

Case Series

Management of Non-Specific Hair Fall with *Shwadamshtadi Churnam* and *Kaidarya Siddha Narikela Taila*: A Case Series

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ABSTRACT:

Background: Non-specific hair fall (NSHF), classified as *Khalitya* (NAMC FA-3) in Ayurveda, is characterized by diffuse, non-patterned hair fall with no obvious etiology. Conventional management is associated with adverse effects. **Objective:** This case series documents the combined effect of *Shwadamshtadi Churnam* and *Kaidarya Siddha Narikela Taila* in eight patients of NSHF, assessed on the basis of Ayurvedic clinical and trichoscopic parameters. **Clinical findings:** Ayurvedic clinical parameters, were assessed at baseline, 30th and 60th day. Trichoscopic parameters, 60-second hair comb test and hair-specific Skindex-29 were noted on before and 60th day.. **Intervention:** A combination of *Shwadamshtadi Churnam* (oral), 6g twice a day before food and *Kaidarya Siddha Narikela Taila* (topical) was administered for a period of 60 days. **Outcomes:** Trichoscopy evaluation showed that mean hair density changed from 195.00 to 217.29 hairs/cm², percentage of empty follicular units reduced from 42.34 to 33.96 and mean hair shaft diameter changed from 65.21 µm to 70.37 µm. Scaling score and scalp sensitivity resolved totally in 5 cases. The 60-second hair comb test showed a mean reduction from 60.63 hairs to 19.38 hairs, with a mean decrease of 41.25 hairs across all cases, with improved subjective parameters and quality of life. **Conclusion:** Patients showed improvement in clinical and trichoscopic parameters on administration of *Shwadamshtadi Churnam* internally with *Kaidarya Siddha Narikela Taila* externally over a period of 60 days, with follow-up extending 90 days. All patients exhibited improved quality of life as shown by hair-specific Skindex-29 without any adverse effects.

KEYWORDS: Case series, Hair fall, *Kaidarya Siddha Narikela Taila*, *Khalitya*, *Shwadamshtadi Churnam*.

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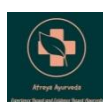
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1. INTRODUCTION

Alopecia, or hair loss, affects up to 50% of men and 40-50% of women by the age of 50. [1] Non-specific hair fall (NSHF), a subset, is characterized by diffuse hair loss with a multifactorial etiology, affects the psyche, social interactions [2] and quality of life. [3] NSHF presents as telogen effluvium in a majority of cases, followed by female pattern hair loss and underlying androgenetic alopecia (AGA). [4] The current pharmacological management of topical minoxidil and oral finasteride has demonstrated results in specific androgenetic presentations, but is also known to cause loss of libido, regrowth dependency, hypotension, mood and cognitive disturbances. [5, 6]

Loss of hair, is described as *kesha patana* under *Khalitya* (NAMC FA-3) in Ayurvedic literature. *Khalitya* is characterized by falling of scalp hair, owing to aggravated *vata* and *pitta* affecting the hair roots, followed by occlusion of the hair root. [7] The *lakshanas* of *kesha satanam* (hair fall), *shirah kandu* (itching), *kesha rukshata* (dryness of hair), *kesha tanutva* (thinning of hair), *keshabhumi daha* (burning sensation in scalp) and associated *palitya* (greying of hair) are the indicators of this disorder. In this case series, the internal administration of *Shwadamshtadi Churnam*, with external application of *Kaidarya Siddha Narikela Taila* (KNT), and with assessment of subjective and trichoscopic parameters is done in 8 cases of NSHF.

This case series is unique in Documenting combined internal *Rasayana* therapy and topical intervention alongside objective dermatological assessment tools - trichoscopy, hair comb test and Hair Specific Skindex 29 with Ayurveda parameters.

2. MATERIALS AND METHODS

Study Design: This prospective interventional case series was conducted at outpatient department of *Rasayana* and *Vajikarana*, KLE Ayurveda Hospital, Belagavi, Karnataka. Patients fulfilling predefined inclusion criteria were selected by purposive sampling after obtaining written informed consent. The present case series involved patients managed under routine clinical practice, no experimental or invasive

procedure was carried out, so no separate IEC approval was obtained as per institutional policy.

