



Review Article

ROLE OF RASASHASTRA AND BHAISHAJYA KALPANA IN THE MANAGEMENT OF INDRALUPTA: AN INTEGRATIVE AYURVEDIC APPROACH

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ABSTRACT

Indralupta is a classical Ayurvedic disorder characterized predominantly by localized loss of hair and may be clinically correlated with non-scarring forms of alopecia, particularly alopecia areata. Ayurveda explains its pathogenesis through the involvement of *Vata*, *Pitta*, *Kapha* and *Rakta* at the level of *Romakupa*. Classical descriptions indicate that *Vata* associated with *Pitta* produces shedding of hair, while subsequent involvement of *Kapha* and *Rakta* obstructs the follicular openings and interferes with regrowth. Management therefore requires consideration of local pathology together with systemic factors such as *Dosha*, *Agni*, *Dhatu* and lifestyle. *Rasashastra* provides specialized knowledge regarding the pharmaceutical processing and therapeutic application of metals, minerals and herbo-mineral substances, while *Bhaishajya Kalpana* provides diverse dosage forms such as *Churna*, *Kwatha*, *Vati*, *Avaleha*, *Ghrita*, *Taila* and *Lepa*. The present review discusses the potential role of *Rasashastra* and *Bhaishajya Kalpana* in the management of *Indralupta*, emphasizing classical principles, pharmaceutical processing, *Keshya* drugs, local therapies, systemic support, standardization and safety. An integrative approach combining Ayurvedic assessment with contemporary dermatological diagnosis, trichoscopy and objective follow-up may provide a scientifically useful framework for future research. *Rasaushadhi* should be used only when appropriately indicated, authentically prepared, quality controlled and administered under qualified supervision.

INTRODUCTION

Hair is an important appendage of the human body and has considerable aesthetic, social and psychological significance. Hair loss may occur in several clinical patterns, including diffuse thinning, patterned loss and localized patches. Alopecia areata is characterized by sharply demarcated, usually non-scarring patches of hair loss and is considered a multifactorial immune-mediated disorder. Genetic susceptibility, immune dysregulation and

environmental factors have been implicated in its pathogenesis.

Ayurvedic classics describe several disorders of hair, including *Khalitya*, *Palitya* and *Indralupta*. Among these, *Indralupta* is particularly relevant to localized hair loss. Vagbhata describes the involvement of *Pitta* associated with *Vata*, resulting in falling of hair from the *Romakupa*, followed by obstruction of the follicular openings by *Kapha* and *Rakta*, which prevents subsequent hair growth.

The classical pathogenesis can therefore be represented as:

Vata-Pitta* → *Kesha Patana* → *Kapha-Rakta* → *Romakupa Avarodha* → impaired *Kesha Utpatti

This description provides a distinctive Ayurvedic framework for understanding localized hair loss. Contemporary alopecia areata, however, is

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explained through immune-mediated alteration of the hair follicle. Thus, *Indralupta* and alopecia areata may be clinically correlated in appropriate cases, but they should not be considered completely identical pathological entities.

The management of *Indralupta* may involve *Nidana Parivarjana*, *Shamana*, *Shodhana*, local procedures, *Keshya Dravyas* and systemic rejuvenative measures. Within this therapeutic framework, *Rasashastra* and *Bhaishajya Kalpana* are particularly important because they provide the pharmaceutical principles through which medicinal substances are transformed into therapeutic preparations.

Rasashastra deals primarily with the pharmaceutical processing and therapeutic utilization of metals, minerals and selected herbo-mineral substances. *Bhaishajya Kalpana* deals with the preparation of medicines into suitable dosage forms. Together, they provide a broad pharmaceutical basis for individualized Ayurvedic management.^[2,3]

MATERIALS AND METHODS

The present article is a narrative review based on classical Ayurvedic literature concerning *Indralupta*, *Rasashastra*, *Bhaishajya Kalpana*, *Keshya Dravyas* and pharmaceutical procedures.

Classical sources considered include *Ashtanga Hridaya*, *Sushruta Samhita*, *Madhava Nidana*, *Bhaishajya Ratnavali*, *Rasa Tarangini*, *Rasaratna Samuccaya* and *Sharangadhara Samhita*. Contemporary literature concerning alopecia areata and published Ayurvedic clinical reports was also considered.

