

INTEGRATIVE AYURVEDIC MANAGEMENT OF KHALITYA (HAIR FALL): A
CRITICAL REVIEW WITH EMPHASIS ON NASYA KARMA AND HOLISTIC
STRATEGIESDr. Neha Maurya^{*1}, Prof. Manohar Ram², Dr. Ramnihor Tapsi Jaiswal³¹Post Graduate Scholar, Department of Samhita Evum Siddhanta, Government Ayurvedic College and Hospital, Varanasi.²Professor and HOD, Department of Samhita Evum Siddhanta, Government Ayurvedic College and Hospital, Varanasi.³Associate Professor, Department of Samhita Evum Siddhanta, Government Ayurvedic College and Hospital, Varanasi.***Corresponding Author: Dr. Neha Maurya**

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Article Received on 14/07/2025

Article Revised on 04/08/2025

Article Accepted on 24/08/2025

ABSTRACT

Khalitya, known as alopecia in modern medicine, is a progressive condition resulting in partial or complete hair loss, mainly on the scalp. In Ayurveda, it is categorized under Shiroroga (head disorders) and Kshudra Roga (minor ailments) and is primarily associated with the vitiation of Tridosha—especially Pitta—along with Rakta Dushti and disturbances in Asthi-Majja metabolism. Contributing factors include lifestyle irregularities, stress, environmental pollution, and improper dietary habits. Ayurvedic management follows a comprehensive approach involving Nidana Parivarjana (avoidance of causative factors), Shodhana (detoxification therapies) such as Nasya Karma and Raktamokshana, and Shamana (palliative measures) like medicated oils and herbal preparations. Additionally, Rasayana therapy plays a vital role in promoting hair regrowth and scalp rejuvenation over the long term. This article compiles classical Ayurvedic concepts, current clinical evidence, and modern perspectives to present an integrated treatment framework for Khalitya.

KEYWORDS: Khalitya, Alopecia, Nasya Karma, Rasayana, Hair Loss, Ayurvedic Management.**INTRODUCTION**

Hair is considered a significant aspect of beauty and personality, impacting mental well-being and social confidence. In Ayurvedic texts, hair (Kesha) is described as an Upadhatu of Asthi Dhatu, with its nourishment dependent on Majja Dhatu and the balance of Doshas. Khalitya, the Ayurvedic equivalent of alopecia, occurs due to the aggravation of Pitta and Vata doshas, along with Kapha and Rakta causing obstruction in the Romakupa (hair follicles), which hampers new hair growth.^[1]

Acharya Sushruta and Vagbhata classify Khalitya under Shiroroga and highlight its progressive nature, attributing it to doshic imbalance, improper dietary practices (Ahara), unhealthy lifestyle habits (Vihara), and environmental influences. In contemporary times, the rising incidence of Khalitya is associated with factors such as persistent stress, poor nutrition, pollution, and frequent use of chemical-based hair products.^[2]

Origin of Hair

According to *Ayurveda*, the human body is composed of seven fundamental dhatus (tissues): *rasa*, *rakta*, *mamsa*, *meda*, *asthi*, *majja*, and *shukra*. Most Acharyas state that

each subsequent dhatu is formed from the preceding one through the action of its specific agni.^[3] For instance, *rasagni* transforms *ahara rasa* into *rasa dhatu*, then *raktagni* converts part of *rasa* into *rakta dhatu*, and this process continues sequentially. Along with the formation of each new dhatu, corresponding *upadhatu*s and *malas* (by-products) are also produced.

When *asthi dhatu* undergoes metabolism through its own *agni*, *majja dhatu* is formed from its essence, and simultaneously, the hair of the scalp and body emerge as the *upadhatu* of *majja dhatu*.

Among the *garbhaja bhavas* (factors influencing fetal development), hair is considered a *pitrija bhava*, meaning its color, structure, and quantity depend on paternal factors. Hair predominantly consists of the *Parthiva Mahabhuta* (earth element) and begins to develop during the sixth month of intrauterine life.

Etymology of Khalitya

According to *Vaidyaka Shabda Sindhu*, Khalitya is considered synonymous with Indralupta, which refers to baldness. *Vachaspathyam* explains the literal meaning of the term Khalitya as “falling of hair.” Hence, Khalitya

denotes a condition characterized by hair loss in different patterns, where the hair either falls out partially or completely, and often prematurely.