Inclusion Criteria:

- Diagnosed based on NAMC FA-3 signs of *Khalitya*
- Either sex
- Age group of 18-45 years
- Washout period of 3 months after supplements
- Willingness to undergo trichoscopy test

Exclusion Criteria:

- Severe seborrheic dermatitis, alopecia areata
- Known endocrinal disorders
- Severe disorders of the scalp: psoriasis, infection
- Undergone or planned surgical correction
- Known hypersensitivity history
- Prolonged use of medications (Finasteride, corticosteroids, minoxidil, hormonal products, antidepressants) during last 3 months
- Poorly managed hypertension, Diabetes Mellitus, Cardiac diseases, Hepatic disorders
- Alcoholic or drug abusers
- Pregnant and lactating women.

Schedule of visits and Follow-up: Visit 1 (Day 0, Baseline), Visit 2 (Day 30), Visit 3 on the 60th Day. Follow-ups over the telephone were also done on Day 15 and Day 45 to check adherence, tolerance of medicines and status of the patients. Post-treatment, patients were reviewed (telephonic) on Day 90 to assess the maintenance of effects post-treatment.

Patient Details: A total of 8 patients (6 females, 2 males), aged 18-45 years, were selected by purposive sampling, presenting to the OPD at KLE Ayurveda Hospital, , with chief complaints of *kesha satanam* (hair fall), *shirah kandu* (itching), *kesha rukshata* (dryness of hair), *kesha tanutva* (thinning of hair), *keshabhumi daha* (burning sensation in scalp) with or without associated *palitya* (greying of hair) & absence of organic pathology, were diagnosed, investigated (trichoscopy, 60-second hair comb test) and treated. Family history of hair fall was present in 2 of 8 patients, and the

duration ranged from 1 - 3 years. Demographic details and baseline data is shown in [Tables 1-3](#).

Table 1: Demographic Details of Patients

S.No	Age (years)/ Sex	Occupation	Weight (Kg)	BMI	BP(mm Hg)	Social Status	Duration
1.	20/F	Worker in factory	52	20.8	110/70	Lower middle class	1.5 yrs.
2.	30/F	Home maker	58	24.1	120/70	Middle class	2 yrs.
3.	37/F	Home maker	65	24.8	120/80	Upper Middle class	3 yrs.
4.	18/F	Student	48	20.5	100/70	Middle class	1 yr
5.	28/M	Engineer	72	24.9	120/80	Middle class	2 yrs.
6.	24/M	Farmer	70	24.7	110/70	Lower middle class	1.5 yrs
7.	18/F	Student	45	19.7	100/70	Upper middle class	1 yr
8.	29/F	IT worker	55	21.5	120/70	Upper middle class	2.5 yrs

Table 2: Baseline data of patients

Parameter/Case	1	2	3	4	5	6	7	8
H/o past illness	No	No	No	No	No	No	No	No
Family History	No	No	No	Yes	No	No	Yes	No
Habitat	Rural	Rural	Rural	Rural	Urban	Rural	Rural	Rural
Marital status	Unmarried	Married	Married	Unmarried	Unmarried	Unmarried	Unmarried	Married
Diet	Mixed	Veg	Mixed	Mixed	Mixed	Mixed	Veg	Mixed
Nidra	Sound	Sound	Disturbed	Disturbed	Disturbed	Sound	Sound	Sound
Agni	Vishama	Vishama	Vishama	Vishama	Vishama	Vishama	Vishama	Vishama
Mala pravritti	Irregular	Regular	Regular	Irregular	Regular	Regular	Irregular	Regular
Mutra pravritti	Regular, adequate	Regular, adequate	Regular, adequate	Regular, adequate	Regular, adequate	Regular, adequate	Regular, adequate	Regular, adequate
Nadi	Mandukagati	Hamsagati	Mandukagati	Hamsagati	Hamsagati	Hamsagati	Hamsagati	Hamsagati
Jihwa	Analipita	Analipita	Analipita	Analipita	Analipita	Analipita	Analipita	Analipita
Dosha pradhanya	Vata-pitta	Vata-pitta	Vata-kapha	Vata-kapha	Vata-kapha	Vata-pitta	Vata-pitta	Vata-kapha
PradhanyaDushya dushti	Rasa	Rasa	Rasa, Rakta	Rasa, Rakta	Rasa, Meda	Rasa	Rasa	Rasa, Rakta, Asthi

