

CASE REPORT

Management of *Indralupta* (Alopecia areata) by *Jaluka Avacharana* and *Shamana Aoushadhi*: A Case Report

Pooja Rani^{1*}, Mini Rathi¹, Vinita Chandrakar¹, Vipin Tanwar²

¹PG Scholar, Department of Panchkarma National Institute of Ayurveda (De-Nova) Jaipur, Rajasthan, India.

²Assistant Professor, Department of Panchkarma national Institute of Ayurveda (De-Nova) Jaipur, Rajasthan, India.

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ABSTRACT

Background: Alopecia areata is an autoimmune disorder that can lead to unpredictable hair loss. Alopecia areata is a common autoimmune disorder that often results in unpredictable hair loss. In most cases, hair falls out in small patches around the size of a quarter. There may be only a few patches, but alopecia areata can affect wider areas of the scalp. In Ayurveda texts, a similar condition is mentioned in *Kshudrarogas* known as *Indralupta*.

Aims: This study sets out to evaluate the effectiveness of *Shamana Aoushadhi* and *Jaloukavacharana* in curing Alopecia areata.

Materials and Methods: It is a single-case study of a 24-year-old female patient with a complaint of asymptomatic loss of hair at a single site over the scalp with itching and dandruff for 1.5 years. This case of Alopecia areata (*Indralupta*) was successfully treated with seven sittings of *Jaloukavacharana* (leech therapy) and Ayurveda medication.

Result: The patch was immensely filled with lustrous black hairs at the end of the follow-up period.

Conclusion: Thus, it can be said that *Jaloukavacharana* and *Shamana Aoushadhi*, two Ayurvedic treatments, offer a favorable outcome for *Indralupta* patients.

1. INTRODUCTION

An autoimmune condition called alopecia areata mostly affects the scalp, causing patchy hair loss that shows no symptoms of irritation.^[1] Due to its location, it affects the beauty of a person which makes him look unpleasant and lowers his confidence. Furthermore, contemporary treatment includes treatment with the use of steroids has many adverse effects with chances of recurrence.^[2] Alopecia areata can be treated with a variety of approaches, such as topical, systemic, and injectable treatments. Unfortunately, there are currently no medicines that can elicit and maintain remission, and these therapy approaches have inconsistent clinical results.^[3] Ayurveda says that hair loss from the scalp is caused by vitiated Pitta in combination with vitiated Vata. Following that, the follicles' orifices are blocked by vitiated Rakta and Kapha, which inhibit the production of new hair. The primary internal

causal causes of *Indralupta* are thus *Vata*, *Pitta*, and *Kapha Dosha* (three variables responsible for all physiological processes inside the body) and *Rakta Dushya* (one of the places in the body where the disease develops).^[4] Therefore, it is crucial to remove obstructions at the hair follicles before beginning an anti-hair fall treatment in such circumstances. Acharya Sushruta has explained the line of treatment of *Indralupta* in *Chikitsa-sthan*.^[5] One of the therapeutic modalities indicated for *Raktapradoshaja Vikara* is *Raktamokshana* (Bloodletting). One of the easiest methods for treating *Raktamokshana* (Bloodletting) is leech therapy, particularly for elderly or female patients, newborns, those with exceedingly shy dispositions, and those with sensitive constitutions.^[6] The patient in this study sought Ayurvedic treatment for Alopecia areata or *indralupta*. The patient gave written, informed consent for this case study to be published.

1.1. Prevalence Rate

In the UK and USA, it makes up 2-3% of new dermatology cases; in China, it makes up 3.8%, and in India, it makes up 0.7%. The estimated

Corresponding Author:

Pooja Rani,
PG Scholar, Department of Panchkarma National Institute of Ayurveda
(De-Nova) Jaipur, Rajasthan, India.
Email: poojapal74085@gmail.com

prevalence in the general population was 0.1-0.2%, with a 1.7% lifetime risk. Although some research revealed a male preponderance, both genders are equally affected. It is possible at any age. The oldest was in his late eighties, while the youngest was 4 months old. Children made up 20% of instances, and 60% of AA patients had their first patch before turning 20. Ages 30–59 had the highest incidence. About 8–20% of incidents involve family members.^[7]

2. CASE REPORT

2.1. History of Present Illness

A 24-year-old woman with a medium build presented to the Panchkarma outpatient department (OPD) of the institute with complaints of asymptomatic loss of hair at a single site over a scalp region with itching and dandruff. She also complained of constipation and stress. Hair loss started spontaneously with itching or dandruff. The patient took allopathic advice and care but did not experience long-term relief.

