Case Report

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Treatment of alopecia areata affecting both eyebrows: case study

Salisa Shafi¹, Shafia Mushtaq²*, Shahnaz Hafeez Kawoosa³

¹Department of Gynaecology and Obstetrics, ²Department of Medicine, ³Department of Regimental Therapies, Kashmir Tibia College Hospital and Research Center, Shilvath, Jammu and Kashmir, India

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*Correspondence: Dr. Shafia Mushtaq,

E-mail: shafiya.mushtaq786@gmail.com

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ABSTRACT

Safa (alopecia areata) means loss of hairs where ordinarily hair would be found. Safa (AA) is a type of non scaring alopecia that affects males and females equally and occurs in both children and adults. About 2% of the patients are affected and come to outpatient department for care. It is characterized by reversible hair loss most commonly involving the scalp although other parts of head, including eyelashes and beard may also be affected. A patient 16 years old was given Unani medicine for 45 days as local application on lateral aspects of eyebrows twice daily for thirty days and once for later 15 days. New hairs were seen on affected areas after one month, after 45 days normal hairs were seen on affected sites. It can be concluded that Unani medicine is effective in treating alopecia.

Keywords: Alopecia, Safa, Unani, Eyelashes, Beard

INTRODUCTION

Safa (alopecia areata-AA) means loss of hairs where hair ordinarily would be found. It affects males and females equally and occurs in both children and adults. Its peak age of occurrence is 20 to 50 years. About 2% of the patients are affected and come to outpatient department for care. It is characterized by reversible hair loss most commonly involving the scalp it may affect other parts of head, including evelashes and beard. There may be small patches of hair loss or the whole scalp may be affected or sometimes hair loss in some areas may coexist with regrowth in others. Few patients lose all the hair from their heads known as alopecia totalis or all body hairs which is called Alopecia universalis.^{2,3} AA is non scaring type of alopecia.⁴ It may affect only margins of scalp (Ophiasis). The most common clinical presentation is asymptomatic shedding of telogen hairs followed by patchy non scarring hair loss in association with nail pitting, Beau's line and nail dystrophy. Safa is a common skin disorder in today's scenario.

Its various causes are accumulation of *Ratoobate fasida* (morbid fluids), *Saudai Khabes*, *Fasade Dam*, *Balgame Shoor*, *Abnormal Safra*, Unhygienic conditions, excess of coitus etc.¹

Its incidence is increasing day by day but till date there is no satisfactory treatment available in contemporary system of medicine. Fortunately Unani physicians have been managing this disease for thousands of years and they have mentioned various Unani drugs single as well as compound in classical Unani literature for its treatment. However these drugs are not scientifically evaluated so far. In Modern Medicine topical or systemic steroids are used for treatment of alopecia areata which are not free from side effects.

METHODS

A patient 16 years student with patch of hair loss on both eyebrows since one year came to O.P.D. Number of prior episodes with reversible hair loss on affected site was present since last one year. There was no history of itching or erythema at the effected site. There is no associated illness with its onset. Patient is non-smoker, non-alcoholic. There is no history of malignancy, infection, anemia or any bleeding disorders. No history of psychosis/ depression, pancreatitis/ gastritis/ PUD, metabolic disorder such as DM. No ocular finding of cataract/ gluacoma. No family history of vitiligo/ thyroid disorders/ diabetes/ rheumatoid arthritis. On general physical examination vitals and Oral mucosa was normal. Nails were normal. Systemic examination was normal. Examination of effected site was done and a non scaring diffuse hair loss patch was found at lateral two third of both eyebrow. Skin of affected site appeared normal in colour. The pathgnomic "Exclamation mark" hairs were frequently seen (as in Figure 1). Light hair pull test in and around the affected area was positive.



Figure 1 (A and B): Before treatment.

Patient was given unani treatment i.e. *Roghan Zarareeh* and *Roghan Baize Murgh* twice a day early morning and late evening in equal quantity for one month and after that once a day in late evening for next 15 days.

RESULTS

There was re-growth of new hairs on affected areas after one month. First follow up was marked on 10th day after starting treatment and affected site was marked with erythema and mild itching. Another follow up was done on 30th day and it was marked by small hairs close to surface of skin and mild itching.



Figure 3: After treatment.

Final follow up was done on 45th day which was marked by presence of normal hairs at affected sites (Figure 3).

Thus drugs used for local application largely increase the circulation of affected area thus nutrition of affected area is increased and as a result of this morbid humours are also tried to evacuate from effected site.

DISCUSSION

Roghan Zarareeh is a strong irritant of skin thus increase the circulation of affected site thereby removing morbid humours and increase the nutrition of effected area.⁵

Roghan Baiz-e-Murgh is rich in protein, minerals, fatty acids, vitamin A, D, E, and K. It gets easily absorbed in the scalp.³ It is rich is lecithin.⁴ Lecithin is important ingredient in many cosmoceutical products used for hair and skin.

Thus it can be concluded that above mentioned compound Unani formulation can be used for alopecia effectively.

CONCLUSION

Unani system is effective in treating alopecia but further clinical trials on large scale are needed to evaluate the safety and efficacy of the above mentioned drugs.

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REFERENCES

- Mushtaq S, Fasihuzaman, Mushtaq M, Sultana A, Lone AH, Zaidi Z. Interpretation of alopecia areata in unani medicine. Ind J Unani MED. 2013;2:125-8.
- 2. Mushtaq S, Raihan M, Lone A, Mushtaq M. Alopecia Areata A literature Review. Int Arch BioMed Clin Res. 2017;3(1):7-1.
- 3. Ghani N. Khazainul adviya. Vol. I. Delhi: Idara Kitab-Ul-Shifa; Ynm: 286.
- 4. Clarke C. The science of ice cream. Cambridge, Eng: Royal society of chemistry. Available at: https://en.wikipedia.org/wiki/Yolk#cite_ref-9. Accessed on 3 August 2018.
- 5. Wilson CR. chapter Gastrointestinal Toxicology in Comprehensive Toxicology, 2010.

6. Cantharidin. Available at: https://www.science direct.com/topics/neuroscience/cantharidin. Accessed on 3 August 2018.

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