Case Report

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THERAPEUTIC EFFICACY OF RAKTAMOKSHANA AND SHAMANA CHIKITSA IN THE AYURVEDIC MANAGEMENT OF INDRALUPTA (ALOPECIA AREATA): A CASE REPORT

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ABSTRACT

Introduction: This case report presents a unique successful management of autoimmune hair loss (Indralupta/Alopecia Areata) in a young adult using an integrated Ayurvedic approach, achieving complete resolution within 2 months. The case demonstrates the potential efficacy of traditional Ayurvedic methods combining purification and palliative therapies for managing autoimmune conditions. Patient Concerns: A 19-year-old female student presented with sudden onset patchy scalp hair loss persisting for three months, accompanied by constipation and loss of appetite. Previous treatments with various medications had provided no significant relief. Diagnosis: Based on clinical presentation and examination findings, the patient was diagnosed with Indralupta (Alopecia Areata). Ayurvedic assessment revealed Pitta-Vata vitiation with Rakta Dushti (vitiation of blood) affecting the Romakoopa (hair follicles). Interventions: Treatment consisted of five weekly sessions of Jalaukavacharana (leech therapy) as Shodhana Chikitsa (purification therapy), combined with comprehensive Shamana Chikitsa (pacification therapy) including internal medications (Krimihar Vati, Amalaki Rasayana, Triphala Guggulu, Arogyavardhini Vati, Vidangarishta, Manjishthadi Kwatha), topical application of Triphala Mashi, and structured dietary and lifestyle modifications including Surya Namaskar and Pranayama practices. Outcomes: Complete hair regrowth was achieved within 2 months of treatment initiation. Concurrent gastrointestinal symptoms also resolved completely. No adverse effects were reported during the treatment period. Follow-up assessments showed sustained improvement with no recurrence of hair loss or associated symptoms. Conclusion: This case demonstrates that an integrated Ayurvedic approach combining Raktamokshana (bloodletting) and Shamana Chikitsa offers a safe, effective, and well-tolerated alternative for managing autoimmune hair loss, warranting further investigation through larger controlled studies.

Keywords: Alopecia Areata, Chikitsa, Indralupta, Jalaukavacharana, Raktamokshana, Shamana.

INTRODUCTION

Hair loss significantly impacts an individual's emotional well-being, self-esteem, and quality of life, extending far beyond its physical manifestation. The psychological burden associated with hair loss disorders often leads to social withdrawal, anxiety, and depression, particularly affecting young adults during their formative years[1].

Alopecia Areata (AA) represents a common autoimmune condition characterized by sudden, non-scarring, patchy hair loss, typically affecting the scalp but potentially involving any hair-bearing area of the body[2]. The condition affects approximately 2% of the global population, with a lifetime risk ranging from 1.7% to 2.1%[2]. In the Indian subcontinent, epidemiological studies indicate that Alopecia Areata affects 0.7% to 3.8% of dermatological outpatients, with equal gender distribution and peak incidence occurring between the second and fourth decades of life[3].

From an Ayurvedic perspective, this condition is known as Indralupta and is classified under Kshudra Roga (minor skin ailments) in classical texts including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya[4]. According to Acharya Sushruta's detailed description, the pathogenesis involves vitiated Pitta and Vata Doshas that forcefully expel hair from the Romakoopa (hair follicles), while subsequent obstruction of follicular openings by aggravated Kapha and vitiated Rakta (blood) prevents natural regrowth, resulting in characteristic non-scarring bald patches[5].

Contemporary medical management primarily relies on corticosteroids (topical and intralesional), minoxidil, and immunomodulatory agents. However, these approaches are frequently associated with significant adverse effects, limited long-term efficacy, high recurrence rates following discontinuation, and substantial healthcare costs. Many patients experience treatment resistance or develop complications requiring therapy modification[6].

