

Case Report

Role of Pracchanna Karma (bloodletting) followed by Shamana Chikitsa in the Management of Indralupta (Alopecia Areata): A Case Report

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ABSTRACT:

Background: *Indralupta* a condition characterized by localized patchy hair loss mainly occurs due to *Rakta Dushti*. As per symptoms we can correlate it with Alopecia areata. Depending on the pattern of hair loss, alopecia can take many different forms. It can affect all hair-bearing sites and range from loss in distinct patches to diffuse or complete hair loss. Although not life-threatening, but the cosmetic disfigurement associated with this condition causes emotional and psychological distress and affects an individual's quality of life. **Clinical Findings:** A 36-year-old female patient presented with chief complaints of patchy hair loss over the posterior region of scalp assessed by ALODEX score. Based on clinical examination and relevant findings, she was diagnosed with *Indralupta* (alopecia areata). **Intervention:** Patient was treated with *Pracchanna Karma* and *Gharshana* with fresh *Parijata* leaves over the affected area as a *Shodhana Chikitsa*, followed by application of *Indralupta Masi Lepa* along with internal medications which includes *Bhringraja Ghanvati*, *Aamalaki Vati* and *Avipattikara Churna* as *Shamana Chikitsa* for a duration of 60 days, with follow-up assessments conducted at two-week intervals. **Outcome:** There is a significant clinical improvement was observed, evidenced by gradual reduction in ALODEX grading (E1D10 to E0D1) indicating reduction in patch size and visible complete hair regrowth. **Conclusion:** This case suggests that *Indralupta* can be effectively managed through *Ayurveda* treatment over a duration of 60 days, highlighting the potential role of *Panchakarma* procedures in the management of alopecia areata. **KEYWORDS:** Alopecia areata, Case report, *Gharshana*, *Indralupta*, *Lepa*, *Pracchanna Karma*.

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1. INTRODUCTION

In *Ayurvedic* literature, hair loss is described as '*Indralupta*'. *Acharya Sushruta* described it as a type of *Kshudra Roga* [1] while *Vagbhata* under *Kapala Roga*. [2] and *Charaka* under *Urdhvajatrugat Roga*. [3] It is characterized by loss of hair in which the vitiated *Tridoshas* along with *Rakta* affects the hair follicles and hampers the regrowth by obstructing hair roots. According to *Acharyas Vata* along with *Vidagdha Pitta Dosha* resides in hair roots results in hair fall. After then *Kapha* along with *Rakta Dosha* obstructs hair roots, which prevents regeneration of new hair [4] over that area and this condition is known as *Indralupta*. Excessive intake of salt), pungent and alkali substances, along with faulty lifestyle practices including dust and sunlight exposure, night awakening, daytime sleep are etiological factors responsible for the development of pathogenesis of *Indralupta*. [5] These faulty and psychological stressors like mental stress, fright, anger, shock etc. may collectively increase *Pitta* and *Vata Dosha*. Some experts opine that, regular consumption of heavy to digest foods results in reduced digestive fire. As a result, the normal process of tissue formation is impaired, eventually leading to improper production of essence and waste. Since hair is waste product of *Asthi Dhatu*. [6] This low digestive capacity and impaired metabolism affecting the level of both micro and macro nutrients in the body might have affected hair growth causing hair loss. So avoiding the causative factors is advised here.

The global prevalence of alopecia areata is approximately 0.1%-2.1%, with a lifetime risk nearing 2%. The prevalence of children and adolescents is estimated at 1.83%. [7] It is a common chronic tissue specific autoimmune disease that usually manifests as round, sharply defined patches of non-scarring hair loss with characteristic exclamation mark hairs at the margins. The pathogenesis of alopecia areata is multifactorial, involving immune dysregulation, genetic susceptibility, environmental factors, and epigenetic alterations. Under normal conditions, hair growth typically follows a cyclical

process comprising growth (anagen), regression (catagen), and rest (telogen) phases, with each follicle undergoing an independent cycle. Healthy hair follicles are protected by immune privilege, preventing immune attacks on foreign antigens. However, when this immune privilege is disrupted by specific triggers, self-antigens are exposed to the immune system, leading to an immune response. This triggers inflammation around the follicle, mediated by IFN- γ , CD8+ T cells, and other immune components, causing the follicle to shift from the anagen to the telogen phase and resulting in hair loss. [8]

The available treatment, such as corticosteroids, immunomodulators, minoxidil and other contact immunotherapy are of limited efficacy with a high risk of adverse effects. In *Ayurveda*, both *Shodhana* and *Shamana* treatment are prescribed for *Indralupta*.

