

Research Article

EFFECT OF NASYA KARMA WITH VIDARIGANDHADI TAILA IN THE MANAGEMENT OF KHALITHYA (HAIR LOSS)

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Abstract

Looking apart from ancient period, maximum cosmetic revolution is seen in this era. While person is becoming more conscious about their look, hair could not be overlooked. Almost all types of books of pathology and medicine are being filled with more and more information about the disease relating with hair. Hair loss or baldness is a big issue today. Ayurvedic science terms hairfall as Khalithya. Early hair fall has been attributed to be the result of varied factors like hormonal imbalance, faulty hair care, pollution etc. Charaka mentions Vidarigandhadi taila for Nasya and Abhyanga in case of Khalithya. This study was designed with a sample size of 20, each scaling 4 classical parameters of Khalithya. The results showed that maximum of the cases were between the age group of 18-29 years. By analyzing the results drawn through clinical trials, it could be concluded that statistically significant improvements are seen in Hair fall, Breaking of hair. Statistically insignificant improvements are seen with symptoms Keshabhoomi Daha and Keshabhoomi Kandu in the trial group.

Key words: Khalithya; Hair loss; Vidarigandhadi taila; Nasya.

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INTRODUCTION

khalithya is correlated with hair loss or baldness. Technically hair loss from the head or body is known as alopecia. Baldness could be understood as general hair loss or androgenic alopecia (male pattern baldness). Some types of baldness can be caused by Alopecia areata, which is an autoimmune disorder. The extreme forms of alopecia areata are alopecia totalis, which involves the loss of all the hairs of head and alopecia universalis, which involves the loss of all hair from the head and the body. [1]

Hair loss changes the outlook of a person, which becomes more conscious and is being forced to undergo various and more expensive treatments.

Healthy hairs are essential to maintain the beauty and outlook of human beings. In Ayurveda so many types of daily regimens for hair growth have been described in the chapter of Dinacharya and Ritucharya. Many procedures like Moordha taila (oil application head), Nasya (administration of drugs by the route of nasal cavity), Snana (bath) etc are explained to maintain the hair growth. Due to various reasons like hormonal imbalance, faulty hair care, pollution etc early hair fall is observed.

In Ayurveda falling of hair is termed as Khalithya. Vata and pitta causes hair fall by obstructing the hair roots with kapha and raktha dosha.^[2] The line of treatment for Khalithya as mentioned in samhithas are Nasya, [3] Abhyanga (oil application body), [4] Pralepa (poultice), Pradeha (plaster), Raktha Mokshana / Sira Vyadhana (bloodletting),^[5] (pricing), [6] Prachana Dhaavana. [7] Among these treatments Nasya is said to be ideal in Kesha dosha (hair problems) hence selected for the trial. [8] Charaka mentions Vidarigandhadi taila^[9] for Nasya and Abhyanga in case of Khalithya which are Pitta anilapaha. [10] Hence a study

was conducted with Vidarigandhadi taila in khalithya

MATERIALS AND METHODS

The study was carried out in Panchakarma OPD, Muniyal Institute of Ayurveda Medical Sciences Hospital, Manipal.

Total Sample Size: 20 Patients

Level of Study: OPD

Drug/ Dosage/ Duration

Trial Group

Nasya karma with vidarigandhadi taila (8 drops in each nostril). The procedure was done in the morning 8:30 am for the groups.

Duration of Treatment

The patients were given Nasya with vidarigandhadi taila for a period of 7 days.

Follow up

On 21st day the patient was observed and assessed as per assessment criteria

Criteria for inclusion

- 1) Patients who have classical signs and symptoms of khalitya
- 2) Patients within age group of 15 to 55 years of either sex.
- 3) Patients who are fit for nasya

Criteria for exclusion

- 1) Patients less than 15 and above 55 years.
- Patients who have diseases like Alopecia totalis, Tinea capitis, folliculisis devaculans and in Ayurvedic terms patients of Arumshika, Indralupta.



- 3) Patient suffering from any systemic diseases like Hypothyroidism, Carcinoma etc.
- 4) Patients who are unfit for nasya karma

Pharmaceutical preparation of the trial drug

All the ingredients were well identified and collected from local areas. Good manufacturing practice was followed as per Taila paka vidhi (procedure for medicated oil preparation), in the department of R.S. & B.K of Muniyal institute of Ayurveda Medical science.

