A STUDY ON THE PROSPECTS OF
AYURVEDIC MANAGEMENT OF ALOPECIA
AREATA

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ABSTRACT
Hair loss (Alopecia areata) is one of the most common problems people face, the cause being today's lifestyle. Alopecia areata, also known as spot baldness, is a disease in which hair is removed from any or more parts of the body. It also results in a few bald spots on the forehead, each about the size of a coin. Psychological tension is likely to occur. Alopecia areata is thought to be an infectious disease. Risk factors are the family history of the disease. In the identical twins, if one is affected, the other has a 50 percent risk of being affected as well. The fundamental cause includes the body's inability to identify its own cells and the resulting immune-mediated degradation of the hair follicle. Efforts can be used to attempt to speed up hair development, such as cortisone injections. Typically, onset is in infancy. Males and females have the same number of conditions. The disorder does not affect the life expectancy of a person. In cases of extreme hair loss, modest improvement has been obtained with the use of corticosteroids such as clobetasol or fluocinonide, corticosteroid injections or cream. Oral corticosteroids can alleviate hair loss, but only during the time of which they are used, and these medications can induce severe side effects. In these cases, no one therapy is successful and certain people do not show any reaction to any treatment. Indralupta is being correlated with the Alopecia areata by modern methods. Ayurveda recommends surgical procedures such as Siraveda, Prachana, Lekhana and parasurgical procedures such as Jalukavacharana in Indralupta. Huge amounts of drugs for external use in the form of medicinal, mineral and single drugs are also listed. Many curative and preventive steps such as Nasya, Rasayana, Mudra taila (Abhyanga, Pichu, Shirodhara, Shirobasti), Pathya-Apathya are also listed. Key words: Alopecia areata, Indralupta, Hair Loss, Kapalagata Roga, Kshudraroga.

INTRODUCTION
The attractiveness of the face is intensified by the crowning glory of the person, that is, the hair. Hair not only gives the face its vital elegance, but also gives the face a definite appearance. For this cause, hair loss is known to be a major issue for people of all ages. Human hair develops and falls, which is a very natural developing process. But in certain people, the rate at which hair falls is much higher than the rate at which it rises. If the hair falls from the follicles, i.e. the roots of the hair, so the odds that it can grow again from that point are almost zero. As a consequence, a person becomes bald in the medical community, this disorder is called alopecia.¹

Ayurveda has described hair problems under Kshudra Roga, Shiroroga as Khalitya, Paliyta, Indralupta etc.² Indralupta is a specific condition characterized by hair loss in form of patches in some scalp areas by the vitiation of Tridosha and Rakta Dhatu. Pitta associated with Vata gets lodged in Romakupa and causes hair fall, later on Kaphadosha associated with Rakta causes obstruction to the hair roots and restricted the regrowth.³ Indralupta is one among the Kapalagata Roga and Kshudra roga by Vagbhata which is characterized by loss of hair.⁴

There are a many type of alopecia depending upon the pattern of hair loss. Alopecia areata is a disorder in which there is loss of hair causing patches of baldness but no scarring of the affected area. It can affect the entire scalp. Modern lifestyle, avoidance of head bath, usages of harmful shampoos, allergic manifestations, reduced body resistance, hormonal imbalance, and malnutrition leads to poor hygiene of scalp.⁵

Currently, the treatments for Alopecia areata are Topical corticosteroids, e.g. Fluclonolone acetonide cream, intraleisional corticosteroids, etc. Hydrocortisone acetate, Minoxidil, Topical immunotherapy, e.g. DNCB (Dinitrochlorobenzene). These drugs have some side effects, such as pruritus, skin rash, inflammation, atrophy, etc.

Ayurveda suggests surgical procedures like Siraveda, Prachana, Lekhana and para surgical procedure like Jalukavacharana in Indralupta. Large numbers of drugs for external application in the form of herbal,
mineral and single drugs are also described. Many curative and preventive measures like Nasya, Rasayana, Murdha taila (Abhyanga, Pichu, Shirodhara, Shirobasti), Pathya-Apathya are also mentioned.

CONCEPT OF ALOPECIA AREATA IN AYURVEDA

Indralupta comes under Shiroragas as explained by Vagbhatacharya in 23rd chapter of Utharasthana-Sirorogavijaneeyam. Shiroragas are classified into two categories - Shiroragas and Shirahkapalaragas. Of these Indralupta comes under Shirahkapalaragas. This is a disease mainly affecting the hair follicles due to vitiation of tridoshas in various levels along with raktaghata. The cardinal clinical presentation is loss of hair with poor replacement. Acharya Sushruta has included the disease under Kshudraragas in the 13th chapter of nidanasthana- Kshudraroganimadanam. Charaka has not mentioned about this disease in his work, where as Yogaratnakara and Vangasena has included this disease among the Kshudraraga.

