

**CONCEPT OF PALITYA: AYURVEDIC AND MODERN REVIEW****Dr. Archana Yadav<sup>1\*</sup>, Dr. Parveen Fatima<sup>2</sup>, Dr. Amit Kumar<sup>3</sup>**<sup>1,2,3</sup>M.D. Scholar, Post Graduate Department of *Rasa Shastra* and *Bhaishajya Kalpana*, State Ayurvedic College and Hospital, Lucknow Uttar Pradesh.**\*Corresponding Author: Dr. Archana Yadav**M.D. Scholar, Post Graduate Department of *Rasa Shastra* and *Bhaishajya Kalpana*, State Ayurvedic College and Hospital, Lucknow Uttar Pradesh.DOI: <https://doi.org/10.5281/zenodo.19908033>**How to cite this Article:** Dr. Archana Yadav<sup>1\*</sup>, Dr. Parveen Fatima<sup>2</sup>, Dr. Amit Kumar<sup>3</sup>. (2026). Concept of Palitya: Ayurvedic And Modern Review. World Journal of Pharmaceutical and Medical Research, 12(5), 50–54.  
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**ABSTRACT**

Lustrous, dark hair represents a significant cosmetic ideal, contributing substantially to individual confidence. Premature greying of hair is referred to as "*Palitya*" in the Ayurvedic method and falls under the general category of *Shiroroga*. While greying associated with advancing age (*Kalajaneet Palitya*) is a natural phenomenon, premature onset often correlates with chronic stress, environmental pollution, dietary modifications, and smoking. Within the *Ayurvedic* framework, *Akala Palitya* is classified as a *Rasapradoshaj Vyadhi*, primarily attributed to vitiated *Pitta dosha*. Initial management attempts often involve ineffective home remedies or topical applications, driving increased reliance on chemical hair dyes. These synthetic alternatives, however, frequently damage hair quality. *Ayurveda* proposes *Nasya* and *Lepa* as a primary therapeutic intervention for *Palitya*. The present study has been undertaken to gather all information related to *Palitya* at one place which is availed in different Ayurvedic texts and for elucidation of this knowledge in a proper manner.

**KEYWORDS:** *Palitya*, *Shiroroga*, *Rasapradoshaj Vyadhi*, *Nasya*, *Lepa*.**INTRODUCTION**

Within the *Ayurvedic* paradigm, hair is conceptualized as a *Upadhatu* of the *Asthi dhatu*, with its development traceable to the seventh gestational month. Premature greying, termed *Palitya*, presents a common concern. While greying associated with advancing age (*Kalajaneet Palitya*) is a natural phenomenon, premature onset often correlates with chronic stress, environmental pollution, dietary modifications, and smoking. Contemporary trends indicate a concerning rise in the prevalence of premature hair greying (*Akala Palitya*), a condition traditionally observed in mid-life but now increasingly manifesting in individuals as young as their early twenties. Within the *Ayurvedic* framework, *Akala Palitya* is classified as a *Rasapradoshaj Vyadhi*, primarily attributed to vitiated *Pitta dosha*. Modern contributing factors include chronic stress, environmental pollution, dietary modifications, and smoking. The pigmentation process is governed specifically by *Bhrajak Pitta*, responsible for skin and hair colour, analogous to melanocyte activity and melanin production. Dysregulation of *Bhrajak Pitta* is

posited to lead to insufficient melanin synthesis, resulting in premature depigmentation. Initial management attempts often involve ineffective home remedies or topical applications, driving increased reliance on chemical hair dyes. These synthetic alternatives, however, frequently damage hair quality. *Ayurveda* proposes *Nasya* and *Lepa* as a primary therapeutic intervention for *Palitya*, alongside specific *Shodhana* treatment described in classical texts, presenting a potential avenue for safer and more holistic management.<sup>[1,2]</sup>

**MATERIALS AND METHODS**

The present study is based on a comprehensive compilation of information derived from a wide range of Ayurvedic literature, Classical Samhitas, Nighantus, standard textbooks, and relevant dissertations were systematically reviewed to collect and analyse data pertaining to the subject, ensuring thorough coverage and authenticity of the information.

