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## Successful case management of pemphigus vulgaris with rhus tox at Dr. Batra's® Healthcare

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### Abstract

Pemphigus vulgaris is a rare, chronic, and potentially life-threatening autoimmune disorder characterized by fragile blisters and painful erosions of the skin and mucous membranes. Conventional management primarily relies on systemic corticosteroids and immunosuppressants, which, although effective in controlling acute symptoms, are often associated with severe long-term side effects and do not guarantee sustained remission. This case report presents a 46-year-old female diagnosed with pemphigus vulgaris, who approached *Dr. Batra's®* with complaints of recurrent vesicular eruptions, & a had a history of long-term dependence on steroids prior to seeking homeopathic care. A detailed case-taking focusing on physical generals, mental state, and disease evolution guided individualized treatment.

**Keywords:** Pemphigus vulgaris, autoimmune skin disease, Dr. Batra's

### Introduction

Pemphigus vulgaris (PV) is a chronic autoimmune bullous disorder characterized by intraepidermal blistering of skin and mucous membranes. It is caused by IgG autoantibodies directed against desmoglein-1 and desmoglein-3, which are components of desmosomes responsible for keratinocyte adhesion. The loss of adhesion leads to acantholysis and formation of fragile blisters that rupture easily, leaving painful erosions <sup>[1, 2]</sup>.

Clinically, the disease presents with painful vesicles, bullae, and erosions affecting skin, oral mucosa, pharynx, and sometimes other mucous membranes. Common symptoms include burning, itching, pain on stretching, and difficulty in eating or drinking. Complications include secondary infections, electrolyte imbalance, malnutrition, and, in untreated cases, even mortality <sup>[3]</sup>.

Pemphigus vulgaris is a rare disorder with an estimated worldwide prevalence of 0.1–0.5 cases per 100,000 individuals. It is more common in the Mediterranean and Middle Eastern populations and has a slightly higher prevalence among women. The usual age of onset is between 40–60 years <sup>[4]</sup>.

Conventional treatment involves systemic corticosteroids and immunosuppressants, which, although effective in controlling disease activity, are associated with severe adverse effects on long-term use <sup>[5]</sup>. Hence, alternative and complementary therapies, including homeopathy, are being explored for long-term management. Homeopathy emphasizes an individualized approach, considering not only physical symptoms but also the patient's mental and emotional state. This case study illustrates the beneficial role of homeopathy in a patient with pemphigus vulgaris.

**Case Profile:** This 46-year-old lady has been going through a very tough phase in life. She developed Pemphigus vulgaris, a skin disease that causes painful wounds, burning, and itching on the body and inside the mouth. Eating and even drinking water used to be difficult for her in the beginning, and she often felt weak and tired. What made her suffering worse was the emotional stress she went through because of family problems-she was deeply hurt and troubled due to the torture her daughter and son-in-law put her through. This stress took a toll on her health and seems to have triggered her illness. With regular medicines, her wounds have healed and her condition is now much better, though she still gets mild itching and weakness at times. Even though the disease is under control, she continues to live with the emotional pain and the challenges of a long-term illness.

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### Physical Generals

- **Diet:** Normal, no particular restrictions except avoiding spicy food
- **Appetite:** Decreased
- **Desire/Craving:** Tea
- **Aversion:** None specific
- **Thirst:** Decreased, prefers normal water, drinks only a few glasses in a day
- **Stools:** Normal
- **Urine:** Normal
- **Perspiration:** Scanty, non-offensive, does not stain clothes
- **Thermals:** Hot patient, prefers covering, bath seasonal, prefers moderate weather
- **Sleep:** 7–8 hours/day, refreshing sleep
- **Dreams:** Not specific/none significant reported

### Examination

**Skin:** Healed hyperpigmented patches over previously affected areas

Mild post-inflammatory pigmentation on neck and upper limbs

History of itching (intermittent, mild at present)

Occasional tiredness/weakness reported

Hot flushes (post-menopausal)

### Mental Generals

This 46-year-old lady belongs to a joint family where she shares a good relationship with all members, and her husband works in a private job. She describes her upbringing as simple and supportive, with no major stress during childhood, and she maintained good relations with teachers and friends. She did not face strictness or high expectations from her parents, and overall her early life was stable. However, around two years ago she underwent a

major stressful period due to problems with her daughter, as the son-in-law tortured her daughter. This incident affected her deeply and left a lasting emotional scar, which she feels may have contributed to her illness.