This case is unique as *Pracchanna Karma* along with *Gharshana* using *Parijata* leaves and *Indralupta Masi Lepa* does the *Lekhana* thereby removes the obstruction caused by *Kapha Dosha*, [9] which in-turn helps in regeneration of scalp hairs and gives good results in *Indralupta*.

2. CASE REPORT

In November 2025, a 36-year-old Hindu female, visited the OPD of our *Ayurvedic* hospital with chief complaints of Patchy hair loss over posterior region of scalp for 1.5 years.

History of Present illness: According to patient she was asymptomatic 1.5 years ago then she developed patchy hair loss on scalp, associated with mild itching. On examination, a patch of hair loss was observed over posterior region of scalp. Patient didn't notice any exaggerating or relieving factors.

History of Past illness: No relevant past history. Not K/C/O HTN, DM. No history of autoimmune disorders (like Atopic dermatitis, psoriasis, Vitiligo, Urticaria, Rheumatoid arthritis).

Medical history: No significant medical history or relevant past interventions found, as the patient directly approached to our

hospital for *Ayurveda* treatment. Detailed timeline of events mentioned in [table 1](#).

Family History: Patient reported a positive paternal history of alopecia, as her father experienced a similar condition.

Table 1: Timeline of Events

Date	Event
June 2024	Initial symptoms appeared in the form of a small patch with itching
1/11/ 2025	First clinical consultation at OPD and diagnosis of <i>Indralupta</i> (Alopecia Areata)
7/11/ 2025	Baseline investigations including CBC, RBS, BT-CT HBsAg, ESR HIV, performed (within normal limits)
7/11/ 2025	Treatment initiated with <i>Pracchanna Karma</i> , <i>Gharshana</i> (<i>Parijata</i> leaves), internal Ayurvedic medicines, and <i>Indralupta Masi Lepa</i>
22/11/2025	First follow-up evaluation; growth of little hairs observed; Second sitting of <i>Pracchanna Karma</i> completed
8/12/2025	Second follow-up evaluation; significant reduction in patch size observed; Third sitting of <i>Pracchanna Karma</i> completed
23/12/2025	Third follow-up evaluation; significant reduction in patch size observed; Forth sitting of <i>Pracchanna Karma</i> completed
07/01/2026	Forth follow-up evaluation; complete hair regrowth observed
April 2026	Long-term follow-up showed sustained hair regrowth with no recurrence.

General Examination:

Pulse: 72 per minute

Blood Pressure: 114/68mmHg

Respiratory Rate: 20 per minute

Bowel: irregular with intermittent constipation.

Micturition: Normal; Sleep: Disturbed

Appetite: Decreased; Addiction: Tea

Menstrual History: Irregular with presence of menstrual clots.

Table 2: Disease Specific Examination

Site of involvement	Posterior region of scalp
Pattern	Circular patchy hair loss
Skin color	Normal
Discharge	Absent
Sensation	Present
Itching	Present
Size	about 4x4 cm

Systemic Examination: No abnormalities detected.

Clinical Findings: The severity of Alopecia areata was assessed using the Alopecia Density and Extent (ALODEX) score. A well-defined, non-scarring measuring about 4x4 cm patchy hair loss

Psycho-social history: Patient reported that hair loss started after shifting to a new residence, possibly associated with changes in the living environment and surroundings. No significant psychological stress was reported prior to onset of these symptoms.

with smooth surface was observed over posterior region of scalp corresponding to ALODEX [10] score of E1D10 indicating localized involvement with severe density reduction.

Diagnostic assessments: Diagnosis was established based on detailed clinical examination and using the ALODEX score to evaluate the extent and severity of alopecia. Routine laboratory investigations i.e. CBC, RBS, BT and CT were done and were within normal limits. Serological tests for HIV and HBsAg were negative. As it is a case of *Indralupta*, no advance techniques like CT scan, MRI or viral study seem necessary.

Diagnostic Challenges: No any specific diagnostic challenges were faced as case presented with classical clinical features of Alopecia areata and patient had no financial burden to diagnosis or treatment. So final diagnosis was made primarily based on clinical grounds without need for advanced investigations relying on careful history taking and thorough physical examination.

Final Diagnosis and Differential Diagnosis: Based on clinical findings and above presentation patient was diagnosed as Alopecia areata from modern medical perspective and

Indralupta according to *Ayurvedic* principles. Differential diagnosis considered mentioned in [Table 3](#).

