

AYURVEDIC MANAGEMENT OF *INDRALUPTA* (ALOPECIA AREATA): A CASE REPORT

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ABSTRACT

Background: Alopecia areata (AA) is a chronic, immune-mediated, non-scarring hair loss disorder. In Ayurveda, it closely resembles *Indralupta*, involving the vitiation of *Vata*, *Pitta*, and *Rakta* with *Kapha* obstructing the *Romakupa* (hair follicles). Conventional therapies show variable outcomes and high recurrence rates. This case report evaluates a Combined Ayurveda approach for *Indralupta*. **Case Presentation:** A 24-year-old male presented with a six-month history of progressively enlarging, well-defined, non-scarring bald patches on the left parietal and occipital scalp, accompanied by mild itching and dryness. The condition had severely impacted his psychological well-being. **Therapeutic Intervention:** The patient was managed with a multimodal Ayurvedic protocol. *Raktamokshana* (bloodletting) was done via *Jalaukavacharana* (leech therapy) and local *Prachhana* (scarification). This was combined with local applications of *Indralupta mashi* and daily *Shiro Abhyanga* (head massage) using *Malatyadi Taila*. Oral *Shamana* (palliative) medicines included Combination of *Saptamrut loha*, *Guduchi*, *Amalaki*, *Vidanga* and *Triphala Churna* alongside strict dietary and lifestyle modifications (*Nidana Parivarjana*) done for 45 days. **Outcomes:** within two weeks of treatment Itching and dryness subsided. Fine, depigmented vellus hairs appeared by week three, progressively maturing into stable, pigmented terminal hair. The Severity of Alopecia Tool (SALT) score significantly improved from 38% at baseline to 5% at the end of the 45-day treatment period. No adverse events occurred and regrowth remained stable at the end of treatment after 45 days and 2 months follow up after 60 days. **Conclusion:** This case suggests that a comprehensive Ayurvedic protocol *Shodhana*, *Shamana*, and *Sthanika Chikitsa* provides an effective, safe alternative for managing *Indralupta*.

Keywords: *Indralupta*; Alopecia Areata; Ayurveda; *Jalaukavacharana*; Leech Therapy; SALT Score.

INTRODUCTION: Alopecia areata (AA) is a chronic autoimmune condition causing unpredictable, non-scarring patchy hair loss on the scalp or body^[1]. It affects roughly 2% of the global population and

stems from a mix of genetics, immune system imbalances, oxidative stress, and psychological stress^[2]. Standard conventional treatments include topical or injectable corticosteroids, immunotherapies, and

newer Janus kinase (JAK) inhibitors [3]. However, conventional options carry risks of long-term side effects, and hair loss frequently recurs once treatment is discontinued. This has driven a growing clinical interest in personalized, traditional medical systems such as *Ayurveda*.^[4]

In Ayurveda, Alopecia Areata closely correlates with *Indralupta*, a condition classified under *Kshudra Roga* by *Acharya Sushruta*.^[5] and *Shiro Roga* by *Acharya Vagbhata*.^[6] Classically, vitiated *Pitta* and *Vata* cause the hair to drop from its root (*Romakupa*), after which aggravated *Kapha* and *Rakta* block the follicle openings, halting new hair growth^[7]. To treat this root cause, *Ayurvedic* therapy uses a combination of bio-purification (*Shodhana*), pacifying medicines (*Shamana*), and targeted local therapies (*Sthanika Chikitsa*)^[8]. Among these local methods, *Jalaukavacharana* (Leech Therapy) is highly effective for *Rakta-Pitta* imbalances because it purifies local blood flow, reduces inflammation, and boosts microcirculation^[9, 10, 11]. This case report outlines the successful management of a 24-year-old male with *Indralupta* using an *Ayurvedic* approach of leech therapy, local pricking (*Prachhana*), traditional topical formulations (*Indralupta Mashi, Malatyadi Taila*), internal herbs and dietary adjustments^[12].

CASE PRESENTATION

Clinical History & Presentation

A 24-year-old male came to the PTKLS Govt. Ayurveda Hospital Outpatient Department (OPD No. 20250065967) on October 5, 2025, with a six-month history of spreading, patchy hair loss on his scalp. It

started as a small, round bald spot on the occipital region exactly 2 cm × 2 cm.

The patient had no history of prior conventional or traditional treatments for the current episodes of alopecia areata.

