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TREATMENT OF DIFFUSE HAIR FALL (*INTITHAR AL-SHA'R*) THROUGH UNANI MEDICINE: A CASE STUDY

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ABSTRACT

Background:
Hair loss, particularly Telogen Effluvium (TE), is a common and distressing condition often triggered by systemic stressors such as febrile illness. It significantly affects an individual's appearance and quality of life, especially among women. In the Unani system of medicine, hair fall is referred to as *Intithr al-Sha'r* and is primarily attributed to *ghalba-e-Safrawi mizaj* and dryness (yubusat) of the scalp.

Case Presentation:
A 24-year-old female presented with diffuse hair fall for the past three months following a febrile illness. Clinical findings and scalp examination were consistent with Telogen Effluvium. Baseline assessments revealed a Hair Shedding Visual Analog Score (HSVS) of 10 and a Dermatology Life Quality Index (DLQI) of 16. No systemic pathology was identified on laboratory investigations.

Intervention:
The patient was treated with a Unani regimen for 60 days including:

- Oral Itrifal Ustukhuddus (10 g at bedtime),
- A topical compound oil (containing *Roghan Amla*, *Roghan Baiza-e-Murgh*, *Roghan Zarareeh*, and decoction of *Parsiyoshan*), applied thrice weekly.

Results:
Significant clinical improvement was observed the **HSVS** reduced from **10 to 1 and DLQI** improved from **16 to 1.** No adverse effects were reported, and post-treatment lab values remained within normal range, indicating the safety and efficacy of the treatment.

Conclusion:
This case highlights the potential of holistic Unani management in addressing Telogen Effluvium effectively. The intervention not only reduced hair shedding but also improved the patient's quality of life, supporting the integration of Unani therapies in clinical dermatology.

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Keywords: Telogen Effluvium (TE), *Intithār al-Sha'r, ghalba-e-Safrāwī,* Hair Shedding Visual Analog Score (HSVS), Dermatology Life Quality Index (DLQI).

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Introduction:

Hair is considered a vital component of human identity and beauty (1). Beyond enhancing physical appearance, it serves as a reflection of an individual's overall health and well-being. (2)Structurally, hair is composed of keratin, a protein synthesized by epithelial cells, and includes elements such as carbon, nitrogen, sulfur, and oxygen. On average, human scalp hair grows approximately 15–30 mm per month, with a normal daily shedding of 70–100 hairs. However, excessive and prolonged hair shedding may indicate an underlying pathological condition such as alopecia.

Alopecia, or hair loss, is a prevalent dermatological disorder with significant psychosocial implications, including depression, anxiety, low self-esteem, and impaired self-image. Recognized for over two millennia, alopecia affects around 0.2% to 2% of the global population. It may present as localized or diffuse hair loss and range in severity from mild shedding to complete loss of scalp (alopecia totalis) or body hair (alopecia universalis). Among the many types, Diffuse Hair Loss (DHL)—notably *Telogen Effluvium (TE)*—is most frequently observed in clinical settings. TE is characterized by a premature shift of hair follicles from the anagen (growth) phase to the telogen (resting) phase of the hair cycle, resulting in excessive hair shedding, typically 2–3 months after a triggering event. This condition may be acute or chronic and is more frequently reported by women due to greater psychological sensitivity to hair loss. The hair cycle comprises four phases: Anagen (Growth phase): 2–8 years, Catagen (Transition phase): 4–6 weeks, Telogen (Resting phase): 2–3 months, Exogen (Shedding phase): coincides with the end of telogen(3). Disruption of this cycle due to internal or external factors—such as high-grade fever, acute illness, stress, anemia, hormonal changes (e.g., pregnancy, menopause), nutritional deficiencies, rapid weight loss, certain medications (e.g., chemotherapy), and exposure to harsh cosmetic procedures—can lead to diffuse hair loss.(4) Currently, there is no definitive treatment available in conventional medicine for hair thinning. Although corticosteroids and FDA-approved Minoxidil are commonly employed to manage hair loss, their use is often associated with adverse effects such as itching, erythema, and skin rashes. Some emerging cosmetic approaches—such as Stemoxydine and a combination formulation containing caffeine, niacinamide, panthenol, dimethicone, and acrylate polymer (CNPDA)—have shown potential, but their clinical efficacy remains unproven. Therefore, there is a pressing need to investigate alternative therapies that may effectively reduce hair shedding while minimizing the risk of adverse drug reactions.(5,6)