Recent Ayurvedic case literature continues to describe *Indralupta* as a clinical correlate of alopecia areata and reports combinations of internal medicines, local applications and *Raktamokshana* procedures; however, such reports remain preliminary clinical evidence and do not establish definitive efficacy.

The review was organized under the following themes:

1. Ayurvedic concept of *Indralupta*
2. Pathogenesis and *Dosha* involvement
3. Role of *Rasashastra*
4. Role of *Bhaishajya Kalpana*
5. *Keshya* and supportive medicines
6. Local pharmaceutical interventions
7. Safety and standardization
8. Integrative clinical approach
9. Future research perspectives

RESULTS AND DISCUSSION

Ayurvedic concept of *Indralupta*

Indralupta is described as a localized disorder affecting hair and *Romakupa*. The classical description

emphasizes a sequential pathological process. Initially, *Vata* associated with *Pitta* produces hair fall. Subsequently, *Kapha* and *Rakta* obstruct the follicular openings and interfere with new hair formation.

This can be interpreted in two stages:

Stage I – *Kesha Patana*

Aggravated *Vata-Pitta* contributes to the falling or shedding of existing hair.

Stage II – *Romakupa Avarodha*

Subsequent *Kapha-Rakta* involvement produces obstruction at the follicular opening and prevents proper regrowth.

The classical description is therefore not limited to hair fall but also addresses failure of new hair formation. This distinction is clinically relevant when considering therapeutic objectives.

Indralupta and alopecia areata

Alopecia areata typically presents with one or more sharply defined patches of non-scarring hair loss. It can affect the scalp, beard, eyebrows, eyelashes and other hair-bearing areas. Modern literature considers immune mechanisms central to its pathogenesis.^[4,5]

Several Ayurvedic reports use *Indralupta* as the closest clinical correlate of alopecia areata.^[6,7] Nevertheless, correlation should remain cautious. Ayurveda describes the disease through *Dosha*, *Rakta*, *Romakupa* and tissue-level disturbances, whereas contemporary medicine explains it through immune-mediated follicular pathology.

An integrative approach should therefore use modern diagnostic tools to establish the clinical diagnosis while retaining Ayurvedic assessment for individualized treatment planning.

Role of *Rasashastra* in *Indralupta*

Rasashastra is a specialized branch of Ayurveda concerned with the pharmaceutical processing and therapeutic utilization of *Rasa Dravyas*, metals, minerals and herbo-mineral substances.

The importance of *Rasashastra* lies not merely in selecting a particular mineral or metallic substance. Pharmaceutical processing is central to the classical concept. Procedures such as *Shodhana*, *Marana*, *Bhavana*, *Jarana* and various forms of *Paka* are described to transform raw substances into therapeutically usable preparations.^[8,9]

The classical concept of pharmaceutical transformation can be summarized as:

Raw material → *Shodhana* → *Bhavana*/processing → *Marana* or other prescribed procedure → finished formulation → therapeutic administration

Consequently, the therapeutic identity of a *Rasa* preparation depends on the complete

pharmaceutical process rather than on its ingredient list alone.

Pharmaceutical significance of *Shodhana*

Shodhana is an important pharmaceutical procedure in *Rasashastra*. Classical texts describe specific purification or processing procedures for different substances. Contemporary experimental work has demonstrated that processing methods can alter the concentration of potentially toxic constituents in certain plant drugs, supporting the need to study traditional pharmaceutical procedures scientifically.^[10]

For *Rasaushadhi*, proper *Shodhana* should therefore be regarded as an essential pharmaceutical step rather than an optional procedure.

In the management of *Indralupta*, however, *Rasa* preparations should not be selected solely because they are traditionally reputed as *Rasayana* or *Keshya*. Their selection must be based on an appropriate clinical indication.

Role of *Bhaishajya Kalpana*

Bhaishajya Kalpana is the pharmaceutical science of Ayurveda. It deals with the transformation of medicinal substances into dosage forms that can be appropriately administered.

