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THERAPEUTIC EVALUATION OF ḤIJAMAH BIL SHART IN QILLAT SH'AR (ANDROGENETIC ALOPECIA): A CASE STUDY WITH UNANI AND BIOMEDICAL INSIGHTS

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Case Study

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ABSTRACT

Qillat sh'ar (Androgenetic alopecia, AGA) is a progressive, patterned form of hair loss predominantly influenced by genetic predisposition and hormonal factors. Current pharmacological treatments, such as minoxidil and finasteride, offer variable results and are often associated with undesirable side effects. This has led patients to seek alternative therapeutic options. In the Unani system of medicine, *hijāmah bil shart* (wet cupping) is a regimental therapy aimed at eliminating morbid humors, purifying the blood, and stimulating local tissue regeneration. This case study presents the outcome of *hijāmah bil shart* in a 34-year-old male patient diagnosed with AGA. The intervention involved four sessions over 45 days and was assessed through traditional Unani and modern biomedical lenses. Significant improvement was noted in hair texture, reduced shedding, and overall scalp health, without any adverse effects. The findings suggest that *hijāmah bil shart* may serve as a safe, cost-effective, and supportive therapeutic modality for androgenetic alopecia.

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Keywords: Androgenetic alopecia, *ḥijāmah bil shart*, Unani medicine, *Qillat sh'ar*, wet cupping, hair loss.

INTRODUCTION

Hair loss is a common dermatological complaint that often extends beyond cosmetic concerns, impacting self-esteem and contributing to psychological conditions such as anxiety and depression[1]. Among various types of alopecia, androgenetic alopecia (AGA) is the most prevalent form, affecting nearly half of all men by the age of fifty and a significant proportion of women post-menopause[2]. The condition is marked by progressive miniaturization of scalp hair follicles under the influence of dihydrotestosterone (DHT), especially in genetically predisposed individuals[3]. Clinically, men exhibit frontal hairline recession and vertex thinning, while women typically present with diffuse crown thinning without frontal hairline involvement[4].

In the Unani system of medicine, AGA is recognized as *Qillat sh'ar*, resulting from an imbalance in *mizaj* (temperament) and *akhlat* (humors). Classical Unani texts by scholars such as Ibn Sina and Razi attribute hair loss to *burudat* (coldness) and *yubusat* (dryness), leading to the accumulation of *maddah fasidah* (morbid material) within the *masamat* (pores) of the scalp, thus impairing follicular nourishment[5,6]. One of the key interventions in Unani medicine is *Ilaj bil-Tadbir* (regimental therapy), with *hijamah bil shart* (wet cupping) being widely practiced for its blood-

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purifying and stimulant effects. This case study investigates the efficacy of *hijamah bil shart* in a patient with AGA, interpreted through both Unani and biomedical frameworks.

Methodology

A 34-year-old male presented to the Ilaj bil-Tadbir OPD at Ajmal Khan Tibbiya College with a complaint of progressive hair thinning and excessive shedding over the previous two years. The patient had previously used minoxidil, corticosteroids, and intralesional injections, with minimal therapeutic benefit. A hair transplant was recommended, but I declined due to financial limitations. Clinical examination revealed vertex thinning and a receding frontal hairline consistent with Norwood–Hamilton Grade III androgenetic alopecia. The hair was black, of medium length, and oily. A positive hair pull test indicated ongoing active shedding. Other body hair, including eyebrows and eyelashes, appeared normal, and no signs of scalp inflammation, scaling, or scarring were observed. Baseline laboratory investigations, including complete blood count (CBC), erythrocyte sedimentation rate (ESR), bleeding time (BT), clotting time (CT), and screening for HIV, HBsAg, and VDRL, were within normal physiological limits. Informed consent was obtained before initiating treatment.

The therapeutic protocol consisted of four sittings of *hijamah bil shart* conducted on Days 0, 15, 30, and 45. Each session was carried out under aseptic conditions. The affected areas of the scalp, specifically the vertex and frontoparietal regions, were marked and cleaned with 70% isopropyl alcohol (surgical spirit). Superficial incisions were then made using a sterile surgical blade. A suction mechanism employing 3–4 disposable plastic cups connected to a vacuum pump was used to extract a small volume of blood. Each session lasted approximately ten minutes. After the cupping procedure, the scalp was cleaned with a povidone-iodine solution and dressed appropriately. The patient was advised to follow a light, non-stimulating diet and to avoid the use of hair oils or chemical-based hair products for three days following each session.

