

Management of Indralupta with Prachana and External Applications - A Case Report

Anoopa P P¹, V K V Balakrishnan²

¹PG Scholar, Department of Shalakyatantra, Government Ayurveda College, Kannur

²Professor and HOD, Department of Shalakyatantra, Government Ayurveda College, Kannur

Abstract: Acharya Sushruta has mentioned 11 types of Shiro Roga and Acharya Vagbhatta described 10 types of Shiro Roga and he also described 9 types of Shirokapālagata Roga. In Ayurvedic approach, loss of hair is coined out as in term of 'Indralupta' under the broad heading of Kshudra Roga except Vagbhatta who has mentioned it under Kapala Roga. According to Acharya Sushruta and Vagbhatta Vata Dosha along with Pitta Dosha resides in Romkoopa (hair root) results in hair fall (Keshapatan). After then Kapha Dosha along with Rakta Dosha block Romkoopa (hair root) so no more hair produce on that place, its results in Indralupta. Indralupta occurs due to Rakta Dushti and treatment of Indralupta, Prachana karma is stated by major Acharya. Indralupta can be correlated with Alopecia areata in which there is a sudden hair loss that starts with one or more circular bald patches. In Ayurveda, both Shodhana and Shamana treatments are prescribed for Indralupta. An 18 years female patient came to OPD of Shalaky Tantra Department, Kannur with the complaints of patchy hair loss, dandruff and thinning of hair for 1 months. She was successfully treated with Prachana Vidhi one sitting at OP level. During the course of treatment, regrowth of hair from hair follicles was evident within 7 days. Prachana and Shiro-Lepana (indralupta mashi + eladi keram), can provide significant results in intralupta. Ayurveda has great approach in curing the Indralupta (Alopecia Aerata) which can be concluded from this case report.

Keywords: Alopecia Aerata, Autoimmune Disease, Indralupta, Raktamokshana

1. Introduction

Indralupta is an important disease of the scalp described in Ayurveda under Śirokapālagata Roga and Kṣudra Roga. Acharya Suśruta explains that the simultaneous vitiation of Pitta and Vata affects the romakūpa (hair follicles), resulting in sudden hair fall. In the later stage, aggravated Kapha along with Rakta obstructs the follicular channels, preventing the regeneration of hair. Thus, the involvement of Tridoṣa and Rakta duṣya forms the core pathology of Indralupta.

Indralupta can be closely correlated with Alopecia Areata, a non-scarring form of alopecia characterized by acute, patchy hair loss, most commonly affecting the scalp and face. From a modern perspective, Alopecia Areata is considered an autoimmune condition, wherein the immune system targets hair follicles, leading to disruption of the normal hair growth cycle. Genetic susceptibility, psychological stress, and environmental factors play a contributory role in its manifestation.

Contemporary management primarily relies on corticosteroids and immunosuppressive therapies, which may offer temporary relief but are often associated with recurrence and adverse effects, limiting their long-term use. This highlights the necessity for exploring alternative therapeutic approaches that are safe, effective, and sustainable.

Ayurveda provides a comprehensive treatment strategy for Indralupta through both Śodhana and Śamana modalities. Among them, Raktamokṣaṇa, especially Sirāvyadha or Prachana, is considered the main line of treatment to remove vitiated Rakta and restore follicular function. The present case report aims to evaluate the effect of prachana and sthanika chikitsa in Indralupta.

2. Case Report

Presenting Complaints with History

An 18-year-old female patient, student by profession, came to OPD at Government Ayurveda College, Kannur, Pariyaram on 26/12/2025. Patient presented with complaint of patch of hair loss on occipital region of scalp for 1 month. Associated with itching and dandruff. There was no reddish discoloration over the patch. The hairs in the vicinity are fragmented and thinned, and there is no greying or fading of the original color of the hair. Occasional itching was present over the scalp. There was no history of injury of scalp.

There is no medical history of autoimmune disorders like psoriasis, vitiligo, asthma, rheumatoid arthritis, thyroiditis or systemic lupus erythematosus. No history of hormonal disorders such as hypopituitarism, hyperthyroidism, or hypothyroidism. She was not under any of the medication like heparin, propylthiouracil, isotretinoin, carbimazole, acitretin, beta blockers, lithium, interferons, amphetamines or colchicine.

