



Research Article

Ayurvedic Management of Khalitya (Alopecia)

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Abstract	Manuscript Information
<p>In the Present era, every person is too busy, so they do not have enough time to follow the proper daily routine (din Acharya and ritucharya). So, lots of disorders are developed by an improper lifestyle. Khalitya (Hair fall) is one of them. In general, Early hair fall is due to various factors like Pollution, improper hair care, and hormonal imbalance, etc. Now, there is no proper treatment for Khalitya, but in Ayurveda, we can solve all queries by proper treatment. In Ayurveda, hair fall is termed as a '<i>khalitya</i>' under the <i>shiroroga</i>. For <i>Khalitya</i>, <i>nasya</i> is the best treatment. So, <i>Shadbindu taila</i>, as mentioned in Bhavprakash, is the ideal drug of choice for Khalitya. So, this paper aims to present the details of Khalitya vyadhi with management.</p>	<ul style="list-style-type: none"> ▪ ISSN No: 2583-7397 ▪ Received: 29-03-2025 ▪ Accepted: 26-04-2025 ▪ Published: 04-05-2025 ▪ IJCRM:4(3); 2025: 11-15 ▪ ©2025, All Rights Reserved ▪ Plagiarism Checked: Yes ▪ Peer Review Process: Yes
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KEYWORDS: Sandhi, Shotha, Shoola, Ashthi

INTRODUCTION

As we know there is one sentence that “Ati Servatra Varjayte”. According to it, if any person does any activity more than their capacity, then it is harmful. In the Present era, life has a high-speed limit. Now, every person is busy achieving their goal. Due to this, people avoid healthcare like food, etc. So, he eats fast food regularly. They take Junk food, Mis combination of food-

Virudha Ahara, Akalabhojan, Adhayashana, Ushana, Tikshna Ahara, etc. This leads to malnutrition, like low Calcium levels, etc. It causes many problems like hair fall, etc. Also, the use of chemicals like shampoos, exposure to Sunlight, High TDS levels in water & pollution damages the luster of the hair. As per the above factors, Women suffering from hair problems like Khalitya.

Ayurveda is an ancient medical science that describes the basic aspects of Ayu, disease, and its management with its principles. Today, everybody focuses on his beauty globally. In Ayurveda, hair fall is termed as a 'khalitya' under the shiroroga. For Khalitya nasya is the best treatment. So, Shadbindu taila as mentioned in Bhavprakash, is the ideal drug of choice for Khalitya.

षड् बिन्दवो नासिकाया प्रदेयाःसर्वत्रिहन्तुः शिरसो विकारान् !
(भावप्रकाश.चि. 62/37/38).

MATERIAL AND METHODS

Ayurvedic and Modern View of Khalitya So, details of Khalitya are as follows -

Definition of Khalitya

Shushurta samhita:

रोमकूपानुगतं पित्तं वातेन सह मूर्च्छितम्!
प्रच्यवति रोमाणि ततः श्लेष्मा सशोणितः!!
रुणदधि रोमकुपास्तु ततोऽन्येषामसंभवः!
तदिन्द्रलुप्तं खालित्यं रुज्येति विभावते!!
(सु.नि 13 /33 -34)

When *Pitta with Vata* is located in *Romakoo* and *Kapha* with *Rakta* obstructs the roots/ways of *Romakoo* then It leads to the blocking of the regeneration of the hair and finally this condition is termed as *Khalitya* or *Ruhy*.

Synonyms of Khalitya

According Sanskrit Literature	
<i>As per Vācaspatyam</i>	<i>As per Halāyudhakoṣa</i>
<i>Khalati</i>	<i>Khallatah</i>
<i>Khalityam</i>	<i>Kalatah</i>
<i>Khalvatah</i>	<i>Śipivishṭah (Shipivishtah)</i>
<i>Indraluptah</i>	—
<i>Khallita</i>	<i>Bābhrūrata (Babhrurata)</i>

Nidana Panchaka Of Khalitya

In *Ayurveda*, the knowledge of disease is obtained by the study of "NIDANA PANCHAKA"

“निदानं पूर्वरूपाणि रुपान्युष्यस्था!
संप्रतिश्चेति विज्ञानं रोगाणां पञ्चधा स्मरतम् !!
व्याधिबोधकं च कारणं निदानपूर्वरुष्यसंप्रतिरूपम् !
(चक्रपाणि च.नि.01)

The examination of a disease, person should be done by *Darshana*, *Sparshana* and *Prashna*, whereas that of the disease by *Nidan* (etiological factors) *Purvarupa* (premonitory signs and symptoms), *Rupa* (Signs and symptoms), *Upashaya* and *Samprapati* (pathogenesis). Thus, to understand the disease *Khalitya* above five factors would be described.

