WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 15, 2381-2390. Case Study ISSN 2277–7105

ALOPECIA AREATA MANAGED SOLELY THROUGH INTERNAL AYURVEDIC INTERVENTION: A CASE REPORT

Lukesha Annadate[1], Ashwin Ashok Shete[2]*, Payal Wavhal[3], Nilima Dharkar[4], Sachin Rohani[5]

[1]PG Scholar, Department of Rasashastra Evam Bhaishajya Kalpana, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune–411018, Maharashtra, India.
[2]MD (Rasashastra and Bhaishajya Kalpana), MBA (HRM), PhD Scholar Associate Professor and PG Guide, Department of Rasashastra Evam Bhaishajya Kalpana, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune–411018, Maharashtra, India.
[3]MD (Rasashastra and Bhaishajya Kalpana) Assistant Professor, Department of Rasashastra Evam Bhaishajya Kalpana, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune–411018, Maharashtra, India.
[4]MD, PhD, Professor and Head, Department of Rasashastra Evam Bhaishajya Kalpana, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune–411018, Maharashtra, India.
[5]MD (Ayurveda), PhD Vedang Ayurved Clinic, Ajmera, Pimpri, Pune, Maharashtra, India.

Article Received on 05 July 206,
Article Revised on 25 July 2026,
Article Published on 01 August 2026,

https://doi.org/10.5281/zenodo.21783699

***Corresponding Author**

Ashwin Ashok Shete

MD (Rasashastra and Bhaishajya Kalpana), MBA (HRM), PhD Scholar Associate Professor and PG Guide, Department of Rasashastra Evam Bhaishajya Kalpana, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune–411018, Maharashtra, India.

How to cite this Article: Lukesha Annadate[1], Ashwin Ashok Shete[2]*, Payal Wavhal[3], Nilima Dharkar[4], Sachin Rohani[5] (2026). Alopecia Areata Managed Solely Through Internal Ayurvedic Intervention: A Case Report. World Journal of Pharmaceutical Research, 15(15), 2381–2390.

ABSTRACT

Background: Alopecia Areata is a Chronic Autoimmune disorder charachterized by non-scarring patchy hair loss, often associated with psychological distress and recurrent episodes. In *ayurveda*, the condition can be correlated with *Indralupta*, which is attributed to the vitiation of *Doṣa* and *Rakta*, leading to hair loss and impaired regrowth. **Case Presentation:** A 30-year old female presented with patchy scalp hair loss of four years duration, associated with constipation and flatulence. Previous treatment with intralesional corticosteroid injections, biotin, and zinc supplementation provided only temporary relief. Based on ayurvedic assessment, the condition was diagnosed as *Indralupta* with predominance of *Pitta-Kapha Doṣa*, *Rakta Duṣṭi* (Vitiation of blood), and *Agnimāndya* (digestive impairment). **Intervention**: The patient was treated with Ayurvedic internal medications, namely *Ārogyavardhinī Vaṭi*(tablet), *Kṛmikuṭhāra Rasa*, and *Raktapācaka Cūrṇa*, along with appropriate dietary and lifestyle modifications. **Results**:

Visible hair regrowth was observed after 45 days of treatment. Progressive improvement continued throughout the treatment period, and the alopecia patches were largely covered by four months. The baseline Severity of Alopecia Tool (SALT) SCORE of 63.4% (S3 grade) showed marked clinical improvement. No recurrence was observed during six months of follow-up after completion of therapy. **Conclusion**: This case demonstrates the potential role of *Ayurvedic* internal medication in the management of *Indralupta* (alopecia areata). A holistic approach targeting *Dosha* imbalance, *Agnimāndya* and *Rakta Duṣṭi* (Vitiation of blood) may contribute to sustained hair regrowth and reduced recurrence.

KEYWORDS: Alopecia Areata, *Indralupta*, *Ayurvedic* Management, *Agnimāndya*, *Rakta Duṣṭi*, Case Report.

