

A CASE REPORT ON MANAGEMENT OF HAIRLOSS DUE TO TRICHOTILLOMANIA

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ABSTRACT

Trichotillomania is a disorder that involves recurrent, irresistible urge to pull out body hairs, especially scalp hair, eyebrow, eyelash etc. Previously, it was classified as an impulse control disorder but is now considered as an obsessive compulsive related disorder in the latest version of the Diagnostic and Statistical Manual of Mental Disorders. Hairloss is a major cosmetic issue irrespective of gender. Permanent damage from trichotillomania is very real possibility for many who suffer from it.

Taking this into backdrop, a female patient aged 65 yrs, presented with scalp itching, pulling out of hair since 5 years, managed with Snehana is discussed in the forthcoming paper.

Keywords : Trichotillomania, Snehana

INTRODUCTION

Nowadays people are more conscious about the way they look. A healthy and beautiful hair indicates the health status of an individual. Irrespective of gender ,people do various cosmetic experiments on their hair so as to look more beautiful. Medical causes for hairfall are, Physical stress-like surgery, illness, anaemia, lack of sleep. Emotional stress-like psychiatric illness, death of family member, job loss, anxiety etc. Diet considerations-Rapid weight gain or loss, unusual dieting habits, protein intake failure, prolonged fasting. Hormonal causes-postpartum, oral contraceptives, menopause, ingestion of testosterone containing hormone suppliments. Endocrinopathy-like hyperthyroidism, hypothyroidism.

Trichotillomania is a disorder that involves recurrent, irresistible urge to pull out body hairs, especially scalp hair, eyebrow, eyelash etc. Its peak age of onset is from 9-13 years of age. It may be triggered by depression or stress. Owing to the social implications the disorder is often unreported and it is difficult to accurately predict its prevalence. However the lifetime prevalence is estimated to be as high as 1.5% in males and upto 3.4% in females.

Ayurvedic literature explained all these nidanas thousands of years back in the form of Divaswapna, Prajagarana(remaining awake in night/lack of sleep), Atapasevana, Manasantapa (psychiatric illness, death of family member, job loss, anxiety), Ushara bhumi, Kshara atisevana, Ati anila sevana, Ushna, Tikshna, Ruksha ahara (unusual dieting habits, protein intake failure, prolonged fasting, anaemia.)etc. Treating the rootcause along with avoiding the cause itself is the prime modality in tackling a disease.

CASE REPORT

A female patient aged about 65 years,came to the Opd of our hospital presented with scalp itching,pulling out of hair since 5 years,associated with patchy hairloss from both the sides of the head.

History revealed that she is a known hypertensive since 6 months and is under Anti psychotic drugs like Amitryptilline 50 mgsince since 5-6 years.She felt relief as well as satisfaction once the hair is pulled out.Gradually she developed patchy hairloss over both sides of the scalp.

Personal history revealed that patient had irregular timings of food,using of curds almost every

day. Sleep was disturbed and reduced due to scalp itching. Physical examination showed patchy hair loss from either sides of the scalp. There was no evidence of dandruff or any other skin diseases which might induce hair fall. Based on the clinical presentation it was diagnosed as Trichotillomania along with reactive depression. This patient was treated in our hospital as an inpatient.

Treatment

The patient was admitted for 7 days, during which she underwent brumhana as well as shamana line of treatment.

Abhyanga with Madhuyashti taila, daily for 15 minutes in the morning hours, followed by Taila dhara with Himasagara taila was done daily for 30 minutes.

Matra basti with Ksheerabala taila 50ml daily after food at around 2 pm.

Oral medications-Saraswatarishta 50ml HS

Ksheerabala cap 1 TID

Tagara tab 1 TID

On 8th day, she was discharged with the following oral medications for 3 months, Mahakalyanaka ghrita 10ml bd, Punarnava mandoora 1-1-1, Manasa syrup 4 tsp tid, Tab. Mentat 1-1-1.

Follow up

After 3 months the patient came for follow up and remarkable changes were noticed. Thick hair growth was observed on either sides of the scalp. Mental status of the patient improved. Itching markedly reduced.

DISCUSSION

Patient is a known case of Reactive depression since 5-6 years. Mana Santapa is a cause for pulling out of hair. Hence, the treatment should have effect on both manas as well as sarira. Since the patient is vrudha, there is vata pradhanata in the sarira along with jeerna dhatus. Hence Brumhana line of treatment is essential to attain nourishment of dhatus and thereby attain desired therapeutic benefits.

Matra basti :-Matra basti benefits include Vaya sthapana, Agni vardhana, Ruchikara, Manah-Budhi prasadana, Indriya prasadana, Laghuta in ashaya, Prakruti Sthapana. Acharya Sushruta has told that the virya of basti drug reaches all over the body through the srotas in the same way as the water poured over the root of the plant reaches up to leaves¹. He has further explained that even though the basti drugs quickly come out with mala and their virya acts all over the body by the action of vata especially Apana along with other vayu. The action takes place just like as sun draws moisture from earth².

Parashara had highlighted the importance of Guda, by saying that guda is the mula for all the siras in the body. Hence, the medicine administered through guda reaches up to head and nourishes the body.

Taila dhara :-Is a type of bahya chikitsa which increases the stability of mind, thereby controlling the compulsive impulse of pulling out hair. It is a rejuvenating therapy which eliminates mental exhaustion as well as relieves stress and ill effects on Central Nervous System. It is indicated in insomnia, stress, anxiety, hair loss, fatigue, depression, obsessive compulsive disorder, schizophrenia, stroke, hypertension and migraine. When a person is under severe emotional stress or unresolved emotional pain, he/she will produce high levels of cortisol (stress hormone). This directly suppresses immune system functioning and is linked with depression, stress and many diseases including cancer. Shiro dhara increases the feel good hormones like Serotonin, Dopamine and Noradrenaline by 31% which in turn decreases the stress hormone (Cortisol) by 31%³. Shiro abhyanga done along with shirodhara helps in reducing itching and dryness of scalp thereby contributing to proper hair growth.

Abhyanga :-Abhyanga improves blood circulation, which plays a major role in the normal functioning of the body. It reduces stress and related issues and thereby brings a piece of mind to the person.

CONCLUSION

Trichotillomania is a disease which has impact on both body as well as mind. Taila dhara is a type of bahya chikitsa which increases the stability of

mind,thereby controlling the compulsive impulse of pulling out hair.Shiro abhyanga done along with dhara helps in reducing itching and dryness of scalp there by contributing the proper hair growth.Matra basti helped in attaining mana-budhi-indriya prasadana thereby improved the mental status of the patient which inturn reduced the symptoms in the patient.

REFERENCES

1. Yadavji Trikamji.Nibandha sangraha commentary of Dalhana,Chikitsa sthana,35th chapter , Reprint edition Varanasi;Chaukambha Sanskrit series;2017
2. Yadavji Trikamji.Ayurveda Dipika commentary of Chakrapanidatta on Charaka Samhita, sidhi sthana,7th chapter ,Reprint edition Varanasi;Chaukambha Sanskrit series;2015
3. International Journal of Neuroscience Volume 115,Issue 10 October 200,pages 1397-1413.