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Alopecia Areata Associated with Chronic Toxic Exposure (*Garavisha*): A Case Report on *Ayurvedic* Detoxification and Hair Regrowth

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Abstract

Introduction: *Alopecia Areata*, known as *Indralupta* in Ayurveda, is characterized by sudden patchy hair loss. *Ayurveda* attributes such conditions to various aetiologies, including *Garvish Hetu* (toxic dietary factors), which can vitiate *Doshas* and obstruct *Srotas*, leading to dysfunction of the hair follicles.

Case Presentation: A 35-year-old male presented with a scalp patch of hair loss that had been present for over one year. The patient reported a chronic history of *Viruddhahara* (incompatible dietary habits) such as consuming milk with banana and hot water with honey, identified in Ayurveda as contributing to *Garvish Hetu*. *Dashavidha Pariksha* (tenfold examination) revealed features suggestive of *Kapha-Pitta Dushti* and *Ama* accumulation.

Intervention and Outcomes: The patient was managed with an integrative Ayurvedic protocol consisting of oral *Haridra Churna* and *Triphala Churna* for *Garvisha Nirharana* (detoxification) and *Agnideepana*, along with topical application of *Japapushpa Gomutra Lepa* as per *Basavarajeeyam*. Over two months, significant hair regrowth was observed, with a reduction in local inflammation and restoration of scalp health. The patient also reported an improvement in self-confidence and quality of life.

Discussion: This case underscores the importance of identifying *Garvish Hetu* and applying principles of *Agadatantra* (clinical toxicology) in Ayurvedic dermatology. The tailored approach based on *Dashavidha Pariksha* facilitated individualized care, emphasizing detoxification and *Dosha* pacification to address the underlying pathogenesis.

Conclusion: Ayurvedic management incorporating *Garvisha Nirharana* and *Twak-Dosha Shamana* demonstrated promising results in this case of *Indralupta*. This highlights the role of classical diagnostic and therapeutic principles in addressing dermatological disorders of toxic origin.

Keywords: Alopecia Areata, Case Report, *Curcuma longa* (*Haridra*), Detoxification, *Hibiscus Rosa-sinensis* (*Japapushpa*), Medicine, Physiological, Toxicity Chronic (*Garavisha hetu*), Traditional.

Introduction

Indralupta, mentioned in classical *Ayurvedic* texts, is a form of localized *Khalitya* (hair loss) where hair falls from the scalp in patches. It is primarily associated with *Kapha* and *Pitta dosha* vitiation, obstructing the hair follicle channels (*Romakupa*) and resulting in Srotorodha and hair loss [1]. In modern clinical terms, this condition correlates closely with Alopecia Areata, an autoimmune condition affecting the hair follicles.

Studies on alopecia areata are critically important because this autoimmune condition not only causes physical hair loss but also significantly impacts the psychological well-being and quality of life of those affected. Understanding its prevalence, underlying mechanisms, and risk factors can help in early diagnosis and improve treatment strategies. Furthermore, research advances can lead to the development of more effective therapies, potentially reducing the disease's unpredictable course and recurrence. As alopecia areata affects people of all ages, genders, and ethnicities worldwide, comprehensive studies contribute to a better global understanding and support for patients coping with this often distressing condition.

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The treatment of Alopecia Areata in modern medicine includes use of Corticosteroids and minoxidil which has side effects in longer run [2]. So, there is a need to establish safer treatment options and incorporating Ayurveda treatment

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principles.

Ayurveda provides a unique and broader view of disease aetiology through *Nidana Panchaka*, including the recognition of *Garvisha* class of internalized toxins resulting from incompatible food combinations (*Viruddhahara*). Chronic intake of milk with banana and hot water with honey is are well-known *Viruddhahara* [3] combination, leading to *Ama* formation, *doshic* imbalance, and dermal toxicity over time.

This case study focuses on a patient who developed *Indralupta* as a delayed manifestation of long-standing dietary incompatibilities, where the disease was successfully reversed using *Ayurvedic* detoxification and local therapeutic protocols. The case integrates *Dashavidha Pariksha* for patient profiling and applies *Agadatantra* principles to manage the systemic toxic background causing localized hair loss. The patient underwent a carefully designed integrative *Ayurvedic* treatment plan, which included internal administration of *Haridra Churna* and *Triphala Churna*, along with the external application of *Japapushpa Gomutra Lepa***,** as described in the classical *Ayurvedic* text *Basavarajeeyam*. [4] This holistic approach focused on clearing internal toxins (*Garvisha Nirharana***)**, calming aggravated skin *doshas* (*Twak-Dosha Shamana*), and rejuvenating scalp health.

Patient Information

Age/Gender: 35-year-old Male

Occupation: Farmer

Chief Complaints: Progressive patchy hair loss over the *parietal region* of the scalp for the past 1 year. Development of a complete bald spot over the affected area over the last 15 days. Chronic constipation has persisted for 3–5 years.

