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A THERAPEUTIC EVALUATION OF AYURVEDIC INTERVENTION IN ANDROGENETIC ALOPECIA (KHALITYA) – A CLINICAL CASE STUDY

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ABSTRACT

Introduction: Khalitya is described by Acharya Sushruta under ksudra roga in nidana sthana. It is characterized by loss of hair; in modern medicine it is correlated with Androgenetic Alopecia. Scalp is the most common site of involvement. Firstly, Tridosa and Rakta dhatu are involved. Here is a case of Khalitya (Androgenetic Alopecia) successfully treated with Ayurvedic management. **Case presentation:** A 34 yrs old married woman was presented with history of patchy hair loss on scalp, gradual increasement since last 2 years. There was no personal history of autoimmune disorders like Atopic Dermatitis, Psoriasis, Rheumatoid Arthritis etc. There was no personal history of recurrent patchy skin lesion either on scalp or any other parts of body. Patient have no history of any major psychological disorder or history of treatment from psychiatrist, endocrinal disorder, hair plucking habits, local repeated friction or trauma or surgery. No previous history of prolong medical treatment before appearance of the lesion. She did not conceive in last 4 yrs there was no bad obstetric history or menstrual problem. **Intervention:** After proper diagnostic assessment the patient was given Manjisthadi kwath (20 ml BDAC with lukewarm water) for 1.5 month, Arogyavardhani vati (250mg BD with honey) for 1.5 month, Amalaki churna (3gm BDPC with lukewarm water) Avipattikar churna (5 gm ODHS with lukewarm water) for 1.5 month, Malatyadi kera tailam (local application/once in a day) for 1.5 month along with specific dietary regime was incorporated. **Outcome**: The patient got significant improvements throughout the treatment period. Preliminary some brownish thin hair appeared then small then small brownish black hair grown and finally blackish hair started to grow. Patch was almost covered with black hairs after 1.5 month of the treatment. **Conclusion:** In this case study, Khalitya (Androgenetic Alopecia) was successfully treated with Ayurvedic Shamana therapy. Dietary prohibition was also a part of treatment. Tridosa and rakta dhatu played a major role to the manifestation of the disease. This treatment protocol should be clinically evaluated on the large number of patients to assess its efficacy.

KEYWORDS: Kshudra roga, Khalitya, Shamana, Androgenetic Alopecia.

INTRODUCTION

Androgenetic Alopecia is a common loss of hair on scalp, specifically female-pattern hair loss without any clinical inflammation in this context. The prevalence of Androgenetic Alopecia is approximately 40% of women by age 50 and up to 50% of women at some point of their lifetime.[1] Male was more affected with the disease in comparison to children and women, but it causes more psychological problem in women due to cosmetic concern.[2] The treatment of Androgenetic Alopecia in conventional medicine is mainly dependent on usage of topical minoxidil, Androgen receptor blockers etc., these medications have harmful side effects and not preferable for long term use.

Androgenetic Alopecia can be correlated with Khalitya, which is described in ayurveda. According to Acharya Sushruta, Khalitya comes under Raktapradosaja vikara[3], included in ksudra roga.[4] Acharya Vagbhatta has described the cause for Khalitya are vata and pitta dosas,

which also causes hair to fall off, while kapha dosa along with rakta dhatu obstruct the hair follicles. In this case the female patient suffering from Androgenetic Alopecia was successfully treated with some Ayurvedic Shaman therapy along dietary prohibition.

MATERIALS AND METHOD

A 34 yrs old female patient came to OPD of Institute of Post Graduate Ayurvedic Education and Research, Kolkata on 17th June, 2026 with a complaint of hair loss on top/vertex of the head especially female-pattern hair loss (FPHL).

