

CLINICAL RESPONSE OF A UNANI REGIMEN IN ALOPECIA AREATA (DĀ' AL-THA'LAB): A CASE REPORT

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ABSTRACT

Alopecia areata (AA) is a chronic immune-mediated disorder with multifactorial pathogenesis. It is characterized by non-scarring hair loss, usually presenting as well-defined patches, with clinical severity varying according to the extent and distribution of hair loss. The condition may impose a considerable psychosocial burden and adversely affect the quality of life of affected individuals.

A 24-year-old male patient presented to the Outpatient Department of Amraze Jild wa Tazeeniyat, H.S.Z.H. Government Autonomous Unani Medical College & Hospital, Bhopal, Madhya Pradesh, with a localized patch of hair loss over the scalp. Based on the clinical history and examination, the patient was clinically diagnosed with alopecia areata, correlated with Dā' al-Tha'lab in Unani medicine.

The patient was treated for seven days with a combination of systemic and topical Unani formulations. Jawarish Amla Sada 5 g twice daily after meals and Sharbat-e-Faulad 10 mL twice daily after meals were prescribed orally, along with topical application of Roghan Zararih over the affected area. Following 7 days treatment, visible hair regrowth was observed over affected area. No adverse effects were reported during the treatment period.

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The therapeutic rationale of the regimen was based on the traditional use of the formulations as hair-strengthening, hair-tonic and locally circulation-supportive agents, together with the antioxidant potential of Amla and the possible hair-growth-supportive effects of the constituents of Roghan Zararih.

The present case describes visible hair regrowth following a combined systemic and topical Unani regimen in a patient with localized alopecia areata. Further controlled clinical studies are required to evaluate the efficacy and safety of this therapeutic approach.

KEYWORDS: Alopecia areata, Dā' al-Tha'lab, Jawarish Amla Sada, Sharbat-e-Faulad, Roghan Zararih

INTRODUCTION

Alopecia is defined as loss of hair from any hair-bearing region of the body [1,2]. Alopecia may broadly be classified into scarring (cicatricial) and non-scarring (non-cicatricial) forms [1]. Alopecia areata is a non-scarring form of alopecia characterized by localized or generalized hair loss, with preservation of follicular openings and without permanent destruction of the hair follicle [4].

Alopecia areata is an immune-mediated disorder with multifactorial pathogenesis. It commonly presents as rapidly developing, smooth, well-defined, round or oval patches of non-scarring hair loss on the scalp [5]. In addition to autoimmune mechanisms, several factors, including genetic and hormonal influences, nutritional deficiencies such as iron

deficiency, and psychological stress, may influence the onset and clinical course of the disease [2]. Psychological distress in the form of negative or stressful emotions, including low self-esteem, anger, anxiety and fear, as well as traumatic, family and personal problems, has also been reported among patients with alopecia areata [2]. The lifetime incidence of alopecia areata is approximately 2%, with both sexes being affected, and it is more frequently reported in children than adults. The disease may occur at any age, with approximately 40% of patients experiencing their first symptoms by 20 years of age [2]. At the follicular level, affected hairs may have a shortened anagen phase, premature transition into catagen, dystrophic changes and apoptosis during the hair-growth cycle. Perifollicular and intrafollicular inflammatory infiltrates, particularly around the hair bulb, may produce the characteristic “swarm of bees” appearance [3]. The inflammatory infiltrate may include CD8+ and CD4+ T cells, mast cells, natural killer cells and dendritic cells.

Clinical features and diagnosis

Alopecia areata may occur in association with several autoimmune and atopic conditions, and nail abnormalities, particularly pitting, have also been reported [1,4,6]. Although the scalp is the most commonly affected site, the beard, eyebrows, eyelashes and other body hair may also be involved [1,4]. Affected areas are generally asymptomatic and appear as smooth patches without scaling, papules, inflammation or atrophy [4]. Short broken hairs, black dots and exclamation-mark hairs may be observed clinically and are characteristic features [3,4]. The clinical course is variable, with some patients experiencing spontaneous remission while others may progress to more extensive forms such as ophiasis, alopecia totalis or alopecia universalis [4]. Diagnosis is primarily clinical and may be supported by dermoscopy and, when clinically indicated, histopathological examination. In diagnostically uncertain cases, investigations such as fungal evaluation, scalp biopsy or other appropriate investigations may be considered [1,3,4].

In the Unani system of medicine, several terminologies, including Intithār al-Sha‘r, Dā’ al-Hayya and Dā’ al-Tha‘lab, have been used to describe conditions associated with hair loss [7]. Alopecia areata may be correlated with Dā’ al-Tha‘lab, which is described as falling of hair in patches from the scalp, beard and eyebrows [8,9]. Classical Unani literature describes several possible etiological factors and humoral mechanisms associated with this condition [8,9].

The principles of management described in classical Unani literature include evacuation of the involved humour or morbid matter, together with local application of medicines intended to improve local circulation and the use of Musaffi-e-Dam (blood-purifying) and Muqawwi Sha'r (hair-tonic) agents. Based on these principles, systemic and topical Unani formulations were selected in the present case.

