

COMPREHENSIVE ANALYSIS OF KHALITYA AND PALITYA: ETIOPATHOGENESIS AND THERAPEUTIC MANAGEMENT ACCORDING TO ACHARYA SUSHRUTA

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ABSTRACT

Trichological disorders, notably Khalitya (progressive hair loss) and Palitya (premature greying), are significant global health concerns carrying substantial psychosocial morbidity. This article critically examines the etiopathogenesis and therapeutic management of these conditions as detailed by Acharya Sushruta in the classical Ayurvedic text, Sushruta Samhita. Categorized under Kshudra Rogas (minor diseases), Sushruta's highly specialized, localized, and parasurgical approach emphasizes the role of localized bloodletting (Raktamokshana), topical therapeutics (Lepa), and structural pacification via medicated oils to resolve the underlying follicular obstruction and systemic heat. This review integrates classical pathogenic models from the Brihatrayi to provide a comprehensive understanding of ancient dermatological science.

KEYWORDS: Khalitya, Palitya, Indralupta, Sushruta Samhita, Charaka Samhita, Ashtanga Sangraha, Kshudra Roga, Raktamokshana.

1. INTRODUCTION

The preservation of health, vitality, and aesthetic appearance has been a foundational pillar of Ayurvedic medical science since antiquity. Within this holistic and highly systematized paradigm, the condition of the hair is not merely viewed as an isolated indicator of cosmetic

appeal, but rather as a profound reflection of internal metabolic equilibrium, genetic constitution, and systemic well-being.^[1,2,3] In contemporary clinical practice, trichological disorders—specifically progressive hair loss, focal alopecia, and premature greying—have emerged as pervasive global health concerns. These conditions affect a significant portion of the population across varying age groups and gender demographics, carrying substantial psychosocial morbidity. Modern dermatological data indicates a striking escalation in the prevalence of these conditions, often accelerated by environmental pollution, chronic psychological stress, sedentary lifestyles, and nutrient-deficient dietary patterns.

Ayurvedic classical literature meticulously categorizes diseases affecting the scalp and hair, demonstrating a highly advanced understanding of dermatological and trichological pathologies. Acharya Sushruta, the pioneer of ancient Indian surgery and the principal author of the Sushruta Samhita, classifies these trichological conditions primarily under the broad diagnostic heading of Kshudra Rogas.^[1] The etymological root of the term "Kshudra" implies that these diseases are of relatively lesser systemic severity when compared to life-threatening pathologies or Mahavyadhis; however, their profound psychosocial impact, capacity to diminish self-esteem, and complex treatment protocols render them clinically significant to the practicing physician.^[1] Acharya Sushruta specifically enumerates multiple distinct conditions under the Kshudra Roga umbrella, dedicating comprehensive sections within the Nidana Sthana (Section on Pathology) and Chikitsa Sthana (Section on Therapeutics) to their etiology, structural pathogenesis, and multifaceted management.^[1]

Among these documented conditions, Khalitya (gradual hair fall leading to generalized baldness), Indralupta (sudden, patchy hair loss), and Palitya (premature greying of hair) represent the most critical trichological anomalies detailed in the text.^[1] While other revered classical authorities, such as Acharya Charaka, categorize these primarily under Shiroroga (diseases of the head and scalp)^[2], the Sushruta Samhita and the Ashtanga Sangraha categorize Khalitya explicitly under Kshudra Roga (minor diseases) due to the relatively mild systemic nature of the condition. Sushruta's specific placement of these conditions within this framework allows for a highly specialized, localized, and parasurgical approach to their management.^[1,3]

2. MATERIALS AND METHODS

This research integrates literature reviewed directly from the primary classical Ayurvedic compendia (the Brihatrayi), focusing on the Sushruta Samhita (specifically Nidana Sthana

Chapter 13 and Chikitsa Sthana Chapters 20 and 25)^[1], with comparative references from the Charaka Samhita (Chikitsa Sthana Chapter 26)^[2], and the Ashtanga Sangraha (Uttara Sthana).^[3]

3. RESULTS AND DISCUSSION

3.1 Anatomical and Physiological Foundations of Kesha (Hair) To thoroughly comprehend the pathogenesis of Khalitya and Palitya, it is imperative to first establish the Ayurvedic understanding of hair (Kesha) anatomy, physiology, and its continuous mechanism of systemic nutrition. Ayurveda views the human physiological structure as a complex, interdependent matrix of Doshas (governing bio-energies), Dhatus (structural tissues), and Malas (metabolic waste products).^[1,2,3]

The development and sustenance of hair are intricately linked to the metabolic cascade of the seven fundamental Dhatus. According to Acharya Charaka, during the metabolic synthesis of Asthi Dhatu (bone tissue), a highly refined nutrient fraction proceeds to nourish the subsequent tissue layer, while the excretory or metabolic by-product fraction (Mala bhaga) specifically manifests as hair (Kesha) and nails (Nakha).^[2] This physiological relationship indicates that any depletion or metabolic impairment at the level of the skeletal tissue directly impacts hair vitality.

