

MANAGEMENT OF TELOGEN EFFLUVIUM (INTITHAR AL-SHA'R) THROUGH UNANI INTERVENTION: A CASE REPORT

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ABSTRACT

Background: Telogen Effluvium is a prevalent cause of diffuse hair loss that significantly impacts emotional well-being and quality of life. Conventional treatments often fail to provide complete resolution and may be associated with adverse effects and poor adherence. In the Unani medical system, diffuse hair loss is termed *Intithar al-Sha'r* and is attributed to an imbalance in temperament (*Su'-i-Mizaj*), particularly *ghalba-e-safrāwī mizāj*. This report presents a successful case of Telogen Effluvium managed using a holistic Unani therapeutic approach. **Case Presentation:** A 24-year-old female presented with severe hair loss persisting for three months, onset following a febrile illness five months prior. She had no history of thyroid dysfunction, polycystic ovary

syndrome, or androgenetic alopecia. Physical examination revealed pallor with stable vital signs and unremarkable systemic findings. Scalp examination demonstrated diffuse thinning with a positive hair pull test at multiple sites, without scarring, scaling, or central part widening. Nails, eyebrows, eyelashes, and body hair were normal. The clinical diagnosis was Telogen Effluvium (*Intithar al-Sha'r*). **Intervention:** Following informed consent, treatment comprised oral administration of *Itrifal Ustukhuddus* 10 g twice daily and nightly scalp massage with 5 mL of *Roghan-e-Zaitoon*. Supportive hair care advice included rinsing with cold water, avoiding hot water and tight hairstyles, maintaining scalp oiliness, and minimizing heat-based styling. Dietary recommendations emphasized nutrient-rich foods high in protein, iron, and essential fatty acids, such as egg yolk, milk, yogurt, leafy greens, nuts, and fruits. Treatment response was monitored biweekly using the Hair Shedding Visual Analog Scale (HSVS) and Dermatology Life Quality Index (DLQI). **Outcome:** After 60

days, HSVS decreased from 9 to 3, indicating a substantial reduction in hair shedding. DLQI improved from 17 to 5, reflecting enhanced quality of life and emotional well-being. No adverse effects were reported, and laboratory parameters remained within normal limits, supporting the safety and tolerability of the intervention. **Conclusion:** This case demonstrates that a holistic Unani regimen, incorporating *Itrifal Ustukhuddus*, topical *Roghan-e-Zaitoon*, personalized hair care, and dietary modifications, effectively reduces hair shedding and improves quality of life in Telogen Effluvium associated with *ghalba-e-safrāwī mizāj*. The favorable clinical response and absence of side effects underscore the potential of Unani medicine in managing diffuse hair loss. Larger, controlled studies are warranted to validate these findings.

INTRODUCTION

Hair significantly contributes to human identity and aesthetics, reflecting overall health status.^[1,2] Composed primarily of keratin, scalp hair grows approximately 15–30 mm monthly, with normal daily shedding of 70–100 hairs. Excessive, prolonged hair loss may indicate pathological alopecia,^[3] adversely affecting psychological health through depression, anxiety, and diminished self-esteem.^[4]

Hair follicles cycle through growth (anagen), transition (catagen), and resting (telogen) phases. Disruption of this cycle can result in diffuse alopecia, with Telogen Effluvium (TE) being the most common variant. TE is characterized by premature termination of the anagen phase, causing widespread hair shedding. Although it affects both sexes globally, women more frequently seek treatment due to heightened psychosocial impact.^[5,6,7,8]

In Unani medicine, diffuse hair loss is termed *Intithar al-Sha'r*. Classical scholars such as Dioscorides, Zakariyyā Rāzī, ‘Alī ibn al-‘Abbās al-Majūsī, and Ibn Sīnā have documented its etiology and management. The principal cause involves deficient production of *bukharat-e-dukhaniyya*, leading to pore obstruction and systemic dryness (*yabūsat*), resulting in skin thinning and hair fragility.^[9]

