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Ayurvedic Management of *Indralupta* with special reference to Alopecia Areata: A Case Report

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ABSTRACT:

Alopecia areata (AA) is a common form of non-scarring hair loss of scalp and/or body. Genetic predisposition, autoimmunity, and environmental factors play a major role in the etiopathogenesis of AA. Patchy AA is the most common form, with an incidence of around 0.7% in northern India. Conventional treatments like corticosteroids often result in unwanted side effects such as skin thinning, skin atrophy etc, prompting exploration of alternative therapies. This case study presents the successful management of AA using Ayurvedic approach that includes *Kuttana Karma(*~microneedling with a 1 mm Derma-roller) and *Shirolepa* (~herbal paste application), along with internal Ayurvedic medications. A 22-year-old woman with patchy hair loss and a SALT score of 22% sought treatment after seeing no results with earlier therapies. She underwent a one-month treatment plan involving weekly Derma-roller sessions, daily application of *Rakta Gunja beeja choorna lepa* (10gm) and oral intake of *Rasayana* choorna (6gm)Over the course of treatment, she experienced steady improvement in hair growth. By the final visit, the SALT score decreased to 0%. The combination of microneedling and Ayurvedic therapies helped to improve scalp blood circulation, nutrient absorption addressing the disease root cause. This case report suggests the effectiveness of Ayurvedic management in treating *Indralupta* (~AA).

KEYWORDS: Alopecia Areata, *Ayurvedic* management, Derma-roller, Hair Loss, *Indralupta.*

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INTRODUCTION

Alopecia Areata (AA) is a common form of non-scarring alopecia involving the scalp and/or body, characterized by hair loss without any clinical inflammatory signs. It is one of the most common form of hair loss seen by dermatologists and accounts for 25% of all the alopecia cases [1]. In general population, the prevalence was estimated at 0.1-0.2% with a lifetime risk of 1.7% [2]. Both males and females are equally affected

[3]. The incidence of AA is 0.7% among northern Indians [4]. The clinical presentation of hair loss can vary from loss in well-defined patches to diffuse or total hair loss termed Alopecia Totalis or Alopecia Universalis, which can affect all hair-bearing sites [5]. The treatment of AA in conventional medicine includes oral, injected, and topical corticosteroids, such as triamcinolone acetonide [intravenously] which can result in skin atrophy and other side effects [6].

In *Ayurveda*, this condition can be correlated with *Indralupta* comes under *Raktapradoshaja Vikara.*[7] characterized by loss of hair and has been mentioned underneath the caption of *Kshudraroga* by *Acharya Sushruta*.[8] *Vagbhata* has explained the cause for *Indralupta* is Vata and Pitta, which causes hair to fall off, while Kapha, along with Rakta, obstructs the hair follicles.[9] In contemporary science, treatments are limited. Ayurveda has great potential to treat *Indralupta.* We hereby aimed to review the clinical presentation, outcomes, and management of *Indralupta* (~Alopecia areata) case diagnosed in our OPD.

CASE HISTORY

A 22-year-old female presented to the outpatient department with complaints of progressive hair loss from the frontal and vertex region of the scalp for the past six months. The hair loss was associated with mild itching and dandruff. The patient reported no associated symptoms such as pain, redness, or scaling. She noted a gradual increase in the diameter of the bald patches over time. Notably, her sister had similar complaints, suggesting a possible genetic predisposition. There were no identifiable aggravating or relieving factors. On general examination, the patient appeared lean and afebrile, with stable vital signs and no signs of pallor, icterus, cyanosis, clubbing, or lymphadenopathy. Systemic examination of the cardiovascular, respiratory, urinary, and central nervous systems revealed no abnormalities. The patient reported a mixed diet with adequate appetite, regular bowel and bladder habits, sound sleep, and a preference for sweets. All routine laboratory investigations were within normal limits. On scalp examination, multiple irregular annular patches of hair loss were observed over the frontal and vertex scalp regions. The Severity of Alopecia Tool (SALT) score was calculated as 22% (S2). The clinical findings confirmed the diagnosis of alopecia areata with progressive pattern hair loss localized to the frontal and vertex region of scalp. *Asthavidha Pariksha* & *Dashvidha Pariksha* as shown in Table 1. Scalp Examination observations have been depicted in Table 2

THERAPEUTIC INTERVENTION

The primary treatment for this patient was planned as *Kuttana Karma* using [Dermaroller of 1mm], [10] along with *Shiro lepa with Rakta gunja beeja choorna,* and Internal administration *of Rasayana Choorna.* Details of medications and procedures have been depicted in table 4

SOP For Dermarolling

The scalp was first cleaned with *jatyadi taila* to prepare the site and then *Kuttana karma* was done with derma roller (1mm) over affected areas of the scalp in multi-directions with firm pressure until pinpoint bleeding is noted [11], after that *Rakta Gunja Beeja choorna lepa* (10gm) for 30 minutes as per the SOP of *Shirolepa* was done.

