



ORIGINAL ARTICLE

Overcoming Therapeutic Challenges in Paediatric Alopecia Areata: An Ayurvedic Case Report

Anagha T¹, Balakrishnan VKV², Anjali KS³

¹PG Scholar, Department of Shalakyatantra, Govt. Ayurveda College, Kannur

²Professor & HOD, Department of Shalakyatantra, Govt. Ayurveda College, Kannur

³Assistant Professor, Department of Shalakyatantra, Govt. Ayurveda College, Kannur

*Email: anagha14.97@gmail.com

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Abstract

Indralupta, described under *Shira Kapala Roga* by *Acharya Vagbhata*, closely resembles Alopecia Areata (AA), an autoimmune disorder characterized by non-scarring patchy hair loss. Management of AA in paediatric patients remains challenging because conventional therapies such as topical corticosteroids and immunomodulatory agents may be associated with adverse effects and poor tolerability. This case report describes the successful management of paediatric *Indralupta* and highlights the potential role of Ayurvedic intervention in this condition. An 11-year-old female presented with multiple non-scarring patches of hair loss over the scalp that had persisted despite previous topical treatment. Based on clinical findings, the condition was diagnosed as *Indralupta* (Alopecia Areata). The patient was managed on an outpatient basis from March to July 2024 with a combination of internal medications, including *Rajanyadi Churna*, *Krimighna Vati*, *Manibhadra Gulam*, and *Patoladi Ghrita*, along with external therapies. *Pracchana karma* followed by application of *Datura swarasa* and local application of *Indralupta mashi* mixed with *Eladi keram* was performed in a phased manner to promote hair follicle stimulation and regrowth. Clinical assessments were conducted at each follow-up visit. Progressive hair regrowth was observed throughout the treatment period, resulting in complete restoration of hair growth without any adverse effects. This case demonstrates that an Ayurvedic treatment approach integrating internal medications and local procedures may be beneficial in the management of paediatric Alopecia Areata. Further clinical studies are needed to substantiate these findings.

Introduction

Indralupta is a condition characterized by localized hair loss and is described under *Kshudra Roga* in *Sushruta Samhita* and under *Shira Kapala Roga* by *Acharya Vagbhata*. It is a *Tridoshaja vyadhi* in which vitiated *Pitta* and *Vata doshas* cause hair fall, while *Kapha* and *Rakta* obstruct the hair follicles, preventing subsequent hair growth.^[1] *Indralupta* is considered the Ayurvedic correlate of Alopecia Areata (AA), a chronic autoimmune disorder characterized by non-scarring patchy hair loss.^[2] AA commonly affects children and adolescents

and can have a significant psychological impact on both patients and their families because of its unpredictable course and cosmetic consequences.^[3]

Although topical corticosteroids and immunotherapeutic agents are widely used in conventional management, their application in paediatric patients is often limited by adverse effects, poor tolerability, and variable therapeutic outcomes.^[4] Ayurveda advocates a holistic approach in the management of *Indralupta* through correction of doshic imbalance, *srotoshodhana*, *krimihara* measures, and stimulation of hair regrowth using both internal and external therapeutic modalities. Reports describing successful Ayurvedic management of paediatric Alopecia Areata remain limited in the published literature.

The present case is noteworthy because complete hair regrowth was achieved in an 11-year-old female with multiple scalp patches of Alopecia Areata using a combination of Ayurvedic internal medications, *Pracchana karma*, *datura swarasa* application, and topical therapies without any adverse effects. This case highlights the potential role of a comprehensive Ayurvedic treatment approach in the management of paediatric *Indralupta* and contributes to the growing evidence supporting its clinical application.

Case History

Patient Information:

An 11-year-old female child presented to the Outpatient Department of Shalakya Tantra with complaints of multiple circular patches of hair loss over the scalp since January 2024. The lesions were initially noticed over the crown region and gradually increased in size and number.

There was no history of trauma, scalp infection, systemic illness, fever, or significant emotional stress. Developmental milestones were appropriate for age. The patient had previously undergone topical treatment without significant improvement. No relevant family history of similar illness or autoimmune disorders was reported.