Important dosage forms include:

- *Swarasa*
- *Kalka*
- *Kwatha*
- *Hima*
- *Phanta*
- *Churna*
- *Vati/Gutika*
- *Avaleha*
- *Ghrita*
- *Taila*
- *Lepa*

Classical pharmaceutical literature provides detailed principles for the preparation and administration of these forms.

In *Indralupta*, the choice of dosage form may depend upon whether the therapeutic objective is systemic correction, *Rasayana* support or local application.

Taila Kalpana

Taila Kalpana is particularly relevant to hair and scalp disorders. Medicated oil can provide a convenient vehicle for local application and *Shiro Abhyanga*.

The principles of *Sneha Paka* described in *Sharangadhara Samhita* provide a classical pharmaceutical foundation for preparation of medicated oils.

Oil-based formulations may offer practical advantages such as:

- Prolonged contact with scalp
- Convenient local application
- Incorporation of lipid-compatible constituents
- Suitability for massage
- Ease of administration

Keshya substances such as *Bhringaraja* and *Amalaki* are traditionally incorporated into Ayurvedic hair preparations.

Lepa Kalpana

Lepa has particular conceptual relevance because *Indralupta* commonly manifests as localized patches.

A topical formulation may be selected according to *Dosha* predominance, local scalp characteristics and the therapeutic objective. Classical formulations should, however, be prepared exactly according to their prescribed pharmaceutical procedures.

Some traditional topical substances may be irritant. Therefore, excessive irritation should not be interpreted as evidence of therapeutic efficacy. Improperly used irritant preparations may produce dermatitis, inflammation or secondary complications.

Ghrita Kalpana

Ghrita is traditionally associated with nourishment and systemic administration. Appropriate medicated *Ghrita* may be considered in selected patients according to *Agni*, *Dosha*, *Prakriti* and associated systemic features.

From a pharmaceutical perspective, *Ghrita* provides a lipid medium for extracting and carrying constituents from selected medicinal substances.

Its use in *Indralupta* should therefore be individualized rather than routinely prescribed.

Churna, Kwatha and Avaleha

Churna provides a convenient powdered dosage form, while *Kwatha* represents an aqueous decoction. *Avaleha* is a semisolid preparation.

These formulations may be considered when systemic *Shamana* or supportive *Rasayana* therapy is required.

Selection should be based upon:

- *Agni*
- Age
- *Prakriti*
- *Dosha*
- Disease stage
- Associated disorders
- Patient's tolerance

Role of Keshya Dravyas

The concept of *Keshya* is important in Ayurvedic hair management. *Bhringaraja* is one of the most frequently used traditional drugs in hair preparations, while *Amalaki* possesses both *Rasayana* significance and traditional relevance to hair health.^[11]

Other drugs may be selected according to the patient's clinical condition. For example, *Guduchi* may be considered where systemic *Rasayana* support is appropriate.

However, traditional use should be differentiated from established clinical efficacy. Evidence for specific Ayurvedic *Keshya* interventions in alopecia areata remains limited.

Recent case reports have described combinations of local *Taila*, internal *Rasayana* medicines and other Ayurvedic interventions with observed hair regrowth, but controlled trials are necessary before these approaches can be considered established treatments.

Classical formulations in Indralupta

Bhaishajya Ratnavali contains a dedicated discussion of *Indralupta Chikitsa* within the section concerning disorders of the head.^[12] This provides an important classical basis for studying pharmaceutical approaches to the condition.

However, classical formulations should not be evaluated merely by reproducing the ingredient list. The complete pharmaceutical procedure includes:

Dravya selection → Shodhana → Kalka/Drava preparation → Bhavana → Paka → dosage form → Matra → Anupana → storage

Variation in any of these stages may influence the characteristics of the final formulation.

Thus, contemporary research should document pharmaceutical procedures in sufficient detail to ensure reproducibility.

Integrative Ayurvedic approach

A rational integrative model for *Indralupta* can be divided into five stages.

Clinical diagnosis

The first step is confirmation of the type of hair loss.

Differential diagnosis includes:

- Alopecia areata
- Tinea capitis
- Traction alopecia
- Trichotillomania
- Androgenetic alopecia
- Cicatricial alopecia

Trichoscopy can help distinguish several clinical patterns and can provide objective follow-up.

