



RESEARCH ARTICLE

ROLE OF JALAUKAVACHARANA AND KARANJADI TAILA IN INDRALUPTA - A CASE STUDY

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ABSTRACT

Healthy hair can boost self-esteem but also plays a vital role in other aspects of good health. Indralupta is a kshudraroga as classified by Sushruta Samhita it is an ailment characterized by patches of hair loss and affects the hair-bearing skin including the beard and scalp area. The hair loss has a different pattern where the tufts of hair tend to fall out in a short time span. Indralupta can be compared with Alopecia areata an autoimmune disease in contemporary science.¹ This case study aims to assess the role of Jalaukavacharana and Karanjadi Taila in managing Indralupta.

Key words:

Indralupta, Jalaukavacharana,
Karanjadi Taila, Kshudraroga.

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INTRODUCTION

Hair loss affects individuals across all age groups and can significantly have an impact on lowering one's self-esteem. In ayurveda, Indralupta is described under Kapalagata yoga by Acharya Vagbhata² and under Kshudraroga by Maharishi Sushruta³, Acharya Madhavanidana⁴, and Yogaratnakara⁵. Increased hair fall in Ayurveda is termed as Indralupta, Khalitya, and Rujya as explained by Acharya Sushruta in Sushruta Samhita Nidana sthana 26th chapter⁶. According to Acharya Sushruta pitta in association with vata causes the involved root hair (Roma Kupa) to fall off and after that Kapha along with Rakta obstructs the channels of Roma Kupa causing the cessation of new hair growth.

This kshudraroga is called Indralupta. The causative factors for Pitta and Raktadushti along with Vata are Atikshara, Atilavana rasatmak, viruddha aahar along with ushna, Tikshna aahaar, and vihara. Classical instructions to treat Indralupta by Raktavasheshan nidhan parivarjana and Vyadhiviparit Chikitsa like Jalaukavacharana along with Karanjadi Taila⁷ local application could be a better choice for getting clinical benefit. Raktamokshana⁸ is advised in Raktajyadhi which helps in drawing the blocked channels by letting the Dushi Raktago and in turn helps in breaking the samprapti.

PATIENT DETAILS

A 42-year-old Catholic male, non-diabetic, not a known case of hypertension visited Opd of Kamakshi Arogyadhama with the Chief Complaints as, Patchy hair loss for the last six months with hair fall, dryness of hair, and itching at the patchy hair loss area; specifically in the parietal region of the scalp.

History of Present Illness: The patient was said to be asymptomatic for four months. Gradually, he noticed dryness of hair and mild itching accompanied by hair fall. After a couple of weeks, he observed a patch of hair loss in the parietal region of the scalp which eventually increased in size in the following weeks. There was also the development of a second patch similar to the first one on the occipital region of the scalp. The patient tried treatments, with a local medical store and some home remedies however, all was in vain with no result or sign of improvement. The patient approached for medical assistance and further management in the clinic. Complaints, presented by the patient,

Family History:

No relevant family history

Personal History

Diet-non-vegetarian
Appetite – Medium



Improvement observed in the mentioned case was as bellows

Jalaukavacharana	Day 1	Day 7	Day 14	Day 21	Day 28
Itching sensation	present	present	absent	Absent	absent
Shinyness on patch	present	present	Slightly present	Absent	absent
New hair growth	Not seen	Not seen	Not seen	Small hair follicles Visible	New small hair follicles

Sleep – Regular but late at night

Bowel Movement- Normal

Addiction – Occasional alcohol

General Examination

Pulse - 81/min

Blood pressure - 128/84 mmHg

Height - 170 cm

Weight - 85kg

Respiratory Rate - 20 /min

Tongue - Normal, No coating

Prakriti (nature) - Pitta Pradhana (prime) kapha

Local Examination – Scalp and Hair Patchy hair loss

History revealed long-term use of Helmet for almost 10 -12 years.

