



Case Study

AYURVEDIC MANAGEMENT OF FOLLICULITIS DECALVANS

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ABSTRACT

Folliculitis Decalvans (FD) is an infectious condition that affects the hair follicle, presenting as painful papules, scales, and pustules, which, in a later stage, causing baldness with scarring. The main cause of the manifestation of FD includes *Staphylococcus aureus* infection, causing pustular eruptions associated with scaling. **Brief Case Report:** The current article describes the case of a 5-year-old female child, who presented in OPD with pustular eruptions with scaling and pruritus over the scalp. Examination of the scalp suggested grouped follicular pustules extending from the fronto-temporal region as a band to the central forelock of the scalp. Gram staining of the pus sample collected confirmed gram-positive bacterial species, and culture of the sample confirmed the presence of *S aureus* by producing a zone of hemolysis over blood agar. The condition was diagnosed as *Raktaja kṛmi*. The patient was treated with *Shamana aushadis* (pacifying medications), considering the age. Medicines *Saribadyasavam* and *Gopichandanadi gutika* was given internally considering the involvement of *Pitta*. *Murvadi agada* was prescribed as a *Pachana* drug as well as an *agada*, considering the infective nature of the disease. Scalp cold sponging with *Guduchyadi kwatha* and *Shatadhoutha grita* was given for external application. **Conclusion:** After two weeks, patient was advised for follow-up, and the patient had relief from symptoms of scaling, itching, and the appearance of painful pustules. The case report highlights the efficacy of *Ayurvedic* management in infectious diseases, which can be effectively followed in managing infectious diseases affecting the scalp.

INTRODUCTION

Folliculitis decalvans (FD), or scarring alopecia, is an uncommon disorder of the skin that presents with crusts, scaling, painful inflammatory papules, and erythematous pustules of the hair follicle in the later stages, leading to permanent hair loss. FD is a disease affecting the hair follicle, which is grouped under inflammatory disorders of the scalp. The condition usually affects the younger generation to middle-aged adults. Prevalence is found to be higher in males with darker skin tones, with an incidence of 11 % of scarring alopecia cases.^[1]

Raktaja Kṛmi is described with the symptoms that include eruption of pustules with itching, caused due to the vitiation of *Pitta Rakta* and *Kapha dosas* in association with *Jantu* (infectious agents).^[2] Thus, symptoms of FD can be best correlated with *Raktaja Kṛmi*. Modern medical management involves the administration of antibiotics like rifampicin, doxycycline, and clindamycin, along with photodynamic therapy^[3] But the development of resistance to these antibiotics and the lack of quality of evidence, remains a major challenge in management. So, the present case report suggests the management of FD using Ayurvedic formulations, which were found to be effective in managing infection and preventing the recurrence for a longer duration.

Patient Information

A 5-year-old female child with her mother visited our OPD on 10/03/2025 with multiple painful erythematous follicular papules and pustules associated with scaling and itching along with hair fall over the scalp for 15 days. The symptoms started

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abruptly when the child told her mother about the pain and itching on the scalp. The patient didn't have any febrile episodes with no history of any other comorbidities. Patient was immunized up to the age. On examination, mother found these painful lesions on the scalp of her child and left unattended as she considered it as heat rashes. As days passed, she started to notice pustular lesions along with hair fall while combing, which made her anxious about her child. The lesions extend from both temporal aspects, covering the entire fronto-temporal angle to the central forelock of the scalp with scaling and crusting. No local lymph node enlargement was observed on palpation. The mother also reported that her child had pain over the lesions while combing hair associated with itching, which was aggravated at night. Therefore,

she visited our OPD for better evaluation and Ayurvedic management.

Clinical Findings

On examination of the scalp, linear erythematous band of vesicles and pustules along with grouped erythematous papules over the anterior aspect of the scalp, 2cm behind the anterior hairline, extending from both temporal regions, covering the whole fronto-temporal angle to the central forelock of the scalp with scaling and crusting (Figures 1 & 2). Other areas of the scalp were normal. The patient was moderately built and 16kg in weight. Pulse rate was 84 beats/min, blood pressure was 105/65 mm of Hg, and body temperature was 97.8°F. Bowel and micturition were normal. The examination parameters according to Ayurveda is shown in Table 1.



