

AYURVEDIC MANAGEMENT OF TRICHOTILLOMANIA.....A SINGLE CASE STUDY

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Abstract: Trichotillomania is a traumatic self-induced alopecia results from compulsive plucking twisting of hairs which causes broken hair shaft. It affects 0.5 to 3.4% of people. If not treated will cause great Distress to people who have it with Emotional issues and stigma. In Ayurveda direct correlation is not mentioned we can try to correlate Manovikara induced Indralupta were all the Tridoshas and Rakta Dosha are involved along with mano dosa. Hence proper treatment protocol is necessary.

Key words: Trichotillomania, Manovikara, Nasyakarma, Satvavajaya Chikitsa

Introduction

Trichotillomania refers to the compulsive action of scratching and rubbing of the scalp, which results in fracture of the hair shafts. This is usually associated with skin dryness and itching conditions. Clinically, it presents as single or multiple irregular patches of alopecia¹.

In Trichotillomania, a person may be dealing with stress or anxiety where they cannot control the impulse to pull out their hair. Hair pulling might be triggered by or accompanied by various emotional states. Trichotillomania normally manifests during the early teenage years between the age of 10-13.² At times the disorder can also be seen in infants. The differential diagnosis for trichotillomania includes alopecia areata, tinea capitis, traction alopecia, and telogen effluvium. Trichoscopy reveals abnormalities resulting from the stretching and fracture of hair shafts³. In trichotillomania alopecia results from deliberate (although at times unconscious) efforts of the patients, who is under tension or is psychologically disturbed⁴.

In Ayurved we can try to correlate with Manovikarajanya Indralupta were along with vitiated Pitta, Vata there is involvement of Rajas. In the treatment aspect Daivavyapasaya, Satvavajaya and Yukti Vyapasaya Chikitsa can be included. According to few physicians it may be similar to Bhutounmad⁵.

Patients History

Patient visited BVVS Ayurved Medical College with a complaint of Patchy hairfall for 6 years, occasional burning sensation.

History of present illness

Patient aged 8 years visited our OPD with a complaint of Patchy hair fall almost in center of Scalp, since 6 years, occasional Burning Sensation. With a proper history it was known that she used to pluck her hairs frequently, after her siblings were born she started thinking she was not cared by the parents her involvement in the School activity also reduced day by day she did not respond properly, patchy hair loss increased so they visited Shalakya OPD for Ayurved line of management

History of Past illness

No any history of DM, HTN, Thyroid disorders.

Family History

All family members are said to be healthy no one in the family is having such hair problems or behavior.

Personal History

AHARA - Vegetarian

Breakfast (8am to 9am) (Idli, avalakki, uppit, dosa)

Lunch (12-30pm) (2 chapati, curry, Rice)

Dinner (7pm-8pm) (2 chapati, curry, 1 spoon of rice)

VIHARA

Alpasramjeevi not willing to play or involve in other activities

GENERAL EXAMINATION

- PR → 82/min
- RR → 18/min
- Temperature → 98.6 °F
- Built → Moderate

SYSTEMIC EXAMINATION

CNS: Conscious and well oriented

CVS: S1 and S2 Heard No added sound no murmur

RS: Bilateral Air entry Normal

P/A: Soft and Non-tender

LOCAL EXAMINATION

SCALP SKIN EXAMINATION

- Nature - oily
- Inflammatory skin disease - Absent

HAIR EXAMINATION

- Density - Thick
- Colour - Black
- Texture - Silky
- Hairpull Test – Negative

RESEARCH METHODOLOGY

INTERVENTION

Methodology

Oral medications were advised in the first visit.

- Arogyavardini Vati ½ bid after food.
- Krimikutara Rasa ½ bid after food.
- 3.Vidangasava 5ml bid with water after food.
- Satvavajaya Chikitsa (Counselling) by Dr Sunilkumar M Chabanur

Second visit

❖ **Sadyovirechana** with Nimbamrutati Eranda Taila 50ml morning at 7.30 am. Patient had 6 Vegas Vishram kala for 3 days were samsarjana Krama was followed.

❖ **Shiroabhyanga** with Bhringamalaka Taila.

❖ Mukabhyanga with Murchita Tila Taila

❖ **Nasya** with Anu Taila 6 drops each Nostril For 7 days followed by Sukoshnajala Gandusha and Haridra Varti Dhumapana.

- Satvavajaya Chikitsa (counselling) by Dr Sunilkumar M Chabanur.

Orally medicine continued for 1 month

- 1.Tab Astiposaka 1Bid After food.
- 2. Manasmitravatakam 1 bid after food.
- 3.Bhringamalaka Taila Local application.
- 4. Triphala Kashaya Seka for hairwash each time

Before Treatment

After Treatment



Discussion

Trichotillomania very important condition involving the mental health any child with unusual hairloss should be examined in detail regarding parental issue or any other problem the child is facing. As per Ayurved both saririka and Manasika Chikitsa have utmost importance.

In this case Patient gradually recovered after 2 sitting of procedure and stopped plucking the Hairs and patient Fully recovered and feeling better Mode of action of medications ,used were Dipana Pachana in quality Kustagna and Krimihara Astidhatuposaka Satvavajaya Chikitsa plays a vital role Manasika Dhosas manegement.

Conclusion

In this Case Satvavajaya Chikitsa helped in changing the Prospective of the child's thinking which helped in early recovery. Proper evaluation is needed in such cases,because series of psychological changes will be happening in patients mind proper combination of Shodana, Shamana and Manasika Chikitsa helps patient to cope up with the disease.

References

1. Everett GJ, Jafferany M, Skurya J. Recent advances in the treatment of trichotillomania (hair-pulling disorder) Dermatol Ther. 2020 Nov;33((6)):e13818. doi: 10.1111/dth.13818
- 2.<https://www.apollohospitals.com/diseases-and-conditions/trichotillomania-hair-pulling-disorder-treatment-causes-and-symptoms>.
3. Henkel ED, Jaquez SD, Diaz LZ. Pediatric trichotillomania: review of management. Pediatr Dermatol. 2019 Nov;36((6)):803–7. doi: 10.1111/pde.13954. [\[DOI\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#).

4. Dowber RPR, de Berker D, Wojnarowska F. Disorders of hair. In: Champion RH, Burton JL, Burns DA, Breathnach SM, editors. Rook/ Wilkinson/Ebling. Textbook of Dermatology, 6th Edn. Blackwell Science, 1998: P2869-2973. [[Google Scholar](#)].

5. Acharya JT Agnivesha, elaborated by Charaka and Dridhabala, commentary by Chakrapani. Charaka Samhita, Chikitsa Sthana, Unmada Chikitsitam Adhyaya, 9/11-98. 2014 Varanasi Chaukhamba Surbharati Prakashan:

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