SOP For Shirolepa

- Contents- Gunja (*Abrus precatorius Linn.*) beeja churna mixed with normal water.

- Consistency/ thickness- thick paste (above 6mm)
- Directions for application- A thick blended paste with water kept for 30 minutes applied in the direction of hair follicles. The Patient was advised to soak 2gms of *Rakta Gunja beeja choorna* in 1 glass of water kept whole night and the supernatant is applied on the scalp 3 to 4 times daily for rest of days. Patient was advised not to rub the area of application.
- Time- once in a day (do not apply in night)

  Duration- approximately 30 minutes

TIMELINE: The detail about the timeline of patient from 1st visit to final visit have been shown in table 3.

FOLLOW-UP AND OUTCOME

The patient came for the 15 day follow ups and the outcomes were meticulously monitored during these visits. After 1 month of treatment hair loss profoundly reduced, sparse hairs appeared on bald patches and dandruff also reduced. After 2 months of Ayurvedic management, the length and density of hair increased gradually. Pulling test became negative, SALT Score reduced to 14 and then to Zero [Graph 1]. Findings reveal significant improvements in hair regrowth, have been shown in figure [1-4] No adverse effects were reported pertaining to the procedure or prescribed medication. Normally, alopecia has got recurrence but through Ayurvedic medication the recurrence was prevented

Table-1: Showing *Asthavidha Pariksha* & *Dashavidha Pariksha*

Asthavidha Pariksha-		***Dashvidha Pariksha-***	
Nadi	*Vata- Pittaja Nadi,* 78/Min	*Prakriti*	*Vata- Pittaja*
Mutra	*prakrita,* 4-5 Times/Day, 1/Night	*Vikriti*	*Madhayama*
Mala	*vaikrita,(hard stools)*	*Sara*	*Madhayama*
Jihva	*Nirama*	*Samhanana*	*Madhayama*
Shabda	*Spashta*	*Satmya*	*Madhayama*
Sparsha	*Samsheetoshna*	*Satva*	*Madhayama*
Drika	*Prakrita*	*Pramana*	*Pravar*
Aakriti	*Madhyama*	*Vaya*	*Yuva,* 22 years
		Ahara Shakti	*Pravara,* 3 times/day
		Vyayama Shakti	Madhyama

Table-2: Showing the observations of Scalp Examination

Site	**Scalp**
Hair Color	Black
Hair Loss Pattern	Patchy, Round, Multiple, Non-Scarring
Pattern	Asymmetrical Patches
Dandruff	Present
Trichoscopy Finding	Black Dot, Exclamation Mark, Broken Hair
Jacquet's Sign	Negative
Hair Pull Test	Positive
SALT Score	22%

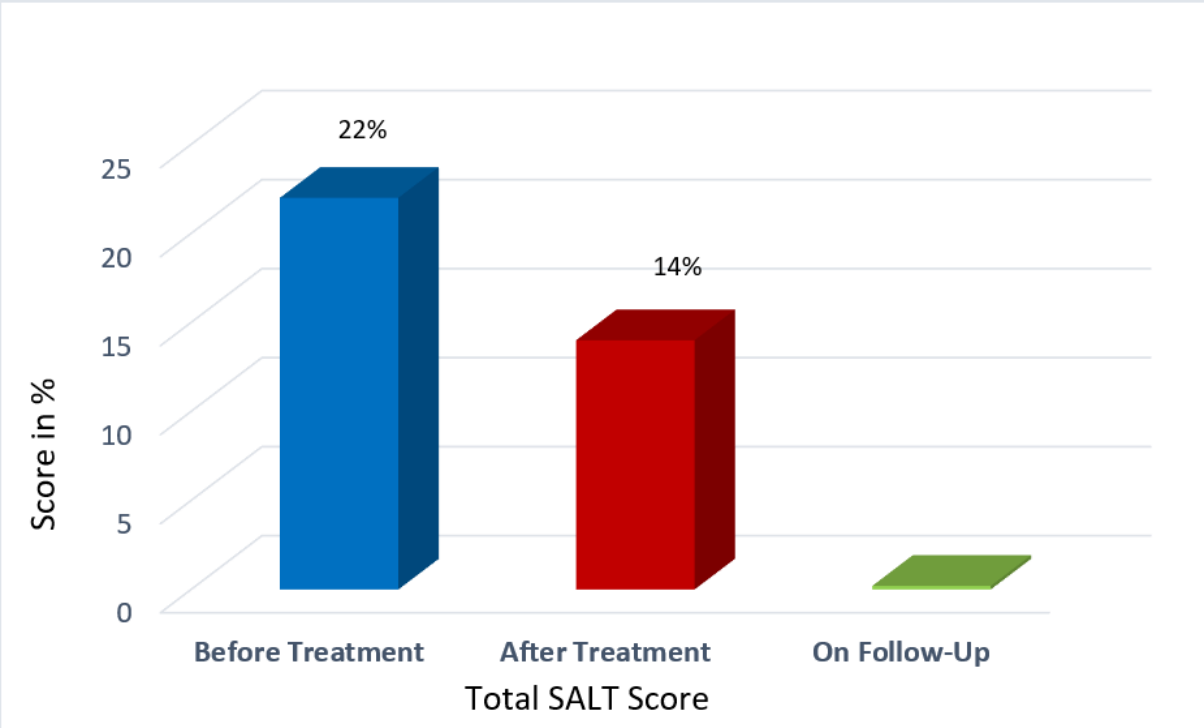
Table-3: Timeline of patient from 1st visit to Follow- up visit:

