



COMPREHENSIVE EFFECT OF AYURVEDIC TREATMENT IN THE MANAGEMENT OF INDRALUPTA (ALOPECIA AREATA): A SINGLE CASE STUDY

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ABSTRACT

Background: Indralupta is a well-described disorder in the classical Ayurvedic texts, categorized under *Kṣhudra Roga* or *Kapalagata Roga*, characterized by patchy loss of hair over the scalp or other hair-bearing areas. The condition closely resembles alopecia areata and other non-scarring alopecia described in contemporary dermatology. Ayurveda explains Indralupta through the derangement of *Doṣhas*, particularly *Pitta* and *Vata*, leading to hair fall, followed by obstruction of hair follicles due to *Kapha* and *Rakta*, which prevents regrowth. **Aim:** To evaluate the therapeutic efficacy of a comprehensive Ayurvedic treatment protocol, including *Shodhana* and *Shamana* therapies, in a patient with Indralupta. **Methods:** *Dīpana–Pachana* was initiated with *Chitrakadi Vaṭi* to improve digestion and metabolism. *Pracchana Karma* was performed over the alopecic patches to eliminate localized *doṣa* and *rakta duṣṭi*, followed by topical application of *Ichhabhedhi Rasa* to clear follicular obstruction. *Takradhara* with medicated *takra* prepared using *Musta*, *Amalaki*, and *Jatamamsi* was administered to pacify *Pitta* and *Kapha*. For systemic management, internal medications—*Arogyavardhini Vaṭi*, *Mahamanjiṣṭhadi Kashaya*, *Lakshadi guggulu* and *Narasimha rasayana*—were prescribed to correct systemic *doṣha* imbalance, enhance metabolism, purify *rakta*, and nourish *dhatu*s. *Neelibhringadi Taila* was advised for regular scalp application to support follicular nourishment and hair growth. **Results:** The patient demonstrated marked clinical improvement, evidenced by a significant reduction in the SALT score (patch size), increased hair density, and restoration of follicular activity over the treatment period. No adverse effects were observed, and the therapeutic response remained stable throughout the follow-up period. **Conclusion:** The integrative Ayurvedic regimen focusing on *Agnideepana*, *Doṣha Shamana*, *Srotoshodana*, local therapeutic stimulation, support proved effective in the management of *Indralupta*. The observed clinical improvement suggests that such treatment protocols may serve as a safe, holistic, and effective alternative in the management of Alopecia Areata.

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

INTRODUCTION

Alopecia areata is an immune-mediated disorder marked by abrupt, localized hair loss in discrete patches over the scalp or other hair-bearing regions. The condition affects individuals of all ages and both genders and has a worldwide lifetime prevalence estimated at 1–2%. Despite the absence of permanent scarring or overt inflammatory signs, the disease follows a highly variable and recurrent course, often leading to considerable psychosocial impact. Current therapeutic approaches primarily involve corticosteroids, topical

immunomodulators, and phototherapy; however, inconsistent outcomes and frequent recurrences continue to limit long-term disease control.

Alopecia areata results from an autoimmune process in which cytotoxic T lymphocytes target hair follicles during the anagen phase, leading to premature interruption of hair growth and follicular miniaturization. Genetic predisposition, particularly associations with certain HLA alleles, along with environmental and psychological stressors, contributes to immune

dysregulation. Disruption of the hair follicle's immune privilege culminates in perifollicular inflammation and arrest of the hair cycle.