Acharya Sushruta considers ‘Khalathi’ as the synonym for Indralupta. Videha and Bhoja consider Khalithyam and Khalli as the synonyms of Khalathi. Khalathi is a disease occurring in males. Acharya Videha and Harita considers Khalathi as a separate disease.

According to Madhukosavyakhyana, Indralupta is a disease of beard and moustache, Khalathi is a disease of head and ruhya is the disease affecting the whole body. The commentator correlates Indralupta with Alopecia areata. Khalathi with simple Alopecia and Ruhya with alopecia areata, Khalathi with simple Alopecia and Ruhya with alopecia univerisa. According to Chakrapani, Khalathi is a disease occurring predominantly in males. Acharya Videha had given a possible explanation to this. In females, Pradustarakta is expelled from the body rajas. Further due to the absence of strenuous works, Vathapitta pradosha does not occur and hence hair fall does not occur. Even if hair fall occurs, new one grows in its place, due to the absence of srotorodha by rakta.6

NIDAN - The common etiological factors are Abhyangadvasha (Avoidence of oil massage), Amlaharatisevana (excess intake of sour food), Atapatisveana (Exposure to hot weather), Atimaithuna (Excessive sexual indulgence), Atiswapna (Excessive sleeping), Atesetambuswevana (excessintake of cold water), Diva swapna (Sleeping during day time), Bashpanigraha (suppression of tears), Dushtama (indigestion), Guru ahara (intake of heavy food), Haritaharitisevana (excess intake of green leafy Vegetables), Himahara (intake of cold food), Jagarana (Night vigil), Manastapa (Mental agony), Mrjadvesha (improper cleaning), Pragvata (Exposure to East wind), Rajahsevana (exposure to dust), Rodana (Excessive weeping), and Vega dharana (Suppression of urges). The study of these factors reveals Aacharyas have given importance to dietary habits, climatic changes, psychic disturbances and disturbances in sensory organs.7-8

Environmental factors

- Dhooma: Exposure to smoke from fire, vehicles, passive smoking etc. lead to Vatapitta vitiation.
- Athapa: According to Susruth acharya excessive exposure to sun vitiates Rakta, Bhrajaka Pitta and Swedavaha Srotas.
- Purovata: Exposure to direct wind, wind blowing from the sea etc. cans produce Tridoshakopa.
- Rajagrahana: This produces kshvadhu which creates pratilomatva of Vata and Vatavaigunya.
- Desakalaviparyaya: This is applicable for those who change their place of residence frequently for job or study purposes. They are compelled to take bath with water which is not Satmya to them. Their food habits also change so Desa kala Viparyaya leads to Tridoshakopa.

Dietary factors

- Amlavanahara: Causes vitiation of Kapha, Pitta and Rakta.
- Harithahara: According to Charakacharya consumption of shakas (green leaves) produces Raktakopa.
- Guruahara: Leads to Agnimandya, Amadosha, vitiation of Kledakakapha and Rasadhatu.
- Himahara: Increases Kapha and Vata. Rasavahasrotodusthi also occurs.

Habitual factors

- Jagarana: sleeplessness during night produces Rukshata which leads to Vatakopa. Nidravidharam causes shamana and Udanavatavaigunya.
- Divaswapna: Divaswapna vitiates Kapha.
- Bashpanigraha: Bashpanigraha may be responsible for prana and Apana Vayu Vaigunya.
- Rodana: Excess production of tears due to Sharirika or Manasika reasons leads to Udana Vayu Vaigunya.
- Vega dharana: Voluntary suppression of all the 13 Vegas leads to Vatakopa.
- Vegodheerana: Vegodheerana leads to prana and Apanavatavaigunya.
• Atimadyapana: Excess intake of alcohol leads to Tridoshakopa; especially Vatapitta. Madya has got the qualities like Teeksna, Usna, Ruksa etc. which are just opposite to the qualities of ojas. So excess intake of alchohol leads to general weakness of dhatus and destruction of ojas.

• Upadanaddwesha: Lying without pillow does not maintain the correct posture of the body and the person has to keep his head in a lower position and thus Jathurvedhasrothorodha occur which leads to vata vitiation.

• Mrijadwesha: If head is not kept clean properly accumulation of dirt sweat etc. occur which leads to Vatapitta vitiation and promotes hair fall. Daily bathing is essential for avoiding dirt and dust which gets accumulated on the scalp and waste products coming out the openings of the body.