Diagnosis: *Indralupta* (alopecia areata)

Prognosis: Considering the localized nature of the lesion, absence of extensive scalp involvement, and the patient's

overall health status during presentation the prognosis was considered favorable.

Therapeutic Intervention: The patient was treated with 4 sitting of *Pracchanna Karma* and *Gharshana* with fresh *Parijata* leaves, followed by *Shamana Chikitsa*. Detailed therapeutic intervention mentioned in [Table 4](#).

Table 3: Differential diagnosis

Diagnosis	Inclusion criteria	Exclusion criteria
<i>Khalitya</i>	Gradual, diffuse and progressive hair loss	Excluded due to a well-defined patch with preserved surrounding hair density
<i>Indralupta</i>	Sudden onset of localized, well-circumscribed patchy hair loss	-
Alopecia areata	Well-defined, smooth, non-scarring patch of hair loss; exclamation mark hairs may be present.	-
Tinea capitis	Patchy hair loss with scaling, erythema, itching, broken hairs	Absence of scaling, broken hairs, inflammatory lesions, and fungal infection
Trichotillomania	Irregular patches of hair loss with broken hairs at varying lengths	No history of compulsive hair pulling and absence of irregularly broken hairs

Table 4: Treatment Planned

S.N.	Type of Intervention	Name of medication / procedure	Dose	Duration
1.	Procedure 7/11/ 2025, 22/11/2025, 8/12/2025, 23/12/2025	<i>Pracchanna Karma</i> & <i>Gharshana</i> with <i>Parijata</i> leaves	-	On every 15 th day for 2 months.
2.	External application 8/11/ 2025 to 07/01/2026	<i>Indralupta Masi Lepa</i> [SNA oushadhasala Batch: TO428] mix with coconut oil	-	Everyday
3.	Internal medications	<i>Bhringraja Ghanvati</i> [Lion, Batch: 250]	500 mg BD	2 months
4.	7/11/ 2025 to	<i>Aamalaki Vati</i> [Himalaya wellness, Batch: 372400442]	500 mg BD	2 months
5.	07/01/2026	<i>Avipattikara Churna</i> [Dabur Batch:AL00416]	5gm OD HS	2 months
6.	<i>Pathya</i>	Add soya bean, beans, spinach, flaxseeds and dry fruits in diet	-	-
7.	<i>Apathya</i>	Avoid excess salt in diet, spicy and junk food	-	-

Procedure of *Pracchanna*: ([Figure 1](#))

Materials Required: Surgical Blade No.11, pair of gloves, sterile cotton balls, betadine solution.

Vitals were checked and found to be stable. Blood investigations were reviewed and were within normal limit.

Written informed consent was obtained prior to the procedure.

***Poorva Karma* (Pre-Operative Procedure):**

The patient was made to sit comfortably on a chair under sufficient lighting. The affected patchy area of the scalp was cleaned with Betadine solution following aseptic precautions.

Pradhana Karma (Operative Procedure):

Pracchanna Karma was then performed using a sterile surgical blade No. 11 making multiple continuous superficial pricks over the affected area in an equally spaced manner, starting from the margin of the patch. The oozed blood was allowed for a few minutes, and gently wiped with sterile cotton balls.

Subsequently, *Gharshana* was performed using fresh *Parijata Patra* over the affected area, which again produced mild bleeding.

Paschat Karma (Post-operative Procedure):

After cessation of bleeding, the area was cleaned with a sterile cotton swab.

Vitals were found to be within normal limits after the procedure.

The patient was instructed to avoid head bath for 3 days. Hair should not be combed. Avoid pollution, exposure to sunlight.



Figure 1: Pictures of Treatment

Follow-up and outcomes: The patient was followed up every 15 days, during which *Pracchanna* and *Gharshana* with *Parijata* leaves was performed, topical *Lepa* application and internal medications were continued for 60 days. Patient showed progressive Improvement, remarkable reduction in patch size and visible hair regrowth. Detail outcomes outlined in [Table 5](#) and [Figure 2](#).

