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Management of *Indralupta* (Alopecia Areata) - A Case Study

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ABSTRACT

Indralupta is one of the *Urdhwajatrugata Vyadhi* characterized by the patchy hair loss over hair-bearing skin that includes scalp and beard. According to *Sushruta Acharya*, *Indralupta* is due to the vitiated pitta in association with vitiated *Vata* causing the falling of hairs from the scalp and vitiated *Rakta* and *Kapha* block the orifices of the hair follicles which restricts the growth of new hair. Alopecia areata is autoimmune disease presented as nonscarring, circumscribed, smooth patch of hair loss, management is by the intralesional and topical corticosteroids. *Shodhana (Raktamokshana)* and *Shamana Chikitsa* is advised for the *Indralupta* in ayurveda classics. In this present case study 17 years old male patient is treated with *Pracchanna Karma (Raktamokshana)* followed by *Maricha Lepa* along with internal medicine. The therapy has shown a remarkable improvement in the signs of *Indralupta*. The patient obtained considerable relief from the symptoms through the therapy. The treatment proved to be easy, economical, highly effective with in short duration.

Key words: *Indralupta, Pracchanna, Maricha, Alopecia areata*

INTRODUCTION

Indralupta is prevalent from pre-vedic to medieval period, as we get the description from the *Vedas*.^[1] In Ayurveda classics, *Acharyas* have briefed about the explanation of *Indralupta*. It is one of the *Urdhwajatrugata Vyadhi* characterized by the patchy

hair loss over hair-bearing skin that includes scalp and beard. According to *Acharya Sushruta*, *Indralupta* is due to the vitiated *Pitta* in association with vitiated *Vata* causing the falling of hairs from the scalp, vitiated *Rakta* and *Kapha* block the orifices of the hair follicles which restricts the growth of new hair. Thus, *Vata*, *Pitta*, and *Kapha Dosha* and *Rakta Dushya* (one of the sites in the body where the disease occurs) are the main internal causative factors of *Indralupta*.^[2] Alopecia areata, also known as patchy hair loss, is a prevalent autoimmune disease in modern science. It affects individuals of all age groups and is characterized by the presence of nonscarring, circumscribed, smooth patches of hair loss. The pathogenesis of the alopecia areata is not clearly yet known.^[3] The alopecia areata is managed by the intralesional and topical corticosteroids and are often the first-line therapy for most cases of patchy alopecia areata.^[4] Based on the symptoms the *Indralupta* is correlated with alopecia

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areata. The *Shodhana (Raktamokshana) Chikitsa* has been described as the first line of treatment followed by *Shamana Chikitsa* in this type of disorder.^[5]

CASE REPORT

A 17 years old male patient, who is student by occupation was presented with history of patchy hair loss on scalp, for 1 month. There was no history of recurrent patchy skin lesion on other body parts, psychological disorder, hair plucking habit, local recurrent friction or trauma or surgery. There was patchy hair loss measuring about 1×2cm over the left occipital region. There was mild sliminess over patch. The area was demarcated with “Exclamation hair”.

AIM AND OBJECTIVE

To find out the efficacy of *Pracchanna Karma* followed by *Maricha Lepa*.

MATERIALS AND METHODS

Case Findings

Patient was said to be asymptomatic before 1 months. Then he routinely done the haircut and found the bald spot-on scalp lasts 1 months back. He didn't take any medicines and approached OPD of Dept of Shalakya tantra SJG Ayurveda Medical College & Hospital, Koppal, Karnataka, for the treatment.

Past History

Patient did not have any relevant past history.

Family History

There is no any disease related family history found in this case.

Personal History

Aahar: Amisha and Niramisha Ahara (veg-nonveg food), spicy, fermented food and also took excessive *Amla* and *Lavana Rasa Sevana*.

Appetite: Normal

Sleep: Normal

Systemic Examination

General condition of patient was normal.

Pulse rate: 82/min

BP: 126/76 mm of hg

Weight: 71kg

Treatment

1. *Prachchanna Karma*

Poorva Karma (Pre-treatment)

- Collection of materials includes needle 22G, pair of gloves, sterile cotton balls,
- Vitals were checked and found to be stable.
- Sthanika Abhyanga* with *Tila Taila* [Fig no. 1] and *Swedana* with *Ushnajala Patta Sweda* was done [Fig. no. 2]



Fig. 1: *Sthanika Abhyanga*



Fig. 2: *Sthanika Ushnajala Patta Sweda*

Pradhana Karma (Main treatment)

- In the presence of bright light, the patient was made to sit on a chair in comfortable position.
- The patchy area was cleaned with surgical spirit.

- Pracchanna was done with a needle 22G starting from one end of the boundary of affected area in an equally spaced manner.
- It was allowed to bleed for 5 min. After observing the bleeding intensity, blood was wiped by sterile cotton balls. [Fig no 3]

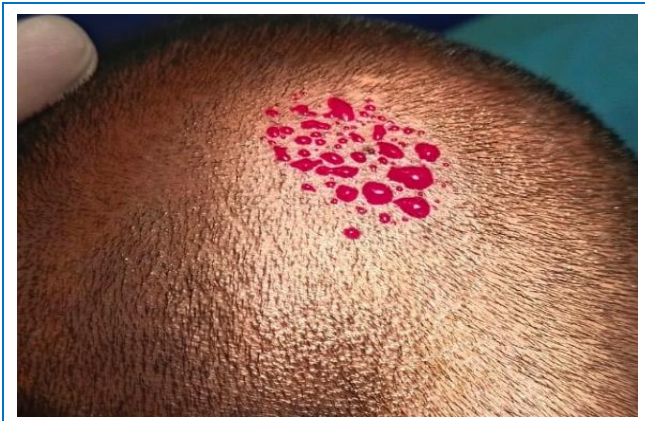


Fig. 3: Pracchanna Karma

Paschat Karma (post-treatment)

- After wiping the blood, scalp area was wiped by sterile cotton balls.