Associated Symptoms: Mild itching and dryness of the scalp. Emotional distress and psychosocial impact due to cosmetic concerns

Medical, Family, and Psychosocial History

Medical History: No diagnosed autoimmune or endocrine disorders. No long-term medication history reported

Family History: No known family history of alopecia, autoimmune conditions, or thyroid/endocrine dysfunction.

Psychosocial Factors: Reports emotional stress, reduced self-confidence, and anxiety associated with physical appearance due to alopecia

Past Intervention: Not any

Clinical Findings

Local Examination

Site: Parietal region of scalp.

Number of Patches: Single patch noted.

Shape & Margin: Approximately oval with well-defined margins.

Size Length: 3.5 cm, Breadth: 2.5 cm

Vitals BP: 130/80 mmHg, Pulse-75/min,

Timeline

Table 1: Clinical Timeline and Symptom Progression in Alopecia Areata

Date	Event / Clinical Development
January 2024	Onset of patchy hair loss over the parietal region begins (progressive)
January 2024 –February 2025	Continued hair loss progression
March 2025	Development of a complete bald spot in one region (parietal), with mild itching and dryness
Past 3–5 years	Persistent constipation; self-managed with hot water + honey
Past 5+ years	Chronic intake of milk + banana (daily); both combinations are considered *Viruddhahara*
July 2024	Emotional distress intensifies due to cosmetic appearance; social anxiety develops.
15th April 2025	First *Ayurvedic* consultation; detailed history taken; signs of *Garvisha Hetu* and *Ama Lakshana* present. Diagnosed as *Indralupta* (Alopecia Areata). *Ayurvedic* treatment planned with *Garvisha Nirharana* and *Lepa karma*.
30th April 2025	1st Follow-up - Diet and lifestyle modifications suggested
15th May 2025	2nd Follow-up - There was noticeable improvement in the density of fine hairs across the bald area.
15th June 2025	3rd follow-up – Well-nourished hair regrowth was noticed. Patient Reviw was taken.

Diagnostic Assessment

Patient was diagnosed with *Indralupta* (Alopecia Areata) based on the clinical presentation mentioned below.

Clinical Presentation

- **Site:** Parietal region of the scalp
- **Number of Patches:** Single patch
- **Shape & Margin:** Approximately oval in shape with well-defined margins
- **Size:** Length – 3.5 cm, Breadth – 2.5 cm
- **Surface:** Smooth, non-scaly, non-tender
- **Hair Pull Test:** Positive at the periphery of the patch (suggestive of active disease)
- **Exclamation Mark Hairs:** Present (short, broken hairs near margins)
- **Nail Examination:** No pitting or dystrophy noted

Table 2: *Dosha* and *Dushya* Analysis Based on *Ayurvedic* Assessment *Dashavidha Pariksha* (Tenfold Patient Examination)

Pariksha	**Observation**	**Interpretation**
Prakriti	*Pitta-Kapha* dominant	Explains inflammatory and sticky pathogenesis
Vikriti	*Kapha-Pitta dushti*	Scalp oiliness, blockage of *Romakupa*, and inflammation
Sara	*Rakta-Sara* moderate	Skin involvement, vulnerable to *Twak doshas*
Samhanana	*Madhyama*	Moderate muscle and tissue development
Pramana	Height*: 171 cm,* Weight*: 68 kg*	Within normal limits
Satmya	Mixed (habitual to both heavy and light foods)	Indicates adaptability
Satva	*Avara (*mild stress response*)*	Cosmetic stress due to hair loss
Aahara Shakti	*Alpa (*reduced appetite*)*	Linked to *Agnimandya* and *Ama*
Vyayam Shakti	*Alpa*	Sedentary lifestyle
Vaya	*Madhyama (*35 years*)*	Best time for curative therapies

Diagnosis*: Indralupta (*Alopecia Areata*)*
Samprapti (Pathogenesis): *Viruddhahara → Garvish → Ama + Kapha-Pitta Dushti → Srotorodha → Twak, Rakta, Mamsa involvement → Indralupta*
Dushya: *Twak, Rakta, Mamsa, Kesh*
Srotas: *Romakupa, Raktavaha*

Therapeutic Intervention

Table 3: Therapeutic Intervention

Date Range	**Intervention**	**Details**
15 Apr – 15 Jun 2025	*Chikitsa Sutra*	*Karya* (local) and *Karana* (systemic) Chikitsa as per *Ayurvedic* principles
15 Apr – 15 Jun 2025	Local Treatment *(Karya Swaroopa Chikitsa)*	*Lepa* of *Japapushpa* (Hibiscus rosa-sinensis) mixed with black cow urine *(Krishna Gomutra)*
		Applied daily on affected scalp patches for 30 minutes. Quantity sufficient.
15 Apr – 15 Jun 2025	Systemic Treatment *(Karana Swaroopa Chikitsa)*	
	A. *Trifala Churna*	3 g at bedtime with lukewarm water orally
	B. *Haridra Churna*	3 g twice a day with hot water after meals orally

