

“AYURVEDIC THERAPEUTIC INTERVENTIONS IN A CASE OF INDRALUPTA (ALOPECIA AREATA)”

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ABSTRACT

Hair plays a vital role in a person's appearance and self-esteem. Hair loss, especially when sudden and patchy, can cause significant psychological and emotional distress. *Indralupta*, a condition described in *Ayurvedic* classics under *Kshudraroga*, is characterized by sudden, localized hair loss, often manifesting as round or oval bald patches on the scalp. In contemporary dermatology, *Indralupta* can be correlated with Alopecia Areata—an autoimmune disorder that causes non-scarring hair loss due to immune-mediated damage to hair follicles. Although the exact aetiology of Alopecia Areata remains unclear, factors such as genetic predisposition, stress, and immune dysfunction are commonly associated. A 32-year-old female presented with a single smooth bald patch over the occipital region, with no associated itching, scaling, or erythema. Based on *Ayurvedic* clinical examination and signs, the condition was diagnosed as *Indralupta*. The patient was

treated with a comprehensive *Ayurvedic* regimen that included *Vamana* (~therapeutic emesis), *Jalaukavacharana* (~leech therapy), *Nasya* (~nasal administration) with *Anu Taila*, and internal use of *Brahmi Vati*, *Amalaki Rasayana*, and *Gandhaka Rasayana*. *Neelibhringadi Taila* was advised for topical application, along with strict dietary and lifestyle modifications

following *Pathya-Apathya* principles. The treatment outcome was assessed over two months through clinical observation of hair regrowth, patch size reduction, and recurrence status. Significant regrowth of hair was noted within the first month, with near-complete restoration by the end of two months and no adverse effects. This case demonstrates the potential effectiveness of classical *Ayurvedic* therapies in the successful management of *Indralupta*.

KEYWORDS: *Indralupta*; Alopecia areata; *Ayurveda*; *Shodhana*; *Rasayana*; Hair regrowth.

MATERIALS METHODS

INTRODUCTION

In recent years, the issue of hair loss has become increasingly widespread, with many individuals experiencing thinning, shedding, or patchy baldness due to stress, environmental toxins, nutritional deficiencies, and erratic lifestyles. Among the various conditions contributing to this problem, *Indralupta*—an ancient *Ayurvedic* diagnosis corresponding to modern alopecia areata—offers a holistic perspective on both causes and treatment.^[1]

According to *Ayurvedic* literature, *Indralupta* is recognized as *Kshudraroga* in *Sushruta Samhita*, marked by sudden and localized hair fall, typically manifesting as round patches on the scalp.^[2] The condition arises from an imbalance primarily in *Vata* and *Pitta Dosha*, which disrupts the nourishment of hair follicles and leads to their weakening.^[2,3]

The *Ayurvedic* approach to managing *Indralupta* involves correcting these internal imbalances through detoxification (*Shodhana*), pacification (*Shamana*), and external treatments that nourish and rejuvenate the scalp.^[3,4] In more persistent cases, traditional methods such as *Raktamokshana* (therapeutic bloodletting) or *Pracchana* (superficial scarification) are employed to improve circulation and eliminate accumulated toxins from the scalp.^[2,4]

As hair loss continues to affect a growing number of people across age groups, revisiting ancient holistic strategies such as those outlined in *Ayurveda* provides a promising, natural alternative for restoring hair health and preventing recurrence.

Here, a case of a 32-year-old female describes the usefulness of *Ayurvedic* management with *Shodhana* (*Vamana*), *Shamana* medicines, *Jalaukavacharana*^[6], *Nasya*^[7], and *Sthanika Chikitsa* in the treatment of *Indralupta*.

