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Review Article

EXPLORING HIRSUTISM THROUGH AYURVEDIC PERSPECTIVE

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Received 30-06-2017; Revised 29-07-2017; Accepted 28-08-2017

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ABSTRACT

Ayurveda the science of life emphasizes on healthy lifestyle and diet for the prevention of disease. But today's lifestyle is characterized by impaired diet and regimen paving way towards many non-communicable, metabolic and lifestyle disorders. Hirsutism is one such multi factorial and a polygenic endocrinopathy. It is characterized by the male pattern of hair growth in females. Though the problem appears to be a cosmetic one yet hyper androgenism is the lynchpin behind the entire pathogenesis. Its etiology has a wide perspective viz., idiopathic, PCOS, drug induced, tumors etc. Although the term Hirsutism is no where mentioned directly in the literature of Ayurveda, but certain terms which correlate with the features of Hirsutism can be found such as 'Atiloma' in *Charaka Samhita* and 'Sthulalomasha ganda' in *Kasyapa Samhita*. The present work is an attempt to focus on understanding Hirsutism in Ayurveda and to explore the *Samprapathi* and its components (pathway of manifestation). Once we understand the pathology it would pave a way towards *Samprathi Vighatana* and thereby treatment aspects can be ameliorated. The amalgamation of diet & regimen protocol as per Ayurveda along with the treatment can revamp the entire scenario.

Keywords: Non-communicable diseases, Hirsutism, Hyper androgenism, *Atiloma*.

INTRODUCTION

Hair is a natural ornament for which every one of us would flaunt for. Thick, long, lustrous and beautiful hair on scalp is an all time demand. Presence of hair in undesired area can be as devastating as its absence on scalp and is definitely a penance! Presence of such unwanted hair in male pattern in case of women i.e., on the chin, upper lip, periaeroleolar area, thighs, etc., is called as Hirsutism. Presence of beard or moustache in a man is normal while its presence in a woman can be devastating, depressing and may even cause social isolation. It's more of a cosmetic and psychological forlorn.

Causes of Hirsutism: Hirsutism is a common clinical condition seen in female patients age group ranging from post menarche to menopause. It affects around 5-10% of the women and is a common presenting complaint in the dermatological outpatient department for cosmetic reasons. The cause is mainly hyper androgenism, which may be ovarian or adrenal. It may be part of a rare metabolic syndrome, drug induced, or just idiopathic.¹The following table enlists the various causative factors of Hirsutism in a systematic manner.

Table 1: Showing etiology of Hirsutism

Sr. No.	Type of the Cause	Details
1	Idiopathic	Familial increased activity of 5 α reductase
2	Physiological	Peri and Post Menopause
3	Racial	Mediterranean, Middle Eastern, South Asian
4	Genetic	Androgen Sensitivity Syndrome
5	Hormonal	PCOS Metabolic Insulin Resistance Syndrome Cushing's Syndrome Non Classical Congenital Adrenal Hyperplasia Hyper-reactio Lutealis (in pregnancy) Hypothyroidism Acromegaly
6	Drugs	Anabolic Steroids – Danazol, HRT with Tibolone, Minoxidil, Anti epileptics – Phenytoin, Valproic acid, Diazoxide, Phenothiazines, Methyl dopa, Metclopamide, Anti mitotic –Cyclosporine
7	Tumours	Androgen Secreting tumours of Ovary/Adrenal, Arrhenoblastoma, Leydig and Hilar Cell Tumours, Gynandroblastoma, Luteoma(In Pregnancy)
8	Miscellaneous	Anorexia nervosa, Prolactinoma, Porphyria

Ayurveda & Hirsutism – Literary Review: There is no direct term for Hirsutism in Ayurveda but we can decipher relative aspects from multiple references. In *Charaka Samhitha Sutra sthana Astauninditeeyam Adhyaya* (a chapter on eight undesirable persons), we come across ‘*Atiloma*’ and ‘*Aloma*’ individuals where excess hair on the entire body /complete absence of hair is mentioned². In *Kasyapa samhitha* while delineating about *Graharogas* the author emphasizes about *Pushpaghni*, one among three types of *Jataharini* characterized by *Sthulalomasha ganda*³ i.e. one with corpulent and hairy cheeks³. This presence of hair on chin can be compared with facial Hirsutism. Professor P.V.Tiwari while commenting on the same regarding *Pushpaghni* which is a type of curable *Jataharini* has opined it to be anovular menstruations with Hirsutism.⁴ Before going in depth it is necessary to go through the basics like *Kesha*, *Loma* and their physiology.

