



# Alopecia Universalis Treated with Ayurveda Protocol and Assessed by SALT (Severity of Alopecia Tool) - A Case Report

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## Abstract

Alopecia Universalis is a condition that causes generalized hair loss in the body. It is associated with nail changes in 10-15 % of Autoimmune origin conditions. Several medicines normalize hair growth, but this condition requires a treatment modality that concentrates on the root cause of hair falling all over the body. Here is a case report about the Ayurvedic approach in a 48-year-old male patient with Alopecia Universalis presented with hair loss all over the body associated with itching. We administered the Ayurveda protocol and Severity of Alopecia Tool (SALT) criteria assumed before and after assessing clinical output.

**Keywords:** Ayurveda, Alopecia Universalis, Virechana

## 1. Introduction

Alopecia Universalis is an advanced form of Alopecia Areata, characterized by the complete hair loss on the scalp and body<sup>1</sup>. Alopecia Areata affects approximately 1.7% of the population<sup>2</sup>. It also accounts for 0.7% of new dermatology cases in India<sup>3</sup>. Although the exact cause of Alopecia Universalis is unknown, it's thought to be an autoimmune condition in which a person's immune system attacks hair follicles leading to atrophy of pilar follicles mediated by T-cells. The disease has a significant impact on one's psychological and social health. It results in high levels of anxiety, depression, and stress<sup>4,5</sup>. Studies on quality of life in mild and severe alopecia areata patients revealed that the extremist group

was predominantly female and had higher employment<sup>6</sup>-hairs of the scalp and body are bone tissue's metabolic waste (*asthidhatu*) as per Ayurveda<sup>7</sup>. Thus diminution of bone tissue results in hair falling off the scalp and body hairs<sup>8</sup>. *Basti* (enema-like procedure) with milk and ghee processed with bitter-tasting herbal constituents is vital in managing the diminution of bone tissue<sup>9</sup>. So, considering Alopecia Universalis as *Asthi dhatu kshaya* (diminution of bone tissue), treatment was initiated in this case and noted an appreciable difference.

## 2. Patient Information

A 48-year-old male patient with OPD no. 3579/6/2021 consulted *Kayachikitsa* OPD of Rajiv Gandhi Ayurveda Medical College and Hospital on 10 June 2021 with hair

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loss complaints all over the body for six months associated with itching. The hair loss gradually increased in the last 3 to 4 months, resulting in smooth, bald patches. Hair loss is often preceded by itching, which increases during the night and early morning. The patient has no known history of any other autoimmune disorders and no similar family history found. On examination, the scalp and skin had sparse hair without any notable change in the skin's color and texture. All blood routine tests were within normal range. No other treatment has been undertaken by the patient previously for this condition. We had also done an Ayurvedic examination (*Ashtastanapareeksha*).

### 3. Criteria for Assessment

Based on criteria for the classification of severity of Alopecia Tool (SALT-1), first published by Olsen in 1992

**Table 1.** Gradation of scalp hair loss<sup>10</sup>

SI. NO.	The severity of scalp hair loss	Score
1	No hair loss	S0
2	1-24 %	S1
3	25-49 %	S2
4	50-74 %	S3
5	75-90 %	S4a
6	91-99 %	S4b
7	100 %	S5

**Table 2.** Details of *snehapana* (oral intake of ghee)

Day	Dose	Time of administration	Time for complete digestion	Time of appetite	Features observed
1	30ml	6am	6hrs	12pm	Few signs like pure belches, increased appetite, and enthusiasm
2	40ml	6am	3 hrs 45min	9:45am	-do-
3	105ml	6am	4hrs	10am	-do-
4	315ml	6 am	15hrs	9 pm	We observed all the signs of perfect ghee intake.

**Table 3.** Assessment features

SI. No.	Features	Before Treatment	After treatment (scoring as per Table 1)
1	Terminal scalp hair loss	S1(20%) (Table 1)	S1 (10%) (Table 1)- the scalp hair fall over the temporal region of both sides had reduced. So, there was a slight improvement in hair loss.
2	Body hair loss	B1(5%)	B1 (2%)- the hair loss over both lower limbs had reduced. So there was an improvement in body hair loss too.

and 1997, formalized by the National Alopecia Areata Foundation Guidelines Committee in 1999 and revised in 2004, categorizes the scalp terminal hair(S)loss as follows (Table 1).

Severity also includes the extent of body hair(B) loss and is classified as B0, B1, and B2, respectively, indicating the severity of body hair loss as none, some, and total.

### 4. Management Strategy

Our management strategy falls under three categories for this particular case. It was *rookshana* (mild emaciation), *snehana* (oral intake of ghee), *virechana* (purgation), and *rasayana* (rejuvenation). For *rookshana* (mild emaciation), we initially used medicines like *Nalpamaradi Kashaya* in the form of *Dhara* (pouring of medicated decoction over the body) and *thikthaka ghritham* (a ghee formulation) for *Snehapana* described in Table 2. Pure belches, increased appetite, liquidity of feces, lightness of body, aversion towards ghee, oiliness of anal region<sup>11</sup> characterize a perfect ghee intake.

