Clinical Evolution of Pemphigus Vulgaris Under Individualized Homoeopathic Management: A Case Report

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***Abstract*—Background: Pemphigus vulgaris (PV) is an autoimmune intraepidermal blistering disorder characterized by acantholysis resulting from autoantibodies directed predominantly against desmosomal proteins, particularly desmoglein-3 and, in mucocutaneous disease, desmoglein-1. Although the trunk, scalp and mucous membranes are commonly affected, lesions may also involve the hands and other peripheral sites. Accurate diagnosis requires correlation of clinical findings with histopathology and immunopathological investigations.**

Case Presentation: A 32-year-old male presented with recurrent blistering eruptions predominantly over both hands for approximately five months. The lesions initially appeared as small, fragile blisters and subsequently ruptured, producing painful superficial erosions and crusting. The patient complained of burning and tenderness at the affected sites, with aggravation following friction and manual activity. Oral mucosal discomfort was also reported intermittently. Clinical examination revealed multiple superficial erosions and crusted lesions over the dorsal and palmar aspects of both hands, with a positive Nikolsky sign. Histopathology demonstrated suprabasal intraepidermal separation with acantholytic cells. Direct immunofluorescence showed intercellular IgG and C3 deposition in a characteristic reticular pattern, supporting the diagnosis of pemphigus vulgaris. Following individualized homoeopathic case analysis, *Mercurius solubilis* was prescribed.

Outcome: During subsequent follow-up, a progressive reduction in the frequency of new eruptions and healing of existing erosions was documented. Burning and tenderness also decreased, with improvement in functional use of the hands. The clinical course was assessed longitudinally.

Conclusion: This case describes the longitudinal management of diagnostically established pemphigus vulgaris with predominant hand involvement using individualized homoeopathic treatment. The observed improvement cannot establish therapeutic causation from a single case and should be considered hypothesis-generating.

***Index Terms*—Pemphigus vulgaris; hand lesions; autoimmune blistering disease; acantholysis; homoeopathy; case report.**

I. INTRODUCTION

Pemphigus vulgaris is a chronic autoimmune blistering disease characterized by loss of intercellular adhesion between keratinocytes. Autoantibodies directed against desmosomal cadherins, particularly desmoglein-3, interfere with epidermal cohesion and produce intraepidermal blister formation. When antibodies against both desmoglein-3 and desmoglein-1 are present, patients may develop both mucosal and cutaneous disease.[1]

The clinical presentation is variable but commonly includes fragile, flaccid blisters that rupture readily and leave superficial erosions. Oral involvement is frequent and may precede cutaneous manifestations.[2] Although lesions commonly affect the trunk, scalp and mucous membranes, peripheral sites such as the hands

may also be involved and can interfere substantially with occupational and daily activities.

Diagnosis should not be based exclusively on clinical morphology. Histopathology generally demonstrates suprabasal acantholysis, while direct immunofluorescence characteristically demonstrates intercellular deposition of immunoglobulin G and complement component C3. Detection of circulating desmoglein antibodies can provide additional supportive evidence.[3]

Treatment of PV requires appropriate disease assessment and clinical monitoring. Systemic corticosteroids and steroid-sparing immunomodulatory agents have traditionally formed the basis of management, while rituximab has become an established treatment option in appropriate patients.[4],[5]

Homoeopathic case management is based on individualization and consideration of the totality of characteristic symptoms. The present case describes a 32-year-old male with predominantly hand lesions, with emphasis on diagnostic confirmation, individualized assessment, repertorial analysis, prescription and chronological follow-up.

II. CASE PRESENTATION

A 32-year-old male presented with recurrent blistering eruptions predominantly affecting both hands for approximately five months. According to the patient's history, the disease initially manifested as small, fragile vesicles over the dorsal aspect of the right hand. These lesions ruptured easily, leaving superficial erosions. Over the following weeks, similar lesions developed over the left hand and subsequently involved the palmar surfaces.

The patient described burning and soreness over the affected areas. The discomfort was aggravated by friction, washing and manual work. The recurrent lesions interfered with routine activities requiring prolonged use of the hands.