Ayurvedic medicine offers a comprehensive, individualized approach to managing Indralupta through three fundamental therapeutic strategies: Shodhana Chikitsa, Shamana Chikitsa, and Rasayana Chikitsa (rejuvenation therapies). This holistic framework addresses not only the symptomatic manifestations but also the underlying Doshic imbalances and constitutional factors contributing to the condition. Traditional management modalities include specialized techniques such as Shiro Abhyanga (medicated head massage), Nasya Karma (nasal medication), Raktamokshana[7] (therapeutic bloodletting), and carefully selected herbal formulations[8].

This case report presents a unique instance of rapid, complete, and sustained recovery from Indralupta using traditional

Ayurvedic methods, achieved within a remarkably short timeframe of 2 months without any adverse effects. The integration of classical purification techniques with modern clinical monitoring provides valuable insights into the potential role of Ayurvedic interventions in managing autoimmune hair loss conditions.

PATIENT INFORMATION

A 19-year-old female student from Gujarat presented to the Kayachikitsa Outpatient Department at Nootan Ayurvedic Hospital, affiliated with Nootan Ayurvedic College and Research Centre, Sankalchand Patel University, Visnagar, Gujarat, in June 2024. Her chief complaints included sudden onset of patchy scalp hair loss, constipation, and significant loss of appetite, all persisting for approximately three months.

The patient had previous treatment history of modern medication, but no significant relief was obtained for her current condition and denied any chronic medical conditions. Her family history was non-contributory, with no reported cases of autoimmune disorders, alopecia, or other dermatological conditions among immediate family members. Her psychosocial history revealed that she was a full-time student living in a hostel environment, maintaining regular eating habits with three meals per day, adequate hydration (1-2 liters of water daily), and a normal sleep pattern. She denied any substance use, smoking, or alcohol consumption.

Upon detailed inquiry regarding dietary habits, the patient revealed improper food patterns including frequent consumption of spicy, oily foods, irregular meal timings due to academic pressures, and preference for processed foods available in the hostel canteen. She reported no known drug allergies.

The patient expressed significant emotional distress regarding her appearance, reporting decreased confidence in social situations and academic performance concerns related to her condition.

Clinical Findings

The patient remained completely asymptomatic until approximately three months prior to presentation, when she experienced sudden onset of patchy hair loss localized to the left parietal region of her scalp. This primary manifestation was subsequently followed by the development of constipation and progressive loss of appetite. Despite seeking various medical consultations and trying different medications, she reported no significant improvement in any of her symptoms.

Physical examination revealed a well-nourished female in no acute distress. General examination parameters were within normal limits. Detailed scalp examination disclosed an asymmetrical, well-demarcated bald patch measuring approximately 3-4 centimeters in diameter over the left parietal region. The affected area demonstrated rough skin texture while maintaining normal skin coloration. Notably, there was complete absence of scarring, which is characteristic of Alopecia Areata.

Negative findings included absence of dandruff, pruritus, discharge, erythema, scaling, or any signs of secondary infection. The remaining scalp areas showed healthy hair growth with normal density and texture. Examination of other hair-bearing areas, including eyebrows, eyelashes, and extremities, revealed no abnormalities.

Based on comprehensive clinical assessment including physical examination findings, dietary history, lifestyle patterns, and symptom presentation, the patient's constitutional assessment indicated a Pitta-dominant Prakriti with current Pitta-Vata vitiation, consistent with the Ayurvedic understanding of Indralupta pathogenesis.

Diagnostic Assessment

Diagnostic Methods

The diagnostic approach included comprehensive clinical examination with detailed scalp inspection and dermatological assessment. Laboratory investigations were conducted to rule out underlying systemic conditions and establish baseline parameters for treatment monitoring.

