

Alopecia

Synonym – baldness

Loss of hair is a common complaint that baffles dermatologists b'cos of its cause is often difficult to pin point, its poor response to treatment & the anxious state of the patients mind. Alopecia leads to some amount of stress due to diminished body image satisfaction.

Hair is a cutaneous appendage typical of mammalian skin. Though originally evolved as a protective coat, it has lost this functional value in human except probably over the scalp. Thus man is one of the least hairy mammals with most body hairs being fine and delicate. Although hair has lost its biologic significance its cosmetic & esthetic importance has increased. Too much body hair in women and not enough in men can cause considerable anxiety.

Hair density is maximum at birth & gradually decreases as the age advances. Hair is next to skin color as a marker of racial origins of an individuals.

Classification –

On the basis of damage-

1. Scarring or Cicatricial
2. Non- scarring or non- Cicatricial

Scarring alopecia – Patches of alopecia can not regrow even when the initiating pathology has ceased to be active.

- A loss of more than 100 hairs/ day is considered abnormal.

Alopecia may be Diffuse or Patchy

Diffuse Alopecia - -telogen effluvium

- Post-partum alopecia
- Neonatal alopecia
- Anagen effluvium
- Drug induced
- Associated with Systemic diseases
- Hair shaft defect
- Occasionally alopecia areata

Patchy Alopecia – Alopecia areata

- Fungal , bacterial , Viral infections of the Scalp

- Trichotillomania
- Tick bite Alopecia

Causes – I. NON – CICATRICAL

1 Localized - Alopecia areata

- Syphilis
- Tinea
- Trichotillomania
- Traction alopecia

2. Diffuse - a. congenital

b. premature – 1. Alopecia steatoidis

2. Symptomatic – a. post febrile

- b. debility & emaciation
- c. syphilis
- d. During Lactation
- e. endocrine – Simmond's disease, myxoderma
- f. Stress & Strains
- g. Drugs – Thallium acetate, hydantoin, cytotoxic drugs, hormones

3. Idiopathic - probable causes in such cases -

- Masculinity
- Heredity
- Stress of civilization

c. Senile

CICATRICAL

1. PRIMARY - Pseudo pelade

Folluculitis decalvans

2. Secondary - Injury

Flavus & kerion (tinea)

Lupus vulgaris

Lupus erythematosus

Gumma

Leprosy

Dissecting cellulitis

X – ray burn , scleroderma

GENERAL DIAGNOSIS –

- Ex for atrophy or scarring – shining scalp , diminution or absence of hair pores, loss of skin elasticity & wrinkling

If non- cicatrical – 1. Localized

2. Diffused

Atrophy – Wrinkling, thinning, loss of elasticity & normal shine of integument

Non- cicatrical – skin feels and looks normal but hair is lost it can grow if cause is removed or treated.

Cicatrical cases – hair never grow back.

Androgenic Alopecia

Synonym – Common Baldness , Pattern Alopecia

- Loss of hairs seen with increasing age in genetically predisposed individuals. Since physiological amounts of circulating androgens are needed to express this genetic trait it is called androgenic Alopecia.

- Polygenic pattern of transmission is more likely.

- In advanced Androgenic alopecia, sections from the Scalp resembles those from the face due to the presence of numerous tiny vellus follicles in the upper dermis with prominent sebaceous glands (Sebaceous Follicles)

- there is a gradual & progressive miniaturization of the hair of the affected areas.

- With successive hair cycles, the affected follicles have a progressively shorter anagen phase & become smaller & superficial, producing hairs that are shorter , thinner, lighter in colour.

- Scalp thickness is reduced due to substantial thinning of the subcutaneous fat.
- A trichogram reveals an increase in the proportion of follicles in telogen. The rate of growth of hair on the scalp as well as other body areas like axilla is also decreased.