Date	**Findings**
Visit1 27/03/2025	The patient had multiple patchy annular hair loss over the frontal and vertex region, the hair pull test was positive, and the trichoscopy revealed black dots, open pores, and broken hair, The SALT Score was 22%,
Visit 2 04/04/2025	Mild reduction in generalized hair loss, and new few greyish hairs appeared
Visit 3 10/04/2025	New hair growth was seen, with improvement in dandruff
Visit 4 17/04/2025	Hair growth was confirmed as the length of new black hair increased. the SALT score reduced from 22% to 14%.
Visit 5 24/04/2025	Occurrence of new hair from the single hair follicle, suggesting normal growth.
Follow up 09/05/25	The scalp was almost covered with black hair, and the SALT score reduced from 14% to 0%.
Follow up 23/05/25	The hair shaft thickened and length increased continuously, and no new patch occurred.

Table-4: Showing the Details of medications and procedures

Date	**Formulation**	**Dose & frequency**	**Duration**
27/03/25	*Giloya churna +Gokura churna +Amalaki churna*	Each2gm with 1tsp honey + ¼ tsp ghee along with milk twice daily after food 5gm with milk twice daily	2weeks

04/04/2025 to 24/04/25	Continuation of same medication Kuttana karma done with 1 mm Dermaroller Rakta Gunja beeja choorna lepa +Jatyadi taila	External application on the scalp for 30 minutes once weekly	1 month
Follow up visits on 09/05/2025, 23/05/2025	Continuation of same medication		1 month



