



AN AYURVEDIC MANAGEMENT OF INDRALUPTA (ALOPECIA AREATA): A SINGLE CASE STUDY

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ABSTRACT

Background: *Indralupta*, described as *shiro-kapala roga* and *kshudra roga* in Ayurveda, closely correlates with Alopecia Areata, an autoimmune condition characterized by localized, non-scarring patchy hair loss over the scalp. Classical Ayurvedic texts attribute its *samprapti* to aggravated *Vata* and *Pitta doshas* initiating the hair fall, followed by *Kapha-Rakta* involvement leading to blockage of *romakupa* thereby, restricting hair growth. Modern management includes corticosteroids and offers limited long-term solutions, prompting interest in traditional holistic approaches. **Aim:** To evaluate the therapeutic effect of a comprehensive Ayurvedic treatment protocol in a patient with *Indralupta*. **Methods:** The treatment plan included *Deepana-Pachana* with *Hingvastaka Choorna*, followed by *Pracchana Karma* and application of *Indralupta Masi* on the affected patches. Internal medications—*Vidangarista*, *Arogyavardhini Vati*, *Asthiposhaka Vati* and *Jeevanamrita Rasayana*—were administered to correct systemic imbalance, enhance metabolism, purify *rakta*, nourish *dhatu*s and support follicular regeneration. *Bringamalaka Taila* was used for scalp nourishment. **Results:** The patient showed marked clinical improvement, with significant reduction in SALT Score (patch size), enhanced hair density and restoration of follicular activity over the treatment period. No adverse effects were observed and the therapeutic response remained stable during follow-up. **Conclusion:** The integrative Ayurvedic regimen addressing *agnideepana*, *dosha shamana*, *srotoshodana*, local stimulation and *rasayana* support proved effective in managing *Indralupta*. The observed improvement suggests that such protocols may offer a safe and holistic alternative for Alopecia Areata.

KEYWORDS: *Indralupta*, Alopecia areata, SALT Score, *Pracchana karma*, *Indralupta masi*.

INTRODUCTION

Alopecia areata is a common autoimmune disorder characterized by sudden, well-circumscribed patches of hair loss on the scalp or other hair bearing sites. It affects both sexes and all age groups¹, with a global lifetime prevalence² of approximately 1–2%. The disease often presents without scarring or inflammation, but its unpredictable course and tendency to relapse can cause significant emotional distress³. Conventional treatment includes topical and systemic corticosteroids, immunotherapy and phototherapy, though relapses and variable responses remain a concern⁴.

The pathophysiology of alopecia areata involves an autoimmune reaction where cytotoxic T lymphocytes attack hair follicle cells during the anagen (growth) phase. This immune-mediated disruption leads to premature cessation of hair growth and follicular miniaturization. Studies also suggest a genetic predisposition linked to certain HLA alleles, along with the influence of environmental and psychological stressors that trigger immune dysregulation. The immune privilege of hair follicle is compromised, resulting in inflammation and follicular arrest⁵.

In *Ayurveda*, *Indralupta* is considered the counterpart of alopecia areata. Acharya Sushruta classifies it under *Kshudra Roga*⁶, while Acharya Vagbhata includes it among *Shiro-Kapalagata Roga*⁷. The *Samprapti* (pathogenesis) begins with vitiation of *Vata* and *Pitta doshas* that does the *shoshana* of the *romakupa* (hair follicle), causing hair fall. Subsequently, *Kapha* and *Rakta* obstruct the follicles, preventing regrowth. Thus, both depletion (*dhatu kshaya*) and obstruction (*avarana*) are involved in the disease mechanism⁸.

The *Chikitsa* (treatment) of *Indralupta* aims to restore follicular function and balance the doshas. *Shodhana* therapy i.e., *Pracchana Karma* helps to remove localized vitiated blood and stimulate follicles. *Shamana* measures such as *Lepa* (herbal paste applications), *Nasya* and the use of *Keshya dravyas* like *bringaraja*, *amalaki etc*, enhance circulation and promote hair regrowth. This integrative approach addresses the underlying *dosha dushti* and supports both local and systemic rejuvenation, offering a holistic management strategy for alopecia areata.

