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"Regaining Hair, Restoring Hope: A Homeopathic Journey in Alopecia Areata – A Case Study"

Dr. Pankaj Lathia^{1*}, Dr. Ashfaq Amla², Dr. Amit rai Shah³, Miss Jaiseel Makwana⁴

^{1*}M.D.(Hom.) Ph.D.(Hom.) Professor in Community Medicine, Research Methodology & Bio-Statistics, CNKHMC & RC, Vyara, Gujarat, India

²M.D.(Hom.) Professor in Homeopathic Pharmacy, CNKHMC & RC, Vyara, Gujarat, India
 ³M.D.(Hom.) Professor in Organon of Medicine and Homeopathic Philosophy, CNKHMC & RC, Vyara, Gujarat, India

⁴Fourth BHMS Student, CNKHMC & RC, Vyara, Gujarat, India

ABSTRACT: CONTEXT

Alopecia is a multifaceted condition with diverse influences. Unlike conventional treatments that mainly target symptoms, homeopathy adopts a holistic perspective, treating the whole person rather than isolated signs. Based on enduring principles and the concept of vital force, homeopathy seeks to restore the body's natural balance. The approach emphasizes individualized care, considering each person's unique physical, emotional, and mental makeup, with the goal of achieving lasting health and well-being.

CASE SUMMARY

Alopecia Areata is an autoimmune condition causing unpredictable, localized hair loss. A patient with multiple scalp bald patches and no family history of autoimmune disease was treated with individualized homeopathy. After detailed case-taking, indicated remedy was prescribed. The patient achieved complete hair regrowth with no recurrence throughout the treatment period. This case highlights the potential of individualized homeopathic treatment in managing Alopecia Areata.

AIM

To demonstrate the effectiveness of individualized homeopathic treatment in promoting hair regrowth and emotional well-being in Alopecia Areata, while supporting homeopathy as a safe and integrative option for hair loss.

CONCLUSION

Individualized homeopathic treatment played a key role in the successful management of Alopecia Areata in this case. The selected remedy with Intercurrent remedy, led to complete hair regrowth and sustained improvement, demonstrating homeopathy's potential in treating autoimmune hair loss effectively.

KEYWORDS: Homeopathy, Alopecia Areata, Individualization

*Author of correspondence: Dr. Pankaj Lathia

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INTRODUCTION

Hair growth in individuals follows a cyclical pattern. In humans, hair follicles within the same region are usually at different stages of the growth cycle, meaning they don't all grow or shed at the same time. As hairs reach the end of the telogen (resting) phase, they naturally fall out—making daily hair shedding a normal process. There may also be seasonal

fluctuations in the amount of hair lost. Excessive hair loss can occur due to a range of factors such as genetics, hormonal disturbances, stress, nutritional deficiencies, or underlying health conditions. When

this loss becomes abnormal, it is classified as alopecia. It can present as general hair thinning, a receding hairline, or bald patches, and it can affect both men and women.

Hair Growth Cycle 1. Anagen Hair (growth phase) follicle Nourishment of hair follicle Catagen via blood supply enables (transition phase) hair growth. Hair follicle detaches Blood supply from nourishing blood supply. 3. Telogen (resting phase) Club Without nourishment, the hair dies and falls out.

Alopecia areata is a non-scarring autoimmune disorder that can affect any area of the body where hair grows. It is one of the most common types of hair loss, frequently seen in children and young adults. The condition typically presents with the sudden appearance of one or more smooth, round patches of complete hair loss on the scalp. These patches are sharply defined, and a hallmark feature is the presence of "exclamation mark" hairs—short, broken hairs that are narrower at the base—found at the edges of the bald areas.

While alopecia areata often remains localized to the scalp, it can also involve the eyebrows, eyelashes, beard, and other body regions. The bald patches may expand gradually over a few weeks, or additional new patches may emerge. When the hair loss becomes complete across the scalp, the condition is termed *Alopecia Totalis*. If hair loss extends to the entire body, including the scalp, face, and body hair, it is classified as *Alopecia Universalis*.

