MANAGEMENT OF ALOPECIA AREATA (INDRALUPTA) BY CONVENTIONAL AYURVEDIC TREATMENT PROTOCOL: A CASE REPORT

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ABSTRACT
Alopecia areata is an autoimmune disorder characterized by patchy hair loss mainly from scalp without any inflammatory signs and seems to have genetic basis, which can be understood from the significant involvement of CD+NK2D T Cells. According to conventional medicine, conservative management of this disorder include corticosteroid therapy and immunotherapy which can help, but can’t cure. It can be correlated to Indralupta explained in Ayurvedic treatises. This is a single case study of a 27 year old married female with patchy hair loss from the scalp region in circular pattern pre-diagnosed with alopecia areata. She was successfully treated in line with Ayurvedic treatment protocol i.e prachaana preceded by snehana and shodana. The internal and external medications was continued after the parasurgical procedure for a period of 3 months and rasayana was added in the later part of the treatment. The hair follicles were found progressively growing during every follow up and full normal hair growth was established in 8 months. She was asked to continue rasayana till one year to prevent the recurrence of the disease. This case report thus proves that alopecia areata can be successfully treated through Ayurvedic treatment protocol indicated for indralupta in classical samhitas which initiates and establishes healthy hair regrowth.

KEYWORDS: Alopecia areata, Indralupta, Ayurveda, Prachaana, Rasayana.
INTRODUCTION

Alopecia areata is a complex autoimmune condition that causes nonscarring hair loss. It typically presents with sharply demarcated round patches of hair loss with characteristic exclamation point hairs observed on periphery of the patches. Other variants of this condition are alopecia universalis (total body hair loss), alopecia totalis (total scalp hair loss) or alopecia in an ophiasis pattern (band-like hair loss on the temporal and occipital scalp). The overall incidence of alopecia areata is 20.2 per 100,000 person per year and shows a linear increase with age. This condition seems to have a genetic basis which reveals 55% occurrence rate in identical twins. Studies show significant involvement of CD+NK2D T cells.

The pathophysiology of this disorder states that it is a hair follicle-cycling defect as the hair follicle matrix epithelium in the cortical differentiation stage is attacked by inflammatory cells resulting in a premature catagenic phase or hair fall. The hair follicle stem cells are not destroyed and continues to regenerate but does not go beyond the anagen III/IV phase. Histologic examination shows a characteristic bee-swarm pattern of lymphocytic infiltrates around the bulbar region of anagen hair follicles with increased presence of CD8+ and CD4+ T cells in the follicular epithelium and around the hair follicles respectively.

Other than the genetic disposition, infectious pathogens like virus or bacteria, emotional and physical stress, vaccines and drugs may also be triggering factors. Conservative management of this disorder include corticosteroid injections, corticosteroid topical application, oral corticosteroid and immunotherapy but generally alopecia areata is a condition without a permanent cure.

In Ayurveda, alopecia areata may be correlated to Indralupta, a condition which affects the scalp hair resulting in loss of hair already present and obstruction for the growth of new hair follicles. This condition is also known as Caca and ruchya. The etiopathology of this disease is available in Kshudraroga nidana of Sushruta Samhita and Shiroroga adhikara of Ashtanga Hridaya. According to Acharyas, the hairfall is caused due to the vitiation and action of vata and pitta in the romakoopa (hair follicle). The hair doesn’t regrow as the srothas or romakoopa is blocked by kapha along with shonitha. The treatment protocol for this condition includes snehana, swedana, siravedha, prachana and lepana followed by rasayana and topical application of taila.
**CASE REPORT**

A 27-year-old married female came to the clinic with C/O patchy hair loss over the scalp. The hair loss started as a small patch and gradually increased in size into a circular pattern over a period of 2 years. It was pre-diagnosed as alopecia areata by conventional practitioners and she underwent treatments including steroid injections and internal medication with little or no response. The patient had no history of DM/HTN/Asthma. Her vitals were normal. On examination there was a well-defined non-scarring hairless patch on the parietal region of the scalp measuring 3 cm x 6 cm. The area had no associated skin changes.

