

Homoeopathy of AYUSH in Alopecia Areata

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Article History

Received: 02.06.2024

Accepted: 09.07.2024

Published: 13.07.2024

Abstract: The article deals with a trichological problem & sees the role of homoeopathy of the AYUSH ministry in dealing with Alopecia Aerata (AA). It begins with the description of the condition followed by its epidemiology at the global & national level. The literature review deals with the description of the problem across the various regions of the globe & how studies have suggested evolving ways to deal with the issue. Various sections like clinical features, risk factor, causes, treatment, support system that is required are the highlights of the article. The burden, challenges are mentioned

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CITATION: Tridibesh Tripathy *et al* (2024). Homoeopathy of AYUSH in Alopecia Areata. *South Asian Res J Med Sci*, 105 6(4): 105-110.

followed by a section that describes the 'to do' activities in future. A homoeopathic treatment protocol is suggested at the end of the article while further aspiring that the integration is done at the programmatic level for the benefit of the masses.

Keywords: Alopecia Areata, NPCDCS, NLEM, NLEAM, Homoeopathy, Miasm, Materia Medica.

INTRODUCTION

Alopecia Areata is an auto immune disorder that is characterized by sudden hair loss in distinct, often circular patches on the scalp or other body areas. The condition occurs when the immune system mistakenly attacks the hair follicles leading to hair loss [1].

It affects individuals regardless of age, gender or ethnicity where as its precise cause is elusive. In severe cases, it may progress to total scalp hair loss which is called as Alopecia Totalis (AT) or complete body hair loss which is known as Alopecia Universalis (AU) [1].

LITERATURE REVIEW

One study mentions that AA occurs worldwide. The study cites that the estimated prevalence is approximately 1 in 1000 people with a life time risk of approximately 2% [2]. Another study informs that the life time incidence of AA is 2% globally. Both formal population studies found no sex predominance. It found that the first onset is most common in the third & fourth decades of life but may occur at any age. An earlier age of first onset corresponds with an increased life time risk of extensive disease. Global Disability Adjusted Life Years (DALY) for AA were calculated at 1,332,800 in the year 2010. AA patients are at risk for depression, anxiety, atopy, vitiligo, thyroid problems & other autoimmune diseases or conditions [3].

A 2018 study cites that some smaller studies indicate a slight female to male gender bias but this may be due to higher female concern regarding hair loss & subsequent treatment. It describes the median age at diagnosis is 33 years [4, 5]. Further, another study found that prevalence & incidence of AA, AT & AU were higher among female vs male individuals, adult vs children & adolescents [6]. Another study mentions that 48% of the Global Burden of Disease (GBD) regions had insufficient data on the prevalence or incidence of AA. The study also reinforces that epidemiological information on Middle & Lower Income Countries (MLIC) may serve as a crucial reference in terms of health care policy decisions [7]. Conclusion section of another study mentions that globally both the age standardized incidence rate & age standardized DALY rate of AA showed decreasing trends. The study also suggests that future preventive strategies should focus on low income countries, Central Sub Saharan Africa, Kuwait, South Sudan & Nigeria [8]. A study published by Elsevier in 2023 mentions 9 highlights. It cites that the global incidence of AA shows decreasing trends. There are bidirectional associations with autoimmune disorders, psoriasis, irritable bowel syndrome & depression. COVID 19 was not associated with AA development & vice versa. Serum Tumor Necrosis Factor like Weak Inducer of Apoptosis (TWAK) levels were higher in AA & were correlated with Severity of Alopecia Tool (SALT) scores. Blood Natural Killer Group 2D (NKG2D) cells expanded in AA & Lovastatin promote NKG2D ligand shedding [9].

A 2021 study provides first range scale estimates of the incidence & point prevalence of AA & the study provided understanding the burden of AA on the population. The same study further cites that variation in AA onset between different population groups will give insight into the pathogenesis of AA & its management [10]. Moving further, another study done in Germany in 2023 cites that AA is a common immune mediated skin condition with marked regional variations. To understand the epidemiology of AA, complementary population based studies including clinical characteristics of AA are useful tools [11].

Epidemiology

AA occurs worldwide. The disease affects approximately 2% of the global population. The estimated prevalence is approximately 1 in 1000 people with a life time risk of approximately 2% [1-3].

This section is on Severity of Alopecia Tool (SALT). A study found that the mean score of SALT was 11.33 with a range of 1.8 to 33. That means one AA patient may lose only 2 hairs where as some other AA patient may lose hair 16 times than the other. Usually, AA patient lose about 11-12 hairs. This loss is per 24 hours. This was found by another study. SALT is a tool developed to standardize the quantification of hair loss across the different quadrants of head. It is used for quantifying amount of scalp hair loss in clinical trials [12].

Clinical Features

The course of the disease is unpredictable. Hair fall can occur suddenly & may resolve on its own. The hair fall may persist & recur over time. Some people may experience only one episode of hair loss. Others face chronic & recurrent forms of the condition [1-6].