## AIM AND OBJECTIVES

The present study aims to systematically compile and critically analyse the information related to *Palitya* as described in various Ayurvedic classical texts. The objective is to collect, organize, and present the available knowledge in a coherent and structured manner to facilitate better understanding and academic utility.

## AYURVEDIC CONCEPT

In *Ayurveda*, *Palitya* (hair greying) is classified as a *Kshudra Roga* (minor disease), categorized primarily into two types: *Akala Palitya* (premature greying) and

*Kala Palitya* (senile greying). The pathogenesis of premature greying is predominantly attributed to an excess of the *Ushna guna* inherent to *Pitta dosha*. Furthermore, the classical text *Astanga Hridaya* provides a detailed framework for *Palitya*, classifying subtypes based on the predominance of the vitiated dosha(s): *Vataja*, *Pittaja*, *Kaphaja*, *Dwandaja* and *Tridoshaja* (involving all three doshas). This etiological classification is foundation for understanding the diverse presentations of *Palitya* and guiding targeted therapeutic interventions.

## NIDANA<sup>[3-6]</sup>

S.NO.	Aetiological Factors	
1	<i>Aharaja</i> (Dietary)	Excess intake of sour ( <i>amla</i> ), salt ( <i>lavana</i> ), pungent ( <i>tikshna</i> ), hot ( <i>ushna</i> ), light ( <i>laghu</i> ), <i>pinyaka</i> , <i>kulathha</i> (horse gram), mustard ( <i>sarshapa</i> ), linseed ( <i>atasi</i> ), green vegetable ( <i>harita shaka</i> ), fish ( <i>matsya</i> ), goat ( <i>aja</i> ), sheep ( <i>avika</i> ), curd ( <i>dadhi</i> ), <i>takra</i> (butter milk), <i>kurchika</i> , water of curd ( <i>mastu</i> ), <i>suravikara</i> (type of sour alcohol) and <i>amla phala</i> (sour fruits), etc. Deficiency of Iron, Copper, vitamin B12, Calcium & Vitamin D3.
2	<i>Viharaja</i> (life style)	Over indulgence in physical exercise, exertion, awakening during night. Excessive exposure to sunlight, smoking, intake of vitiated air and fast ( <i>upavasa</i> ).
3	<i>Manasika</i> (Psychological)	Excessive anger ( <i>Krodha</i> ), grief ( <i>shoka</i> ), fear ( <i>bhaya</i> ) and mental stress ( <i>mansika shrama</i> ).

## POORVARUPA<sup>[7]</sup>

The prodromal features of *Palitya* include gradual thinning of hair, a change in hair colour from black to brownish, and dryness of both the scalp and hair. Additionally, early greying is commonly observed in the temporal regions.

## RUPA<sup>[8]</sup>

No specific or distinct signs and symptoms have been explicitly described for this condition in the classical texts.

## SAMPRAPTI<sup>[9-11]</sup>

According to Ayurvedic pathophysiology, *Palitya* (premature greying) arises from a cascade initiated by *Aahara* (detrimental dietary habits), *Vihara* (lifestyle factors), and *Manasika* (psychological stressors) *hetu*. These factors collectively provoke the vitiation of *Pitta dosha*, characterized by an excess of its inherent *Ushma*. This heightened internal heat specifically disrupts *Bhrajaka Pitta*, the sub-dosha governing skin and hair pigmentation (analogous to melanin function). The vitiated *Ushma* is then carried throughout the body by the mobilizing force of *Vata dosha*. Concurrently, the accumulation and lodging of *Kapha dosha* within the hair follicles creates an environment conducive to pathology. The combination of transported *Ushma* and stagnant *Kapha* leads to *Paka* (inflammation or pathological heat) within the follicle itself. This inflammatory process ultimately manifests as the discoloration of the hair shaft, clinically recognized as *Palitya*.

