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Case Report

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Alopecia Areata (*Indralupta*): A case successfully treated with Ayurvedic Management

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ABSTRACT

Alopecia areata, an autoimmune disease characterised by hair loss can be correlated with *Indralupta* in Ayurveda. 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. Here a case of alopecia areata successfully treated with Ayurvedic management is recorded.

Keywords: *Arogyavardhini rasa,* Autoimmune*, Gunja, Guduchi, Saptamrut Loha*.

INTRODUCTION

Alopecia areata is an autoimmune disease characterized by hair loss on body especially on scalp without any clinical inflammatory signs. Its prevalence in general population was estimated at 0.1-0.2% with a lifetime risk of 1.7%[1]. Male was reported to be more affected with the disease in comparison to children and women, but it cause more emotional problems in woman and children due to cosmetic concern [2]. Its main treatment in contemporary science is Corticosteroids which is having harmful side effects and not advisable for long term use [3]. So, world is expecting some remedies from Alternative medical sciences. Ayurveda offers different effective treatment modalities for the management of different autoimmune diseases like psoriasis, eczema, etc.[4]. Alopecia areata can be correlated with *Indralupta* disease 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 female patient suffering from Alopecia areata was successfully treated with Ayurvedic *Shamana* therapy along with *nidanaparivarjana*.

CASE

A 32 yrs old married female was presented with history of patchy hair loss on scalp, with mild itching over affected area and gradual increment since 4 years. There was no personal history of autoimmune disorders (like Atopic dermatitis, psoriasis, Vitiligo, Asthma, Urticaria, Rheumatoid arthritis, Thyroiditis) or family history in first degree relation suggestive of these disorders.There was no personal history of recurrent patchy skin lesion either on scalp or on other body parts, major psychological disorder, or history of treatment from psychiatrist, endocrinal disorder (Diabetes), hair plucking habit, local recurrent friction or trauma or surgery, prolonged medicinal treatment before appearance of lesions. Patient didn't notice any exaggerating or relieving factors. She didn't conceive in last 4 and 1/2 yrs and there was no bad obstetric history or menstrual disorder.

There were patchy hair loss measuring about 4x6 cm and 2x2 cm on left temporal region and occipital region respectively. There was mild dryness over patches with extremely sparse, few white and black hairs along with blackish spots. Scaling was observed on the rest area of scalp indicative of dandruff. General examination revealed medium built without any significant pathological presentation, except slight pallor (Table 1). Local examination showed no scarring or cicatrization, nor any other skin lesion over scalp, no tumor in localized area and abnormalities of hair in adjacent area. Length of hair of adjacent scalp was uniform and was not broken off.

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The patient had taken the Allopathy treatment for two years and did not found control over the disease. The patient was referred to the Ayurvedic hospital by some patient having similar disease and had got significant relief with Ayurvedic management. Routine urine, haematological and biochemical parameters were also carried out. Haemoglobin percentage was 10.3 gm%. Rest of all parameters were found within the normal limit (Table 2). The patient was clinically diagnosed as case of *Indralupta* (Alopecia areata) and advised for *Panchakarma* therapy for *Shodhana Karma*. As the patient was found difficult to spare the time for hospitalization for *Panchakarma* process, was put on *Shamana* therapy.

The patient was prescribed medicines as per table no 3. *Manjishthadi Kwatha* 20 ml twice a day, empty stomach in morning andbefore dinner was prescribed. Combination of *Arogyavardhinirasa*[5], *Saptamrut Lauha*[6], Powder of *Guduchi (Tinospora cordifolia* Wall. ex Seringe*)* [7], *Amalaki (Emblica officinalis* Gaertn*)*[8] and *Vidanga (Embelia ribes* Burm. F*)* [9] was prescribed twice a day along with honey before meal. Externally, *Gunjabeeja Lepa* was advised to be prepared at home by the patient by soaking *Gunjabeeja* (Seeds of *Abrus precatorius*) in curd for a night and then triturating it [10]. Then it was advised to rub over the affected part with application of the *Lepa* (Coarsely bruised seeds) for five to ten minutes along with any liquid. *Gunjaditaila* prepared in RSBK department was prescribed for local application after removal of *Lepa*[11]. All the possible itio pathological factors involved in the disease were strictly stopped. (Table 5) Patient was allowed to visit after every 15 days as she was coming from distant city. On second visit (after 15th day), patient complained of itching and burning after application of *Gunjadilepa*. Redness in scalp was observed. Patient was prescribed *Yashtimadhu Churna (Glycyrrhiza glabra* Linn*)* for local application along with ghrita at the time of severe itching. On third visit (after a month), no improvement was observed on the patches but dandruff was decreased. Preliminary some brownish and some whitish thin hairs appeared in some part of the bald patches [on forth visit (45th day)], then small brownish black hairs grown [on fifth visit (60th day)] and finally blackish hairs started to grow [on seventh visit (90th day)]. Both the patches were completely filled up with small hairs after four month of the treatment. *Gunjadilepa* was stopped then and only *Gunjaditaila* was continued. Spots over patches were reduced in 3rd visit and were invisible after 8th visit. The hairs on the patches gradually grown longer and after ten months, they grown as sufficient and similar as that of neighbouring area. Patient was followed every two months then after for period of two years. No recurrence was observed during this period.