Table 3: Baseline Clinical Hair-Related Characteristics

Sr No.	Variable	Baseline Value
1	Number of patients	8
2	Mean hair density (hairs/cm ²)	195.00 ± 44.90
3	Mean hair shaft diameter (µm)	65.21 ± 8.55
4	Empty follicular units (%)	42.34 ± 8.63
5	Mean scaling score	0.72 ± 0.40
6	Scalp sensitivity score	0.56 ± 0.33
7	60-second hair comb test (number of hairs)	60.63 ± 16.36
8	HSS-29 total score (%)	42.13 ± 13.15

Clinical Findings: All 8 patients presented with chief complaints of *kesha satanam*(hair fall), *shirah kandu* (itching), *kesha rukshata* (dryness of hair), *kesha tanutva* (thinning of hair), and dandruff of varied severity. *Keshabhumi daha* (burning sensation in scalp) was seen in 5 of 8 patients at baseline. Probable *Nidana* (causes) elicited included irregular meal timings, excess *katu-amlavana yukta ahara* (pungent, sour, salty foods), inadequate water intake, disturbed sleep, and mental strain, which led primarily to *pitta dushti* with *vata-kapha* involvement affecting the *rasa, rakta, meda, asthi dhatu*, at the level of *romakupa* leading to *Khalitya*. No patient was a known case

of severe scalp conditions (seborrheic dermatitis, scalp psoriasis), endocrinal disorders, hypersensitivity, poorly managed hypertension, diabetes mellitus, cardiac or hepatic disorders, or prolonged use of Finasteride, corticosteroids, or minoxidil; none were pregnant or lactating and all had completed a 3-month supplement

washout.. Examination of the gastrointestinal, central nervous, cardiovascular and respiratory systems revealed no abnormalities, ruling out systemic causes of hair loss, including thyroid dysfunction & anemia. The findings of Ayurvedic clinical parameters are tabulated in [Table 4](#).

Table 4: Assessment of Lakshanas (Clinical Findings)

S.No	Lakshanas	1		2		3		4		5		6		7		8	
Assessment (BT-Before, AT-After)→		BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1.	<i>Kesha satanam</i>	+++	+	+++	+	+++	+	+++	+	++	+	++	+	++	+	++	+
2.	<i>Shirah Kandu</i>	++	+	+++	+	+++	++	+++	+	++	-	+	-	+++	+	+++	+
3.	<i>Kesha Rukshata</i>	+++	+	+++	+	+++	+	+++	+	+++	+	+++	++	++	+	+++	+
4.	<i>Kesha Tanutva</i>	+++	++	+++	+	+++	++	+++	++	++	+	+++	++	++	+	+++	+
5.	<i>Keshabhumi Daha</i>	+	-	+	-	++	+	+++	++	++	+	+	-	-	-	++	+
6.	<i>Palitya</i>	+	+	++	++	+++	++	+++	+++	+	+	++	++	+	+	+	+
7.	<i>Dandruff</i>	+++	++	+++	+	++	+	+++	++	++	+	++	+	++	+	++	+

Footnote: Grading:-=Absent; +=mild; ++=Moderate; +++=severe

Diagnostic Assessment and Treatment Protocol: Hair-pull test was negative in all 8 patients, which ruled out the presence of active inflammatory alopecia. They were diagnosed after fulfillment of diagnostic criteria of NSHF, which includes a detailed history, presence of hair loss with no underlying organic cause and absence of scalp scarring, confirmed with trichoscopy.

Diagnostic Methods

- Ayurveda Assessment: *Nidana*, *Dosha-Dushya* involvement and *Samprapti* regarding *Khalitya*; & *Ashtavidha/Dashavidha Pariksha* was carried out.
- Modern Clinical Assessment: Physical examination, trichoscopy findings, 60-second hair comb test & HSS-29.