Along with the hair loss, he experienced mild itching (*Kandu*), localized dryness, and occasional redness (erythema). He had no pain, scalp injuries, infections, scarring, or Regarding major medical conditions, he had no underlying systemic disorders or chronic illnesses.

or relevant family medical history. While no major life stress caused the hair loss, the visible bald spots caused him significant secondary anxiety and low self-esteem. He maintained healthy daily habits, a normal appetite, and regular sleep. Chief complaints: Spreading bald patches on the left parietal and occipital scalp for six months, associated with mild itching, localized dryness, occasional redness, low self-confidence, and high cosmetic anxiety.

History of Present Illness & Past History: The condition began six months prior as a single, asymptomatic bald patch over the occipital region measuring 2 × 2 cm, which gradually enlarged. There was no history of scalp trauma, fungal infection, chemical exposure, or trichotillomania, and the hair loss remained strictly localized to the scalp with no involvement of the eyebrows, eyelashes, beard, or body hair. The patient's past medical history was non-significant, with no prior instances of diabetes, hypertension, thyroid dysfunction, autoimmune conditions, chronic dermatological disorders, surgeries, or hospitalizations. Furthermore, the family history was negative for alopecia areata, psoriasis, vitiligo, autoimmune diseases, or heredi-

tary hair loss disorders among first-degree relatives.

Personal History: The patient follows a mixed diet with a normal appetite, regular bowel habits, and normal micturition. He experiences sound sleep and reports no history of addictions. The patient is a 24-year-old male with a height of 162 cm and a weight of 72 kg, corresponding to a BMI of 27.4 kg/m². His vital signs were stable upon examination, presenting a pulse rate of 86 beats per minute, a blood pressure of 130/86 mmHg, a respiratory rate of 18 breaths per minute, and a body temperature of 97.4°F. The patient was conscious, cooperative, well-oriented to time, place, and person, and moderately built and nourished. General physical examination did not reveal pallor, icterus, cyanosis, clubbing, generalized lymphadenopathy, or pedal edema.

Systemic Examination: Upon systemic examination, the cardiovascular system revealed normally audible S1 and S2 sounds with no detected murmurs or additional heart sounds. The respiratory system demonstrated equal bilateral air entry without any added sounds. On central nervous system evaluation, higher mental functions were normal, cranial nerves were fully intact, and both motor and sensory examinations were within normal limits. Additionally, the abdominal examination indicated a soft, non-tender abdomen with no organomegaly and normal bowel sounds.

Local Examination

Localized Examination: Scalp examination revealed a single, well-defined, asymmetrical, non-scarring alopecic patch over the occipital region, measuring 2 × 2 cm. The affected scalp surface was

smooth, shiny, and dry, with preserved follicular openings and mild localized erythema. There was no evidence of scaling, crusting, pustules, discharge, scarring, or secondary infection. The hair pull test around the unaffected scalp was negative, and no nail abnormalities were observed.

Ayurvedic Examination: The clinical assessment using *Dashavidha Pariksha* (ten-fold examination) revealed a baseline constitution (*Prakriti*) of *Vata-Pittaja*, while the morbidity (*Vikriti*) was identified as *Vata-Pitta* associated with *Rakta Dushiti*. The patient exhibited moderate status (*Madhyama*) across the remaining parameters, including tissue excellence (*Sara*), body compactness (*Samhanana*), adaptability (*Satmya*), mental strength (*Satva*), digestive capacity (*Ahara Shakti*), exercise tolerance (*Vyayama Shakti*), and body anthropometry (*Pramana*). In terms of age (*Vaya*), the patient was categorized as a young adult (*Yuva*).

Samprapti Ghataka

Clinical Assessment & Pathogenesis

The clinical presentation of a single, well-defined, non-scarring alopecic patch (2 × 2 cm) in the occipital region satisfies the diagnostic criteria for Alopecia Areata, mapping accurately to the classic Ayurvedic condition *Indralupta*. According to the pathophysiological tenets of the Sushruta Samhita, the condition is initiated by the systemic or localized vitiation of *Vata* and *Pitta doshas* infiltrating the *Rasavaha* and *Raktavaha srotas* (nutrient and micro-circulatory channels). This induces *Rakta Dushti* (vascular inflammation and tissue ischemia) at the *Adhithana* (site) of the *Romakupa* (hair follicles), causing premature anagen arrest and subsequent hair shedding. The disease

progression enters a secondary phase governed by *Mandagni* (impaired tissue metabolism) and the presence of *Ama* (metabolic endotoxins). Together with aggravated *Kapha* and vitiated *Rakta*, they cause Sanga (luminal occlusion and stasis) within the peripheral pathway

(*Bahya Rogamarga*). This complex mechanically plugs the follicular ostia of the occipital scalp (*Shirah*), preventing new hair shaft emergence while strictly preserving the underlying follicular architecture, resulting in a smooth, non-scarring patch.