Table 4: Do's and Dont's *(Pathya - Apathya)*

Time	**Meal / Activity**	***Pathya***	***Ayurvedic* Rationale**	***Apathya***
6:00–6:30 AM	*Ushapana* (water intake)	- Warm water	Stimulates *Agni*, melts *Kapha*, clears *Aama*	Cold water to drink, Hot water, and *Madhu (Honey),* as it is *Viruddhahar (*Incompatible food*)*
8:30 AM	Breakfast	- *Mudga yusha* (mung broth) - *Laja manda* (light gruel from old rice) - Cooked vegetables: *Patola*, *Shigru*, *Tikta-Katu rasa dravyas*	Light and digestible, *Kapha-pitta ahara*	Avoid Milk and bananas.
12:30–1:00 PM	Lunch	- *Yavagu* (rice gruel) with *Mudga Yusha* - Vegetables: *Kakamachi*, *Shigru*, cooked in ghee with cumin. *Tiktaraspradhan (Bitter taste) fruit vegetables – eg, Bottle gourd, pumpkin, Bitter gourd, Ridge gourd, Jawar(Sorghum) Roti or Wheat Phulka*	Reduces *Kapha*, supports digestion and metabolism	Taking food without hunger and bakery products, and heavy meals
5:30–6:00 PM	Evening Snack	- Roasted *Yava* (barley) - Soaked dry grapes or figs (optional).	*Vatanulomana*, light digestive support	Avoid tea and biscuits,
7:00–08 PM	Dinner	- *Manda* (thin rice water) or *Mudga soup* - Steamed vegetables with *Hingu* and *Jeeraka, Tiktaraspradhan (Bitter taste) fruit vegetables – eg, Bottle gourd, pumpkin, Bitter gourd, Ridge gourd Jawar(Sorghum) Roti or Wheat Phulka*	Light reduces *Kapha*, prevents night-time *Ama* formation	Avoid Heavy Diet, curd, Banana, Milk at night.

Follow Up and Outcome –

Table 5: Follow-up and outcomes

Time Point	Clinical Observation	Photographic Findings	Patient Feedback
Baseline (Day 0)	Single, well-defined bald patch on the parietal region measuring 3.5 × 2.5 cm. Surface smooth and shiny. Complete absence of terminal hairs.	Clearly demarcated alopecic patch with no hair growth.	Concerned about cosmetic appearance. Mild itching present.
Day 15	Mild reduction in itching. Emergence of villus hairs over the patch.	Early signs of follicular activity with presence of thin, soft villus hairs.	Noted relief from itching. Slight psychological relief.
Day 30	Increase in density of fine hairs. Patch appears less prominent.	Patch shows noticeable coverage with fine hairs, contrast reduced.	Feels less conscious about appearance. Improved confidence.
Day 60	Visible regrowth of terminal hairs. Margins of patch less defined. Patch size reduced.	Significant cosmetic improvement. Mixed regrowth of villus and terminal hairs.	Highly satisfied with progress. Encouraged by visible hair regrowth.

Fig 1: Trichoscopic Findings before Treatment

Fig 2: Trichoscopic Findings after Treatment

Discussion

This clinical case highlights the vital role of *Garvish Hetu* (toxic dietary incompatibility) in the *Samprapti* (pathogenesis) of *Indralupta* (Alopecia Areata). The chronic intake of *Viruddhahara* specifically *ksheera-kadali sevana* (milk with banana) and *ushnajala-madhusevana* (hot water with honey), is known in classical *Ayurveda* to provoke *Ama utpatti* (formation of metabolic toxins), impair *Agni* (digestive fire), and vitiate *Kapha* and *Pitta doshas*. These pathophysiological events lead to *Srotorodha* (obstruction of bodily channels), particularly in *Raktavaha* and *Romakupa srotas*, resulting in localized damage to the hair follicles and consequent hair loss.

The chronicity of *Garvisha ahara* further disturbs *Rasa dhatu parinama*, and by the principle of *Dhatu Kshaya*, ultimately affects *Rakta*, *Mamsa*, and *Twak*, leading to weakening and degeneration of *Keshabhaga* (hair-bearing structures). Such internalized toxic states are often overlooked in modern diagnostics, but are well-accounted for in *Agadatantra* (*Ayurvedic* toxicology), which deals not only with poisons but also with chronic subtle toxins (*Garvisha*) accumulated over time due to habitual *Viruddhahara* sevan.

