

# Case Study

## www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



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

Manisha Waghulkar (Talekar) <sup>1\*</sup>, Sunil Jibhkate <sup>2</sup>, Arundati Kale <sup>3</sup>

<sup>1</sup> Research officer, Regional Ayurveda Research Institute, Nagpur, Maharashtra, India <sup>2</sup> Medical Superintendent, Rural Hospital, Adyal, Bhandara, Maharashtra, India <sup>3</sup> RMO, Cantonment General Hospital, Kamptee, Nagpur, Maharashtra, India

Received on: 24/11/22 Accepted on: 11/01/23

#### \*Corresponding author

E-mail: dr.mani21jan@gmail.com

DOI: 10.7897/2277-4343.14014

#### ABSTRACT

Purpose: Alopecia areata is a condition in which hair is lost from some or all areas of the body, usually from the scalp. Because it causes bald spots on the scalp, especially in the first stages, it is sometimes called spot baldness. In Ayurveda, this condition can be correlated with Indralupta. Indralupta is a raktapradoshaja vikara characterized by hair loss and has been mentioned underneath the caption of Kshudraroga by Acharya Sushruta. Method: This is a single case study of a 12-year-old boy suffering from a hair loss patch on the scalp along with itching and anorexia (associated complaint) with irregular bowel habits visited the Ayurveda OPD (Registration No 6856) at cantonment General Hospital, Kamptee, Nagpur. As per Ayurveda, this case was treated in the line of Indralupta. The treatment regimen includes nasya karma with Anu taila and shamana chikitsa for 60 days. The assessment was done based on symptoms and photography. Result: The hair eruption started from patches of the scalp. In this case, hair regrowth from the hair follicle was evident within 15 days of treatment. No adverse reactions were reported or observed during the treatment period. Conclusion: This case report showed that combined Ayurveda modalities resulted in remarkable improvement in the patient's overall condition with no side effects.

Keywords: Indralupta, Nasya, shaman chikitsa, alopecia areata

## INTRODUCTION

Alopecia areata, also known as spot baldness, is a condition in which hair is lost from some or all areas of the body. Often it results in a few bald spots on the scalp, each about the size of a coin. Psychological stress may result. People are generally otherwise healthy. In a few, all the hair on the scalp or all body hair is lost, and loss can be permanent. In India, 0.7% of the general population, the prevalence was estimated at 0.1- 0.2%, with a lifetime risk of 1.7%.

So, the world is expecting some remedies from alternative medical sciences. Ayurveda offers different effective treatment modalities for managing various autoimmune diseases like psoriasis, eczema, etc.<sup>3</sup> Alopecia areata can be correlated with the Indralupta disease described in Ayurveda. In Ayurveda, shodhana (Internal and external cleansing procedures) and shamana treatment (disease specific internal medications) are prescribed for Indralupta. Here, a male child patient suffering from Alopecia areata was successfully treated with Ayurvedic shamana therapy with nasya and nidanaparivarjana.

## Case Report

A male patient aged 12 years from Nagpur city with OPD Registration no. 6856 came with his father to Ayurveda OPD of Cantonment General Hospital, Kamptee, Nagpur, in June 2022. The study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, and written consent was obtained.

#### **Chief complaints**

- 1. Mild dandruff and itching of the scalp for six months.
- 2. Single patch hair loss at the scalp from six months.
- Associated complaints were anorexia, lethargy and irregular bowel habit

## History of present illness

A 12-year-old male child patient visited the Ayurveda OPD of Cantonment General Hospital, Kamptee, having complaints of mild dandruff and itching of the scalp for six months. He has been suffering from patchy hair loss on the scalp for six months. Associated complaints were anorexia, lethargy and irregular bowel habit. He was taking allopathic medication for this problem but didn't get relief. The patient was referred to the Ayurveda OPD, and the patient was clinically diagnosed with a case of Indralupta (Alopecia areata) and advised for Ayurvedic shamana therapy with nasya along with nidanaparivarjana.

**History of past illness:** There was no measured disease history.

Family History: No family member had a history of such illness.

**Table 1: Personal History** 

Appetite	Decreased
Sleep	Sound
Urine	Regular
Bowel Habit	Irregular
Diet	Mixed (Veg and Non-Veg)

Table 2: Parameters assessed in General Examination

Pulse	76/min
Height	155 cm
Weight	41 kg
Respiratory Rate	20/min
Temperature	Normal
Tongue	Coated
Pallor	Absent

Table 3: Ashtavidha Pariksha

Nadi (Pulse)	76/min
Mala (Bowel)	Irregular
Mutra (Urine)	Regular
Jihva (Tongue)	Coated
Shabda (Speech)	Clear
Sparsha (Touch)	Normal
Drika (Eyes)	Normal
Akriti (Built)	Madhyama

Table 4: Parameters assessed in Local examination of the scalp

Parameters assessed	Observation
No. of patch	One
Site	Scalp
Shape	Circular
Skin colour	No discolouration
Discharge	Absent
Sensation	Present
Texture of hair	Thin hair

**Systemic Examination:** The patient was conscious and well-oriented to time, place and person on the Central nervous system examination. Assessment of the cardiovascular system, respiratory system and musculoskeletal system of the patient was found within normal limits clinically. Per abdomen, examination shows no clinical abnormality.

