjo criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports . *Homeopathy* [Internet]. 2020 Mar [Cited 2020 Aug 11];10.1055/s-0040-1701251. Available from: URL doi:10.1055/s-0040-1701251
9. Murrell DF, Daniel BS, Joly P, et al. Definitions and outcome measures for bullous pemphigoid: recommendations by an international panel of experts. *J Am Acad Dermatol* [Internet]. 2012 Mar [Cited 2020 Aug 11];66(3):479-485. Available from: URL doi:10.1016/j.jaad.2011.06.03
10. Kent J.T. *Lectures on homoeopathic philosophy*. Student ed. New Delhi: B.Jain Publishers; 2002.p. 196-98,203-8.
11. Banerjea SK. *Miasmatic prescribing its philosophy, diagnostic classification, clinical tips, miasmatic repertory, miasmatic weightage of medicines and case illustrations*. 2nd ed. India: B.Jain Publishers (P) LTD; 2006. p. 51,96-101,122-128,137,141 .
12. Boericke W. *Pocket manual of homoeopathic materia medica and repertory*. Reprint ed. New Delhi: Indian Books & Periodicals Publishers; 2007. p. 459-62.
13. Kent J.T. *Lectures on homoeopathic Materiamedica together with Kent's new remedies incorporated and arranged in one alphabetical order*. Second Rearranged ed. New Delhi: B Jain Publishers (P) Ltd. 2009. p. 767-68.
14. World Health Organisation. *The ICD-10 classification of clinical descriptions and diagnostic guidelines* [Internet]. Geneva: World Health Organisation; 1992 [cited 2020 Aug 12]. Available from: <https://www.icd10data.com/ICD10CM/Codes/L00-L99/L10-L14/L12-/L12.0>
15. Rath A. Prevalence and incidence of rare diseases: bibliographic data prevalence, incidence or number of published cases listed by diseases (in alphabetical order). *Orphanet Report Series, Rare Diseases collection* [Internet]. 2020 Jan [cited 2020 Aug 12];1:1-78. Available from:

http://www.orpha.net/orphacom/cahiers/docs/GB/Prevalence_of_rare_diseases_by_alphabetical_list.pdf

16. Han A. A practical approach to treating autoimmune bullous disorders with systemic medications. *J Clin Aesthet Dermatol*. 2009 May;2(5):19-28.
17. Pareek P. Homoeopathy in autoimmune disorders. *Allgemeine Homöopathische Zeitung* [Internet]. 2017 Mar [Cited 2020 Aug 11];262: 2-76. Available from URL Doi: 10.1055/s-0037-1601173
18. Varma PN, Vaid I. *Encyclopedia of homoeopathic pharmacopoeia & drug index*. New Delhi: B.Jain Publishers; 2007. p. 669.
19. Wang Y, Mao X, Wang Y, Zeng Y, Liu Y, Jin H, et al. Relapse of bullous pemphigoid: an update on this stubborn clinical problem. *Ann Med* [Internet]. 2018 May [cited 2020 Aug 12]; 50(3):234-239. Available from: URL doi:10.1080/07853890.2018.1443346
20. Hahnemann s. *Organon of medicine*. 5th ed. New Delhi: Indian Books & Periodicals Publishers; 2007. p. 103-4.
21. Mandal P.P, Mandal B, *A textbook of homoeopathic pharmacy*. Reprinted ed. Kolkatta: New Central Book Agency (P) Ltd; 2017. p. 411-15.