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A CASE REPORT OF ALOPECIA AREATA TRIGGERED BY PSYCHIC SHOCK & ITS HOMOEOPATHIC MANAGEMENT

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ABSTRACT: Alopecia areata is an autoimmune condition often influenced by the neuro-endocrine-immune axis, where psychological stress frequently acts as a primary trigger. This case report objective is to demonstrate the efficacy of individualized homeopathy in treating psychosomatic hair loss precipitated by acute emotional trauma. The materials and methods involved the clinical study of a 17-year-old female who developed frontal alopecia following war-related psychic shock in Lebanon. The patient had previously experienced a worsening of the condition and localized skin depression (dent) following allopathic corticosteroid injections. Management followed a holistic homeopathic approach, utilizing a constitutional analysis of the patient's mental generals, physical symptoms, and miasmatic background. Results showed that the administration of Ignatia amara and Phosphoric acid led to complete hair regrowth, resolution of the scalp dent, emotional stabilization, and the normalization of previously irregular menses. The study concludes that homeopathic treatment successfully addresses the core emotional susceptibility of the patient, providing a sustainable alternative to suppressive therapies for stress-induced autoimmune disorders.

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INTRODUCTION

Alopecia areata is a common autoimmune condition characterized by non-scarring hair loss, often presenting as distinct patches on the scalp or body. The pathophysiology is increasingly understood through the lens of the neuro-endocrine-immune axis, where the hair follicle's immunity is disrupted by inflammatory infiltrates. Current medical literature identifies psychological stress including acute grief, anticipatory fear, and sudden emotional trauma as a significant trigger that can precipitate or aggravate the condition. Research suggests that "psychic shock" can induce a state of follicular transition from the anagen (growth) phase to the telogen (resting) phase via stress-induced neuropeptides.[1-3]

This case documents a 17-year-old female presenting with acute frontal alopecia following intense war-related fear and emotional shock during a stay in Lebanon. Despite receiving conventional allopathic care in the form of corticosteroid injections for four months, her condition deteriorated. The local tissue response worsened, resulting in erythema and a visible depression or "dent" in the scalp, indicating a potential adverse reaction to suppressive therapy.

The purpose of this study is to demonstrate the efficacy of individualized homeopathy in reversing autoimmune responses by addressing the patient's core emotional susceptibility. The hypothesis is that by treating the mental generals such as the patient's sensitive personality, brooding nature, and specific fears the hormonal and immune axes can be stabilized without the need for local immunosuppression. This case important because it provides clinical evidence for a holistic alternative in psychosomatic dermatology, particularly when conventional treatments fail or cause structural tissue damage.

PATIENT INFORMATION

Demographic Information

The patient, as Miss X identified, is a 17-year-old Lebanese female. She is currently a student, residing with a close-knit family where her father works as a marketing manager and her mother is a homemaker.

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Chief complaints

The patient's primary complaint was patchy hair loss located on the frontal scalp, which had been persistent for approximately eight to nine months prior to the initial consultation in June 2025. The scalp examination revealed a single smooth, erythematous patch that featured a visible dent or depression. Additionally, she presented with significant menstrual irregularities, including delayed cycles characterized by heavy clots and offensive brownish staining. Her mental state was defined by high anxiety, overthinking, and a deep-seated fear of losing loved ones.

Medical, Family, and Psychosocial History

The psychosocial background of the patient is centered on her Lebanese heritage and a warm relationship with her siblings. She is described as an oversensitive and emotionally reactive individual who internalizes the suffering of her family members. The clinical history identifies a profound psychic shock resulting from her experience of war in Lebanon as the primary trigger for her condition. This trauma manifested in persistent fears of insects, anticipatory anxiety regarding academic presentations, and recurring dreams of violence involving her grandmother. There were no other reported co-morbidities or significant genetic factors noted in the case record.

Relevant Past Interventions and Outcomes

Prior to seeking homeopathic treatment, the patient underwent a four-month course of allopathic care consisting of corticosteroid injections. This intervention was unsuccessful and resulted in a worsening of the clinical picture. Following the injections, the size of the alopecia patch increased, and the local tissue suffered structural damage, leading to the formation of a visible depression or "dent" on the scalp.

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CLINICAL FINDINGS:

Physical Examination Findings

During the physical examination of the scalp, a single, smooth, and erythematous patch was observed in the frontal region. A notable clinical feature was the presence of a depressed "dent" in the skin, which had developed following the administration of corticosteroid injections. The skin in the affected area appeared reddish and lacked any signs of infection or scarring, confirming a diagnosis of non-scarring alopecia areata. General physical observations revealed that the patient was ambithermal but preferred air-conditioned environments. Her thirst was normal with a specific preference for cold water, and she exhibited a physical craving for sweets.