Table 5: Follow-ups and Outcomes at different points in time

Follow-up Day	Clinician's Assessment	ALODEX Score		Patient-assessed outcomes
		Extent Score (E)	Density Score (D)	
Day 1 (Baseline)	About 4x4 cm smooth alopecic patch with complete hair loss over posterior region of scalp	E1	D10	Complaints of patchy hair loss and cosmetic concern
Day 15	Mild vellus hair appearance at center	E1	D8	Growth of little brown color hairs observed
Day 30	Reduction in patch size with central pigmented hair regrowth	E0-1	D5	Patient satisfied with reduction in patch visibility
Day 45	Significant hair regrowth and reduced visible scalp area	E0	D2	significant reduction in patch size observed
Day 60	Near complete hair regrowth	E0	D1	No active complaints
3 months	Stable condition with no recurrence	E0	D1	Satisfied with the cosmetic and clinical outcome

Adherence: Treatment adherence including oral medications was monitored through regular follow up, by medicine counts as well as patient self-reporting. Compliance with both medications as well as procedures was satisfactory throughout whole treatment time.

Tolerance: Patient tolerated both procedures, *Lepa* application as well as oral medications well with progressive relief in symptoms. Tolerability of interventions was evaluated clinically after each procedure performed.

Adverse events: No any adverse events including excessive bleeding were observed during the whole treatment duration.

3. RESULTS



Figure 2: Follow-up Images Showing Hair Regrowth

4. DISCUSSION

Pathology of *Indralupta* is described in two distinct stages. In initial phase, aggravated *Vata* and *Pitta* result in excessive hair loss, during which early interventions with *Vatapitta-hara* and *Rasayana Chikitsa* may be beneficial. As the condition advances, involvement of *Kapha* and *Rakta* leads to obstruction at the hair follicles, thereby inhibiting hair regrowth. Commonly patients seek medical care during this stage. The line of treatment in the second stage focuses on alleviating obstruction of channels through *Kapha-Rakta Shodhana* along with, localized interventions to clear obstruction in hair follicles are essential for effective pathogenesis reversal at this stage. It is considered to occur due to *Rakta Dushti* [11] therefore *Raktamokshana* [12] (bloodletting) is advised as a first line of treatment. In cases of *Pindita* (lump form) and *Ekdeshiya Rakthadusti* (localised coagulation), *Pracchanna* [13] a type of *Raktamokshan*, is considered as an appropriate therapeutic modality in which *Koorcha Shashtra* is used to make multiple pricks on affected area to ooze out vitiated blood, and achieve *Dosha* balance. *Prachchhana Karma* is believed to alleviate localized *Kapha* and vitiated *Rakta* obstruction at the hair follicle level. The procedure may enhance microcirculation,

improve tissue perfusion, and facilitate the delivery of nutrients to affected follicles. By relieving local stagnation and stimulating scalp metabolism, *Prachchhana Karma* may support the natural regenerative capacity of hair follicles and contribute to the restoration of hair growth in patients with alopecia areata. [14] After *Pracchanna Karma*, *Gharshana* with *Parijata* (*Nyctanthes arbortristis*) leaves was carried out (Figure 1). Subsequently, topical application of *Indralupta Masi Lepa* mixed with coconut oil was advised daily along with some internal medication like *Bhringraja Ghanvati*, *Avipattikara Churna* and *Aamalaki Vati*. Thus, combined therapeutic approach (Table 4) may have contributed to breaking the pathogenesis of disease and helps to regrowth of hair, by pacifying the *Tridoshas* (Figure 2). The ALODEX score showed a progressive reduction (E1D10 to E0D1) throughout the treatment period (Table 5, Figure 3), indicating significant improvement in both the extent of alopecia and hair density.

Previous studies have reported favorable outcomes. A case treated with *Jalauka Karma* (Leech Therapy), Tab. *Aamalaki*, and Hair Zone Spray showed significant hair regrowth and reduction in patch size. [15] Another case managed with *Pracchanna Karma*, *Lepa* and *Shirodhara* along with internal medications also showed successful hair regrowth and clinical improvement. [16] These findings are consistent with present case and support the potential role of Ayurvedic therapies in the treatment of *Indralupta*.

Probable Mode of Action:

Pracchanna involves controlled bloodletting is beneficial in removing vitiated *Rakta*. In this procedure surgical blade No.11 is used to create superficial pricks over the affected areas. It helps in opening of pores, enhance perifollicular vascularization, stimulate and strengthens hair follicle and promote their regenerative capacity.

The friction produced during *Gharshana* helps in further stimulating the scalp and enhancing local blood circulation. Both *Pracchanna* and *Gharshana* aids in removing residual

obstruction at the follicular level and creating favorable conditions for quicker absorption of *Lepa* drugs.