Table 1: Clinical Timeline

Timeline	Clinical Status & Interventions
April–Sept 2025	Onset and progression of bald patches with mild itching and dryness.
05 Oct 2025 (Day 1)	Clinical Presentation: The patient presented to the OPD with a diagnosis of <i>Indralupta</i> (Alopecia Areata) presenting a baseline SALT score of 38%, and therapeutic intervention was initiated.
Weeks 1–2	First <i>Jalaukavacharana</i> (leech therapy) session; reduction in itching and dryness.
Weeks 3–4	Follicle reactivation seen via fine vellus hair; second <i>Jalaukavacharana</i> session.
Week 6 (End)	Vellus hair converted to pigmented terminal hair; SALT score reduced to 5%.
Post-Treatment	Stable hair regrowth maintained at 2-month follow-up; no recurrence.

Diagnostic Assessment

Clinical Diagnosis: Based on the established clinical parameters, the diagnostic criteria and differential exclusions can be structured as follows:

Diagnostic Criteria: The formal diagnostic criteria and correlation for this presentation are established by two primary authoritative sources:

Classical Ayurvedic Criteria-The specific presentation of a sudden onset of localized, non-scarring hair loss with a smooth, shiny scalp surface is established in the *Sushruta Samhita* (*Nidana Sthana*, Chapter 13). It defines *Indralupta* as a two-stage process: *Vata-Pitta* vitiation causes acute shedding from the *Romakupa* (hair follicles), followed by *Kapha-Rakta* obstruction (Sanga) which plugs the ostia, creating the characteristic smooth,

non-productive surface while preserving the underlying follicular architecture.

Contemporary Diagnostic Correlation-

The standard clinical framework mapping *Indralupta* to Alopecia Areata is formalized by the Central Council for Research in Ayurvedic Sciences (CCRAS), Ministry of AYUSH, Government of India. Under these standardized clinical research protocols, the diagnosis is established by validating the presence of focal, asymmetrical, non-scarring patches (preserved follicular openings) and definitively ruling out fungal pathologies (absence of scaling, crusting, or active epidermal inflammation).

Differential Diagnosis & Exclusions

To confirm the diagnosis of localized, non-scarring *Indralupta* (Alopecia Areata), alternative dermatological etiologies were

systematically excluded: **Tinea Capitis:** Excluded by the absolute absence of epidermal scaling, inflammatory pustules, or broken "corkscrew" hair shafts^[13]. **Trichotillomania:** Ruled out by the patient's negative history of compulsive hair pulling and the absence of characteristic trichoscopic markers like fractured hair shafts of varying lengths, flame hairs, or hook hairs. **Cicatricial Alopecia:** Disregarded due to the complete macroscopic and trichoscopic preservation of patent follicular ostia (openings), confirming a reversible, non-scarring pathology^[14].

Telogen Effluvium: Excluded because the clinical presentation manifested as a distinct, well-circumscribed focal patch rather than diffuse, generalized thinning across the entire scalp.

Androgenetic Alopecia: Ruled out due to the acute onset and discrete, well-circumscribed boundary of the patch, which did not conform to standard genetic or pattern-based progressive thinning (vertex or frontotemporal recession).^[15]

Final Diagnosis

Localized Alopecia Areata

Ayurvedic Diagnosis: *Indralupta*

Consent Details: Informed consent was taken from the patient before the treatment, and the treatment and outcome were explained to him in his own language

Therapeutic Intervention

The comprehensive management strategy was formulated in accordance with classical Ayurvedic principles, aiming to restore optimal bio-humoral equilibrium (*Dosha Samya*) and clear micro-vascular and follicular stasis (*Sanga Nivritti*) from the hair follicles (*Romakupya*). Concurrently, treatment targeted the purification of the vitiat-

ed vascular system (*Rakta Prasadana*) to eliminate systemic endotoxins, thereby revitalizing hair follicle activity (*Keshya / Rasayana*) and mitigating long-term disease recurrence.