Alopecia can be broadly classified into cicatricial (scarring) and non-cicatricial (non-scarring) types. Non-cicatricial alopecia is further categorized into patchy and diffuse forms. Alopecia areata is considered an organ-specific autoimmune disorder, likely

involving autoreactive T cells that target melanocytes within anagen hair follicles. Although the exact cause of alopecia areata remains unclear, there is strong evidence supporting an autoimmune basis. The condition is also frequently associated with other autoimmune diseases.

AETIOLOGY:

1) Genetic Predisposition

A family history of hair loss significantly increases the risk of developing alopecia. Genetics play a crucial role in determining overall hair health and susceptibility to hair thinning or baldness. Individuals with relatives who have experienced hair fall or pattern baldness are more likely to encounter similar issues. While hereditary hair loss is difficult to reverse, a range of treatments and preventive strategies can help manage the condition effectively.

2) Autoimmune Association

Alopecia areata is strongly linked to autoimmune conditions such as thyroid disease, vitiligo, and Addison's disease, supporting an autoimmune etiology. Histological evidence shows lymphocytic infiltration around anagen hair follicles. Unlike many autoimmune disorders that permanently damage the target organ,

alopecia areata causes a temporary suppression of hair follicle activity. This suggests that the immune system may be targeting a regulatory growth factor or its receptor rather than destroying the follicle itself.

3) Tinea Capitis

A fungal infection of the scalp, tinea capitis presents as irregular patches of alopecia accompanied by scaling and broken hair stubs within the affected area. Multiple patches may form, and in some cases, inflammation may lead to the development of a painful, swollen lesion known as a kerion.

4) Folliculitis Decalvans

A rare cause of alopecia, folliculitis decalvans is characterized by pustules surrounding hair follicles. These lesions eventually heal with scarring and lead to the permanent destruction of affected follicles.

5) Other Skin Disorders

Certain dermatological conditions can result in alopecia, notably discoid lupus erythematosus and morphea. These disorders often lead to scarring and irreversible hair loss if not treated early.

6) Trichotillomania

A psychiatric condition where individuals compulsively pull out their own hair, trichotillomania leads to patchy hair loss. The pattern of alopecia is often irregular and the hair shafts may appear broken or uneven.

7) Traction Alopecia

This form of hair loss is caused by persistent tension on the hair due to tight hairstyles, such as ponytails or braids. It most commonly affects the frontal and temporal hair margins, where the mechanical stress is greatest.

While conventional treatments may provide temporary relief, homeopathy offers a holistic approach by addressing the individual as a whole rather than merely treating the symptoms. Rooted in unchanging principles and a solid philosophical foundation, homeopathy is a science guided by the "Seven Cardinal Principles". A key tenet of homeopathy is individualization the belief that every person is unique, with a distinct personality, constitution, perception of life, and response to external circumstances. As such, treatment is tailored specifically to the individual's physical, emotional, and psychological makeup. Dr. Samuel Hahnemann's emphasis on the dynamic nature of illness and his trust in the concept of vital force, even without the benefit of modern chemical analysis, reflects the homeopathic focus on treating the underlying energetic imbalance through symptombased prescribing.

In the case of alopecia, several homeopathic remedies may be indicated based on the individual's overall symptom profile. Commonly prescribed remedies include: Natrum muriaticum, Fluoric acid, Phosphorus, Calcarea phosphorica, Wiesbaden, Silicea, Lycopodium clavatum, Tuberculinum, Selenium, Thuja occidentalis, Pulsatilla, Kalium carbonicum, Calcarea sulphurica. Selection of the appropriate remedy depends on a thorough case analysis, considering not only the physical symptoms but also the patient's mental and emotional state.

MEDICINE	INDICATION		
Natrum Mur	Shedding of hair even when slightly touched.		
	Especially seen in postpartum.		
	Hair loss seen from emotional grief, stress.		
Acid fluor	Mainly in alopecia areata with irregular patches.		
	Hair are fragile and delicate breaking easily and deformed nails.		
	Indicated in weak and old aged and in young aged with syphilitic miasm.		
Phosphorus	Tight and tense scalp		
	Severe itching with dandruff.		
	Baldness of single spots.		
Calcarea Phos	Profused Thinning of handful of hair.		
	Hair breaks easily.		
Wiesbaden	Promotes hair growth by nourishing hair follicles		
	Reduces greying of hair		
Silicea	Bilateral recession of frontal hairline.		
	Baldness seen in young aged due to poor nutrition and malabsorption.		
	Strengthens hair follicles and nails.		
Lycopodium	In alopecia areata and alopecia totalis		
	shedding of hair in bunches.		
	Greying of hair and Baldness in teens and young aged		
	Thin and lifeless hairs with Definite patches and dandruff.		
Tuberculinum	Indicated in alopecia areata with previous scalp Affection.		
	In weak and debilitated persons.		
Selenium	In alopecia areata, alopecia totalis and alopecia universalis		
	Diffused hairloss and male pattern type of Baldness.		
	Tightness in scalp with Loss of hair even from brows, lashes, beard, genitals.		
	Indicated in old and debilitated persons.		
Thuja occ	White scales of dandruff with rapid loss of hair.		
	Dry, bushy, early greying of hair with greasy skin.		
	Associated with sycotic and skin Affection.		

