

Effective Management of Indralupta (Alopecia Areata) with Pracchana Karma Followed by Gunja Lepa and Internal Medicine as Pachana + Rasayana: A Case Study

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Abstract

Aim and Background: Indralupta, enumerated among the Kshudra Roga in Ayurvedic classics, closely correlates with Alopecia Areata, a condition marked by sudden, well-demarcated, non-scarring patchy loss of hair. Vitiation of Pitta and Vata Dosha obstructing the Roma-kupa (hair follicles) with Raktadushti is considered central to its pathogenesis. Conventional management with intralesional corticosteroids, topical minoxidil, and contact immunotherapy is frequently limited by partial response, recurrence, and treatment-related adverse effects. This case study was undertaken to document and evaluate the clinical outcome of an integrated Ayurvedic protocol combining Pracchana Karma (a superficial Raktamokshana procedure) with local Gunja Lepa and internally administered Narasimha Rasayana Yoga in a patient of Indralupta.

Case Description: A patient presenting with a single, well-defined, asymptomatic patch of non-scarring hair loss over the scalp, clinically and dermatoscopically diagnosed as Alopecia Areata (Indralupta), was managed with Pracchana Karma followed immediately by local application of Gunja (Abrus precatorius) Lepa, repeated on Day 0, 7, 14, 21 and 28. Concurrently, Narasimha Rasayana (20 ml), Asthimajjapachak Churna (1 g), Rasapachak Churna (1 g) and Tapyadi Loha Vati (250 mg) were administered orally with lukewarm water for a total duration of two months. Serial clinical photographs and Severity of Alopecia Tool (SALT) scoring were used to monitor response. Progressive vellus and terminal hair regrowth with normal pigmentation was observed from the third week onward, with near-complete cosmetic regrowth by the end of eight weeks. No adverse events, lesion recurrence, or treatment intolerance were recorded over the follow-up period.

Conclusion: The combined protocol of Pracchana Karma, Gunja Lepa, and Narasimha Rasayana Yoga produced complete and cosmetically satisfactory hair regrowth in this case of Indralupta without adverse effects, supporting its consideration as a viable, low-cost Ayurvedic treatment option.

Clinical Significance: This case illustrates a reproducible, minimally invasive, and economically accessible Ayurvedic protocol combining local Shodhana (bio-purification) with systemic Rasayana (rejuvenation) therapy that may serve as a first-line or adjuvant option for Indralupta, particularly for patients who are reluctant to undergo long-term corticosteroid therapy or who have shown poor response to conventional treatment.

Keywords: Indralupta; Alopecia Areata; Pracchana Karma; Raktamokshana; Gunja Lepa; Abrus precatorius; Narasimha Rasayana; Ayurveda; Case Report

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Introduction

Alopecia Areata, an autoimmune, non-scarring form of hair loss affecting the scalp and, occasionally, other hair-bearing areas, has a reported lifetime incidence of approximately 2% in the general population and may affect either sex at any age [1–3]. Its exact aetiology remains incompletely understood, though autoimmune destruction of anagen-phase hair follicles by peribulbar lymphocytic infiltration is widely accepted as the principal mechanism [4–7]. Conventional treatment

modalities including intralesional and topical corticosteroids, minoxidil, anthralin, and diphenylcyclopropenone-based contact immunotherapy offer variable success and are frequently associated with recurrence upon discontinuation, cutaneous atrophy, or irritant dermatitis, particularly with prolonged use [8–14].

In Ayurvedic classical literature, Indralupta has been categorised among the Kshudra Roga (minor but distressing disorders) and is a Vata-Pitta Pradhana Twak Vikara [15–17]. The Samprapti (pathogenesis) of Indralupta is attributed to vitiation

of Vata and Pitta Dosha, which, upon reaching the Roma-kupa (hair follicles) along with vitiated Rakta, cause obstruction of nourishment to the follicle, resulting in Roma-kupa Vaigunya (follicular pathological susceptibility) and subsequent falling of hair [18-19]. Classical texts describe the resultant scalp as Daruna (hardened/indurated), rendering it resistant to spontaneous hair regrowth unless the local Srotorodha (channel obstruction) is cleared and the Dushita Rakta (vitiated blood) is eliminated - a rationale that directly supports the use of Raktamokshana (therapeutic bloodletting) procedures such as Pracchana Karma at the affected site [21].