A. *Jalaukavacharana* (Leech Therapy)

Procedure

Patient positioned comfortably.

Scalp cleaned with sterile normal saline.

Healthy medicinal leeches applied directly over and around the alopecic patches.

Leeches allowed to detach spontaneously after adequate bloodletting.

Bite sites cleaned and dressed using sterile gauze.

Leeches were safely detached, cleaned, and managed according to standard Ayurvedic practice.

Frequency : Two sittings, Interval 15 days total duration 45 days

Therapeutic Rationale- A. According to Ayurveda, *Jalaukavacharana* is indicated in diseases associated with *Rakta Dushiti* and *Pitta* predominance.

B. Local Application

Understanding *Indralupta Mashi* and Its Classification

Indralupta Mashi is a traditional, clinically proven Ayurvedic formulation (*Anubhuta Yoga*) prepared by charring the heartwood of *Devadaru* (*Cedrus deodara*) into a therapeutic black ash, which is reconstituted with distilled cow urine (*Gomutra Arka*) immediately before application. Rather than a modern private or commercial patent medicine, it is a time-tested remedy manufactured by classical Kerala pharmacies under traditional state manufacturing licenses. It functions as a specialized regional formulation passed down through traditional physician lineages. The therapeutic use of this formulation is based di-

rectly on the medical principles established in the ancient text *Sushruta Samhita* (Nidana Sthana 13). According to classical pharmacology, hair loss occurs in a two-stage process: first, localized *Vata* and *Pitta* imbalances cause the hair shafts to shed; second, an accumulation of *Kapha* and toxins creates a physical blockage (*Sanga*) over the hair roots (*Romakupa*). This blockage forms the characteristic smooth, shiny, and bare patch seen in conditions like Alopecia Areata. To breach this blockage, the treatment protocol involves applying the *Indralupta Mashi* paste once daily over the affected scalp after thorough cleaning and gentle micro-scratching (*Prachhana Karma*). The formulation possesses sharp and scraping (*Tikshna* and *Lekhana*) properties. These attributes work synergistically to break down the hardened *Kapha* plug, clear the follicular chan-

nels, and deeply purify the localized area. By systematically clearing these blocked roots, the treatment successfully restores normal physiological activity to the dormant hair follicles. It stimulates local microcirculation and improves blood flow to the bare patch, creating the ideal environment for the follicles to revitalize. This targeted approach effectively triggers the natural regeneration phase, promoting healthy, sustainable new hair regrowth while preventing the condition from recurring.

Malatyadi Taila

Used for gentle scalp massage (*Shiro Abhyanga*).

Application: Once daily.

Expected benefits: Scalp nourishment, Improved local circulation, Reduction of dryness,

Strengthening of hair follicles.

Internal Medicines

Table 2. Oral Medication (All *churna* with lukewarm water)

Medicine	Dose	Frequency	Duration	Purpose
<i>Saptamrut Loha</i>	250 mg	Twice daily (after meals)	45 days	Rejuvenation & blood nourishment
<i>Guduchi Churna</i>	3 g	Twice daily (after meals)	45 days	Immunity & balancing all three doshas
<i>Amalaki Churna</i>	3 g	Twice daily (after meals)	45 days	Rejuvenation & calming <i>Pitta</i>
<i>Vidanga Churna</i>	3 g	Twice daily (after meals)	45 days	Calming <i>Kapha</i>
<i>Triphala Churna</i>	5 g	Once daily (at bedtime)	45 days	Mild detox & bowel regulation

Pathya, Apathya, and Lifestyle Advice

Pathya (Recommended)

For the primary grains and pulses, the patient should consume a bowl (150–200 ml) of well-cooked green mung dal split or whole, alongside old barley (*Yava*) or seasoned rice (*Shali*), which inherently possess *Tikta-Kashaya* (bitter-astringent) subtastes that naturally cool the blood and

pacify *Pitta* (as noted in Astanga Hrdayam, Sutra Sthana 8). This main course is best taken during peak digestion hours from 12:00 PM to 1:30 PM, ensuring the *Agni* transforms nutrients directly into pure plasma (*Rasa*) and blood (*Rakta*) to feed the hair follicles. To directly enrich the hair roots and lower systemic heat, the *Shaka Varga* should lean heavily to-