## SAMPRAPTI GHATAK<sup>[12]</sup>

Udbhava Sthana- Amashaya  
Sanchara- Rasayanies  
Vata- Saman, Udana  
Pitta- Bhrajaka, Pachaka  
Dushya- Asthi Dhatu, Rasa Dhatu  
Srotas- Asthivaha, Rasavaha  
Srotodusti- Sanga  
Vyakti Sthana- Sirah Pradeshastha Kesha  
Agni Dusti- Jathragni Mandya and Rasa agni, Asthya agni mandhya

The greying process usually is gradual and firstly appears near the temple region “Shankha”. Then the greyness spreads to the crown and later to the back of the head.<sup>[13]</sup>

## BHEDA<sup>[14]</sup> (On Account of Age) – 2

- Akala Palita (Premature greying)
- Kala Palita (Greying due to ageing)

## IN AYURVEDIC TEXTS<sup>[15-25]</sup>

- *Acharya Charaka* have described it briefly.
- *Acharya Vang Sen* and *Vrunda Madhav* consider it as “*Kshudra Roga*”.
- *Acharya Bhela* in *Ashtodariya* chapter about five types of *Palitya* disease.
- *Acharya Sushruta* described *Palitya* in *Kshudra Roga* in *Nidana Sthana*.
- *Acharya Vagbhatta* has mentioned *Palitya* and its types.

- *Madhavakara* in *Madhava Nidanam* as a *Kshudra Roga*.
- *Sharangdhara* described *Palitya* as a *Shirakapala Roga* in *Poorva Khanda* and T/T mentioned in *Madhyama Khanda*.
- *Acharya Bhavamishra* described *Palitya* as *Kshudra Roga*.
- *Yog Ratnakar* described *Palitya* disease and also its *Nidana*, types and *Samprapti*.
- In *Bhaisjya Ratnavali*, *Palitya* and its treatment drugs are described.
- *Acharya Chakrapani* has mentioned medicated oil for *Palitya*.

### MODERN CONCEPT

The presence of healthy hair is a culturally ubiquitous symbol of vitality and youthfulness. Although its biological purpose in humans is less defined than in other species, hair undeniably functions as a powerful aesthetic asset and a medium for non-verbal communication. Hair colour and style are pivotal in shaping physical appearance. It is against this backdrop that canities (achromotrichia), the progressive loss of hair pigmentation associated with chronological aging, acquires its psychosocial significance. The perception of greying as a sign of aging means that premature canities (PGH) can exert a substantial negative impact on self-esteem. The chronology of canities exhibits racial variation; it is defined as premature if occurring before 20 years of age in Caucasians and before 30 years in Blacks, though a consensus definition for Asian cohorts is absent. On average, greying begins in the mid-thirties for Caucasians ( $34 \pm 9.6$  years) and the mid-forties for Black individuals ( $43.9 \pm 10.3$  years), with a significant proportion (6-23%) of the population displaying 50% greying by the age of 50.<sup>[26-27]</sup>

Canities, the process of hair greying, is an inevitable component of chronological aging across all human populations. Given hair's significant role in self-perception and appearance, understanding its pigmentation is crucial. Human hair colour diversity—spanning black, brown, blonde, and redstems from the follicular pigmentary unit, which operates at maximum capacity post-adolescence. This colour spectrum is determined by the quantity and ratio of two pigments: eumelanin and pheomelanin. The aging of hair is a biphasic phenomenon, entailing both the progressive weathering of the hair shaft and the physiological aging of the follicle itself, marked by diminished melanocyte activity and a decline in hair synthesis.

Beyond its pigmentation loss, canities is characterized by significant alterations in the biophysical and structural properties of the hair fibre. A consensus in the literature suggests that non-melanized hair is often coarser, stiffer, and less manageable than pigmented hair. Structurally, the aging hair follicle appears to undergo a reprogramming of matrix keratinocytes, favouring the production of medullary over cortical cells. This results

in an enlarged, often collapsed medulla, forming a central cavity. This morphological change may serve an adaptive function, potentially providing enhanced insulation to compensate for the loss of melanin's sunlight-absorbing and heat-trapping capabilities. Consequently, grey hair exhibits increased sensitivity to UV damage and requires greater photoprotection. Furthermore, the underlying structural shift explains its functional deficiencies: grey hair frequently fails to hold a set and is more resistant to incorporating artificial colour. Biochemically, these fibres show signs of increased weathering, with elevated cystic acid residues, decreased cystine, and heightened reactivity to chemical agents. Paradoxically, the growth dynamics of non-melanized hair are enhanced, with studies demonstrating significantly greater thickness, growth rate, and shaft elongation, particularly in white beard hair which can grow up to four times faster than its pigmented counterpart. From a clinical perspective, the absence of the melanin chromophore complicates cosmetic procedures, making laser removal of white facial hair a difficult task.