Hetu (Etiological Factors)

तत्र व्याधिजनकं निदानं हेतुः !
(चक्रपाणि च.नि 01)

Khalitya is put on under the *Khudra Roga*. *Acharya Vagbhatta* described them in *Shiro Roga*, and these are further subdivided into nine *Kapala Vyadhi*, *Khalitya* being one of them. There is no separate mention of the specific causative factor of *Khalitya*. So, we can consider all the factors of *Shiroroga* as the cause of *Khalitya*.

The causative factor of *Khalitya* as per Ayurvedic text described as below:

Ahara Janya Nidana	Vihar Janya Nidana	Manas Janya
Atilavan sevan Atikshara sevan Atikshara sevan Guru bhojan Shit bhojan Atisnigdha bhojan Ama	Atiswapana Atijagaran Atisweda Baspa nigraha Atirudan Vagavarodha Ati vyayam Atap Ambukriya Abhayangdwesha Asatmaya gandha Pragvata (facing direct air) Deshakala viprayaya	Atichintan (thinking) Chinta (tension) Krodha (anger) Bhaya Shoka

PURVA RUPA

पूर्वरूपम् प्रगुत्पत्तिलक्षणम् व्याधे ! (च. नि 1/8)

No specific *Purvarupa* has been described.

RUPA

प्रादुर्भूतलक्षण पुनर्लिङ्गम्! (च. नि 1/9)

The main symptom of *Khalitya* is falling or loss of hair, but other associated symptoms are as follows –

Types of Khalitya	Keshaboomi Appearance
<i>Vataj Khalitya</i>	<i>Agani dagdha saman, Aruna verna</i>
<i>Pittaj Khalitya</i>	<i>Neela-Haritaverna, Siravyapta</i>
<i>Kaphaj Khalitya</i>	<i>Ghana, Swetabha</i>
<i>Tridoshaj Khalitya</i>	<i>Tridosha laxana,</i>

UPSASHAYA –ANUPSHAYA (PATHYA-APATHYA):

There is no clear-cut description of *Upashayanupshaya* in *Samhitas*, but we can consider it under the *Shiroroga*, *Twakavika* etc.

SAMPRAPTI GHATAKA

Pitta: Pachak Pitta and Bhrajaka Pitta

Mala: Sweda, Kesha

Dosh: Vata: Samana, Vyana

Dushy: Dhatus: Rasa, Rakta, and Asthi

Ama: Rasa, Raktagata Ama

Agni: Jatharagni, Rasagni, Asthyagni

SADHYA – ASADHYATA

Sannipataja type is Asadhya; remaining Vataja, Pittaja, and Kaphaja are Sadhya as per condition.

CHIKITSA SIDDHANTA

As per our Acharya, we have to adopt the treatment principle of *Indralupta* and *Palitya* in *Khalitya*. Also, there should be *Samshodhana* as per *Dosha*. So, the common procedures in *Khalitya* are as follows -

- *Abhyanga*
- *Shodhan*
- *Raktamokshana*
- *Lepana*
- *Nasya*
- *Rasayan and Keshya Dravya*

Pathya Ahara: *Dugdha, Shashtika shali, Goghrittha, Dadima, Mudga, Kharjura, Kushnanda, Narikela*

Pathya Vihara:

Shirotaksha
Nasya
Ushnishadharana
Abhyanga
Padaraksha
Pralepa Karnapurana
Padatal Abhyanga
Sarvangasana

MODERN VIEW

As per the Modern view, we can compare *Khalitya* with *Alopecia*. There will be partial or Total hair loss may be present in *Alopecia*. Finally, we can say diffuse hair loss is the main symptom of *Alopecia*.

ASSOCIATED SYMPTOMS

Associated symptoms are as follows –
burning and redness of the scalp in chemical burn,
Itching of the Scalp in fungal infection,
Symptoms of underlying diseases like anemia, hypothyroidism, etc., may be present simultaneously.