Figure 1 Linear erythematous band of vesicles and pustules among a group of erythematous papules (Right side)

Figure 2 Linear erythematous band of vesicles and pustules with mild scaling (Left side)

Table 1: Ayurvedic examination including *Dasavidha pareeksha* and *Astasthan pareeksha*

<i>Dasavidha Pareeksha</i>			
<i>Dusyam</i> (afflicted tissues)	<i>Rasa, Rakta</i>	<i>Prakriti</i> (somatic constitution)	<i>Kapha Pitta</i>
<i>Desam</i> (place)	<i>Jāngala</i>	<i>Vaya</i> (age)	<i>Bāla</i>
<i>Balam</i> (strength)	<i>Avaram</i>	<i>Satwam</i> (psyche)	<i>Avaram</i>
<i>Kalam</i> (season)	<i>Greeshma</i>	<i>Satmyam</i> (homologation)	<i>Madhura rasa sātmya</i>
<i>Analam</i> (digestive fire)	<i>Mandāgni</i>	<i>Aharashakti</i> (power of digestion of food)	<i>Avaram</i>
<i>Astasthan Pareeksha</i>			
<i>Nadi</i>	<i>Manduka gati (Pitta)</i>	<i>Sabdam</i>	<i>Sphutam (Pitha)</i>
<i>Mutram</i>	<i>Pandura (Vāta)</i>	<i>Sparsam</i>	<i>Ardram (Kapha)</i>
<i>Malam</i>	<i>Peetam (Pitta)</i>	<i>Drik</i>	<i>Snigdha, Manda (Kapha)</i>
<i>Jihwa</i>	<i>Rakta (Pitta)</i>	<i>Akrti</i>	<i>Pingakesa, Alparoma (Pitha)</i>
Overall Dosa Predominance			<i>Pitta Kapha</i>

Case timeline**Table 2: Case Timeline showing events and therapeutic interventions**

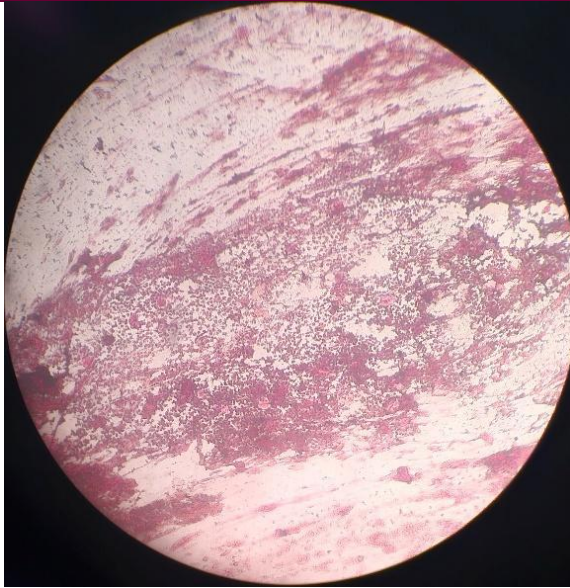
Time frame	Events and therapeutic observations
24 February 2025	Patient reported with symptoms like itching and pain over the scalp. Mother of the patient didn't observe any rashes on scalp.
27 February 2025	The patient again complains about same symptoms and mother noticed erythematous papular eruptions on scalp while combing her hair. She left it as such thinking of heat rashes.
03 March 2025	Reddish eruptions were noted on the scalp as child reported exacerbation of symptoms.
07 March 2025	Mother of the patient noticed pustular lesions over the temporal aspect of the scalp associated with mild scaling and hair fall.
09 March 2025	Patient reported pain over the scalp and mother noticed a rapid spread of lesions extending towards the central forelock of the scalp.
10 March 2025	Patient visited our OPD with symptoms of multiple painful erythematous papules associated with scaling and itching along with hair fall. Clinical Examination Linear erythematous band of vesicles and pustules among a group of erythematous papules over the fronto-temporal angle to the central forelock of both sides.
Shamana Cikitsa	
10 March 2025 – 23 March 2025	Internal medicines were prescribed • <i>Murvadi Gulika</i> orally half tablet twice a day, half an hour before food with warm water. • <i>Saribadyasavam</i> (10ml) with <i>Gopīcandanadi</i> tablet (1) twice a day after food • Cold sponging with <i>Guduchyadi Kashayam</i> was advised once a day. • External application of <i>Satadhauta grita</i> was also advised once a day. The next follow-up was advised after 2 weeks
24 March 2025	Patient revisited the OPD for follow-up. On Clinical Examination, significant reduction in symptoms like, appearance of pustules and erythema. Few regressing papules with mild scaling was noted. Internal medications were revised as follows: • <i>Nimbamritasavam</i> (10ml) with half <i>Navayyasam</i> Tablet twice a day after food. • <i>Suddhadurvadi Kera Tailam</i> for external application over scalp. Internal medicines were advised to continue for one week only, and oil application over the scalp was advised to continue for one month

Diagnostic Assessment

To identify the microbial species involved, a sample from the patient's pustule was collected using a sterile swab. Gram staining was done to determine whether the species is gram-positive or gram-negative. A gram-positive strain of bacteria was identified (Figure 3), and the sample was then used for bacterial culture.

The strain was cultured in blood agar medium to identify the bacterial species for diagnosis. Plates

were inoculated with the strain and incubated at 37°C. After the growth, the species was identified as *S. aureus*, from the features like golden yellow colonies and beta hemolysis in culture medium (Figure 4). FD was diagnosed on examination, clinical presentation, and culture studies. On culture, golden yellow colonies of *S. aureus* were found in the blood agar medium.