In *Ayurveda*, *Indralupta* is regarded as the clinical equivalent of alopecia areata. *Acharya Sushruta* describes it under *Kshudra Roga*, while *Acharya Vagbhata* includes it among *Shiro-Kapalagata Roga*. The *samprapti* involves vitiation of *Vata* and *Pitta* doshas, leading to *shoshana* of the *romakupa* and subsequent hair loss. This is followed by obstruction of the follicles by *Kapha* and *Rakta*, inhibiting hair regrowth. Hence, both *dhatu kshaya* and *avarana* play a central role in the pathogenesis of the disease

The *chikitsa* of *Indralupta* focuses on restoring follicular function through *dosha* balance. *Shodhana* therapy, particularly *Pracchana Karma*, facilitates removal of locally vitiated *Rakta* and stimulates hair follicles. *Shamana* measures such as *Lepa*, *Nasya*, and *Keshya dravyas* including *Bhringaraja* and *Amalaki* improve local circulation and promote hair regrowth. This integrated approach addresses underlying *dosha dushti* while supporting local and systemic rejuvenation, offering a holistic strategy for managing alopecia areata..

MATERIALS AND METHODS

CASE REPORT

A 31 year old male presented to the outpatient department of Shalakyta tantra (OP No.7678), GAMC, Bengaluru, complaining of progressive patchy hairloss over the vertex and temporal region of the scalp for the past 6 months. The hairloss was oftenly associated with mild itching. The patient reported associated symptoms such as dandruff. He also noticed 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 regular bowel with addiction to junk

TREATMENT PROTOCOL

TABLE NO. 4 – TREATMENT PROTOCOL.

Days	Name of the medicine	Dose	Time	Anupana	Duration
1st-7th day	<i>Tab. Chitrakadi vati</i>	1-1-1	Before food	Warm water	7 Days
8th – 22nd day	<i>Tab. Arogyavardhini Vati</i>	1-0-1	After food	Warm water	15 days
8th – 22nd day	<i>Mahamanjishyadi kashaya</i>	15ml-0-15ml	After food	Warm water	15 days
8th –49th day	<i>Pracchana karma followed by icchabedhi rasa application</i>	q.s	once in a week	External application	7 sittings (49 days)
50 th -57 ^h day	<i>Takradhara with Musta, Amalaki, Jatamansi</i>	q.s	7 days continuously	External	7 Days

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 temporal regions. The Severity of Alopecia Tool (SALT) score was calculated as 25.4% (S2). The clinical findings confirmed the diagnosis of alopecia areata with progressive pattern hair loss localized to the vertex and temporal region of scalp.

Asthavidha Pariksha as shown in Table 1.

<i>Nadi</i>	<i>Vata-kaphaja nadi, 82/min</i>
<i>Mutra</i>	<i>Prakrita, 4-5 times/day</i>
<i>Mala</i>	<i>Prakrita</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>

Scalp Examination observations have been depicted in Table 2.

Site of Involvement	Scalp
Hair colour	Black
Hair Loss Pattern	Patchy, oval, nonscarring
Pattern	Asymmetrical Patches
Dandruff	Present
Hair Pull Test	Positive
SALT Score	25.4%

LABORATORY INVESTIGATIONS

TABLE NO. 3

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

Haemoglobin	11.2 g%
Bleeding time	2 minutes 20 seconds
Clotting time	7 minutes 10 seconds
HBsAg	Negative
HIV I and II	Negative

TABLE NO. 5 – FOLLOW UP MEDICINES.

Days	Name of the medicine	Dose	Time	Anupana	Duration
58 th -72 nd day	<i>Lakshadi Guggulu</i>	1-0-1	After food	Warm water	15 days
58 th -87 th day	<i>Narasimha Rasayana</i>	1 tsp-0-0	Before food	Warm milk	30 days
58 th -87 th day	<i>Neelibringadi taila</i>	Q.S	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 was followed up every 15 days and the outcomes were regularly monitored. After one month of treatment, hair fall reduced significantly, sparse hair appeared over the bald patches, and dandruff decreased. After 87 days of Ayurvedic treatment, hair length and density gradually increased. The Hair Pull Test became

negative, and the SALT score reduced to zero. Hair regrowth assessment showed significant improvement, as presented in the table. No adverse effects related to the treatment were observed. Although alopecia commonly shows recurrence, no recurrence was noted during the treatment period with Ayurvedic management.