Physiological concepts related to *Kesha* (scalp hair) & *Loma* (body hair):

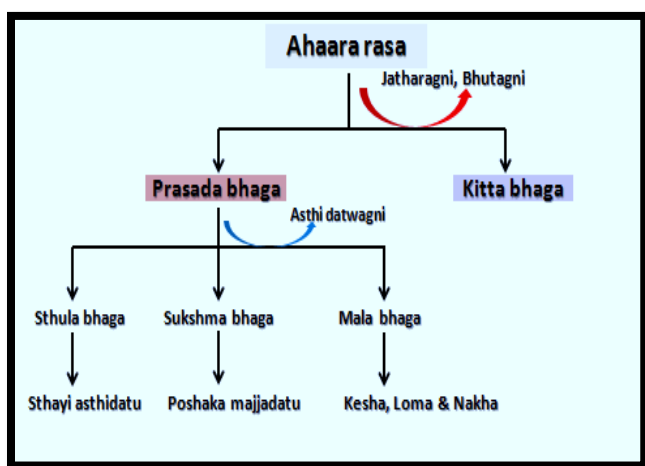


Figure 1: Flow chart depicting the physiology of *Kesha, Loma uthpathi krama*

Loma Uthpathi Krama: ‘*Loma*’ is a *Parthiva*⁵ *Dravya* (a substance whose composition is predominant in *Prithvi maha bhoota*) developed and nourished by *Pitruja Bhava*, one among the *Shadbhava*’s responsible for the formation of *Garbha* (fetus)⁶. *Kesha* and *Loma* are the *Malas* of *Asthi Dhatu*, which are related with *Sweda-vahasrotas*. The *Asthi Dhatu* has derived from *Medo Dhatu*. *Ahara Rasa* under the action of *Jatharagni* and *Dhatvagni* gets converted into *Prasadabhaga* and *Kittabhaga*. After *Uttarottara Dhatu Poshana* under the action of *Asthi Dhatvagni* formation of *Asthi Dhatu*, *Poshya Majja Dhatu* and *Kesha lomadi*⁷ *mala* occurs.

Lomadi Mala Vruddhi:

Rasa Dhatu provides nutrition to all parts of the body. According to *Charaka Samhitha* in the process of digestion *Ahara* is transformed into *Ahara Rasa* (nutrition fluid) which further divides into two parts namely –*Sarabhaga* (nutritional dividend) and the *Kittabhaga* (excretory dividend). The *Kitta Bhaga* is responsible for the production and nutrition of *Mala*’s like *Sweda* (sweat), *Mutra* (urine), *Pitta*, *Kapha*, *Kesha* (hair), *Loma* (body hair), *Nakha* (nails) etc.

According to *Susruta Samhitha*, nourishment of *Kesha* is from the end part of *Dhamani*, which are attached to the *Romakupas*.⁸

Understanding the Pathology of *Kesha Lomaadi Vruddhi*:

Jatharagni mandya results in *Dhatvagni mandya* producing abnormal *Medo- Dhatu* results in the formation of abnormal *Asthi Dhatu* and *Mala Vruddhi* as *Kesha Lomadi Ativrudhi*.⁹ To understand the pathology of *Atilomata*, it is essential to know the in detail description of *Nidana Pancaka* summarized below.

The *Nidana Pancaka* of *Atilomata*:

Table 2: Showing *Nidana, Purvarupa, Rupa, Upashaya, Sadya-Asadyata* of *Atilomata*.

Sr. No.	Nidana panchaka	Due to PCOS	Due to Genetic Cause
1	<i>Nidana</i>	<i>Viruddhaahara, Akaala-bhojana, Pramitashana, Avyayama, Divaswapna</i>	<i>Beeja Dosh, Visha</i>
2	<i>Purvarupa</i>	<i>Atyartava/Anaartava, Sthoulya</i>	
3	<i>Rupa</i>	<i>Sthoulya, Pidika, Neelika, Daurgandhya, Vandhyatva, Atilomata</i>	<i>Atilomata</i>
4	<i>Upashaya</i>	<i>Chikitsa in the form of Agneya dravya Prayoga</i>	<i>Loma-apaharana</i>
5	<i>Sadya-Asadyata</i>	<i>Nava: Kruchra sadya Jirna: Yapy</i>	<i>Yapy</i>

