

MANAGEMENT OF KHALITYA W.S.R TELOGEN EFFLUVIUM - A SINGLE CASE STUDY

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ABSTRACT

Telogen effluvium is considered as the second most common form of hair loss. It is a scalp disorder characterized by the thinning or shedding of hair resulting from the early entry of hair in the Telogen phase. Symptoms include diffuse thinning of hair on the scalp. The main symptom is an increase in the amount of hair shedding. Acute telogen effluvium is defined as hair shedding lasting less than 6 months, relative sudden hair loss, and increased hair fall with decreased hair density and thinning of hair. Considering the signs and symptoms patient was treated in the lines of *Khalitya*. *Khalitya* is one among the *Shirokapala Gataroga* as mentioned by *Acharya Vagbhata*. For present study a case reported of a 19 years female patient was registered having severe hair loss since 6 months with no significant past history of any chronic disorder. Patient was treated with *Nasya*, followed by *Shiroabhyanga* and oral medications in the form of *Narasimharasayana* and *Dhatriloha* for 3 months. Patient reported a significant improvement in her condition within 3 months.

Keywords: Telogen Effluvium, *Khalitya*, *Nasya*, *Shiroabhyanga*

INTRODUCTION

Hair is important for social communication and healthy appearance, and acts as marker for identity of one's personal image. It can be, indeed, directly related to a feminine appearance, sexuality, attractiveness, and the concept of personality in females. Although hair loss may cause anxiety in individuals, irrespective of age and sex, reduced quality of life and restriction of social relations in females, more than males.⁷ Telogen effluvium is a form of non-scarring Alopecia characterized by diffuse hair shedding, often with an acute onset.⁹ It is caused by any disruption of

hair cycle which leads to increased and synchronized telogen shedding. It is the leading cause of diffuse hair loss.⁷

Etiology and pathogenesis

The cycle of hair follicle includes anagen, catagen, and telogen phases. In a normal scalp, about 90–95% of the hair follicles are in the anagen phase, 5–10% are in the telogen phase, and a loss of 100–150 hairs per day is accepted as normal. Telogen effluvium is an abnormality of hair cycling during which a higher percentage of the scalp hairs are in the telogen phase.⁷

The following may cause Telogen Effluvium⁵

Table 1

1. Physiological causes	1. Postpartum effluvium (telogen gravidarum) 2. Physiological effluvium of newborn 3. Menopause
2. Febrile state	1. Typhoid 2. Malaria 3. Tuberculosis 4. HIV infection
3. Stress	1. Severe febrile illness 2. Emotional stress 3. Serious injuries 4. Major surgery 5. Difficult labor
4. Drugs	1. Oral retinoids 2. Oral contraceptives 3. Antithyroid drugs 4. Anticonvulsants 5. Hypolipidemic drugs 6. Heavy metals 7. Beta blockers
5. Endocrine disorders	1. Hyperthyroidism 2. Hypothyroidism
6. Organ dysfunction	1. Renal failure 2. Hepatic failure
7. Disorder of hair cycle	1. Short anagen syndrome
8. nutritional	1. Iron deficiency anemia 2. Acrodermatitisenteropathica 3. Acquired zinc deficiency 4. Malnutrition 5. Crash Diet
9. Local causes	1. Hair dye application
10. others	2. Syphilis 3. Systemic lupus erythematosus 4. Metal toxicity

Common symptoms

It appears as a diffuse thinning of hair on the scalp, which may not be even all over. Most often, the hair on top of the scalp thins more than it does at the sides and back of the scalp. There is usually no hair line recession, except in a few rare chronic cases. While TE is often limited to the scalp; in more serious cases TE can affect other areas, like the eyebrows or pubic region.¹¹ The period of dramatic hair loss occurs diffusely from the scalp approximately 2-3 months after the triggering event. The diffuse loss may produce thinning of hair

all over the scalp, but frequently manifest with bitemporal recession. Loss is normally not more than 50% of the scalp hair. Scarring and inflammation are absent. Clumps of telogen hair can be extracted with ease from both the vertex and the margins of the scalp⁵.

Diagnosis:

The diagnosis of TE is usually based on the patient's history, physical examination findings, and hair pull test results, Trichogram, Light microscopy, Wash test and Biopsy. The recognition of diffuse, non-

inflammatory, nonscarring hair loss should raise the clinical suspicion for TE, when it occurs acutely and is preceded by a physiological or psychological stressor, in particular.⁷

Treatment:

Potential therapeutic options include the followings, based on the pathogenesis of TE:

Currently, no potent, FDA-approved catagen inhibitors or anagen inducers are commercially available. However, catagen-inducing drugs such as beta-blockers, retinoids, anticoagulants, or antithyroid drugs should be avoided and catagen-inducing endocrine disorders including thyroid dysfunction, hyperandrogenism, or hyperprolactinaemia should be simultaneously treated. Replacement therapy for catagen-promoting deficiencies such as iron, zinc, estradiol, or proteins can be also prescribed⁵. Today, no proven vitamins or supplements for any form of hair loss are commercially available. In addition, maintaining serum ferritin above 40 ng/dL has been suggested to reverse hair loss. Iron supplementation should be continued for 3–6 months, until the iron stores are replenished⁷. No treatment for active telogen effluvium has been proven effective.¹⁰ The most important aspect in the management of telogen effluvium is educating the patient about natural history of the condition. Balanced diet is an utmost important for hair loss. Hair loss due to measurable deficiencies may be supported by replacement therapy but supplements in the form of vitamins are not proved for hair loss. Topical minoxidil has also been tried and it is a reasonable candidate drug which is known to prolong anagen⁵