1. INTRODUCTION

Alopecia area is a chronic autoimmune disorder characterized by the appearance of well defined, non-scarring patches of hair loss, most commonly affecting the scalp. The condition affects approximately 1-2% of global population and may occur at any age, irrespective of gender. Although it is not life-threating disease, the visible loss of hair can have a substantial impact on individuals appearance, self esteem, emotional well-being and overall quality of life.[1]

Clinically, Alopecia areata presents with localized areas of hair loss and often follows a relapsing course. Conventional treatment approaches mainly include topical or intralesional corticosteroids, immunemodulary agents and other pharmacological interventions. While these therapies may provide temporary improvement, recurrence after discontinuation is common, and long term use may be associated with undesirable effects.

In *Ayurveda*, conditions involving hair loss are described under entities such as *Indralupta* (alopecia areata), *Khālitya* (male-pattern hair loss) and *Ruhya* (body hair loss).[2,3] Classical texts explain the vitiation of *Tridoṣa (Vāta, Pitta, and Kapha)*, along with the involvement of *Rakta Dhatu* (Blood tissue), leads to obstruction of the *Romakūpa* (hair follicles), resulting in hair fall and impaired regrowth.[3-5] Management is directed towards correcting *Dosha* Imbalance, improving digestive function, and restoring tissue health.

The present case report describe the ayurvedic management of a patient diagnosed with *Indralupta* (alopecia areata). The current case is reported with an intention to document the

clinical outcome and to explore the possible role of *Ayurvedic* intervention in the management of this chronic condition.

2. Patient Information

2.1 Information for Patients

A 30 years old female reported to the *Ayurvedic* Out-Patient Department with complaints of patchy hair loss over the scalp since four years. The condition was linked to gastrointestinal symptoms including constipation and flatulence. The hair loss started as a small bald patch and gradually increased with multiple patches developing over time.

2.2 Family and Medical History

The patient had a history of dengue fever in 2020. Family history was negative for alopecia areata, autoimmune disease or other significant hereditary illness. Menstrual cycles were regular and there was no past history of any major systemic illness.

2.3 Previous Interventions

Prior to the *Ayurvedic* intervention, the patient was on conventional management with intralesional Triamcinolone acetonide injections and oral biotin and zinc supplements. Initially there was a mild improvement but results were not maintained and new patches of alopecia continued to form. Hair loss aggravated after corticosteroid treatment leading to discontinuation of conventional treatment and consult for Ayurvedic management.

2.4 Clinical picture

Physical examination showed well-demarcated patchy hair loss in the left temporal and occipital scalp regions with mild dryness, spare white and black hairs and scaling suggestive of dandruff. On general examination, she was a moderately built female with mild pallor and no other significant abnormal findings. In view of the presence of scalp and digestive complaints, a holistic ayurvedic treatment was planned.

2.5 Personal History

- **Diet:** Mixed diet with occasional non-vegetarian food intake
- **Tea Consumption:** 4–5 cups per day
- **Sleep:** Adequate and refreshing
- **Occupation:** Homemaker

3. Clinical Findings

The patient was afebrile on presentation and all vital signs were within normal physiological limits. The vital signs were examined to assess the general systemic condition of the patient, the results are presented in [Table 3]. On local examination of the scalp, well defined patches of hair loss were noted over the left temporal and occipital regions with mild dryness, sparse black and white hairs and fine scaling suggestive of dandruff [Figure a]. A complete general and systemic examination including respiratory, cardiovascular and neurological examinations were performed to determine the general physical health of the patient and to look for any associated abnormalities. The findings are summarized in [Table 2]. Also, the *Ayurvedic* assessment was done by *Aṣṭavidha Parīkṣā* (Eightfold Examination) to find the constitutional and functional status of the patient and the observations are mentioned in [Table 1].

Table 1: *Aṣṭavidha Parīkṣā* (Eightfold Examination) of patient.

Parameter	Findings
Nāḍī (Pulse)	*Pitta–Kapha*
Mūtra (Urine)	*Niyamit* (Normal)
Mala (Stool)	*Aniyamit*(Irregular), *Malāvastambha*(Constipation)
Jihvā (Tongue)	*Sāma* (Coated)
Śabda (Voice)	*Spaṣṭa* (Clear)
Sparśa (Touch)	*Samaśītoṣṇa* (moderate temperature)
Dṛk (Eyes)	*Prākṛta* (Normal)
Ākṛti (Physique)	*Madhyama Śarīra* (medium build)

Table 2: Systemic Examination.