Samprapti of *Atilomata*:

Due to *Nidana Sevana* in the form of *Aaharaja* and *Viharaja Nidana*, there will be *Kapha Pradhana Tridosha Prakopa* leading to *Dhatvagni Mandya*, involving *Rasa, Mamsa, Medo-dhatu* and *Aartava* - the *Upadhatu* of *Rasa Dhatu*. These lead to *Ayathopacaya* of *Shareera* resulting in the manifestation of symptoms like *Sthoulya, Aartava Vaiparitya* in the form of *Atyartava* or *Anartava; Neelika, Pidika, etc.* The involvement of other *Gambhira Dhatu*’s like *Asthi, Shukra* leads to *Vandhyatva* and *Atilomata*.

Samprapthi Ghatakas (Composition of the manifestation):

- i. **Dosha:** *Kapha, Vata, Pitta*
- ii. **Dushya:** *Rasa, Mamsa, Medo, Asthi, Shukra- in infertility cases*
- iii. **Srotas:** *Rasavaha, Mamsavaha, Medovaha, Astivaha*
- iv. **Srotodusti:** Can be either of *Sanga/ Athipravriti/ Vimarga Gamana* depending on the endocrinal pathway disturbed.
- v. **Ama:** *Saama*
- vi. **Agni:** *Mandya*
- vii. **Udbhava sthana:** *Amasaya, Pakwasaya*
- viii. **Sanchara sthana:** *Sarva sarira*
- ix. **Vyakta sthana:** *Twak*

Understanding the manifestation of Hirsutism through Ayurveda:

Atiloma is mentioned as a condition of social stigma due to disfigurement. *Atiloma* itself is not considered as *Vyadhi*, but as it produces sufferings to an individual it can be

considered as *Vyadhi*. Description regarding *Atiloma* is not found vividly in the *Samhitas*, possibly this could be because of its less prevalence during the then period. Still it has been quoted as one among the *Ashtanindita Purusha*(eight undesirable constitutions) by *Acharya Charaka*. Further *Kasyapa Samhitha* mentions about *Pushpaghni Jataharini*, the description of which reveals the endocrinal dysfunction as it is associated with *Sthoulyata* (obesity) and *Vruthapushpata* (futile ovulation). One among the *Ashtanindita Purusha* is *Atiloma* characterized by excessive body hair, but further explanations are unavailable. This may be considered as idiopathic Hirsutism which is different from Hirsutism due to PCOS. But Hirsutism associated with PCOS is due to hyperandrogenism and action of androgens on the hair roots. *Charaka Samhitha* included *Atisthoulya* as one among the *Ashtaninditas* which may be considered as a metabolic disorder. Detailed description regarding its *Nidana*, *Purvarupa*, *Lakshana*, *Samprapti*, *Upadrava* are mentioned in *Sutra Sthana*. As both these are enlisted in same context interrelation between the two conditions due to involvement of neuro-endocrinal system and metabolic disorders may be assumed.

Shmashru is considered as the *Mala of Shukra Dhatu*, as per the references in the commentary of *Dalhana*, *Adamalla*, etc. Prof. Premavati Tewari while describing regarding the *Stree Shukra*, emphasised that the *Shukra* can be considered as that one which helps in *Deha Dharana*, *Prajotpadana*, *Harsha*, *Pritikaraka* and *Bala-Varna Upachayakara*.¹⁰ Author clarifies by saying that *Shukra* can be classified into *Antah Shukra* and *Bahi Shukra*. This *Antah Shukra* in females is responsible for the development of secondary sexual characters like development of breast, growth of pubic and axillary hair; and growth of female genital organs. Thus based on the assumptions that, if the *Prajotpadaka Shukra* is developed improperly or malnourished it will lead to infertility and other related conditions. If the *Sarva Sharira Sthitha Shukra Dhatu*, gets vitiated leading to the defect in secondary sexual characters mentioned as *Stree Vyapad* of '*Vartaa*' by *Charaka Samhitha*, condition of PCOS patient usually presents with features of menstrual irregularity, obesity, infertility and other hyperandrogenic features like Hirsutism, acne etc. thus the pathology in *Atiloma* may include the *Shukra Dushti* also.