Astavidha Pariksha

- Nadi - 87/min
- Mala - Alpa Bibandha
- Mutra - Swabhabik
- Jihva - Swabhabik
- Shabda - Swabhabik
- Sparsha - Usna
- Druka - Swabhabik
- Akriti - Swabhabik

Local Examination

- Site of involvement – Top/Vertex of the head
- Pattern - Symmetrical patch
- Skin over the patch - Mild dryness present
- Skin sensation - Normal
- Itching - Absent

General Examination

Icterus - Absent, Pallor - Absent, Oedema - Absent, Cyanosis - Absent, Clubbing - Absent, Pulse - 87 beat/ min, Regular, Blood pressure - 120/80 mm of Hg, Respiratory rate - 18/min, Temperature - 99.30F, Weight - 69 Kg, Height - 167 cm.

Laboratory Investigations

Hb% -12.9 gm/dl
RBC - 5.22 mil/c.mm
WBC - 6800 /cu.mm
Neutrophils - 52%
Lymphocytes - 40%
Monocytes - 3%
ESR – 10 mm/hr

Treatment Plan

Sl. No.	Medications	Dose	Duration
1.	Manjisthadi kwath[5]	4 tsf (approx. 20 ml) BDAC mixed with lukewarm water	1.5 months
2.	Arogyavardhani vati[6]	1 pill (250mg each) BDAC with honey	1.5 months
3.	Amalaki churna[7]	¾ table spoon (approx. 3 gm) BDPC with lukewarm water	1.5 months
4.	Avipattikar churna[8]	1 tsf (approx. 5gm) ODHS with lukewarm water	1.5 months
5.	Malatyadi kera tailam[9]	Once in a day (Local application)	1.5 months

PATHYAPATHYA (Do's and Don'ts in Diet and Lifestyle changes)

Pathya (Recommended practices)	Apathya (Avoidable Practices)
Balanced wholesome diet like fresh vegetables, fruits.	Processed food.
Included whole grains in regular diet.	Spicy, oily foods.
Practice exercise regularly at least 15 min/day.	Excessive mental stress.
Adequate hydration throughout the day.	Daytime sleep.
Regular proper sleep (10PM-6AM).	Use of chemical hair product.

DIAGNOSTIC ASSESSMENT CRITERIA

1. Subjective Criteria

❖ **Table No. 1 Subjective Criteria.**

Parameters	Grade 0 (Normal)	Grade 1 (Mild)	Grade 2 (Moderate)	Grade 3 (Severe)
Keshapatana (Hair Fall)	Less than 50 strands/day.	50–100 strands/day.	100–200 strands/day.	More than 200 strands/day.
Kesha Tanutwa (Hair Thinning)	Thick, strong, and voluminous strands (Kesha Ghanatva).	Mild loss of volume. Strands finer but scalp not visibly exposed.	Visibly thin strands. Hair looks limp, lacks volume, breaks easily (Kesha Parushya).	Wispy, extremely fine, and fragile hair. Scalp easily visible through hair density.
Shiro Rukshata (Scalp Dryness)	Well-hydrated, healthy scalp with natural sebum (Snigdha Shiro).	Occasional mild itching/tightness post-wash. Fine, powdery dry flakes.	Persistent dry scalp with frequent itching. Constant dry flaking/dandruff.	Extremely rough, parched scalp. Intense itching, cracks, or thick scaly patches.

2. Objective Criteria

Based on the FPHL, Ludwig Scale[10] was used as the presented case is characterised by significant hair loss on vertex /top of the scalp.

❖ **Table No. 2 Objective Criteria (Ludwig Scale).**

Stage	Typical appearance	Scalp visibility
Ludwig I	Mild widening of the central part and subtle thinning on the top of the scalp	Minimal
Ludwig II	Noticeable reduction in density across the central scalp	Moderate
Ludwig III	Extensive thinning over the crown and top of the scalp, usually with hair remaining at the sides and back	Marked