As a pre-*panchakarma* procedure, we followed the patient for another three days for *Sarvanga abhyanga* (whole-body massage) with *Mahanarayanataila* and *bashpasveda* (sudation). *Virechana* therapy (purgative process) is crucial as it eliminates the vitiated *dosas* (humors). We administered formulations like *Trivritlehya* and *Draksha rasa* for ten-day purgation therapy and *Chirabilvadikashaya*, *Agasthyarasayana* and *Shaddharanachurna* internally. *Rasayana*(rejuvenation)

therapy bestows good quality tissues<sup>12</sup>. We selected *Bhringarajasava* (a fermented formulation) as *Rasayana* therapy.

## 5. Screening Assessment

The screening assessment before and after treatment was scored as per Table 3.

## 6. Results

The hair growth was evident in the temporal region of the scalp by 10% and lower limbs by 3%. Hair loss over these areas had reduced, and hence differences were appreciable.

## 7. Discussion

Each of the *dhatu* (tissues) on transformation result in its essence and wastes. In the same way, bone tissue also transforms and produces scalp hair and body hair, according to Ayurveda. The increase and diminution of the *dhatu*s simultaneously cause a change in its byproducts. Here, the patient presented with loss of fall of scalp hair and body hair, which suggested the diminution of bone tissue. So, the management strategy included ghee processed with bitter-tasting herbs. We applied the same principle throughout in selecting the formulations. *Tiktakaghrita* was an important one in this regard<sup>13</sup>.

## 8. Drawbacks

We could not provide picture proof as the patient was reluctant, and the follow-up period was one month. More follow-up periods could reveal a more extensive result.

## 9. Conclusion

The Ayurveda treatment protocol is an ethical choice for Alopecia Universalis. Future research in the field is necessary to draw further conclusions.

## 10. References

1. Darwin E, Hirt PA, Fertig R, Doliner B, Delcanto G, Jimenez JJ. Alopecia Areata: Review Epidemiology, Clinical Features, Pathogenesis, and New Treatment Options. *Int J Trichology*. 2018; 10:51-60. PMID:29769777. [https://doi.org/10.4103/ijt.ijt\\_99\\_17](https://doi.org/10.4103/ijt.ijt_99_17)
2. Safavi K. Prevalence of Alopecia Areata in the First National Health and Nutrition Examination Survey. *Arch Dermatol*. 1992; 128:702. PMID:157554. <https://doi.org/10.1001/archderm.1992.01680150136027>
3. Sharma VK, Dawn G, Kumar B. Profile of Alopecia Areata in Northern India. *Int J Dermatol*. 1996; 35:22-7. PMID:8838924. <https://doi.org/10.1111/j.1365-4362.1996.tb01610.x>
4. Huang KP, Mullangi S, Guo Y, Qureshi AA. Autoimmune, Atopic, and Mental Health Comorbid Conditions associated with Alopecia Areata in the United States. *JAMA dermatology*. 2013; 149(7):789-794. PMID:23700152. <https://doi.org/10.1001/jamadermatol.2013.3049>
5. Ghanizadeh A, Ayoobzadehshirazi A. A Review of Psychiatric Disorders Comorbidities in Patients with Alopecia Areata. *International Journal of Trichology*. 2014; 6(1):2-4. PMID:25114444. <https://doi.org/10.4103/0974-7753.136746>
6. Abedini R, Hallaji Z, Lajevardi V, Nasimi M, Karimi Khaledi M, Tohidinik HR. Quality of Life in Mild and Severe Alopecia Areata Patients. *Int J Womens Dermatol*. 2017; 4(2):91-94. PMID:29872683. <https://doi.org/10.1016/j.ijwd.2017.07.001>
7. Agnivesha: Ayurveda Dipika vyakhya. In: Vaidya Yadavji Trikamji Acharya, editor. *Charaka Samhita*. New Delhi. Chaukambha Publications. Edition. 2017; 515.
8. Vagbhata: Sarvanganga Sundara Vyakhya and Ayurveda Rasayanavyakhya. In: Pandit Hari Sadasiva Sastri Paradakara, editor. *Ashtanga hridaya*. Varanasi. Publisher Chaukhamba Sanskrit sansthan, Edition. 2018; 185.
9. Vagbhata: Sarvanganga Sundara Vyakhya and Ayurveda Rasayanavyakhya. In: Pandit Hari Sadasiva Sastri Paradakara, editor. *Ashtanga hridaya*. Varanasi. Publisher Chaukhamba Sanskrit sansthan. Edition. 2018; 187.
10. Olsen E, Hordinsky M, McDonald Hull S, Price V, Roberts J, Shapiro J, *et al*. Alopecia Areata Investigational Assessment Guidelines. National Alopecia Areata Foundation. *J Am Acad Dermatol*. 1999; 40:242-246. PMID:10025752. [https://doi.org/10.1016/S0190-9622\(99\)70195-7](https://doi.org/10.1016/S0190-9622(99)70195-7)
11. Susruta: Nibandha Sangraha vyakhya. In: Vaidya Yadavaji Trikamji acharya and Narayana Ram

- acharya 'kavyatirtha', editor. Susruta Samhita. Varanasi. Publisher Chaukhamba Sanskrit sansthan. Edition. 2017; 512.
12. Agnivesha: Ayurveda Dipika vyakhya. In: Vaidya YadavjiTrikamji Acharya, editor. Charaka Samhita. New Delhi. Chaukambha publications. Editon. 2017; 376.
13. Vagbhata: Sarvanganga Sundara Vyakhya and Ayurveda Rasayanavyakhya. In: Pandit Hari Sadasiva Sastri Paradakara, editor. Ashtanga hridaya. Varanasi. Publisher Chaukhamba Sanskrit sansthan. Edition. 2018;188.