Clinical findings

General examination revealed multiple smooth, well-defined, non-scarring patches of hair loss over the scalp.

Large patch involving the crown region extending towards the mid-scalp and occipital area.

2 Smaller patches present in the frontal region.

No erythema, scaling, crusting, tenderness, or scarring.

Hair pull test was negative around unaffected areas.

Laboratory Investigations

Hb: 13.3Gm%

IgE: 471 IU/ml

Vitamin D3: 6.4 ng/ml

Differential Diagnosis:

Differential diagnoses included Tinea Capitis and Telogen Effluvium. These were excluded based on the absence of scaling, inflammation, broken hairs and diffuse hair shedding.

Diagnosis:

Based on the clinical presentation of multiple smooth, circular, non-scarring patches of hair loss, the condition was diagnosed as *Indralupta* according to Ayurvedic principles and Alopecia Areata according to contemporary dermatological diagnosis.

Therapeutic intervention:

1.Internal Medications:

ORajanyadi Churna: 1 tsp twice daily with ghee and honey before food

OKrimighna Vati: 1 tablet twice daily after food

OManibhadra Gulam: 1 tsp at night

OPatoladi Ghrita: ½ tsp at night before bedtime

Zun D Smart tab: 1 tablet at morning

External Application:

Daily application of *Indralupta mashi* mixed with *Eladi keram* over affected areas with gentle rubbing.

Local Procedures (*Bahya Chikitsa*):

Pracchana karma was performed using a sterile 1ml insulin syringe on affected areas (excluding the first visit) followed by application of *Datura swarasa* and subsequently *Indralupta Mashi* mixed with *Eladi Keram*.

Treatment Progression:

Visits 2–4: Treatment administered over a single patch.

Visits 5–6: Extended to three patches.

Visits 7–8: Extended to all affected patches.

From Visit 9 onwards: *Pracchana karma* discontinued; internal medications and local applications continued.

Timeline

January 2024 – Onset of hair loss over the crown region.

18 March 2024 – Initial consultation and commencement of treatment. Internal medications given.

25 March 2024 – No new lesions observed; disease stabilized. *Pracchana karma* initiated over a single patch.

29 March 2024 – Follicular openings observed. *Pracchana karma* continued.

1 April 2024 – Initial hair sprouting noted. *Pracchana karma* continued.

5 April 2024 – New hair growth observed in central patch areas. *Pracchana karma* extended to three patches.

11 April 2024 – Uniform hair sprouting across lesions. *Pracchana karma* continued over three patches.

15 April 2024 – Increased hair density. *Pracchana karma* extended to all affected patches.

19 April 2024 – Increased hair length without recurrence. *Pracchana karma* continued over all affected patches.

26 April 2024 – Near-complete regrowth. *Pracchana karma* discontinued; internal medications and local applications continued.

10 May 2024 – Complete hair regrowth achieved.

10 June 2024 – Maintenance of hair growth without recurrence.

8 July 2024 – Sustained complete regrowth with mature hair growth and no recurrence.

Follow-up and Outcomes

The patient attended all scheduled follow-up visits and demonstrated good adherence to the prescribed treatment regimen. Clinical assessment during each visit included evaluation of patch size, appearance of follicular openings, emergence of new hair, and hair density.

Visible hair regrowth was first observed during the fifth follow-up visit. Progressive improvement continued throughout the treatment period. By July 2024, complete regrowth of hair was achieved across all previously affected areas. No adverse reactions, intolerance, or unexpected events were reported.

Discussion

Indralupta is a multifactorial condition with involvement of tridoshas, as mentioned in classical Ayurvedic texts. Raktamokshana followed by *teekshna lepana* is the treatment protocol mentioned in *Ashtanga Hridaya*^[5].

The treatment protocol adopted in this case aimed at *agnideepana*, *anulomana*, *srotoshodhana*, *krimihara* action, and local stimulation of hair follicles.