Figure 3 Gram Staining of *S. aureus*Figure 4 *S. aureus* on Blood Agar medium as yellow colonies along with beta hemolysis**Diagnosis – *Raktaja Kṛmi* (Folliculitis Decalvans)****Table 3: Internal medications given along with dose and frequency**

Date	Symptoms	Treatment given	Dose
10/03/35	Painful papules and pustules Itching	<i>Saribadyasavam</i> <i>Gopichandanadi Gulika</i> <i>Murvadi Gulika</i> <i>Guduchyadi Kashayam Churnam</i> <i>Satadhauta grita</i>	10 ml bd a/f 1 bd a/f ½ bd b/f Cold sponging E/A
24/03/25	Pain and itching reduced, mild scaling present	<i>Nimbamritasavam</i> <i>Navayasam Gulika</i> <i>Suddhadurvadi Keram</i>	10ml bd a/f ½ bd a/f E/A

Follow-up and Outcome

The patient was advised to take internal medications for a period of two weeks, and follow-up was advised after the period. After 2 weeks of medications, the patient visited the OPD with her parents. She had relief of symptoms like scaling, itching, and pustules (Figures 5 & 6). On examination of the scalp, pustules and scaling were considerably reduced.



Figures 5 & 6: The Number of papules and erythema over the fronto-temporal angle was reduced on the 1st follow-up. The scaling of the scalp was significantly reduced on both the right and left sides

DISCUSSION

Folliculitis decalvans, is an inflammatory, painful pustular eruptions associated with pruritus and resulting in primary alopecia. The main etiology of FD is *Staphylococcus aureus* (*S. aureus*), which causes abscess formation and scaling of hair follicles. The presence of *S. aureus* is found in most of the patients which is identified in bacterial culture. FD runs in families and shows a genetic predisposition.^[4,5] Causes of FD may also involve the contribution of ICAM -1 protein^[6], leading to inflammation of the follicle, causing leukocytic infiltration into the follicle. A deficient host-immune response, along with the association of *S. aureus*, plays a major role in the pathology of the disease.

In Ayurveda, *Raktaja Kṛmi* is caused by vitiation of *Pitta*, *Rakta*, and *Kapha* dosa along with involvement of *Jantu* (infectious agents). FD has a morphological similarity to *Raktaja Kṛmi* and the management is mainly focused on pacifying *Pitta*, *Kapha*, and *Rakta*, along with controlling the disease pathogen. The medicines chosen are polyherbal preparations which pacifies *Pitta* and *Kapha* and plays a significant role in preventing and curing infectious diseases because they contain a wide range of bioactive molecules. In the present era, bacterial resistance has developed to synthetic drugs, thereby decreasing their efficacy. So, Ayurvedic polyherbal combinations have promising dual effects in pacifying *dosas* as well as action against those resistant microbial strains.^[7]

Guduchyadi Kashayam, which is *Pitta kapha* hara, was given for cold sponging, contains drugs *Guduchi* (*Tinospora cordifolia* (Thunb) Miers)^[8], *Nimba* (*Azadirachta indica* A. Juss)^[9], and *Dhanyaka* (*Coriandrum sativum* Linn)^[10], which have high antibacterial effects that help in bringing down the bacterial growth.

Saribadyasavam, being *Ruksha* and *Seeta*, is used for the treatment of various skin disorders and has anti-inflammatory properties. *Gopīcandanadi Gulika* also effectively manages inflammatory conditions as it pacifies *Pitta* and *Kapha*.^[11] *Satadhauta grita* was also given for external application as it is cold in potency, alleviating *Pitta Dosa*.

During the first follow-up after two weeks, symptoms of itching, pustular rashes, and pain was significantly reduced. To prevent further recurrence and improve immunity, the medications were revised. The patient was advised medications, *Nimbamritasavam*, which helps to pacify *Pitta Kapha* dosa, and drugs like *Nimba* is proven for its antibacterial properties.^[12] *Navayasam Gulika* though indicated for skin diseases which has *Vidanga* with

proven antibacterial property along with *Loha* (iron), that helps in raising hemoglobin and serum ferritin levels. It has been reported that the presence of ascorbic acid (vitamin C) in *Amalaki* has a reminiscent effect on iron bioavailability and helps in immune modulation, thereby preventing the recurrence of infectious diseases. *Suddhadurvadi Keram* was advised for external application over the scalp, as *Dūrva* (*Cynodon dactylon* (Linn) Pers) is a herb with potent anti-microbial action. This also promotes hair growth. The patient didn't have any relapse of the FD after the first follow-up.

CONCLUSION

FD, being an inflammatory disorder affecting hair follicles, may cause irreversible damage to the hair follicle, causing scarring and permanent hair loss. Proper diagnosis with medications that act as antibacterial agents specific to the species can work effectively without remission. As many conventional therapeutic options are getting limited due to phenomenon like antibiotic resistance to microbial species, Ayurvedic formulations have an increased role in managing these types of infectious diseases, providing a complementary approach for combating drug resistance, as they possess a variety of biomolecules with wider mechanisms of action.

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