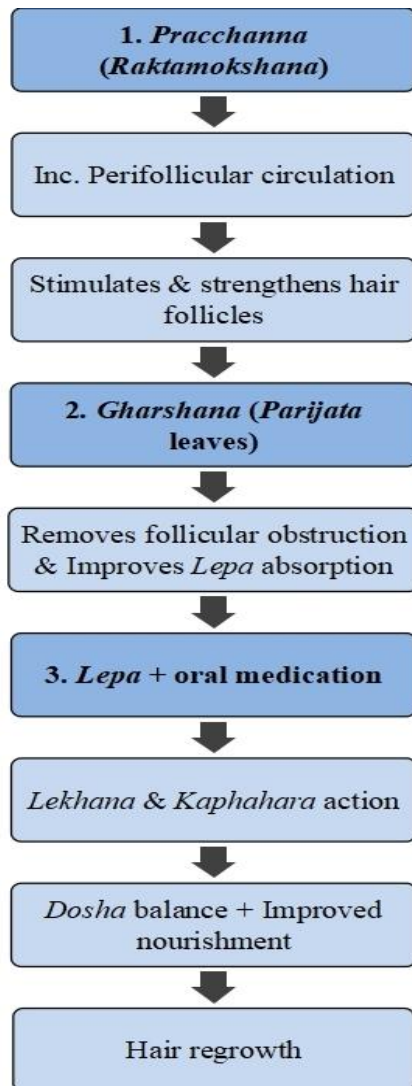


Figure 3: Probable Mode-of-Action of Treatment Protocol

Lepana is *Bahiparimarjana Chikitsa*. [17] *Devdaru*, main component of *Indralupta Masi*, when applied, absorbed through *Bhrajaka Pitta*. It aids in *Ama* digestion, pacifies *Kapha-Vata*, reduces scalp inflammation and strengthens hair. It also helps to clear infections and promote healthy hair growth, while its *Lekhana* and *Kaphahara* properties remove follicular blockage caused by *Kapha Dosha*.

Bhringraja (*Eclipta prostrata*), mainly used for hair growth, is known as *Keshraj* and *Keshranjak*. It stimulates hair follicle activity, prolong growth phase of hair, and help to regenerate

hair. Furthermore, its hepatoprotective and adaptogenic properties also indirectly support hair health.

Amalaki (possesses rejuvenating and antioxidant properties, rich in Vitamin-C and bioactive compounds that nourish hair follicles and improve quality and strength of hair. It acts as a *Keshya*, *Rakta-Pittashamaka*, *Deepan*, *Pachan* and *Rasayana* thereby enhances *Ojas*. It works at the level of tissue nutrition by enhancing digestive fire and clears body channels for the nutrients to reach to the tissues.

By increasing gastric secretion, *Avipattikara Churna* promotes better digestion and acts as a mild laxative facilitating expulsion of vitiated *Pitta* from body. Additionally, it clears *Srotas*, thereby promotes metabolism.

The oral medication that balances the *Tridoshas* and *Rakta* and having action of *Keshaya* (conducive to hair growth) and *Rasayana* promotes hairs regrowth. According to modern science, specific cause of alopecia is autoimmune disease, and *Rasayana* drugs act as immunomodulators.

This case report highlights the effects of *Ayurvedic* interventions in the management of *Indralupta*, improvement in clinical parameters without invasive procedures. As this is a single case study without a control group, the findings cannot be generalized to a larger population. Further studies involving larger sample sizes and controlled clinical trials are required to validate the observed outcomes.

5. CONCLUSION

The *Indralupta* with the history of 1.5 year was successfully treated with *Ayurveda* treatment evidenced by gradual reduction in ALODEX score (E1D10 to E0D1) using combined effect of *Pracchanna Karma*, *Gharshana*, *Indralupta Masi Lepa* and internal medications helped in correcting the underlying *Dosha* imbalance, improving local circulation, removing follicular obstruction, and promoting hair regrowth in the affected area. The patient was also advised to take protein rich nutritious diet and avoidance of excessive salt, spicy and junk food. Whole treatment course lasted for 60 days. In the recent

3 months follow up patient confirmed that there was no recurrence of hair loss. Patient tolerated the treatment well and no adverse event was noted. No incidental findings were demonstrated during all course of management.

Key Takeaway: This case suggests that *Ayurvedic* interventions can be beneficial in the management of *Indralupta* (Alopecia areata). The present case was of recent onset which got completely cured with regrowth of hairs over the patch.

ABBREVIATIONS

CBC – Complete Blood Count

HBsAg- Hepatitis B Surface Antigen

RBS- Random blood sugar

BT – Bleeding Time

CT – Clotting Time

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: Patient stated that patchy area vanished after the treatment and she recovered completely without long-term discomfort. Overall, she expressed satisfaction with treatment given.

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