Concept of Stree Shukra: Further emphasizing on this in males *Shukra* includes sperms, seminal fluid, male sex hormones (testosterone), even women have *Shukra* in the entire body. Hence, there is a small amount of testosterone even in a woman's body. If this circulating testosterone is secreted more by the stroma of the ovary due to PCOS, Obesity etc., then because of the affinity of the hair follicle for testosterone the fine hair becomes virulent and it results in hirsute hair appearance. The same testosterone when acted upon the hair follicles on the scalp it results in frontal balding or loss of hair over the scalp which is seen in the hirsute women.

Treatment perspectives:

- First and foremost would be a bifid approach where treating the underlying endocrinal pathology is primary

prerequisite, at the same time treating the cosmetic issue that is the unwanted hair externally is also equally vital.

- For depilatory purpose several *Yogas* are mentioned in various renowned treatises of Ayurveda. The following table shows the list of these *Yogas*.

Table 3: Shows the list of depilatory recipes mentioned in various treatises.

Sr. No.	Yogas	Reference
1	<i>Harataladi churna, Harataladi lavana yoga, Sudhadi yoga, Bhallatakadi yoga</i>	<i>Shabdakalpadruma</i> ¹¹
2	<i>Shami phala has keshagna property</i>	<i>Charaka samhita</i> ¹²
3	<i>Shamibeejadi yoga, Shankha churnadi yoga, Bhallatakadi yoga, Agaragodhikadi yoga</i>	<i>Susruta samhita</i> ¹³
4	<i>2 Romasathana lepa yogas</i>	<i>Sarangadhara samhita</i> ¹⁴
5	<i>2 Romasathana lepa yogas, 4tailas – Kusumbha taila, Aragvadadi taila, Karpuraadi taila, Kshara taila</i>	<i>Chakradutta</i> ¹⁵
6	<i>Harataladi lepa, Shankhadi lepa, Anjani lepa, Palashaksharadi lepa, Shankhabhasmadi lepa, Bhallatakadi lepa, Kusumbha taila, Kshara taila, Aragvadadya taila</i>	<i>Bhaisajya ratnavali</i> ¹⁶
7	<i>Harataladi lepa yoga, Koshataki beeja taila, Halahalapucha sadita sarshapa taila</i>	<i>Rajamartanda</i> ¹⁷
8	There are 3 yogas for <i>Yoniromapathana</i> (removal of pubic hair), here specifically age of the female to use these recipes is mentioned as 13-14 yrs.	<i>Haramekhala</i> ¹⁸
9	<i>4 Harataladi lepa yogas, 2 tailas - Halahalapucha sadita sarshapa taila, Koshamra taila</i>	<i>Nibandha sangraha on Sushruta Samhita</i> ¹⁹

CONCLUSION

- Regarding the approach towards the underlying pathology, there would be bifid approach again. Hirsutes are of two kinds *Sthula*(obese) and *Krusa*(thin).
- For *Sthula* patients, there is a vitiation of *Rasa, Medo, Asthi dhatus* primarily along with *Tridosha* that mainly involves *Kapha*. The main target here is *Margavarodha* at the level of ovaries (PCOS), thyroid gland, and it also involves *Agnimandhya*. Hence, *Agni Vardhaka dravyas* i.e., *Deepana, Pachana* drugs along with *Srotosodhakas* and *Artava pravartaka dravyas* are the need of the hour. eg. *Lasuna, Maricha, Sathapushpa* etc.,
- Apart from the above aspects *Medohara* and *Lekhana dravyas* are also required which can act at the level of *Dhatu*, eg. *Haridra, Tamra Bhasma, Kanchanara, Triphala, Pippali*.

- When it comes to lean hirsutes *Deepana, Pachana, Rasa pradhanakara dravyas* need to be administered. Apart from them *Vatahara* line of treatment is also to be done as *Apanavata* is mainly hampered along with *Vyanavata*.

With this kind of dual mode of management this complex endocrinal disorder can be managed successfully and thereby further progress can be stopped. The most important aspect while treating the external hair is that the half life of hair follicle is 6 months. Therefore to prevent further re growth of hair from follicle at least 6 months of treatment is mandatory. Finally, revalidating the efficacy of various *Romasathana yogas* where some of them are described to be giving permanent hair removal effect can be considered in research point of view. Comparing the results with that of LASER might help promoting them as these *lepas* are much more economical than LASER.

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Source of support: Nil, Conflict of interest: None Declared