ETIOLOGICAL FACTORS**Diseases or Illness:**

- Hyperpyrexia
- Severe infection
- Hyperthyroidism etc.
- Fungal infection of the scalp

Hormonal Imbalance

- Intake of contraceptive pills
- Increase in testosterone

Nutritional Deficiency

- Cancer
- Low serum protein
- Medication

- Low serum iron

Others

- Overexposure to the sun
- Pollution
- Use of strong chemicals like Hair dye
- Use of hard water

Congenital Defects of Hair Shaft**Newly Found Hair Loss Gene****PATHOGENESIS**

As described in earlier pages, falling of Hairs occurs due to many etiological factors. The pathogenesis also varies as per the etiological factor involved. So, pathogenesis according to related etiological factors is described as under.

Hormonal Imbalance**Hair loss caused by Androgen DHT**

Everyone has DHT (Di Hydro Testosterone), but only some people are affected by the Hair loss due to it. So, there has to be another factor is the presence of a great number of androgen receptors in large numbers in the follicle is inherited genetically.

Hair Fall Due to Intake of Contraceptive Pills**Hair Falling After Delivery****Hair fall after a Disease**

Hair falling after systemic disorders like hyperpyrexia, thyroid malfunction, and severe infection is always seen, since the follicle is very sensitive to minute imbalances of the body. R.T. Sins (Cambridge University) studied microscopically anagen Hair samples from 10 healthy volunteers and 100 hospital patients, ill for longer than 7 days to observe the change in diameter of Hair shaft associated with illness. He concluded that the growth of a Hair in a follicle is a continuous, creative process in which rapidly dividing cells are organized and special proteins are vigorously synthesized. The results of this study suggest that a disease can disturb protein synthesis in another system which is not specifically involved. This also shows the effect of various systemic disorders on Hair growth. - (Year Book of Dermatology) Same response can also be produced in the Hair protein after surgical treatment or in chronic disorders. It is commonly observed that stress induced by such diseases or surgery makes the Hair growth cycle of an individual synchronous, which is normally asynchronous. As the result of this large number of growing (anagen) Hairs instead of partial number enter into the dying (telogen) phase. It is also called telogen effluvium. Local diseases of scalp like fungal infection i.e. ring worm, dandruff, seborrheic dermatitis also induces falling of Hair by producing local irritation associated with loss of follicles.

Alopecia

Alopecia is a major cause of Hair falling. In this disease, the germinative zones of the hair follicles, surrounded by T Lymphocytes, are seen. As a result of the reaction of the immune system to the Hair follicle, Hair falling occurs.

Occasionally, it can be associated with diseases like hyperthyroidism, hypothyroidism, vitiligo, Down syndrome, etc. It includes alopecia totalis, Alopecia areata, alopecia universalis, etc.

Hair Fall Due to Dandruff:

It is not a disease but a condition of skin – seborrheic dermatitis (seborrhea) causing excessive oily skin and favors a fungal infection of Hair of scalp and other areas of body. It makes allergic types of reaction of skin i.e. reddening and itching with thin scale formation of skin (fur, feathers etc.). The fungus called *Malassezia furfur* (variously known as synonyms). *Pityrosporum orbiculare*, *Malassezia tropica*, etc.). The skin lesion is called *tinea versicolor* (and a variety of other names, *Pityriasis Versicolor*, *chromophytosis*, *dermatomycosis*, *furfuracea*, liver spots, *tinea flava*, etc.). The lesion causes fawn to brownish red coloured scales on the trunk, and occasionally also on the axillae, groin, thighs, face, and scalp. It is a type of superficial mycosis, which is chronic and asymptomatic in many cases.

Hair Fall Due to Nutritional Deficiency

Nutritional deficiency, especially those related to low serum protein and low serum iron, may cause Hair loss.

Hair Fall Due to Medication

Some drugs, alpha blockers, Flucanazole, heparin, lithium, retinoids, and ethionamide, are harmful to hair.

Chemotherapy and Radiation

Chemotherapy and radiation are utilized for curing carcinoma. It also causes Hair loss.

