

## A clinical insight of Unani topical therapy for Alopecia Areata: A Case Report

Khan Iram Tayyab,<sup>1</sup> Nazneen Aiman Siddiqui,<sup>2\*</sup> Naseem Akhtar Khan<sup>3</sup>

<sup>1</sup> P.G. Scholar, Department of Moalejat , Ayurvedic and Unani Tibbia College, Karol Bagh, New Delhi-05, India.

<sup>2</sup> Assistant Professor, Department of Moalejat, Aligarh Unani Medical College, Aligarh, UP, India

<sup>3</sup> Head, Department of Moalejat, Ayurvedic and Unani Tibbia College, New Delhi-05, India

### ABSTRACT:

Alopecia areata is chronic immune mediated disorder with multifactorial involvement in its pathogenesis. The disease manifest as non-scarring hair loss patches, ranges according to the distribution and severity. It causes psycho-social burden and also affect the quality of life of patient. A 28 years old female patient who visited the OPD in 2023 was diagnosed with alopecia areata, treated for a period of sixty days and subjected to combinations of topical formulation (oils) (3 ml) namely *Roghan e Amla*, *Roghan e Jonk* and *Roghan e Baiza Murgh* was applied in desired quantity. In addition to this, an oral Unani formulation (*Majoon Ushba*) 6 grams twice a day orally was also given for the same duration as an adjuvant. The topical formulations possess medicinal properties such as rubefacient, hair strengthener, hair tonic, collectively contributes in promoting hair growth over the applied site. The formulation was found effective and no adverse effects were reported during this course of treatment.

**KEYWORDS:** *Alopecia areata, Roghan e Amla, Roghan e Jonk, Roghan e Baiza Murgh, Unani*

Received: 09.04.2026

Accepted: 20.05.2026

Published: 09.06.2026



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/) © 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

### QR Code



### \*Corresponding Author:

**Dr. Nazneen Aiman Siddiqui**

Assistant Professor,

Department of Moalejat, Aligarh Unani Medical College,  
Aligarh, UP, India

Email: [aimansiddiqui14@gmail.com](mailto:aimansiddiqui14@gmail.com)

## INTRODUCTION:

Alopecia is defined as loss of hair from hair bearing region of body [1,2]. The term alopecia originates from the Latin word "alōpex" meaning fox and "areata" which means "area" or "occurring in patches"[3] Alopecia is broadly classified into two types-cicatricial (scarring) alopecia and non-cicatricial (non-scarring) alopecia[1]. Alopecia areata (AA) is non-cicatricial type, follicular openings are visible and normal i.e. no inflammatory or destructive signs, this category is further classified into localised or generalized form [4].

AA is immune mediated and multifactorial in origin. The non-scarring rapid loss of hair results in smooth, bald round to oval patches on scalp[5]. Besides its autoimmune pathogenesis, certain factors also impact the clinic-pathological picture of disease including hormonal and genetic factors, iron deficient diet, mental factors etc[2]. The incidence and course of disease also affected by psychological distress in the form of negative or stressful emotions (low self-esteem, anger, anxiety, fear) traumatic events, family problems (45.6%) and personal problems (35.7%) etc[2].The lifetime incidence is 2% affecting both sexes equally but prevalent in children than in adults. It may occur at any age, forty percent of patients will experience their first symptom by the age of twentieth year of life[2]. Recent studies suggest that alopecia is more common in African, American populations compared to Asian and Caucasian. The hairs in this disease are likely to have shortened

anagen phase and premature catagen phase, dystrophy and eventually apoptosis in hair growth cell cycle. The presence of perifollicular and intrafollicular inflammatory cell infiltrate gives 'swarm of bee' appearance around the bulb area[3]. The inflammatory infiltrate consisting of CD8+T and CD4+T cells, mast cells, Natural Killer cells and dendritic cell. The disease can manifest in association with atopic dermatitis, down's syndrome, diabetes, thyroiditis, systemic lupus, vitiligo[1], allergic rhinitis, asthma, nail abnormalities like pitting (fine, regular placed pits, pernicious anaemia[4,6].