OBSERVATION AND RESULT

❖ **Table no. 3 showing observation and results as per subjective criteria.**

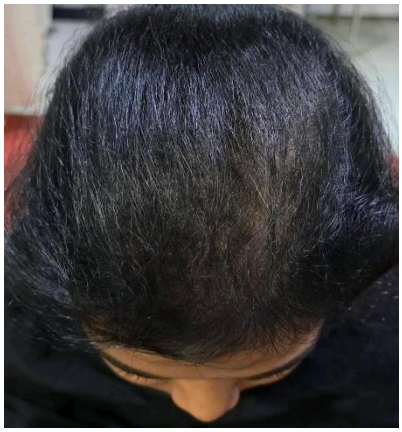
Symptoms	Before Treatment (17.06.2026)	After Treatment (01.08.2026)
Kesha Patana	Severe hair loss (GR-3)	Normal hair pattern (GR-0)
Kesha Tanutwa	Scalp clearly visible (GR-3)	Normal thickness (GR-0)
Shiro Rukshata	Moderately dry scalp (GR-2)	Normal scalp moisture (GR-0)



Ludwig Stage III



Ludwig Stage II



Ludwig Stage I

Figure No.1: showing observation and results as per objective criteria (Ludwig Scale).

DISCUSSION

Acharya Charak mentioned that when tejas become associated with vayu, it causes Khalitya. Due to intake of aggravating factors vayu get aggravated, the aggravated vayu carries the tejas up into the scalp region, excessive heat of tejas burns the hair roots causing hair to fall out prematurely. Acharya Charak described in vimana sthana, if a person indulges in excessive intake of lavana or kshara intake and taking viruddha ahara in routine is prone to develop Khalitya.

Manjisthadi kwath mentioned in ayurvedic classic under Brihat manjisthadi kwath. It pacifies kapha and pitta dosa. It mainly bloods purifier. The main ingredient in manjisthadi kwath is manjistha, which have properties like kapha–pitta shamana, varnya, kusthaghna, sonitastapana, sothoghna.

Arogyavardhani vati is called Sarvarogaprashmani (can be used in all types of disorders) mentioned in Rasaratnasamuccaya. It has deepana, pachana, kusthaghna and srotoshodhana qualities.

Amalaki have madhura vipaka and sita in virya. It primarily acts on pitta dosa through its cooling potency. It has antioxidant properties which support rakta dhatu. It enhances agni and clears srotas (bodily channels) without aggravating pitta.

Avipattikar churna is pitta shamana in quality. Khalitya (Androgenetic Alopecia) is caused by vitiation or excessive aggravation of pitta. Amalaki, Haritaki, Musta, Vidanga which all have pitta shamaka quality present in avipattikar churna. It contains trivrit, which acts as rechaka. Charak emphasized trivrit as the best herb for sukha virechan. It reduces inflammation of the scalp and lowering the systemic pitta.

Malatyadi kera tailam contains malati, karanja, chitraka. These contains usna and tiksna quality. Malati has antioxidant, anti-ulcerative quality. This oil was advised to stimulate the hair follicles and remove kapha obstruction at scalp level.

This case study followed upto 1.5 months after the start of the treatment. In this case internal and external both shamana therapies were done. All medicines are rakta-pitta shamana in quality, arogyavardhani vati and avipattikar churna were used to correct agni and eliminate excessive pitta from body. Local application of Malatyadi kera tailam for local pitta shamana, hair re-growth and hair strength. Dietary and lifestyle modification were also executed.

CONCLUSION

- The therapies played a significant role in managing Androgenetic Alopecia (Khalitya). The visible, positive improvement was observed in the patient.
- Manjisthadi kwath, Arogyavardhani vati, Amalaki churna, Avipattikar churna internally and externally use of Malatyadi kera tailam was found very productive in the management of Khalitya.
- During the study no side effects was observed.
- In this we observed a significant result within 1.5 months. The treatment should be evaluated in a large number of patients to confirm the effectiveness.

INFORMED CONSENT

It was obtained from the patient.

CONFLICTS OF INTEREST

There are no conflicts of interest.

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