Relatives have a history of the hair patches. She approached the OPD of Government Ayurveda hospital, Kannur for further treatment.

General Examination

Table 1: General Examination

Pulse	70/min
Heart rate	70/min
Blood pressure	120/80
Temperature	98°F
Height	154 cm
Weight	50 kg
Appetite	Good
Bowel	Regular

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Micturition	5-6times/diurnal 1-2 times/ nocturnal
Sleep	Sound
Tongue	Normal
Addiction	Nil

Disease Specific Examination

Table 2: Disease Specific Examination

Site	Occipital region
Dryness	Present
Hair color	No color change
Scaling	Present
Dandruff	Present
Tumor	Absent
Abnormalities hair in adjacent area	Broken hairs
Itchy scalp	Present
Thinning of hair	Present
Pigmentation	Absent
Date of onset	20/11/2025
Date of treatment	26/12/2025
No of sitting	1
Patch size in cm	3.5 to 4 cm
No of patches	1

Ashtavidha Pareeksha

Table 3: Ashtavidha Pareeksha

Nadi	Drutha gati
Mutra	Anavilam
Mala	Abadham
Jihwa	Anupalepathwam
Shabda	Vyaktham
Sparsha	Anushnasheetam
Druk	Sthulam

Hematological Examination

Table 4: Hematological Examination

Hemoglobin (Hb)	11.0 g/Dl
Total RBC Count	4.0 million/cumm
Total WBC Count	6400 /cumm
Differential Leukocyte Count (DLC)	
Neutrophils	50%
Eosinophils	4%
Basophils	1%
Monocytes	4%
Lymphocytes	34%
ESR	9 mm/hr
Bleeding Time	1 minute 30 seconds
Clotting Time:	3 minutes 10 seconds
SEROLOGICAL EXAMINATION	
HIV Test	Negative
HBsAg Test	Negative
HCV Test	Negative
VDRL Test	Negative

Investigation was performed to rule out systemic causes and ensures fitness for rakthamokshana.

Management of the Condition

In this case, the main treatment adopted was Prachana, a sasatra rakthamokshana. In this procedure, first sterile cotton swab with triphala kashaya was used to clean the area of the lesion, and Pracchana was performed using a lancet (0,6 mm thick and 1.8 mm long). Then wipe the area gently using a

cotton swab and applying dattura patra swarasa over the prachana regions. The lepana prepared with eladi keram and Indraputha mashi was applied. She was instructed to use Lukewarm Triphala Kashaya for head bath. She was suggested to visit the OPD on the seventh day for follow-up. Likewise, Throughout the course of this treatment, no internal medications were administered.

No adverse effect was observed.

Follow- Up

Follow-up was done on 7th day.

3. Observation and Results

Area of the lesion after 1 sitting of Prachana, dull, and blackish thin hairs appeared, Gradually, noticed new hair growth, and the area was slowly covered with thin hair, which turned into normal hair texture and color.

Photographic evidence:



Figure 1: Before treatment

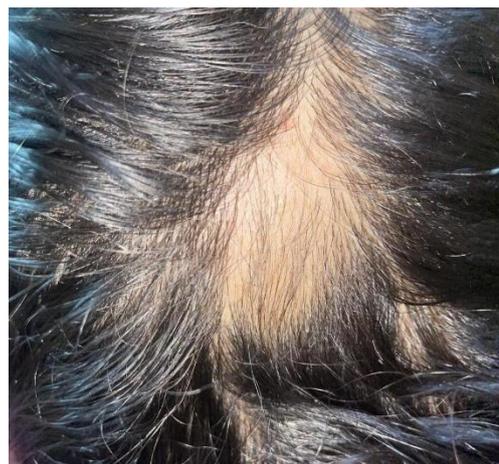


Figure 2: After treatment

Table 5: Patch measurement:

Before treatment (in cm)	3.52 × 4 cm
After treatment (in cm)	2 × 3 cm
Approximately 60 -70 coverage observed by 7 days	

