Malatyadya Kera Taila in the Management of Indralupta: A Case Report

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Abstract

Hair loss as patches on particular area is called as Indralupta. Some extent it can be correlated with the Alopecia. Depending on distribution, it is classified as Alopecia universalis, Alopecia totalis, Diffuse alopecia and Alopecia areata. The medicines for Alopecia areata are Topical corticosteroids, Intraleisional corticosteroids, Topical immunotherapy. But these medicines have certain adverse effects like pruritis, skin rash etc. According to Acharya Vagbhata, Indralupta is one of the types of Kapalaroga, one among Kshudraroga by Acharya Susrutha. The Drugs having Katu, Tiktapradhana Rasa, Laghu, Rooksha, Teekshnaguna, and Kapha, Vatahara or Tridoshahara quality are useful in Indralupta. Malatyadyakerataila is mainly indicated in Kapha&Vatavikara, it is specially indicated for Indralupta. It consists of Leaves of malati, root bark of karaveera, dried root of chitraka, seeds of karanja and kerataila. Hence we selected this drug for present study. Satisfactory results were observed in the month of third, without any adverse effect.

Keywords: Indralupta, Alopecia, Malatyadyakeerataila.

Introduction

Hair loss as patches on particular area is called as indralupta told in Ayurveda. It can be correlated with the Alopecia. According to Acharya Vagbhata, Indralupta is one of the types of Kapala roga [1], one among Kshudraroga by Acharya Susrutha [2]. Scalp is very common place of hair loss & suppression of new hair growth. Other places include chin, hands, legs etc. It was first described by Cornelius Celsus, and the term Alopecia areata (AA) was coined by Sauvages in 1760 [3].

The etiology of Alopecia is idiopathic. Alopecia has many significant deleterious effects like social anxiety, increased self-consciousness, low self-esteem, embarrassment and depression impairing psychological wellbeing thus affecting mental and social status of person [4]. The risk of allopathic treatment outweighs their benefits. The pathophysiology of AA has not been clearly defined; however, it appears as a tissue restricted autoimmune disease mediated by T lymphocytes [5]. Treatments available is local application of steroid in modern medicine. Conventional methods used in alopecia are symptomatic and have some limitations.

Due to its cosmetic expression it needs a better management. Ayurveda suggests many preventive and curative treatment measures like rak tamokshana, mrdhniatail, shirolepa, pathyasevana, rasayana. In present study we selected malatyadhyakerataila for external application. It is a simple, economical and effective.

Case History

A 32 year male patient came in OPD of Shalakyatantra (with an O.P No. 4876578) complaining with gradual onset of hair fall spot on scalp for more than 3 months. He noticed thinning of hair and hair loss.

Systemic Examination

- Pulse rate: 86/min
- B.P. 140/80 mm of Hg
- Height- 146 cm Weigh 75- kg.
- RS – lungs clear, CVS – S1 S2 normal, CNS – well conscious oriented
Ashtavidhpariksha

- Nadi–Vatakapha
- Mala–prakrutha
- Mutra–casathpeeta
- Jihva–nimana
- Shabda–spashta
- Sparsha–sukushana
- Druk–prakrutha
- Akriti–madhyam

Local Examination
Scalp and Hair examination:
Site: on scalp
Type: patchy hair loss
Appearance: skin area shiny
Hairs: Scanty, thin, small hair observed with magnifying lens

Investigations
Routine haematological and urine investigations were carried out to rule out systemic pathology.

Aims and Objectives
To study the efficacy of the ‘malatyadyakeerataila’ on Alopecia through clinical study.

Materials and Methods
Ingredients of Malatyadyakeerataila
Malatyaditaila consists of Leaves of malati, root bark of karaveera, dried root of chitraka, seeds of karanja and kera taila [6].