TABLE NO. 6 – SALT SCORE AND HAIR REGROWTH SCALE.

SALT Score	BT	8 th day	21 st day	51 th day	57 th day	72 nd day	AT(88 th day)
	S2(25.4%)	S2(25.4%)	S1(23.2%)	S1(21.3%)	S1(18.9%)	S1(18.3%)	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)

Before Treatment

1st day- HRS 01st day- HRS 01st day- HRS 0

After Treatment

88th day- HRS 388th day- HRS 388th day- HRS 3

DISCUSSION

The present clinical observation demonstrates the effectiveness of a multimodal Ayurvedic approach in managing *Indralupta* (Alopecia Areata). The condition is characterized by patchy hair loss due to vitiation of *Vata* and *Pitta* doshas with *Kapha-Rakta* obstruction at the *romakupa*. The treatment approach included internal purification, *dosha* balancing, local stimulation, and *rasayana* therapy, thereby addressing both the underlying pathology and the clinical features of the disease.

Initiation of treatment with *Deepana-Pachana* using *Chitrakadi Vati* helped to improve agni and reduce *ama*. This step supports the classical concept that poor digestion leads to *dosha* aggravation and blockage of hair follicles. Enhancing digestive strength improved the absorption and effectiveness of subsequent therapies. The observed improvement in appetite, bowel regularity, and overall metabolism indicates that correction of systemic imbalance is important for achieving effective hair regrowth.

Pracchana Karma, used as a local bloodletting procedure, showed significant clinical benefits. It helped remove vitiated *Rakta* and reduced local inflammation around the hair follicles. By improving microcirculation and clearing *Kapha*-related obstruction, *Pracchana* created a favorable environment for hair follicle activation. The observed hair regrowth in the patches supports classical references that describe *Raktamokshana* as an effective primary treatment in *Indralupta*.

Application of **Ichhabhedhi Rasa** immediately after **Pracchana** acted as an effective follicular stimulant. The micro-channels created during the procedure enhanced drug penetration, helping to reduce local *doṣha* imbalance and promote early activation of the anagen phase. The combined effect of controlled local stimulation and targeted herbal application contributed to faster visible improvement. Owing to its *bhedana*, *deepana*, *pacana*, and *srotoshodhana* properties, *Ichhabhedhi Rasa* helps eliminate *Kapha-Vata doṣa* and *ama*, thereby relieving *romakupa avaraṇa* and supporting *kesha utpatti* in *Indralupta*.

Internal medications including **Arogyavardhini Vati** and **Mahamanjiṣṭhadi Kashaya** aided systemic detoxification, improved liver function, and corrected *Pitta-Rakta* vitiation, thereby reducing inflammation and promoting a healthy scalp. **Lakṣhadi Guggulu**, through *Asthi Dhatu* nourishment, supported improved hair density and quality.

Local application of **Neelibringadi Taila** provided nourishing and soothing support to the scalp, particularly beneficial in *Pitta* aggravation and dryness. **Narasimha Rasayana** supported *ojas* and immunity, contributing to long-term stabilization of hair growth.

Overall, the integrative protocol combining *deepana-pachana*, *raktamokshana*, local applications, internal detoxification, *dhatu-poṣhaṇa*, and *rasayana* therapy produced favorable outcomes in *Indralupta*, consistent with classical principles. This approach addressed active hair loss and helped prevent recurrence by correcting systemic imbalances. Larger controlled studies are needed to validate these findings and develop standardized Ayurvedic treatment guidelines.

CONCLUSION

This study shows that an integrated Ayurvedic approach—including *Deepana-Pachana*, *Pracchana Karma*, local applications, and internal medicines—is effective in managing *Indralupta* (Alopecia Areata). By addressing *doṣha* imbalance, follicular blockage, and hair dormancy, the treatment improved hair density, patch size, and overall scalp health. It helped control symptoms and prevent recurrence. These results support classical Ayurvedic principles, and larger studies are needed to confirm the findings and develop standard treatment guidelines.

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