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Role of *Pracchanna Karma* Followed by *Ichhabhedhi Lepa* in the Management of *Indralupta*: A Case Report

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ABSTRACT

Background: *Indralupta*, described in Ayurveda, is characterised by localised hair loss and is commonly correlated with alopecia areata (AA), a non-scarring form of hair loss. This case report describes the clinical outcome following *Pracchanna Karma* and topical application of *Ichhabhedhi Rasa* in a patient with chronic patchy scalp hair loss.

Case Presentation: A 22-year-old male presented with a two-year history of patchy hair loss involving four scalp patches, large patch measuring approximately 4 × 2 cm. The patient reported previous treatment with corticosteroid-based conventional medication, followed by recurrence of hair loss.

Intervention and Outcome: The patient underwent four sittings of *Pracchanna Karma* at intervals of 15 days, followed by topical application of powdered *Ichhabhedhi Rasa* mixed with *Nimbu Swarasa* (lemon juice). No internal medication was administered. Complete hair regrowth was reported during a follow-up period of two months.

Conclusion: This case documents complete hair regrowth following *Pracchanna Karma* and topical *Ichhabhedhi Rasa* application in a patient diagnosed with *Indralupta*. As this is a single case, the contribution of individual interventions cannot be established. Further clinical evaluation is required to assess the efficacy and safety of this treatment approach.

Keywords: Alopecia areata, case report, *Ichhabhedhi Rasa*, *Indralupta Nimbu Swarasa*, *Pracchanna Karma*.

INTRODUCTION:

Alopecia areata (AA) is an organ-specific, non-scarring hair loss disorder affecting the scalp, beard, and other hair-bearing areas. It affects approximately 2% of individuals during their lifetime worldwide, with a reported prevalence of 0.7% in India.[1,2] Alopecia areata affects both sexes and may develop at any age, although some studies indicate a higher prevalence in males. Onset is most common between the second and fourth decades, with up to 85% of Asian patients developing the condition before age 40.[3] Various theories have been suggested to explain alopecia areata, including infectious, metabolic, vascular, and neurological factors. However, its exact aetiology remains uncertain, with genetic susceptibility, T-cell-mediated autoimmunity, and environmental triggers considered important contributors.[4] According to Acharya Sushruta, aggravated Pitta associated with *Vata* enters the *Romakupa* (hair follicles), resulting in *Keshashatana* (hair loss). Subsequently, *Kapha* and *Rakta* obstruct the follicles, hindering hair regrowth and leading to *Indralupta* (patchy hair loss). In contrast, generalised *Pitta* vitiation may impair *Agni* and *Dhatvagni*, contributing to *Ama* formation and *Dosha-Dushya Sammurchana* in various *Srotas*, ultimately resulting in *Ruhya* (alopecia). [5]

Conventional management of alopecia areata (AA) includes topical, intralesional, and systemic corticosteroids, which may be associated with adverse effects such as skin atrophy and pigmentation changes.[6] In Ayurveda, Acharya Vagbhata has described *Indralupta* under *Kshudra Roga* and mentioned *Pracchanna Karma* followed by the application of suitable topical formulations as a therapeutic approach.[7] The present case report describes a 22-year-old male with a two-year history of recurrent patchy scalp hair loss involving four patches, each measuring 3 × 2 cm, following previous corticosteroid-based treatment. The patient underwent four sittings of *Pracchanna Karma* at 15-day intervals, followed by external application of powdered *Ichhabhedhi Rasa* mixed with *Nimbu Swarasa*. No internal medication was administered. Complete hair regrowth was reported during the two-month follow-up.

PATIENT INFORMATION:

A 22-year-old male presented with a history of patchy hair loss over the scalp for approximately two years. Four patches were reported, large patch measuring approximately 4 × 2 cm. The patches were described as smooth, and the clinical notes recorded that no follicles were present. The patient had

previously received conventional treatment involving steroid medication. However, recurrence of hair loss was reported following treatment. There was no reported history of systemic disease. No any family history of alopecia; no associated symptoms reported.