Modern therapeutic options for TE include first-line agents (intralesional and topical corticosteroids, minoxidil, anthralin, topical immunotherapy, prostaglandin analogs, retinoids, bexarotene, capsaicin), second-line therapies (sulfasalazine, photochemotherapy, excimer laser, fractional photothermolysis), and third-line treatments (systemic

corticosteroids, methotrexate, cyclosporine, azathioprine, biologics). However, these do not guarantee complete remission, necessitating exploration of alternative treatments.^[10]

The Unani approach targets correction of temperament imbalance through diet, regimens, and medication. Formulations such as *Itrifal Ustukhuddus* and topical application of *Roghan-e-Zaitoon* aim to strengthen the scalp, detoxify the body, and nourish the nervous system and hair roots. This case report evaluates the efficacy of this holistic Unani regimen in managing TE linked to *ghalba-e-safrāwī mizāj*.^[11,12]

Patient Information

A 24-year-old woman presented to the *Amraze Jild-wa-Tazeeniyat* (Dermatology and Cosmetology) outpatient department at Hakim syed zia ul hasan Govt Autonomous Unani Medical College and Hospital, Bhopal, reporting excessive hair loss for three months. She recounted a febrile illness approximately five months earlier, after which hair shedding intensified. No history of thyroid disease, polycystic ovary syndrome, unexplained weight loss, or familial androgenetic alopecia was noted.

Anthropometric data: height 152 cm, weight 56 kg, BMI 24 kg/m². Vital signs: HR 86 bpm, BP 120/80 mm Hg, temperature 98.6°F, RR 18/min. Systemic examination (cardiovascular, respiratory, abdominal, renal) was unremarkable except for pallor. The patient also reported reduced appetite, constipation, and decreased urinary frequency and volume.

Clinical Findings

Neurological assessment revealed orientation to time, place, and person, with intact higher mental functions (memory, speech, intelligence). Cranial nerves I–XII were intact. Superficial reflexes (plantar, abdominal, Wartenberg's sign) and deep tendon reflexes (biceps, triceps, knee, ankle, finger flexion, supinator) were normal.

Cardiovascular examination showed a palpable apex beat at the fifth intercostal space without tenderness. Auscultation revealed normal S1 and S2 heart sounds without murmurs. Respiratory examination noted bilateral chest symmetry with normal air entry and resonance. Abdominal examination showed a scaphoid contour, no distension, scars, or dilated veins; percussion revealed mild dullness without fluid thrill or shifting dullness; bowel sounds were present at 5–7 per minute.

Scalp examination revealed diffuse hair thinning without lesions, scaling, or widened central parting. Hair was medium-length, black, and oily. Positive hair pull test at multiple scalp sites confirmed active shedding. Nails, eyebrows, eyelashes, and body hair were normal.

Timeline

Event	Timeframe	Notes
Febrile illness	5 months prior	Preceding onset of hair loss
Onset of hair loss	3 months prior	Progressive diffuse shedding
Presentation to clinic	At 3 months hair loss	Baseline clinical and lab evaluation
Initiation of Unani treatment	Day 0	Oral <i>Itrifal Ustukhuddus</i> + topical <i>Roghan-e-Zaitoon</i>
Follow-up assessments	Every 15 days	HSVS and DLQI scoring
End of observation period	60 days	Final evaluation and lab tests

Diagnostic Assessment

Hair shedding severity and quality of life were quantified using the Hair Shedding Visual Analog Scale (HSVS) and Dermatology Life Quality Index (DLQI), respectively. Baseline laboratory investigations including complete blood count (CBC), random blood sugar (RBS), serum albumin, and total protein were within normal limits.

Differential diagnoses such as androgenetic alopecia, alopecia areata, thyroid disorders, and nutritional deficiencies were excluded based on clinical history, examination, and investigations.