Diagnostic Criteria: The diagnosis of NSHF was based on clinical symptoms corroborated with trichoscopic findings. The Ayurvedic *vyadhi vinishcaya* was based on *lakshana* of *Khalitya*, *nadi pariksha*, *roga* and *rogi pariksha* and *nidana panchaka* (five-fold diagnostic evaluation).

Differential diagnosis: Differential diagnosis was done to rule out alopecia areata (hair pull test, trichoscopy), telogen effluvium secondary to thyroid dysfunction (TSH), and anemia-related hair loss (hemogram).

Diagnostic Challenges: No significant diagnostic uncertainty was faced. The diagnosis was based on clinical findings, trichoscopic evaluation and Ayurveda assessment.

Prognosis:

Patient 1: Marked improvement in hair fall, itching in scalp and dryness; positive trichoscopic trend. Continued adherence expected to maintain benefits.

Patient 2: Favorable response in hair fall, dandruff, dryness and trichoscopic findings; continued scalp care advised.

Patient 3: Clinical and trichoscopic improvement; avoidance of causative factors likely to support further gains.

Patient 4: Improved scalp discomfort and reduced hair fall; favorable prognosis with periodic follow-up.

Patient 5: Favorable trichoscopic & clinical improvement; lifestyle advice given to sustain improvement.

Patient 6: Improvement in symptoms and trichoscopic changes.

Patient 7: Marked improvement in scalp condition and hair fall; hair care and follow-up advised.

Patient 8: Excellent clinical and trichoscopic response; lifestyle and dietary advice given to maintain results.

Intervention: The patients received *Shwadamshtadi Churnam* (KLE Ayurveda Pharmacy) 6g twice a day with milk, before food, along with application of *Kaidarya Siddha Narikela Taila* (KLE Ayurveda Pharmacy) at least 3 times weekly to the scalp, for 60 days, with evaluation on Day 0, 30 and 60 ([Table 5](#)) Ayurvedic parameters of *Khalitya* were

assessed on the 0th, 30th and 60th day and the trichoscopic parameters (hair density, shaft diameter, percentage of empty follicular units, scaling score, scalp sensitivity), 60-second hair comb test and HSS-29 were assessed on the 0th and 60th day.

Table 5: Intervention and follow-up visit timeline

Day	Visit	Type of Visit	Intervention Given
0	1	In Person	1. Internally <i>Shwadamshtadi Churnam</i> 6g twice daily with milk (before food) (Batch No. KLE-01) 2. Application of KNT, minimum of 3 times per week to the scalp. (Batch No. KLE-01)
30	2	In Person	1. Internally <i>Shwadamshtadi Churnam</i> 6g twice daily with milk (before food) (Batch No. KLE-01) 2. Application of KNT, minimum of 3 times per week to the scalp. (Batch No. KLE-01)
60	3	In Person	1. Internally <i>Shwadamshtadi Churnam</i> 6g twice daily with milk (before food) (Batch No. KLE-01) 2. Application of KNT, minimum of 3 times per week to the scalp. (Batch No. KLE-01)
90	4	Telephonic	-

Outcomes: The outcomes are tabulated in [Tables 6](#) and [7](#). Before and after trichoscopic images are outlined in [Table](#)

[8](#) & the graphical representation of changes in mean values is shown in [Figures 1](#) and [2](#).

Table 6: Assessment of Trichoscopic Parameters

Case No.	Mean Hair Density(hairs/cm ²)		Mean Shaft Diameter(μm)		Percentage of empty follicular units (EFU%)		Mean Scaling score		Scalp sensitivity	
Day	0 th	60 th	0 th	60 th	0 th	60 th	0 th	60 th	0 th	60 th
1.	255.83	269.17	70.687	70.834	32.43	23.23	0.75	0.00	0.50	0.00
2.	179.17	193.33	61.032	72.854	39.19	31.68	1.00	0.25	0.75	0.00
3.	148.33	187.50	47.905	44.459	52.00	44.44	0.25	0.00	1.00	0.25
4.	253.33	249.17	64.071	66.107	39.19	32.15	0.25	0.00	0.00	0.00
5.	194.17	250.83	67.617	67.933	39.73	34.02	0.50	0.50	0.50	0.25
6.	196.67	192.50	78.461	82.282	38.38	28.91	0.75	0.00	0.75	0.75
7.	197.50	213.33	68.140	73.014	38.54	37.31	1.50	0.25	0.75	0.00
8.	135.00	182.50	63.731	85.489	59.30	39.92	0.75	0.00	0.25	0.00
Mean	195.00	217.29	65.21	70.37	42.34%	33.96%	0.72	0.13	0.56	0.13
SD	44.90	34.80	8.55	12.19	8.63	6.68	0.40	0.19	0.33	0.27

