



AN AYURVEDIC MANAGEMENT OF ALOPECIA AREATA (INDRALUPTA) IN CHILDREN: A CASE STUDY

¹Vd. Vijaykumar U. Gawai and ^{2*}Vd. Akshay A. More

¹Professor and Head of Dept., Dept. of Kaumarbhritya Govt. Ayurveda College, Vazirabad, Nanded, (Maharashtra) India.

²PG Scholar, Dept. of Kaumarbhritya Govt. Ayurveda College, Vazirabad, Nanded, (Maharashtra) India.

*Corresponding Author: Vd. Akshay A. More

PG Scholar, Dept. of Kaumarbhritya Govt. Ayurveda College, Vazirabad, Nanded, (Maharashtra) India.

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ABSTRACT

Alopecia areata (AA) is a complex autoimmune condition that causes nonscarring hair loss. It typically presents with sharply demarcated round patches of hair loss and may present at any age, though incidence in children is less as compared to adults but it has been found to be associated with emotional stress, similar family history, down syndrome and autoimmune disorder. The disease can be correlated with *Indralupta* in Ayurveda, while traditional treatment options such as corticosteroids are moderately effective, a better understanding of the disease pathogenesis may lead to the development of new treatments and due to side effects and limitation of the contemporary science, some harmless and effective medicines are expected from Alternative medical sciences. Ayurveda has great potential to treat such autoimmune diseases. In ayurvedic literature we have detailed study of the disease *Indralupta*, here a case of alopecia areata successfully treated with Ayurvedic management is recorded.

KEYWORDS: Alopecia, alopecia areata, *Indralupta*, *Jaulokacharan*, *kesvvardhini vati*, *gandhak druti*, *gunjadi tail*, *jaypal*.

INTRODUCTION

Alopecia areata is an autoimmune condition that attacks the hair follicles, causing nonscarring hair loss it denotes rapid or complete loss of hairs in round/oval patches over scalp though rare variants include alopecia totalis (complete hair loss over scalp) or alopecia universalis (complete hair loss over scalp and body) The disorder can occur at any age and the lifetime incidence appears to increase at an almost linear rate, nearly 60% cases are <20 years of age. Male patients may be more likely to be diagnosed in childhood, while females are more likely to present in adolescence. Exact etiology is unknown, though it has been found to be associated with emotional stress, similar family history, down syndrome and autoimmune disorder. Its main treatment in modern science is topical intradermal or systemic steroids, topical minoxidil and ultraviolet phototherapy. The treatment is often ineffective, having harmful side effects and not advisable for long term use. So, world is expecting some remedies from Alternative medical sciences. *Ayurveda* has great potential to treat such autoimmune disorders. Alopecia areata can be correlated with *Indralupta* described in *Ayurveda*. In *Ayurveda*, both *shodhana* (Internal and external cleansing procedures) and *shamana* treatment (Disease specific internal medications) are prescribed for *Indralupta*. Here a case of male patient suffering from Alopecia areata was successfully treated with Ayurvedic *shodhana* &

Shamana therapy along with *nidanaparivarjana*.

CASE

An 8-year-old MCH weight 22.5kg presented with history of patchy hair loss with mild itching over bilateral parietal region over scalp in the last 7-8 months. There was no personal history of autoimmune disorder or any other family history, no any history recurrence, any medicinal therapy or any other illnesses like endocrine, psychological etc.

There was patchy hair loss over both parietal region of the scalp measuring about 9×6 cm in right and 6×3 cm in the left parietal scalp. There was mild dryness over patches with extreme spas, few white and blackish hairs along with blackish spots, no any scaling observed on the rest of the area suggestive of no dandruff or any fungal infection. General examination revealed medium built without any significant pathological presentation. Local examination showed no scarring nor any other skin lesion over scalp, length of hairs of adjacent scalp was uniform & was not between off. The patient had taken allopathy medication for 4 months, then patient was referred to ayurvedic hospital by some patient having similar history. Patient came to ayurvedic hospital; after taking the history & general routine examination few investigation such as CBC, urine examination were carried out, which found all the parameters within

normal limit. The patient was clinically diagnosed as *indralupta* (alopecia areata) and advise for *shodhana* & *shaman chikitsa* respectively. After taking the proper history we found Raktapradoshak hetu in this patient

such as *Atilavan*, *Katu*, *Amla rasatmak sevan*, *vidagdhaanna* (packaging food such as kurkure, biscuit) in daily routine, non-vegetarian diet in meals 3 times a week, pickles in daily meal.

