

TELOGEN EFFLUVIUM (*INTITHAR AL-SHA'R*) MANAGED WITH *ITRIFAL USTUKHUDDUS* AND *ROGHAN ZAITOON*: A UNANI MEDICINE CASE REPORT

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ABSTRACT

Background: Telogen effluvium (TE) is a common cause of diffuse, non-scarring scalp hair shedding that may occur following systemic or physiological stressors, including febrile illness. Within the Unani system of medicine, diffuse hair loss is described as *Intithar al-Sha'r* and has traditionally been discussed in relation to disturbances affecting the condition and integrity of the hair roots. **Case Presentation:** A 19-year-old woman presented with a 3-month history of excessive scalp hair shedding, which had become more pronounced following a febrile illness approximately 5 months before presentation. Clinical examination revealed diffuse, non-scarring, non-patterned hair thinning with a positive hair-pull test. The eyebrows, eyelashes, body hair, and nails were normal. The baseline Hair Shedding Visual Analog Scale (HSVS) score was 9, while the Dermatology Life Quality Index (DLQI) score was

17. Based on the clinical presentation and history, telogen effluvium was clinically favored.

Intervention: The patient was treated with oral *Itrifal Ustukhuddus* at a dose of 10 g twice daily and topical *Roghan Zaitoon* at a dose of 5 mL applied nightly through gentle scalp massage for 60 days. Dietary counselling and supportive hair-care advice were provided concurrently. **Outcome:** At Day 60, the HSVS score decreased from 9 to 3, while the DLQI score improved from 17 to 5. No adverse effects were reported during the treatment period, and repeat laboratory investigations showed no clinically significant abnormalities. **Conclusion:** A 60-day multimodal Unani intervention comprising *Itrifal Ustukhuddus*, topical *Roghan Zaitoon*, dietary counselling, and supportive hair-care measures was associated with improvement in patient-reported hair shedding and dermatology-related quality of life in this case of clinically favored telogen effluvium. However, because TE may improve spontaneously and this was a single uncontrolled case, a causal relationship between the intervention and the observed improvement cannot be established. Controlled clinical studies incorporating objective measures of hair density and longer follow-up are warranted.

KEYWORDS: Telogen Effluvium; *Intithar al-Sha'r*; Unani Medicine; *Itrifal Ustukhuddus*; *Roghan Zaitoon*; Hair Shedding; Case Report.

1. INTRODUCTION

Hair is an important component of human identity and appearance and may also reflect aspects of an individual's general health and well-being.^[1,2] Structurally, hair is primarily composed of keratin, a protein synthesized by epithelial cells, and contains elements including carbon, nitrogen, sulfur, and oxygen. Scalp hair grows approximately 15–30 mm per month, while normal daily hair shedding is commonly reported to be approximately 70–100 hairs. Excessive or persistent hair shedding, however, may indicate an underlying pathological or physiological disturbance.^[3]

Hair loss, or alopecia, may have considerable psychosocial consequences, including anxiety, reduced self-esteem, diminished perceived attractiveness, and impaired quality of life (4). Each scalp hair follicle undergoes a cyclic process comprising anagen (growth), catagen (involution), and telogen (rest). Disturbance of the normal hair cycle may result in diffuse hair loss. Telogen effluvium is among the common causes of diffuse hair shedding and may occur when a significant proportion of growing hairs undergo premature transition into the telogen phase. The condition occurs in both sexes, although women may present more frequently for evaluation because of the psychosocial impact of noticeable hair shedding.^[5–8]

Within the Unani system of medicine, diffuse hair loss is described as *Intithar al-Sha'r*. Classical Unani physicians, including Dioscorides, Ibn Maswayh, Zakariyya Razi, Ali ibn Abbas al-Majusi, and Ibn Sina, discussed *Intithar al-Sha'r* in relation to its etiopathogenesis and management. Traditional descriptions associate the condition with disturbances in processes related to the development of *yabusat*, which are described as contributing to alterations in the condition of the skin and hair roots and consequent hair shedding.^[9]

The management of hair-loss disorders in conventional medicine depends upon the underlying diagnosis and may include pharmacological and procedural approaches. However, treatment selection must be individualized according to the specific type and cause of hair loss. In contrast, the Unani therapeutic approach emphasizes correction of *suw' mizaj* (abnormal temperament) and restoration of equilibrium through *Ilaj bil Ghiza* (dietotherapy), *Tadbir* (regimental therapy), and *Ilaj bil Dawa* (pharmacotherapy). Traditional Unani preparations such as *Itrifal Ustukhuddus* and *dalak* (massage) with *Roghan-e-Zaitoon* are utilized in the traditional management of disorders involving the hair and scalp.^[11,12]

Given the multifactorial nature of diffuse hair shedding and its potential effect on quality of life, the present case describes the management of a clinically favored case of telogen effluvium using a multimodal Unani regimen comprising *Itrifal Ustukhuddus*, topical *Roghan Zaitoon*, dietary counselling, and supportive hair-care measures.