CASE REPORT

DOC – 27/09/2019 Master XYZ 9 years / Girl

CHIEF COMPLAINT:

C/o.

(History given by Mother and father)

Hair falling ++ in bunches increased since 1 year, < Combing +++ and < washing ++ causes patches (bald). Also having itching + over there. No any eruption.



PAST HISTORY:

- Recurrent URTI Tonsillitis < cold drink ++
- Constipation up to age of 5 years
- No H/o worms or pica

FAMILY HISTORY:

• Mother – Hair falling

VACCINE -

Routine vaccine in PHC

MILESTONE:

- Rolling, crawling within 1 year
- Able to sit a loan without support within 1 year
- Speech -1 to 1.5 year
- Walking with support 1 to 1.5 year
- Walking without support delayed + (after 2.5 year)
- Teething 6-7 months, c/o Recurrent gastro

PHYSICAL GENERAL:

- Appetite No appetite at all. Previously, had trouble eating. Eating a small amount causes stomach ache, and eating more leads to diarrhoea. Easily feels fatigued.
- Thirst 5-7 glasses / day (lukewarm water)
- \bullet Desire salt ++ , sweet ++ , chocolate ++ , Ice cream ++

When she was little, she used to eat salted potato wafers (salted)

- Aversion Bitter + , Green veg +
- Perspiration palm ++ , forehead ++

- \bullet Stool 1-2 times/ day , Odor offensive.... Flatulence ++ , sometimes abdominal pain > passing flatus ++
- Urine No Significant
- Sleep Position on abdomen (70%) otherwise on side , many times startled during sleep... cry.... Fearful... Specially while someone scolded... Sometimes dream of Ghost
- Thermal : Chilly

NATURE:

(By mother)

"She can't sit in one place; she's restless. Whether watching TV, using the mobile, or doing household chores, even when sitting, her hands and feet keep moving. She used to be stubborn as a child, but now she has become more understanding."

"She gets tired quickly and can't do a lot of homework. She needs to read things 2-3 times to remember them and tends to forget after a few days. At school, if given extra work, she complains of headaches. I feel her memory is a bit weaker compared to other children."

Que: What else? Tell me more about her personality. Ans: "Yes, she invites the neighbourhood children to play at home and shares her things and food with them. She has many friends at school and gets along well with everyone—there are no complaints. When we moved to a new house, within 2-3 days she had already become friendly with the neighbours. Her academic performance is average, but her grades are good. She enjoys playing with other children. She feels comfortable visiting unfamiliar homes and easily

mingles with everyone around, just like at home. This is a positive quality of hers, especially since there are few children her age nearby, and even then, she sits quietly without causing any trouble. Everyone says she is a calm and well-behaved girl."

Que: Good. Tell me more. **Ans**: Okay, you ask now.

• Fear: She is afraid of the dark and won't go alone in it. She fears ghosts the most. She is also afraid of water and small creatures like cockroach, lizard and rats. Among these, she is most afraid of ghosts.

• Anger : Occasionally

• Weeping : When someone teases her, she especially gets upset with her father.