4. Discussion

According to Acharyas, aggravated Pitta in association with Vata affects the romakūpa (hair follicles), leading to initial hair fall, while subsequently, Kapha along with Rakta obstructs the follicles, hindering hair production, a condition recognized as Indralupta. The pathology primarily involves Tridoṣa and Rakta dhātu. Acharya Charaka noted that patients with unwholesome diet and lifestyle, overindulgence in kṣāra and lavana, are more prone to keśa dushti and the development of Indralupta. Additionally, mental factors such as stress, anger, and other emotional disturbances may further aggravate Pitta and Vata dosha, exacerbating hair loss. In the initial stage, the tīkṣṇa and uṣṇa properties of Pitta residing in the skin (Bhrajaka Pitta), along with the yogavāhī property of Vata, cause hair to fall. The vitiated Vata also constricts the Rakta dhamaṇī. In the subsequent phase, the snigdhatva and pīchilatva of Kapha, together with Rakta, block the hair pores, preventing new hair growth and leading to the characteristic alopecic patches of Indralupta.

The sequential management of Indralupta is thought to act through multiple mechanisms to stimulate hair regrowth. Washing the alopecic patches with Triphala Kashaya, which is Vāta–Pitta pacifying, mildly astringent, rejuvenating, detoxifying, and anti-inflammatory, cleanses hair follicles, removes Kapha and impurities, and improves local circulation. Gentle follicular pricking further enhances blood flow and prepares the follicles for stimulation. Application of Dāttūra patra swarasa provides Vāta–Pitta pacification, follicular purification, and nourishment; pharmacologically, Datura possesses potent analgesic, anti-inflammatory, and antimicrobial properties, which help manage scalp inflammation or infection that may contribute to hair loss. This step also promotes follicular stimulation by clearing obstructions in the hair roots and enhancing circulation, supporting new hair growth in the bald patches. Finally, Indralupta Māśī clears follicular obstructions and reactivates dormant follicles, while Elādi Keram pacifies Vāta–Kapha, strengthens hair roots, and supports keśa janana. Together, these interventions synergistically cleanse, pacify, nourish, reduce inflammation, and stimulate new hair growth in Indralupta.

5. Conclusion

On the basis of this case, Ayurveda has great approach in curing the Indralupta Alopecia areata is an autoimmune disease in which the immune privilege of the hair follicles is impaired. Here pathology of alopecia resides locally at the scalp. The patient had undergone sthanika chikitsa and no internal medication was given during the entire treatment and follow up period. Thus, this case report emphasises the importance of Pracchana and external application in the management of Indralupta. The Ayurveda treatment procedure, helps in the initiation of regrowth of hair within 7 days. The results obtained from this. treatment show that Alopecia areata can be treated successfully with sthanika chikitsa alone within in a short duration.

Limitation

This is a case report with short follow up duration. Long term follow-up and larger studies are required.

Ethical Consent

Written informed consent was obtained from the Patient described in this case report. All identifying information has been removed or anonymized to protect privacy and confidentiality.

