WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 10, Issue 6, 998-1004.

Case Study

ISSN 2277- 7105

MANAGEMENT OF INDRALUPTA (ALOPECIA AREATA) WITH APPLICATION OF APAMARGKSHAR & JALAUKAVACHARAN-A CASE REPORT

Vd. Meenakshi Rewdkar-Kole¹ and Vd. Yogita Pawar²

¹Associate Professor, Department of Kaychikitsa, R.A Podar Medical (Ayu.) college, Worli, Mumbai-18.

²PG 2nd Year, Department of Kaychikitsa, R.A Podar Ayurved Medical College, Worli, Mumbai-18.

Article Received on 31 March 2021,

Revised on 21 April 2021, Accepted on 11 May 2021 DOI: 10.20959/wjpr20216-20493

*Corresponding Author Vd. Meenakshi Rewdkar-Kole

Associate Professor, Department of Kaychikitsa, R.A Podar Medical (Ayu.) College, Worli, Mumbai-18. Vd. Yogita Pawar

PG 2nd Year, Department of Kaychikitsa, R.A Podar Ayurved Medical College, Worli, Mumbai-18.

ABSTRACT

Hair and skin are mark of identity. Indralupta is a disease among Kapalgat vyadhi according to Acharya Vagbhat^[1], one among Kshudrarog by Acharya Sushrut^[2], characterized by loss of hair as a patch usually over scalp. Depending on the symptoms in contemporary science we can probably correlate to Alopecia Areata.It is an autoimmune disorder manifests as patchy loss of hair due to sudden precipitation of group of contiguous hair follicles into telogen.^[3] Steroid is the only treatment in modern medicine. In this case report patient with indralupta treated with application of Apamarg Kshar pratisaran and Jalaukavacharan. This treatment is beneficial in removing the obstruction present at hair follicles and promote new hair growth.

KEYWORDS: *Indralupta*, Alopecia areata, *Apamarg Kshar*, Jalaukavacharan.

INTRODUCTION

A human has around more than 2 million hair follicles which have both positive and negative effect on skin health. Healthy hair starts with healthy scalp. Hair is one of the vital parts of body which is derived from the ectoderm of skin. Change in hair follicle density, size and hair growth cycle are the fundamental causes of hair disorder.

Alopecia areata is a disease of hair follicle that overt in patchy hair loss. It can be nonscarring, non-inflammatory infectious or non-infectious. It is an autoimmune disease caused by irregular diet habits, air pollution, lack of cleanliness, different hair spray and colouring agents, hair gel and shampoo, malnutrition, lack of proper hair care routine and stress.

Non-inflammatory type of alopecia accounts for approximately 25% of all the cases^[4] and prevalence of alopecia areata in general population is estimated as 0.1 -0.2%. [5] Highest rate of prevalence to be noted was between 30-59 years of age. According to Ayurveda, patchy loss of hair is called as *Indralupta*. In Indralupta there will be vitiation of *Pitta* and *Vata* doshas along with rakta & kapha which obstructs the hair follicle due to which there will be hair loss. [6] Kshar has Tridishghna, Shoshan (To absorb) and Shodhan properties. Apamarg act as Kaphvatshamak and Kaphapittasanshodhak.^[7] It also shows Twakdoshhar (remove impurities in skin), Raktashodhak (remove impurities in blood) and Swedjanak (to generate sweat) properties. [8] Jalaukavacharan is explained as one of the best raktmokshana procedure that helps in draining vitiated rakta dhatu.^[9]

The treatment for alopecia areata is topical and intralesional corticosteroids, topical immunotherapy. [10] But these medicines have certain side effects like pruritis, skin rash, etc.^[11] Ayurveda has great potential to treat such autoimmune diseases, ayurvedic drugs are thesilver lining in such autoimmune disorder.

CASE HISTORY

A female patient Mrs. ABC of 29 years age visited the OPD of M.A. Podar Hospital, Worli with the following complaints.

- 1) Hair fall
- 2) Patchy hair loss since last 4 months.

History of present illness

Patient was asymptomatic 4 months back. Gradually she noticed thinning of hair over vertex region and hair fall. After that patient noticed patchy baldness at the vertex of head. No history of itching, dandruff and erythema was reported.

Investigation

Routine hematological and urine investigations were carried out to rule out systemic pathology.