In the Unani system of medicine, hair loss is described as *Intithar al-Sha'r*(7), a term metaphorically likening hair fall to the shedding of leaves from a tree(1). According to Unani theory, this condition results primarily from inadequate or poor-quality production of *bukharat-i-dukhaniryya* (smoky vapors), which are crucial for maintaining the moisture and strength of hair roots. The accumulation or stagnation of these vapors in the skin's pores (*masamat*) leads to *yubusat* (dryness), weakening the hair follicles and resulting in hair fall.(8) Multiple factors contribute to *Intithar al-Sha'r* in Unani medicine, including *Mutkhalkhul al-jild* (disintegration of skin structure), *khushki wa kasafat al-jild* (dry and coarse scalp), *ghalba-e-Safrawi mizaj* (dominance of bilious temperament), *du'f al-quwwat* (weakened vital faculties), and *taghayyur-e-mizaj* (temperamental imbalance). Systemic issues such as *humrat* (inflammation), *iztirab-e-nafsani* (psychological stress), indigestion, and poor dietary practices further aggravate the condition.(5) The Unani therapeutic strategy focuses on correcting the underlying *suw' mizaj* (abnormal temperament) and restoring equilibrium through *Ilaj bil Ghiza* (dietotherapy), *Tadbir* (regimental therapy), and *Ilaj bil Dawa* (pharmacotherapy)(8). Traditional formulations such as *Itrifal Ustukhuddus*, *Roghan-e-amla, roghan-e-bazae murge*, and *parsioshah* are utilized to strengthen the scalp, detoxify the body, and nourish both the nervous system and hair roots—believed to be central to hair health. Given the multifactorial etiology of hair loss and its impact on physical and psychological health, this case study investigates the management of a case of *Intithar al-Sha'r* (Telogen Effluvium) attributed to *ghalba-e-Safrawi mizaj*, employing a holistic Unani regimen comprising topical therapies, oral medications, and lifestyle interventions tailored to the patient's temperament.

Case Presentation

A 24-year-old female presented to the *Amraze Jild-Wa-Tazeeniyat (Dermatology and Cosmetology) OPD* at A & U Tibbia College, Karol Bagh, with a primary complaint of excessive hair fall persisting for the past three months. The patient reported a history of febrile illness approximately five months ago, after which she

noticed a significant increase in hair shedding.vShe denied any history of nutritional deficiencies, thyroid disorders, polycystic ovary syndrome (PCOS), or unexplained weight loss. There was no family history of androgenetic alopecia. Her height was 152 cm and weight 56 kg, giving a BMI of 24 kg/m^2. Vital signs were within normal limits: heart rate 86/min, blood pressure 120/80 mm Hg, temperature 98.6°F, and respiratory rate 18/min. Systemic examination of the cardiovascular, respiratory, abdominal, and renal systems was unremarkable. Pallor was present, but there were no signs of jaundice or cyanosis. The patient also reported reduced appetite, constipation, and decreased frequency and volume of urination. Neurological examination revealed that the patient was well-oriented to time, place, and person, with intact higher mental functions (memory, speech, and intelligence). Cranial nerves I–XII were intact. Superficial reflexes (plantar, abdominal, and Wartenberg's sign) and deep tendon reflexes (biceps, triceps, knee, ankle, finger flexion, and supinator) were within normal limits. Cardiovascular system (CVS) evaluation showed a palpable apex beat in the 5th intercostal space without tenderness. On auscultation, S1 and S2 were heard clearly with no added sounds or murmurs. The respiratory system examination showed bilateral symmetry of the chest with normal air entry and resonance. The abdomen was scaphoid in shape with no distension, scars, or venous engorgement. On percussion, mild dullness was present but without fluid thrill or shifting dullness. Bowel sounds were noted at 5–7 per minute. On local scalp examination, hair loss was diffuse, characterized by generalized thinning without visible lesions, scaling, or widening of the central parting. The hair was medium in length, black in colour, and oily in texture. A positive *Hair Pull Test* was observed at multiple sites on the scalp, indicating active hair shedding. No abnormalities were noted in the nails, eyebrows, eyelashes, or body hair. This clinical presentation was consistent with Telogen Effluvium, most likely triggered by the recent febrile episode.