PATIENT INFORMATION

On March 19, 2025, a 32-year-old female presented with complaints of patchy hair loss localized to the occipital region of the scalp. The patch, approximately 2 cm in diameter, had been noticed by the patient two days prior. On clinical examination, the affected area appeared smooth, non-scarring, and asymptomatic, with no signs of redness, itching, pain, or scaling. The patient reported a similar episode of patchy hair loss two years ago, which had resolved completely with allopathic treatment, though she could not recall the specific medication used. There had been no recurrence of the condition until this present episode. She denied any history of hair pulling and had not observed any broken or abnormal hair. No additional areas of hair loss were found on the scalp or elsewhere on the body. Due to relapses, she consulted an Ayurvedic physician to explore the possibility of effective long-term management of her condition.

CLINICAL FINDINGS

On local examination, a single patch of hair loss was observed in the **occipital region** of the scalp. The patch measured approximately **2 cm in diameter**, and was **oval in shape with well-defined margins**. The surface appeared **smooth and non-scarring**, with **no evidence of erythema, scaling, crusting, or pigmentary changes**. There were **no inflammatory signs** such as redness, tenderness, or swelling. A characteristic **"exclamation mark" hair** was noted at the periphery of the lesion. **Tenderness was absent**, and the **rest of the scalp and body hair appeared normal**. The patient reported a good appetite, with normal bowel and bladder habits, and restful sleep. On general physical examination, there were no signs of pallor, icterus, clubbing, cyanosis, or lymphadenopathy. Her vital parameters, including blood pressure, respiratory rate, and body temperature, were within normal limits. Systemic examination revealed no significant findings.

Ashtavidha Pariksha (~eight-fold examination of the patient)

On *Ashtavidha Pariksha* (eight-fold examination), the patient's pulse (*Nadi*) was found to be regular at 76 beats per minute, with a predominance of *Vata–Pitta Doshas*. Both stool (*Mala*) and urine (*Mutra*) were observed to be *Samanya* (normal) in consistency, frequency, and appearance. The tongue (*Jihwa*) was noted to be *Avritta* (coated), suggestive of mild metabolic residue. Speech (*Shabda*) was *Spashta* (clear and coherent), and touch (*Sparsha*) was *Samanya* (normal), with no excessive heat or coldness. Examination of the eyes (*Netra*)

revealed *Samanya* (normal) features with good clarity and lustre. The patient's body build (*Aakriti*) was assessed to be *Susangathita* (well-proportioned and symmetrical).

DIAGNOSTIC ASSESSMENT

On examination, the case was identified as *Indralupta* (Alopecia Areata) based on the clinical signs and symptoms.^[1–3]

THERAPEUTIC INTERVENTION

The treatment protocol was designed in alignment with classical Ayurvedic principles, guided by the core tenets of *Chikitsa Sutra*, which emphasize

- *Dosha Utkleshana* and *Shodhana* (~mobilization and elimination of morbid *Doshas*),
- *Raktaprasadana* (~purification and nourishment of blood),
- *Vata-Pitta-Kapha Shamana* (~*Dosha* pacification), and
- *Vrana-Ropana* and *Romasanjanana* (~wound healing and hair follicle regeneration)—which are central to the management of *Indralupta*.^[9–11]

To initiate systemic purification and correct the underlying *Dosha* imbalance, the patient was advised to maintain adequate hydration to support *Agni Dipti* and prevent *Ama* formation.

As *Shodhana*, ***Vamana Karma*** (~therapeutic emesis) was administered to eliminate aggravated *Kapha Doṣa* from the system.^[10]

- *Snehapāna* with *Pañcatikta Ghṛta* was performed for four days, starting with 40 ml and gradually increasing the dose up to 215 ml on the fourth day, followed by *Sarvāṅga Abhyanga*.
- On the next day, *Yavāgu* was administered, followed by *Vamana Auśadha* (*Madanphala*). Thereafter, *Samśarjana Krama* was followed for 7 days.

Subsequently, ***Raktamokṣaṇa*** (~bloodletting therapy) with ***Jalaukāvacharaṇa*** (leech therapy)

- was carried out to purify the vitiated *Rakta Dhātu* and reduce local congestion and *Duṣṭi* at the affected sites.^[10,12]
- A total of three sittings of *Raktamokṣaṇa* were given to the patient, with an interval of 7 days between each sitting.