General Examination

Moderately built with no other systemic illness.

Systemic Examination: -Scalp and hair Inspection

Type: -Patchy hair loss Scanty hair at the centreSite Vertex region.

Treatment protocol

- 1) At the initial days of treatment pachan was done with
- a) Arogyavardhini vati 250 mg BD with luke warm water.
- b) Guduchi+Amalaki+Musta churn each 1gm BD with luke warm water.
- 2) For *shodhan Jalaukavacharan*, once in a week for 4 weeks was done with daily application of *Apamarg kshar* pratisaran once in a day.
- 3) *Krumikuthar* 250 mg and *Vidangarishtha* 20ml BD also given, along with this patient is advised to avoid excess salt intake, hair spray, hair gel different hair colouring agents.

OBSERVATION

Criteria of assessment before and after treatment

- 1) Number of patches
- A) Before treatment: -1
- B) After treatment: -12)Appearance of patch: -
- A) Before treatment: -Baldness
- B) After treatment: -Regrowth of hairsPre & Post images: -

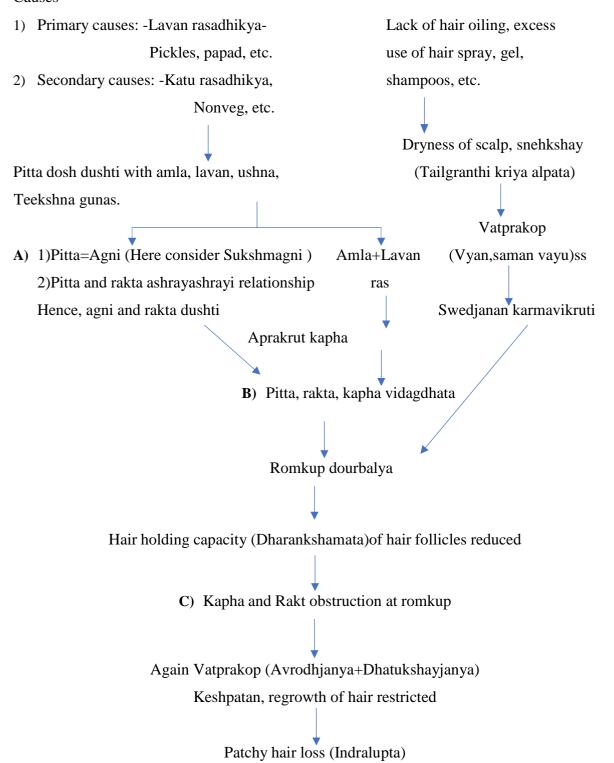


RESULT

The line of treatment mentioned above showed a significant improvement in sign and symptoms of patient before and after treatment. Patient was satisfied with result after 15 days and on regular follow up symptoms reduced progressively. After4 weeks of treatment new hair growth seen.

Pathophysiology

Causes



DISCUSSION

Obstruction of hair follicles with vidagdha kapha and rakta restrict growth of hairs. In orderto achieve sampraptibhang we were used shodhan, deepan, pachan, chikitsa as follows.

A) Shodhan

Raktmokshana with Jalaukavacharan(Dushit pitta+rakt+kapha nirharan)

B) Pachan

1) Sthanik pachan with Apamarg

Apamarg kshar pratisaran helps in deepan, pachan, raktashodhan, Swedjanan.

2) Abhyantar

Guduchi+Amalaki+Musta

(Pitta, Rakta pachak and shamak, Kapha pachak)

C) Sukshm agni dushti nirharan with Arogyavardhini which act at the microlevel and bringout cellular level metabolism correction and regulation.