Table 1: Scientific Names of the Ingredients

<table>
<thead>
<tr>
<th>S.No</th>
<th>Ingredient</th>
<th>Scientific name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malati</td>
<td>Jasminum grandiflorum Linn.</td>
</tr>
<tr>
<td>2</td>
<td>Karavira</td>
<td>Nerium oleander Linn.</td>
</tr>
<tr>
<td>3</td>
<td>Citraka</td>
<td>Pongamia pinnata Linn.</td>
</tr>
<tr>
<td>4</td>
<td>Karanja</td>
<td>Plumbago zeylanica Linn.</td>
</tr>
<tr>
<td>5</td>
<td>Kerataila</td>
<td>Cocos nucifera Linn.</td>
</tr>
</tbody>
</table>

Table 2: English and Vernacular Names of the Ingredients [7]

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>English</th>
<th>Sanskrit</th>
<th>Hindi</th>
<th>Bengali</th>
<th>Malayalam</th>
<th>Tamil</th>
<th>Kannada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malati</td>
<td>Spanish jasmine</td>
<td>Jati/ mlati</td>
<td>Jati</td>
<td>Jati</td>
<td>Pichakam, Pichi</td>
<td>Pichi</td>
<td>Kotimalligae Malligae</td>
</tr>
<tr>
<td>Karavira</td>
<td>Indian oleander</td>
<td>Karavira</td>
<td>Karavira</td>
<td>Karabi</td>
<td>Arali</td>
<td>Sivappuarali</td>
<td>Kanagilu</td>
</tr>
<tr>
<td>Citraka</td>
<td>Indian beech</td>
<td>Karanja</td>
<td>Karanja</td>
<td>Karanja</td>
<td>Ungu/ Pongu</td>
<td>Puggam</td>
<td>Hongae</td>
</tr>
<tr>
<td>Karanja</td>
<td>White flowered leadwort</td>
<td>Chitraka</td>
<td>Chitarak</td>
<td>Chitarak</td>
<td>Vellakkoduveli</td>
<td>Sittaragam</td>
<td>Vahini</td>
</tr>
<tr>
<td>Kerataila</td>
<td>Coconut tree</td>
<td>Narikola</td>
<td>Nariyal</td>
<td>Narikel</td>
<td>Thengu</td>
<td>Tenkai</td>
<td>Tengu</td>
</tr>
</tbody>
</table>

Table 3: Database on Ingredients [7]

<table>
<thead>
<tr>
<th>Scientific Name</th>
<th>Family</th>
<th>Distribution</th>
<th>Habit</th>
<th>Propagation</th>
<th>Part used</th>
<th>Activity/property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jasminum grandiflorum Linn.</td>
<td>Oleaceae</td>
<td>India</td>
<td>Twining Ever green shrub</td>
<td>Stem cutting</td>
<td>Leaves Flower</td>
<td>Anthelmintic, Diuretic Emmenagogue</td>
</tr>
<tr>
<td>Nerium oleander Linn.</td>
<td>Apocynaceae</td>
<td>India</td>
<td>Shrub</td>
<td>Seed</td>
<td>Seed Root, Leaves Bark</td>
<td>Cardio tonic, CNS active, Spasmolytic</td>
</tr>
<tr>
<td>Plumbago zeylanica Linn.</td>
<td>Plumbaginaceae</td>
<td>India</td>
<td>Herb</td>
<td>Vegetative</td>
<td>Leaves Root</td>
<td>Uterine, Stimulant, Abortifacient</td>
</tr>
<tr>
<td>Pongamia pinnata Linn.</td>
<td>Papilionaceae</td>
<td>India</td>
<td>Tree</td>
<td>Seed, veg by root</td>
<td>Leaves Seed, Root</td>
<td>Antibacterial, Antifungal, Insecticidal</td>
</tr>
<tr>
<td>Cocos nucifera Linn.</td>
<td>Arecaceae</td>
<td>S. India, Srilanka, Archipelago</td>
<td>Tree</td>
<td>Seed</td>
<td>Flower Root Fruit Oil Ash</td>
<td>Purgative, Refrigerant, Antacid</td>
</tr>
</tbody>
</table>
Table 4: Properties of the Ingredients

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Rasa</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malati</td>
<td>TiktaKashaya</td>
<td>Laghu SnigdhaMrdu</td>
<td>Ushna</td>
<td>Katu</td>
<td>Tridoshahara Vranaropana Vranasodhana</td>
</tr>
<tr>
<td>Karavira</td>
<td>KatuTikta</td>
<td>Laghu Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>KaphavataraKustanga Vranahara Cakushuya Kandughna</td>
</tr>
<tr>
<td>Citraka</td>
<td>Katu</td>
<td>Laghu Ruksha Tikshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavata hara Dipana Pacanagrahi</td>
</tr>
<tr>
<td>Karanja</td>
<td>Tikta Katu Kashaya</td>
<td>Laghu Ruksha Tikshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kaphavata hara Kandughna Vranaropana</td>
</tr>
</tbody>
</table>