Ratio of Dravyas in Snehapaka

To prepare a sneha three main basic dravyas are needed they are kalka dravya (paste), sneha dravya (oil) and drava dravya (liquid). Kalka – 1 part, here kalka mentioned for Vidarigandadi taila was taken in choorna (powder) form and converted into kalka (paste) form by adding water. Sneha – 4 times of kalka dravya. Here moorchitha tila taila was taken for preparation. Drava – 16 times of kalka. Jala (water) was taken as drava dravya in this preparation. [11] (Table 1)

Method of preparation

1/5 part of Shaliparni, Prishni parni, Gokshura, Brihati and Kantakari each were taken. Above mentioned drugs were pounded into Choorna form, mixed properly and kalka was prepared. 4 parts of Moorchita Tila Taila was taken in a vessel. 16 parts of Jala and prepared kalka was added into the taila. Heating was done in mandagni till Sneha siddhi lakshanas appeared.

Distribution of patients based on symptom

Distribution of patients based on hair fall in the present study are, among the 20 patients, 80% had hair fall between 51-70, 15% had hair fall between 71-90, 5% had hair fall

between 91 – 110 and none had hair fall less than 50 and greater than 111. Distribution of patients based on keshabhoomi daha among the 20 patients, 80% had absence of daha, 10% had mild daha, 5% had daha in moderate and severe level each. Distribution of patients based on Keshabhoomi kandu among the 20 patients, 85% had absence of kandu, 10% had mild kandu, 0% had kandu in moderate and 5% of patients had severe level of kandu. Distribution of patients based on pattern of hair loss among the 20 patients, based on pattern of hair loss. (Table 2)

RESULTS AND OBSERVATION

The results were assessed based on the objective criteria, Hair fall and Breaking of hair, subjective criteria, Keshabhoomi daha and keshabhoomi kandu. Stastistical analysis was carried out by student t test. (Table 3)

Effect of treatment in Hair fall on 21st day in trial group showed extremely significant value at (p < 0.0001). Breaking of hair (p = 0.0003)showed extremely significant value. Keshabhoomi daha (p=0.1351)showed statistically insignificant value. (p < 0.0001) Keshabhoomi kandu (p=0.1036)showed statistically insignificant value.

DISCUSSION

There is no clear description regarding the causative factors of Khalitya in samhitas, but by collecting the scattered references from Ayurvedic texts and by analyzing the explanation of the pathogenesis of the disease, an indirect knowledge of etiological factors of Khalitya was acquired. Acharya Charaka has said that "Teja along with Vatadi Dosha, burn the Keshbhoomi to produce Khalitya". Chakrapani, while commenting on this, points out that Dehoshma is to be understood by the word Teja and Dehoshma is directly proportional to Pitta. [12]



Table 1: Ingredients of Vidarigandhadi taila

Drugs	Botanical name/common name	Part used	Proportion	
Shaliparni (Vidari gandha)	Desmodium gangeticumn	Root	1/5 part	
Prishniparni	Uraria picta	Root	1/5 part	
Gokshura	Tribulus terrestris	Root	1/5 part	
Bruhati	Solanum indicum	Root	1/5 part	
Kantakari	Solanum xanthocarpum	Root	1/5 part	
Moorchitha Tila taila	Processed sesame oil	Sesame oil	4 parts	

Table 2: Distribution of patients based on symptoms

Symptoms	Parameters	No of patients	%	
Hair fall	<50	0	0%	
	51 - 70	16	80%	
	71 - 90	3	15%	
	91 - 110	1	5%	
	>111	0	0%	
Keshabhoomi Daha	Absent	16	80%	
	Mild	2	10%	
	Moderate	1	5%	
	Severe	1	5%	
Keshabhoomi Kandu	Absent	17	85%	
	Mild	2	10%	
	Moderate	0	0%	
	Severe	1	5%	
Breaking of hair	Hair with bulb	7	35%	
-	Hair without bulb	13	65%	