**MATERIALS AND METHODS**

Single case study. Written consent was obtained from the patient before treatment.

I. **Treatment Protocol:** the patient was managed in OPD. Initially the patient was given snehapana for 3 days followed by virechana on the 4th day. Prachaana karma was done on the 5th day after which the patient was advised to take internal medication along with external application of taila. Follow up was done on 15 days, 45 days, 3 months, 6 months, and 8 months.

II. **Treatment Given**

a) 1-3 days (sadya snehapana)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aragwadhamahathiktakam ghritam</td>
<td>25 ml early morning</td>
<td>Warm milk</td>
</tr>
</tbody>
</table>

b) 4th day (virechana)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avipathi Choorna</td>
<td>25 gm early morning</td>
<td>Warm water</td>
</tr>
</tbody>
</table>

c) 5th day (Prachaana Karma)

Vitals were checked and found to be stable. HBsAg, RBS, CT, BT were checked and found to be normal.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Procedure</th>
<th>Drugs/Materials required</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorvakarma</td>
<td>Cleansing affected part</td>
<td>Triphala Kashaya Sterile cotton balls</td>
<td>-</td>
</tr>
<tr>
<td>Pradhanakarma</td>
<td>Lekhana</td>
<td>Triphala choorna Potali</td>
<td>5 minutes</td>
</tr>
<tr>
<td></td>
<td>Prachana</td>
<td>Blood lancet</td>
<td>2 minutes</td>
</tr>
<tr>
<td>Paschatkarma</td>
<td>Pichu</td>
<td>Dhaturapatra swarasa</td>
<td>10 minutes</td>
</tr>
</tbody>
</table>
Patient was made to sit on a chair in comfortable position. The affected area was cleaned with cotton balls soaked in triphala kashaya and allowed to dry. Lekhana was done with triphala choorna potali followed by wiping with cotton balls soaked in triphala kashaya and allowed to dry. Prachaana was done with a blood lancet starting from one end of the boundary of affected area in an equally spaced manner. It was allowed to bleed for 10 minutes followed by pichu with a gauze pad dipped in daturapatra swarasa over the blood clots. Later, the gauze pad was removed and the underlying blood clots was wiped with cotton ball soaked in triphala kashaya. Malathyadi kera taila was applied on the affected area and left as such. The patient was given drakshaadi kashaya as pana. The patient was advised to avoid head bath for 3 days.

\[\begin{array}{c|c|c}
\text{Drug} & \text{Dose} & \text{Anupana} \\
\hline
\text{Aragwadhamahathiktaka Ghritham} & 10 \text{ ml HS} & \text{Warm milk} \\
\text{Aragwadharishta} & 30 \text{ ml bd A/F} & - \\
\text{Vyoshadi vatakam} & 5 \text{ gm bd A/F} & - \\
\text{Avipathi choorna} & 5 \text{ gm empty stomach (morning)} & \text{Warm water} \\
\text{Malathyadi kera taila} & \text{E/A} & - \\
\end{array}\]

d) 6-21 days (15 days after procedure)

e) 22-51 days (45 days after procedure)

\[\begin{array}{c|c|c}
\text{Drug} & \text{Dose} & \text{Anupana} \\
\hline
\text{Aragwaharishta} & 30 \text{ ml bd A/F} & - \\
\text{Vyoshadi vatakam} & 5\text{ gm OD A/F} & - \\
\text{Malathyadi kera taila} & \text{E/A} & - \\
\text{Narasimha Rasayanam} & 5\text{ gm HS A/F} & \text{Warm milk} \\
\end{array}\]

f) 45 days (after procedure) - 3 months

\[\begin{array}{c|c|c}
\text{Drug} & \text{Dose} & \text{Anupana} \\
\hline
\text{Aragwadharishta} & 30 \text{ ml OD A/F} & - \\
\text{Malathyadi kera taila} & \text{E/A} & - \\
\text{Chyavanaprasham} & 5\text{ gm HS A/F} & \text{Milk added with 5gm of tila choorna} \\
\end{array}\]
g) 3 months - 6 months

