

**MANAGEMENT OF KHALITYA (ANDROGENIC ALOPECIA) WITH WET CUPPING THERAPY FOLLOWED BY GUÑJĀ LEPA AND BRŃGARĀJA GHANA VAṬĪ – A CASE STUDY****Dr Suresh
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ABSTRACT **Background:** Khalitya is described in Ayurveda as a Pitta-predominant disorder affecting the scalp hair, often correlated with androgenic alopecia in modern medicine. **Case Presentation:** A 23-year-old male presented with gradual hair thinning and frontal hairline recession over two years. **Intervention:** eight sessions of wet cupping (Rakta Moksana) at 15-day intervals were followed by daily application of Guñjā Lepa for four months and oral administration of Brngarāja Ghana Vati (500 mg thrice daily). **Outcome:** At the end of four months, there was reduced hair fall, increased hair density, and visible regrowth in affected areas without adverse effects. **Conclusion:** This integrative approach combining Shodhana and Śamana therapies showed promising results in early-stage androgenic alopecia. Further controlled studies are warranted.

KEYWORDS : Khalitya, Androgenic alopecia, Wet cupping, Rakta Moksana, Guñjā, Brngarāja**INTRODUCTION**

Khalitya is described in Ayurveda as hair loss caused by vitiation of Pitta and Rakta, leading to weakening of hair roots, followed by Vāta-induced dryness that prevents regrowth. It can be correlated with androgenic alopecia, a common form of patterned hair loss affecting up to 50% of men by middle age, characterized by progressive miniaturization of hair follicles due to genetic and hormonal factors.

Ayurvedic management emphasizes Śodhana (purification) and Śamana (pacification) therapies. Rakta Moksana (bloodletting), here applied as wet cupping therapy, improves local circulation and removes vitiated blood. Guñjā (Abrus precatorius), after purification, is used for its Keshhya (hair-promoting) properties, while Brngarāja (Eclipta alba) is a renowned Rasāyana that nourishes hair and supports pigmentation.

This case report evaluates the combined use of wet cupping therapy, Guñjā Lepa, and Brngarāja Ghana Vati in a young male patient with early-stage Khalitya (androgenic alopecia).

CASE REPORT**Patient Details:**

- **Age/Sex:** 23-year-old male
- **Occupation:** Student
- **Chief Complaint:** Gradual thinning of scalp hair and receding frontal hairline for two years.
- **History:** No systemic illness. Positive paternal history of baldness. No scalp infection.
- **Examination:** Diffuse thinning over frontal and vertex scalp, mild seborrhea. Hamilton–Norwood Grade II androgenic alopecia.
- **Ayurvedic Diagnosis:** Khalitya due to Pitta–Rakta vitiation.

Present Illness

The patient, a 23-year-old male, reported gradual thinning of scalp hair for the past two years, initially over the frontal hairline and later involving the vertex region. Hair fall was more noticeable during combing and washing. No associated itching, burning, or scalp pain was reported. The patient also noted mild dandruff. There was no history of sudden hair loss or patchy alopecia.

Past History

No history of systemic illnesses such as thyroid disorders, diabetes mellitus, or autoimmune conditions. No history of scalp infections, trauma, or dermatological diseases. No past surgical interventions. No known drug allergies.

Personal History

- **Diet:** Mixed diet, irregular meal timings, occasional intake of spicy and oily food.
- **Appetite:** Moderate.
- **Bowel Habits:** Once daily, well-formed stool.

- **Urination:** 5–6 times/day, normal stream and color.
- **Sleep:** 6–7 hours/night, occasionally disturbed.
- **Addictions:** None.
- **Exercise:** Minimal physical activity, sedentary lifestyle due to academic commitments.
- **Stress:** Reports mild academic stress.

Family History

Positive paternal history of male pattern baldness.

Local Scalp Examination

- **Hair Density:** Reduced over frontal and vertex regions.
- **Hair Shaft:** Miniaturized, reduced thickness.
- **Scalp Skin:** Mild seborrhea, no erythema or scaling.
- **Pull Test:** Positive in affected areas (2–3 hairs extracted per pull).
- **Pattern:** Hamilton–Norwood Grade II male pattern baldness.
- **Tenderness:** Absent.

Astavidha Pariksha

Parameter	Observation	Interpretation
Nadi (Pulse)	78/min, predominantly Pitta–Vāta	Indicates Pitta–Vāta predominance
Mala (Stool)	Once daily, well formed	Normal Mala function
Mutra (Urine)	5–6 times/day, normal color	No urinary abnormality
Jihvā (Tongue)	Slightly reddish, clean	Pitta vitiation, mild
Śabda (Speech)	Clear, normal tone	No vitiation of Vāta affecting speech
Sparśa (Touch)	Warm skin over scalp region	Localized Usna due to Pitta
Drk (Vision)	Normal	No ocular involvement
Ākrti (Build)	Medium build, moderate nourishment	No severe Dhātu ksaya

Intervention**1. Wet Cupping Therapy (Rakta Mokṣaṇa)**

- o **Method:** After scalp sterilization, superficial scarification was done at vertex and frontal regions. Suction cups applied for 3–5 minutes; approximately 2–3 mL blood extracted.
- o **Frequency:** Once every 15 days for 8 sessions (Day 0 and Day 15).
- o **Purpose:** Local detoxification, Pitta–Rakta śodhana, improved microcirculation.

2. Guñjā Lepa

- o **Preparation:** Purified Guñjā (Abrus precatorius) seed powder mixed with Brngarāja (Eclipta alba) juice to form a paste.
- o **Application:** Applied over affected scalp areas once daily for 30 minutes, washed with lukewarm water.
- o **Rationale:** Follicle stimulation, improved scalp circulation, dosha pacification.