Table 3: Effect of treatment in Hair fall on 21st day in trial group

Symptom	M	ean	(0/)	CD	QT.	6422 X7.a.la	"D" Val
	ВТ	21st day	(%)	SD	SE	"t" Value	"P" Value
Hair fall	1.250	0.1500	88	0.3663	0.08192	11.000	< 0.0001
Breaking of hair	0.6500	0.1500	76.9	0.3663	0.08192	4.359	0.0003
Keshabhoomi Daha (burning)	0.4000	0.1500	62.5	0.3663	0.08192	1.561	0.1351
Keshabhoomi Kandu (itching)	0.2500	0.05000	80	0.2236	0.05000	1.710	0.1036

Acharya Sushruta has encapsulated the pathogenesis in following way that Pitta along with Vata enters into the Romakoopa (hair roots) and produces Khalitya whereas the augmented Kapha along with Rakta obstructs the Romakoopa thus preventing the production

of new hair.^[13] Thus observing the pathogenesis described by various Acharyas, it can be said that the Vata, Pitta and Kapha Dosha and Rakta Dushya are the main internal causative factors of Khalitya.

In addition to this, Acharya Charaka has mentioned various factors which vitiate Vatadi doshas by which Shirogata Rakta also gets vitiated and gives rise to different Shiroroga. According to Vagbhata, Khalitya comes under the roof of Shiroroga. [14][15] In Vimanasthana, while describing the disorders occurring due to the over intake of Kshara, Lavana and Viruddha Ahara, Acharya Charaka had mentioned the occurrence of Khalitya as a consequence of it. It has been mentioned that the Viruddha Ahara like, intake of Lavana



(salt) with milk in the diet induces Khalitya. Thus, it can be said that a person habituated to excessive Lavana or Kshara intake and taking Viruddha Ahara in routine is prone for Khalitya. [16]

Ashtanga Samgrahakara has enumerated Shiroroga under the caption Urdhvajatrugata Roga and these are further subdivided into nine Kapala Vyadhi, Khalitya being one of them. There is no separate mentioning about the specific causative factor for Khalitya but the general etiological factors of Shiroroga can be considered as that of Khalitya which are stated as follows: [17][18] In addition to this Acharya Charaka, in Chikitsa Sthana, has mentioned that by ignorance of Khalitya Pratishyaya, occurs as complication.^[19]

In short, it may be concluded that Acharya Charaka believed that involved doshas in the disease Khalitya are mainly Vata and Pitta, as Dehoshma is due to Pitta only. Kapha Dosha is not considered in this Samprapti. The prognosis of the disease Khalitya has not been enormously dealt by Acarya Charaka and Susruta, but Acarya Vagabhata and Harita have mentioned regarding this topic. According to Ashtanga Samgrahakara, there are four types of Khalitya i.e. Vataja, Pittaja, Kaphaja and Sannipataja.

Acharya Harita adds one more type Raktaja Khalitya. Amongst four types of Khalitya, Sannipataja type is considered as Asadhya and it is advised that such patients should be Samgrahakara discarded. Ashtanga suggests some additional conditions of the scalp of patient in which the disease turns out to be incurable and those are - Burnt like appearance, Nail like appearance, Absolute hair loss, Injury due to burns. Remaining Ekdoshaja types are said to be Sadhya. The line of treatment of Khalitya mentioned by different Acharyas are as follows, Acharya Charaka opines that the patient of Khalitya should be treated by Nasya, Tailabhyanga on

head & face and Pralepa on the head along with Shodana Chikitsa. [20] Acharya Vagbhata mentioned that after the Shodhana of Doshas, the treatments which are mentioned in Indralupta and Palitya, should be done in Khalitya. [21]

In the present study nasya karma with Vidarigandhadi taila was a good choice of treatment modality for Khalithya. The drugs in Vidarigandhadi taila possess vatagna and pittagna qualities which reduces the prakupita vata-pitta avastha in Khalithya. The balya, rasayana, sheeta veerya, keshya properties of the drugs have helped in counteracting the progression of hair fall. Statistically significant improvements are seen in Hair fall and Breaking of hair in the present study.

CONCLUSION

This study was designed with a sample size of 20, each scaling 4 classical parameters of Khalithya. The results showed that maximum of the cases were between the age group of 18-29 years. It can be concluded here that the medicines installed through the procedure of nasya karma has marked effects of drug transportation. By analyzing the results drawn through clinical trials, it could be concluded that statistically significant improvements are seen in Hair fall, breaking of hair. Statistically insignificant improvements are seen with symptoms Keshabhoomi and Keshabhoomi Kandu in the trial group.

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