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Chyavanaprasha</td>
<td>5gm HS A/F</td>
<td>Milk added with 5 gm of tila choorna</td>
</tr>
</tbody>
</table>

h) 6 months - 8 months

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<thead>
<tr>
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<th>Anupana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chyavanaprasha</td>
<td>5gm HS A/F</td>
<td>Milk added with 5 gm of tila choorna</td>
</tr>
</tbody>
</table>

i) 8 months - 1 year

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<th>Anupana</th>
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</thead>
<tbody>
<tr>
<td>Chyavanaprasha</td>
<td>5gm HS A/F</td>
<td>Milk added with 5 gm of tila choorna</td>
</tr>
</tbody>
</table>

**RESULTS**

The patient had significant improvement in the hair growth. The patch was covered by healthy hair within 8 months and *Rasayana chikitsa* was continued till one year to avoid the recurrence of the disease.
Fig 2: After Prachaanakarma

Fig 3: Before pichu

Fig 4: Pichu with Datura patra swarasa
Fig 5: Application of *Malathyadi kera taila*

Fig 6: 1st Follow up (15 days after procedure)

Fig 7: 2nd follow up (45 days after procedure)
Fig 8: 3rd follow up (after 3 months)

Fig 9: 4th follow up (after 6 months)

Fig 10: 5th follow up (after 8 months)
DISCUSSION

Alopecia areata is an autoimmune disorder causing infiltration of inflammatory cells in the hair follicle resulting in hairfall and further preventing healthy hair growth. According to Ayurveda this may be correlated to Indralupta. As per the treatise, this disease shows involvement of all the 4 doshas - vata, pitta, kapha and rakta. The etiology of indralupta can be grouped in to two i.e kesha shatha by vata and pitta and srotorodha resulting kesha asambhava by kapha and rakta.\(^5\) As stated in the texts, the treatment protocol of indralupta includes sneha, sweda, siravedha/prachana and lepa.\(^7\) The treatment protocol of the case was designed based on traditional textual reference. Aragwadhamahathiktaka ghritha which is a samayoga of aragwadhadi Kashaya\(^8\) and mahathiktaka ghritha\(^9\) was the drug of choice for snehana in view of its efficacy in dermatological disorders. As the patient is sukumara prakrithi, sadyasnehana with the ghritha along with warm milk was done for 3 days.\(^10\) On the 4th day, the patient was advised to take warm water bath for swedana\(^7\), followed by mridu virechana with avipathi choorna\(^11\) since koshta shudhi before sthanika chikitsa can give better result in nawkta vyadhi like indralupta which is well explained in the context of shodana chikitsa in kushta.\(^12\) The main treatment suggested in indralupta is raktamoksha i.e. siravyadha or prachaana.\(^7\) Siravyadha holds good in shodhana of prakupita doshas spread all over the body like Alopecia Totalis or Universalis. Here, since the patient presents with Alopecia areata having localised symptoms, prachana was preferred.\(^13\) Lepana explained in classical treatment protocol was replaced by Pichu with dhathura patra swarasa because classical lepana with visha and upavisha is likely to cause discomfort like burning sensation when directly applied over the scalp. Also, better absorption, increased time of contact of medicaments and easy removal after application are the added advantage of pichu in clinical practice. Finally, Malatyadi kera was applied on the affected area as the last part of the treatment.\(^14\) The patient was advised not to take head bath for 3 days after the procedures as acharya insists to avoid it till the hair follicle starts to regenerate.\(^15\) After prachana drugs like aragwadharishta\(^16\), vyoshadi vataka\(^17\) and aragwadhamahathiktaka ghrita was advised considering twak gatha kapha dushti. Narasimha rasayana\(^18\) was given as it is the best keshya rasayana. Once normal hair growth was established, only chyavanaprasha\(^19\) was given as rasayana drug.

CONCLUSION

This case report proves that alopecia areata can be successfully treated through Ayurveda with the treatment protocol indicated for indralupta which can initiate healthy hair regrowth.
The continuing *rasayana* treatment mentioned aims at prevention of recurrence of the disease.

REFERENCES