Table 1: General observations of the patient

General examinations		***Dashavidha Pariksha***		***Ashtavidha Pariksha***	
Pulse	68/min	*Sharira Prakriti*	*Vata Pittaja*	*Nadi*	68/min
Blood Pressure	128/78 mmHg	*Manas Prakriti*	*Rajas*	*Mala*	*Sama*
Height	132 cm	*Vikruti*	*Tridosjhaja*	*Mutra*	*Samyaka*
Weight	55 kg	*Sara*	*Mamsa*	*Jishva*	*Sama*
Respiratory rate	19 /min	*Samhanana*	*Madhyam*	*Shabda*	*Spashta*
Temperature	Normal	*Satva*	*Avara*	*Sparsha*	*Mridu*, Oily
Tongue	Pallor	*Satmya*	*Avara*	*Druk*	Pallor
Disease specific examinations		*Ahara Shakti*	*Madhyam*	*Akruti*	*Madhyam*
Site of involvement	Scalp	*Jarana Shakti*	*Avara*		
Pattern	Asymmetrical patch	*Vyayam Shakti*	*Avara*		
Skin colour	Slight reddish	*Vaya*	*Madhyam*		
Discharge	Absent	*Desha*	*Sadharana*		
Sensation	Anaesthesia	*Kala*	*Adana*		

Table 2: Haematological and Bio- chemical Parameters of the patient

Haematological Parameters	**Before treatment**	**Bio- chemical Parameters**	**Before treatment**
TLC	7,600/Cumm	FBS	121 mg/dl
Neutrophils	66%	S. Cholesterol	150 mg/dl
Lymphocytes	30%	S. Triglyceride	73 mg/dl
Eosinophils	02%	HDL Cholesterol	45 mg/dl
Monocytes	02%	Blood Urea	24 mg/dl
Basophils	-	S. Creatinine	1.0 mg/dl
Haemoglobin	10.3 gms%	S.G.P.T.	13 IU/L
P.C.V.	29.7%	S.G.O.T.	23 IU/L
E.S.R.	40 mm/hr	Total Protein	8.6 gm/dl
Total RBC Count	4.83mil/Cumm	Albumin	4.0 gm/dl
Platelet Count	332×10^3 /ul	Globulin	4.6 gm/dl
MCV	61.5	Alkaline Phosphatase	59 IU/L
MCH	21.3	Bilirubin (T)	0.5 mg/dl
MCHC	34.7	Bilirubin(D)	0.1 mg/dl
		Uric Acid	5.0 mg/dl
		S.Calcium	10.7 mg/dl

Table 3: Prescribed Medicines

No	Medicines	Dose with Anupana	Pharmacological actions	Therapeutic indications
1	*Manjishthadi Kwatha* (20 ml)	twice a day (early morning empty stomach, at night before meal)	*Raktashodhaka* (Blood purifier)	*Vartarakta* (Gout), *Pama* (Eczema), *Kapalika, Kushtha*, *Rakta mandala* (Skin dissorders)
2	*Arogyavardhini Rasa* (125 mg)	twice a day before meal with honey	Antioxidant, Antihyperlipidemic, hepatoprotective[17]	*JirnaJwara* (Chronic fever), *Medodosha* (Disorder of adipose tissue), *Kushtha* (Diseasesof skin), *Yakrutvikara* (Disorder of liver)
	Saptamrut Loha (125 mg)		-	*Jvara* (Fever), *Shotha* (Inflammation)
	Guduchi Churna (2 g)		Immunomodulaing[18], Antimicrobial [19], Analgesic [20]	*Kushtha, Vatarakta, Jvara, Kamali, Pandu*
	AmalakiChurna (2 g)		Antioxidant, Immunomodulatory, Hepato protective, anti microbial, antiulcerogenic, hair growth	*Raktapitta, Amlapitta, Prameha, Daha*
	Vidanga Churna (1 g)		Antioxidant, Neuroprotective, Cosmetic agent, Wound healing, Antigenotoxicity, Antifungal, Antidepressant [21]	*Krimi, Adhman*
3	*Amapachana Vati* (500 mg tab)	2 tab twice a day after meal	Digestion, Appetizer	*Deepana Pachana*
4	*Triphala Guggulu* (500 mg tab)	2 tab twice a day after meal	Anti inflammatory	*Shotha* (Inflammation),
5	*Gunjabeeja Lepa* along with *GunjaTaila*	QS for scraping for 15 min and Oil for local application	Antioxidant, Wound healing, Antimicrobial, Anti-inflammatory, Hair growth promoter	*Indralupta* (Alopecia), *Kandu*, *Darunaka, Kushtha*
6	*Triphala Yavakuta Kwatha*	For hair wash twice in a week	Antioxidant, Wound healing, Antimicrobial, Anti-inflammatory	*Kesharanjana*

