MANAGEMENT OF INDRALUPTA - A CASE STUDY.

Snehal A. Ingle*, Minal Khode, Ashish A. Thatere, Jayant D. Gulhane,
Dr. Prakash R. Kabra

1P.G. Scholars, 2Asst. Professor and 3Asso. Professor
Department of Kayachikitsa Government Ayurved College & Hospital, Nagpur (M.S).

ABSTRACT
Alopecia areata also known as spot baldness is an autoimmune disease. In alopecia hairs are lost from some or all areas of the body, usually from the scalp due to the body’s failure to recognise it’s own body cells and subsequent destruction of its own tissue. Use of local corticosteroids either in injection form or topical application along with topical irritants like anthralin or topical coal tar is highlighted. Minoxidil had also been known to be restricting in hair loss and promoting hair regrowth. Indralupta (Alopecia) manifests due to vitiated Pitta and Vata of Romakupa (Hair Follicle) resulting in local hair loss. In advanced stage of Indralupta further obstruction of the path of hair follicles by vitiated Kapha and Rakta restricting in hair growth (S.N. 13/33-34). He further described the treatment of Indralupta by applying the concept of Siravedha (Blood Letting) followed by Snehan (oleation) and Swedan (Fomentation) (S.C. 20/24). A 50 years female with Indralupta since > one year on scalp region came to us for treatment. Considering the role of Raktamokshana (Blood Letting) this patient was taken for multiple settings of Jalaukavacharana. (Leech Therapy) alongwith local application of Jaypal in Dhanyak Svaras for seven days followed by Gomutra in Narikel Tail was applied. Outstanding results were achieved after one month of this treatment that can be assessed by photographs of this patient. Results and discussion will be presented in full paper.

KEYWORDS: Alopecia, Indralupt, Jalaukavacharana, Siravedha.

INTRODUCTION
Alopecia; an autoimmune disease featuring hair loss from some or all areas of the body, usually from the scalp due to the body’s failure to recognise it’s own body cells and
subsequent destruction of its own tissue. Alopecia areata is a localised loss of hairs on scalp. If all the hair on the scalp is lost the condition is called alopecia totalis and if there is complete loss of body hair it is designated as alopecia universalis. Alopecias are arbitrarily classified as, scarring in which loss of hair follicles occurs and another is non scarring, in which hair shafts are gone but hair follicles are preserved making this type of alopecia reversible. The area of hair loss may be tingle or be painful. The essential basis is cessation of hair growth with premature club-hair formation. Heredity, emotional stress, endocrine upset and autoimmunity have been implicated as aetiological factors.

Treatment consist of use of local corticosteroids either in injection form or topical application alongwith topical counter irritants like anthralin or topical cold tar is highlighted. Minoxidil had also been known to be restricting in hair loss and promoting hair regrowth.

*Indralupta* manifests due to vitiated *Pitta* and *Vata* of *Romakupa* resulting in local hair loss. In advanced stage of *Indralupta* further obstructs of the path of hair follicles by vitiated *Kapha* and *Rakta* restricting in hair growth (S.N. 13/33-34). He further described the treatment of *Indralupta* by applying the concept of *Siravedha* (Blood Letting) followed by *Snehan* and *Swedan* and also stated that local application of *Gunja* paste or application of *Kasis Tuth* over affected area of scalp. (S.C. 20/24). *Aacharya Vagbhat* had also advocated the *Siravedh Chikitsa*. Some medicines like *Gunja* paste *Dhatur* or *Bhallatak Swaras* etc. are also useful topically over affected areas of scalp (A.H.24/28-32).

**A CASE PROFILE**
A female aging about 50 years with *Indralupta* since > one year. She came to OPD of Kayachikitsa in G.A.C. & hospital, Nagpur. She was hospitalised for 15 days and was under treatment for the same for one month.

**CLINICAL FEATURES**
Patient was having one patch of hair loss over scalp since one year, over this area of scalp tingling sensation felt. She had taken allopathic medicines but satisfactory results were not achieved so she went to G.A.C and hospital, Nagpur.

**PRESENT HISTORY**
Patient had presenting complaints since 1 year. Otherwise no specific history in relation to presenting illness was found.
HISTORY OF PAST ILLNESS
She was having Hypertension since more than 2 year on antihypertensive medication.

PERSONAL HISTORY
Patient is a housewife with addictions of tobacco chewing.

GENERAL EXAMINATION
Patient was examined thoroughly before treatment. Samanya Parikshan reveals that Jivha (Tongue) was non-coated and dry; she was obese. Udar and Urah Parikshan were within normal limits.

B.P.-120/80 mm of Hg, P.R.-72/min and regular and respiratory rate was 22/min, regular.

PATHOLOGICAL EXAMINATIONS
Date: 7/2/2016
Haemoglobin was 10.9gm%, TLC- 8000/cu mm, N-79%, L-20%, E-1%. ESR- 12 mm/hour.
Routine urine was within normal limits. FBS was 72mg/dl and PPBS was 110 mg/dl.

MANAGEMENT
Initially one Jalauka was applied on the affected area of scalp on date 7/2/2016. Than After 7 days second setting of Jalaukavcharan was carried out. Considering the role of Raktamokshana this patient was taken for two settings of Jalaukavcharana. Sushrut had advised Sthanik Siravedh in Indralupt but considering Satva and Sukumarita of the patient we planned of Jalaukavcharana. Alongwith this local application of Jaypal in Dhanyak Svaras for seven days followed by Gomutra in Narikel Tail was advised.

OBSERVATIONS AND RESULTS
Patient came in OPD on 6/2/2016 with one patch of spot baldness over scalp showing following picture.
On 7/6/2016 first setting of Jalaukavcharan was carried out

Two sets of Jalaukavcharan was carried out in between span of 7 days alongwith local application of Jaypal with Dhanyak Svaras for seven days. Hair growth started after course of 15 day.
Date 20/2/2016
After that application of *Gomutra* along with Coconut oil is continued for 1 month
Date 1/03/2016

Date 20/03/2016
DISCUSSION AND CONCLUSION

Aacharya Sushruta had stated that Indralupta manifests due to vitiated Pitta and Vata of Romkupa resulting in local hair loss and further obstruction of the path of hair follicles by vitiated Kapha and Rakta restricting in hair growth (S.N 13/33-34). The patient which we are dealing with was having Indralupta since more than one year. Considering the role of Raktamokshana this patient was taken for two settings of Jalukavcharana. Sushruta had advised Sthanik Siravedha in Indralupta but considering Satva and Sukumarita of the patient we planned of Jalukavcharana (S.C.20/24). Alongwith this local application of Jaypal in Dhanyak Svaras for seven days followed by Gomutra in Coconut oil was advised.

According to modern medicine, topical irritants are used like anthralin or topical coal tar. The thought behind this was to observe the irritant properties of Jaypal and Gomutra. Jaypal is Katu & Ushna in Guna act as irritant and Kshartva and Katu Ushnatva of Gomutra act as irritant which beneficial to relieve obstruction of local hair follicles resulting in hair growth of affected area of scalp. Gomutra with Narikela Tail was advised which is Keshya. Topical application of Jaypal may cause redness over scalp hence applied with Dhanyak Svaras which helps in neutralizing local irritation up to some extent making patient comfortable to carry on the application of Jaypal. Enthusiastic results were achieved within two months which have been shown in photographs.

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