Table 1: Compound Formulation for Topical Use with Their Composition and Preparation.

Unani Name	Prt Used	Quantity
Joshanda Parsiyoshan	Whole plant	50g
Roghan Amla	Fruit	100 ml
Roghan Baiza-e-Murgh	Egg yolk (oil)	100 ml
Roghan Zarareeh	Seed (base oil)	100 ml

Note (Method of Preparation):
10 grams of Parsiyoshan was boiled in water to prepare a decoction. This decoction was then mixed with Roghan Amla, Roghan Baiza-e-Murgh, and Roghan Zarareeh. The mixture was gently heated until the water content completely evaporated, forming a medicated oil for topical use. The oil was stored in a clean glass bottle and applied on the scalp thrice a week.

Table 2: Therapeutic Functions of Ingredients Used in Hair Fall.

Unani Name	Scientific Name	Function in Hair Fall
Parsiyoshan	*Adiantum capillus-veneris* L.	Hair growth-promoting effect`,(9,10)
Roghan Amla	*Emblica officinalis Gaertn.*	provides nourishment to hair follicles thereby improving overall hair growth. (11)Munbaṭṭi shayr(12),Mubarrid wa Muqawwī Sha'r (coolant and hair tonic), prevents premature greying(13)
Roghan Baiza-e-Murgh	Hen's egg yolk oil	helps strengthen hair and promotes blackening, as well as rapid hair growth. Munbite shar(13,14) is rich in protein, minerals, fatty acids, vitamin A, D, E, and K. It gets easily absorbed into the scalp.(15) It is rich in lecithin. Lecithin is an important ingredient in many cosmeceutical products used for hair and skin.(16)

Roghan Zarareeh	*Sesamum indicum* L. (Til)	A strong skin irritant increases blood circulation at the site, helping to remove harmful substances and improve nutrition, which enhances blood flow to the scalp.(16)
Itrifal Ustukhuddus	*Sesamum indicum* L. (Til)	Promotes hair growt,Strengthens roots, Removes Fuzlāt-e-Dimāgh,Purifies brain (Tanzeef-e-Dimāgh),Tones digestion (Taqwiyat-e-Mi'da wa Anā), Relieves constipation,Maintains hair color,Prevents greying, Reduces hair fall(13)

Mechanism of Action in Hair Fall:

- **Tanqiyah-e-Dimagh (Detoxification of the brain):** Ingredients like *Itrifal Ustukhuddus* support nervous health and help in eliminating morbid matter from the brain (Fuzlat-e-Dimagh), thereby reducing stress-induced hair fall.
- **Taqwiyat-e-Usul-e-Sha'r (strengthening hair roots)**: Oils nourish the follicles, reducing telogen effluvium.
- **Tanqiyah wa Tarteeb (detoxifying and moisturizing)**: Prevents dryness (Yubūsat) which causes root weakening.
- **Manshiyat-e-Numu (growth promoters)**: Promote healthy regrowth of hair.

Diagnostic Assessment

Diagnosis was made based on physical examination and patient history. To quantify the severity and impact of hair loss:

- **Hair Shedding Visual Analog Score (HSVS)** was used to assess hair shedding severity.
- **Dermatology Life Quality Index (DLQI)** was used to evaluate the impact of hair loss on quality of life.

Hair Shedding Visual Analog Score (HSVS) Scale:

Score	Hair Shedding Description
0	No visible hair shedding
1–3	Mild shedding (noticed only while combing/washing)
4–6	Moderate shedding (noticeable on pillow/floor)
7–9	Severe shedding (hair falls in clumps)
10	Very severe shedding (constant shedding, distress)

Dermatology Life Quality Index (DLQI) Scale:

Total score: 0–30 (Higher score = more impact on quality of life)

Score	Effect on Patient's Life
0–1	No effect at all
2–5	Small effect
6–10	Moderate effect
11–20	Very large effect
21–30	Extremely large effect

In my case report:

- HSVS reduced from 10 → 1 → From very severe shedding to minimal shedding
- DLQI improved from 16 →1 →From very large effect on life to no effect

Baseline laboratory investigations—including

Hemogram, **Liver Function Test (LFT)**, and **Kidney Function Test (KFT)**—were performed before and after treatment to rule out any systemic pathology and assess safety. Standardized scalp photographs were taken before and after the intervention to document treatment response.