She describes herself as timid, often feeling lazy, tired, and burdened by stress related to her disease. Although she has a supportive family and prefers company, she carries frequent negative thoughts and sometimes even thoughts of death, to the extent that she worries about getting her son married soon in case anything happens to her. She is fastidious by nature, desires tea frequently (6–7 cups daily), and though she feels hungry, she lacks the initiative to eat unless food is given to her. Personality-wise, she is more reserved and sensitive, not easily angered, but becomes anxious especially on seeing blood. Her sleep is refreshing, but she continues to feel weak and tired during the day. Despite the physical improvement in her condition, she remains mentally disturbed, weighed down by family stress and the chronic nature of her disease.

**Past History N.S.**

**Family History N.S.**

**Case analysis:** Reportorial totality

| Repertory used      | Rubrics selected                      |
|---------------------|---------------------------------------|
| Synthesis Repertory | MIND - ANXIETY - family; about his    |
|                     | MIND - COMPANY - desire for           |
|                     | GENERALS - WEAKNESS - anxiety – with  |
|                     | GENERALS – WEAKNESS                   |
|                     | GENERALS - WARM; BECOMING – agg       |
|                     | GENERALS – MENOPAUSE                  |
|                     | GENERALS - MENOPAUSE - ailments from  |
|                     | SKIN - ERUPTIONS – pemphigus          |
|                     | MIND - ANXIETY - children - about his |
|                     | MIND - TIMIDITY                       |