• Abhyangandwesha: Non application of oil produces Vatakopa due to the Rukshya and Khatwar. Charaka states that falling of hair occurs if abhyanga is not practiced regularly

• Astamandha: This is one of the Asatmendriyarthasamyoga and it produces Vatakopa.

• Uchabhashana: Speaking loudly produces Vatakopa, especially of Udana.

• Atisweda: this can be due to the Prakriti of the individual or due to the hot working environment. This produces Vatapittakopa and causes accumulation of dirt in the scalp.

• Atimaidhuna: The excessive sexual indulgence increases Vatadosha.

• Ambukrida: Ambrukida leads to Vyanavayuvaigunya.

Mental factors

• Manastapa: Psychic factors have a considerable role in precipitating skin disorders. Adhi (Anxiety) mentioned by Vagbhada and Manastapa mentioned by Charaka holds evidence in this regard. This is one of the reasons for Svedavahasrotodusti and Rasavahasrotodusti, Adhi produces Vatakopa. According to Charakacharya, Manas has direct relation with twak. So mental factors have a major role on twakrogas.as hair is directly related to skin its problems create hair disorders also.

Latogenic factors

• Atiswedakarma: The treatment procedure, Swedana when exceeds leads to Vatapittakopa.

On analyzing the above Nidana factors can be grouped as follows: Abyangadwesha, Mrijadwesha, Atimaiithuna, Bashpanigraha, Himahara, Jagarana, Manastapa, Pravgata, Rajahsevana, Rodhana and Vegadharana vitiates Vata.

Atiseethambusevana, Divaswapna, Atiswapna, Guru Ahara, etc. vitiates Kapha. Atapasevan, Dhoomasevana, Atiswedakarma etc. vitiates Pitta and Rakta.

SAMPRAPTIT

Dosha : Tridosha
Dhatu : Rasa, Rakta, Asthi
Upadhatu : Twak, Roma
Srotas : Rasa, Rakta, Asthi, Sweda
Adhishtana : Kapala
Rogamargam : Bahyam
Vaykthastanam : Kapalam

Samprapti of Indralupta can be explained in 2 stages-

Pachana is the function of Pitta which leads to Dhatu Parinama. This helps in the nutrition of the body structures. Vata activates the functioning of pitta and regulates the nutritive function properly. Only when pitta functions properly with Vata, Roma with Sthirathwa Swabhava is formed.

1st stage: Pitta and Vata get vitiolated due to the nidana factors. Vitiated pitta leads to defective pachana, which again leads to defective dhatu parinama. Vitiated vata leads to defective samvahana. Defective dhatu parinama and samvahana- together lead to defective nutrition and this leads to dhatukshya. When asthidhatu kshaya occurs, abrupt falling of hair occurs.

2nd stage: The hair fall results in empty romakupa. The vitiated kapharakta get accumulated in the empty hair follicle and rodha of the romakupa occurs. So, regeneration of the hair from the follicle does not occur.

POORVAROOPA: Hair fall occurs due to the vitiation of pitta and vata.

ROOPA: Regrowth of hair gets arrested due to the accumulation of kapha and rakta on empty romakopa leading loss of hair on the affected area.
TYPES (BHEDAM) - Five types of Indralupta are mentioned in Harita Samhita 43rd Chapter, i.e. Vatajam, Pittajam, Kaphajam, Raktajam and Sannipatikam. The signs and symptoms described in Harita samhita are represented as:

- Vatajam – Ruksham, Pandurum
- Pittajam – Raktavaranam with burning sensation
- Kaphajam - Snigdham
- Rakhthajam - Pakam
- Sannipathikam – With all above symptoms

DIFFERENTIAL DIAGNOSIS - Acharya Vagbhata has stated that the sudden loss of hair in certain parts of the scalp is Indralupta, while the gradual fall of hair from all parts of scalp is called khalati or Kalityam.

PRAGNOSIS - It is not specifically mentioned in Ayurvedic classics. Due to the vitiation of tridoshas along with rakta, and also due to the usage of sasra for rakthamoksha, prognosis can be considered as 'Krichha sadhyam'.

CHIKITSA - The main treatment produces described in classical texts are tabulated below:

<table>
<thead>
<tr>
<th>Sushruta Samhita</th>
<th>Astanga Hridayam</th>
<th>Bhaisajyaratnavali</th>
<th>Yogaratnakaram</th>
<th>Harita Samhitha</th>
<th>Vaidyatharakam</th>
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The main treatment procedures of Indralupta are Rakthamoksha and Lepana. Among Rakthamoshapayas siraveda and prachana are mentioned Indralupta.