Jawarish Amla Sada is a semi-solid Unani formulation containing Amla (*Phyllanthus emblica*) as its principal ingredient. Amla is traditionally regarded as Muqawwi Sha'r (hair tonic) and has been used to support hair strength and growth. *Phyllanthus emblica* is rich in phenolic compounds, tannins and other antioxidant constituents and has demonstrated free-radical-scavenging and antioxidant activities. Experimental studies on Jawarish Amla Sada have demonstrated enhancement of antioxidant defence mechanisms, including catalase, glutathione peroxidase, glutathione reductase and glutathione-S-transferase, along with restoration of reduced glutathione levels [10,11]. Since oxidative stress has been implicated in the pathogenesis of alopecia areata and may contribute to disruption of hair-follicle immune privilege, the antioxidant potential of Amla provides a possible supportive rationale for its use in the present case [12,13]. Furthermore, a randomized controlled clinical study of an oral Amla preparation reported improvement in the anagen-to-telogen ratio, suggesting a possible hair-growth-supportive effect [14].

Sharbat-e-Faulad is a Unani formulation traditionally used as a Muwallid-e-Dam (haematinic) and Muqawwi-e-Meda wa Kabid formulation, with Faqr-ud-Dam (anaemia) listed among its therapeutic uses. It contains Burada Faulad (iron preparation) along with other ingredients and is administered orally in Unani practice. Since iron is involved in cellular metabolism, DNA synthesis and proliferation of rapidly dividing cells, including hair-follicle matrix cells, Sharbat-e-Faulad was included in the present regimen as a systemic supportive formulation. However, its role in alopecia areata should be considered supportive rather than as a specific therapeutic agent [15].

Roghan Zararih is a topical Unani oil preparation traditionally used for hair and scalp disorders and is described as useful in alopecia areata. The formulation contains ingredients including Nakchini (*Centipeda minima*), Kharateen Musaffa and Baiza Murgh. *Centipeda minima* contains bioactive constituents such as brevilin A, which has demonstrated JAK3-inhibitory activity in experimental studies. Since the JAK-STAT signalling pathway is involved in the immunological pathogenesis of alopecia areata, these findings provide a

possible biological rationale for the topical use of Roghan Zararih. However, the available experimental evidence relates to *C. minima* or its specific constituents and cannot be directly extrapolated to Roghan Zararih as a complete formulation [16]. Alopecia areata may also have a substantial psychosocial impact. Patients may experience embarrassment, anxiety, social stigma and reduced self-esteem, which may adversely affect quality of life [2]. Therefore, the clinical evaluation of safe and potentially useful therapeutic approaches remains relevant, particularly in patients seeking treatment for localized disease.

CASE REPORT PURPOSE

The present case report describes the clinical presentation and short-term outcome of a patient with localized alopecia areata managed with a combined systemic and topical Unani treatment. The report also aims to document the therapeutic approach and provide a basis for further clinical evaluation rather than to establish treatment efficacy.

CASE HISTORY

A 24-year-old male patient presented to the Outpatient Department (OPD) of Amraz-e-Jild wa Tazeeniyat, H.S.Z.H. Government Autonomous Unani Medical College & Hospital, Bhopal, Madhya Pradesh, with a complaint of a patch of hair loss over the scalp for approximately one to two months. During history taking, the patient reported that he had suddenly noticed a small area of hair loss that subsequently became clinically apparent as a localized patch. There was no associated itching. His appetite was normal; however, he complained of constipation. A past history of treated rectal tuberculosis approximately 2–3 years earlier was documented.

On clinical examination, a localized, well-defined patch of hair loss was present over the scalp. The affected area showed features consistent with non-scarring patchy hair loss. There was no evidence of inflammation, including erythema, increased local temperature, papules or eruptions. Exclamation-mark hairs were present, and the hair pull test was positive over the affected area. Other body hair was not involved.

There was no relevant history of hair dye use or application of other chemicals over the scalp. No family history of vitiligo, thyroid disorders, diabetes mellitus or rheumatoid arthritis was reported. There were no associated nail abnormalities.

DIAGNOSTIC ASSESSMENT

Based on the history and clinical examination, the patient was clinically diagnosed with localized alopecia areata. The presence of a well-defined non-scarring patch of hair loss, exclamation-mark hairs and a positive hair pull test supported the clinical diagnosis. No laboratory, microbiological, dermoscopic or histopathological investigations are reported in the present case. In the Unani system of medicine, the condition was correlated with Dā' al-Tha'lab.

THERAPEUTIC INTERVENTION

The patient was managed with a combination of systemic and topical Unani formulations.

Jawarish Amla Sada: 5 g orally twice daily after meals with water.

Sharbat-e-Faulad: 10 ml orally twice daily after meals with water.

Roghan zararih :Applied locally over the affected area once daily in a sufficient quantity, as recorded in the clinical case record.

The above treatment regimen was advised for a period of seven days.