| Remedies                              | calc. | rhust-t. | sulph. | phos. | sep. | lyc. | lach. | puls. | nat-m. | nit-ac. | aur. | ars. | nux-v. | acon. | cro-t-h. | hep. | ph-ac. | caust. | zinc. | bell |
|---------------------------------------|-------|----------|--------|-------|------|------|-------|-------|--------|---------|------|------|--------|-------|----------|------|--------|--------|-------|------|
| Serial Number                         | 1     | 2        | 3      | 4     | 5    | 6    | 7     | 8     | 9      | 10      | 11   | 12   | 13     | 14    | 15       | 16   | 17     | 18     | 19    | 20   |
| Symptoms Covered                      | 10    | 10       | 9      | 9     | 8    | 8    | 7     | 7     | 7      | 7       | 7    | 6    | 6      | 6     | 6        | 6    | 6      | 6      | 6     | 6    |
| Intensity                             | 15    | 15       | 18     | 17    | 17   | 16   | 15    | 13    | 12     | 10      | 9    | 13   | 10     | 9     | 9        | 9    | 9      | 8      | 8     | 7    |
| Result                                | 10/15 | 10/15    | 9/18   | 9/17  | 8/17 | 8/16 | 7/15  | 7/13  | 7/12   | 7/10    | 7/9  | 6/13 | 6/10   | 6/9   | 6/9      | 6/9  | 6/9    | 6/8    | 6/8   | 6/7  |
| <b>Clipboard 3</b>                    |       |          |        |       |      |      |       |       |        |         |      |      |        |       |          |      |        |        |       |      |
| MIND - ANXIETY - family; about his    | 1     | 1        | 1      | 1     |      | 1    |       | 1     |        |         |      | 1    |        |       |          | 1    |        |        |       |      |
| MIND - COMPANY - desire for           | 2     | 2        | 1      | 4     | 2    | 3    | 1     | 2     | 1      | 1       | 1    | 3    | 2      | 1     | 1        | 1    | 1      | 1      | 1     | 1    |
| GENERALS - WEAKNESS - anxiety - with  | 1     | 1        |        |       |      |      |       |       |        |         | 1    |      |        |       |          |      |        | 1      |       |      |
| GENERALS - WEAKNESS                   | 3     | 3        | 3      | 3     | 3    | 2    | 3     | 2     | 3      | 3       | 2    | 3    | 2      | 2     | 2        | 3    | 3      | 2      | 2     | 1    |
| GENERALS - WARM; BECOMING - agg.      | 1     | 1        | 2      | 2     | 2    | 3    | 1     | 2     | 2      | 1       | 1    |      | 2      | 2     |          | 2    | 1      | 1      | 2     | 2    |
| GENERALS - MENOPAUSE                  | 1     | 1        | 2      | 1     | 3    | 1    | 3     | 1     | 1      | 1       | 1    |      | 1      |       | 1        |      |        |        | 1     | 1    |
| GENERALS - MENOPAUSE - ailments from  | 1     | 1        | 2      | 1     | 1    | 1    | 3     | 1     | 1      | 1       | 1    |      | 1      |       | 1        |      |        |        | 1     |      |
| SKIN - ERUPTIONS - pemphigus          | 1     | 2        | 2      | 1     | 2    | 2    | 3     |       | 2      | 2       |      | 2    |        | 1     | 2        | 1    | 1      | 1      |       | 1    |
| MIND - ANXIETY - children - about his | 1     | 1        | 2      | 1     | 1    |      |       |       |        |         |      | 2    |        | 1     |          |      | 1      |        |       |      |
| MIND - TIMIDITY                       | 3     | 2        | 3      | 3     | 3    | 3    | 1     | 4     | 2      | 1       | 2    | 2    | 2      | 2     | 2        | 1    | 2      | 2      | 1     | 1    |

**Fig 1:** Repertory screenshot

Selection of Remedy

**Rhus toxicodendron:** The patient presents with marked anxiety regarding the health of her family. She is distinctly fastidious (++), and also experiences anxiety at the sight of

blood.

**Particulars:** Vesicular eruptions accompanied by burning and a sticky discharge.

Table 1: Miasmatic Approach

| Symptoms                                     | Psora | Sycosis | Syphilis | Tubercular |
|--|-------|---------|----------|------------|
| Itching of eruptions                         | ✓     |         |          |            |
| Burning in eruptions                         | ✓     |         | ✓        |            |
| Vesicular eruptions with sticky discharge    |       | ✓       |          |            |
| Anxiety about family health / Fastidiousness | ✓     |         |          |            |
| Thoughts of death / Negative thoughts        |       |         | ✓        |            |

Miasmatic Predominance: Syphilitic, with Psoric background.

Materials and Methods: Synthesis repertory was used for Repertorization

Table 2: Results (Month-wise Follow-up Progress)