ward one cup (100–150g) of cooked pointed gourd (*Patola*), bottle gourd (*Lauki*), or bitter gourd (*Karavellaka*) rather than heavy greens like spinach, which can sometimes aggravate *Pitta* if not prepared with cooling spices (according to P.V. Sharma's translation of *Charaka Samhita*, Sutra Sthana 5). Crucially, the recommended inclusion of homemade cow's ghee (*Go-Ghritha*) acts as a potent *Pitta-Shamaka* and *Keshya* (hair tonic) vehicle; mixing two teaspoons into the warm lunch allows its lipid-soluble nutrients to lubricate the micro-channels (*Srotas*) of the scalp. This should be complemented at bedtime around 9:30 PM with a warm cup (200 ml) of cow's milk infused with a pinch of turmeric or a subtle cooling herb like *Yastimadhu* (licorice) to bolster *Dhatu-poshana* and promote sound sleep, which reduces stress-induced hair shedding (*Charaka Samhita*, Chikitsa Sthana 26). For seasonal fruit intake, the patient must strictly consume a bowl (100g) of sweet, ripe pomegranate (*Dadima*) or fresh Indian gooseberry (*Amla*)—the ultimate *Rasayana* for hair health due to its high potency in pacifying all three *Doshas* without increasing internal acidity—restricted entirely to the mid-morning window between 10:00 AM and 11:00 AM. Hydration must consist of lukewarm water (*Ushnodaka*) or water processed with coriander seeds to maintain a clean gastrointestinal tract, ensuring all meals are consumed fresh, warm, and

completely devoid of excess salt (*Lavana*), sourness (*Amla*), and pungent spices (*Katu*), which are traditionally known to accelerate hair fall.

Apathya (To Avoid):

The patient was directed to strictly avoid junk food, excessively spicy, oily, or fried foods, fermented items, bakery products, carbonated beverages, excessive tea/coffee, smoking, alcohol, late-night sleeping, and excessive psychological stress, which are classically defined as *Pitta-Rakta* vitiating factors (*Sushruta Samhita*, Sutra Sthana 46).

Follow-up and Outcomes:

The patient showed excellent compliance with the *Ayurvedic* protocol and attended all scheduled follow-ups. Clinical progress was monitored via symptom reports, serial examinations, standardized photography, and SALT scoring. Steady improvement was documented throughout the active therapy phase. Within the first two weeks, scalp itching and dryness markedly reduced, with no new alopecic patches appearing. Early hair follicle reactivation was evident by week three with the appearance of fine, depigmented vellus hairs. Subsequent visits confirmed the progressive maturation of these vellus hairs into healthy, normally pigmented terminal hair. By the end of the treatment course, the affected areas showed substantial hair regrowth, completely restoring a normal scalp appearance without any scarring, inflammation, or secondary infection.

Images

Figure 1: Before Treatment

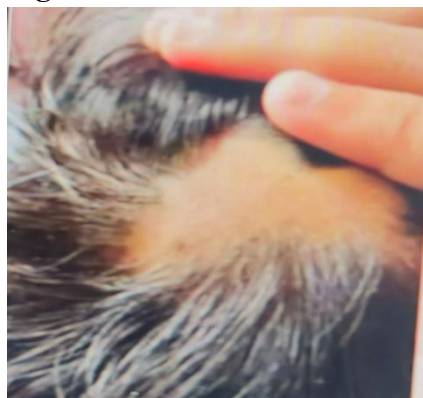


Figure 2: During Treatment(21 days)



Figure 3: After Treatment (42 days)



Objective Outcome Assessment

Treatment response was objectively evaluated using the **Severity of Alopecia Tool (SALT)**

Table 3: Scalp Hair Loss Assessment (SALT Score)

Scalp Region	Regional Hair Value Multiplier	Baseline Hair Loss (%)	Post-Treatment Hair Loss (%)	Net Improvement (%)
Vertex	0.40	20%	5%	+15%
Right Temporal	0.18	0%	0%	+0%
Left Temporal	0.18	9%	0%	+9%
Occipital	0.24	9%	0%	+9%
Total SALT Score	1.00	38%	5%	+33%

The overall SALT score improved from **38% before treatment to 5% after completion of therapy**, demonstrating marked clinical improvement.

Patient-Reported Outcome

The patient expressed high satisfaction with the cosmetic outcome following treatment. He reported improved confi-

dence, reduced anxiety related to hair loss, and improved quality of life. He also appreciated that the treatment was well tolerated and did not interfere with his daily activities.