Hair Fall Due to Stress

Hair Styling Treatment:

Excessive use of Hair clips may break the hair. Chemical treatment of the Hair, like bleaching, straightening, relaxing, or permanent waving, is popular in the present era. Hair can become weak if any of these chemicals are of poor quality or if used too often. Some of them may cause chemical burns and thus damaged Hair follicle. Hair shaft injury resulting in premature desquamation of inner root sheath is caused by a number of cosmetic products. Shampoo or Hair dye containing strong chemicals like selenium may induce same reaction. Forceful massage, vigorous brushing with old and poor quality, nylon brushes and combing in wet Hair may also cause Hair loss. The Hair becomes more fragile and breaks at various lengths.

CONCLUSION

- Khalitya is common nowadays.
- It is mainly due to Vatakopa.
- In the Modern era, we can compare it with Alopecia.
- In Ayurveda, there is proper treatment of Khalitya vyadhi.

REFERENCES

AYURVEDIC TEXTS

1. Tripathi B. *Ashtanga Hridaya (Nirmala Hindi Commentary)*. 1st ed. 2003.
2. Gupta A. *Ashtanga Sangraha*. 1st ed. 2005.
3. Desai RR. *Ayurvediya Kriya Sharir*. 1st ed. 1999.
4. Pandya DM. *Abhinav Kriya Sharir*. 1st ed. 2001.
5. Kasture HS. *Ayurvediya Panchakarma Vigyan*. 8th ed. 2004.
6. Shastri A, editor. *Bhaishajya Ratnavali of Govinddas (Vidyotini Hindi Commentary)*. 18th ed. 2007.
7. Chuneekar KC, Pandey GS, editors. *Bhavaprakasha Nighantu*. 1st ed. 2000.
8. Misra B. *Bhavaprakasha (Vidyotini Hindi Commentary)*. 9th ed. 2005.
9. Tripathi I, editor. *Chakradatta (Vaidayaprabha Hindi Commentary by Ramanath Dwivedi)*. 1st ed. 2005.
10. Acharya YT. *Charaka Samhita with Chakrapani Teeka (Sanskrit Commentary)*. 1st ed. 2008.
11. Shastri RD. *Charaka Samhita (Vidyotini Hindi Commentary)*. Part I & II. 1st ed. 2001.
12. Sharma PV. *Dravyaguna Vigyana*. Vol. I & II. 1st ed. 2002.
13. Bhatt CN. *Harita Samhita*. Mumbai: Sastu Sahitya Prakashan; 1985.
14. Thakur CG. *Introduction to Ayurveda (Basic Indian Medicine)*. 1st ed. 1965.
15. Bhishagacharya S. *Kashyapa Samhita (Vidyotini Hindi Commentary)*. 1st ed. 1953.

PUBLICATIONS & THESES

1. Bhaghel MS. *Researches in Ayurveda*. 1st ed. 2005.
2. Vasani S. *Anubhava Nu Amrita*. 1st ed.
3. Vasani S. *Arogya and Aushadha*. 1st ed.
4. Times of India. *Wellness.com*. 2008 Dec 20.
5. Singa S. *Khalitya Me Keshavardhana Yoga Sahit Nasyakarma Avam Abhyanga Tulanatmak Adhyayana* [thesis].
6. Mehta DI. *A Pharmacological Study on Bhringaraj in the Management of Khalitya* [thesis].
7. Sharma N. *Clinical Study on the Etiopathogenesis of Khalitya and its Management with Gunja Tail and Keshya Drug Combination* [thesis].
8. Thanki K. *A Comparative Study of Anu Taila & Mashadi Taila Nasya on Ardita (Facial Paralysis)* [thesis]

MODERN TEXTS

1. Sainani GS. *API Textbook of Medicine*. 15th ed. 1994.
2. Guyton AC, Hall JE. *Textbook of Medical Physiology*. 10th ed.
3. Ogilvie C. *Chamberlain's Symptoms and Signs in Clinical Medicine*. 12th ed.
4. Macleod J. *Davidson's Principles and Practice of Medicine*. 17th ed.
5. Braunwald E, Fauci AS, Kasper DL, et al. *Harrison's Principles of Internal Medicine*. 15th ed.
6. Chatterjee CC. *Human Physiology*. Vol. I & II. 1st ed. 1985.

7. Hutchinson R. *Hutchinson's Clinical Methods*. 20th ed.
8. Mahajan BK. *Methods in Biostatistics*. 1st ed.
9. Golwalla AF. *Medicine for Students*. 15th ed. 1992.
10. Mehta PJ. *Practical Medicine for Students and Practitioners*. 15th ed. 2001.

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