MATERIALS AND METHODS

CASE REPORT

A 14- year- old boy presented to the outpatient department of Shalakyta tantra (OP No.7610), GAMC, Bengaluru with his parents, complaining of progressive patchy hairloss over the vertex and occipital region of the scalp for the past 6 months. The hairloss was oftenly associated with mild itching. The patient reported no associated symptoms such as dandruff, pain, redness or scaling. His parents noted a gradual increase in the size of the bald patches over time. There was negative family history suggesting no genetic predisposition. There were no identifiable aggravating or relieving factors. On general examination, the patient appeared moderate built and afebrile, with stable vitals and no signs of pallor, icterus, cyanosis, clubbing or lymphadenopathy. Systemic examinations i.e., cardiovascular, respiratory, urinary and central nervous systems revealed no abnormalities. The patient reported a mixed diet with adequate appetite, regular bladder habits, sound sleep and

irregular bowel with addiction to junk foods, sweets and dairy products. All routine laboratory investigations were carried out before starting the treatment and were within normal limits. On scalp examination, oval patches of hair loss were observed over the vertex and occipital regions. The Severity of Alopecia Tool (SALT) score was calculated as 26% (S2). The clinical findings confirmed the diagnosis of alopecia areata with progressive pattern hair loss localized to the vertex and occipital region of scalp.

<i>Nadi</i>	<i>Vata-Kaphaja Nadi,</i> 78/Min
<i>Mutra</i>	<i>Prakrita, 4-5 times/day,</i> 1 time/night
<i>Mala</i>	<i>Vaikrita (hard stools)</i>
<i>Jihva</i>	<i>Nirama</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Sama sheetoshna</i>
<i>Drik</i>	<i>Prakrita</i>
<i>Aakriti</i>	<i>Madhyama</i>

Asthavidha Pariksha as shown in Table 1.

Site of involvement	Scalp
Hair colour	Black
Hair Loss Pattern	Patchy, oval, 2 patches in number, non-scarring
Pattern	Asymmetrical Patches
Dandruff	Absent
Hair Pull Test	Positive
SALT Score	26% (S2)

Scalp Examination observations have been depicted in Table 2

LABORATORY INVESTIGATIONS

To screen the patient before starting *pracchana karma*, following laboratory tests were done.

Haemoglobin	13.8 gm/dL
Bleeding time	2 minutes 10 seconds

Clotting time	6 minutes 20 seconds
HBsAg	Negative
HIV I and II	Negative

Table no. 3 showing laboratory investigations**TREATMENT PROTOCOL****TABLE NO. 4 – TREATMENT PROTOCOL**

Days	Name of the medicine	Dose	Time	Anupana	Duration
1 st -7 th day	<i>Hingvastaka choorna</i>	1/4 th teaspoon BD	With first bolus of food	½ tsp ghee	7 days
8 th – 22 nd day	<i>Tab. Arogyavardhini vati</i>	1-0-1	After food	Warm water	15 days
8 th – 22 nd day	<i>Syp. Vidangarista</i>	15ml -0-15ml	After food	With equal quantity of water	15 days
8 th – 28 th day	<i>Pracchana karma followed by indralupta masi*</i> application	q.s	Morning [once in a week]	-	3 sittings (21 days)
8 th – 28 th day	<i>Indralupta masi</i> application daily at home	q.s	Evening	External application	21 days

TABLE NO. 5 – FOLLOW UP MEDICINES

Days	Name of the medicine	Dose	Time	Anupana	Duration
29 th – 43 rd day	<i>Tab Asthiposhaka vati*</i>	1-0-1	After food	Water	15 days
29 th – 58 th day	<i>Jeevanamrutham rasayana</i>	½ tsp	Before food	Warm milk	30 days
29 th – 58 th day	<i>Bhringamalaka taila</i>	q.s	Evening (weekly twice)	External application	30 days

*Disclaimer: The proprietary medicines are referenced for educational purposes only, not for promotional intent.

OBSERVATION AND RESULT

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 58 days of Ayurvedic management, the length and density of hair increased gradually. Hair Pull test became negative, SALT Score reduced to Zero after treatment. Findings reveal significant improvements in hair regrowth assessed using Hair regrowth scale, have been shown in table. 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 NO. 6 – SALT SCORE AND HAIR REGROWTH SCALE

	BT	8 th day	13 th day	21 st day	28 th day	43 rd day	AT (59 th day)
SALT Score	S2(26%)	S2(26%)	S1(24%)	S1(20%)	S1(18%)	S1(8%)	S0 (0%)
HRS	0 (no hair growth)	0 (no hair growth)	1 (sparse hair growth)	1 (sparse hair growth)	2 (moderate hair growth)	2 (moderate hair growth)	3 (dense hair growth)

DISCUSSION

The present clinical observation highlights the effectiveness of a multimodal Ayurvedic approach in the management of *Indralupta* (Alopecia Areata), a condition characterized by patchy hair loss resulting from the vitiation of *Vata* and *Pitta* doshas and subsequent *Kapha–Rakta* obstruction at the *romakupa*. The therapeutic rationale integrates internal purification, dosha balancing, local stimulation and *rasayana* support, addressing both the underlying pathology and the visible manifestations of the disease.