In Ayurveda the symptoms of Telogen effluvium can be correlated to *khalitya*. Pitta located in hair follicles when aggravated with *vata-dosh* causes falling of hairs.^{2,6} Treatment mentioned in our classics in general for *khalitya* are *Shodhana*, *nasya*, *shiro abhaya*.⁴

TREATMENT PLAN:

Table 2

Treatment/ medicine	Dosage	Duration
<i>Shadbindutaila Nasya</i>	6 drops	7 days
<i>Shiroabhyanga</i> with <i>neelibringaditaila</i> followed with the application of same oil over the scalp for 3 months regularly	Q.S	7 days

CASE REPORT:

19 year old female patient complaining of progressive hair loss within the period of 6 months. She had undergone many home remedies and tried changing her shampoo but found no relief. She was under lot of mental stress regarding her studies. As months progressed her hair fall became very severe and was left with minimal Hair on scalp especially occiput and parietal area. For these complaints she approached our OPD for further treatment.

Past history: Nothing significant

Family history: None among her family members suffered from such complaints.

Personal history: Bowel: Irregular, Appetite: normal, Micturition: 5-6 times/day, Sleep: Sound

Systemic examination: CNS, CVS, RS, GIT- NAD

Local examination:

- Thinning of Hairs present.
- Loss of Hair especially In Occiput Region.
- No Dandruff or Folliculitis.
- No Scarring.
- Salt Score-46%.
- Hair Pull Test: Positive

Lab Investigations:

HB- 9.6gms/dl

TLC- 7800 cells/cu.mm

DLC

- Neutrophils- 62%
- Eosinophils- 25%
- Monocytes- 2%
- Basophils-0%

ESR- 10mm/hr

Thyroid Function Test

- T4-8u/dl
- T3-92ng/dl
- TSH-0.6mIU/l

<i>Dhatriloha</i>	1 tablet tid before food	3 months
<i>Narasimharasayana</i>	5 gms bd	3 months

Patient was called for revisit once in a month for a period of 3 months.

DISCUSSION

In existing system of modern medicine, Minoxidil is one of the modes of treatment both topically and orally for this condition which is reported to cause lot of side effects like allergic reactions, unwanted hair growth elsewhere in the body and exacerbation of hair loss. Although hair lost through Telogen effluvium will normally grow back on its own, our treatment modalities can help the hair grow back quickly as possible in optimum condition. In Ayurveda Telogen effluvium can be co related to a type of khalitya. *Khalitya* is considered as one among *kshudraroga* by many authors of classical Ayurvedic texts and *shirokapalagataroga* by *vagbhataacharya*. *Khalitya* is mainly *vata pitta doshaja vyadhi*. Hence the treatment which alleviates *vata pitta dosha* will be beneficial.

Shadbindutaila consists drugs possessing *ushnavirya*, *madhuraVipaka*, *katutikta rasa* which act well on *vatapittaja* condition. One of the indications of *shadbindu taila* is *keshachyuti*⁶.

Shiroabhyanga leads to increase in the local blood circulation and promotes better absorption of the drug

into the scalp. *Keshya* and *Rasayana* action of drugs in *neelibringaadi taila* enhance the nutritive beneficial effect on the hair. *Neelibringadi* oil is likely to stimulate the anagen phase and regrowth of hair. For this purpose deeper absorption of the taila is essential which is achieved by *shiroabhyanga*³

Role of oral medications:

Dhatriloha is beneficial in pacifying *vatapittaja* disorders. The contents in this tablet help in promoting hair growth and overall nourishment to the body. If consumed before food the diseases caused by *vata* and *pitta dosha* will be cured.⁶ Hence in this study the patient was asked to take the medicine before food.

Narasimha rasayana helps in *keshavridhi* and *rejuvenation*³. The drugs present in this formulation are possessing *tridosahara* property, *agnideepana*, *Keshya*, immunomodulator, *shrotoshodhaka*, *Rasayana* and *krimihara* action. Thereby promoting hair growth along with overall wellness of the body as mentioned in the *phalashruthi* of the *narasimha rasayana*.

Observation:

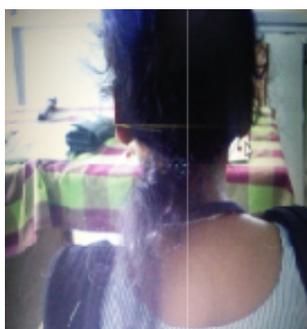
Significant improvement was seen during the 3 months treatment and after treatment.

Table 3

	After 30 days	After 60 days	After 3 months
Hair pull test	Positive	Negative	Negative

Results:

Before treatment



After treatment



Before treatment



After treatment



CONCLUSION

On the basis of single case study it can be concluded that *nasya*, and *shiroabhyanga* along with palliative medicines are effective in the management of Telogen Effluvium.

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