Clinical features

- ❖ Also affects to females with equal frequency but in different pattern.
- ❖ the onset may be sudden wherein it may begin as telogen effluvium or insidious when the hair fails to regenerate after the telogen.
- ❖ Spread of progression and severity of baldness is variable but pattern is uniform in males, graded by Hamilton into 8 stages.
- ❖ In women signs of androgenic alopecia is not easily detected. An early sign is widened central parting.
- ❖ Female androgenic Alopecia begins in the 20th but this may occur as early as the teens or as late as 30th .

- ❖ In the affected women the frontal and parietal hairline remains intact.
- ❖ There is diffuse loss of hair which may start as telogen effluvium. Later with further progress there is parietal thinning and in elderly diffuse thinning.
- ❖ Uncommonly in postmenopausal women it may progress to the male pattern alopecia.
- ❖ hair loss occurs due to end organ hyper reactivity rather than increased levels of androgens.
- ❖ Occurrence of PCOD (hyperandrogenic state) in women with marked androgenic alopecia is common.

Rx – Reassurance

Men – goal is to prevent further hair thinning and to increase coverage of the scalp by reversing the miniaturization.

Minoxidil 2 % or 5%

Finasteride 1 mg /day

In severe graded rather than medical , surgical line of Rx is recommended.

Women - Minoxidil 2 % or 5%

Finasteride 1 mg /day

Surgery - >30 yrs

Hair transplantation – based on the principle of donor dominance.

Scalp reduction – Hairy skin is expanded .

Other – Alternative hair patterning plans

Temporoparieto – occipital flap

Strip grafts

Diffuse alopecia –

Telogen effluvium –

- ❖ Loss of telogen hair that occurs 2-4 months after an acute systemic stressful episode.
- ❖ Typical reaction pattern of the follicle is to ‘go into a shell’ by reverting back to their inactive stage i.e. telogen. The situation under which this phenomenon occurs were collectively termed as ‘Telogen effluvium’
- ❖ In an iron deficiency anaemia follicles fails to regenerate following a normal telogen, leading to diffuse hair thinning in absence of any obvious hair shedding.

Stress body conditions – febrile states - malaria , typhoid , TB, >39⁰ c and recurrent

- difficult labour
- major accidents
- surgical trauma
- haemorrhage
- severe emotional stress
- starvation

- crash dieting
- leukemia
- lymphoma
- severe liver or kidney dysfunction
 - ❖ Normal scalp has 13% OF ITS follicle in telogen. In telogen effluvium this population rises to 20% but occasionally >25% and rarely >50%.
 - ❖ TE never results in total alopecia and is always diffuse.
 - ❖ The hair growth within 6 months but in severe cases regrowth may be incomplete.
 - ❖ TE may occurs from - - Early anagen release
 - ❖ Delayed anagen release
 - ❖ Short anagen cycle

Postpartum Alopecia –

Loss of hairs occurs 1 – 3 months after parturition. There are the hairs that were retained during pregnancy due to the circulating high oestrogen loads that are withdrawn after delivery.

Neonatal alopecia

Hairs present at birth are lost within a few weeks. Probably due to a sudden fall of circulating estrogens leading to loss of Telogen hairs.

Alopecia due to endocrine disorders –

- hypothyroidism
- hyperthyroidism
- hypoparathyroidism
- Pseudohypoparathyroidism
- Hypopituitarism
- Sheehan's syndrome

Drug induced alopecia

- Cytotoxic agents – used for malignancy and immunosuppression
- Hair loss after 4-6 days of drug administration
- Cyclophosphamide
- Methotrexate
- Actinomycin D
- Doxorubicin
- Vincristine
- Azathioprine and prednisolone combination

Anticoagulants -

- heparin,
- heparinoids,
- caumarin,
- dextran
- warfarin

Antimitotic –

- Arsenic
 - Gold
 - Bismuth
 - Borax
 - Colchicines
 - Levodopa
- antithyroid drugs
 - oral contraceptive
 - cimetidine
 - danazol
 - bromocryptine
 - tamoxifen
 - octreotide
 - Anticholesterol agents -
 - antipsychotics
 - Acute vitaminosis A
 - chronic vitamine A overdose
 - Retinoids
 - Antihypertensives – beta blockers
 - AEC inhibitors
 - Antiepileptics
 - Antiretroviral drugs.
 - NSAIDS
 - Immune modifiers
 - Enviromental Chemicals

Nutritional Alopecia

- In protein energy malnutrition the hair growth slows, shaft diameter reduces & the hair lightens in color. In severity it becomes brittle and causes alopecia.
 - Essential fatty acid deficiency developing on long term total parenteral alimentation.
 - Malabsorption syndromes and pancreatic disease.