Definition of Khalitya

- **Charaka Samhita:** Acharya Charaka states that when *Tejas* (a form of Pitta) interacts with Vata and other doshas and scorches the scalp, it results in Khalitya.
- **Sushruta Samhita:** According to Sushruta, aggravated Pitta along with Vata damages the roots of the hair (*Romakupa*), causing hair fall. Later, Kapha combined with Rakta blocks these hair follicle channels, preventing new hair growth. This condition is referred to as *Indralupta*, *Khalitya*, or *Ruhya*.
- **Ashtanga Samgraha:** Acharya Vagbhata differentiates Khalitya from *Indralupta* by noting that in Khalitya, hair loss occurs gradually, whereas the pathology in both conditions remains similar.
- **Madhava Nidana:** Madhavkara follows Sushruta's description and adds that most later texts adopted this view, concluding that Khalitya signifies gradual hair loss from the scalp.

Nidana (Causative Factors)

Acharya Charaka and Vagbhata list the following major causes

- *Pitta Prakriti* (Pitta-dominant constitution)
- Excessive intake of salty (*Lavana Rasa*), spicy, or incompatible foods (*Viruddha Ahara*)
- Living in dry regions (*Ushara Bhumi*)
- Overindulgence in rough, dry substances (*Kharatisevana*)
- Neglect of cold-related disorders (*Pratishyaya*)
- Excessive use of salt during pregnancy, which may lead to congenital hair loss
- Combing hair excessively during the mother's ovulatory period, resulting in hair loss in the child

General etiological factors for Shiroroga (head disorders), also applicable to Khalitya

- *Vega Dharana* (Suppression of natural urges)
- *Abhyanga Dwesha* (Aversion to oil massage)
- *Prajagarana* (Night awakening)
- *Diwaswapna* (Day sleep)
- *Sheetambu Sevana* (Frequent use of very cold water)
- *Desha-Kala Viparyaya* (Adverse seasonal or regional conditions)
- *Manah Tapas* (Mental stress or emotional disturbances)

Etiopathogenesis of Khalitya^[4]

Classical Perspective

- **Doshas Involved**
 - **Pitta** (Bhrajak and Pachaka) – excessive heat damages hair roots.
 - **Vata** (Vyana and Samana) – induces dryness and brittleness.

- **Kapha** – along with Rakta, obstructs follicles.
- **Dushyas:** Rasa, Rakta, and Asthi Dhātu; Sweda and Kesha as Malas.
- **Samprapti**
 - Nidana (causative factors) such as Lavana (salt), Amla (sour) rasa, spicy food, Atapa (excessive sun exposure), stress, and Vegadharana (suppression of urges) lead to Tridosha vitiation.
 - Asthidhatwagni Dushti and obstruction in Romakupa block hair regrowth.
- **Types** (As per Astanga Sangraha)
 1. **Vataja Khalitya** – scalp appears dry and cracked.
 2. **Pittaja Khalitya** – scalp discolored (yellow/greenish), sweaty, and inflamed.
 3. **Kaphaja Khalitya** – scalp is smooth, oily, and pale.
 4. **Sannipataja Khalitya** – mixed features, often chronic.

Modern Correlation^[5]

Alopecia develops due to the miniaturization of hair follicles driven by hormonal disturbances (particularly androgens), oxidative stress, and genetic factors. Prolonged stress increases cortisol levels, which disrupt microcirculation and impair nutrient supply to the hair follicles.

Management Principles in Ayurveda

The primary therapeutic objective is to achieve **Samprapti Vighatana** (disruption of the disease mechanism) through the following approaches.

1. Nidana Parivarjana (Avoidance of Causative Factors)^[6]

- Limit foods that aggravate Pitta, such as those high in salt, sourness, spice, or fermentation.
- Manage stress with practices like meditation, sufficient sleep, and consistent physical activity.
- Minimize contact with extreme heat, dust, and chemical-based products.

2. Shodhana Chikitsa (Purification Therapies)

a. Nasya Karma (Nasal Medication)

- Following the concept “Nasa hi Shiraso Dwaram” (the nose serves as the gateway to the head), Nasya therapy administers medicines through the nasal route, facilitating direct access to the cranial region, nourishing hair follicles, and clearing blocked channels.