Clinical History and Homeopathic Symptomatology

The homeopathic remedy selection was guided by a comprehensive analysis of the patient's mental and physical generals, specifically focusing on the "psychic shock" as the primary causative factor. The clinical history highlighted a pattern of silent grief and a melancholic disposition, where the patient sought solitude when upset and brooded over emotional hurts. Mentally, she exhibited high sensitivity to criticism, overthinking, and intense anticipatory anxiety regarding academic performances and exams.

Specific fears were recorded, including a fear of insects and a deep-seated fear of losing loved ones, which were aggravated by traumatic dreams of violence involving her family. Physically, the most relevant symptoms used for the prescription were the patchy hair loss occurring after emotional grief and the irregular menses characterized by offensive brown stains and heavy clots. These characteristic symptoms formed a totality that pointed toward *Ignatia amara* as the constitutional remedy and *Phosphoric acid* for phases of acute emotional exhaustion.

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TIMELINE

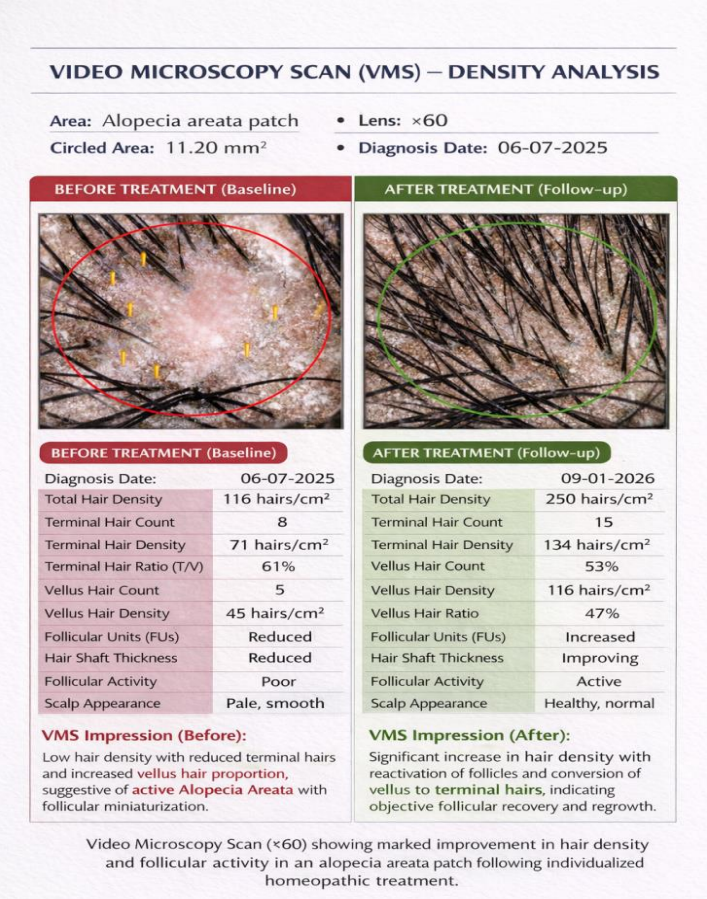

Figure 1: VMS before and after treatment

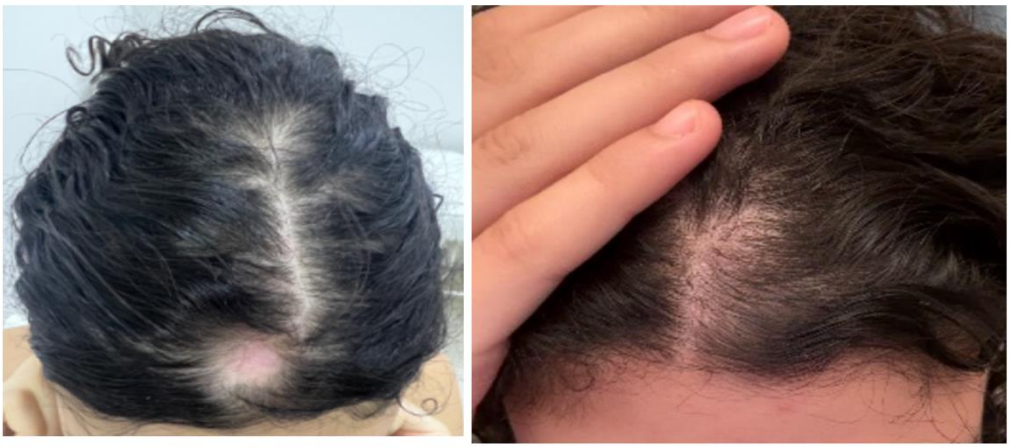

Figure 2: Before and after treatment

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DIAGNOSTIC ASSESSMENT

Diagnostic Methods

The diagnosis was primarily established through a physical examination of the scalp, which revealed a classic single, smooth, non-scarring frontal patch characteristic of alopecia areata. To monitor progress and hair follicle health, a Hair Vitalizing Treatment (HVT) scan was utilized during follow-up consultations to detect early signs of new hair growth. Additionally, the clinician performed a detailed Life-Space investigation and mental status examination to identify the psychosomatic triggers, documenting the patient's dreams, fears, and emotional reactions to the war in Lebanon. No extensive laboratory testing or invasive imaging was required as the clinical presentation and history of sudden onset following emotional shock were sufficient for a diagnosis of stress-induced alopecia areata.