However, Acharya Sushruta offers a highly nuanced, supplementary perspective on the anatomical origin and continuous local nourishment of hair. Sushruta identifies Kesha as a Pitruja Bhava—a paternal genetic trait determined during the embryonic stages of development.^[1] Furthermore, Sushruta explains that the nourishment of the hair follicles is sustained directly by the peripheral vascular system. He posits that innumerable terminal branches of the Dhamanis (arterial and vascular channels) are directly linked to the Romakupa (the anatomical base of the hair follicles). These specific micro-channels deliver continuous nourishment.^[1]

Any disruption in this local vascular supply—whether due to nutrient deficiency or physical obstruction within the micro-channels (Srotorodha)—immediately compromises hair health.^[1,2]

3.2 Khalitya and Indralupta: The Etiopathogenesis of Hair Loss Acharya Sushruta utilizes specific terminology to differentiate the clinical presentations of hair loss, identifying

distinct but pathogenically related states.

- **Khalitya:** Denotes a gradual, progressive, and diffuse thinning across the scalp, which most closely correlates with modern Androgenetic Alopecia.^[1,2]
 - **Indralupta:** Characterized by the sudden, rapid loss of hair in distinct, circumscribed patches, aligning with Alopecia Areata.^[1]
 - **Ruhya (or Ruja):** A total, catastrophic loss of hair affecting the entire body.^[1]
- Etiological Framework (Nidana): The foundational causes involve a complex combination of detrimental dietary habits, lifestyle indiscretions, and psychological distress. Excessive consumption of dietary salt (Lavana) and alkaline substances (Kshara) acts as a primary physiological trigger, provoking the Pitta dosha.^[1,2] Lifestyle factors like habitual night awakening, exposure to dust, and suppression of natural urges severely compromise the scalp's local micro-environment.^[2,3] Psychological stress, anxiety, and profound grief (Shoka) serve as potent catalysts for both Pitta and Vata aggravation.^[1,2]

Pathogenesis (Samprapti) According to Sushruta: Sushruta defines these conditions as Tridoshaja Vyadhis, intricately linked with Rakta (blood) acting as the primary Dushya.^[1] The pathological cascade (Samprapti) unfolds through a dual mechanism. Initially, highly aggravated Pitta, assisted by Vata, localizes directly at the anatomical roots of the hair (Romakupa). The intense metabolic heat (Ushma) literally "scorches" the hair roots within the dermis.^[1,2] Following shedding, the heavy and stagnant qualities of the Kapha dosha, combined with vitiated Rakta, infiltrate the damaged follicular site. This Kapha-Rakta complex physically blocks the microscopic opening of the hair follicle (Romakupa avarodha), halting the emergence of new hair shafts.^[1]

3.3 Palitya: The Etiopathogenesis of Premature Greying Palitya refers to the silvering or greying of hair. Its occurrence prematurely is considered a pathological state known as Akala Palitya.^[1,2] Within the Ayurvedic framework, Akala Palitya is categorized primarily as a Rasapradoshaja Vyadhi.^[1]

The natural pigmentation of hair is governed by Bhrajaka Pitta, a localized sub-type of the Pitta dosha analogous to modern melanocytes. Sushruta brilliantly attributes premature greying to the excessive generation and upward migration of systemic somatic heat (Dehoshma).^[1] When an individual experiences intense anger, grief, or fatigue, the provoked Dehoshma travels to the cranial region. This intense heat induces a pathological "ripening" (Paka) of the hair follicles deep within the tissue, destroying the pigmentary function of the

hair root.^[1]

Acharya Vagbhata in the Ashtanga Sangraha supports this framework, noting that doshic variations influence the clinical presentation of Palitya. Vataja greying presents with rough, brittle hair, Pittaja exhibits a yellowish or coppery hue with a burning scalp, and Kaphaja showcases starkly white, thick hairs on an unctuous scalp.^[3]