Leaves of malati, Root bark of karaveera were collected from the Ayurveda College Herbal Garden, dried root of chitraka, Seeds of karanja and coconut oil were purchased from the local herbal market. Malatyadyakerataila was prepared following standard procedure of snehakalpana described in classical texts. Root of chitraka and root bark of karavera was purified individually as per classical method. Equal quantity (10 gms) of leaves of malati, root bark of karaveera, root of chitraka, seeds of karanja were triturated and prepared as kalka separately. Then 160 ml of coconut oil and 160 ml of water were added to above Kalka and cooked on mild flame till it remains the quantity of taila. On cooling it filtered well and stored in glass bottle.

Method of Application

Informed Consent of patient was taken prior to their enrolment. The procedure of application of Malatyadyakerataila was explained to the patient. It was advised to apply twice a day i.e. in the morning and evening. Then after one hour, it was removed by washing with water. No internal medicine was given during the period of treatment. Total duration of treatment was 3 Months. Follow up was taken every 15 days once. The effect of the therapy was assessed based on the clinical features.

Observation and Results

After two follow ups, we observed hair becoming thick on effected area. After two months we observed new follicles were developed, and hairs becoming thick. Satisfactory results were observed in the month of third. There was no any side effect observed during the treatment.

Discussion

A human have around more than 2 million hair follicles which have both positive as well as negative effect on skin health [8]. The changes in hair follicle density, size and/or changes to the hair growth cycle are the fundamentally causes of hair disorders. Alopecia is a loss of hair from the head or body [9]. It has been estimated that approximately 0.2%-2% of the population has been affected from alopecia [10]. Immune system attacks on hair follicles causes for hair fall and it regrows on its own without any treatment. Irregular diet habits, malnutrition, pollution, usage of chemical shampoos, frequent changing of the shampoo and hair oils, allergic manifestations, hormonal imbalance, lack of cleanliness are causes of this disease.

Types of Alopecia

Scarring type (associated with inflammation and hair loss including follicles and creates smooth scalp), none scarring type (hair follicles are preserved, but hair shafts goes away). Depending on distribution, it is classified as Alopecia universalis (the loss of all of the hairs on the entire body), Alopecia totalis (occasionally all of the scalp hair is lost), Diffuse alopecia (one or more well-defined spots of hair loss on the scalp and even on chin), Alopecia areata (occasionally associated with other autoimmune conditions such as allergic disorders, thyroid disease, lupes, vitilligo, rheumatoid arthritis, and ulcerative colitis, genes, other causative factors) [11]. Currently, the medicines for Alopecia areata are Topical corticosteroids (eg. Fluclinoloneacetonide cream), Intraleursal corticosteroids (eg. Hydrocortisone acetate, Minoxidil) Topical immunotherapy (eg. DNCB/ Dinitrochlorobenzene). These medicines have certain adverse effects like pruritis, skin rash, pain, atrophy etc [12]. Stimulation of hair follicle and scalp metabolism occurred by improving blood circulation, activation of dermal papilla, anti testosterone action and increased nutrition to the hair follicle through accelerated blood flow but the mechanism are still not clear [13-14].

Pathophysiology of the indralupta occurs due to vitiated Pitta associated with Vata gets lodged in romakupa and causes hair fall, later on kaphadosha associated with rakta causes
obstruction to the hair roots and restricts the re-growth [2]. All ingredients are having laghuguna, ushnnavirya, katuvipaka, and Malati having Tridoshahara, vranaropana, vranashodhana, Karanjahaving kaphavatahara, kustagna, kandugna, Karavirahaving kaphavatahara, kandugna, cakshushya and Citraka having kaphavatahara, dipana, pacana property.

Conclusion
All ingredients of Malatyadyakerataila are having laghuguna, ushnnavirya, ushnnavirya, katuvipaka and kaphavata hara property. The present study confirmed effectiveness of malatyadyakerataila application in Indralupta is said to be proven, because of, significant hair growth on the patch of Indralupta, with minimal side effects.

References
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