Graph 1: Effect of treatment on Total Severity of Alopecia Tool Score

Figure-1: Before treatment on March 27, 2025


Figure- 2: During treatment on April 10, 2025

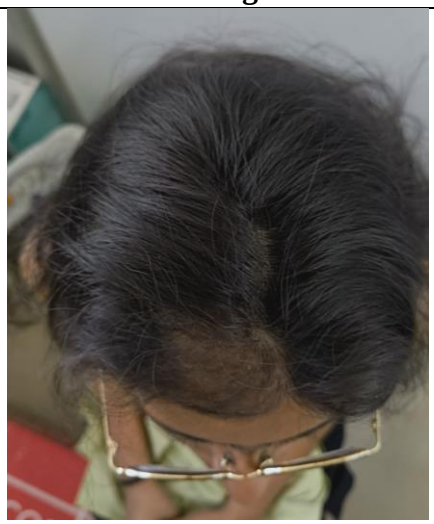



Figure-3: After treatment on April 24, 2025

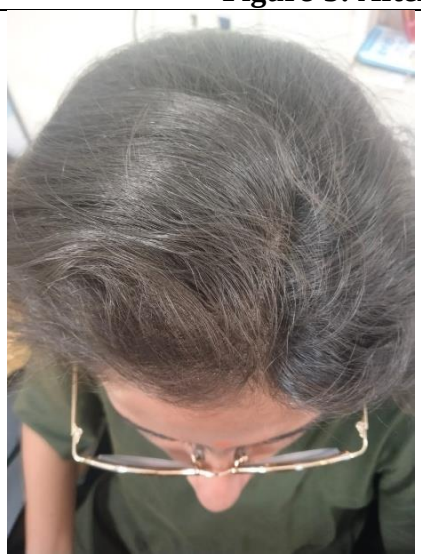



Figure-4: During Follow- up on May 23, 2025

DISCUSSION

Indralupta primarily affects the hair follicles on the scalp and is caused by the aggravation of all three doshas *Vata, Pitta*, and *Kapha* along with the vitiation of *Rakta Dhatu*. When aggravated *Pitta* combines with the disturbed movement of *Vata*, it localizes in the scalp. The *Ushna* (~hot) and *Tikshna* (~penetrating) qualities of Pitta generate excessive heat, which damages the roots of the hair follicles. At the same time, the *Ruksha* (~dry) and *Sukshma* (~subtle) nature of *Vata* contributes further to *Kesha Patana* (~falling of hair). As the hair falls out, the empty follicles get clogged by vitiated *Kapha* and *Rakta*, which obstructs new hair growth. Above mentioned Ayurveda pathogenesis emphasizing the roles of *doshas* and *dhatus* in the development and progression of the disease *Indralupta* [12].

Probable Mode of Action of *Kuttana Karma* [13]

Kuttana Karma performed using dermaroller helps in removing the localized vitiated Kapha and Rakta around the hair follicles, which plays a crucial role in the *Samprapti Vighatana* (~breaking disease pathology). The micro-needling effect of the dermaroller stimulates the hair follicles and enhances blood circulation by clearing obstructed doshas at the affected site. This process causes minor injury to the dermal capillaries, prompting platelets to form a temporary plug that stops bleeding and releases chemotactic and growth factors. These factors promote healing and regeneration, thereby stimulating hair growth. Additionally, dermarolling increases the permeability of the skin, improving the absorption of medicated Lepa (herbal paste), which enhances the overall effectiveness of the treatment.

Probable Mode of action of *Shirolepa*

Raktha Gunja (*Abrus precatorius Linn*.) *Lepa* [14] has traditionally been used for its anti-inflammatory and mildly irritant properties, helping to nourish the scalp, promote hair regrowth, and support overall scalp health. From a modern scientific perspective, the use of mild irritants is believed to stimulate and activate dormant hair follicles, which is essential for initiating the regeneration and growth of new hair. [15] The inherent properties of *Gunja Beeja* like *Tikshna Guna, Ushna Virya,* and *Tikta rasa* act to irritate the scalp, eliminating *kapha dosha,* activating the hair follicles, and promoting hair growth. It has *Kandughna, Krimighna, Raktashodhaka, Kapha-Vata Shamaka, and Keshya* properties, which help in the resolving the pathogenesis of *Indralupta* [16].

Probable Mode of action of *Rasayana choorna* [17].

Rasayana Choorna is traditionally recommended for the rejuvenation of body tissues and overall vitality. It is composed of equal parts of *Amalaki* (*Embilica officinalis Gaertn*.), *Guduchi* (*Tinospora cordifolia Willd*), and *Gokshura* (*Tribulus terrestris Linn*.), and is typically taken with *Ghrita* (ghee) and *Madhu* (honey) as an *Anupana* (adjuvant). This formulation is known to promote *Krishna-Kesha* (black hair), support the regeneration of hair cells, enhance immunity, reduce stress, and improve overall health, longevity, and well-being due to its adaptogenic and revitalizing properties.

Due to the above actions of the *Shirolepa* and *kuttana* therapy, the drugs are better absorbed by the hair follicles, leading to the opening of pores, promoting the growth of hair follicles and the hairs. Additionally, the drugs administered internally served to provide nourishment to all the body tissues including hairs which is considered as an *Updhatu* of *Asthi*, these drugs also acted to

pacify the vitiated *Tridoshas*, thereby helping in the resolution of the pathogenesis of *Indralupta*. Hence the combination of these drugs acted holistically to help check hair fall and promote the hair growth owing to their *Keshaya* property.

CONCLUSION:

This case study demonstrates the potential effectiveness of Ayurvedic management in treating Indralupta. The use of *Kuttana Karma* with 1 mm dermaroller, along with specific herbal formulations, led to significant improvement in the patient's condition, resulting in complete hair regrowth and a reduction of the SALT score to 0%. These encouraging results indicate that Ayurvedic therapies offer a promising approach for managing *Indralupta*.

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Limitation of the study

As this is a single case report, larger-scale randomized controlled trials are needed to scientifically validate the efficacy of this intervention.

Declaration of patient consent

Duly signed consent form obtained for treatment as well as to publish the case without disclosing the personal identity of patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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