System	Findings
Respiratory System (RS)	Clear
Cardiovascular System (CVS)	Normal S1, S2
Central Nervous System (CNS)	Conscious, alert, and oriented

Table 3: General Parameters.

Parameter	Findings
Pulse Rate	70/min
Blood Pressure	130/80 mmHg
Height	158cm
Weight	68 kg
Respiratory Rate	19/min
Temperature	Afebrile

5. Diagnostic Assessment

The diagnosis of Alopecia Areata, correlated to *Indralupta* in *Ayurveda* was made on the basis of the clinical presentation of well-defined, non-scarring patchy hair loss over the scalp and findings of *Ayurvedic* assessment. Differential diagnosis includes androgenetic alopecia, telogen effluvium, tinea capitis, and trichotillomania. However, the charactersitc pattern of localised, non-scarring alopecia patches and the absence of fungal infection, diffuse hair shedding or self-induced hair pulling favoured the diagnosis of Alopecia Areata. There were no diagnostic challenges in the evaluation.

Hair loss severity was measured by the Severity of Alopecia Tool (SALT) score. The scalp was divided into four regions and the percentage of hair loss in each region was calculated to obtain the total SALT score.

Table 4: SALT Score Assessment.

Scalp Region	Calculation	Score (%)
Top	0.40 × 70	28.0
Posterior	0.24 × 80	19.2
Right Side	0.18 × 45	8.1
Left Side	0.18 × 45	8.1
Total SALT Score		63.4%

Table 5: SALT Severity Grading.

Grade	Extent of Hair Loss
S0	No hair loss
S1	1–24% hair loss
S2	25–49% hair loss
S3	50–74% hair loss
S4	75–99% hair loss
S5	100% hair loss

The patients total SALT score was 63.4% corresponding to S3 grade, indicating moderate-to-severe scalp involvement. From an *Ayurvedic* perspective, the condition was assessed as *Indralupta* (alopecia areata) with predominance of *Pitta-Kapha Doṣa*, associated *Rakta Duṣṭi* (Vitiation of blood), and features suggestive of *Agnimāndya* (digestive impairment).

This assessment formed the basis for planning the therapeutic intervention.

Table 6: Therapeutic Intervention.

Medicine	Dose	Duration	Action
Ārogyavardhinī Vaṭi (tablet)	500 mg after food with water	42 days	*Yakṛt-uttejaka* (hepatic stimulant), *Raktaśodhaka* (blood purifier)
Kṛmikuṭhāra Rasa	500 mg after food with water	8 days	*Kṛmighna* (antiparasitic), *Kaṇḍūghna* (anti-pruritic)
Raktapācaka Cūrṇa	1 gram BD after food	6 months	*Raktaśodhaka* (blood purifier), *Pittaśamana* (Pitta-pacifying)

7. Follow-up and Outcomes

After about 45 days of treatment, noticeable hair growth was observed. During the treatment period, there was progressive improvement, with gradual decrease of size of alopecic patches and appearance of new hair growth. By the end of four months, the affected areas were largely covered with hair. The clinical changes observed during treatment and follow-up are presented in [Figure 1]. Follow-up assessment conducted six months after completion of therapy showed maintenance of improvement with no evidence of relapse. Compliance with treatment was evaluated at each follow-up visit and was satisfactory. During the treatment period and follow-up, no adverse drug reaction, treatment-related complication, or any unexpected event was observed [Table 7].

Table 7: Timeline.

Duration	Observations
Initial	Severe scaling, itching, burning, and patchy hair loss
Week 2	Reduced scaling, persistent itching
1 Month	Significant scalp texture improvement, reduced dandruff
1.5 Months	Initial regrowth: greyish-brown hair on patches
2 Months	Progressive regrowth, increased density and pigmentation
3 Months	Reduced hair fall, healthier hair
4 Months	Bald areas covered, no new hair loss