(Tamra, kutki, guggul, shilajit + Abhrak, Loha bhasma etc. brings chayapachay niyaman)

Drugs	Component	Properties	Mode of action
Apamarg kshar	Apamarg	Laghu, ruksha, teekshna Ras: -Katu, tikta Vipak: -katu Veerya: -Ushna	Kaphvatshamak, kaphapitta Sanshodhak, Raktashodhak, Twakdoshhar, Swedjanak, pittasarak, deepan,pachan
Arogyavardhin iVati	Para, gandhak, loh bhasma, tamra bhasma, abhrak bhasma, triphala,kutki, shilajit, chitakmul,guggul, nimbdal swaras	Tikt ras, deepan, pachan	Tridosh shaman, krumighna, hrudya, Vishghna, rasayan.
Guduchi	Guduchi	Guru, snigdha Ras: - Tikta, kashay Vipak: - Madhur Veerya: - Ushna	Tridosh shaman, deepan, pachan,Raktashodhak, rasayan
Amalaki	Amalaki	Guru, rukshaRas: - Pancharas(lavanrahit) Vipak: -Madhur Veerya: -Sheet	Keshya, Khalitya-palityahar, Tridoshhar, Deepan, pachan, rasayan.
Musta	Musta	Laghu, ruksha, Ras: - tikta kashay, Vipak: - katu, Veerya: -sheet	Twakdoshhar, lekhan, raktaprasadak Deepan, pachan.
Vidangarishtha	Vidang, pimpalmul,rasna, kutaj twak, indrayav,wala, patha, trijat, amalaka, kanchnar, lodhra, trikatu, priyangu	Katu, tikta, Ushna	Krumighna
Krumikuthar	Karpur, indrayav,trayman, Ajmoda, vidang, hingul, Bachnag, musta, palash beej, Bhringraj, brahmi, undarkani	Katu, ushna, teekshna	Krumighna, rasayan,

Alopecia areata is autoimmune disorder and according to Ayurveda indralupta is *kashtasadhya vyadhi*. ^[12] Keshad and lomad are types of raktaj krimi. They destruct kesh, roma, shmashru. ^[13] Keshad and lomad krimi are difficult to treat. Here we have given kaphaghna, krumighna and raktaprasadan treatment. Thus, recurrence is there we can only prolong remission.

CONCLUSION

By using basic principles of Ayurvedic management the patient having Indralupta successfully treated and regrowth of hairs was seen. This is safe and effective treatment in management of Indralupta.

REFERENCES

- 1. Vd. Ganesh Garde: Ashtang Hruday Uttarsthan 23/24-25, Chaukhambha Surbharati Prakashan Varanasi, Reprint edition, 2011; p-424.
- 2. Vd. Anantaram Sharma: SushrutSamhitaNidansthan 13/34-35, Chaukhambha Surbharati Varanasi, Reprint edition, 2015; p-558.
- 3. Dr. Uday Khopkar: Skin Diseases and Sexually Transmitted Infections; CBS publications, Reprint, 2011; p-188.
- 4. Mc Michael AJ, Pearce DJ, Wasserman D, Camacho FT, Fleischer Jr AB, Feldman SR, et al. Alopecia in United States: Outpatient utilization and common prescribing pattern J Am Acad Dermatol, 2007; 57: S49-51.
- 5. Tan E, Tay YK, Goh CL, Chin Giam Y. The pattern of alopecia areata in Singapore-A study of 219 Ascians.Int J Derematol, 2002; 41: 748-53.
- 6. Vd. Anantaram Sharma: SushrutSamhitaNidansthan 13/34-35, Chaukhambha Surbharati Varanasi, Reprint edition, 2015; p-558.
- 7. Acharya Priyavat Sharma: DravyaGunaVidnyan, Chaukhambha Bharati Publications, Varanasi, Reprint edition, 2011; p-543.
- 8. Acharya Priyavat Sharma: DravyaGunaVidnyan, Chaukhambha Bharati Publications, Varanasi, Reprint edition, 2011; p-543.
- 9. Vd. Anantaram Sharma: SushrutSamhitaSutrasthan 13/4, Chaukhambha Surbharati Varanasi, Reprint edition, 2015; p-94.
- 10. Kasper, Fauci.Harrison's Principles of Internal Medicine Vol.1-Chapter 72, McGraw Education,19 Edition, Reprint, 2015; p -355
- 11. Seetharam KA. Alopecia areata: An update Indian J. Dermatol Venereol Leprol, 2013; 79:

563-75.

- 12. SushrutSamhita Dalhan tika Nibandhasangrah vyakhya ChikitsaSthan-20/24-26, Chaukhambha Publications, Varanasi, Reprint Edition, 2017; p-479.
- 13. SushrutSamhita Dalhan tika Nibandhasangrah vyakhya Uttartantra-54/15, Chaukhambha Publications, Varanasi, Reprint Edition, 2017; p-773.