The distribution is often generalised or commonly over scalp area [4] but other sites such as beard, eyebrow, eyelashes or body hair can be affected [1]. It is asymptomatic and often noticed by other as a patch of hair loss with no scaling, papules, inflammation or atrophy[4].The lesion often appears shiny and part of hair proximal to constriction is thinner while distal to constriction has normal thickness, moreover often short broken hairs and black dots are present which represent hair breakage at the constriction (Exclamation mark hair)[3,4]. The clinical picture of alopecia areata varies from spontaneous recovery with growth of grey hairs, or progress to ophiasis (Band like alopecia across suboccipital/occipital scalp), alopecia totalis or universalis. Few lesions get replaced by grey and fine hair and often gradually restores to normal colour and thickness[4]. The diagnosis is by clinical

examination and can be confirmed by dermoscopy and histopathological examination<sup>[4]</sup>. The evaluation of patient should include a comprehensive medical and family history, a thorough examination of the scalp, the face and the entire body including the nails and hair pull test. When clinical findings do not allow a definite diagnosis, additional investigations, such as a scalp biopsy, a fungal culture, or serology for other autoimmune diseases or infectious diseases (such as syphilis) may be necessary.<sup>[1,3,4]</sup>

In Unani system of Medicine, terminologies including *Intithar al-Sha'r*, *Da' al-Hayya*, *Da'al-Tha'lab* are used for hair loss<sup>[7]</sup>. The alopecia areata is likely resembled to *Da'al-Tha'lab*, which is falling of hair in the form of patches from scalp, beard and eyebrows. Deposition of *Ghalba e safra* (Excessive bilious humor), *Muhtariq Sawda* (Melancholic melanchole), *Balgham e shor* (Acrid phlegm), accumulation of *Mutahhariq* or morbid matter (produced by *Ghaliz dam*) underneath skin, consumption of spicy and salty diets<sup>[8]</sup>, and *Asbi fitoor* (nervine dysfunction/nervine weakness) are some identified causes in classical literature<sup>[9]</sup>. Moreover, pattern of hair loss is in the shape of coin. The evacuation of involved humor or the morbid matter along with local application of medicine which increases local blood circulation and *Musaffi-i-Dam* (Blood purifiers) and *Muqawwi Sha'r* (hair tonic) are principles of treatment traced from classical literature.

The oral formulation (*Majoon Ushba*) is a semi-solid Unani formulation, consist of various single herbs that has blood purifying property. As per Unani concept, drugs having *Musaffi-Dam* (*Blood purifier*) activity acts by eliminating the toxic matters, waste products and putrefied material from the blood<sup>[10]</sup>. These drugs strengthen defensive mechanism of body, maintain the quality and quantity of humours or blood in equilibrium, boost the immune system and prevent the body from toxins<sup>[11]</sup>.

The disease is cumbersome medical condition with negative impact on mental condition and quality of life of patients. The negative emotions such as embarrassment, generalised anxiety disorder, depression, social stigma and sense of non-acceptance or rejection, criticism and often suicidal thoughts are some reported psychosocial fear among patients of alopecia areata<sup>[2]</sup>.

#### **CASE HISTORY:**

In the year 2023, 28 years old female presented to the outpatient department (OPD) with complain of patch of hair loss over the scalp since eight to ten months. While taking the history, patient revealed that she suddenly noticed an area of hair loss which was smaller in size. She then consulted and took treatment (conventional medicine) for 2 weeks but she discontinued it but with time it grew larger in size which makes her concern about hair loss patch. After a period of 2 months since she discontinued the treatment, she visited to OPD, A & U Tibbia College, Karol Bagh, New Delhi. On physical

examination, a non-scarring patch of hair loss, ranges about 2-3 cm by 3-5 cm in diameter over the frontal region of scalp was present with no sign of inflammation i.e. erythema, itching, raised temperature and eruptions (Figure-1). The exclamation mark was positive as hairs could be taken with gentle pull and other body hairs not involved. There is no relevant past history, use of hair dyes or any other chemicals over scalp and no family history of vitiligo, thyroid disorders, diabetes (blood sugar was normal) or rheumatoid arthritis was reported. Also, there is no associated history of systemic illness or nail abnormalities. The clinical diagnosis of alopecia areata was made.

**THERAPEUTIC INTERVENTION:**

The patient was subjected to local as well as systemic medication. For local application combination of hair oils (3 ml) in equal quantity namely *Roghan e Amla*, *Roghan e Jonk* and *Roghan e Baiza Murgh* was applied in desired quantity daily for a period of sixty days over the affected part. A semisolid preparation of *Majoon Ushba* (6 grams) twice a day

orally with lukewarm water was also advised for the same duration. Patient was asked not to apply any chemicals in the form of hair dyes, hair styles that causes traction to scalp and use of hair pins and hair dryers etc.

