

Review Article

**A Case Report on Siddha Medicines Parangipattai Chooranam Tablet (Internal), Palagarai Parpa Tablet (Internal) and Muthiyar Koondhal Ennai (External) in the Management of Puzhuvettu****Yazhini S^{1*}, Suruthi B², Manjari V³, Madhavan R⁴**¹ PG scholar, Department of Nanju Maruthuvam, National Institute of Siddha, Tambaram Sanatorium, Chennai, Tamil Nadu, India.² PG scholar, Department of Nanju Maruthuvam, National Institute of Siddha, Tambaram Sanatorium, Chennai, Tamil Nadu, India.³ Professor, Department of Nanju maruthuvam, National Institute of Siddha, Tambaram Sanatorium, Chennai, Tamil nadu, India.⁴ Professor and Head, Department of Nanju Maruthuvam, National institute of Siddha, Tambaram Sanatorium, Chennai, Tamil nadu, India.*Corresponding author's E-mail: dr.yazhini.d@gmail.com

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ABSTRACT

Puzhuvettu is correlated with alopecia areata in modern medicine and is characterised by patchy, non-scarring hair loss that significantly affects both the cosmetic appearance and psychological well-being. Siddha formulations, both internal and external, are traditionally indicated for hair disorders. This case report evaluates the clinical efficacy and safety of Siddha management using the Severity of Alopecia Tool (SALT) score. A 23-year-old male presented with a progressively enlarging patch of hair loss over the right temporal region for one month, associated with anxiety and reduced confidence. The patient was treated with internal Siddha medicines, namely Parangipattai tablet and Palakarai Parpam tablet, along with external application of Muthiyar Koondhal Ennai, applied twice daily over the affected area for 45 days. Complete reduction of the patchy lesion with visible hair regrowth was observed at the end of the treatment period, with marked improvement in SALT score. Psychological distress was reduced, and confidence improved, and no adverse drug reactions were reported. This case highlights the effectiveness of combined internal and external Siddha therapy in the management of puzhuvettu (alopecia areata), and further clinical studies are required to validate these findings.

Keywords: Alopecia areata, Siddha medicine, Case report.**INTRODUCTION**

Alopecia areata (AA) is an immune-mediated dermatological disorder characterised by sudden onset of non-scarring hair loss involving the scalp and other hair-bearing areas¹. The condition results from an autoimmune attack on hair follicles, leading to well-demarcated patches of hair loss. Exclamation mark hairs are a characteristic feature of active disease, and short vellus hairs may be observed in some patients. *Alopecia areata* affects individuals of all age groups, is more common in children, and occurs in both sexes, with a higher prevalence in females.

Recent epidemiological studies indicate that alopecia areata affects up to 2% of the global population during their lifetime¹. Population-based cohort analyses from the United States have reported a point prevalence of approximately 0.2% and an incidence of approximately 90–100 cases per 100,000 person-years².

The Severity of Alopecia Tool (SALT) score is a validated and widely accepted method for assessing disease severity and monitoring therapeutic response in clinical studies³. In the Siddha system of medicine, Puzhuvettu clinically correlates with alopecia areata and is managed using both internal and external therapeutic modalities. Various clinical studies have evaluated different treatment approaches for *alopecia areata*. Hence, the present case report was undertaken to evaluate the efficacy of Parangipattai chooranam tablet⁴ (internal medicine), Palagarai parpa tablet⁵ (internal Medicine), Muthiyar Koondhal Ennai⁶ (external medicine) in the management of Puzhuvettu (*Alopecia areata*) using SALT score.

CASE REPORT**Study Design and Setting**

This work was presented as a single case report of a patient diagnosed with Puzhuvettu, which is clinically correlated with *Alopecia areata*. The case was observed and managed at the Nanju Maruthuvam Outpatient Department of the National Institute of Siddha, located at Grand Southern Trunk Road, Tambaram Sanatorium, Chennai – 600 047, Tamil Nadu, India. The report focuses on the clinical presentation, treatment approach, and outcome following internal and external siddha medications.

Patient Information

A 23-year-old male presented to the OPD with a complaint of patchy hair loss over the right temporo-parietal region of the scalp. According to the patient, the lesion had been present for one month and was progressively enlarging day by day. This gradual increase in the size of the patch created significant fear and concern in him, which prompted him to seek treatment.

He specifically requested whether treatment could be given with internal tablet medicines and external medicine alone, as he did not wish to consume internal medicines in semisolid, liquid or powder form. Based on his preference, internal tablet medicines and external medicine were planned.