Site – Parietalregion of the scalp; no redness, no scaly appearance, mild itchy. Occipital region of the scalp; no redness, no scaly appearance, mild itchy.

METHODOLOGY

Jalaukavacharana is an ancient technique used for Raktamokshana advised in raktadushtijanya vikara, which involves letting of dushit-rakta.⁹ Jalaukavacharana along with the Karanjadi Taila application was selected as the line of treatment. Jalaukavacharana was done at both the patchy hair loss area at the interval of one week in 5 sittings, Day 1, day 7, day 14, day 21, and day 28 for 1 month. Daily tropical application of Karanjadi Taila for 1 month was advised excluding the day of and one day after Jalaukavacharana on both patches. No internal medicines were administered during this period.

Patient preparation: Firstly, we had to convince the patient and give him self-confidence regarding the therapy. We gave detailed information about the entire procedure of Jalaukavacharana to the patient to decrease the fear about Jalauka.

Preparing the Jalauka for the therapy: Jalauka were initially put in turmeric water for purification purposes and later on transferred to normal water.

Application of Jalauka: The Jalaukas were gently placed on the prepared part. They got attached to the affected skin patch by making a hook-like appearance in their mouth and started sucking the Dushi Rakta with their three suckers in the mouth. Gradual elongation and distention of the Jalaukas were seen with the wavy sucking action. The Jalaukas were kept hydrated with a wet cotton piece on it. After about 35 to 40 minutes the Jalukas engorged itself and got naturally detached from the affected areas.

Post-therapy care: Post-removal of Jalukas patient dressing was done with Haridra churna and a pressure bandage was applied. Appropriate wound care and hygiene were maintained.

OBSERVATIONS

The patient tolerated the procedure well. The Jalukas successfully extracted blood, promoting localized blood circulation. The patient was advised to maintain proper hygiene, light diet, and avoid excessive physical activity for the next 24 hours after each Jalaukavacharana.

RESULTS

Karanjadi tail application was beneficial along with Jalaukavacharana—the symptoms of itching skin on the affected patch reduced after day 7. In the same way, the shininess of the patch started to reduce after day 7. Small hair follicles were visible after day 21 on the affected area. By day 28 itching and shininess of patch had vanished completely.

DISCUSSION

The observed improvements in hair regrowth and patient satisfaction prove the effectiveness of the mechanism of Jalaukavacharana and Karanjadi Taila application. In the case mentioned above, the diagnosis was done on clinical symptoms such as Indralupta. The patient's dietary habits of Pitta Vardhaka Ahara Vihara, like intake of Ushna Tikshnaguna, Atikshara, and Atilavanain turn also vitiating the Rakta dhatu and the patient's pitta prakriti were the causative factors for the manifestation of Indralupta. Excessive use of a helmet for 10-12 years and traveling vitiating vata dosha locally. Raktamokshana by Jalaukavacharana was done as an appropriate treatment method for Sthanika Rakta dushti. The Kaala of disease manifestation was Varsharutu, Karanjadi Taila which is Kapha-vatashamakawa was selected and Karanja is mainly used for skin ailments. It is a unique formulation designed by Acharya Sharangdhara in Indralupta Karanjadi Taila has anti-inflammatory properties and supports hair follicle health. Comparison with other similar treatments and long-term follow-ups could provide a much better understanding of the effectiveness of Jalaukavacharana and Karanjadi Taila in Indralupta. This discussion also sets the stage for future research on Ayurvedic treatment and its effectiveness in Indralupta¹⁰.

CONCLUSION

The case study sheds light on the efficacy of Jalaukavacharana and Karanjadi Taila in treating Indralupta. Positive results indicate the need for further trials on a large scale to validate the findings. Surely the effectiveness of Jalaukavacharana along with Karanjadi Taila can be a boon to solve the rising problem of Indralupta which seems to be prevalent nowadays. Also, our study highlights the potential of Ayurvedic interventions in promisingly treating Indralupta.

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