3.4 Sushruta's Therapeutic Paradigm: The Line of Treatment for Khalitya and Indralupta

Acharya Sushruta's clinical approach is exceptionally methodical, heavily utilizing his expertise in para-surgical techniques to aggressively address the structural pathogenesis. The primary protocol is delineated in the Chikitsa Sthana (Chapter 20, Kshudra Roga Chikitsa).^[1] The first non-negotiable step is Nidana Parivarjana—the strict avoidance of all identified causative factors.^[1,2]

Shodhana and Raktamokshana (Bio-purification and Bloodletting): Because the pathogenesis explicitly involves the dense obstruction of hair follicles by coagulated Kapha and Rakta, Sushruta mandates Raktamokshana (therapeutic bloodletting) as the primary intervention.^[1] This includes Prachhana Karma (micro-surgical scarification to expel coagulated Kapha), Jalaukavacharana (medicinal leech therapy to resolve local stasis in Pitta-dominant cases), and Siravedha (venesection for generalized systemic blood vitiation).^[1]

Sthanika Chikitsa (Targeted Topical Therapeutics and Lepa): Following successful Raktamokshana, Sushruta prescribes the immediate application of potent, irritating herbal pastes (Lepa) to violently stimulate the dormant hair roots.^[1] Key Lepas include Gunja Beeja Lepa (an effective counter-irritant), Manahshiladi Lepa (a mineral-botanical formulation providing essential trace minerals), and Hastidanta Mashi Lepa (calcined ash of elephant ivory mixed with Rasanjana to nourish the Asthi Dhatu).^[1]

Shamana Chikitsa (Systemic Pacification via Medicated Oils and Nasya): Medicated oils like Bhallatakadi Taila and Snuhidugdhadi Taila are used for Shiroabhyanga to deeply penetrate dermal layers.^[1] Furthermore, Nasya Karma is administered via the nasal cavity to directly pacify errant Vata and Pitta doshas in the cranial structures.^[1, 2, 3]

3.5 Specialized Management of Palitya: The Role of Nili Taila

The treatment of Palitya centers on pacifying metabolic heat and restoring pigment, detailed extensively in the Mishraka Chikitsa (Chapter 25).^[1] The most prominent therapeutic intervention is the

formulation and application of **Nili Taila** (Indigo oil).^[1]

This complex polyherbal oil utilizes Bhringaraja, a Triphala decoction, Nili leaves, and raw iron filings. It is subjected to Taila Paka (oil boiling).^[1] Sushruta mandates a specific quality-control test: a white crane (Balaka) feather dipped into the boiling oil must turn indelibly blue-black.^[1]

Furthermore, storing the oil in a black iron pitcher (Lauha Patra) for a month forms complex iron-tannate molecules that act as a permanent, natural dye while local herbs pacify heat in the scalp.^[1]

Additional therapies for Palitya include Saireyaka Taila^[1], Shirovasti (therapeutic pooling of oil on the scalp)^[1, 3], and cooling nasal administrations of milk or medicated ghee.^[1, 2]

3.6 Systemic Interventions: The Role of Rasayana and Dincharya Because hair loss and greying indicate premature physiological aging and tissue depletion, anti-aging therapy (Rasayana) forms an indispensable part of the treatment protocol across all classical texts.^[1, 2, 3] Charaka specifically advocates the use of Agastya Haritaki and Amalaki Rasayana to deeply fortify foundational tissues and reverse the signs of aging.^[2] Strict adherence to daily practices such as Moordha Taila (routine head massage), Dhoomapana (medicated inhalation), washing hair only with lukewarm water (Snana), and hygienic grooming (Kshaurakarma) mechanically stimulates local blood circulation and prevents disease recurrence.^[1,2,3]

4. CONCLUSION

Acharya Sushruta's approach to the treatment of Khalitya and Palitya reflects a highly advanced integration of systemic detoxification, aggressive localized micro-surgery (Raktamokshana), targeted follicular stimulation, and profound cellular rejuvenation. By addressing both the structural blockages of the hair follicle and the deeper metabolic imbalances of the doshas and dhatus, the Brihatrayi—specifically through the frameworks provided by Sushruta, Charaka, and Vagbhata—provides a comprehensive blueprint for dermatological care that remains remarkably relevant to contemporary trichological practice.

5. REFERENCES

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