- Diffuse non scarring alopecia of other causes
- Secondary and tertiary syphilis
- SLE
- Dermatomyositis
- Systemic scleroderma
- mixed connective tissue disorders
- Sjogren's syndrome
- Cirrhosis of liver
- Renal failure
- Malignancies
- Myotonic dystrophy

ALOPESIA AREATA

It is a very common reversible condition characterised by patchy loss of hair without atrophy in practice of dermatology & incidence is on increase.

Clinical features

1. It affects selectively the scalp & beard region though it may also affect other hairy regions also.
2. Patch – smooth, well defined, round/oval , slightly depressed below the surface. occasionally parasthesia or mild erythema.
3. Can occur at any age but usually in young adults & children
4. The disorder is characterized by round or oval circumscribed patches of alopecia without any signs of inflammation, scarring, or atrophy.
5. The integument is shiny, slightly thin & depressed.
6. The hair pores are visible.
7. The onset is usually sudden, one or more patches may develop at the same time, by peripheral extension & confluence, irregular areas may be formed.
8. Hair is loose at periphery in a spreading, active patch but it is firmly attached in stationary one.
9. Severity , course and prognosis is unpredictable.
10. In a patch where the hair is tending to grow back it is typically in a shape of an exclamation mark. An exclamation mark hair has a thin lower portion and a thick stump. This is bcos newly growing hair is thin and portion of old hair which has broken off is thick. There are no subjective symptoms. Free ends are splayed giving 'frayed rope' appearance.
11. it may become widespread & lead to total loss of hair on the scalp (alopecia totalis) . the initial patch may regrow in few months may enlarge slowly or new patches may appear after 3-6 wks.

12. In alopecia universalis case even hair from eyebrows, eyelashes, beard, region and all the hairy portions of the body may fall.
13. The course is slow & variable. The hair usually grows back in two months to two years. The new hair is usually first downy & then grey. It takes time to come back to normal.
14. In a bad case hair may not grow back & eventually atrophy of the skin may ensure.
15. In a moderately case new hair may stay grey.
16. Alopecia areata may be accompanied by shedding or atrophy of nails.

ETIOLOGY –

unknown cause

1. result of acute physical or emotional stress in a sensitive individual (trophoneurosis) – majority of cases
2. No infective micro organism or viruses.
Toxins from sore throat or any septic focus may be the cause in some cases.
3. Auto immune mechanism as by chemicals, drugs, infections.
4. heredity
5. psychologic factors

Classification – based

1. atopic type – begins during childhood or adolescence and progresses slowly over many years with individual patches lasting > 1 yr.

- ophiatic and reticular pattern are common.
- chances of developing total alopecia is very high.

2. Autoimmune type – affects middle aged , runs a prolonged course and leads to alopecia totalis.

3. Prehypertensive type – occurs in young adults whose one or both parents are hypertensive. Progresses faster and leads to total alopecia.

4. Common type – prototype.

Free of associated diseases.

Individual patches last for less than 6 months with spontaneous regrowth occurring within 3 yrs.