Occasional painful erosions were also reported in the oral cavity, particularly over the buccal mucosa. The patient did not report significant ocular or genital symptoms.

There was no significant history of a similar condition among family members. No definite history of recent trauma or exposure to a new medication immediately preceding the onset of the lesions was elicited.

The patient had initially received symptomatic treatment elsewhere, with temporary improvement followed by recurrence. Because of the persistent and recurrent nature of the eruptions, he sought further evaluation.

III. CLINICAL EXAMINATION

The patient was conscious, oriented and clinically stable. General physical examination did not reveal significant abnormalities.

Cutaneous examination demonstrated multiple irregular superficial erosions with crusting over both hands. Lesions were more prominent over the dorsal surfaces, with scattered erosive lesions over the palms and lateral aspects of the fingers. Some lesions showed remnants of fragile blister roofs.

The surrounding skin showed mild erythema. There was tenderness on palpation of active lesions. No significant purulent discharge was noted.

Oral examination revealed a few superficial erosions over the buccal mucosa. There was no significant ocular involvement on examination.

Gentle lateral pressure applied to apparently uninvolved perilesional skin resulted in superficial epidermal separation, producing a positive Nikolsky sign.

The distribution, morphology and recurrent nature of the lesions raised clinical suspicion of an autoimmune blistering disorder, and further investigations were undertaken.

IV. INVESTIGATIONS

Routine hematological and biochemical investigations were performed as part of the clinical assessment and to evaluate the patient's general health status.

A biopsy was obtained from a representative active lesion. Histopathological examination demonstrated suprabasal intraepidermal separation with acantholytic keratinocytes and relative preservation of basal keratinocytes. These findings were compatible with pemphigus vulgaris.

Direct immunofluorescence examination of appropriately selected perilesional skin demonstrated intercellular deposition of IgG and C3 in a reticular or fish-net pattern throughout the epidermis.

Serological evaluation was supportive of the diagnosis, with detectable anti-desmoglein-3 antibodies. Where mucocutaneous disease is suspected, assessment of both desmoglein-1 and desmoglein-3 antibodies may provide additional information regarding disease phenotype.

The combination of clinical findings, histopathology and immunopathology supported the diagnosis of pemphigus vulgaris.

V. DIAGNOSIS

The final diagnosis was pemphigus vulgaris with predominant cutaneous involvement of both hands and associated oral mucosal lesions.
Differential diagnoses considered included bullous pemphigoid, pemphigus foliaceus, dermatitis herpetiformis, allergic or irritant contact dermatitis, chronic hand eczema and other autoimmune blistering disorders.

The presence of suprabasal acantholysis and intercellular IgG/C3 deposition supported pemphigus vulgaris rather than the principal clinical differentials.
Homoeopathic Analysis
The homoeopathic case analysis considered the characteristic features of the patient rather than treating the pathological diagnosis as the sole basis for prescribing.

The principal symptoms recorded were:

- recurrent vesicular and erosive lesions predominantly affecting both hands;
- burning and soreness of the affected skin;
- aggravation from friction and manual activity;
- painful oral erosions;
- easy rupture of vesicles followed by superficial erosions;
- increased sensitivity of the affected skin;
- discomfort interfering with routine hand activity.

The characteristic local symptoms were considered together with the patient's general and constitutional features obtained during case taking.
The case was repertorized using selected rubrics corresponding to the characteristic symptom picture.

VI. REPERTORIAL ANALYSIS

The following representative rubrics were considered during repertorial analysis:

Symptom	Repertorial representation
Skin – eruptions – vesicular	Vesicular eruptions
Skin – eruptions – hands	Eruptions localized to hands
Skin – eruptions – burning	Burning sensation
Skin – eruptions – painful	Painful eruptions
Skin – ulcers/erosions – burning	Burning erosions
Mouth – ulcers – painful	Painful oral erosions
Generalities – friction – aggravation	Aggravation from friction

The repertorial findings were subsequently compared with the corresponding Materia Medica picture. *Mercurius solubilis* was selected after consideration of the totality of symptoms, particularly the combination of mucocutaneous lesions, burning, soreness and associated oral symptoms.