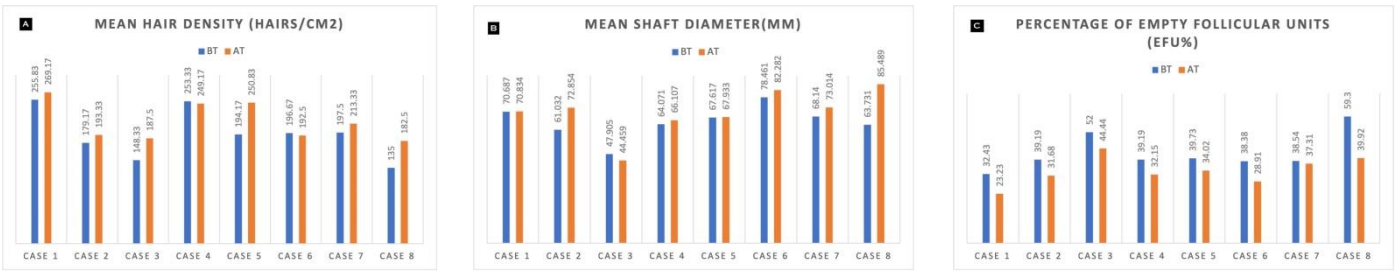


Figure 1: Changes in Trichoscopic parameters: A) Mean Hair Density, B) Mean Shaft Diameter, C) Percentage of Empty Follicular Units.