TIMELINE:

For your case report on *Indralupta*, the timeline should document each sitting of *Pracchanna Karma* followed by external application of *Ichhabhedi Rasa Churna* mixed with *Nimbu Swarasa*, at 15-day intervals. The dates below are calculated from the first sitting on 15 June 2025.

Date	Timeline of clinical events
15 June 2025	1st sitting: <i>Pracchanna Karma</i> was performed over the affected scalp patches, followed by external application of <i>Ichhabhedi Rasa Churna</i> mixed with <i>Nimbu Swarasa</i> .
30 June 2025	2nd sitting: The procedure was repeated, followed by application of <i>Ichhabhedi Rasa Lepa</i> .
15 July 2025	3rd sitting: <i>Pracchanna Karma</i> was performed, followed by external application of <i>Ichhabhedi Rasa Lepa</i> .
30 July 2025	4th sitting: The final sitting of <i>Pracchanna Karma</i> was performed, followed by external application of <i>Ichhabhedi Rasa Lepa</i> .
30 September 2025	Follow-up: Assessment of hair regrowth and clinical outcome.
25 May 2026	2 nd Follow up (after 8 months): No reoccurrence was noted.

CLINICAL FINDINGS:

The patient presented with four patches of hair loss over the scalp, large patch measuring approximately 4 × 2 cm. The hair-pull test was positive surrounding the patch. Trichoscopy examination revealed Open Pores, broken hairs and an apparent absence of hair follicles. These findings were documented during the clinical assessment of the patient presenting with patchy hair loss. The patient had a two-year history of hair loss, with recurrence following previous corticosteroid-based treatment. No history of systemic disease was reported.

On *Ashtavidha Pariksha* (eight-fold examination), the patient's *Nadi* (pulse) was 76/min. *Mutra* (urine) was *Prakruta* 5-6 times per day, and *Mala* (stool) was *Prakrita* 1-2 times with unsatisfied bowel. *Jihwa* (tongue) was *Alipta*, *Shabda* (voice) was *Spashta*, *Sparsha* (touch) was *Samasheetoshna*, *Drik* (eyes) was *Prakrita*, and *Aakriti* was *Madhyama*.

On *Dashavidha Pariksha* (ten-fold examination), the patient's *Prakriti* (constitution) was *Vata-Pittaja*, and *Vikriti* (morbidity) was *Madhyama*. *Sara* (tissue excellence), *Samhanana* (body compactness), *Satmya* (suitability), and *Satva* (mental strength) were *Madhyama*. *Pramana* (body measurements) was *Pravara*. The patient's *Vaya* (age category) was 22 (Yuva), *Ahara Shakti* (food intake and digestive capacity) was *Pravara*, and *Vyayama Shakti* (exercise capacity) was *Pravara*.

DIAGNOSTIC ASSESSMENT:

The condition was assessed as *Indralupta* based on the classical presentations and Symptoms of Alopecia Areata and Physical Examination.

NIDANA

The patient has excessive *Amla* and *Lavana Rasa Sevana*, dairy products, sweet food items. Patient have habit to take meal irregularly, use to sleep in daytime and have disturbed sleep also.

SAMPRAPTI

Pitta associated with *Vata* gets lodged in *Romakupas* and causes hair fall followed by *Kapha Dosha* associated with *Rakta* which causes obstruction to the hairs roots and limits regrowth.[9]

TREATMENT PROTOCOL

Purva Karma

The affected scalp area was cleansed with warm water and wiped using sterile gauze. The procedure was explained to the patient in a language familiar to him, and informed consent was obtained before commencing the treatment.

Pradhana Karma [8]

Multiple small, closely spaced pricks (1-2 mm depth) were made over the affected scalp patches using a 26 no. Dispo needle. Care was taken to maintain an appropriate depth, avoiding both excessively deep and superficial incisions, to facilitate adequate blood oozing. Once bleeding commenced, *Ichhabhedi Rasa Churna* mixed with *Nimbu Swarasa* was applied externally over the affected area as per the treatment protocol.

Paschat Karma

After the procedure, the treated area was cleaned, and a sterile dressing was applied and secured with adhesive plaster.