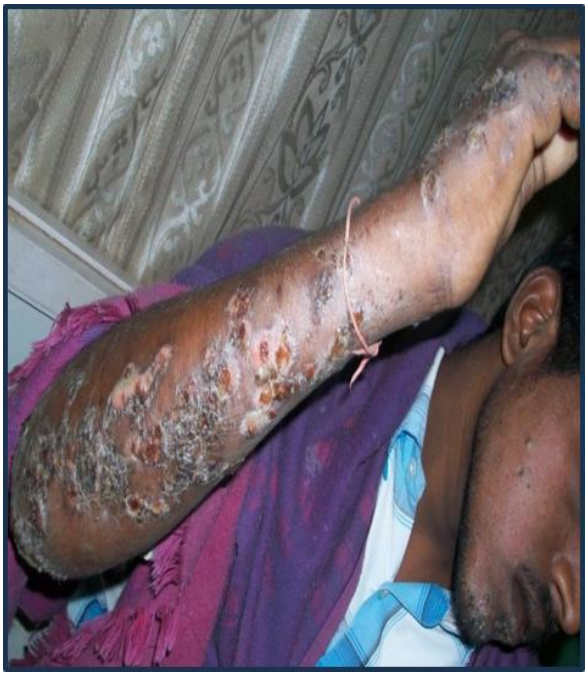
The repertory was used as an aid to case analysis and not as an independent diagnostic instrument.

VII. PRESCRIPTION

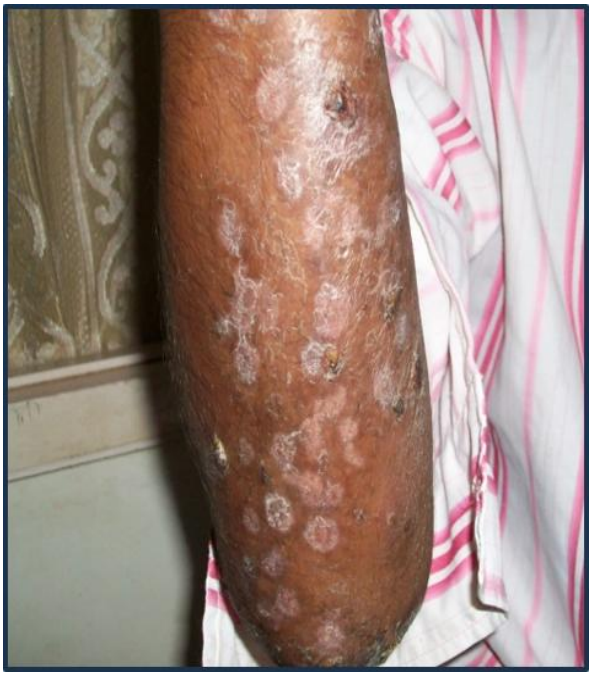
After individualization, Mercurius solubilis 30C was prescribed as a single dose, followed by placebo and observation.
The patient was advised to continue appropriate dermatological evaluation and local supportive care. The homoeopathic prescription was not considered a substitute for indicated emergency or conventional treatment.

At subsequent follow-up, the prescription was reassessed according to changes in the presenting symptom totality. When the characteristic symptom picture persisted with a plateau in improvement, Mercurius solubilis 200C was prescribed as a single dose, followed by placebo.
The dates, potency, repetition and clinical response were recorded at each visit.

Before Treatment



During Treatment



Follow-up Timeline

Follow-up	Clinical status	Management
Baseline	Multiple erosions and crusted lesions over both hands; burning and tenderness; occasional oral erosions	*Mercurius solubilis* 30C, single dose
2 weeks	Reduced burning; fewer fresh vesicular lesions	Placebo and observation
4 weeks	Healing of several erosions; reduced tenderness	Placebo
8 weeks	Significant reduction in new eruptions; improved hand function	*Mercurius solubilis* 200C, single dose
12 weeks	Continued healing; only occasional small lesions	Placebo
16 weeks	No significant fresh blistering; residual erythematous/pigmented areas	Observation
24 weeks	Sustained improvement with marked reduction in active lesions	Observation

The patient's progress was assessed at each visit by documenting the number and distribution of new lesions, healing of existing erosions, burning and pain, oral involvement and functional interference.