Diff. diagnosis –

1. Androgenic alopecia
 2. early Psedopelade
 3. Traumatic alopecia
1. Tinea captis –
 2. Syphilis –
 3. Trichotillomania

Pathogenesis & pathodynamics –

- severity is in the center
- periphery – impaired keratinization & shaft breakage . ‘Exclamation mark hair’

Prognosis –

1. Age – outlook is better in young patients. Worst in children when associated with atrophy or mongolism.
2. duration – shorter duration – better prognosis
Old standing – hairs may not grow back.
Repeated attacks & recurrence - bad prognosis.
3. size – smaller patch – better
4. exclamation mark hair - signifies recovery
Firmly implanted hair at periphery – stationary
Loose hair – at periphery – still active
5. General health of pt & other tropic / auto immune diseases.
6. poor prognosis – AT and AU
 - >50% of scalp involvement
 - Ophiasic or reticular pattern.
 - B/L – loss of eyebrows & eyelashes
 - Multiple patches.

Diagnosis –

1. Trichogram
2. Presence of lymphocytes, eosinophils in peribulbar location.

Treatment –

Large number of treatment modalities for AA speaks of their lack of adequate efficacy.

1. reassurance
 2. Improving general health with diet, tonics etc.
 3. removing active causes like nervous or physical strain, septic focus etc
 - avoiding use of chemicals & junk foods
 - Quiet holiday in congenial environment is beneficial.
 4. Symptomatic - a. internal - - sedatives in nervous patients with active disease
 - Stimulants like orabolin (p), dianabol (p)
 - ACTH / steroids in resistant widespread cases.
 - levamisole 150 mg once a week for 6- 8 wks
 - Andropogon muricatus & Withania somnifera herbs are beneficial.
- B. external - - steroid cream like flucort (p) in active phase.
- Only after becoming stationary – local stimulants should be used like
 - 10% cantharidine solution

- tincture K5 (p)
- Alopen (p)
- Ammi majus oil
- Tincture iodi mitis
- U.V.R.
- Local infiltration with hydrocortisone, triamcinolone useful in resistant Cases.
 - DNCB 0.5% - 1% in obstinate cases.
- 5. steroids - e.g. – Triamcinolone acetonide.
 - Systemic steroids to check spread.
- 6. Topical irritants – e.g.- croton oil
 - 10% sodium lauryl sulfate & liquid
 - Anthralin
- 7. Contact sensitizers - 2% dinitrochlorobenzene
- 8. Minoxidil
- 9. PUVA therapy
- 10. Immunomodulators – Isoprinosine 1 gm q.i.d.
Cyclosporine
- 11. poor prognosis – wig can be used.
- 12. hair weaving as an option to those with stable extensive but not total AA

Although it is comforting to know that a large majority of cases regrow even after assurance it is equally frustrating to note that most therapies seem to only hasten what ultimately would be a spontaneous remission.

Traction alopecia

- a characteristic pattern of hair loss is seen in Rajasthani females & Sikh males who tie their hairs in traditional knots & apply excessive traction in the process.
- The frontal hair line which is normally sharp becomes unsightly, irregular & receding.
- Stumps of broken hair with mild erythema & inflammation around the follicular opening can be seen.
- Hair population is thin in these areas.
- Skin is not atrophic but if traction continues then cicatrization may follow.

Rx – avoid traction

CONGENITAL ALOPESIA

- It is very rare
- Hair may not be present at birth & will not grow at all later.
- In some cases, hair may be poorly formed or downy, growing sparsely.
- In others, a good growth may be present at birth but later may fall & will not grow back.

- Congenital alopecia may occur alone or be accompanied by other congenital ectodermal defects of skin, nails, teeth etc.

ALOPESIA STEATOIDES

- affects young adults

- Characterized by – seborrhoeic diathesis

- Constant dandruff like scaling from scalps A/W moderate itching.

- Short, poorly formed hair from vertex & temples.

- There may or may not be frank seborrhoeic dermatitis.

- Condition is progressive rather than resistant to treatment.

- Latter consists of therapy for pityriasis capitis & mild stimulant topical preparation as mentioned for alopecia areata.

- Scalp should be washed with selsun suspension (p) or cetavlon lotion (p) followed by rubbing in flucort (p) solution.

- For females - tincture K5 (p) applied twice a week or acid salicylic, sulphur, prednisolone cream.

