

## MANAGEMENT OF INDRALUPTA (ALOPECIA AREATA)–A CASE REPORT

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### ABSTRACT

Healthy hair is associated with youthfulness and beauty it has been an indicator of both social and professional status, hence utmost care and concern is given in maintaining the healthy condition of hairs. *Indralupta* is a disease considered as *Kapalagataroga* and *Kshudraroga* by Vagbhata, which is characterized by loss of hair in which the vitiated *Tridoshas* along with *Rakta* affects the hair roots follicles causing loss of hair and hampers the regrowth by obstructing the hair roots. *Indralupta* symptomatically can be correlated to Alopecia areata which is a skin disease resulting in loss of hair from scalp or elsewhere on the body. This is one of the most common but very challenging and capricious disease affects approximately 1.7% of World's population. A Case-Study was conducted on a male patient aged 17 years diagnosed as *Indralupta*. This case report reveals about the successful management of the case with *Raktamokshana* by *Jalaukavcharana* (application of leech) followed by oral medication.

**KEYWORDS:** *Indralupta, Alopecia areata, Jalaukavacharana, Jayapala, Mahamanjistadi Kashaya.*

### INTRODUCTION

Healthy, beautiful, long and attractive hairs contribute one's personality and add charm to the beauty. Just like face, Hair is also a mirror of Health. Healthy hair remains as the centre of attraction hence each one is more conscious about it. *Indralupta* is a disease explained among the *Kapalagataroga* by Vagbhata in *Shiroroga* and also mentioned as *Kshudraroga* by *Shushruta* and *Madhava nidana* characterized by hair loss in form of patches particularly in the scalp. The disease is caused by vitiated *Vata* and *Pitta* affecting the hair roots which causes hair loss and the vitiated *Kapha* and *Rakta* obstructs the hair roots hereby

hampering the regrowth of hairs<sup>1,2,3</sup>. *Madhukosha teeka* on *Madhavanidana* explains that the disease can occur in the *Smashru* (beard)<sup>3</sup>. *Indralupta* symptomatically can be correlated to Alopecia areata. Alopecia areata is an autoimmune disorder which manifests as well defined patches of non-scarring non-inflammatory hair loss due to sudden precipitation of a group of contiguous hair follicles into telogen (resting phase) that usually affects the scalp but can occur elsewhere in the body (eg beard, moustache)<sup>4</sup>. Its prevalence in general population is

estimated at 0.1-0.2% with a lifetime risk of 1.7%<sup>5</sup>.

### CASE STUDY

A 17 years old male patient consulted *Shalakya* outpatient department Alva's Ayurved medical college hospital Moodbidri Karnataka in the second week of December 2016; with the following complaints:

**-Chief complaints:** Patchy hair loss over the right side of the scalp since two weeks.

**-Associated complaints:** Generalized hair fall since one month.

**-History of present illness:** Patient was apparently healthy before one month then started with gradual hair loss and patchy hair loss since 2 weeks. There was no personal history of major psychological disorder, or history of treatment from psychiatrist, endocrinal disorder (Diabetes), hair plucking habit, prolonged medicinal treatment before appearance of lesions or family history suggestive of these disorders.

**Dietary History:** The patient had history like regular intake of curd in night, non-vegetarian spicy food and irregular food habits with consumption, oily and junk food and Ratrijagarana (Awakening in the night), chinta (Stress), Bhaya (Fear), Khroda (Anger).

**On examination:** There was a patchy hair loss measuring approximately of about 3x4

cms over right scalp area. Local examination showed no scarring or inflammation or any other skin lesion over scalp, General examination revealed medium built without any significant pathological presentation the vital signs where normal.

**Table-1: Samprapti Ghataka**

<i>Dosha</i>	<i>Tridosha</i>
<i>Dushya</i>	<i>Rasa, Rakta, Asthi</i>
<i>Srotas</i>	<i>Rasavaha, Rakthava, Asthivaha</i>
<i>Srotodusti</i>	<i>Athipravritti, Sangha</i>
<i>Agni</i>	<i>Dhatwaagni</i>
<i>Vyaktasthana</i>	<i>KapalaPradesha</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Sadhyaasaadytha</i>	<i>Kastasadhya</i>