Results

By the third session of *hijamah bil shart*, the patient subjectively reported a noticeable reduction in hair shedding, which indicated an early therapeutic response. Following the completion of all four sessions, a marked improvement was observed in overall scalp health. The patient described the hair as thicker, more resilient, and healthier in texture. A significant decline in both the frequency and volume of hair fall was noted compared to baseline. The entire treatment was well-tolerated without any complaints of local irritation, infection, or scarring. During a follow-up period of four weeks post-treatment, continued improvement in hair volume and scalp comfort was observed, suggesting both immediate and sustained therapeutic benefits. No adverse effects were recorded at any point during or after the treatment.

Discussion

The favorable therapeutic outcome observed in this case following the application of *ḥijāmah bil shart* (wet cupping) can be attributed to a combination of interwoven explanations derived from both the Unani system of medicine and modern biomedical sciences. From the Unani standpoint, androgenetic alopecia (AGA) is conceptualized as a pathological consequence of *burūdah* (coldness) and *ysubūsat* (dryness) in the scalp region. These altered temperamental conditions lead to a weakening of *ḥarārat-e-gharīziyyah* (innate vital heat), which is essential for sustaining optimal tissue function, nourishment, and regeneration of hair. The reduction in innate heat not only impairs metabolic activity at the local level but also facilitates the accumulation of *mawad fāsidah* (morbid material) within the *masāmāt* (pores) of the scalp, thereby obstructing nutrient delivery to the hair follicles. In such case, *ḥijāmah bil shart* serves a dual purpose: it acts as a means of evacuating these accumulated impurities and simultaneously revitalizes the local *tabīʿat* (nature or vital principle), thereby aiding the restoration of a normal *mizāj* (temperament). As the balance of humors is restored and the obstructed pores are cleared, local circulation improves, and the essential

nutritive substances can reach the hair follicles more efficiently. This process is believed to facilitate the regrowth of hair, improve hair texture, and reduce ongoing shedding [5,7].

From a contemporary biomedical perspective, wet cupping is known to induce a form of controlled localized trauma. This micro-injury triggers a cascade of cellular and molecular responses, including the activation of mast cells, which release histamine, as well as the upregulation of vascular endothelial growth factor (VEGF). VEGF plays a key role in angiogenesis and enhances microcirculation by promoting the formation of new capillaries and increasing vascular permeability. As a result, the oxygen and nutrient supply to the affected scalp area is significantly improved, which is crucial in reversing the process of follicular miniaturization that characterizes AGA. Additionally, the process of cupping may remove localized interstitial fluid and pro-inflammatory mediators, thus mitigating oxidative stress and chronic inflammation, both of which are increasingly recognized as contributors to hair follicle dysfunction and apoptosis [8,10].

Furthermore, the systemic effects of wet cupping should not be overlooked. Several studies suggest that cupping may influence neuroendocrine pathways, particularly the hypothalamic-pituitary-adrenal (HPA) axis. By modulating stress hormone levels such as cortisol, cupping may exert beneficial effects on psychogenic factors that exacerbate hair loss. Psychological stress has been shown to alter the hair growth cycle by prolonging the telogen phase and precipitating hair shedding; therefore, any intervention that ameliorates stress may have an indirect but meaningful impact on hair regrowth[11]. Taken together, these mechanisms offer a plausible explanation for the therapeutic improvements observed in this patient and provide a compelling rationale for further research. Larger controlled trials with standardized protocols are necessary to validate these findings and to better elucidate the multi-faceted action of *ḥijāmah bil shart* in the management of androgenetic alopecia.

Conclusion

This case study highlights the potential of *ḥijāmah bil shart* (wet cupping) as a supportive, non-pharmacological therapy for androgenetic alopecia. Rooted in the principles of Unani medicine and supported by plausible biomedical mechanisms, wet cupping may offer a safe, effective, and economical intervention for patients who do not respond to or cannot access conventional therapies. However, larger-scale clinical trials are necessary to substantiate its efficacy and define standard treatment protocols.

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