Therapeutic Intervention

After obtaining informed consent, the patient received *Itrifal Ustukhuddus* 10 g orally twice daily and nightly scalp massage with 5 mL of *Roghan-e-Zaitoon*. Supportive hair care measures included.

1. Rinsing hair exclusively with pure cold water.
2. Avoiding hot or warm water for hair washing.
3. Maintaining scalp oiliness consistently.
4. Combing hair only when dry.
5. Avoiding electrical styling devices such as straighteners and hair dryers.
6. Refraining from tight hairstyles or braiding, especially during sleep.

7. Consuming a nutrient-rich diet high in protein, iron, and essential fatty acids, including egg yolk, milk, yogurt, green leafy vegetables, fruits, and nuts.

Follow-up and Outcomes

The patient was evaluated at 15-day intervals over three follow-ups. The HSVS score decreased from 9 at baseline to 3 at 60 days, indicating marked reduction in hair shedding. The DLQI score improved from 17 to 5, reflecting enhanced psychosocial well-being. No adverse drug reactions were observed, and repeat laboratory tests showed no abnormalities.

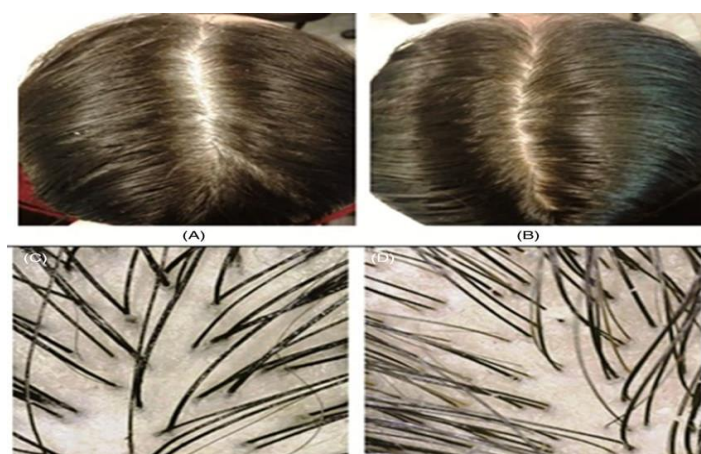


Figure [A]. Before Treatment. Figure [B]. After Treatment.

DISCUSSION

Telogen Effluvium presents diagnostic and therapeutic challenges due to its multifactorial etiology. Conventional pharmacological treatments may be limited by side effects and poor patient compliance. This case illustrates the efficacy of a Unani-based regimen emphasizing correction of temperament imbalance, scalp nourishment, and nervous system support.

Itrifal Ustukhuddus functions as a brain and nerve tonic (*Muqawwī Dimāgh wa A‘ṣāb*), potentially mitigating stress-related contributors to hair loss. Topical *Roghan-e-Zaitoon* nourishes hair follicles, improves scalp circulation, reduces *yubūsat* (dryness), and promotes regrowth.

Objective outcome measures (HSVS and DLQI) demonstrated clinically meaningful improvements, with HSVS decreasing from 9 to 3 and DLQI from 17 to 5 over 60 days. The absence of side effects further supports the safety profile of this regimen. Dietary and hair hygiene advice likely augmented therapeutic benefits.

This case underscores the relevance of Unani concepts such as *mizaj*, *suw' mizaj*, and *Tadbīr* in managing dermatological conditions, advocating for further investigation through larger controlled clinical trials.

Informed Consent Statement

Written informed consent was obtained from the patient for treatment and publication of this case report.

CONCLUSION

The holistic Unani approach combining oral *Itrifal Ustukhuddus*, topical *Roghan-e-Zaitoon*, personalized hair care, and dietary modifications effectively reduced hair shedding and improved quality of life in Telogen Effluvium associated with *ghalba-e-safrāwī mizāj*. The favorable safety profile and clinical response highlight the potential of Unani medicine in diffuse hair loss management. Further large-scale, controlled studies are necessary to substantiate these findings.

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