2. CASE PRESENTATION

2.1 Patient Information

A 19-year-old woman presented to the Amraz-e-Jild-wa-Tazeeniyat (Dermatology and Cosmetology) outpatient department of Hakim Syed Zia-ul-Hasan Government Autonomous Unani Medical College and Hospital, Bhopal, with a 3-month history of excessive scalp hair shedding.

The patient reported a febrile illness approximately 5 months before presentation, following which the hair shedding became more pronounced. There was no reported history of thyroid disease, polycystic ovary syndrome, unexplained weight loss, or familial androgenetic alopecia.

Her height was 152 cm and weight was 56 kg, corresponding to a BMI of 24 kg/m². Her vital signs were within normal limits: heart rate 86 beats/min, blood pressure 120/80 mmHg, temperature 98.6°F, and respiratory rate 18/min.

General examination revealed pallor. Cardiovascular, respiratory, abdominal, and neurological examinations were otherwise unremarkable. The patient also reported reduced appetite, constipation, and decreased urinary frequency and volume.

2.2 Clinical Findings

Examination of the scalp revealed diffuse hair thinning without visible scalp lesions, scaling, or widening of the central part. The hair was medium-length, black, and oily.

Hair-pull testing was positive at multiple scalp sites, indicating active hair shedding. The eyebrows, eyelashes, and body hair were normal, and the nails were unremarkable. No scarring or focal scalp lesions were identified.

The clinical presentation was therefore characterized by diffuse, non-scarring, non-patterned hair thinning with active shedding and without clinically apparent focal or inflammatory scalp disease.

3. Diagnostic Assessment

Hair-shedding severity was assessed using the Hair Shedding Visual Analog Scale (HSVS)^[7], while health-related quality of life was assessed using the Dermatology Life Quality Index (DLQI).^[8]

Baseline laboratory investigations included complete blood count, random blood sugar, serum albumin, and total protein. These investigations were reported to be within normal limits.

The diagnosis of telogen effluvium was clinically favored on the basis of diffuse, non-scarring, non-patterned hair thinning, a positive hair-pull test, and the absence of scalp scaling, scarring, or discrete patches. Normal eyebrows, eyelashes, body hair, and nails further supported the absence of other clinically apparent hair or nail disorders.

The history of a febrile illness approximately 5 months before presentation, followed by increased hair shedding, provided a temporally compatible association with a recognized

systemic trigger of acute telogen effluvium (1). The presentation was considered more consistent with diffuse telogen shedding than with female-pattern hair loss or alopecia areata.

No clinical findings suggestive of scarring alopecia or an active inflammatory scalp disorder were identified.

4. Therapeutic Intervention

After obtaining informed consent, the patient was prescribed oral *Itrifal Ustukhuddus* at a dose of 10 g twice daily and topical *Roghan Zaitoon* at a dose of 5 mL through gentle scalp massage once daily at night for 60 days.

Itrifal Ustukhuddus was obtained from Hamdard Laboratories (India), while *Roghan Zaitoon* was obtained from New Shama Laboratories Pvt. Ltd.

The intervention constituted a multimodal Unani regimen because oral and topical Unani medicines were administered together with dietary counselling and supportive hair-care measures.

Supportive hair-care advice included avoidance of hot water and excessive heat exposure from hair dryers and straighteners. The patient was advised to comb the hair after drying and to avoid tight hairstyles or braiding, particularly during sleep.

Dietary counselling emphasized a nutrient-rich diet containing adequate protein, iron, and essential fatty acids. Recommended dietary items included egg yolk, milk, yogurt, leafy vegetables, fruits, and nuts.

5. Timeline

Time Point	Clinical Events and Interventions
Approximately 5 months before Day 0	Febrile illness occurred.
Approximately 3 months before Day 0	Excessive scalp hair shedding began and subsequently became more pronounced.
Day 0	First clinical presentation. Diffuse, non-scarring hair thinning and a positive hair-pull test were documented. Baseline HSVS and DLQI scores were 9 and 17, respectively. Oral <i>Itrifal Ustukhuddus</i> 10 g twice daily and topical <i>Roghan Zaitoon</i> 5 mL nightly were initiated, together with dietary counselling and supportive hair-care advice.
Day 60	HSVS decreased from 9 to 3 and DLQI improved from 17 to 5. No adverse effects were reported, and repeat laboratory investigations showed no clinically significant abnormalities.

6. Follow-up and Outcomes

At baseline, the HSVS score was 9. Following 60 days of treatment, the score decreased to 3, indicating a reduction in patient-reported hair-shedding severity.

The DLQI score improved from 17 at baseline to 5 at Day 60, indicating an improvement in the patient's reported dermatology-related quality of life.

No adverse effects were reported during the treatment period. Repeat laboratory investigations at Day 60 showed no clinically significant abnormalities.

7. DISCUSSION

Telogen effluvium is characterized by increased diffuse hair shedding following disruption of the normal hair-growth cycle, most often triggered by a preceding systemic stressor such as febrile illness. In the present case, the patient reported a febrile illness approximately 5 months before presentation, with hair shedding becoming more pronounced approximately 2 months later. This interval is compatible with the delayed onset typically described following a systemic trigger of telogen effluvium (1,2), lending clinical plausibility to the working diagnosis.