Treatment Adherence-The patient followed the prescribed oral medications, local applications, *Jalaukavacharana* ses-

sions, dietary advice, and lifestyle recommendations throughout the treatment period. Compliance was considered excellent.

Safety Assessment-No adverse drug reactions, allergic reactions, infections, excessive bleeding, or complications related to *Jalaukavacharana* or *Prachhana* were observed. Routine clinical monitoring remained normal throughout the treatment period.

Post-Treatment Follow-up-During the two-month post-treatment follow-up period, the patient's hair regrowth remained stable, with newly developed hairs maintaining normal pigmentation. No new alopecic patches emerged, no relapse was observed, and the patient reported high satisfaction with the therapeutic outcome.

DISCUSSION: Alopecia areata is a chronic, T-cell-mediated autoimmune disorder characterized by variable success and high recurrence rates with conventional treatments [16]. In Ayurveda, mirrors *Indralupta* (*Kshudra Roga*), where vitiated *Vata* and *Pitta* trigger hair fall, while aggravated *Kapha* and *Rakta* obstruct the *Romakupa* (hair follicles) [17]. This case employed a multimodal Ayurvedic approach to eliminate follicular blockages, purify blood, and stimulate regrowth [18]. The cornerstone of treatment was the combined application of *Prachhana* (micro-puncturing) and *Jalaukavacharana* (leech therapy) for localized *Raktamokshana* [19]. These therapies work synergistically: *Prachhana* mechanically breaks down the hardened *Kapha* obstructing the follicles and induces localized micro-trauma to stimulate growth factors. Immediately following this, *Jalaukavacharana* introduces bioactive leech saliva containing hirudin,

calin, and hyaluronidase. These compounds exert anticoagulant, anti-inflammatory, and vasodilatory effects, dissolving micro-thrombi and enhancing tissue permeability. This dual mechanism drastically improves local microcirculation and perfusion to ischemic follicles, reversing autoimmune miniaturization [20]. To maintain this regenerative environment, daily applications of *Indralupta Mashi* (with *Gomutra Arka*) and *Malatyadi Taila* massage were used to clear residual *Kapha*, combat local pathogens, and nourish hair roots [21,22]. Systemic support was provided through oral medicines aimed at *Rasayana* (rejuvenation), *Rakta Prasadana* (blood purification), and *Tridosha* balance [23,24]. *Guduchi* and *A malaki* offered immunomodulation, while *Saptamrut Loha* provided essential tissue nourishment [25, 26, 27]. To optimize the bioavailability of these formulations, *Vidanga Churna* was specifically administered.

Possessing strong *Deepana* (appetizer), *Pachana* (digestive), and *Krimighna* properties, *Vidanga* enhanced *Agni* (digestive fire) and cleared metabolic toxins (*Ama*). This gastrointestinal optimization ensured maximum absorption and targeted delivery of the rejuvenative therapies to the hair roots, early vellus hair by week three matured into pigmented terminal hair, and the SALT score dropped from 38% to 5% without any adverse events or recurrence.

Limitations: This report describes the outcome of a single patient and therefore cannot establish treatment efficacy or causality. Advanced investigations such as dermoscopy, scalp biopsy, or immunological markers were not performed. The follow-up period was

limited to two months, which may not fully reflect long-term recurrence patterns. Further multicenter clinical studies with larger sample sizes are necessary to validate these findings.

CONCLUSION: This case report demonstrates that a structured, multimodal Ayurvedic treatment protocol incorporating *Shodhana* (*Jalaukavacharana*), *Shamana* (internal medications), *Sthanika Chikitsa* (*Prachhana*, *Indralupta Mashi*, and *Malatyadi Taila*), and *Nidana Parivarjana* (dietary and lifestyle modifications) can lead to substantial, stable hair regrowth in localized *Indralupta* (Alopecia Areata). Over a short treatment period, the patient's SALT score improved remarkably from 38% to 5% without any recorded adverse reactions or post-therapeutic recurrence. While these clinical outcomes are encouraging, they represent a single clinical observation. Robust, well-designed, randomized controlled clinical trials with larger sample cohorts and long-term follow-ups are highly recommended to validate the absolute efficacy, safety, bio-mechanism, and reproducibility of this integrated Ayurvedic therapeutic strategy.

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