**RESULT:**

Significant regrowth of new hair was observed on the affected areas after one month of treatment. The first follow-up was conducted two weeks after treatment began, patient told she felt mild itching at the site of application which does not bother her daily life activities. By the 30th day, remarkable hair growth was evident over the affected area (Figure-2). At 45th day presence of normal hair at the affected sites of scalp. By the end of the 60-day treatment period, complete restoration of normal hair growth had been achieved, with full regrowth observed in the previously affected area (Figure-3). The local application of the medications along with oral preparation contributed to improved circulation in the affected area, which enhanced nutrition to the region affected and promoting the restoration of healthy hair growth.



**Figure-1: Alopecia areata (Case finding on Day-1)**



**Figure-2: Improvement on Day-30**



**Figure-3: Improvement on Day-60**

#### **DISCUSSION:**

Alopecia areata is thought to be an autoimmune in origin and various factors affect its clinicopathology. It can be related to a condition named as “*Da'al-Tha'lab*”, based on the principle of treatment traced from Unani classical literature, the formulations was chosen for the case treatment.

*Roghan Baiza e Murgh (RBM)* or egg oil or egg yolk oil is derived from the yolk of hen's egg (*Zardi-e-baiza-e-murgh*). It is

used in Unani system of medicine mainly as a treatment for hair care to reduce hair fall, promote new hair growth, retard greying and reduce dandruff<sup>[12]</sup>. The water-soluble peptides present in egg yolk have reported role in VEGF (Vascular endothelial growth factor) production and cell growth of human hair follicle dermal papilla. The insulin growth factor-1 receptor activation induced hypoxia inducible factor-1A (HIF-1A) transcription

pathway. The HIF-1A is thought to possess immunomodulator activity and it could be served as newer therapeutic approach in the treatment of alopecia areata<sup>[13]</sup>.

*Emblica officinalis* (Amla) is traditionally used as a hair tonic (*Muqawwi Shaa'r*)<sup>[14,15]</sup>. It promotes hair growth, make them pigmented, shiner, softer and also beneficial in preventing premature greying of hairs. It contains various phytochemical compounds (tannins, mosaic acid, amino acids, alkaloids, flavonoid glycosides, phenolic glycosides, and terpenoids) and nutrients (vitamin C, phosphorus, calcium and iron). The Amla's hair growth enhancing activity evidenced by in vivo studies attributes to the effect on increase hair follicles size and prolongation of anagen phase of hair cycle<sup>[14]</sup>. In addition to this, Amla is also beneficial for androgenic alopecia as a potent inhibitor of 5-alpha reductase enzyme, which converts testosterone to dihydrotestosterone<sup>[16]</sup>.

The commercially available Roghan e Jonk prepared from Jonk (*Hirudo medicinalis*). *Hirudo medicinalis* is helpful in enhancing and restoring the blood flow over the applied area. In addition to this because of its vasodilator and anti-inflammatory properties, it helps to regain the hair growth in patients of alopecia<sup>[17-19]</sup>. Leeches are known for drawing blood from deeper tissues over the applied site and thus considered as rubefacient<sup>[20]</sup>.

Keeping in view of the therapeutic efficacies of these local preparations, it was thought to be efficacious in this condition. The result was positive and

encouraging in the alopecia areata and no side effects were reported during the treatment.

Alopecia areata in its association give rise to psychological burden in the form of lack of confidence, stress, anxiety, depression, emotional instability and thus impact the quality of one's life dealing with the condition. The conventional system of medicine developed a wide range of treatment including non-medical interventions and medical interventions which has side effects and often not affordable by patients. Hence, a herbal source which is safe and effective, economical, feasible could be an alternative solution for this condition. However, this formulation could be tested on larger number of patients in future.

#### **CONCLUSION:**

A Unani topical combination of hair oils namely *Roghan e Amla, Roghan e Baiza Murgh and Roghan e Jonk* has shown promising result in case of alopecia areata.

#### **Declaration of Patient consent:**

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor:** The corresponding author is the guarantor of this article and its contents.

**Source of support:** None

**How to cite this article:**

Khan Iram Tayyab, Nazneen Aiman Siddiqui, Naseem Akhtar Khan. A clinical insight of Unani topical therapy for Alopecia Areata: A Case Report. *Int. J. AYUSH Case Reports*. 2026; 10(2-A): 1-8.