Laboratory Investigations

Complete blood count, renal function tests, liver function tests, lipid profile, fasting blood sugar, and urinalysis were performed. The investigations revealed the following findings:

- Hemoglobin: 10.9 g/dL (mild anemia, normal range: 12-16 g/dL)
- Total leucocyte count: 7,800/mcL (normal range: 4,000-11,000/mcL)
- Platelet count: 193,000/mcL (normal range: 150,000-450,000/mcL)
- Erythrocyte sedimentation rate: 4 mm/hr (normal range: 0-20 mm/hr)
- Fasting blood sugar: 91 mg/dL (normal range: 70-100 mg/dL)
- Liver function tests: Within normal limits
- Lipid profile: Within normal limits
- Serum creatinine: 0.6 mg/dL (normal range: 0.6-1.1 mg/dL)
- Urinalysis: Normal

Diagnosis

Primary Diagnosis: Indralupta (Alopecia Areata)
Ayurvedic Diagnosis: Pitta-Vata vitiation with Rakta Dushti affecting Romakoopa (hair follicles)

Differential Diagnosis

Trichotillomania was ruled out based on patient history and absence of characteristic features. Tinea capitis was excluded due to the absence of scaling, inflammatory changes, and negative clinical findings suggestive of fungal infection.

Therapeutic Intervention

Therapeutic Rationale

According to Ayurvedic principles, Indralupta results from vitiated Pitta and Vata Doshas that expel hair from the Romakoopa (hair follicles), while subsequent Kapha and Rakta obstruction prevents regrowth. This pathophysiological understanding guided for multi-targeted treatment approach.

Treatment Protocol Overview

The therapeutic approach was designed based on classical Ayurvedic principles for managing Indralupta, incorporating three fundamental treatment modalities:
Shodhana Chikitsa (Purification Therapy): Raktamokshana via Jalaukavacharana (JA) to address localized Rakta Dushti (Table 1).
Shamana Chikitsa (Palliative Therapy): Internal and external medications to balance doshas and support hair regrowth (Table 2).
Pathya-Apathya (Dietary and Lifestyle Modifications): Structured recommendations to address root causes and prevent recurrence.

Table 1: Shodhana Chikitsa (Purification Therapy) Timeline

Date	Day	Event/Intervention	Clinical Findings/Outcomes
17-06-2024	Day 1	Initial presentation, diagnosis confirmation, treatment initiation, First JA session	3-4 cm bald patch on left parietal region, constipation, loss of appetite. Well-tolerated leech therapy (5 mL blood extraction)
23-06-2024	Day 7	Second JA session	Good tolerance, mild local edema resolved within 24 hours (5-8 mL blood extraction)
30-06-2024	Day 14	Third JA session (2 leeches applied)	Excellent tolerance, improved scalp texture noted (10-12 mL blood extraction)
07-07-2024	Day 21	Fourth JA session	Moderate improvement: bald area reduced to 2-3 cm, 50% relief in constipation, marked appetite improvement, vellus hair growth visible
14-07-2024	Day 28	Fifth and final JA session	Continued improvement, new hair sprouting clearly visible (5 mL blood extraction)
21-07-2024	Day 35	-	Significant hair regrowth apparent (only Shaman Chikitsa)
05-08-2024	Day 50	follow-up-1	Complete resolution: near-complete hair regrowth, normal bowel movements, normal appetite, treatment discontinued
20-08-2024	Day 65	follow-up 2	Complete sustained recovery, dense hair growth in previously affected area, no recurrence of hair loss or gastrointestinal symptoms