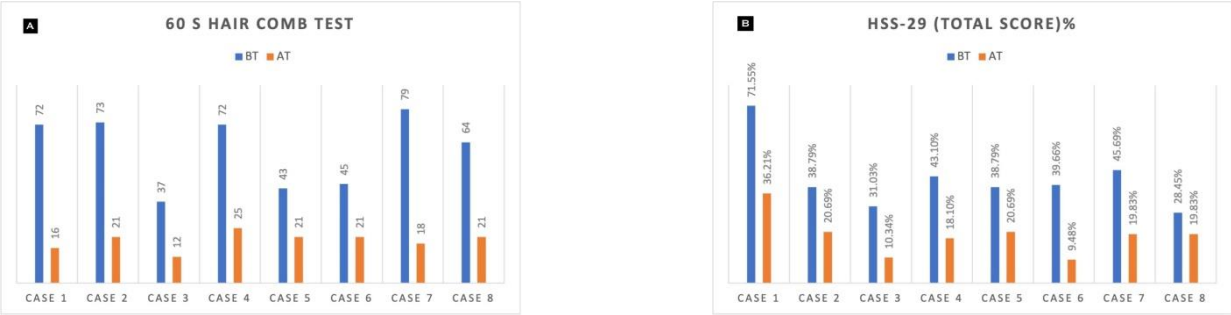


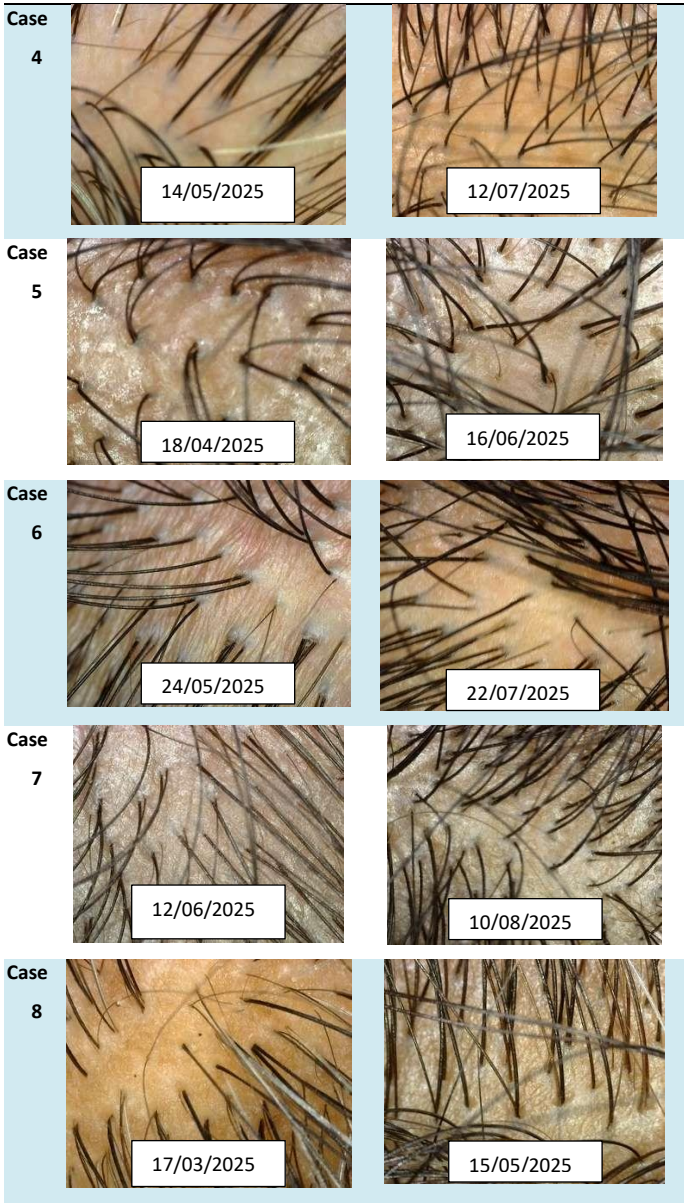
Figure 2: Changes in clinical parameters: A) 60 S Hair Comb Test; B) HSS-29.

Table 7: Assessment of Clinical Parameters

Case No.	60 s hair comb test		HSS-29 (total score)%	
	0 th	60 th	0 th	60 th
1.	72	16	71.55%	36.21%
2.	73	21	38.79%	20.69%
3.	37	12	31.03%	10.34%
4.	72	25	43.10%	18.10%
5.	43	21	38.79%	20.69%
6.	45	21	39.66%	9.48%
7.	79	18	45.69%	19.83%
8.	64	21	28.45%	19.83%
Mean	60.63	19.38	42.13%	19.40%
SD	16.36	3.96	13.15	7.95

Table 8:Tricoscopic images of Scalp – Before and After treatment

Case No.	Before Treatment	After Treatment
Case 1		
Case 2		
Case 3		



Individual Patient Outcomes:

Case 1: Marked decrease in hair fall, itching and scalp dryness; trichoscopy showed improved hair thickness, reduced EFU%, and full resolution of scaling and sensitivity.

Case 2: Marked decrease in hair fall and dandruff, with dryness resolving only by Day 60; Trichoscopy showed improved thickness and shaft size, reduced EFU% and sensitivity.

Case 3: Improved hair fall, dryness and dandruff; trichoscopy showed increased thickness with reduced scaling and sensitivity.

Case 4: Improved hair fall and scalp burning; trichoscopy showed reduced EFU% with full scaling resolution and moderate shaft size improvement.

Case 5: Reduction in hair fall, thinning, dandruff and scalp discomfort; trichoscopy showed substantially increased thickness with reduced EFU% and sensitivity.

Case 6: Improved hair fall, itching and dandruff; trichoscopy showed reduced EFU% and scaling with increased shaft size.

Case 7: Improved hair fall and complete resolution of dandruff; trichoscopy showed increased thickness and shaft size with reduced scaling and sensitivity.

Case 8: Marked improvement in hair fall and dandruff; trichoscopy showed significant gains in thickness, shaft size and EFU%, with full resolution of scaling and sensitivity.