• Dreams: Not recurrent and specific Observation: Active gesture + calm and cool

ON EXAMINATION:

Teeth: 3-4 decayedMouth: Foul smelling

• Tongue: Clean but slight white coated (Past)

• Eyes: Pallor +

• Nail: Pallor +, 1-2 small white spot (Tiny like

mustard seeds)

Treatment History: used only hair oil

MY UNDERSTANDING:

- She is good girl by nature.... Friendly.... Mixing.
- She cares even for strangers like a family member.
- She needs people (children) around.
- She makes new home wherever they go (Because of stability & security- support)

[DIFFERENT FROM PHOSPHORUS – Affectionate, Love, Care]

- But, mentally mild, weakness of memory, forgetfulness, tired.... Even physically weak.... Appetite poor.... Slightly eating causes Pain in abdomen.
- Teeth decayed.... Mild delay in learning to walk.... Perspiration Palm & Forehead
- P/H : Cold affect throat, Constipation, Stool offensive

SELECTION OF REMEDY:

CR: Calcarea Phosphorica

IR: Tuberculinum

On 27/09/2019 (on date of case taking)

Rx

Calc. phos 30×3 doses

 $SL \times 7 \text{ days}$

FOLLOW UP

DATE	COMPLAINTS	INTERPRETATION	PRESCRIPTION
05/10/2019	No change	Need of repetition	Rx Calc. phos 30 × 3 doses × weekly
21/10/2019	No change	Need of repetition	Rx Calc. phos 30 × 3 doses × weekly SL × 15 days
06/11/2019	Hair falling decreased	No need of repetition	Rx SL × 15 days
22/11/2019	Hair falling decreased >++ Itching >+	No need of repetition	Rx SL × 15 days
07/12/2019	No any change	Need of repetition	Rx Tub 200 × 1 dose × stat Calc. phos 200 × 1 dose × weekly SL × 15 days
25/12/2019	Small new hair start to appeared	No need of repetition	Rx SL × 1 month
30/01/2020	Status Que	Need of repetition	Rx Tub 200 × 1 dose × stat Calc. phos 200 × 1 dose × weekly SL × 15 days
17/02/2020	Better	No need of repetition	Rx SL × 1 Month
22/03/2020	No any change	Need of repetition	Rx Calc. phos 200 × 3 doses × weekly SL × 1 Month
25/04/2020	Better after Medicine No itching	No need of repetition	Rx SL × 1 Month
22/05/2020	Status Que	Need of repetition	Rx Tub 1M × 1 dose on 1 st day Calc. phos 1M × 1 dose on 2 nd day SL × 1 Month
25/06/2020	90% Better No complaints	Need of repetition	Rx SL × 1 Month
30/07/2020	Complete regrowth of hair No any single spot of baldness	No need of repetition	Rx SL × 1 Month

PHOTOS:



GLIMPSES:

CASE 1 BEFORE 1 MONTH 2 MONTHS 3 MONTHS

CR – Pulsatilla



CR – Natrum Muriaticum IR – Psorinum

BEFORE BEFORE BEFORE AFTER 3 MONTHS AFTER 6 MONTHS BEFORE BEFORE BEFORE AFTER 3 MONTHS AFTER 6 MONTHS BEFORE

CR – Kalium carbonicum IR – Bacillinum

BEFORE 4 MONTHS BEFORE 6 MONTHS 9 MONTHS 6 MONTHS





CR – Calcarea Sulphurica IR - Tuberculinum

DISCUSSION

Alopecia Areata is an autoimmune condition marked by unpredictable episodes of hair loss and regrowth, often presenting as localized, non-scarring bald patches. It is known for its recurrent nature and variable clinical course. A patient presented with multiple bald patches on the scalp, characteristic of Alopecia Areata. Notably, there was no family history of Alopecia Areata or any other autoimmune diseases. The case was managed using individualized homeopathic treatment. After detailed case-taking and consultation with Materia Medica, the indicated remedy was selected. Following the administration of this medicine, the patient demonstrated significant improvement, with complete hair regrowth and no recurrence during the follow-up period.

Homeopathic treatment is often used for Alopecia areata, as conventional medicine is not effective. This case highlights the potential efficacy of individualized homeopathic treatment in the management of Alopecia Areata when remedies are selected according to homeopathic principles.

CONCLUSION

This case demonstrates the potential of individualized homeopathic treatment in effectively managing Alopecia Areata, a condition often marked by emotional distress and clinical unpredictability. The successful use of indicated remedy, selected through homeopathic principles, led to complete hair regrowth and sustained remission. This highlights the importance of personalized care in homeopathy, offering both physical recovery and renewed hope for patients facing autoimmune hair loss.

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