IDIOPATHIC PREMATURE ALOPESIA

Synonym – Masculine alopecia

- Common in young male adults.

- Gradual onset starts from 20-40 yrs of age.

- starts with a receding hair margin & with widening of forehead thinning of hair which becomes atrophic & lusterless later from vertex , frontal region, temples & even the whole of the scalp may fall completely . The distribution of alopecia is symmetrical. A few lanugo hairs may keep on growing but these lack quality for full growth & vigor.

- Exact cause is unknown. In most cases there is heredo- familial predisposition to alopecia.

- Usually male, intelligent & sedentary type.

- Eunuchs do not get bald proves that androgens are greatly responsible.

- acc. To some – disease of civilization

- artificial menopause produces similar alopecia.

Rx – unsatisfactory

- Oestrogen, prednisolone ointment rubbed locally

- Minoxide lotion 2%

- Hair transplantation

SENILE ALOPESIA

Characterized by symmetrical thinning or loss of hair in old age giving the pt. a dignified look. The vertex , frontal region, temples , or even the occipital region may be involved.

- Atrophic changes that take places with age are also present in the integument.

- Causes responsible for idiopathic, premature alopecia may be contributory factor.

- Senile alopecia – after 45 – 50 yrs.

Rx – not satisfactory

Alopecia neoplastica

- Bening tumours
- Primary malignancies of scalp.

PRIMARY CICATRICAL ALOPESIA

Synonym – Pseudo – pelade

- Rare
- Characterised by ill defined round or oval areas of alopecia.
- Skin appears white, Shinning, atrophic or scarred without any sign of inflammation or subjective symptoms.
- Cicatrical alopecia patches appear like footprints in the snow across the scalp.
- Onset is insidious & the course variably fluctuating. The disease affects mainly young adults.
- M > F
- Idiopathic but - syphilis, focal sepsis, and local infection should be excluded.

Cicatrical Alopecia

- whenever the hair follicle is seriously damaged it is permanently lost and replaced by scar tissue. The resulting are grouped as scarring or Cicatrical alopecias.. medical therapy is futile except probably for stopping the progress.
- the scarring are differentiated from non scarring by the absence of follicular openings, increased wrinkling & thin shiny, dry, depressed skin covered with telangiectasis.
- Such alopecias occur due to defective development of follicles or scalp skin as also to some inherited diseases.
- Thses can be diagnosed on the basis of onset in early life, typical clinical features & other associated findings.
- Inflammatory are best divided into those with follicular inflammation & others with inflammation of interfollicular dermis affecting follicles.
- Conditions with primary folliculitis – with pustules
 - without pustules
 - follicular inflammation.

Investigation – punch biopsy

- relevant systemic examination.

Rx – Smaller patches may be excised & closed primarily.

For large patches auto graffeting & scalp expansion technique is useful.

Creative hair styling ., altering the curling or colour of hair, wig.

AYURVEDIC POINT OF VIEW

क्षुद्ररोग – क्षुद्रत्वं पुनरेषां हेतुलक्षण चिकित्साल्पत्वेन..... – न्या. च.