2.2. Examination

A well-defined area of non-scarring alopecia was present at the scalp region with dandruff.

2.3. Systemic Examination

On examination, patient was conscious and oriented to time, place, and person. Assessment of CNS, CVS system, respiratory system, and musculoskeletal system of patient was found within normal limits. No clinical abnormality was detected on per abdominal examination.

2.4. History of Past Illness

There was no history of similar illness in the family, no history of drug intake, and no history suggestive of any systemic illness [Tables 1 and 2].

2.5. Treatment

Treatment was done for 4 months including follow-up. A total of seven sittings of *Jalaukavacharana* were done in a period of 2 months and 11 days. Follow-up period was 1½ months. Internal medicines [Table 3] were also administered during the first 4 months of the treatment.

2.6. Method of *Jalaukavacharana*

Water was stored in a plastic container containing two leeches. Before application, leeches were activated by being soaked in a solution containing turmeric for a while, and the bald area was then treated with triphala.^[8] The leech was thought to be ready for use when it began to move quickly and freely in the water. The leech was then forced to stick to a hairless area of the scalp while being held in place by damp cotton. The leech had become lodged and was sucking blood when its front part was seen to be slightly elevated. After that, it was covered with wet cotton, and throughout the process, water was sprayed on the cotton. The leech's body exhibited a throbbing wave, which verified the blood-sucking [Figure 1]. After sprinkling some *Haldi Churna* on the leech's lips, the enlarged leech was removed once that wave passed. The spot where the leech had taken blood was treated with a mixture of *haldi churna* and *madhu* (honey). The leech's mouth was then placed in *Haldi Churna*, forcing it to vomit the blood. Next, it was held between the thumb and fingers of the left hand, and the thumb and fingers of the right hand slowly and gently squeezed it from the tail to the mouth. The leech was made to puke until all of its blood was gone. The leech was placed in a water jar once it had finished draining its blood.

3. RESULTS

At the onset of treatment, the patient presented with two areas of scalp hair loss [Figure 2]. The hair follicles in that spot began to sprout very little hairs after three *Jalaukavacharana* sittings. In seven sittings, there was a noticeable increase in hair length. Once *Jalaukavacharana* was finished, the patch was entirely covered in hair [Figure 3]. During the follow-up phase, the patient was instructed to cease taking internal medications. At the conclusion of the follow-up time, the patch had grown a great deal of shiny black hair and was completely invisible.

4. DISCUSSION

Based on the clinical appearance, alopecia areata or *indralupta* was diagnosed in this instance. The patient had *Pitta Vardhak* eating habits and was a *Vata Pittaj* in *Prakriti*. The patient had a habit of napping during the day and was accustomed to eating junk food on a regular basis. Acharya Sushruta identified a disease called *indralupta*, in which the patient are treated while monitoring the patient's Bala for a month. For *Raktamokshana* (bloodletting) in blood vitiated by Pitta, as well as for females, children, and elderly individuals, leech therapy is an ideal approach. The secretions of leeches contain about 20 different types of bioactive compounds. These compounds exhibit antibacterial, extracellular matrix-degrading, analgesic, anti-inflammatory, platelet-inhibitory, and thrombin-regulating properties.^[9] Leech therapy for alopecia areata may have functioned by boosting micro-blood circulation through molecules similar to histamine and acetylcholine. In addition, destabilase and chloromycetin, which have antibacterial properties, are present in leech saliva.^[10,11] Leech therapy increases blood circulation, which improves the concentration and supply of nutrients to balding or thinning areas on the one hand, and the removal of accumulated inflammatory and toxic chemicals on the other, helping to promote hair growth.

5. CONCLUSION

Alopecia areata affects a large number of young individuals these days. It may be connected to *Indralupta* based on its indications and symptoms. The Avastha of the Doshas suggests that the combination of Ayurvedic medications and leech therapy sessions may have been beneficial for this female patient's case of Alopecia areata. Therefore, if this therapy is widely used, it might be useful in controlling alopecia, for which there is now no known cure.

6. ACKNOWLEDGMENTS

None.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article

8. FUNDING

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9. ETHICAL APPROVALS

This study not required ethical clearance as it is a case study.