2. Lepa Karma

Maricha Lepa was applied [Fig no 4] after the Paschat Karma and Bandhana was done.



Fig. 4: Maricha Lepa

Table 1: Showing overall treatment given during the study

Treatment	Medicines	Duration	Date
Anulomana	Tab. Anuloma DS (od night after food)	3 days	12/11/2023 to 14/11/2023

Prachanna Karma	with needle 22G	5 sittings (5 days apart)	15/11/2023 to 05/12/2023
Lepa Karma	Maricha Churna Lepa (Mishrana Dravya Tila Taila)		
Samshamana Chikitsa	Vidangarishta (1tsp bid) Krimikuthara Rasa (1 od night after food)	25 days	15/11/2023 to 10/12/2023

Total Duration of Treatment - 1 month

The patient was advised to follow the Pathya, and refrain from the Apathya's.

Pathya

Ahara: Dugdha, Ghrita, Shashtikashali Sevana.

Vihara: Chhatradharana (covering of the head).

Apathya

Ahara: Atilavana, Atikatu Rasa Sevana

Vihara: Head bath, Ratrijagarana, Exposure to sunlight and dust.

OBSERVATION AND RESULTS



Fig. 5: Before Treatment

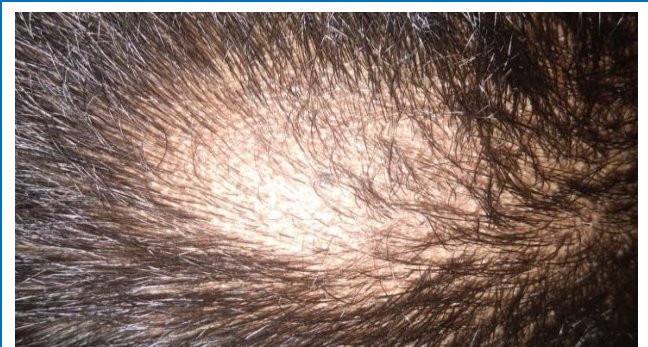


Fig. 6: At 25 days



Fig. 7: After Treatment (30 Days)

DISCUSSION

Indralupta is one of the *Urdhwajatrugata Vyadhi* characterized by the patchy hair loss over hair-bearing skin that includes scalp and beard. The *Shodhana (Raktamokshana) Chikitsa*. has been described as the first line of treatment. In this case study among the type of *Raktamokshana*, *Pracchanna Karma* with 22G needle had been selected. *Pracchanna* is indicated in *Uttana Rakta*, *Ek Desha*, *Pindit Rakta* and *Twakgata Dosh*.^[6] The pathogenesis of alopecia areata is in the dermis layer of the skin of scalp where the hair follicle is present.^[7] Hence, *Pracchanna* type of *Raktamokshana* is more appropriate for the *Raktamokshana* in *Indralupta*. Due to hard surface of scalp and for convenient use here 22G needle was selected for *Pracchanna Karma*.

Probable Mode of action of *Pracchanna*

- *Raktamokshana* of *Dushita Rakta* was done by the *Pracchanna* with 22G needle.
- *Pracchanna* had caused the elimination of impure blood, and it reduces the *Ushna*, *Tikshna* property of *Pitta* and *Rakta*.
- Following the elimination of impure blood, blocked hair follicles were released, paving the way for potential hair regrowth.^[8]

Probable Mode of action of *Maricha Lepa*

- *Maricha lepa* applied after *Pracchanna Karma* is *Ushna*, *Tikshna* and *Kapha Vatagna*, thus reduces the accumulation of the *Kapha* in the *Romakoopa* causing *Samprapti Vighatana*.

- Piperene present in the *Maricha* acts like catalyst for the absorption of the nutrients in potential regrowing hairs.^[9]

Probable Mode of action of *Shamana Chikitsa*

- *Vidanga Arishta* and *Krimikuthara Rasa* acts as *Krimihara*. Since *Krimi* is one of the *Nidana* for *Shiroroga*, hence these were given to address the *Krimi* and also to prevent any secondary infections arising from open wounds caused post *Pracchanna Karma*.

CONCLUSION

From the above case discussion, it can be concluded that the patient suffering from *Indralupta* underwent a successful treatment using *Pracchanna (Raktamokshan)* and *Shamana* therapy. It is important to note that *Nidanaparivarjana* was an integral part of the treatment process. The therapy has shown a remarkable improvement in the sign of *Indralupta*. The patient obtained considerable relief from the symptoms through the therapy. The treatment *Pracchanna Karma* and *Maricha Lepa* along with internal medicine can be given to *Indralupta* patients. In order to confirm the efficacy of this treatment protocol statistically, it is essential to conduct a thorough clinical evaluation involving a large population of patients.

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