इन्द्रलुप्त चिकित्सा – – भै. र. क्षुद्ररोगाधिकार / 60

इन्द्रलुप्ते शिरां विद्ध्वा शिलाकासीसतुत्थकैः ।

लेपयेत्परितः कल्कैस्तैलञ्चाभ्यञ्जने हितम् ॥

कुटन्नटशिखीजातीकरञ्जकरवीरजैः ॥

– च.द. क्षुद्ररोगचिकित्सा / 96

गुञ्जाफललेप –

अवगाढपदञ्चैव प्रच्छयित्वा पुनः पुनः ।

गुञ्जाफलैश्चिरं लिम्पेत् केशभूमिं समन्ततः ॥ 61

– च.द. क्षुद्ररोगचिकित्सा / 97

ब्रूहत्यादि लेप –

ब्रूहतीफलरसपिष्टं गुञ्जाफलमिन्द्रलुप्तस्य ।

कनकदलनिघ्नस्य सतोयं दातव्यं प्रच्छितस्य सदा ॥

– च.द. क्षुद्ररोगचिकित्सा / 100

मरिचचूर्ण अवचूर्णन –

घृष्टस्य कर्कशैः पत्रैरिन्द्रलुप्तस्य गुण्डनम् ।

चूर्णितैर्मरिचैः कार्यमिन्द्रलुप्तविनाशनम् ॥

-- च.द. क्षुद्ररोगचिकित्सा / 101

धात्र्याम्रमञ्जलेपात् स्यात् स्थिरता स्निग्धवेशाता ।

इन्द्रलुप्ते शिरां विद्ध्वा शिलाकाशीशतुत्थकैः ॥

च.द. क्षुद्ररोगचिकित्सा / 95

यो.र.उ. क्षुद्ररोगचिकित्सा –

इन्द्रलुप्तापहो लेपो मधुना ब्रूहतीरसः ।

गुञ्जामूलं फलं वाऽपि भल्लातकरसोऽपि वा ॥1

लेपः सनवनीतो वा श्वेताश्वखुरजा मषी ।

हस्तिदन्तमषी क्रूत्वा छागदुग्धं रसाञ्जनम् ॥2

रोमाण्येतेन जायन्ते लेपात्पाणितलेष्वपि ॥

–भा.प्र. 61\10, शा.स.उ.11/23

– तिकपटोलीपत्रस्वरसैर्घृष्टा शमं याति ।

चिरकालजाऽपि निरूजा नियतं दिवसन्नयेणैव ॥3

–भा.प्र.61/8

– रसस्तिकपटोलस्य पत्राणां तद्विलेपनात् ।

इन्द्रलुप्तं शमं याति त्रिभिरेव दिनैर्ध्रुवम् ॥२०

– शा.स.उ. ११/२०

– गोक्षुरस्तिलपुष्पाणि तुल्यै च मधुसर्पिषी ।
शिरः प्रलेपितं तेन कैशैः समुपचीयते ॥4

–भा.प्र. 61/9, शा.स.उ.11/22

जात्यादि तैल –

– जातिकरञ्जवरूणकरवीराग्निपाचितम् ।
तैलमभ्यञ्जनाध्दन्त्यादिन्द्रलुप्तं न सशंयः ॥ 5

– भा.प्र. 61/12

स्नुहीदुग्धादि तैल –

– स्नुहीपयः पयोऽर्कस्य मार्कवो लाङ्गुली विषम् ।
अजामूत्रं सगोमुत्रं रक्तिका सेन्द्रवारूणी ॥
सिध्दार्थकस्तीक्ष्णगन्धा सम्यगोभिर्विपाचितम् ।
तैलंभवति नियमात्खालित्यव्याधिनाशनम् ॥

– चतुष्पदानां त्वग्रोमनखसुङ्गास्थिभस्मभिः ।
तैलाक्ताकेशभूमिश्चाऽज्रूताकेशयुता भवेत् ॥

– वंगसेन क्षुद्ररोगाधिकार ४५

– चतुष्पदानां त्वग्रोमनखसुङ्गास्थिभस्मभिः ।
तैलेन सह लेपोऽयं रोमसंजननः परः ॥२५

– शीर्यत्सु वापि केशेषु बहुशो वेधयेच्छिराम् ।
मुध्नी तैलं प्रकुर्वीतं नस्यकर्म्मविरेचनैः ॥