Rajanyadi Churna was selected for its *deepana*, *pachana*, and *vata-anulomana* properties. *Krimighna Vati* was administered considering the role of *krimi* in the pathogenesis of skin and hair disorders. *Manibhadra gulam* facilitated mild *virechana* and helped remove *srotorodha*. *Patoladi ghrita* contributed through its *tridosha-shamana*, *vishahara*, and *dhatuvardhana* actions.

Pracchana karma promotes localized blood circulation and helps clear obstruction at the hair follicle level by removing the *upalepatwa*. This is followed by the application of *Datura swarasa* which is *twak dosha hara* and acts as a stimulant to hair roots as described in classical texts. *Indralupta Mashi*, containing *Devadaru* as key ingredient, which is known for its antimicrobial and hair-strengthening properties. It also enhances blood circulation to the scalp, ensuring better oxygenation and nourishment to hair follicles. *Eladi Keram* acts as a topical *Keshya* formulation with *Vata-Kapha shamana* properties and helps in cleansing and rejuvenating the scalp, creating a favorable environment for hair regrowth.

The consistent follow-up and patient compliance also played a key role in the therapeutic outcome. However, the findings are limited by the single-patient design and larger observational and controlled studies are necessary to validate these outcomes.

Table 1: Clinical Progression of Indralupta Treatment

Visit Date	Clinical Observation
18 March	Multiple bald patches (initial presentation)
25 March	No new patches, stabilization
29 March	Mild follicular openings observed
1 April	Initial hair sprouts on one patch
5 April	New hair growth in central areas of patches
11 April	Uniform sprouting of new hair across patches
15 April	Increase in hair density
19 April	Hair length increased, no recurrence noted
26 April	Nearly complete regrowth
10 May	Full hair growth observed
10 June	Maintenance without recurrence
8 July	Confirmed complete cure with mature hair growth

Images

Before treatment





Treatment done

PRACHANNA



DATURA SWARASA LEPANA



INDRALUPTA MASHI APPLICATION



After treatment



Conclusion

This case report demonstrates the successful management of paediatric *Indralupta* through a comprehensive Ayurvedic treatment approach incorporating internal medications, *Pracchana karma*, and topical applications. Progressive and complete hair regrowth was achieved without adverse effects. The findings suggest that Ayurveda may offer a safe and effective therapeutic option for paediatric Alopecia Areata and needs further clinical investigation.

Acknowledgment

I extend my heartfelt appreciation to my teachers and colleagues for their essential advice and generous support.

Patient Perspective

The patient and her parents reported satisfaction with the treatment outcome. They observed gradual regrowth of hair throughout the treatment period and expressed confidence in the therapeutic approach. No discomfort or significant adverse effects were experienced during treatment.

Patient Consent Declaration

The authors certify that written informed consent was obtained from the parent of the patient for publication of this case report and accompanying clinical photographs. The parent was informed that all personal identifiers, including the patient's name and initials, would be omitted from the publication. Every effort has been made to maintain confidentiality and protect the patient's privacy; however, complete anonymity cannot be guaranteed.

References

1. Srikantha Murthy, Ashtanga Hridayam, Uthara sthana 23/24-25, Varanasi: Chowkhamba Krishnadas Academy; 8th ed, 2015. p.222.
2. Ebru Akbaba, Esra Aydemir, Furkan Ayaz. Alopecia areata: A comprehensive review of clinical, immunologic, and genetic perspectives. Discov. Immun. 2, 8 2025. <https://doi.org/10.1007/s44368-025-00013-8>.
3. Sibbald C. Alopecia Areata: An Updated Review for 2023. J Cutan Med Surg. 2023 May-Jun;27(3):241-259. doi: 10.1177/12034754231168839. PMID: 37340563; PMCID: PMC10291119.
4. Barton VR, Toussi A, Awasthi S, Kiuru M. Treatment of pediatric alopecia areata: A systematic review. J Am Acad Dermatol. 2022 Jun;86(6):1318-1334. doi: 10.1016/j.jaad.2021.04.077. Epub 2021 Apr 30. PMID: 33940103; PMCID: PMC8556406.
5. Srikantha Murthy, Ashtanga Hridayam, Uthara sthana 13/28-31, Varanasi: Chowkhamba Krishnadas Academy; 8th ed, 2015. p. 229.

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