**Table-2: Differential Diagnosis**

S. n.	ROGA	INCLUDING FACTOR	EXCLUDING FACTOR
1	<i>Khalitya</i>	Gradual hair fall	Patchy hair loss
2	<i>Dharunaka</i>	Hair loss	No dried skin of scalp
3	<i>Indralupta</i>	Sudden patchy hair loss without the regrowth of hairs.	-

**Table-3: Treatment and Observation**

Treatment	Route	Duration	Observation
1. <i>Jaloukavacharana</i> (Leech application)	Over the affected part	Once	After 20 min <i>Jalouka</i> detached from the site, <i>haridra</i> was applied to stop the bleeding
2. <i>Jayapala paste with Nimbu</i>	External application over affected part	✓ 3 <sup>rd</sup> day ✓ 10 <sup>th</sup> day ✓ 17 <sup>th</sup> day	Every second day of application blisters appeared and resolved on 4 <sup>th</sup> or 5 <sup>th</sup> day.

Swarasa			
3. <i>Mahamanjistadi Kashaya</i>	Orally 20ml BD with equal quantity of water.	From 2 <sup>nd</sup> day to 45 <sup>th</sup> Day	Sparse greyish hairs with brownish tinge appeared over lesions

**Pathya-Apathya:**

**Pathya:** Ahara: Dugdha(Milk), Grita(Ghee), Shastikashali (Rice).

Vihara: Chatradharana ( Using Umberalla)

**Apathya:** Ahara: Ati lavana (excess salt), Ati Katu (Excess spice).

Vihara: Head bath, Jagarana (Awakening in the night), Exposure to sunlight and dust.

**Follow Up:**

Patient reviewed 15 days after treatment (60<sup>th</sup> day) small brownish black hairs grown on the lesion. Length and density increased, hair fall decreased no further complications observed.

**Table-4: Probable Mode of Action**

1	<i>Jaloukavacharana</i> (Leech application)	Reduces <i>Pitta,Rakta</i> and enable fresh oxygenated blood to reach hosts affected areas.
2	<i>Jayapala</i> paste with <i>Nimbu Swarasa</i>	Skin Irritant and regulates cell growth.
3	<i>Mahamanjistadi Kashaya</i>	<i>Raktashodaka</i> (Blood purifier).

**DISCUSSION**

Charaka in Vimanasthana, explains the occurrence of Hair Loss as a consequence of *ViruddhaAhara*<sup>6</sup>. *Mithya Ahara* and *Vihara*, *Manoabhighata* like mental stress, fright, anger, shock etc. may collectively increase the *Pitta* and *Vata Dosha*, regular intake of

curd increases *Kapha* which was found to be evident in this case. *Jaloukavacharana* (Application of leech - *Hirudomedicinalis*) was aimed to remove the blood vitiated due to *Pitta*. Leech saliva also contains an anticoagulant, hirudin, which stops blood clotting and dissolves thrombi, clearing partial and complete blockages in distal arteries, these microcirculatory actions prior to the restoration of the normal circulation<sup>7</sup> hence it relieves blockage at the hair root and helps to provide enable fresh oxygenated blood to reach hosts affected areas nutrition to hair.

As in the *Samprapti* the vitiated *Kapha* is responsible for obstructing the hair follicle *Jayaphala* was selected owing to its *Ushna* and *Teekshna* properties which relieves the obstruction, additionally Phorbol esters present in *Jayaphala* has skin irritant effect<sup>8</sup> and regulates cell growth and differentiation<sup>9</sup> thus favours the regrowth of hairs. To avoid excessive *Teekshnata*, *Nimbu Swarasa* was used owing to its antidote property to the toxic effects of *Jayapala*<sup>10,11</sup>.

*Mahamanjistadi Kashaya* was selected owing to its *Rakta Prasadhana* (It detoxifies blood and aids to eliminate toxins accumulated in the body) and *Kustahara* property; however, it is formulated such a way that it can be effective in all types of diseases cause by all *Tridosha*. All these therapeutics might have enabled the

damaged hair follicles to recover through their self-regenerative capacity as hair disorders involve changes to hair follicle distribution, size and growth cycle, by modulating one or more of these the disorder can be treated potentially<sup>12</sup>.

## CONCLUSION

From this case report we can conclude that the local *Jaloukavacharana* and application *Jayaphala* paste prepared with *Nimbu Swarasa* followed by *Mahamanjista Kashaya* orally can be used in the management of *Indralupta*.

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