References

- [1] Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala with Sanskrit commentary Chakrapani's Ayurveda Deepika, edited by Vaidya Jadavji Trikamji Acharya. 4th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 1994. p. 187.
- [2] Dogra S, Sarangal R. What's new in cicatricial alopecia. Indian J Dermatol Venereol Leprol. 2018; 79: 576-590.
- [3] Yu M. Hair follicles and their role in skin health. Expert Review of Dermatology. 2006; 1: 855-871.
- [4] Borakhade VR, Khot VS. Treatment of Indralupta with local Jalukavacharana and application of Gunja Beeja. International Journal of Herbal Medicine. 2015;3(2):24-25.
- [5] Vidwansa NJ. Text Book of Śālākya Tantra (Ayurvedic E.N.T. & Oro-Dental Diseases). Vol. II: Siro-Karna-Nāsa-Mukha & Danta Roga Vijnāna. Varanasi: Chaukhamba Surbharati Prakashan.
- [6] Darwin E, Hirt PA, Fertig R. Alopecia areata: Review of epidemiology, clinical features, pathogenesis and new treatment options. International Journal of Trichology. 2018;10(2):51-60.
- [7] Shingadiya R, et al. Alopecia areata (Indralupta): A case successfully treated with Ayurvedic management. J Ayurvedic Herbal Med. 2017;3(3):111-115.
- [8] Ralston SH, Penman ID, Strachan MWJ, Hobson RP. Hair disorders. In: Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh: Elsevier Ltd; 2018. p. 1258-1259.
- [9] Tan E, Tay YK, Goh CL, Giam YC. The pattern of alopecia areata in Singapore: A study of 219 Asians. International Journal of Dermatology. 2002; 41: 748-753.
- [10] Al-Mutairi N, Eldin ON. Clinical profile and impact on quality of life: Seven years' experience with patients of alopecia areata. Indian Journal of Dermatology, Venereology and Leprology. 2011; 77: 489-493.
- [11] Seetharam KA. Alopecia areata: An update. Indian Journal of Dermatology, Venereology and Leprology. 2013; 79: 563-575.
- [12] Jameson JL, et al. Harrison's Principles of Internal Medicine. 20th ed. Vol. 1. New York: McGraw Hill; p.340-341.
- [13] Vagbhata. Ashtanga Hridayam with Sanskrit commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, collated by Anna Moreswar Kunte and Krishna Ramchandra Shastri Navre. Reprinted ed. New Delhi: Rashtriya Sanskrit Sansthan; 2002. p. 859.
- [14] Sushruta. Sushruta Samhita with Sanskrit commentary Nibandha Sangraha of Dalhana, edited by Vaidya Jadavji Trikamji Acharya and Narayan Ram Acharya. 8th ed. Varanasi: Chaukhambha Orientalia; 2005. p. 322.

- [15] Srikantha Murthy KR. Ashtanga Hridaya. 5th ed. Varanasi: Chaukhambha Krishnadas Academy; 2009. p. 222–229.
- [16] Vagbhata. Ashtanga Hridayam with Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, collated by Anna Moreshwar Kunte and Krishna Ramachandra Shastri Navre. Reprinted ed. New Delhi: Rashtriya Sanskrit Sansthan; 2002. p. 862.
- [17] Soni P, et al. Pharmacological properties of Datura stramonium L. as a potential medicinal tree: An overview. *Asian Pacific Journal of Tropical Biomedicine*. 2012;2(12):1002–1008.
- [18] Datura: Benefits, uses, formulations, ingredients, method, dosage and side effects. Available from: <https://www.netmeds.com/health-and-library/post/datura-benefits-uses-formulations-ingredients-method-dosage-and-side-effects> (Accessed on 10.06.2020).
- [19] Vagbhata. Ashtanga Hridaya with Sarvangasundara and Ayurveda Rasayana commentaries. Uttara Sthana, Ch.24, Verse 24, p.862.
- [20] Gupta KA. Ashtanga Hridaya (Vidyotini Hindi commentary). Reprint ed. Varanasi: Chaukhamba Prakashan; 2012. Sutra Sthana, Ch.26, Verses 51-53, p.135.
- [21] Sharma PV. Dravyaguna Vijnana. Vol. 1. Reprinted ed. Varanasi: Chaukhambha Bharati Academy; 2003. p. 500–502.
- [22] Broughton G, et al. Wound healing: An overview. *Plast Reconstr Surg*. 2006;117(7 Suppl):1e-S-32e-S.
- [23] Tripathi B. Sharangadhara Samhita (Dipika Hindi commentary). Varanasi: Chaukhamba Surbharati Prakashan; 2016. Uttarakhanda, Ch.12, Verses 25-26, p.274.
- [24] Wu M, Cronin K, Crane JS. Biochemistry, collagen synthesis. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024.
- [25] Villasante AC, Miteva M. Epidemiology and burden of alopecia areata: A systematic review. *Clin Cosmet Investig Dermatol*. 2015; 8: 397-403.
- [26] Dalhana. Sushruta Samhita with Nibandha Sangraha commentary. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2015. Chikitsa Sthana, Ch.1, Verse 40, p.400.