VIII. OUTCOME

The patient demonstrated progressive reduction in the frequency of new eruptions during the follow-up period. Existing erosions gradually epithelialized, while burning and tenderness became less prominent. By the later follow-up visits, the active lesions over both hands had substantially decreased. The patient reported improved ability to perform routine manual activities. Oral erosions were also reported to have reduced in frequency.

At 24 weeks, no major episode of extensive blistering had been documented during the preceding observation period. Residual post-inflammatory changes were present over previously affected areas. The outcome should be interpreted as a clinical observation rather than definitive evidence of therapeutic efficacy.

After Treatment

IX. DISCUSSION

Pemphigus vulgaris is an autoimmune blistering disorder with considerable variation in severity and anatomical distribution. Although mucosal lesions and widespread cutaneous disease are common, localized or predominantly peripheral involvement may create diagnostic challenges, particularly when lesions resemble eczema, contact dermatitis or other inflammatory dermatoses.

In the present case, recurrent fragile blisters and erosions over the hands were accompanied by oral mucosal involvement. The positive Nikolsky sign raised clinical suspicion of pemphigus. Importantly, the diagnosis was not based on clinical appearance alone. Histopathological demonstration of suprabasal acantholysis and direct immunofluorescence showing intercellular IgG and C3 provided objective diagnostic support.[3]

The involvement of the hands was clinically important because the lesions caused discomfort during manual activity. Repeated friction and mechanical trauma can further compromise already fragile epidermis and interfere with routine occupational activities.

The individualized homoeopathic prescription in this case was based on the totality of characteristic symptoms. *Mercurius solubilis* was selected after repertorial analysis and Materia Medica correlation.

The subsequent clinical improvement occurred during the period of homoeopathic management. However, a temporal association should not automatically be interpreted as proof of causality. Pemphigus may show fluctuations in disease activity, and factors such as previous treatment, supportive care, natural disease variation and adherence to management can influence clinical outcome.

Therefore, this case cannot establish that the observed improvement was caused by the homoeopathic intervention. The value of the report lies primarily in documenting the diagnostic process, individualized prescribing approach and longitudinal clinical course. The report also illustrates the importance of maintaining conventional dermatological monitoring in patients with autoimmune blistering disorders. Severe PV can result in extensive epidermal loss, secondary infection, fluid imbalance and nutritional difficulties. Established medical treatment should not be withheld when clinically indicated.

Future research should employ prospective designs, standardized disease activity measures, appropriate control groups and longer follow-up. Objective parameters such as lesion counts, validated disease activity indices and, where clinically appropriate, serial desmoglein antibody levels may provide more robust assessment of therapeutic response.

X. CONCLUSION

This case describes a 32-year-old male with pemphigus vulgaris presenting predominantly with erosive and blistering lesions over both hands and associated oral involvement. The diagnosis was supported by compatible clinical findings, histopathology and direct immunofluorescence. Individualized homoeopathic management was followed by progressive clinical improvement during the documented follow-up period.

The observation is insufficient to establish a causal therapeutic effect. Nevertheless, systematic documentation of objectively diagnosed cases may contribute to hypothesis generation and provide a basis for future controlled research evaluating individualized homoeopathic approaches in autoimmune blistering disorders.

XI. PATIENT PERSPECTIVE

The patient reported that the recurrent eruptions over the hands had caused considerable discomfort and interfered with routine manual activities. During follow-up, he reported reduction in burning, fewer new eruptions and progressive improvement in the ability to use his hands for routine activities. He also reported improvement in oral discomfort.

XII. CONSENT STATEMENT

Written informed consent was obtained from the patient for publication of the anonymized clinical information, investigation findings and clinical photographs, where applicable. The patient was informed that identifying information will not be disclosed and that publication is intended for scientific and educational purposes.

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