The patient was advised to avoid head bathing until hair regrowth was observed [10]. He was also instructed to avoid applying hair oil immediately after washing the hair or on the day of the procedure and to refrain from combing the hair. Dietary and lifestyle advice included avoiding spicy and oily foods, cold water, and daytime sleeping.

FOLLOW-UP AND OUTCOME:

The patient was assessed during scheduled follow-up visits to document the clinical progress and response to treatment. Initially, no appreciable improvement was noted during the first week. At the subsequent review, a slight reduction in hair fall was reported, accompanied by mild scalp redness and localised irritation following topical application. By the fifth week, early hair regrowth, characterised by fine, brownish hairs, was observed over the previously affected area. Further follow-ups demonstrated a gradual increase in hair length and density [Figures 1–3]. At the end of two months, the alopecic patch showed near-complete coverage with terminal hairs, along with substantial improvement in disease severity and quality of life.



Fig.1 Before Treatment

Fig.2 During Treatment

Fig.3 After Treatment

DISCUSSION:

According to Ayurveda, *Indralupta* affects the hair-bearing region of the scalp and is attributed to *Tridosha prakopa* (aggravation of the three Doshas) along with the vitiation of *Rakta Dhatu* (blood tissue). The vitiated *Pitta* and *Vata Doshas* localize in the scalp. The *Ushna* (hot) and *Tikshna* (sharp) properties of *Pitta* are considered responsible for affecting the hair roots, while the *Ruksha* (dry) and *Sukshma* (subtle) properties of *Vata* contribute to *Kesha Patana* (hair loss). Subsequently, the vitiated *Kapha* and *Rakta* are described as obstructing the vacant hair follicular openings, thereby impeding hair regrowth.[11]

The present case was managed according to Ayurvedic principles described for *Indralupta*, involving *Raktamokshana* followed by topical *Lepa* application. Classical Ayurvedic literature describes *Raktamokshana*, performed through *Siravedha* or *Pracchana*, as a therapeutic approach for *Indralupta*. *Pracchana Karma* is traditionally considered to help remove vitiated *Rakta* and alleviate obstruction of the *Romakupa* (hair follicular openings).[12] Following the procedure, topical application of *Ichhabhedi Rasa Churna* mixed with *Nimbu Swarasa* was carried out in the present case. The proposed rationale for this sequential approach is to facilitate local drug contact with the affected scalp; however, enhanced follicular absorption or reopening of follicular openings was not established in this case and requires further scientific evaluation.

Ichhabhedi Rasa comprises *Shuddha Jayapala*, *Shunti*, *Maricha*, *Shuddha Parada*, *Shuddha Gandhaka*, *Tankana Bhasma* is described as possessing *Tikshna* and *Ushna* properties. The irritant potential of *Jayapala* may cause local skin reactions. In the present case, *Ichhabhedi Rasa Churna* mixed with *Nimbu Swarasa* was applied topically following *Pracchana Karma*, and complete hair regrowth was reported during the two-month follow-up. The observed outcome may be discussed in the context of the classical Ayurvedic approach to *Indralupta*, which includes local therapeutic procedures intended

to address *Dosha* vitiation and promote scalp health.[13] Traditional management may also involve *Sthanika Abhyanga* and *Swedana*, depending on the clinical context. Nevertheless, increased local blood circulation, stimulation of hair papillae, and changes in sebaceous gland function remain hypothetical mechanisms in this case and require further investigation.[14] Although classical Ayurvedic texts describe several treatment approaches for *Indralupta*, the efficacy and safety of this particular intervention require systematic clinical evaluation.

CONCLUSION:

The observed hair regrowth following *Pracchanna Karma* and topical application of *Ichhabhedhi Rasa Lepa* suggests a positive clinical outcome in the present case of *Indralupta*. The treatment approach was based on classical Ayurvedic principles intended to address the underlying pathogenesis of the condition. The local application of *Ichhabhedhi Rasa* mixed with *Nimbu Swarasa*, following *Pracchanna Karma*, was followed by complete hair regrowth during the two-month follow-up and no reoccurrence noted after 8 months of follow-up. However, its proposed effects on local circulation, follicular function, and hair growth require further scientific investigation and cannot be confirmed from a single case report.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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