For ***Dosha* pacification**, to address *Urdhvajatrugata* involvement and balance the *Dosha* in the head and scalp region,

- *Pratimarsha Nasya* using *Anu Taila* was prescribed daily.^[10,12]
- In the *Shamana* phase, internal medications included *Brahmi Vati* (500 mg) twice daily for its *Medhya Rasayana* effects and nervine support.^[14]
- *Amalaki Rasayana* (2 tsp) with milk twice daily was given for its *Pittashamana*, *Raktashodhaka*, and *Rasayana* actions.^[14]

In addition, for ***Vrana-Ropana and Romasanjanana***

- *Gandhaka Rasayana* (500 mg) was administered twice a day with milk before meals for its rejuvenate and *Rakta-Prasadana* properties.^[16]
- For local application, *Neelibhringadi Taila* was advised over the scalp and specifically on bald patches to stimulate dormant hair follicles and promote *Romasanjanana*.^[17]

This topical regime supported the internal purification therapies and was aligned with *Vrana-Ropana* and *Keshya Chikitsa*.

In accordance with *Pathya Siddhanta*, a specific diet and lifestyle plan focused on *Raktashodhaka* and *Vata-Pitta Shamaka* principles was recommended.^[9,11]

FOLLOW-UP AND OUTCOME

The patient underwent regular follow-up assessments at 15-day intervals. The treatment outcomes indicated a favourable progression, beginning with noticeable softening of the alopecic patch margins and the appearance of fine vellus hair by the end of the first month. Following *Vamana karma* and subsequent *Raktamokshana* performed in sequence, hair regrowth was first observed at the periphery of the occipital patch, with gradual thickening over the following weeks. By the end of two months, the previously well-demarcated patch had reduced significantly in size, and uniform regrowth was evident across the affected area. The patient remained compliant with internal *Rasayana* therapy and topical applications, along with the prescribed *Pathya Ahara-Vihara*.

DISCUSSION

Indralupta, as described in Ayurvedic texts, is classified under *Kshudraroga* and is clinically similar to Alopecia Areata, a common autoimmune dermatological condition in modern medicine.^[18,19] It manifests as sudden, non-scarring hair loss in well-demarcated patches, most frequently over the scalp. In Ayurvedic understanding, this condition results from an interplay of *Vata* and *Pitta Doshas*, which, when aggravated, block the *Romakupa* (~hair

follicles) and disturb their nourishment, ultimately leading to hair fall.^[20] The obstruction by *Kapha Dosha* and vitiation of *Rakta* further supports the chronicity and recurrence seen in such conditions.^[21]

Conventional therapies such as corticosteroids, immunomodulators, and topical irritants aim to suppress immune response or stimulate follicular activity, but they are often associated with relapse, adverse effects, and limited long-term efficacy. In contrast, the Ayurvedic management seeks to eliminate root causes through *Shodhana* (~bio-purification), stabilize the body's internal environment through *Shamana* (~palliative therapy), and revitalize follicular strength with *Rasayana* (~rejuvenative) support.^[21]

In the present case, *Vamana Karma* was selected as the primary *Shodhana* therapy to expel the aggravated *Kapha*, in line with classical principles of *Dosha Utkleshana* and *Nirharana*.^[21] This was followed by *Raktamokshana* using *Jalaukavacharana*, which served to purify *Rakta Dhatu* and enhance localized microcirculation.^[23] These therapies were sequenced carefully to optimize systemic and local detoxification before beginning *Rasayana* interventions.