Initiating therapy with ***Deepana–Pachana*** using ***Hingvastaka Choorna*** played a key role in enhancing *agni* and reducing *ama*. This preparatory step supports the classical principle that impaired digestion contributes to *dosha* aggravation and follicular blockage, and that restoration of digestive strength enhances the absorption and efficacy of subsequent therapies. The improvement in appetite, bowel regularity, and metabolic activity observed during treatment suggests that correcting systemic imbalance is essential for successful hair regrowth.

Pracchana Karma, employed as a local bloodletting procedure, produced significant clinical benefits. It facilitated the removal of vitiated *Rakta* and reduced inflammatory stagnation around the hair follicle. By improving microcirculation and clearing *kapha*-mediated obstruction, *pracchana* created an optimal environment for hair follicle activation. The noticeable regrowth in patches following this intervention supports classical references that emphasize *raktamokshana* as a first-line approach in *Indralupta*.

The application of **Indralupta Masi** immediately after *pracchana* acted as a potent follicular stimulant. The micro-channels created by the procedure enhanced the penetration of the formulation, aiding in the reduction of local dosha imbalance and facilitating early anagen activation. This combination of mild controlled trauma and targeted herbal application appears to contribute synergistically to faster visible outcomes. *Devadaru* in *Indralupta masi lepa* acts as a *srotoshodhaka*, *shothahara*, *vata-kapha shamaka*, follicular stimulant and antimicrobial agent, collectively promoting hair follicle activation and sustained regrowth.

Internal medications such as **Arogyavardhini Vati** and **Vidangarista** supported systemic detoxification, improved liver function, corrected *pitta-rakta* vitiation, and addressed potential *krimi*-related or autoimmune triggers. Their combined action likely contributed to reduced inflammation and a healthier scalp environment. **Asthiposhaka Vati**, by nourishing *asthi dhatu*, may have strengthened the structural foundation of hair (*kesha*), resulting in improved density and quality of regrown strands.

Local application of **Bringamalaka Taila** provided nutritive and soothing support to the scalp, especially beneficial in cases with associated *pitta* aggravation or dryness. The inclusion of **Jeevanamrita Rasayana** further strengthened the therapeutic outcome by supporting *ojas*, enhancing immunity, and promoting long-term stabilization of hair growth.

Overall, the integrative protocol demonstrates that combining *deepana-pachana*, *raktamokshana*, targeted local applications, internal detoxification, *dhatu-poshana* and *rasayana* therapy results in favorable outcomes in *Indralupta*. The observed improvements align with classical descriptions of pathogenesis and the recommended therapeutic strategies. This approach not only addresses acute patchy hair loss but also aims to prevent recurrence by correcting systemic imbalances. Future controlled studies with larger sample sizes may help validate these findings and establish standardized guidelines for Ayurvedic management of *Indralupta*.

CONCLUSION

The present study demonstrates that an integrated Ayurvedic approach combining *Deepana-Pachana*, *Pracchana Karma*, targeted local applications such as *Indralupta Masi* and internal formulations including *Vidangarista*, *Arogyavardhini Vati*, *Asthiposhaka Vati* and *Jeevanamrita Rasayana* is effective in managing *Indralupta* (Alopecia Areata). By addressing the core pathogenesis—*Vata-Pitta* aggravation, *Kapha-Rakta* obstruction, and follicular dormancy—this multidimensional protocol promotes follicular cleansing, enhances microcirculation, improves metabolic balance, and supports tissue regeneration. Significant improvement in patch size, hair density, and overall scalp health indicates that this holistic regimen is beneficial not only for symptomatic control but also for preventing recurrence. The findings support classical Ayurvedic principles and highlight the potential of traditional therapies as safe, individualized, and sustainable interventions for *Indralupta*. Larger controlled trials are recommended to validate these observations and develop standardized treatment guidelines.

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PICTURE 1

Before treatment



PICTURE 2

After treatment