8. DISCUSSION

According to *Ayurvedic* texts, *Indralupta* (Alopecia areata) is caused by the vitiation of *Doṣa*, which adversely affects the hair follicles and disrupts the normal hair growth process.[4-7] *Acharya Charaka* emphasised the role of *Agnimāndya* (impaired digestion) and *Doṣa* imbalance in the pathogenesis of disease, whereas *Acharya Sushruta* stated that aggravated *Pitta* and *Vata* cause hair fall followed by obstruction of the hair follicles by *Kapha* and vitiated *Rakta*, thereby preventing regrowth.[4-6] The above classical description is very close to the present day understanding of *Indralupta* (Alopecia Areata) as a multifactorial inflammatory disorder targeting the hair follicle.[7,13]

The *Ayurvedic* texts also highlight the role of *Ahara* (diet) and *Vihara* (lifestyle) in the causation of diseases. Overeating of incompatible food combinations and unhealthy eating habits can lead to aggravation of *Doṣa* and impaired metabolism.[8] Psychological stress and emotional disturbances have also been recognised as important factors in the onset and progression of *Indralupta* (Alopecia Areata).[7,13] Associated complaints like constipation and flatulence in the present case indicated underlying *Agnimāndya* (digestive impairment) pointing towards systematic involvement rather than a localised scalp disorder.

A clinical evaluation was made to differentially diagnose seborrhoeic dermatitis and other inflammatory scalp conditions. However, the lack of any marked inflammation, discharge, erythema or excessive scaling supported the diagnosis of alopecia areata.[9] The overall clinical picture corroborated with the *Ayurvedic* description of *Indralupta* (alopecia areata).

The treatment protocol was focused on correction of underlying pathogenesis by correcting *Agnimāndya* (digestive impairment), pacifying aggravated Doṣa, purification of *Rakta* (blood) and promoting healthy hair regrowth. Impaired digestion is one of the major factors

responsible for initiation and progression of diseases and hence *Dīpana* - *Pācana* (appetisers and digestives) therapy was used to improve the digestive and metabolic functions.[3,10]

Ārogyavardhinī Vaṭi (tablet)was selected because of its traditional indications in enhancing digestion, supporting hepatic function, and facilitating *Raktaśodhana* (blood purification). These actions are believed to aid in the elimination of metabolic toxins and restoration of physiological balance.[11] Considering the patients history of incompatible dietary habits and chronic digestive disturbances, *Kṛmikuṭhāra Rasa* was incorporated into the treatment regimen. In *Ayurvedic* practice, this formulation is traditionally indicated in conditions associated with *Kṛmi* (microbial/parasitic factors), impaired digestion and accumulation of metabolic waste products. Its administration was intended to facilitate internal purification and support correction of the underlying pathological process contributing to the disease.[11,12] *Raktapācaka Cūrṇa* was prescribed to promote *Raktaprasādana* (Restoration of blood homeostasis) and *Pittaśamana* (Pacification of aggravated Pitta), thereby creating a favourable environment for scalp health and hair regeneration.

Clinically, visible hair regrowth was observed within 45 days of treatment and continued progressively throughout the treatment period. By the end of four months, the alopecia patches were largely covered with new hair growth. Importantly, no recurrence was observed during the six-month follow-up period after completion of therapy. The favourable outcome was achieved using internal *Ayurvedic* medications along with dietary and lifestyle modifications, without the use of topical applications.

This case highlights the importance of addressing systemic factors such as *Agnimāndya* (digestive impairment), *Doṣa* imbalance, and *Rakta Dushti* (vitiated blood) in the management of *Indralupta* (alopecia areat). Although conclusions from a single case should be interpreted cautiously, the observed clinical improvement suggests that individual *Ayurvedic* management may offer a promising approach in chronic and recurrent case of *Indralupta* (alopecia areata).

9. CONCLUSION

This case suggest that an individualized *Ayurvedic* treatment approach may be beneficial in the management of *Indralupta* (Alopecia Areata). Addressing underlying factors such as *Agnimāndya* (digestive impairment) and *Rakta Duṣṭi* (vitiated blood), along with appropriate dietary and lifestyle modifications, was associated with noticeable hair regrowth and

sustained clinical improvement. The patient showed progressive recovery without recurrence during follow-up period. Although the findings are encouraging, larger clinical studies are needed to further evaluate the effectiveness and reproducibility of *Ayurvedic* interventions in the management of *Indralupta* (alopecia areata).