The patient was prescribing medicine as per table given below.

Sr. No.	Drug	Dose with Anupan	Pharmacological Action
1.	Syrup Aamdoshantak	10 ml twice a day before meal	Digestion & appetiser
2	Arogyavardhini vati (125mg)	1 tablet twice a day after meal	Antioxidant, Hepatoprotective.
3	Mahamanjishtadi kwath	10ml twice a day before meal	Blood purifier
4	Trivritta Avleha	1-2 tea spoon at night after meal	Sukh virechak (purgative)
5	Keshvardhini vati (500mg)	1 tablet twice a day after meal	Hair Regrowth
6	Astiposhak vati (500mg)	1 tablet twice a day after meal	Enhance epidermal growth factors for hair growth
7	Bringrajasav	10 ml twice a day before meal	Keshranjana

Day 01 – Advise syrup *aamdoshantak* 10 ml twice a day for at least 5 days with *gandhak druti* application over scalp twice a day for 7 days.

Day 08 – (1ST follow up) No any hair growth seen locally but itching relieves. Advise *jaulokacharan* over scalp in both sides. *Gunjadi tail* for local application at night, *gandhak druti* for 7 days given again to cure any fungal infection & itching at site if any. Tablet *aarogyavardhini vati* 1 tablet daily 2 times a day after meal for 3 weeks, also added *mahamanjishtadi kwath* 10ml with equal quantity of hot water twice a day.

Day 15 – (2nd follow up) No any improvement seen locally, no any hair growth, itching completely relieves. All the etiopathological factor involves in the disease were strictly stopped. On this day done another setting of *jaulokavcharan* (leech therapy) on both sides. Prescribed *trivitta avleha* 1-2 teaspoon at night for *mrudu virechan*, along with *jaypal beej churna* with *gomutra* for local application over affected area as a *lepa* form at night, stopped *gandhak druti*, prescribe tablet *keshvardhini vati* 1 tablet twice a day after meal with tablet *asthiposhak vati* 1 tablet twice a day for at least 3 weeks.

Day 21 – Patient came to 3rd follow up having complaints of itching & burning, blister formation after application of *jaypal beej*, redness of scalp was observed so given *yashtimadhu tail* for LA, rest of the treatment continued, yet no improvement was observed but skin was irritated.

Day 28 – Patient came on 28th day for 4th follow up preliminary some brownish and some whitish hairs appears in some part of the bald patches. Again, on this day *jaulokavcharan application* (leech therapy) 3rd setting done on both side of scalp. Added *keshya tail* for LA replacing *gunjadi tail*. Tablet *aarogyavardhini vati* & *mahamanjishtadi kwath* stopped.

Day 45 – The patient came on 5th follow up showing some brownish black hairs growth at both sides of scalp, showing hair growth over bald patches. Patient advised to continue the medicines for 15 days.

Day 60 – Then finally blackish hair started to grow on 6th visit, oral and local treatment continued for 30 days, advise not to apply *jaypal beej* at local site.

Day 90 – both the patches were completely filled up with small hairs after 3 months of treatment.

Sr. no	Day	Observation and Result	Treatment given
1	1 st day	Investigation done	Gandhak druti for LA
2	7 th day	No any hair growth but itching relieves.	Jaulokavcharan 1 st , gandhak druti for LA morning, Gunjadi tail for LA at night
3	15 th day	No any improvement seen locally, itching completely relived.	Jaloukavcharan 2 nd , jaypal beej churna with gomutra for LA.
4	21 st day	Itching, burning & blister formation after application of jaypal beej with gomutra, skin irritated.	Yashtimadhu tail for LA
5	28 th day	Preliminary some brownish and whitish hair appears over bald patches.	Jaolokavcharan 3 rd
6	45 th day	Some brownish black hair growth at both side of the scalp.	Keshya tail for LA replacing gunjadi tail.
7	60 th day	Blackish hair started to grow.	Keshya tail only.
8	90 th day	Both patches were completely filled up with hairs, no bald areas.	Keshya tail only.