| Month                              | Progress  | Prescription   |
|------------------------------------|---|--|
| 1st Month (Mar 2024)               | Initial complaints – painful eruptions on neck, itching, decreased appetite & thirst, burning in mouth while drinking water. Patient had recently taken steroid injections. | <i>Rhus-Tox 200C</i> , 3 doses, once in 3 days;<br><i>Sac-lac 30C</i> ; <i>Ferr-phos 6X</i>        |
| 2nd Month (Apr 2024)               | Lesions slightly better, discharge reduced. Appetite still poor.  | <i>Sac-lac 30C</i> , 2 doses daily; <i>Ferr-phos 6X</i>  |
| 3rd Month (May 2024)               | Patient skipped medicines for 7–10 days; no worsening, lesions still better than before.  | <i>Sac-lac 30C</i> continued   |
| 4th Month (Jun 2024)               | Eruptions better, discharge absent, pain subsided. No active ear lesions. Diet advice given.  | <i>Rhus-Tox 200C</i> , 3 doses, once in 3 days;<br><i>Sac-lac 30C</i>                              |
| 5th Month (Aug 2024)               | Skin eruptions much better. Itching appeared for 2 days. Labs: Hb normal, platelets low (1.48), LFT mildly deranged.  | <i>Rhus-Tox 200C</i> , 3 doses, once in 3 days;<br><i>Nat-phos 6X</i>                              |
| 6th Month (Oct 2024)               | Skin lesions improved. Neck lesion healed, no itching. Temporary eruption on palm subsided. Appetite improved, weakness reduced.  | <i>Rhus-Tox 200C</i> ; <i>Nat-phos 6X</i>  |
| 7th Month (Nov 2024)               | No new lesions, old ones controlled. No itching. Appetite normal. General weakness persists, tired easily. Lifestyle advice given (diet, yoga, meditation).                 | <i>Rhus-Tox 200C</i> ; <i>Ferr-phos 6X</i>   |
| 8th Month (Dec 2024)               | Much improvement. Wounds healed. Mild itching for 10 days. Appetite & thirst normal.  | <i>Rhus-Tox 200C</i> ; <i>Ferr-phos 6X</i>   |
| 9th Month (Jan 2025)               | BP normal (108/71). No new lesions, no pain or itching. Menopausal hot flushes noted. Stress manageable.  | <i>Rhus-Tox 200C</i> ; <i>Ferr-phos 6X</i>   |
| 10th–12th Month (Feb 2025 onwards) | Condition stable, no relapse. No active eruptions. General health improved, mild tiredness persists.  | Maintenance doses of <i>Rhus-Tox 200C</i> at intervals; <i>Ferr-phos 6X</i> continued for support. |

Discussion & Conclusion

This case of a 46-year-old female with Pemphigus vulgaris highlights the interplay of physical pathology and mental stress in the evolution of disease. The patient initially presented with painful, itchy, and burning vesicular eruptions along with oral involvement, leading to decreased appetite, thirst, and marked weakness. The onset of her illness was temporally related to significant emotional trauma caused by stress in her family life, especially due to her daughter’s suffering and domestic difficulties. This psychosomatic link emphasizes the importance of addressing not only the physical but also the mental sphere in chronic autoimmune disorders.

At the beginning of treatment, the patient was also dependent on allopathic medicines, including steroid injections. Gradually, with the introduction of homeopathic remedies such as *Rhus toxicodendron*, supported by biochemics like *Ferrum phosphoricum* and *Natrum phosphoricum*, she demonstrated steady improvement. Month by month, the eruptions healed, burning and itching subsided, oral discomfort improved, and her general health parameters, including appetite and sleep, became more

stable. Importantly, no fresh eruptions appeared after the mid-course of treatment, and old lesions healed without further complications.

On the mental plane, she reported reduced stress, improved coping with her past emotional trauma, and a more positive outlook. Her physical generals, such as appetite, thirst, sleep, and bowel habits, normalized with time, reflecting a holistic improvement. By the end of one year of follow-up, her condition had stabilized with no active lesions, no pain, and no significant itching, though she continued to experience occasional tiredness and menopausal hot flushes. This case demonstrates that while Pemphigus vulgaris is considered a chronic and incurable autoimmune condition in conventional medicine, the homeopathic approach helped in long-term management, reduction of acute symptoms, prevention of relapse, and improvement in overall quality of life. The individualized prescription based on totality of symptoms, with *Rhus toxicodendron* as the constitutional remedy, proved beneficial.

In conclusion, the case affirms the value of homeopathy in managing chronic autoimmune skin disorders, not only by controlling local pathology but also by strengthening the

patient's general vitality and addressing the underlying mental and emotional factors that contribute to disease.

### The transformation



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### Conflict of Interest

Not available.

### Financial Support

Not available.

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