Ayurvedic Assessment

The Ayurvedic examination should include:

- *Prakriti*
- *Vikriti*
- *Dosha*
- *Agni*
- *Ahara*
- *Nidra*
- Lifestyle
- Psychological stress
- Associated systemic symptoms

Nidana Parivarjana

Possible contributing factors such as inadequate nutrition, disturbed sleep, excessive stress and inappropriate hair-care practices should be identified and corrected.

Individualized pharmaceutical therapy

Depending upon the clinical presentation, appropriate *Keshya*, *Shamana* and *Rasayana* preparations may be selected.

Local *Taila* or *Lepa* may be combined with systemic therapy where appropriate.

Rasaushadhi should be considered only when:

- There is a clear indication
- The formulation is authentic
- Proper pharmaceutical processing has been followed
- Quality standards are available
- Dosage is appropriate
- Qualified clinical supervision is ensured

Objective follow-up

Treatment response can be assessed through:

- Standardized photography
- Trichoscopy
- Hair-density measurement
- Patch-size measurement
- Validated disease-severity scores
- Recurrence assessment
- Adverse-event monitoring

Pharmaceutical standardization

Standardization is a major requirement for contemporary research involving *Rasashastra* and *Bhaishajya Kalpana*.

Important parameters include:

1. Authentication of raw materials
2. Correct botanical/mineral identification
3. Physicochemical analysis
4. Microbial limits
5. Analytical fingerprinting

6. Stability studies
7. Batch-to-batch consistency
8. Appropriate toxicological assessment
9. Packaging and storage evaluation

For *Rasaushadhi*, elemental analysis is especially relevant. Analytical studies of Ayurvedic metallic preparations demonstrate the importance of determining their elemental composition and characterizing the finished product.^[13]

Such characterization can help establish pharmaceutical reproducibility and improve safety monitoring.

Safety considerations

Ayurvedic medicines should not automatically be considered risk-free simply because they are traditional. This principle is especially important when metallic and mineral substances are involved.

Incorrect identification, inadequate purification, improper pharmaceutical processing, contamination or inappropriate dosing may create safety concerns.

Therefore, *Rasaushadhi* should be prescribed only by qualified practitioners and preferably obtained from appropriately standardized manufacturers.

Topical formulations containing strongly irritant substances should also be used cautiously because excessive local inflammation may damage the scalp barrier and aggravate local pathology.^[14]

Future research perspectives

The integration of *Rasashastra* and *Bhaishajya Kalpana* with contemporary dermatology provides several opportunities for research.

Future studies should evaluate standardized Ayurvedic formulations in patients with clearly diagnosed alopecia areata or appropriately characterized *Indralupta*.

Clinical trials should ideally include:

- Randomized controlled study designs
- Adequate sample sizes
- Standardized interventions
- Appropriate control groups
- Trichoscopic assessment
- Standardized photographic documentation
- Hair-density measurements
- Validated severity scores
- Patient-reported outcomes
- Recurrence assessment
- Adverse-event monitoring.

Pharmaceutical research should simultaneously characterize the formulations using

modern analytical techniques while preserving the original classical pharmaceutical procedures.

This integrated model may help establish whether classical concepts of *Rasashastra*, *Bhaishajya Kalpana*, *Keshya* and *Rasayana* can be translated into reproducible therapeutic interventions.

CONCLUSION

Indralupta is an important Ayurvedic disorder of localized hair loss, classically explained through the sequential involvement of *Vata-Pitta* followed by *Kapha-Rakta* at the level of *Romakupya*. Although it can be clinically correlated with alopecia areata in appropriate cases, the Ayurvedic and modern explanatory models should be maintained as distinct frameworks.

Rasashastra provides specialized pharmaceutical principles for the processing and therapeutic utilization of mineral, metallic and herbo-mineral substances, while *Bhaishajya Kalpana* provides diverse dosage forms such as *Taila*, *Lepa*, *Ghruta*, *Churna*, *Kwatha*, *Avaleha* and *Vati*.

Their role in the management of *Indralupta* should be individualized, evidence-informed and safety-oriented. Proper pharmaceutical processing, authentication, standardization, dosage selection and qualified supervision are particularly important for *Rasaushadhi*.

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