

MANAGEMENT OF INDRALUPTHA BY CUPPING AND GUNJA PHALA LEPA - A CASE REPORT

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<https://doi.org/10.46607/iamj5313042025>

(Published Online: April 2025)

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Article Received: 08/02/2025 - Peer Reviewed: 29/03/2025 - Accepted for Publication: 11/04/2025.



ABSTRACT

Indraluptha is characterized by patchy hair loss due to the vitiation of *Tridosha* and *Rakta*. The signs and symptoms defined in the classics of *Ayurveda* for *Indraluptha* and Alopecia areata mentioned in contemporary medicine are nearly equal. For the management of *Indraluptha*, almost all *Acharyas* suggest *Raktamokshana* and various types of *Lepana Dravya*. The main aim of these modalities is to remove the obstruction in the *Romakupa*, which helps with further hair growth. From this perspective, this article explores the management of *Indraluptha* by *Prachaana*, followed by cupping and *Gunjaphalalepa*. The *Lepana Dravya*, *Gunja Phala*, has the property of *Kesyaa* and *Indralupthahara*. This is a case study of a 24-year-old male patient with *Indraluptha* who reported patchy hair loss over the scalp. Two cupping sessions followed by *Gunjaphala Lepa* were used as an intervention in this case study. The improvement of the treatment was assessed based on the appearance of new hair follicles and reducing the area of the lesion.

Keywords: Alopecia areata, Cupping, *Gunjaphala Lepa*, *Indraluptha*,

INTRODUCTION

*Indraluptha*¹ or alopecia areata has become one of the common hair-related disorders among people, regardless of sex, it affects both the young and adult populations. So, effective treatment is a challenge. Minoxidil and Finasteride are commonly used contemporary medications for hair loss². The classical texts also suggest several preparations and procedures for *Indraluptha*. *Acharya Vagbhata* mentioned that the patch should be scratched well after that *Lepana* should be applied, which is mentioned under the context of management of *Indraluptha*. Based on this, here two sittings of *Prachaana* followed by cupping³ and *Gunjaphala*⁴ *Lepa* were selected as the choice of treatment procedure.

CASE REPORT

A 24-year-old male patient presented with patchy loss of hair from the scalp for the past 1 month.

History of present illness: The patient appeared to have a healthy, normal scalp one month ago; due to excessive use of *Ushna*, *Tikshna Ahara* and awakening in the nighttime continuously regarding his job and so forth, he gradually developed loss of hair from the left side of the scalp. Later, it becomes patchy in appearance. He then sought consultation at our hospital.

Occupation-Photographer, Nature of work- Night shift.

History- N/K/C/O DM, HTN, Hypothyroidism.

Personal history- Diet: mixed with more spicy food

Appetite- good, Bowel-constipated, Micturition-day 3-4 times/night-1 time, Sleep- 4 hours.

Habits- H/O-Smoking, Alcohol consumption occasionally.

General Examination

Consciousness- Well-oriented, responsive, awake with time, place and person. Nourishment-Well nourished.

Height-161 cm, Weight-60 kg

LOCAL EXAMINATION

Inspection: Patchy loss of hair from the scalp

Palpation: No tenderness

ASHTASTHANA PAREEKSHA

Nadi- 72/min

Mutra- *Prakritam*

Mala-*Vibandha*

Jihwa- *Anupaliptha*

Sabda- *Spashtam*

Sparsa- *Anushna seeta*

Drik- *Prakrutham*

Akrithi- *Madhyama*

Systemic examination

CNS: Consciousness oriented towards time, place, and person. Intelligence: Intact. Memory Power: - intact, Emotional disturbance: Stress

CVS: S1, S2 heard and no added sounds

RS: The shape of the chest is bilaterally symmetrical, and the trachea is centrally placed. Normal vesicular breaths sound.

GIT-P/A No Tenderness, No Organomegaly

INVESTIGATIONS

HB% - 16.9 g/dL

BT - 02 Min 05 Sec

CT - 04 Min 36 Sec

RBS - 97mg/ dL

ESR – 05 mm/hour

ROGA PAREEKSHA

Nidana: *Ushna*, *Tiksna Ahara*, *Ratrijagarana*

Purvarupa: *Kesa Chyuthi* (Loss of hair)

Rupa: Patchy loss of hair over the left side

Upasaya and *Anupasaya*: No *upasaya* and *Anupasaya* with oil application

Samprapthi; *Nidana* leads to *Tridosha* vitiation, which in turn vitiates *Rakta*, then increased *Pitta Dosh*a present at *Romakupa* associated with *Vata*, causing hair falling. Afterwards, *Kapha* associated with *Rakta* blocks the hair follicles and leads to *Indraluptha*.