Table 2: Shamana Chikitsa detailed Medication Protocol

Duration	Medicine	Dose	Days
Day 1 to day 15	Tab Krumihara Vati	500 mg twice a day with Koshana Jala after food.	15 days
	Tab Arogyavardhini Vati	250mg twice a day with Koshana Jala after food.	
	Tab Amalaki Rasayana	500mg twice a day with Koshana Jala after food.	
	Vidangarishta	20ml twice a day after food with equal amount of Koshana Jala.	
	Manjishthadi Kwatha	40ml twice a day before food.	
	Triphla Mashi	5gm for local application at night hours.	
Day 15 to Day 35	Tab Arogyavardhini Vati	250mg twice a day with Koshana Jala after food.	20 days
	Tab Amalaki Rasayana	500mg twice a day with Koshana Jala after food.	
	Vidangarishta	20ml twice a day after food with equal amount of Koshana Jala	
	Manjishthadi Kwatha	40ml twice a day before food.	
	Triphla Mashi	5gm for local application at night hours.	
	Tab Triphala Guggulu	500 mg twice a day after food with Koshana Jala	
Triphala Mashi was Applied daily at bedtime from Day 1 to Day 35			
2 Follow up for next one month with 15 days interval			

Before treatment | **During treatment 20th Day** | **After treatment 1st Follow up**

Pathya-Apathya (Dietary and Lifestyle Modifications)

Advised Practices (Pathya)

- Balanced wholesome diet emphasizing fresh vegetables, fruits, and whole grains
- Regular meal timings with proper intervals
- Daily Surya Namaskar (sun salutations) - 12 rounds every morning
- Pranayama (breathing exercises) - 15 minutes daily focusing on Anulom-Vilom and Bhramari
- Adequate hydration with lukewarm water throughout the day
- Regular sleep schedule (10 PM - 6 AM)
- Gentle scalp massage with sesame oil twice weekly

Practices to Avoid (Apathya)

- Fast food and highly processed foods
- Excessive spicy, oily, and fermented foods
- Daytime sleep (Diwaswapna)
- Irregular eating patterns and meal skipping
- Excessive mental stress and academic pressure without adequate rest
- Cold beverages and ice-cold foods
- Excessive use of chemical hair product

RESULTS AND DISCUSSION

Sustained hair regrowth with continued improvement in hair density, no recurrence of hair loss in treated or other areas, no gastrointestinal complaints. No adverse effects, allergic reactions, or treatment-related complications were reported or observed during the entire course of therapy and follow-up period.

This case report demonstrates successful management of Indralupta (Alopecia Areata) through an integrated Ayurvedic therapeutic approach, achieving complete hair regrowth within 35 days without adverse effects. The rapid and sustained response highlights the potential efficacy of traditional Ayurvedic methods in managing autoimmune hair loss conditions. Jalaukavacharana represents a classical Shodhana (purification) technique specifically indicated for conditions involving Rakta Dushti (blood vitiation) and localized Pitta aggravation. The therapeutic benefits of leech therapy extend beyond traditional Ayurvedic principles to scientifically validated mechanisms[9]. Leech saliva contains bioactive compounds including hirudin (anticoagulant), calin (platelet aggregation inhibitor), and eglins (anti-inflammatory agents). These substances enhance local microcirculation, reduce inflammation, and promote tissue regeneration. In this case, five weekly sessions were strategically employed to gradually purify vitiated blood, clear Srotorodha (channel obstruction), and restore normal Rasa-Rakta Dhatu Poshana (nourishment of plasma and blood tissues) to the affected follicles[10].

Shamana Chikitsa (Palliative Therapy)
The internal medication regimen was carefully selected to address multiple pathophysiological factors:

Krimihar Vati: Krimihar Vati acts through its Krimighna (antiparasitic) and Raktashodhaka (blood-purifying) properties, which help eliminate microbial or parasitic factors that may obstruct hair follicles. The herbal constituents like Vidanga (*Embelia ribes*) and Neem (*Azadirachta indica*) possess proven antimicrobial and anti-inflammatory activities, thereby improving scalp health, reducing local inflammation, and promoting hair regrowth in alopecia areata[11].

Amalaki Rasayana: This classical Rasayana formulation primarily acts on Pitta Dosha through its cooling potency and high vitamin C content. Its antioxidant properties support Rakta Prasadana (blood purification) and protect hair follicles from oxidative stress. Additionally, it enhances Agni (digestive fire) without aggravating Pitta, thereby improving overall nutrient absorption and tissue nourishment[12].