Causes & Risk Factors

Immune system has a critical role to play in the progression of the disease. Studies show that people with Alopecia Aerata CD8+ T cells play a crucial role. These cells enter hair follicles particularly during the active growth phase & release Cytokines & other factors. All these inflammatory substances disrupt normal hair growth resulting in hair loss [1-6].

Various substances in the body contribute to the inflammation associated with Alopecia Aerata. These are Interferon- Gamma (IFN- γ) that is released by CD8+ cells in the hair follicles. CD8+ cells are the leaders in the inflammatory processes but other cells such as CD4+ cells, Natural Killer (NK) cells also contribute to inflammation. The collective action of these cells leads to release of inflammatory substances that damage hair follicles & finally to hair loss [1-6].

Diagnosis

The diagnosis of Alopecia Areata (AA) is made through clinical examination by a dermatologist. The distinctive pattern of hair loss & the presence of 'Exclamation Point' hair is crucial in this condition. This hair is short, broken hair that appears narrower at the base. This is indicative of the condition of Alopecia. In some cases, skin biopsy is performed to confirm diagnosis & rule out other causes of hair loss [1-6].

Genetic factors also play a significant role. Here, alterations in the Human Leukocyte Antigen (HLA) genes, environmental factors such as stress play a role. Infections & other triggers also influence the onset & progression of Alopecia Aerata. The disease often occurs sporadically & often there is a familial clustering of cases. Thus individuals with family history of the condition are at a higher risk of developing Alopecia Aerata [1-6].

Treatment & Support

There is no specific cure for AA. This is where Homoeopathy helps to deal with AA. Studies have been done the way immune system is involved. In Allopathy, one of the treatment method is the application of Corticosteroids through local application & injection to the local area of the scalp. The process calms down the immune system & encourage hair to grow back. Other drugs used in Allopathy are Minoxidil, JAK protein inhibitors, Diphencyprone & Squaric Acid Dibutyl Ester [1-6].

Challenges

Here, it is important to note that while the above-mentioned approaches contributes to overall well being & reduces the risk factor these methods are no foolproof to prevent the condition. Individual responses vary since AA is influenced by a combination of genetic, environmental factors [1-6].

AA can have a significant psychological & emotional impact on individuals as it can lead to sudden & unpredictable hair loss. Individuals can also experience self consciousness, lower self esteem & anxiety. Support groups & counseling are important tools for individuals who go through emotional aspects of living with AA [1-6].

Current Situation in India

AA showed a preponderance in men (M: F: 2:1) & the majority of persons with disease (88%) were below 40 years of age. Diseases associated with autoimmunity were seen in only 5% of patients. Atopy was associated with 18% of patients. Presence of vitiligo in family members & onset before 2 years of age especially in boys or men were risk factors for severe alopecia [13].

Burden of AA in India

The population of India is projected to be 150 crores or 1500 millions. As mentioned above, the prevalence of AA is about 1% of population. As 1% of 1500 millions is $1500 \times 1/100 = 1.5$ million [15].

Further, as mentioned above, 10% of population in India use Homoeopathy, 10% of 1.5 million will be 0.15 million. Hence, these people who use Homoeopathy currently will be covered through the benefit of Homoeopathy [16].

The rest 90% of 1.5 million will be only receiving benefit of Homoeopathy only if it is integrated into the Public Health System through the concept of Universal Health Coverage as suggested by an article in the Lancet [17].

Way Ahead

Family members should remain vigilant in observing any changes in a child's behavior & promptly seek medical advice. The 2002 National policy on Indian Systems & Homoeopathy envisages the role of homoeopathy in National Health Programs & one such program is the NPCDCS [31]. The objectives & strategies mention about linking of the Homoeopathic therapeutic system both at institutional & community level [14].

As 10% of the population In India use Homoeopathy, using the projected population of 150 crores in the absence of a Census since 2011, it can be inferred that 1.5 crore population can be saved from the development of AA in their lives. Simultaneously, the AA patients will benefit as recurrence of other trichological disorders will be reduced while saving them from side effects of Chemotherapy & hormonal therapy during the course of treatment [17].

Homoeopathic Angle

At the outset, it should be noted that the properties of homoeopathic medicines fulfill the criteria of Essential Medicines. These are cost effective, therapeutically active & no side effects. Homoeopathy meets the triad criteria & masses can be covered through this therapeutic system at a low cost [18, 19].

Each AA patient should also stick to the diet plan as per the Auyurvedic concept of Satwik, Rajasik & Tamasik foods. To deal with the inflammations inside the body in AA, the patient should mostly eat the Satwik type of foods, moderately eat the Rajasik type of foods & sparingly eat the Tamasik type of foods [20].