DASAVIDHA PAREEKSHA

Dooshya: *Dosha*- *Tridosha*, *Dathu*-*Rasa*, *Rakta*

Desa: *Bhoomi desa*- *sadharana*, *Deha desha*-*Siras*

Bala: *Rogibala*- *Madhyama*, *Roga bala*-*Madhyama*

Kala: *Kshanadi*-*Sarath*, *Vyadhyavastha*- *Navam*

Anala: *Vishama*

Prakruthi: *Vata*-*Pitta*

Vaya: *Youvanam*

Satwa: Madhyama

Sarvarasa: Sarvarasa Sathmya

Ahara: Abhyavaharana Sakthi-madhyama, Jarana-Sakthi-Madhyama

SPECIFIC EXAMINATION OF PATCH

Shape: Irregular

Number: one

Position: Right side of the scalp

Colour of Hair: Black

Surrounding area: Healthy

DIAGNOSIS - INDRALUPTHA

CHIKITSA- Cupping and Gunjaphala lepa

PROCEDURE

Poorvakarma:

Materials required: 22G needle, Sterile gauze, Cupping instrument, Kidney tray, *Sodhiitha Gunjaphala choorna*, bowl, Normal saline, Povidone-iodine, Sterile water.

Informed consent was obtained; the Area of the Lesion (in square centimetres) was taken by tracing the

outline of the lesion onto a transparent film using a pen. The film will then be kept on graph paper, and the number of squares will be counted to calculate the area of the lesion = Number of Squares multiplied by the Area of the unit Square; the number of hair follicles (per square centimetre) was counted. The area was shaved, and part was cleaned well with a povidone-iodine solution followed by normal saline. Dry cupping was done for one minute, and then it was removed after that.

Pradhana karma:

Prachaana was done with a 22G needle over the demarcated area, followed by cupping.

Paschat karma:

The cups were removed, and the collected blood was wiped off into a kidney tray for proper disposal. *Gunjaphala choorna* mixed with sterile water was applied over the lesion. After 15 minutes, it was removed.

| Date | Treatment: Cupping and Gunjaphala lepa | Area | Number of hair follicle |
|------------|---|----------------------|-------------------------|
| 04/09/2023 | 1 st sitting | 2 cm ² | 72 |
| 18/09/2023 | 2 nd sitting | 0.5 cm ² | 102 |
| 18/10/2023 | 45 th day | 0.25 cm ² | 134 |



Figure 1. Dry cupping



Figure 2. Prachaana



3. Cupping after *Prachaana*



4. *Gunjaphala lepana*



5. Before treatment



6. After treatment (On 45th day)

DISCUSSION

Indraluptha or alopecia areata has become one of the common hair-related disorders among people, irrespective of sex, which is affected by both the young and adult populations. Obstruction of hair follicles in *Indraluptha* is mainly due to *Rakta* and *Kapha*¹. *Prachaana*, followed by cupping, drains out the vitiated *Rakta* from the area of the lesion. After removing vitiated *Rakta*, the *Romakoopas* were released, and the *Lepana Dravya Gunjaphala* helped in the hair regrowth as it is the property of *Kesya* and *Indraluptha hara*. Both these treatments are effective in regeneration of hair follicles. The area of the lesion before treatment was 2 cm², and it was reduced to 0.25 cm². Also, the number of hair follicles increased from 72 to 134. A case study by Sangita Shekhaliya et al. In the year 2022, the patient suffering from Alopecia areata was successfully treated with *Shamana Oshadhas* and *Prachaana* because these modalities act at the root cause⁶. By analysing the current case

study, the obstructions in the *Romakupa* are removed by *Prachaana*, followed by cupping and *Gunjaphala Lepana*. The main highlight of the present case is that only external therapies are given, and no internal medications are administered. This clarifies that performing *Raktamokshana* and *Lepana* together yields notable benefits for *Indraluptha*.

CONCLUSION

Raktamokshana approach is critical in the management of *Indraluptha*. Also, the *Lepana Dravya* mentioned by *Acharya* in the management of *Indraluptha* has the property of regeneration of hair follicles. *Prachaana*, followed by cupping and *Gunjaphala Lepa*, are very effective therapies that aim to relieve the obstructions in the *Romakupa* and for the regeneration of hair follicles. On this basis, it is concluded that *Ayurveda* has a perfect approach to managing *Indraluptha*.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Divya M & Sreejith Satheesan: Management of indraluptha by cupping and gunja phala lepa - a case report. International Ayurvedic Medical Journal {online} 2025 {cited April 2025}