Triphala Guggulu: This compound formulation combines the Tridoshic balancing effects of Triphala- Haritaki (*Terminalia chebula)*, Bibhitaki (*Terminalia bellirica*), Amalaki (*Phyllanthus emblica*) with the anti-inflammatory and lipid-modulating properties of Guggulu (*Commiphora mukul*). It facilitates Ama Pachana (toxin digestion), promotes Sroto Shodhana (channel cleansing), and addresses the mild anemia observed in this patient through its Rakta Vardhaka (blood-building) action[13].

Arogyavardhini Vati: As a multi-herbal hepatoprotective formulation, it supports Yakrit Shodhana (liver detoxification) and improves Dhatu Agni (tissue metabolism)[14].

Vidangarishta: The Krimighna (antiparasitic) and Deepana-Pachana (digestive-carminative) properties of this fermented preparation helped address the patient's gastrointestinal symptoms. By correcting gut microbiome imbalances and enhancing nutrient assimilation, it indirectly supported scalp health, as Ayurveda recognizes the gut-skin axis in dermatological conditions[15].

Manjishthadi Kwatha: Manjishtha *(Rubia cordifolia),* the primary ingredient, is renowned for its Rakta Shodhana and Rakta Prasadana properties. This decoction improved peripheral microcirculation, supported detoxification, and provided anti-inflammatory benefits that complemented the leech therapy's local effects[16].

Triphala Mashi: Applied topically after each Jalaukavacharana session, this carbonized preparation exerted Lekhana (scraping), Ropana (healing), and Keshya (hair-promoting) effects.[17]

Pathya-Apathya (Lifestyle Modification)
The prescribed dietary and lifestyle modifications addressed root causes of doshic imbalance. Regular Surya Namaskar and Pranayama helped manage stress, a known trigger for autoimmune flares, while improving circulation and oxygenation. The balanced diet provided essential micronutrients for hair health while avoiding Pitta-aggravating foods[18].

Integration with Modern Understanding
From a contemporary perspective, this case's success can be understood through multiple mechanisms: improved microcirculation enhancing nutrient and oxygen delivery to follicles, anti-inflammatory effects reducing autoimmune-mediated follicular damage, antioxidant protection against oxidative stress, and stress reduction through mind-body practices potentially modulating immune dysregulation.

CONCLUSION

Case demonstrates that an integrated Ayurvedic approach combining Raktamokshana through Jalaukavacharana, comprehensive Shamana Chikitsa, and lifestyle modifications can achieve rapid, complete, and sustained resolution of Indralupta (Alopecia Areata) without adverse effects. The treatment addressed both symptomatic manifestations and underlying doshic imbalances, resulting in holistic healing that extended beyond hair regrowth to include resolution of gastrointestinal symptoms. While larger controlled trials are necessary to establish definitive efficacy, this case suggests that Ayurvedic interventions may offer a safe, cost-effective, and patient-acceptable alternative or complement to conventional therapies for autoimmune hair loss.

Future Research Directions
This case provides preliminary evidence warranting larger-scale investigations. Recommended future studies include:

- Randomized controlled trials comparing Ayurvedic protocol with standard corticosteroid therapy
- Mechanistic studies evaluating immunological markers (anti-hair follicle antibodies, T-cell subsets) before and after treatment
- Long-term follow-up studies (minimum 1 year) to assess relapse rates
- Comparative effectiveness research examining individual versus combined interventions
- Safety and efficacy studies in patients with extensive Alopecia Areata or Alopecia Totalis
- Pharmacokinetic studies of herbal formulations, especially in patients with renal impairment.

Informed Consent
Written informed consent was obtained from the patient prior to treatment initiation for the therapeutic interventions and for

publication of this case report including clinical photographs. The patient was informed about the nature of the treatment, potential risks and benefits, alternative treatment options, and her right to withdraw from treatment at any time.

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