This condition is primarily affected by the 'Syphilitic' 'Miasm' in the background. In Homoeopathy, 'Miasms' are disease causing dynamic influences that are infectious in nature. The basic property of this 'Miasm' is to destroy tissues in the body [28].

Given below are a group of Homoeopathic medicines that can address AA. Homoeopathy has a number of medicines for this condition. The following section gives the list of medicines as per the features of AA. The Homoeopath has to prescribe the medicine/s from the list using the process of remedy selection in Homoeopathic therapeutics [21-30].

To deal with inflammatory markers like IFN- γ , CD4, CD8 & NK cells, drugs like 'Curcuma Longa', 'Prednisolone', 'Cortisone', 'Hydrocortisone', 'Echinacea' can be prescribed [21-30]. Reducing congestion or inflammation in the body as a result of immunological phenomenon through homoeopathic therapeutics has already been established during the COVID 19 pandemic. It is significant to note that there was no association between AA & COVID 19 as mentioned above [32].

Hairfall where the hair colour is Auburn/Reddish Brown- 'Phosphorus', 'Pulsatilla', 'Rhus tox' [23].

Baldness in Head- 'Baryta Carb', 'Phosphoric Acid', 'Silicea', 'Stramonium' [23].

Baldness- 'Alumina', 'Aurum Met', 'Baryta Carb', 'Acid Flour', 'Graphites', 'Lycopodium', 'Syphilitinum', 'Zincum Met' [23].

Medicines can be prescribed as per each of the condition given below. These are 9 such conditions that are mentioned. Dry, Lustreless hair that tangle easily & remain glued together- 'Psorinum', 'Lycopodium' [24].

Hair fall off on head especially of whiskers- 'Selenium' [24].

Hair fall off after chronic headache- 'Sepia', 'Sulphur' [24].

Hair become frowsy & tangle, split, stick at tips- 'Borax', 'Acid Flour', 'Lycopodium', 'Psorinum', 'Tuberculinum' [24].

Hair becomes dry & fall- 'Thuja' [24].

Hair fall out in bunches, baldness of single spot- 'Phosphorus' [24].

Hair fall out when touched in nursing women- 'Natrum Mur', 'Sepia' [24].

Plica Polonica- 'Psorinum', 'Baryta Carb' [24].

White Scaly Dandruff- 'Thuja', 'Phosphorus', 'Lycopodium', 'Psorinum' [24].

Similarly, from Bach Flower remedies, remedies like 'Gorse' (*Ulex Europaeus*) can be prescribed if there is hopelessness or despair in the AA patient along with the above-mentioned remedies. If the patient has developed fear for AA, 'Mimulus' can be prescribed. If there is hyper anxiety in the AA patient, 'Vervain' (*Verbena Officinalis*) can be prescribed. If the AA patient has resigned him/her self because of the chronic nature of AA & has become apathetic in nature, 'Wild Rose' (*Rosa Canina*) can be prescribed [27].

From the list of Bowel Nosodes, remedies like 'Bacillus Morgan (Bach)' can be prescribed as it addresses to reduce the congestion in the body. If the AA patient develops anticipatory nervous tension as a result of the resistance nature of AA, remedies like 'Dysentery Compound' can be prescribed [33].

From the list of Indian Drugs, the Mother Tinctures of 'Arnica', 'Jaborandi', 'Calendula', 'Amlaki', 'Terminalia Chebula' & 'Terminalia Battersica' can be prescribed [21-30].

CONCLUSION

The properties of Homoeopathy can be applied to deal with the issue of AA as it is a highly individualized phenomenon. The principle of Homoeopathy is individualization where each patient is treated as per his/her constitution. The generalized approach in dealing with AA has shown extremely poor results as seen above.

Homoeopathy is applied differently for different age groups. As each individual is different, Homoeopathy has ways & means to deal with each of the age groups. The ministry of AYUSH can apply the benefits of AYUSH for AA for covering masses. Needless to say, the properties of Homoeopathy as mentioned in the NLEM & NLEAM will only catalyze the process.

ACKNOWLEDGEMENT

The lead author thanks all the coauthors who are Homoeopaths for their contribution in the Homoeopathic section & all other coauthors for their contribution in the non Homoeopathic section. Professor Nayak was the teacher of the lead author during his Homoeopathic graduation days from 1986-1993 at Bhubaneswar, Odisha. Prof. Dr. D.P. Singh was the teacher of the lead author at Tata Institute of Social Sciences, Mumbai during 1995-1997 & Professor Shankar Das was the Ph.D. guide of the lead author during 2011-2018 at Tata Institute of Social Sciences, Mumbai. Professor Rakesh Dwivedi is the HOD of the Department of Social Work, Lucknow University where the lead author is a visiting faculty.

Declaration: The lead author declares that the Homoeopathic protocol given here is only suggestive in nature.

Funding: There was no funding received for the article

Conflict of Interest: There is no conflict of interest regarding the article.

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