• Common Nasya Oils

Anu Taila, Shadbindu Taila, Bhringaraja Taila, Chandanadi Taila.

• Procedure

- **Purva Karma:** Gentle scalp massage followed by mild steaming.
- **Pradhana Karma:** Instillation of 6–8 drops of warm medicated oil into the nostrils.

- **Paschat Karma:** Light massage of the head and face, accompanied by warm water gargling.

Mode of Action^[7]

- **Srotoshodhana:** Helps remove Kapha and Rakta blockages from the hair follicles.
- **Sneha Guna:** Provides lubrication and nourishment to hair roots, reducing dryness.
- **Tikshna and Sukshma Guna:** Promotes deeper penetration into scalp tissues. Clinical findings indicate a marked decrease in hair fall and enhanced hair density with consistent Nasya therapy for 21–28 days.

b. Raktamokshana (Bloodletting)

- Indicated in Rakta Dushti with inflammatory changes.
- Methods: *Jalaukavacharana* (leech therapy) or *Pracchana* (scarification).

3. Shamana Chikitsa (Palliative Therapies)

- **Internal Medications**
 - *Bhringarajasava*, *Amalaki Churna*, *Yashtimadhu Churna*.
- **External Applications**
 - Lepa with *Vanadhanyakadi* or *Mukhakantikara* herbs for scalp circulation.

4. Rasayana Chikitsa (Rejuvenation)

- Herbs like *Brahmi*, *Ashwagandha*, *Shatavari*, *Guduchi* strengthen Dhatus, slow aging, and promote regrowth.

5. Lifestyle & Diet Modifications

- Perform daily Shiroabhyanga (head massage) using Neeli Taila or Bhringaraja Taila.
- Incorporate cooling items like milk, ghee, green leafy vegetables, and seasonal fruits into the diet.
- Prevent prolonged stress and irregular sleep patterns, including late-night awakenings (*Ratrijagarana*).

Emerging Insights: Ayurveda-Modern Integration

- Integrating Ayurvedic Nasya therapy with micronutrients such as iron, zinc, and biotin improves hair follicle responsiveness.
- Incorporating stress-adaptive Rasayanas like *Ashwagandha* supports modern insights on cortisol balance.
- Emerging studies on nano-emulsified herbal oils indicate better transnasal absorption and more precise delivery.

DISCUSSION

Khalitya is more than just a cosmetic issue; it reflects an underlying systemic imbalance, particularly involving Pitta and disturbances in Asthi Dhatu metabolism. In contrast to modern treatments that focus mainly on symptomatic management through topical applications (like Minoxidil) or surgical procedures, Ayurveda

prioritizes addressing the root cause. Nasya is regarded as a minimally invasive yet highly effective therapy because of its direct action on the cranial region.

Research highlights the combined benefits of Shodhana therapies (such as Nasya and Raktamokshana) along with Rasayana and lifestyle modifications. This comprehensive approach offers long-lasting results, reduces the chances of recurrence, and enhances mental well-being.

CONCLUSION

Khalitya is a complex condition that demands holistic and personalized treatment strategies. Among Ayurvedic approaches, Nasya Karma stands out as a rational, safe, and effective option. Future studies should aim at standardizing Nasya formulations, conducting comparative evaluations with contemporary treatments, and developing integrated protocols to promote scalp health.

REFERENCES

1. Sharma V, Sharma A. Nasya is One of the Best Choice of Management for Khalitya. *World J Pharm Res*, 2023; 12(12): 447–455.
2. Patil DR, Kedar SS. Critical Review on Ayurvedic Management of Khalitya (Hair Fall) and its Management. *Int J Ind Med*, 2025; 6(2): 24–27.
3. Agnivesha. *Charaka Samhita*. Chikitsa Sthana. Chaukhambha Sanskrit Series.
4. Sushruta. *Sushruta Samhita*. Uttara Tantra. Chaukhambha Sanskrit Series.
5. Vagbhata. *Ashtanga Hridaya*. Uttara Sthana. Chaukhambha Krishnadas Academy.
6. Dhoke SP, Vyas HA. Role of lifestyle modification in Khalitya management. *J Ayurveda Integr Med Sci*, 2018; 3(5): 168–171.
7. Bayal MS, Zala UU, Paneliya AKM. Ayurvedic Management of Khalitya. *Int J Adv Res*, 2025; 13(2): 1087–1092.