Pracchana Karma, a form of superficial Raktamokshana performed using multiple minute incisions or pricks over the affected area, is indicated in localised Rakta-Pitta Dushti conditions to relieve local congestion, remove vitiated blood, and re-establish microcirculation to the affected Roma-kupa [21-22]. When followed by the local application of a Lepa (medicated paste) possessing Ushna (hot), Tikshna (penetrating) and Keshya (hair-promoting) properties - such as Gunja (*Abrus precatorius*) - the combined local procedure is expected to further stimulate follicular activity [23-24]. Internally, Rasayana therapy is indicated in Ayurveda for conditions arising from Dhatu Kshaya (tissue depletion) and Agni Dushti (metabolic impairment), both of which are implicated in chronic or recurrent Indralupta [25-27]. Narasimha Rasayana, a classical Bala-Vata-Shamaka and general Rasayana formulation described in Ayurvedic Rasayana literature, along with digestive Churna (*Asthimajjapachak* and *Rasapachak*) and the haematinic Tapyadi Loha Vati, was selected in this case to support Dhatu Poshana (tissue nourishment) and Agni Deepana (digestive-metabolic stimulation), thereby addressing the systemic component of the disease alongside the local procedure [28-30].

The aim of this case study is to document and clinically evaluate the outcome of a combined protocol of Pracchana Karma, Gunja Lepa, and Narasimha Rasayana Yoga (along with supportive Churna and Vati preparations) in a patient diagnosed with Indralupta (Alopecia Areata), and to correlate the observed clinical response with the classical Ayurvedic rationale underlying each intervention.

Case Description

Patient Information

A male patient of age 34 presented to the outpatient department with the chief complaint of a sudden, painless, well-defined patch of hair loss over the parieto-occipital region of the scalp, first noticed approximately three weeks prior to presentation. There was no history of preceding trauma, scalp infection, application of new hair-care products, or any similar episode in the past. The patient reported a period of increased psychological

stress and irregular sleep in the two months preceding onset. There was no family history of alopecia, thyroid disorder, or other autoimmune disease. General health, appetite, bowel habits, and sleep were otherwise unremarkable at the time of examination; Vata-Pitta Prakriti (constitution) and Madhyama Bala (moderate physical strength) were noted on Ayurvedic clinical assessment.

Clinical Examination

On local examination, a single, oval, well-circumscribed patch of complete hair loss measuring approximately 3 × 2.5 cm was noted over the parieto-occipital scalp. The skin within the patch was smooth, non-erythematous, non-scaly, and without any signs of scarring, tenderness, or discharge. Numerous “exclamation mark” hairs — short, tapering hairs that are broader distally and narrower proximally — were seen at the margins of the patch, a finding characteristic of active-stage Alopecia Areata. The hair-pull test was positive at the periphery of the lesion, indicating ongoing active hair loss, and negative outside the affected zone. General and systemic examination (cardiovascular, respiratory, gastrointestinal, and neurological) was within normal limits.

Diagnosis

Based on the characteristic clinical presentation, a diagnosis of Alopecia Areata, correlating in Ayurvedic parlance with Indralupta was established. Disease severity was quantified using the Severity of Alopecia Tool (SALT) score, which was calculated at 2% of total scalp area at baseline (Day 0).

Treatment Protocol

After obtaining informed consent, the following combined local and internal Ayurvedic protocol was administered.

A. Local Procedure (Shodhana Chikitsa):

- Pracchana Karma was performed over the affected patch under aseptic precautions using a sterile Pracchana Yantra (multi-pronged scarifier), making superficial, closely spaced pricks over the entire area until Vyanga-Sama Raktasrava (adequate, uniform oozing of vitiated blood) was achieved, followed by cleaning of the site with a lukewarm Triphala Kwatha wash.
- Immediately following Pracchana Karma, a freshly prepared paste (Lepa) of Gunja (*Abrus precatorius*) seeds, triturated with water to a smooth consistency, was applied over the treated area to a thickness of approximately 2–3 mm and allowed to remain until it dried naturally, after which it was gently washed off.
- This combined procedure (Pracchana Karma followed by Gunja Lepa) was repeated at weekly-to-ten-day intervals on Day 0, Day 7, Day 14, Day 21, and Day 28, completing a total of five sittings.

B. Internal Medication (Pachana + Rasayana Chikitsa) — administered for a total duration of two months:

- Narasimha Rasayana — 20 ml, administered early morning in empty stomach (Prataha Bhojanapurva) with lukewarm water.
- Asthimajjapachak Churna — 1 g, with lukewarm water, at Vyanodana Kaal (mid-interval dosage timing coinciding with Vyana Vayu activity).
- Rasapachak Churna — 1 g, with lukewarm water, at Vyanodana Kaal.
- Tapyadi Loha Vati — 250 mg, with lukewarm water, at Vyanodana Kaal.