Intervention and Follow-up

After obtaining informed consent, the patient was treated for 60 days with the following Unani regimen:

- **Oral**: *Itrifal Ustukhuddus*, 10 grams once daily at bedtime with warm water.
- **Topical application** (thrice weekly on alternate nights):
  - *Roghan Zarareeh*
  - *Roghan Amla*
  - *Roghan Baiza-e-Murgh*

- *Parsioshah*
  (All mixed in equal quantity in a single bottle and applied to the scalp.)

Hair Care and Dietary Recommendations
The patient was advised the following supportive care:

1. Wash hair only with clean, cold water.
2. Avoid warm or hot water for hair washing.
3. Regularly oil the scalp.
4. Comb hair only after it has dried post-wash.
5. Minimize use of heating tools (e.g., straighteners, blow dryers).
6. Avoid tight hairstyles and tight braiding, especially at bedtime.
7. Consume a healthy, nutrient-rich diet including egg yolk, milk, yogurt, leafy vegetables, nuts, and fruits rich in essential fatty acids.

Observations and Results
Treatment outcomes were assessed at 15-day intervals over three follow-ups. The following improvements were observed:

- **HSVS** decreased from **9 at baseline to 1** by the end of treatment.
- **DLQI** improved significantly from **17 to 1**, indicating restoration of the patient's confidence and quality of life.

No adverse effects were reported throughout the course of treatment. Repeat laboratory investigations remained within normal limits, confirming the safety and tolerability of the Unani interventions.

Before

at 30 days

60 days

Discussion
Hair loss, particularly Telogen Effluvium, often presents a diagnostic and therapeutic challenge due to its multifactorial etiology. While modern medicine offers pharmacological treatments, they may be limited by side effects and patient compliance. In this case, a Unani-based therapeutic strategy was employed, emphasizing temperament correction, scalp nourishment, and nervous system support.

The combination of *Itrifal Ustukhuddus* and topical medicated oil addressed both internal and external causes of hair fall. Itrifal Ustukhuddus acted as a brain and nerve tonic (*Muqawwī Dimāgh wa A'sab*), helping to alleviate stress-induced factors. The topical oils (*Roghan Amla*, *Roghan Zarareeh*, *Roghan Baiza-e-Murgh*) combined with *Parsiyoshan* decoction provided direct nourishment to hair roots, improved scalp circulation, reduced dryness (*yubūsat*), and promoted hair regrowth.

The objective scores—HSVS and DLQI-demonstrated significant and measurable clinical benefits, with HSVS dropping from 10 to 1 and DLQI from 16 to 1 over 60 days. These improvements affirm the efficacy of the regimen in treating acute TE. Furthermore, no side effects were observed, reinforcing the safety of this traditional approach.

The holistic care, including dietary and hair hygiene guidance, likely supported the therapeutic outcome. This case underscores the relevance of Unani concepts like *mizāj*, *suw' mizāj*, and *Tadbīr* in managing modern dermatological conditions and supports further exploration through larger clinical trials.

Conclusion:
The successful management of Telogen Effluvium in this case using a holistic Unani regimen highlights the potential of traditional therapies in addressing hair loss

effectively and safely. The combination of *Itrifal Ustukhuddus* (oral) and compound medicated oil (topical), prepared using classical Unani ingredients like *Parsiyoshan*, *Roghan Amla*, *Roghan Baiza-e-Murgh*, and *Roghan Zarareeh*, significantly reduced hair shedding and improved the patient's quality of life, as reflected by the decline in HSVS and DLQI scores. This integrative approach which addresses not just physical symptoms but also underlying temperamental imbalances (*ghalba-e-safrāwī mizāj*), proves to be both effective and well-tolerated. The absence of side effects and normalization of laboratory parameters further supports the safety profile of the treatment. Overall, this case emphasizes the clinical value of Unani medicine in dermatology and suggests the need for further research through larger, controlled studies to validate its efficacy in managing diffuse hair loss conditions such as Telogen Effluvium.

Conflict of Interest: The authors declare that there are no conflicts of interest associated with this study.

Statement of Informed Consent: The patient involved in the study provided informed consent prior to participation.

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