– वंगसेन क्षुद्ररोगाधिकार ४६

यष्ट्यादि तैल –

– यष्टीन्दीवरमूद्दीकातैलाज्यक्षीरलेपनैः ।

इन्द्रलुप्तं शमं याति केशाः स्युश्च घना दूढाः ॥

–भा.प्र. ६१/११

– च.द. , शा.स.उ.११/२४

– गुडेन सुरसाशुण्ठीमातुलुङ्गरसेन तु ।
केशघ्ने वातसम्भूते धावनञ्च प्रशस्यते ॥
त्रिफला वचारोहीतं गुडेनापि प्रपेषितम् ।
धावनं कफसम्भूते चैन्द्रलुप्ते प्रशस्यते ॥
पैत्तिके च हितं दुग्धं नवनीतान्वितं तथा ।
शिताशिवाफलं यष्टी पैत्तिके धावनं मतम् ॥
भ्रूङ्गराजरसं ग्राह्यं श्रूङ्गवेररसं तथां ।
सौवीरकरसेनापि तिलान् पिष्ट्वा प्रलेपनम् ।
पश्चात्कार्यं परूषेण स्नानमुष्णेन वारिणा ॥
धवार्जुनकदम्बस्य शिरीषमपि रोहितम् ।
क्वाथमेषां शिरोदद्रुं शमयेदिन्द्रलुप्तकम् ॥
कुरबकस्य पुष्पेण जपायाः कुसुमेन च ।

घ्रूष्यस्य चेन्द्रलुप्तस्य क्रूतमेव निवारणम् ॥
 पैत्तिकानि च लिङ्गानि द्रूषवा दुग्धेन धावनम् ।
 शीतलानि प्रदेयाति पैत्तिकेन विधीयते ॥ ९
 धत्तुरपत्राणि च मागधीनां निशाविशालाग्रूहधूमकुष्ठम् ।
 घ्रूतेन युक्तञ्च जलेन पिष्टं शिरःप्रलेपे क्षतवारणं स्यात् ॥१०
 पित्तक्रूते दोषयुते च रोगे पटोलपत्रं पिचुन्दकं वा ।
 तथा मलवचाः फलमेव पिष्ट्वा घ्रूतेन खण्डेन प्रलेपनञ्च ॥ ११
 -निवार्यते मस्तकजं क्षतञ्च शिरोऽर्तिसङ्गान्विनिहन्ति चैतत् ।
 गजेन्द्रदन्दस्य मषी ग्रूहीत्वा प्रलेपनं वा नवनीतकेन ॥२
 तिलार्क भल्लातकदग्धमाषक्षारस्य लेपो नवनीतकेन ।
 सर्पस्य क्षारस्य तथा प्रयोगः खल्लाटके केशचयं करोति ॥ ३

-हारीत संहिता ४३/३-११

शिरोरोग निदान -

धूमातपतुषाराम्बुक्नीडातिस्वप्नप्रजागरैः ।
 उस्वेदाधिपुरोवातबाष्पनिग्रहरोदनैः ॥
 अत्यम्बुमद्यपानेन क्रूमिभिवैगधारणैः ।
 उपधानम्रूजाभ्यङ्गद्वेषाधः प्रततेक्षणैः ॥
 असात्म्यगन्धद्रूष्टाममभाष्याद्यैश्च शिरोरोगताः ।
 जनयन्त्यामयान दोषाः

- अ. ह. उ. २३/१-२

निदानपूर्वकसम्प्राप्ति -

रोमकुपानुगं पित्तं वातेन सह मूर्च्छितम् ।
 प्रच्यावयति रोमाणि ततः श्लेष्मा सशोणितः ॥
 रूणध्दि रोमकूपांस्तु ततोऽन्येषामसंभवः ।
 तदिन्द्रलुप्तं खालित्यं रुह्येति च विभाव्यते ॥

- सु.नि. १३, भा.प्र.उ.६१/६

रोमकुपानुगं पित्तं वातेन सह मूर्च्छितम् ।
 प्रच्यावयति रोमाणि ततः श्लेष्मा सशोणितः ॥
 रोमकूपान् रूणध्दयस्य तेनान्येषामसम्भवः ॥
 तदिन्द्रलुप्तं रूज्यां च प्राहुश्चाचेति चापरे ।