Clinical Presentation

At the time of presentation, the patient had a localised patch of hair loss over the right temporal-parietal region of



the scalp. The patchy hair loss was non-scarring in nature and had progressively increased in size over the preceding month. Along with patchy hair loss, the patient complained of a mild itching sensation over the affected region. He also reported that whenever he scratched or rubbed that area, he experienced mild pain. In addition to the physical symptoms, the patient had considerable psychological distress related to the visible hair loss. He reported feeling uncomfortable and self-conscious while combing his hair, with persistent fear that the patch might be visible to others. After combing, he would repeatedly check whether the bald patch could be seen externally. He also described a habit of touching the affected area unknowingly during conversations or while at rest, especially during break times, to confirm whether the patch remained visible. The progressive enlargement of the lesion made him anxious about the possibility of developing complete baldness. These concerns reduced his self-confidence and caused emotional stress.

Assessment and Diagnosis

The diagnosis was made clinically based on the history and scalp examination findings suggestive of Puzhuvettu / *Alopecia areata*. A detailed clinical history was obtained, including onset, duration, progression of the lesion, associated symptoms, and treatment preference. Local scalp examination was carried out to assess the site, extent, and appearance of the patchy hair loss. Special attention was given to associated symptoms such as itching and a tingling sensation over the lesion. The patient's psychological response to the disease was also noted, as fear, stress, and reduced confidence were significantly associated complaints. Since this was a case report intended for clinical presentation, emphasis was placed on documenting both the dermatological and psychological aspects of the condition.

Source of Raw Drugs

The raw drugs required for the preparation of Muthiyar Koondhal Ennai were procured from K. Ramaswamy Chetty Raw Drug Shop, Parrys Corner, Chennai, Tamil Nadu, India.

Authentication and Identification

All ingredients were authenticated and identified by Dr D. Aravind, M.D (S), [M.Sc.](#), Assistant Professor, Department of Medicinal Botany, National Institute of Siddha, Chennai.

Preparation of Muthiyar Koondhal Ennai

Muthiyar Koondhal powder (175 g) and *Aloe vera* gel (175 g) were triturated thoroughly. Fenugreek seeds (175 g) were added and mixed uniformly. The mixture was transferred into a mud vessel and kept in a cool place for four days. After four days, the sprouting of fenugreek seeds was observed.

The mixture was then transferred into a glass container. Sesame oil and 80 *Hibiscus rosa-sinensis* flower petals were added. The mouth of the container was covered with cotton cloth and kept in the sunlight for 30 days.

After completion of the process, the medicated oil was filtered, stored in a clean container, and used for a clinical study. The formulation was prepared in the Pharmacology Laboratory, National Institute of Siddha, Chennai, as per classical literature reference.⁶

Intervention

Parangipattai chooranam tablet (internal medicine) and Palagarai parpa tablet (internal) were procured from the National Institute of Siddha (NIS) pharmacy and dispensed through the OPD. The patient was advised to take Parangipattai chooranam tablet (internal medicine) and Palagarai parpa tablet (internal) two tablets each morning and night after food with ghee as an adjuvant and apply the Muthiyar koondhal oil externally over the affected patch twice daily for a period of 45 days. Clear instructions were provided regarding regular application over the lesion and maintenance of compliance throughout the treatment duration.

Follow-Up and Outcome Assessment

The patient was followed clinically during the treatment period to observe changes in the lesion and associated symptoms. Assessment was based on:

Reduction in the size of the patchy hair loss
Appearance of new hair growth over the affected area
Relief from the itching sensation, Relief from the tingling sensation associated with scratching, Improvement in emotional stress and self-confidence.

At the end of 45 days of treatment, the patchy lesion showed complete reduction with visible hair regrowth over the affected region. The associated mild itching sensation improved, and the patient no longer reported pain on scratching. Psychological improvement was also noted, as the patient felt relieved and more confident after visible recovery. Disease severity was assessed using the Severity of Alopecia Tool (SALT) score, which quantifies the percentage of scalp hair loss and classifies disease severity into grades.

Table 1 shows the regional distribution of the SALT score. Table 2 shows the method of the SALT score calculation. Table 3 shows the SALT score interpretation.

Table 1: Severity of Alopecia tool (salt) score

Scalp Region	Percentage of Scalp	Weight
Vertex	40%	0.40
Right Side	18%	0.18
Left Side	18%	0.18
Posterior (Back)	24%	0.24

Table 2: Salt Score Calculation

Parameter	Description
% Hair Loss in Each Area	Estimated visually
Regional Score	% Hair loss × region weight
Total SALT Score	Sum of all regional scores



Table 3: Salt Score Interpretation

SALT Score (%)	Severity Grade
0%	S0 (No hair loss)
1–24%	S1 (Mild)
25–49%	S2 (Moderate)
50–74%	S3 (Severe)
75–99%	S4 (Very severe)
100%	S5 (Complete hair loss)

ETHICAL CONSIDERATIONS

Ethical approval was not required for this case report as per institutional policy, as it involved a single patient treated under routine clinical care without any experimental intervention. Written informed consent was obtained from the patient. The case was managed in accordance with the ethical principles outlined in the ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants. Patient confidentiality was strictly maintained.

Safety Assessment

The patient was monitored throughout the treatment period for any adverse effects related to the given siddha medications. No adverse drug reactions, irritation, or worsening of symptoms were reported during the course of treatment.