**REFERENCES:**

1. Gupta LK, D'souza P, Martin AM. *IADVL'S Concise Textbook of Dermatology*. 2nd Ed. Jaypee Brothers Medical Publishers; 2019:376-377.
2. Kutty-Pachecka M. Psychological and psychopathological factors in alopecia areata. *Psychiatr Pol*. 2015;49(5):955-964.
3. Lintzeri DA, Constantinou A, Hillmann K, Ghoreschi K, Vogt A, Blume-Peytavi U. Alopecia areata – Current understanding and management. *Journal of the German Society of Dermatology*. 2022;20(1):59-90.
4. Khanna N. *Illustrated Synopsis of Dermatology and Sexually Transmitted Diseases*. 7e ed. Elsevier; 2024;pp141-145.
5. Juárez-rendón KJ, D M, Sánchez GR, D M. Alopecia Areata . Current situation and perspectives. 2017;115(6):404-411.
6. Sánchez-Pellicer P, Navarro-Moratalla L, Núñez-Delegido E, Agüera-Santos J, Navarro-López V. How Our Microbiome Influences the Pathogenesis of Alopecia Areata. *Genes (Basel)*. 2022;13(10):1-24.
7. Ansari B, Ilahi Y, MD Abid A, Rizwan M, Husain MA. Concept And Management of Androgenetic Alopecia (AGA) in Unani System of Medicine: A Review. *International Journal of Research and Review*. 2025;12(6):340-347.
8. *Standard Unani Medical Terminology*. New Delhi: Central Council for Research in Unani Medicine, Department of AYUSH Ministry of Health & Family Welfare, Government of India; 2012;pp 281.
9. Mushtaq S, Zaman F uz, Mushtaq M, Sultana A, Lone AH, Zaidi Z. Interpretation of Alopecia areata in Unani Medicine. *International Journal of Unani Medicine*. 2013;4:125-128.
10. *Standard Unani Medical Terminology*. New Delhi: Central Council for Research in Unani Medicine, Department of AYUSH, Ministry of Health & Family Welfare; 2012;pp 131.
11. Mushir A, Jahan N, Sofi G. Exploration of unani concept of blood purifying drugs and likely models for its screening. *Bangladesh Journal of Medical Science*. 2019;18(2):312-321.
12. Saleem MN, Idris M. Pharmaceutical Evaluation of Procedures for Preparation of Unani Formulation “ Roghan Baiza-e-Murgh ” and its Physicochemical Analysis. *Journal de Afrikana*. 2016;3(3);225-232
13. Nakamura T, Yamamura H, Park K, et al. Naturally Occurring Hair Growth Peptide: Water-Soluble Chicken Egg Yolk Peptides Stimulate Hair Growth Through

- Induction of Vascular Endothelial Growth Factor Production. *J Med Food*. 2018;21(7):701-708.
14. Akhbari M, Firooz A, Rahimi R, Shizam M, Esmaealzadeh N, Shirbeigi L. The effect of an oral product containing Amla fruit (*Phyllanthus emblica* L.) on female androgenetic alopecia: A randomized controlled trial. *J Ethnopharmacol*. 2024;318((Pt A):116958).
  15. Usmani MI. *Tanqeeh Ul Mufradat*. New Delhi: Aijaz Publishing House; 2008:pp 18
  16. Kumar N, Rungseevijitprapa W, Narkkhong NA, Suttajit M, Chaiyasut C. 5 $\alpha$ -reductase inhibition and hair growth promotion of some Thai plants traditionally used for hair treatment. *J Ethnopharmacol*. 2012;139(3):765-771.
  17. Alaama M, Kucuk O, Bilir B, et al. Development of Leech extract as a therapeutic agent: A chronological review. *Pharmacological Research - Modern Chinese Medicine*. 2024;10(September 2023):100355.
  18. Sig AK, Guney M, Uskudar Guclu A, Ozmen E. Medicinal leech therapy—an overall perspective. *Integr Med Res*. 2017;6(4):337-343.
  19. Souza MGD, Byahatti V V, Yelmame S, Nandyala S, Laxmikant B. The medicinal legacy of leeches : Historical roots and therapeutic perspective. 2025;10(2):3-4.
  20. Ibn-e-Sina. Bab al-Fasd wa'l Hijamah. In: Syed Gulam Hussain Qantoori, ed. *Al-Qanoon Fi'l Tibb (Urdu Translation)*. Vol I. New Delhi; 2010:229.