RESULT

Following seven days of treatment, visible hair regrowth was observed over the previously affected area. No adverse effects were reported during the course of treatment

The observed hair regrowth occurred following administration of the combined systemic and topical regimen. The topical preparation was intended to provide local therapeutic action, while the systemic formulations were used for their traditional hair-tonic and supportive properties. However, alopecia areata may undergo spontaneous remission, particularly in localized disease. Therefore, the temporal association between treatment and observed hair regrowth in this single case does not establish a causal relationship or treatment efficacy

Table-1 (Clinical Event Timeline).

Time	Clinical event
Approximately 1–2 months before presentation	Patient noticed localized hair loss over the scalp.
Day 0	Clinical examination revealed a well-defined non-scarring patch, exclamation-mark hairs and positive hair pull test.
Day 0–7	Jawarish Amla Sada, Sharbat-e-Faulad and topical Roghan Zararih were administered.
Day 7	Visible hair regrowth was observed; no adverse effects were reported.

DISCUSSION

Alopecia areata is an immune-mediated disorder characterized by localized or generalized non-scarring hair loss. Its pathogenesis involves an interaction of genetic, environmental, immunological and possibly oxidative factors. Disruption of hair-follicle immune privilege and oxidative stress may contribute to follicular dysfunction and disease development [12,13].

In the present case, the clinical presentation of a localized patch of non-scarring hair loss with exclamation-mark hairs was consistent with alopecia areata. In Unani medicine, the condition was correlated with Dā' al-Tha'lab. The therapeutic approach was selected according to the traditional principles described for this condition, including the use of systemic Muqawwi Sha'r and supportive formulations along with local application.

Jawarish Amla Sada was administered as a systemic formulation. Its principal ingredient, *Phyllanthus emblica* (Amla), possesses antioxidant activity and is traditionally regarded as Muqawwi Sha'r. Experimental studies have reported that Jawarish Amla Sada may enhance antioxidant defence mechanisms, including catalase, glutathione peroxidase, glutathione reductase and glutathione-S-transferase, and may restore reduced glutathione levels [11,17]. Since oxidative stress has been implicated in alopecia areata, these antioxidant properties may provide a supportive rationale for its use in the present case [12,13]. Furthermore, an oral Amla preparation has demonstrated improvement in the anagen-to-telogen ratio in a randomized clinical study involving female androgenetic alopecia, suggesting a possible hair-growth-supportive effect; however, this evidence is not specific to alopecia areata.[18]

Sharbat-e-Faulad was included as a systemic supportive formulation. Iron plays an important role in cellular metabolism, DNA synthesis and proliferation of rapidly dividing cells,

including hair-follicle matrix cells [19,20]. However, the relationship between iron status and alopecia areata remains inconclusive. Therefore, in the present case, the role of Sharbat-e-Faulad should be considered supportive rather than as a specific therapeutic agent for alopecia areata [21].

Roghan Zararih was applied locally over the affected area. One of its relevant botanical constituents is *Centipeda minima*, which contains bioactive compounds including brevilin A. Experimental studies have demonstrated inhibition of JAK3 by *C. minima* extract, while a clinical study involving a *C. minima*-based topical preparation reported improvement in hair counts and anagen hair counts [16]. The JAK-STAT signalling pathway has an important role in the immune-mediated pathogenesis of alopecia areata; therefore, modulation of this pathway provides a plausible but biological rationale for the potential hair-growth-supportive activity of *C. minima*. Nevertheless, the available evidence relates to *C. minima* extract or preparations containing it and not specifically to Roghan Zararih as a complete formulation. Hence, this proposed mechanism remains preliminary and hypothetical.

The combined administration of Jawarish Amla Sada and Sharbat-e-Faulad with topical Roghan Zararih provided a multi-component therapeutic approach involving systemic supportive effects and local application. Visible hair regrowth was observed during the seven-day treatment period. However, alopecia areata can undergo spontaneous remission, particularly in localized disease. Therefore, the favourable clinical response observed in this single patient cannot be attributed definitively to the intervention.

The major limitations of the present report are its single-case design, short treatment duration and limited follow-up. The absence of standardized quantitative outcome measures, such as lesion-size measurement, standardized photographic assessment, dermoscopy or hair-count assessment, further limits objective evaluation of treatment response. In addition, spontaneous remission is a recognized feature of alopecia areata and cannot be excluded in this case. Longer follow-up and further controlled clinical studies involving larger sample sizes are required to evaluate the efficacy and safety of this Unani therapeutic approach.

CONCLUSION

The combined Unani regimen comprising Jawarish Amla Sada, Sharbat-e-Faulad and topical Roghan Zararih was associated with visible hair regrowth in this case of localized alopecia areata (Dā' al-Tha'lab), with no adverse effects reported during the seven-day treatment

period. The therapeutic rationale of the regimen is based on the traditional use of these formulations as hair-strengthening and supportive agents, together with the antioxidant potential of Amla and the proposed biological activity of constituents such as *Centipeda minima*. However, spontaneous remission remains an important consideration in alopecia areata, and the outcome of a single case cannot establish treatment efficacy or causality. Further well-designed clinical studies with objective outcome measures, adequate follow-up and larger sample sizes are required to evaluate this therapeutic approach.

Conflict of interest: No conflict of interest

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