Clinical Course: All patients showed progressive improvement, with reduced hair fall by Day 30 and reduced itching and scalp burning, alongside improved appetite, bowel movements and sleep quality.

Adherence and Tolerability: Adherence was nearly 85%, tracked by in-person visits and telephone reviews. Many patients had difficulty in consuming the *Churnam* in the initial days, but continued taking it without discontinuation. KNT was well liked, with no reports of scalp irritation or any discomfort.

A post-treatment follow-up through telephone was done on the 90th Day to evaluate the maintenance of medicinal effects. All 8 patients had sustained effects even after stopping medicines, highlighting the rejuvenating effects of the intervention.

Adverse Events: No adverse events occurred. Patients described the *Churnam's* taste as mildly unpleasant, but tolerable; no other effects were reported.

3. DISCUSSION

Diffuse hair loss in NSHF, is seen as increased shedding on pillows, while brushing or in the shower drain. This Loss of hair can be understood under the spectrum of *Khalitya* (NAMC FA-3), which predominantly includes the vitiation of *pitta* along with *vata*, and later *kapha* along with *rakta*, producing obstruction at the level of *romakupa* (hair follicle), preventing growth of new hair. [7] The role of *asthi dhatu* and *sweda* is also noted, as *kesha* is directly influenced by their status. Here, NSHF is managed along the treatment guidelines of *Khalitya*, [8] keeping in mind the predominance of *dosha*, *dhatu* affected, state of disease, etc.

A previous Ayurveda case report showed reduction in patch size and visible hair growth over a duration of 60 days following *pracchanna karma*, *gharshana* with fresh *parijata* leaves over the affected region as shodhana purpose, followed by *intralupta masi lepa* along with internal medications. [9] Similarly, a case study on Alopecia totalis treated with Ayurvedic internal and external treatments, along with cupping, showed noteworthy hair regrowth. [10] Traditional medical systems have utilised, multiple plants for their potential in hair health. [11] *Kaidarya* (*Murraya koenigii*) exhibit immunomodulatory, antioxidant, antimicrobial, and antiangiogenic properties that in turn potentially mitigate oxidative stress, & neuroinflammation. [12] KNT, is a blend of *M.koenigii* processed in *Narikela Taila*, with proven anti-microbial and hair conditioning properties. [13] *Rasayana prayoga*, is described as *chikitsa* in *Khalitya*, which is both a disorder and a symptom of aging. [14] *Shwadamshtadi Churnam*, made of 3 potent drugs-*Gokshura*, (*Tribulus terrestris*), *Amalaki* (*Emblica officinalis*) and *Guduchi* (*Tinospora cordifolia*) [15] is widely utilized in inflammatory and metabolic disorders.. Therapeutic action: *Gokshura* alleviates *vata* and *pitta*, nourishes *kapha* & *rasadi dhatus* by *Madhura rasa* and *vipaka*. It is *keshya* (promotes hair health), *vrishya* (improves virility and vitality) and *rasayana* (rejuvenates). [16]

Amalaki mitigates the *tridoshas*. By *madhura vipaka* and *sheeta virya* alleviates *pitta*; by *amla rasa* reduces *vata*, improves *agni* and does *anulomana*. By *kashaya rasa*, it dries up the *kleda* and *kapha*, and is *rakta prasadana*. It is *rasayana* and *vrishya*. [17]

Guduchi mitigates the *tridoshas*. It is *vaya-sthapana* (maintains youth). By *tikta, katu, kashaya rasa* and *ushna virya*, *guduchi* reduces *kapha*. By *tikta-kashaya rasa* and *madhura vipaka*, it reduces *pitta*, and by *madhura vipaka* and *ushna virya* it reduces *vata*. By *madhura vipaka*, it nourishes the *dhatu*s, especially *rakta, majja* and *shukra* and is *rasayana*. [18]

Application of KNT, with *tikta, kashaya rasa* and *sheeta virya* of *Kaidarya*, reduces *pitta*, and by *katu, tikta, kashaya rasa* and *laghu guna* reduces *kapha*. [13] The bioactive compounds of coconut oil and *M.koenigii* [12], namely medium-chain fatty acids (MCFA), glyceride esters, phenolics, terpenoids and lactones, collectively provide antioxidant, anti-inflammatory, antimicrobial, anti-microbial, anti-androgenic, penetration-enhancing and hair growth-promoting effects.