In this case, a dual-modality treatment was employed, addressing both the systemic and local components of the disease:

Haridra churna (*Curcuma longa*) was administered for its proven *Vishaghna* (antitoxic), *Raktashodhaka* (blood-purifying), *Shothahara* (anti - inflammatory), and *Twakdoshahara* (skin - cleansing) properties. Though *Haridra* is not explicitly classified as *Keshya* (hair-promoting) in Ayurvedic texts, its *Ama-pachana* and *Tridosha-shamana* action corrects the internal milieu that enables *Indralupta* to persist [5]. Additionally, *Haridra's Ushna virya* helps counter *Kapha-Pitta* aggravation while promoting *Srotoshodhana*. There are several Researches that proves role of curcumin in promoting hair regrowth [6].

Local therapy with *Japapushpa lepa* (paste of *Hibiscus rosa-sinensis*) and *Krishna gomutra* (urine of black cow) was selected for their synergistic actions. *Japapushpa* is traditionally regarded as *Keshya*, *Ropana*, and *Shothahara*, supporting *Romakupa shuddhi* and *Kesha-punarnirmana* (hair regeneration). *Gomutra*, known for its *Kapha-Pitta nashana*, *Srotoshodhana*, and *Krimighna* properties, acts as a potent carrier that enhances dermal absorption of active phytoconstituents and removes local *Ama* and *Meda dushti* at the follicular level [7].

Trifala Churna was administered at bedtime for its *Anulomana* (mild purgative) and *Kapha-Pitta hara* properties. This formulation facilitates regular *Apana vayu* function and eliminates *Mala sanchaya* (accumulated metabolic waste), which plays a pivotal role in reversing *Srotorodha* and maintaining *doshic* homeostasis [8]. *Triphala* has anti-microbial and Anti-oxidant properties [9].

The integrated application of *Shodhana* (internal purification), *Ropana* (tissue healing), and *Srotoshodhana* (channel-cleansing) therapies aligns with the foundational *Ayurvedic* treatment strategy for *Kshudra roga,* like *Indralupta*. This case also validates the inclusion of *Nidana parivarjana* (removal of causative factors)—in this instance, discontinuation of *Viruddhahara*—as a cornerstone of successful *Ayurvedic* management.

Moreover, the case illustrates how the principles of *Agadatantra* can be effectively extended beyond acute poisoning to manage chronic dermatoses arising from subtle internal toxicity. In modern terms, such *Garvisha* may correlate with chronic inflammatory states, gut dysbiosis, or metabolic endotoxins, yet Ayurveda had long recognized their impact through the lens of *Ama*, *Viruddhahara*, and *Dosha-Dushya Sammurchana*. Thus, the observed hair regrowth and symptomatic improvement in this case not only reaffirms the relevance of classical Ayurvedic formulations but also advocates for deeper exploration of *Agadatantra* in contemporary toxicological disorders, especially those with autoimmune or idiopathic presentations like *Alopecia Areata*.

Conclusion

This case highlights how a focused *Ayurvedic* intervention, guided by the principles of *Garvish Nirharana* (elimination of subtle internal toxins) and *Keshya Chikitsa* (therapies promoting hair health), can effectively address Indralupta (Alopecia Areata) even without the direct use of classical *Keshya* herbs like *Bhringraj* or *Amalaki*.

The approach centered on correcting the underlying metabolic-toxic etiology (*Garvish Hetu*), emphasizing *Nidan Parivarjan* (elimination of causative factors), alongside internal and local therapies that aided in pacifying *Tridosha* imbalance and reviving hair follicles. This outcome not only underscores the therapeutic potential of such tailored regimens but also brings to light the often-overlooked contribution of *Agadatantra* (*Ayurvedic* toxicology) in managing skin and hair disorders arising from chronic dietary incompatibilities and low-grade toxicity.

The successful reversal of alopecia patches in this case supports the integrative application of *Agadatantra* principles in dermatological conditions and emphasizes the importance of individualized care rooted in *Ayurvedic* diagnostics and pathophysiology. Larger studies are warranted to further validate these observations and establish protocol-based guidelines for similar presentations.

Patient Perspective

“Before the treatment, I was extremely worried about the bald patch on my head. It made me feel very self-conscious, and I often avoided social gatherings out of embarrassment. I also had mild itching over the area, which kept reminding me of the problem. I feared that the patch might grow larger or that more patches could develop. After starting the *Ayurvedic* treatment, I began to see gradual but clear improvement. The itching reduced first, and then I noticed fine new hairs appearing in the patch. Over time, the bald area started filling up, which gave me so much relief and restored my confidence. I am very happy that this was achieved with natural treatment without any side effects. I feel more relaxed and comfortable now, and grateful to my doctor for the care.”

Informed Consent

The patient had given informed consent. Consent was explained thoroughly to the patient. He also permitted the publication of data.

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Conflict Interest

The authors have no conflicts of interest regarding this study

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