RESULTS AND DISCUSSION

Following 45 days of internal administration of Parangipattai chooranam tablet and Palagarai parpa tablet and external application of Muthiyar Koondhal Ennai, marked clinical improvement was observed in the patient. The baseline Severity of Alopecia Tool (SALT) score of 4.8 (S1 grade) was reduced to 0 (S0 grade) after 45 days of treatment, indicating a complete reduction of 4.8 points. Visible hair regrowth was noted over the affected right temporo-parietal region, with restoration of normal scalp appearance. The associated symptoms, including mild itching and tingling sensations on scratching, were completely resolved by the end of the treatment period.

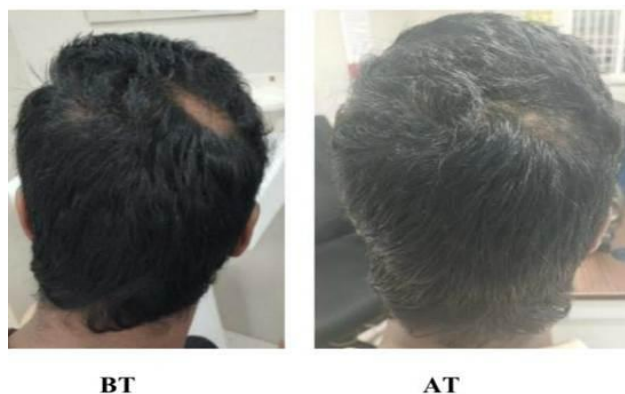


Figure 1: Clinical photographs showing good improvement of patchy hair loss (BT-Before Treatment; AT-After Treatment)

The patient also reported significant improvement in psychological well-being, with a reduction in anxiety and restoration of self-confidence. Clinical photographic evidence obtained before and after treatment further confirmed the therapeutic outcome. No adverse drug reactions or complications were observed throughout the treatment duration. Figure 1 shows photographs taken of the patient before and after treatment.

Puzhuvettu, which is clinically correlated with *Alopecia areata*, is an immune-mediated disorder characterised by localised, non-scarring hair loss. In the present case, the patient presented at an early stage of the disease with a small alopecic patch (SALT score 4.8) over the right temporo-parietal region, accompanied by mild inflammatory symptoms such as itching and a tingling sensation on scratching. Early-stage presentation is considered favourable for therapeutic intervention, as the hair follicles remain viable and capable of regeneration. The complete clinical remission observed in this case following 45 days of internal and external siddha medications was noteworthy. The reduction of SALT score from 4.8 to 0 (S0 grade), along with visible hair regrowth, suggests effective restoration of follicular activity. The resolution of associated symptoms, such as itching and tingling sensations on scratching, indicates a probable reduction in local inflammatory processes. *Alopecia areata* is known to involve perifollicular inflammation mediated by autoimmune mechanisms; hence, therapies with anti-inflammatory and immunomodulatory effects may contribute to disease reversal. Parangipattai chooranam tablet has antioxidant and antimicrobial activity.⁷ Palagarai parpa tablet has antihistamine activity.⁸ Muthiyar Koondhal Ennai contains ingredients such as *Cuscuta reflexa*, *Trigonella foenum-graecum*, *Hibiscus rosa-sinensis*, and *Aloe vera*, which have been reported to possess antioxidant, anti-inflammatory, antimicrobial, and hair growth-promoting properties.⁹⁻¹⁴ These pharmacological actions may help in improving the scalp microenvironment, reducing oxidative stress, and stimulating dormant hair follicles, thereby facilitating hair regrowth. The observed clinical improvement in this case may be attributed to these combined effects.

The psychological impact of *Alopecia areata* was evident in this patient, who experienced anxiety, reduced confidence, and persistent concern regarding the visibility of the patch. The complete resolution of the lesion contributed significantly to psychological relief, emphasising the importance of addressing both physical and emotional aspects of the condition.

No adverse drug reactions were observed during the treatment period, indicating that the formulation was safe and well-tolerated. However, being a single case report, the findings cannot be generalised. Factors such as early disease stage, patient compliance, and individual variability may have influenced the outcome. Therefore, further studies with larger sample sizes, controlled designs, and longer follow-up are necessary.

CONCLUSION

This case report demonstrates that internal administration of Parangipattai chooranam tablet and Palagarai parpa tablet and external application of Muthiyar Koondhal Ennai resulted in complete clinical remission of Puzhuvettu (*Alopecia areata*) within 45 days, as evidenced by a reduction of SALT score from 4.8 to 0 and visible hair regrowth. The treatment also led to complete resolution of associated symptoms such as itching and tingling sensations on scratching, along with notable improvement in the patient's psychological well-being, including reduction in anxiety and restoration of confidence. The formulation was found to be safe and well-tolerated, with no adverse drug reactions observed during the treatment period. Further studies with larger sample sizes and controlled designs are required to substantiate these results.

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