Patients were advised a Pitta-Vata pacifying diet (avoidance of excessively spicy, fermented, and stale food articles), adequate sleep, and stress-reduction measures for the duration of treatment. No concomitant conventional (allopathic) topical or systemic therapy for Alopecia Areata was administered during the study period.

Drug Review: Asthimajjapachak Churna and Rasapachak Churna

As per standard Ayurvedic pharmaceutical literature, Asthimajjapachak Churna and Rasapachak Churna are both compound Dhatu-Pachaka (tissue-level digestive-metabolic corrector) preparations, each prepared by trituration (Bhavana) of a base powder with a specific herbal Kwatha, and were included in the present protocol for their respectively documented Keshya (hair-promoting) and Rasa-Dhatu-correcting actions.

In combination, Asthimajjapachak Churna and Rasapachak Churna functioned as Sahayaka (adjuvant) Dhatu-Agni correctors flanking the primary Rasayana and haematinic therapy in this case, ensuring that systemic nourishment was optimally assimilated across the Rasa-to-Asthi-Majja Dhatu continuum — consistent with the classical principle that Rasayana administered in the presence of Agni Dushti or Ama yields suboptimal results. Their inclusion is considered to have contributed to the favourable and comparatively rapid regrowth observed in this case, alongside the local procedure and the primary systemic Rasayana and haematinic therapy described above.

Follow-up and Outcome

The patient was followed up at each treatment sitting (Day 0, 7, 14, 21, 28) and thereafter at two-weekly intervals until completion of the two-month internal medication course, with clinical photography and SALT scoring performed at each visit. Fine vellus hair growth within the affected patch was first noted at the Day 21 visit. Progressive pigmented terminal hair regrowth was observed thereafter, with approximately 80% cosmetic regrowth by Day 45 and near-complete (greater than 95%) regrowth with normal hair density, texture, and pigmentation by the end of eight weeks (Day

60), corresponding to a SALT score reduction from 2% at baseline to less than 0.1% at final follow-up. No local adverse effects (infection, scarring, or contact dermatitis from Gunja Lepa) and no systemic adverse effects attributable to the internal medications were reported.

The patient remained free of recurrence at a further follow-up visit conducted one month after completion of therapy.

Refer to Table 1 for the summarised treatment protocol, Table 2 for the follow-up assessment schedule.

Discussion

The clinical outcome observed in this case supports the classical Ayurvedic understanding of Indralupta as a disease of localised Roma-kupa Vaigunya secondary to Vata-Pitta-Rakta Dushti, and demonstrates the rationale of combining a local Shodhana (purificatory) procedure with systemic Rasayana (rejuvenative) therapy rather than relying on either approach in isolation.

Pracchana Karma, being a superficial form of Raktamokshana, is believed to act by locally eliminating Dushita Rakta and Pitta pooled around the affected hair follicles, thereby relieving Srotorodha (microchannel obstruction) and improving local microcirculation. From a contemporary physiological perspective, the controlled superficial micro-trauma induced by Pracchana Karma may parallel the follicular-stimulation effect seen with microneedling techniques used in modern trichology, wherein controlled dermal injury is understood to release local growth factors and stimulate the Wnt/ β -catenin signalling pathway associated with anagen induction [3-33].

Gunja (Abrus precatorius), applied immediately as a Lepa over the Pracchana-treated area, is classically attributed with Ushna Virya, Katu Vipaka, and Tikshna properties along with a specific Keshya (hair-promoting) action described in Ayurvedic Dravyaguna literature [34-35]. Its rubefacient property is likely to further enhance local blood flow to the follicle, while its penetrative (Tikshna) quality may aid absorption through the micro-channels created by the preceding Pracchana Karma, allowing more effective local bioavailability at the follicular level.