Table 4: Provided treatment and follow up

Days	Observation and results
1st day	Investigations done and medicine started
15 days	Complaining of Itching and burning after application of *Gunjalepa*. Redness over applied area. Improvement in excessive scalling. Prescribed *Yashtimadhu Churna* for local application along with *ghrita.*
30 days	Improvement in dandruff.
45 days	Sparse greyish hairs with brownish tinch appeared over some part of the bald patches.
2 months	Small brownish black hairs grown on the patches. Length and density increased.
3 months	Hair fall decreased. Blackish hairs grown.
4 months	Both patches completely covered with small hairs.
7 months	Hair grown up to 5 cm on the patch of temporal region and 6 to 7 cm on occipital region.
10 months	Normalized hair growth at the both sites.
24 months	No any recurrence was observed

Table 5: Possible Itio pathological factors which was advised to be stopped or avoid

No	Itio pathological factors	Advised
1	*Atilavanasevana*	To stop excessive use, to used *SaindhavaLavana* instead of *SamudraLavana*
2	Milk + Meal (At night regularly)	To stop eating milk with any food or fruit
3	Use of cold water	To use *ushnodaka* (Warm water) for drinking
4	Mental affliction (Anxiety and depression)	*Pranayam* for 15 min in morning
5	Day sleep (2 hrs soon after meal)	To avoid
6	Awakening till late night (till 1 am)	To avoid

Image 1(a): Before starting the treatment,

Image 1(b): Intermediate stage of the treatment: Hairs growing up,

Image 1(c): Complete relief

Image 2(a): Before treatment

Image 2(b): After treatment

DISCUSSION

Acharya Charaka mentions that *Tejas* by involving *VatadiDosha* when reaches the scalp, it results in *Khalitya* (*Indralupta*) [12]. 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*[13]. Thus *Vata, Pitta* and *Kapha Dosha* 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*[14]. *Mithya Ahara* and *Vihara Manoabhighata* like mental stress, fright, anger, shock etc. may collectively increase the *Pitta* and *Vata Dosha*. 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 Dosha* 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 Doshas* respectively, the *Sneha* and the *Pichchhilatva* of the *Kapha Dosha* are dried up within the pores of the skin of the scalp thus, obstructing the growth of new hairs, causing *Indralupta*.

Manjisthadikashaya pacifies vitiation of *kapha* and *pitta* humours. However, it is formulated such a way that it can be effective in all types of diseases cause by all three *dosha*. It is mainly blood purifier. It detoxifies blood and aids to eliminate toxins accumulated in the body. It increases skin glow.

Formulations *Arogyavardhini Rasa, Saptamrutlauha* and *Vidanga* causes *Apatarpaan*, which helps in opening the blockage of *strotasa. Saptamrutlouha* also helps to cure anaemic condition. *Guduchi* and *Amalaki* are *rasayana* drugs which help in rejuvenation process. This combination is helpful in removal of excessive fat, clearing of various types of toxins from the body and helps in reduction of accumulated cholesterol in the body. It promotes digestive fire, clears body channels for the nutrients to reach to the tissues, balances fats in the body and removes toxins by improving the digestive system.

Triphala Guggulu[15] shows detoxifying and rejuvenating actions of oral *Triphala* along with the anti-inflammatory and anti-infective action of *guggulu* was found to have a marked effect in treatment of alopecia. *Triphala*[16] also heals the tissue along with increasing the digestion of the patient at the same time acting as a mild laxative.

In bhaishajyaratnavali, in the treatment of *Indralupta* it is suggested for scraping the scalp with paste of *Gunjabeeja* and applied the paste for some duration. Scraping helps in removal of hair root obstruction. Application of *Gunja* tail after the removal of the lepa helps in itching. *Triphala Kwatha* helps in external purification of skin of scalp and removal of dandruff. *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. *Nidanaparivarjana* was also a necessary part of the treatment. This treatment protocol should be clinically evaluated on large number of patients to confirm their efficacy.

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