10. Patient Perspective

"I had been experiencing recurrent bald patches on my scalp for several years, and the treatments I received earlier provided only temporary improvement. This affected my Confidence and caused considerable concern. After starting *Ayurvedic* treatment, I gradually noticed new hair growth in the affected areas, along with improvement in my digestion and overall well-being. Over time, the bald patches become less visible and hair growth continued steadily. I am pleased with the outcome of the treatment and satisfied that there has been no recurrence of hair loss during follow-up."

11. Informed Consent

Written informed consent was obtained from the patient for publication of this case report, including relevant clinical details and photographic documentation. The patient reviewed the information provided and consented to its publication while maintaining anonymity and confidentiality.

12. Ethical Statement: This case report was conducted following CARE 2013 guidelines.

13. Conflicts of Interest: The authors declare no conflicts of interest with respect to the research, authorship, and/or publication of article.

14. ACKNOWLEDGEMENT: No external funding was received for this case report. Chatgpt was used for language polishing and formatting assistance, with all scientific content authored and verified by the researchers.

15. REFERENCES

1. Singhal P, Vyas V, Chhayani P, Patel M, Gupta SN. Ayurvedic management of alopecia areata: A case report. *J Ayurveda Integr Med*, 2022; 13(3): 100604. doi:10.1016/j.jaim.2022.100604.
2. Murthy KRS. *Astanga Hrdayam of Vagbhata*. Varanasi: Chowkhamba Krishnadas Academy, 2005.

3. Sharma RK, Dash B. *Caraka Samhita*. Varanasi: Chaukhambha Sanskrit Series Office, 2018.
4. Agnivesha. *Charaka Samhita*. Tripathi B, editor. Vol. 2. Varanasi: Chaukhambha Surbharati Prakashan; Chikitsa Sthana 26/132, p. 893.
5. Sushruta. *Sushruta Samhita*. Trikamji Y, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2008. Nidana Sthana 13/32–33, p. 322.
6. Sushruta. *Sushruta Samhita with Nibandha Sangraha Commentary*. Acharya YT, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. Nidana Sthana 13/33–34, p. 322.
7. Pratt CH, King LE Jr, Messenger AG, Christiano AM, Sundberg JP. Alopecia areata. *Nat Rev Dis Primers*, 2017; 3: 17011. doi:10.1038/nrdp.2017.11.
8. Acharya YT, editor. *Charaka Samhita*. Vimana Sthana 1/17–19. Varanasi: Chaukhambha Orientalia, 2004; p. 672.
9. Dall'Oglio F, Nasca MR, Gerbino C, Micali G. An overview of the diagnosis and management of seborrheic dermatitis. *Clin Cosmet Investig Dermatol*, 2022; 15: 1537–1548. doi:10.2147/CCID.S284671.
10. Motwani M. Ayurvedic management of Indralupta (Alopecia Areata) with Raktamokshana (Pracchana Vidhi) and Shirolepa: A case report. *Int J AYUSH Case Rep*, 2023; 7(2). Published June 15, 2023. Available from: International Journal of AYUSH Case Reports.
11. Ministry of AYUSH. *The Ayurvedic Formulary of India*. Part I. New Delhi: Government of India, Ministry of AYUSH, 2003.
12. Patil SB, Patil GS, Patil V. Effective management of alopecia totalis by Ayurveda: A case report. *J Ayurveda Integr Med*, 2023; 14(6): 100805. doi:10.1016/j.jaim.2023.100805.
13. Strazzulla LC, Wang EHC, Avila L, Lo Sicco K, Brinster N, Christiano AM, et al. Alopecia areata: Disease characteristics, clinical evaluation, and new perspectives on pathogenesis. *J Am Acad Dermatol*, 2018; 78(1): 1–12. doi:10.1016/j.jaad.2017.04.1141.
14. Lee S, Kim BJ, Lee YB, Lee WS. Hair growth promoting effects of herbal medicines: A review of clinical and experimental studies. *Ann Dermatol*, 2020; 32(5): 355–364.
15. Sharma R, Martins N, Kuca K, Chaudhary A, Kabra A, Rao MM, et al. Ayurvedic Rasayana therapy: A review on its evidence-based therapeutic potential. *Front Pharmacol*, 2019; 10: 937. doi:10.3389/fphar.2019.00937.