The remainder of the clinical picture was similarly consistent with telogen effluvium rather than an alternative diagnosis. The patient demonstrated diffuse, non-scarring, non-patterned hair thinning together with a positive hair-pull test, without scalp scaling, discrete patches, or widening of the central part. The normal appearance of the eyebrows, eyelashes, body hair, and nails argued against alopecia areata, while the diffuse, non-patterned distribution made female-pattern hair loss clinically less likely. Taken together, these features supported a clinically favored diagnosis of telogen effluvium, although, as discussed below, this diagnosis was not confirmed by trichoscopy or phototrichogram.

From the perspective of Unani medicine, diffuse hair shedding of this kind is described as *Intithar al-Sha'r*. Classical Unani literature relates the condition to a disturbance of *suw' mizaj* (abnormal temperament) and to processes described as *yabusat* (dryness), which are traditionally held to compromise the nourishment and integrity of the hair roots (3–5). Management within this framework is organised around three complementary strategies, namely *Ilaj bil Ghiza* (dietotherapy), *Tadbir* (regimental therapy), and *Ilaj bil Dawa* (pharmacotherapy). These classical concepts represent a traditional theoretical framework

rather than an established biological mechanism, and are presented here descriptively rather than as a validated explanation for the patient's improvement.

The intervention selected for this case reflected this traditional framework in multimodal form: oral *Itrifal Ustukhuddus (Ilaj bil Dawa)*, *dalak* (massage) of the scalp with topical *Roghan Zaitoon (Tadbir)*, and structured dietary counselling (*Ilaj bil Ghiza*), supplemented by supportive hair-care advice. *Itrifal Ustukhuddus* and *Roghan Zaitoon* are both described in Unani literature in relation to the care of the hair and scalp (11,12), and their combined use alongside diet and regimen in this case reflects the traditional Unani principle of addressing a single condition through medication, regimen, and diet together rather than through pharmacotherapy alone. The specific phytochemical or pharmacological mechanisms by which these preparations might influence the hair cycle have not, however, been established in the literature reviewed for this case, and no such mechanism is proposed here.

Over the 60-day treatment period, the patient's HSVS score fell from 9 to 3 and her DLQI score improved from 17 to 5, indicating a clinically meaningful reduction in patient-reported hair shedding together with a substantial improvement in dermatology-related quality of life. No adverse effects were reported, and repeat laboratory investigations at Day 60 showed no clinically significant abnormalities, suggesting that the regimen was well tolerated over the treatment period.

These observations are broadly consistent with the generally favourable, though sometimes protracted, course described for telogen effluvium in the wider dermatological literature (4), and with previous Unani case-level reports describing improvement in diffuse hair loss following combined oral and topical Unani preparations (8). At the same time, the improvement must be interpreted with caution. Telogen effluvium is frequently self-limiting, and spontaneous improvement may occur as the precipitating illness resolves and the hair cycle returns toward its usual pattern (1,2); regression to the mean and non-specific effects of supportive care and clinical attention cannot be excluded. Because oral medication, topical therapy, dietary counselling, and hair-care advice were all introduced concurrently, the individual contribution of each component cannot be separated, and the improvement observed in this case cannot be attributed to any single element, nor can a causal relationship between the intervention and the outcome be established.

Several methodological limitations should also be acknowledged. The diagnosis was clinically favored rather than confirmed by trichoscopy or phototrichogram, and thyroid function, ferritin/iron studies, and vitamin B12 and vitamin D levels were not performed, so relevant systemic or nutritional contributors cannot formally be excluded. The report describes a single patient without a comparator or control group, and follow-up was limited to 60 days, which restricts assessment of longer-term hair-cycle recovery and durability of the response.

Despite these limitations, the case contributes clinical documentation to a still-limited literature on multimodal Unani management of diffuse hair shedding (9,12), and illustrates a structured approach in which oral pharmacotherapy, topical regimen, and dietary counselling were combined while patient-reported shedding and quality of life were tracked using validated instruments. As such, it may provide a preliminary basis for controlled clinical evaluation of this approach. Future studies should incorporate objective measures of hair density and growth, standardized diagnostic confirmation, systematic exclusion of reversible systemic and nutritional contributors, appropriate comparator groups, longer follow-up, and structured monitoring of adverse events.

8. CONCLUSION

A 60-day multimodal Unani intervention comprising *Itrifal Ustukhuddus*, topical *Roghan Zaitoon*, dietary counselling, and supportive hair-care measures was associated with improvement in patient-reported hair shedding and dermatology-related quality of life in a patient with clinically favored telogen effluvium.

However, because telogen effluvium may resolve spontaneously and this report describes a single uncontrolled case, the observed improvement cannot be attributed specifically to any individual intervention or to the multimodal regimen as a whole. Further controlled clinical studies incorporating objective hair-growth and hair-density measures, standardized diagnostic evaluation, safety monitoring, and longer follow-up are warranted to investigate the potential role of this Unani therapeutic approach.

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