Hair greying (canities) is a near-universal consequence of aging but can occur prematurely, defined in Asians as onset before 25 years of age. The colour of human hair is a product of melanogenesis, a genetically directed process within the hair follicle wherein melanocytes produce eumelanin and pheomelanin. These melanocytes share an embryonic origin in the neural crest and their function is coupled to the cyclic nature of hair growth (anagen, catagen, telogen). The pathophysiological model for canities centres on melanocyte depletion. In chronological (senile) canities, this is viewed as an exhaustion of replicative potential. The mechanism of premature canities, however, is more complex, implicating a genetically susceptible melanocyte reservoir prone to early failure or dysfunctional activation/migration, with potential modulation by environmental triggers, inflammatory pathways, and psychological stress.

### MANAGEMENT ACCORDING AYURVEDA<sup>[28-29]</sup>

In the management of *Palitya* as described in *Ayurveda*, primary emphasis is placed on the elimination of etiological factors, particularly *Pitta*-aggravating dietary and lifestyle practices (*Ahara and Vihara*). Following this, *Samshodhana Chikitsa* is recommended to cleanse the system. Subsequently, therapeutic interventions such as *Nasya Karma*, *Shiro Abhyanga*, and application of *Lepa* are administered, along with appropriate *Shamana Chikitsa* for symptomatic management. Drugs which are described as *Keshya*, *Keshranjana* or *Palityanashaka* in *Ayurvedic* texts are *Yastimadhu*, *Amalaki*, *Tila*, *Bhringraja*, *Vibhitaki*, *Nimba*, *Gambhari*, *Mayaphala*, *Beejaka*, *Nirgundi* which we can use in various form of formulations for e.g. powder, tablets, juice, decoction and nasal drops as internal medication or in *Tail*, *Lepa* etc form as external medication.

## RESULT

As said prevention is better than cure *Ayurveda* can be a good alternative to cope with *Palitya* or to prevent *Akala Palitya*.

## DISCUSSION

*Palitya* is a multifactorial condition influenced by diet, environment, systemic disorders, impaired metabolism, poor hygiene, and psychological stress, all of which primarily lead to *Vata–Pitta* imbalance. It is described in *Ayurveda* as both a *Rasa Dushti Janya Roga* and an *Asthi Dhatu Dushti Janya Roga*, affecting *Kesha* and other body hair. Management involves *Langhana* therapies for *Rasa Dushti*, including procedures like *Vamana*, *Virechana*, and *Basti*, along with supportive measures such as *Upavasa* and *Vyayama*. In *Asthi Dhatu Dushti*, *Basti Karma* and the use of *Tikta Dravya*-processed *Ghrita* and *Ksheera* are recommended. Additionally, appropriate diet and environmental practices are essential for maintaining hair health and preventing progression.

## CONCLUSION

According to *Ayurveda*, *Bhrajaka Pitta*, situated in the superficial layer of the skin (*Avabhasini*), is responsible for imparting natural colour to both skin and hair. Premature greying of hair is described as *Palitya* under the category of *Shiroroga*. In the context of modern lifestyle factors—such as psychological stress, irregular dietary habits, nutritional deficiencies, and sedentary routines—there is a tendency toward early ageing and the manifestation of various disorders, primarily due to *Vata–Pitta* imbalance, leading to *Palitya*.

Management emphasizes a holistic approach, including a nutritionally balanced diet rich in essential micronutrients, along with proper hair care practices such as regular head massage and gentle grooming. Therapeutic interventions like *Nasya* with medicated oils and the use of formulations classified as *Keshya*, *Kesharanjana*, and *Palityanashaka* in *Ayurvedic* texts play a significant role in maintaining hair health and preventing premature greying.

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