**Table 5: Prescribed Medicine** 

Name of medicine	Dose and Duration	Route of administration	Properties and uses
Anu taila nasya	2 drops at each nostril for 2 months	Nasal	Shirshula, Khalitya, Palitya, Urdhwajatrugata vyadhi
Kaishor guggul	1 BD for 2 months	Oral	Raktashodhaka, pittashaman, used in Vatarakta, Kasa, Kustha, Sotha, Udar Roga, Pandu, Prameha, mandagni
Arogyavardhini rasa	1 BD (1 vati=125 mg) for 1 month	Oral	Deepana, Pachana, Pittarechaka, Hepatoprotective
Triphala churna for hair wash	For hair wash twice a week for 2 month	Local	Kesharanjana and strotoshodhak
Avipattikar churna	3 gm at HS for 2 months	Oral	Pittashamana, Used in Indigestion, Constipation, Amlapitta

### **OBSERVATIONS AND RESULTS**

The patient was prescribed medicines as per Table 5. Anutaila nasya 2 drops at each nostril daily, Kaishor guggul one twice daily after a meal, Arogyavardhini rasa (125 mg) twice daily before a meal with honey, Avipattikar churna 3 gm with lukewarm water at H.S was given. Triphala churna for hair wash twice a week was advised.

Criteria of assessment were done by digital photography and clinically by the presence of hair on the affected site of the scalp. Before and after treatment was recorded. Observations found in the patient during and after completion of the treatment are tabulated below, with pictures of the affected area of the scalp.

## DISCUSSION

According to Acharya Sushruta, pitta and vata interfere with the hair roots (romakoopa), causing hair to come out; next, shleshma and shonita block the romakoopa channel, preventing the hair from regenerating; this condition is known as Indralupta,

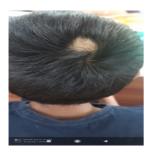


Figure 1: Before treatment



Figure 2: During 1st follow-up

Khalitya, or Ruhya. The primary internal causes of Indralupta are rakta dushya, vata, pitta, and kapha dosha.

Table 6: Observations in the patient during and after treatment

Follow up	Observations
Baseline	Single-patch hair loss
1st follow-up	Slight hair growth was observed.
2 <sup>nd</sup> follow-up	Most parts of the patch are covered with hairs

Table 7: Local examination after treatment

Parameters assessed	Observation
No. of patch	Disappeared (most of the area covered
	with new hairs)
Site	Scalp
Shape	No shape
Skin colour	No discolouration
Discharge	Absent
Sensation	Present
Texture of hair	Dense



Figure 3: During 2nd follow-up



Figure 4: After treatment (by siding the bunch of hair)

In this case, the child had a history of faulty food habits like chips, wafers, noodles and biscuits. These foodstuffs are generally highly salty, spicy and alkaline too. The preservatives in the packet foods may act like viruddha ahara if ingested in excessive quantities. These might have caused the child's vitiation of pitta dosha and caused patchy hair loss. Thus, consumption of these foodstuffs on a regular basis causes agnimandhya (low digestive capacity). Thus, the patient was complaining of anorexia and lethargy, which indicates agnimandhya is causing improper digestion of ingested food, indirectly affecting the nutritional status of the child.

Formulations Arogyavardhini rasa and Kaishor guggul cause apatarpan, which helps open the blockage of srotas and also helps in the rejuvenation process. This combination aids in the elimination of extra body fat, the removal of different types of toxins, and the decrease of accumulated cholesterol. Enhancing the digestive system increases digestive fire, clears body channels for nutrients to reach the tissues, balances body fats, and removes toxins.