MATERIALS AND METHODS

Alopecia areata denotes rapid or complete loss of hair in round/oval patches over scalp, though rare variant include alopecia totalis (complete hair loss over scalp) or alopecia universalis (complete hair loss over scalp and body). Nearly 60% cases are <20% years age. Exact etiology is unknown, though it has been found to be associated with emotional stress, similar family history, Down syndrome and autoimmune disorders.

Indralupta

It is non scarring non inflammatory alopecia.

रोमकुपानुगं पित्तं वातेन सह मूच्छितम्॥

प्रत्यावयति रोमाणि ततः श्लेष्मा सशोणितः॥

रोमकुपानं रुण्धस्य तेनान्येषामस्भवः॥

तदिन्द्रतुमं रुद्ध्यां च प्राहुः प्राचेति चापेऽ वा.उ. २३-२४/२७

तदिन्द्रतुमं स्वालित्यं रुज्योति च विभाव्यते॥ सु.नि. १३-३३

DISCUSSION

Acharya Charaka mentions that *Tejas* by involving *VatadiDosh* when reaches the scalp, it results in *Khalitya (Indralupta)*. According to Acharya Sushruta, Pitta along with *Vata* by involving the roots of hair (*Romakoopa*) causes fall of hair and thereafter *Shleshma* along with *Shonita* obstructs the channel of *Romakoopa* leading to the stoppage of the regeneration of hair and this condition is known as *Indralupta*, *Khalitya* or *Ruhya*. Thus *Vata*, *Pitta* and *Kapha Dosh* and *Rakta Dushya* are the main internal causative factors of *Indralupta*.

Charaka in *Vimanasthana*, while describing the disorders occurring due to over indulgence in *Kshara*, *Lavana* and *Viruddha Ahara* has mentioned the occurrence of Hair Loss as a consequence. It has been mentioned that the *Viruddha Ahara* like, simultaneous intake of *Lavana* (salt) with milk in the diet induces *Indralupta*, as observed in the people of *Saurashtra* and *Bahlika*. Thus, it can be said that a person habituated to excessive *Lavana* or *Kshara* intake and taking *Viruddha Ahara* in routine is prone to have *Indralupta*. *Mithya Ahara* and *Vihara Manoabhighata* like mental stress, fright, anger, shock etc. may collectively increase the *Pitta* and *Vata Dosh*. The *Ushna* and *Tikshna* properties of *Pitta* get augmented whereas the *Vata* suffers an aggravation in *Ruksha*, *Khara* and *Chala* properties. Here an aggravated *Pitta (Bhrajaka Pitta)* supported by the vitiated *Dehoshma* burns the *Keshabhoomi* whereas an increased *Vata* gives rise to more frequent and comparatively prolonged *ShiraSankocha* by its *Ruksha* and *Khara Guna*. The *Snigdhatva* and the *Pichchhilatva* of the normal *Kapha Dosh* is prevalent throughout the pores of the skin so as to keep it soft and moist. By the augmentation of the *Ushna*, *Tikshna*, *Ruksha* and *Khara* properties of *Pitta* and *Vata Dosh* respectively, the *Sneha* and the *Pichchhilatva* of the *Kapha Dosh* are dried up within the pores of the skin of the scalp thus, obstructing the growth of new hairs, causing.

CONCLUSION

Alopecia areata (*Indralupta*) is a complicated multifactorial disease with a variable prognosis. Most of the patients get heal spontaneously in specific period of time, other patients may have chronic disease. There are no approved treatments, although corticosteroids are considered first line. Potential new avenues of therapy have been explored here and will require more extensive review before their use can be recommended. Ayurvedic management is effective in such cases without causing any adverse reaction, also no recurrence of the disease found after complete treatment, though further research into the mechanism of the disease may also elucidate further treatment options.

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