In this case series, patients showed improvement in the clinical symptomatology as shown in [Table 4](#). There was also a decrease in mean Skindex-29 total score from 42.13% to 19.40%, which shows improved quality of life. ([Table 7](#)) The trichoscopic parameters also showed improvement : Mean hair density increased from 195.00 to 217.29 hairs/cm², Mean EFU% reduced from 42.34% to 33.96%, mean shaft diameter increased from 65.21 to 70.37 µm, scaling and sensitivity score showed resolution in 5 of 8 cases and the mean of the 60-second comb test changed from 60.63 to 19.38 hairs. ([Table 7](#)) This suggests that the combined intervention of KNT and *Shwadamshtadi Churnam* has the potential to alleviate the symptoms of *Khalitya* by correcting the *dosha- dhatu dushti* internally and providing *snehana* externally.

Rejuvenating action: The ingredients of *Shwadamshtadi Churnam* and KNT are known antioxidants and have the potential to counteract the ROS-mediated oxidative stress

at the level of hair follicles. The presence of potent phytochemicals such as tannins, glycosides, alkaloids and terpenoids in *Amalaki*; alkaloids, steroids and glycosides in *Guduchi*; and saponins, flavonoids, glycosides, alkaloids, and amino acids in *Gokshura* explains its antioxidant activity. [19]

Narikela Taila, [12] has anti-microbial and hair conditioning properties, [20][21] The reduction in subjective and objective parameters of NSHF, are shown in [Figures 1,2, & Table 4](#).

Strengths: Framework of subjective parameters coupled with quality-of-life assessment and trichoscopy to assess NSHF. **Limitations:** a Small sample size, absence of a control group, short duration of follow-up, and variability in underlying causes of non-specific hair fall among patients.

4. CONCLUSION

This case series describes outcomes in 8 patients treated with *Shwadamshtadi Churnam*, 6g internally twice a day with milk, before food and KNT externally for 60 days with 30 days of extended follow-up. Mean Skindex score decreased from 42.13% to 19.40%, mean hair density increased from 195.00 to 217.29 hairs/cm², mean EFU % reduced from 42.34% to 33.96%, mean shaft diameter increased from 65.21 to 70.37 µm, with resolution of scaling and sensitivity in 5 of 8 cases. The mean of the 60-second hair comb test reduced from 60.63 to 19.38 hairs.

Key finding: Combined internal *Shwadamshtadi Churnam* and external KNT appear beneficial for NSHF; no adverse events or side effects were noted.

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 Perspective:

Patient 1- "I had continuous hair fall, itching and dryness of hair, affecting my confidence. On regular application of oil and taking medicine, my hair fall & itching reduced, hair health improved. I feel more confident now."

Patient 2- “I had persistent hair fall with dandruff and dryness, even after trying multiple hair care products. On taking treatment, I experienced less hair fall, and dandruff also reduced significantly.”

Patient 3- I was constantly concerned about my hair fall; my hair felt dry. The dandruff made me uncomfortable. After completing the treatment, I noticed gradual improvement in hair & scalp condition.”

Patient 4- “My main complaints were hair fall and burning sensation over my scalp, which was uncomfortable. On taking medicine, burning sensation & hair fall reduced considerably.”

Patient 5- “I had hair thinning, hair fall and dandruff, which affected my appearance. After treatment, my hair is healthier hair.”

Patient 6- “I had hair fall with itching, dandruff. I was concerned of it getting worse. After treatment, I feel my scalp is healthier.”

Patient 7- “I had hair fall, dandruff, and I was worried about my hair thinning. After treatment, dandruff had almost disappeared and my hair fall reduced. It has improved my confidence.”

Patient 8- “I had been experiencing continuous hair fall and dandruff for a long time, and I was worried that it would keep getting worse. After the treatment, I experienced a clear reduction in hair fall and my hair appears fuller. I am pleased with the overall improvement.”

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