3. Brngarāja Ghana Vati
 - o **Dose:** 500 mg thrice daily with lukewarm water after meals.
 - o **Duration:** 4 months.
 - o **Purpose:** Rasāyana, promotes hair strength, pigmentation, and delays follicle miniaturization.

Observations

Parameter	Baseline	1 Month	4 Months
Hair fall (patient report)	Severe	Moderate ↓	Minimal ↓
Hair density (visual)	Low	Slight ↑	Moderate ↑
Scalp condition	Mild seborrhea	Reduced	Healthy
New hair growth	None	Scant	Visible short hairs

DISCUSSION

Khalitya is classified among Śīroroga in Ayurveda, with its pathology primarily involving vitiation of Pitta and Rakta along with secondary Vāta aggravation. Pitta vitiation causes premature falling of hair (keśa patana), while Vāta dries and constricts the hair follicles, leading to delayed or absent regrowth. In this case, the patient's Astavidha Parīksā revealed Pitta–Vāta predominance, aligning with the Ayurvedic pathogenesis of Khalitya.

From a modern perspective, androgenic alopecia is a genetically determined, androgen-dependent condition characterized by progressive miniaturization of hair follicles under the influence of dihydrotestosterone (DHT). The frontal and vertex scalp regions are particularly susceptible due to higher 5-alpha-reductase activity, which converts testosterone to DHT. Reduced follicular blood flow, oxidative stress, and inflammation also contribute to disease progression.

Rationale for Intervention

Ayurveda emphasizes a dual approach:

1. Śodhana Chikitsā (Purificatory therapy) to remove vitiated doshas and toxins.
2. Śamana Chikitsā (Pacification therapy) to restore dosha balance and promote tissue regeneration.

In this case:

- Wet Cupping Therapy (Rakta Moksana) was chosen as a localized Śodhana procedure. Suśruta recommends Rakta Moksana in Pitta–Rakta disorders to expel vitiated blood, reduce heat, and improve tissue perfusion. Modern studies suggest that wet cupping increases microcirculation, reduces inflammatory mediators, and stimulates angiogenesis at the treatment site. The removal of small amounts of stagnant blood may also enhance follicular oxygenation and nutrient delivery.
- Guñjā Lepa (Abrus precatorius paste) served as a topical Śamana therapy. After purification (Śodhana), Guñjā exhibits Keshya (hair-promoting), Lekhana (scraping), and Śothahara (anti-inflammatory) properties. The mechanical and pharmacological stimulation of hair follicles by topical application can promote the transition of follicles from the telogen to the anagen phase.
- Brngarāja Ghana Vati (Eclipta alba) is recognized in Ayurvedic texts as a potent Rasāyana for hair and skin. Pharmacological studies show that Eclipta alba contains wedelolactone and ecliptine, compounds with antioxidant, hepatoprotective, and hair-promoting effects. The systemic administration nourishes the Rakta and Māmsa dhātu, improves hair pigmentation, and delays follicular miniaturization.

Treatment Outcome

After four months, the patient demonstrated:

- Reduction in hair fall frequency and severity.
- Increased hair shaft thickness and density in the frontal and vertex areas.
- Visible emergence of short terminal hairs in previously thinning zones.
- Resolution of mild seborrhea.

These outcomes suggest a synergistic effect of Śodhana and Śamana–Rasāyana measures in improving follicular function.

Comparison with Existing Literature

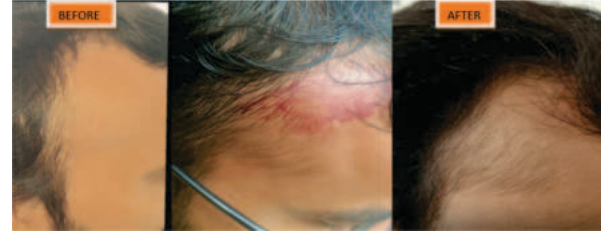
Previous studies on wet cupping for hair loss have reported improved scalp circulation and subjective regrowth. Similarly, Guñjā and Brngarāja are documented in Ayurvedic classics (Bhāvaṇṇaprakāśa Nighantu, Dhanvantari Nighantu) and modern pharmacology for hair

health. However, there is limited published data on their combined use in androgenic alopecia, making this case a useful contribution to integrative trichology literature.

Possible Mechanism of Action

1. Wet Cupping: Reduces local inflammatory mediators, increases nitric oxide release, enhances scalp perfusion.
2. Guñjā Lepa: Direct follicular stimulation, keratinocyte activation, anti-inflammatory action.
3. Brngarāja Ghana Vati: Systemic antioxidant activity, hepatoprotection, nourishment of Rakta and Māmsa dhātu.

The combination addresses both the root cause (mūla kāraṇa) and symptomatic aspects of Khalitya, aligning with the holistic principles of Ayurveda while paralleling modern pathophysiological targets.



CONCLUSION

This case highlights the potential of combining wet cupping therapy (Rakta Moksana) with Guñjā Lepa and Brngarāja Ghana Vati in managing early-stage Khalitya (androgenic alopecia). Over a four-month period, the regimen resulted in reduced hair fall, improved scalp condition, and visible regrowth without adverse effects. The approach integrates Śodhana for detoxification, Śamana for local dosha pacification, and Rasāyana for systemic nourishment, offering a holistic therapeutic strategy. Although the findings are encouraging, further studies with larger sample sizes and longer follow-up are required to confirm efficacy and establish standardized protocols.

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