The use of *Pratimarsha Nasya* with *Anu Taila* was intended to correct *Urdhwajatrugata Vikara* (disorders above the clavicle), helping in direct *Dosha* regulation at the site of pathology.^[24] Internally, *Brahmi Vati* provided *Medhya Rasayana* effects, reducing mental stress—a key trigger for autoimmune conditions.^[25] *Amalaki Rasayana*, due to its *TriDosha Shamak*, *Raktashodhaka*, and *Rasayana* properties, supported both systemic immunity and tissue regeneration.^[26] *Gandhaka Rasayana*, widely appreciated for its *Kushthaghna*, *Raktaprasadana*, and immunomodulatory actions, was incorporated to reinforce skin and follicle health at a deeper level.^[27]

Neelibhringadi Taila, used for local application, is renowned for its *Keshya* (hair-promoting) and *Vrana-Ropana* (wound-healing) actions. Its role in stimulating dormant follicles and promoting *Romasanjanana* (hair regrowth) aligns with the Ayurvedic approach of addressing both the *Sthana* (~site of disease) and *Samprapti* (~pathogenesis).^[28]

In addition to therapeutic procedures, *Pathya-Apathya* management played a central role. A diet rich in *Tikta rasa*, *Mudga Yusha*, aged grains, and garlic was emphasized to pacify *Pitta* and *Vata Doshas* and cleanse the blood. Simultaneously, incompatible foods like milk, curd,

fermented foods, and heavy-to-digest items were strictly avoided to prevent recurrence and support *Agni* and *Srotas* integrity.^[29]

This integrative approach addressed not only the external manifestation but also the internal *Dosha* pathology, leading to progressive and sustained hair regrowth without adverse effects or recurrence during the observation period.

CONCLUSION

Indralupta (Alopecia Areata), though not life-threatening, can lead to significant psychological distress, cosmetic concern, and social discomfort. The present case highlights the holistic and individualized potential of Ayurvedic intervention, emphasizing the combined utility of *Shodhana*, *Shamana*, and *Rasayana* therapies. Following the classical guidelines of *Dosha-dushya samurchana*, therapies were administered in a logical sequence—resulting in successful hair regrowth, *Dosha* pacification, and prevention of recurrence. Notably, the absence of side effects and the patient's adherence to *Pathya Ahara-Vihara* reinforced the long-term sustainability of the outcome.

While this report reflects encouraging results, it is based on a single patient. Thus, larger, controlled clinical studies are warranted to further establish standardized Ayurveda-based protocols for *Indralupta*. Nonetheless, the case demonstrates that classical Ayurvedic principles remain relevant and effective, offering a safe, personalized, and comprehensive alternative for conditions such as Alopecia Areata.

Table (TIMELINE)

The timeline of events of the case is given in [Table 1](#).

Date	Event
19/03/2025	Registration (C No- &725489)
20/03/2025-23/03/2025	<i>Snehpan</i> with <i>Panchtikta Ghrita</i> (40ml- 1 st day upto 215ml in day 4 th) ^[8]
24/03/2025	<i>Vaman karma</i>
25/03/2025 to 31/03/2025	<i>Sansarjana Kaal</i>
2/04/2025	<i>Jaloka Karama</i> (1 st sitting)
9/04/2025	<i>Jaloka Karama</i> (2 nd sitting)
16/04/2025	<i>Jaloka Karma</i> (3 rd sitting)
17/04/2025 to 30/04/2025	<i>Pratimarsha Nasya</i> <i>Saman Oshadha Sevana</i> <i>Pathya Ahara-Vihara</i>

Illustrations and Figures



Fig. 1- Before Intending procedure.



Fig. 2- After Treatment.

PATIENT PERSPECTIVE

“I had been worried about the patches of hair loss on my scalp. Though it was not painful, it was troubling and caused me concern about my appearance. I had tried some treatments earlier but the results did not last. After following the Ayurvedic treatment, I noticed gradual regrowth of hair and improvement in my overall health. I feel satisfied with the results and grateful for this approach.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained informed consent from the patient. The patient has agreed to the reporting of this case, including related images and clinical details, in the journal. The patient understands that while their name and initials will not be published and all reasonable efforts will be made to protect their identity, complete anonymity cannot be guaranteed.

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