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

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REFERENCES

1. Thomas EA, Kadyan RS. Alopecia areata and autoimmunity: A clinical study. *Indian J Dermatol* 2008;53:70-4.
2. Waljee AK, Rogers MA, Lin P, Singal AG, Stein JD, Marks RM, *et al.* Short term use of oral corticosteroids and related harms among adults in the United States: Population-based cohort study. *BMJ* 2017;357:j1415.
3. Strazzulla LC, Wang EH, Avila L, Lo Sicco K, Brinster N, Christiano AM, *et al.* Alopecia areata: An appraisal of new treatment approaches and overview of current therapies. *J Am Acad Dermatol* 2018;78:15-24.
4. Singhal P, Vyas V, Chhayani P, Patel M, Gupta SN. Ayurvedic management of alopecia areata: A case report. *J Ayurveda Integr Med* 2022;13:100604.
5. *Susrutasamhita* of Susruta with the *Nibandhasangraha* Commentary of Sri Dalhanacharya. *Chikitsasthan Adhyaya 20/24-26*; 2023 edition. Varanasi: Chaukhamba Surbharati Prakashan; 2023. p. 479.
6. Shashtri A. Jaloukavacharniya adhyaya. *Sutrasthana 13/3*. In: Shri Dalhanaacharaya, Sushrut. *Susruta Samhita of Maharsi Susruta. Ayurveda Tattva Sandipika Hindi Commentary*. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. p. 57.
7. Kumar S, Sharma S, Verma M. Conceptual study of Twacha (Skin) Sharir ancient and modern view. *Int Res J Ayurveda Yoga* 2023;6:114-8.
8. Seetharam KA. Alopecia areata: An update. *Indian J Dermatol Venereol Leprol* 2013;79:563-75.
9. Shashtri A. Jaloukavacharniya adhyaya. *Sutrasthana 13/19*. In: Shri Dalhanaacharaya, Sushrut. *Susruta Samhita of Maharsi Susruta. Ayurveda Tattva Sandipika Hindi Commentary*. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. p. 59-60.
10. Abdulkader AM, Ghawi AM, Alaama M, Awang M, Merzouk A. Leech therapeutic applications. *Indian J Pharm Sci* 2013;75:127-37.
11. Sig AK, Guney M, Uskudar Guclu A, Ozmenet E. Medicinal leech therapy-an overall perspective. *Integr Med Res* 2017;6:337-43.

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Table 1: Personal history of patient

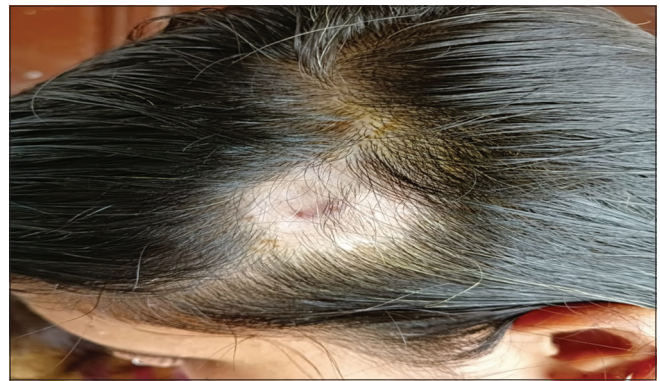
Diet	Vegetarian
Micturition	6–7 times/day, 1–2/night with burning sensation
Appetite	Normal
Sleep	Sound
Bowel habit	Regular
Menstrual cycle	Regular (5/28 days)
Addiction	Nil

Table 2: Eight types of examination of patient

Pulse	76/min, regular, normal in character
Stool	Constipation
Urine	Frequency-normal
Tongue	Clear
Speech	Clear
Touch	Normal
Eyes	Normal
Built	Medium

Table 3: Internal medicines

S. No.	Drugs	Days	Principle
1.	<i>Sitopaladi Churn</i> - 2 g <i>Avipattikar Churn</i> - 2 g <i>Amalaki Churn</i> - 2 g <i>Shuddha gandhaka</i> - 250 mg <i>Godanti bhasm</i> - 500 mg	1 month	<i>Krimighana</i> <i>Kushthaghana</i>
2.	<i>Triphala guggulu</i> - 500 mg	4 months	Anti inflammatory
3.	<i>Panchkol churn</i> - 3 g <i>Vidang Churn</i> - 1 g <i>Kutaki Churn</i> - 1 g	15 days	Improve digestion, antigenotoxicity, antifungal, antidepressant
4.	<i>Gandhaka Vati</i> - 250 mg	15 days	Reduce allergy by improving immunity
5.	<i>Triphala Churn</i> - 3 g	15 days	Antioxidant, antimicrobial, anti-inflammatory
6.	<i>Arogya Vardhini Vati</i>	1 month	Antioxidant, anti-hyperlipidemic, hepatoprotective
7.	M-liv Syrup	1 month	Improve appetite

**Figure 1:** *Jalaukavacharana***Figure 2:** Before treatment**Figure 3:** After treatment