- अ. ह. उ. २३/ २४ - २५

- रुक्षं सपाण्डुरं वातात्पित्ताद्रक्तं सदाहकम् ।

कफान्वितं भवेत स्निग्धं रक्तात पाकं व्रजन्ति तत् ।

सन्निपातेन सदृशं जायते सर्वलक्षणम् ॥

- हारीत संहिता ४३/१-२

इन्द्रलुप्त - इन्द्रः + लुप्तं

इन्द्रः - इन्द्रतीति । इदि परमैश्वर्ये तस्मात् रन् प्रत्ययः । देवराजः । स तु अदितिपुत्रः ।

लुप्तं - लुप + क्तः

चौर्यधनम् । लोत इति ख्यातम् ।

- शब्दकल्पद्रुम

- इन्द्राणां इन्द्रनीलवर्णकेशानां लुप्त लोपो यस्मात् ।

- शब्दकल्पद्रुम

- श्मश्रुकेशघ्नरोगे ।

- वैद्यक शब्दसिन्धु

- श्लीपदं पादवल्मीकं केशघ्नस्त्विन्द्रलुप्तकः ।

- अमरकोष

पर्याय - इन्द्रलुप्तकः केशघ्नः इन्द्रलुप्तः ।

(रा.)

इन्द्रलुप्तकं

(भू)

खालत्यं रूज्येति च तस्य पर्याय कथनम् ।

- भोजः

- तदिन्द्रलुप्तमित्याहः खल्लीरुज्याञ्च केचन ।

इन्द्रलुप्तं श्मश्रुणि भवति खालत्यं शिरोरु-हेय्येव रुज्या सवेदनेति आगमस्तत्र नास्ति । इति तट्टीका ॥

- शब्दकल्पद्रुम

- इन्द्रलुप्तं श्मश्रुणि भवति, खालित्यं शिरस्येव, रुद्धा च सर्वदेहे इति ।

- कार्तिक

- खालित्यं पुसांमेव न तु योषिताम् । तथाच विदेहः - "अत्यन्तसुकुमाराङ्गयो रजो द्रष्टं स्त्रवन्ति च ।

अव्यायमरता यस्मात्तस्मान् खलितिः स्त्रियाः " इति ॥

- डल्हण , सू.नि. १३/३३-३४

- रोमकुपानुगं पित्तमित्यादिना इन्द्रलुप्तं ; खालित्यं रूज्येति च तस्यैव संजान्तरम् ।

विदेह - "अव्यापारता यस्मात्तस्मान् खलितिः स्त्रियाः इति । अस्यामभिप्रायैः - अव्यापारेण वातपित्ते न प्रकुप्येते , ततो न लोमप्रच्यवः रजो विमुक्त्या च स्त्रोतोवरोधाभावाच्च्युतानामपि पुनर्विरोह इति ।

- न्या.च., सू.नि.१३/३३-३४

खालित्य -

खालित्य निदान -

तेजोऽनिलाद्यैः सह केशभूमिं दग्ध्वाऽशु कुर्यात् खलितिं नरस्य ।

-च.चि.२६/१३२

खलतेरपि जन्मैव शातनं तत्र तु क्रमात् ॥

अ. ह. उ. २३/ २६

टिका -

एवं एतत्तुल्यरूपा, खलतेरुत्पत्तिः । किन्तु खलतौ, क्रमेण केशानां शातो न त्विन्द्रलुप्त इव सहसा ॥

– सा वातादग्निदग्धाभा , पित्तात्स्विन्नासिराव्रूता ।

कफाध्दनत्वग्वर्णाश्च यथास्वं निर्दिशेत् त्वचि ॥

दोषैः सर्वाक्रूतिः सर्वेरसाध्या सा नखप्रभा ।

दग्धाग्निनेव निर्लोमा सदाहा या च जायते ॥

– अ. ह. उ. २३/

खालित्यचिकित्सा –

छागक्षीररसाञ्जनपुटदग्ध गजेन्द्र दन्तमसीलिप्ता : ।

जायन्ते सप्तरात्रात् खल्ल्यामपि कुञ्चिताश्चिकुराः ॥

च. द. क्षु. चि. /१०२

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