Arogyavardhini rasa has deepana, pachana, pittarechaka, srotoshodhana, and hepatoprotective properties.<sup>4</sup> Avipattikar churna act as virechak, koshthashodhana, resulting in pittashaman.<sup>5</sup>

Kaishore guggulu<sup>6</sup> balances pitta and kapha, mainly when it affects the musculoskeletal system. Its main ingredients, Guduchi, Triphala and Trikatu, when combined with guggulu, create a detoxifying and rejuvenating effect. The pharmacological properties of guggulu in Ayurveda are tikta (bitter) in rasa, laghu (light) in guna (property), ushna (hot) in virya (potency) and katu (pungent) in vipaka. The pharmacological action of guggulu as described in Ayurveda is brahmana (corpulent), kaphavatahara (reduces kapha and vata), pittala (increases pitta), vrishya (aphrodisiac), lekhana (lower fat), deepana (increases gastric enzyme) and balya (provides strength). Therapeutic indications of guggulu are multiple according to different Ayurvedic classical textbooks such as sthaulya (obesity), vata vyadhi (diseases of the nervous system), Amavata (rheumatoid arthritis), Vidradhi (abscess), udara roga (abdominal disorders), Vatarakta (gouty arthritis) and Kustha (skin disorders).7 Being a good rasayana Kaishora guggulu was preferred. It may have corrected raktadushthi (vitiation of blood) and helped supply fresh blood to the scalp region.

As per Acharya Vagbhata, nasya therapy is an essential and integrated part of the treatment of hair fall or Indralupta. As the hair is part of the head. The oil through nasya should be helpful to well nourish, to good growth, to protect and inhibit hair fall. Nasya creates snehana, which gives nutrition to hair roots and, thus, prevents khalitya. Anu taila, which has a direct indication in the treatment of Khalitya, has been selected here for nasya karma. It clears the obstruction to the hair roots by its sukshmasrotogami property leading to the romakupa vishodhana. Thus the nourishing, brimhan and vata-pittaharahara property of Anu taila helps in samprapti vighatana of Khalitya and hence new hair growth. Acharya Charaka has mentioned that everybody should take a nasal drop of "Anu taila" every year during the rainy, autumn and spring seasons when the sky is cloud-free.

Along with many other benefits, it prevents hair fall and accelerates hair growth. 10

Triphala churna for hair washing twice a week was advised to the patient. Triphala churna paste was made with lukewarm water and applied with rubbing for some duration. This Triphala formulation helps in the external purification of the skin of the scalp and the removal of dandruff. It also helped remove obstructed kapha within the follicle, which causes new hair follicles to be opened. A rubbing helps in the removal of hair root obstruction. Nidana parivarjana was also found helpful in the management of the disease.

#### **CONCLUSION**

The patient suffering from Alopecia areata was successfully treated with Ayurvedic shamana therapy with nasya along with nidanaparivarjana. This treatment protocol should be clinically evaluated on a large number of patients to confirm its efficacy.

#### REFERENCES

- 1. http://enm.wikipedia.org>wiki>Alope retrieved or 10/04/2019, 10:00 am.
- Tan E, Tay YK, Goh CL, Chin Giam Y. The pattern of alopecia areata in Singapore. A study of 219 Asians. Int J Dermatol. 2002; 41(11): 748-53.
- Shingadiya RK, Sapkota YR, Bedarkar PB, Patgiri BJ, Prajapati PK. Efficacy of Ayurvedic Classical and Modified Formulations on Skin Disorders. Rasamruta, 2017.1-17.
- Ambikadatta shastri. Rasaratna Samuchchya. Chapter no-20/87. 9th edition, Varanasi: Chaukhamba Sanskrit Publisher;1994. p. 400.
- Bhishagratna GD. Bhaishajyaratnavali. 1st ed. Chaukhamba Sanskrit Bhawan series; 2006.
- Sharangadhara. Sharangadhara Samhita 2 section. verse no. 70-81 Varanasi: Vatkalpana Chaukhamba Publications; 1984.
- 7. Sharma A, Patel VK, Rawat S, Ramteke P, Verma R. Identification of the antibacterial component of some Indian medicinal plants against *Klebsiella pneumonia*. Int J Pharm Pharm Sci 2011;2:123-7.
- 8. Sanchit Jain, Sharma Anita, Elixir Action of Ayurveda in Khalitya, Ayushdhara. 2016;3(2): 639-645.
- Bhisagacharya Hari Sadashiva Sastri, Vagbhata, Ashtanga Hridaya with commentaries Sarvangasundara of Arunadattas and Ayurveda rasayana of Hemadri, 2<sup>nd</sup> edition. Varanasi: Chaukhamba Surabharathi Prakashan; 2007; p.294.
- Dr Ram Karan Sharma and Vaidya Bhagwan Dash, Agnivesha, Charaka Samhita, vol. I, Sutrasthana, Matrashiteeyadhyaya, 2<sup>nd</sup> edition, Varanasi: Chaukhamba Sanskrit Series office; 2006. p. 120.

### Cite this article as:

Manisha Waghulkar (Talekar), Sunil Jibhkate and Arundati Kale. Ayurvedic management of Indralupta (Alopecia areata) in children: A Case Study. Int. J. Res. Ayurveda Pharm. 2023;14(1):10-12 DOI: <a href="http://dx.doi.org/10.7897/2277-4343.14014">http://dx.doi.org/10.7897/2277-4343.14014</a>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.