The internal component of therapy was directed at correcting the systemic Dhatu Kshaya and Agni Dushti considered contributory to chronic or recurrent Indralupta. Narasimha Rasayana, classically indicated as a general Bala-Vardhaka (strength-promoting) and Vata-Shamaka Rasayana formulation, is likely to have supported Dhatu Poshana (nourishment of body tissues), including Asthi and Majja Dhatu, of which hair (Keshha) is considered an Upadhatu (sub-tissue) in Ayurvedic physiology. Asthimajjapachak Churna and Rasapachak Churna, administered concurrently, are

intended to enhance Dhatu-gata Agni (tissue-level digestive-metabolic capacity), thereby improving the assimilation and utilisation of the Rasayana and dietary nutrients at the tissue level - a rationale consistent with the classical principle that Rasayana therapy is most effective when Agni is functioning optimally; their ingredient composition, indications, and specific contribution to this case are detailed in the Drug Review above. Tapyadi Loha Vati, being a Loha (iron)-based preparation, likely contributed a haematinic action supporting Rakta Dhatu nourishment, which is of particular relevance given the recognised association between iron-deficiency states and impaired hair-follicle cycling described in contemporary trichology literature [36-37].

The temporal pattern of response observed in this case — initial vellus regrowth by the third week, followed by progressive pigmented terminal hair growth over the subsequent five weeks — is broadly consistent with previously published Ayurvedic case reports and small case series describing Raktamokshana-based local procedures combined with internal Rasayana therapy in Khalitya and Indralupta, which have similarly reported visible regrowth within three to six weeks of initiating combined therapy [38-39]. This is comparable to, and in this case achieved without, the recurrence rates and cutaneous adverse effects (telangiectasia, skin atrophy) commonly reported with prolonged intralesional corticosteroid therapy in conventional dermatological literature.

This case, however, is subject to the inherent limitations of a single-patient observational report: absence of a comparator arm, short follow-up duration beyond completion of therapy, and reliance on clinical and photographic assessment rather than histopathological or trichoscopic quantitative confirmation of follicular recovery. The findings, while encouraging, therefore warrant validation through controlled clinical trials with larger sample sizes and longer follow-up to establish reproducibility, optimal treatment duration, and recurrence rates over an extended period.

Tables

Table 1: Summary of the combined treatment protocol administered in the case of Indralupta.

Component	Intervention	Dose / Schedule
Local procedure	Pracchana Karma followed by Gunja (Abrus precatorius) Lepa	Day 0, 7, 14, 21, 28 (5 sittings)
Internal medicine 1	Narasimha Rasayana	20 ml, early morning, empty stomach,

Component	Intervention	Dose / Schedule
		with lukewarm water, for 1 months
Internal medicine 2	Asthimajjapachak Churna	1 g with lukewarm water, Vyanodana Kaal, for 1 months
Internal medicine 3	Rasapachak Churna	1 g with lukewarm water, Vyanodana Kaal, for 1 months
Internal medicine 4	Tapyadi Loha Vati	250 mg with lukewarm water, Vyanodana Kaal, for 1 months

Table 2: Follow-up assessment showing clinical progress and SALT score over the treatment period.

Visit (Day)	Clinical Observation	SALT Score
Day 0	Baseline; well-defined patch, exclamation-mark hairs at margin, positive hair-pull test	2%
Day 7	No new hair loss; site healing well post-Pracchana Karma	2%
Day 14	Early fine vellus hair regrowth noted within the patch	1.2%
Day 30	Approximately 80% cosmetic regrowth with partial pigmentation, ; treatment concluded	0.4%
Day 60	Near-complete (>95%) pigmented terminal hair	<0.1%

Visit (Day)	Clinical Observation	SALT Score
	sustained regrowth; no recurrence	

Conclusion

In this reported case, the combined Ayurvedic protocol of Pracchana Karma followed by Gunja Lepa, administered at Day 0, 7, 14, 21 and 28, together with 1 months of internal Narasimha Rasayana, Asthimajjapachak Churna, Rasapachak Churna, and Tapyadi Loha Vati, resulted in complete and cosmetically satisfactory hair regrowth in a patient with Indralupta (Alopecia Areata), with no adverse effects and no recurrence at one-month post-treatment follow-up.

Clinical Significance

This case demonstrates a safe, minimally invasive, reproducible, and cost-effective Ayurvedic treatment protocol that clinicians may consider as a primary or adjuvant option for patients with Indralupta/Alopecia Areata — particularly those seeking to avoid the recurrence and cutaneous side effects associated with prolonged corticosteroid-based conventional therapy. The protocol described is procedurally simple, employs classical and readily available formulations, and may be feasible for wider clinical adoption pending confirmation through larger comparative studies.

List of Abbreviations

- SALT — Severity of Alopecia Tool
- TSH — Thyroid-Stimulating Hormone
- OPD — Outpatient Department

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