Many lepas are prescribed in our classical text. Some of the examples are stated below-

- Gunjamulam and Brihatiphala
- Gokshura and Thilapushpa with Madhusarpis
- Black cow urine and Japapushpa
- Root and fruits of Gunja
- Langali root with milk
- Kantakari Swaras with honey
- Putikanjan Patra with Saindhava
- Tilapuspa and Gokshura with honey


Pathya-athpathya

- Avoidance of water in the affected site till growth starts.
- Avoidance of Amla, Katu and Lavana Rasa.
- Avoidance of exposure to hot and dusty environment.
- Pathya of Vrana can be adopted like Jeernahasaloanam, Snightha Alpa Ushna Bhoojanam with Mugdha, saindava etc.
- Avoid day sleep and over exposure to wind.

DISCUSSION

Alopecia areata, also known as spot baldness, is a disease in which hair is removed from any or more parts of the body. It also results in a few bald spots on the forehead, each about the size of a coin. Indralupta is a disorder that affects Kapala (Scalp). Tridoshas along with Rakta has major role in the manifestation of the disease. It is characterized by loss of hair with poor replacement. According to Ayurveda acharyas, Pitta associated with Vata gets localized in the Romakupa and causes the hair fall, later Kapha dosha associated with raktha causes the obstruction to the hair roots and restricts hair re growth.

The signs and symptoms described in the classics of Ayurveda for Indralupta and that of Alopecia areata mentioned in the modern science are almost identical. Hence Indralupta can be equated to Alopecia areata. Alopecia areata is an autoimmune disease mediated by T-lymphocytes directed against hair follicles. The natural history of Alopecia areata is not well known. Genetic predisposition and environmental factors may trigger the initiation of disease. There is a high frequency of family history in affected person, ranging from 10% to 42% of cases. Available information indicates that 34% to 50% of patients with Alopecia areata
will recover within 1 year and 15% to 25% will progress to total loss of scalp hair and body hair, from which full recovery is unusual. Some available treatments may induce hair re-growth but do not change the course of disease. Now a day’s treatment for Alopecia areata normally includes corticosteroids, topical immunotherapy and phototherapy. As the number of hair follicles with which we are born, have to last for a life time, we cannot generate new hair follicles in any further course of our life, the discoveries and modern methods have not come up with a treatment that is cosmetically acceptable.

Ayurveda suggests surgical procedures like Siravyadha, Prachana, Lekhana and para surgical procedure like Jalaukavacharana in Indralupta. Large numbers of drugs for external application in the form of herbal, mineral and single drugs are also described. Many curative and preventive measures like Nasya, Rasayana, Murdha taila (Abhyanga, Pichu, Shirodhra, Shirobasti), Pathya sevana, Apathya nisheda are also mentioned. There is no empirical data related to its efficacy is available regarding the trial drugs and hence a clinical trial with documentation is essential for evaluation of its therapeutic value.

The samprapti of Indralupta involves two stages. The initial stage is characterized by excessive shedding of hair due to Vatapitta prakopa. If noticed early at this stage, Vatapittahara -Brimhana chikitsa can be adopted. The condition progresses to the next stage, with the involvement of Kapha and Rakta, leading to prevention of regrowth of hair. Commonly patients seek medical care during this stage.

The treatment aims at resolving the Srotorodha by Kapharakta shodhana. But local measures for resolving romakupa rodha are essential for samprapti vighatana of the second stage. For ekadeshasta rakta dusti, the adoptable modality is Prachana. Prachana stimulates the local circulation and thus helps in the easy absorption of drug applied as lepana. The drugs applied as lepana is absorbed by the action of twakasrita Brajakagni. The lepana which is applied over the scalp by the effect of its Rasa, Guna, Veerya, Vipaka, is absorbed by the hair follicles and which in turn causes the pores to open up and by the prabhava of the drug hair growth can be observed.

Raktamokshana drains out the vitiated blood from the Srotas and later when lepa is applied over the region it facilitates easy and faster absorption of the drug.

CONCLUSION

It can be concluded that Environmental, dietary, Habitual, Mental, Latogenic factors plays a major role in causation of this disease. Thus, the approach of Ayurveda in this field is essentially preventive and the medicines can provide permanent and better cure for the disease. Indralupta is more common in young adults, even though it can occur in anyone irrespective of age and sex. The prevalence of the disease is observed more in males than in females.

REFERENCES