Diagnostic Challenges

A significant diagnostic and therapeutic challenge was the altered state of the scalp tissue resulting from prior interventions. The four-month course of corticosteroid injections had caused a "dent" or skin collapse and localized erythema, which complicated the initial presentation by masking the natural appearance of the autoimmune patch with drug-induced structural changes. Furthermore, the patient's tendency toward "silent grief" and internalizing stress required a sensitive, in-depth homeopathic interview to uncover the deep-seated emotional triggers that were not immediately apparent.

Diagnostic Reasoning

The diagnostic reasoning was based on the "Totality of Symptoms," a fundamental principle in homeopathy that integrates physical signs with psychological states. While the primary diagnosis was Alopecia Areata of psychosomatic origin, the clinician also considered the broader neuro-endocrine-immune disruption manifested by the patient's irregular menses. Differential considerations included simple telogen effluvium; however, the localized, well-defined patch and the specific history of "psychic shock" strongly favored alopecia areata. The

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structural "dent" was specifically identified as a post-steroid aggravation rather than a feature of the primary disease itself.

Prognostic Characteristics

The prognosis was determined by the patient's "miasmatic background," which provides a roadmap for the depth and duration of the disease. The case was analyzed as being predominantly "Syco-Psoric," characterized by functional emotional hypersensitivity and the patchy nature of the hair loss. The presence of the scalp "dent" and dreams of violence indicated a "Syphilitic decompensation," suggesting a deeper level of structural and psychological damage. Despite these complex miasmatic layers, the rapid response to the constitutional remedy *Ignatia amara* and the stabilization of the menses served as positive prognostic indicators for complete recovery.

THERAPEUTIC INTERVENTION

Totality of Symptoms

1. Psychic shock from war, grief, emotional trauma
2. Oversensitive, brooding, melancholy
3. Fear of insects/spiders
4. Fear of losing loved ones
5. Anxiety about family, academics, exams
6. Sadness, desire for solitude when upset
7. Anticipatory anxiety
8. Overthinking and emotional vulnerability
9. Irregular menses with brown staining and clots
10. Alopecia areata with dent, post-steroid aggravation

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REPERTORIAL RESULT

MIND	Remedies	∑Sym	∑Deg	Symptoms
1 MIND - AILMENTS FROM - ange suppressed	phos.	12	25	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
2 MIND - AILMENTS FROM - embarrassment	sulph.	11	25	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
3 MIND - ANXIETY - family; about his	sep.	11	20	1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12
4 MIND - MILDNESS	puls.	11	18	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12
5 MIND - SENSITIVE	staph.	11	18	1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12
SLEEP	nat-m.	10	21	1, 2, 4, 5, 6, 7, 8, 9, 11, 12
6 SLEEP - DISTURBED	lyc.	10	20	1, 3, 4, 5, 6, 7, 8, 9, 10, 12
SKIN	ars.	10	19	1, 3, 4, 5, 6, 7, 8, 9, 10, 12
7 SKIN - BURNING - scratching; after	calc.	10	17	3, 4, 5, 6, 7, 8, 9, 10, 11, 12
8 SKIN - ERUPTIONS - psoriasis	sil.	9	21	4, 5, 6, 7, 8, 9, 10, 11, 12
9 SKIN - ERUPTIONS - scaly				
10 SKIN - ITCHING - night				
GENERALS				
11 GENERALS - FOOD and DRINKS desire				
12 GENERALS - HEAT - lack of vital heat				

Figure 3: Repertorial result

Types of Intervention

The primary intervention was pharmacological, specifically employing an individualized homeopathic approach. This served as a holistic alternative to the previous allopathic corticosteroid injections, which had failed and resulted in localized tissue damage. The treatment focused on internal medicine to stabilize the neuro-endocrine-immune axis rather than topical applications.

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Type of Homeopathy

The treatment utilized individualized homeopathy based on the patient's unique "totality of symptoms. The remedies were single-constituent medicines selected to match the patient's constitutional temperament and acute emotional state.

Medication Details

The primary constitutional remedy prescribed was *Ignatia amara*, selected for its deep affinity for conditions arising from sudden grief and psychic shock. *Phosphoric acid* was utilized as a complementary remedy for acute stress reactions. While the specific manufacturer and trade names are not specified, the medicines were dispensed in standard homeopathic potencies, including the 200C potency as noted in the final follow-up. The galenic form typically follows traditional homeopathic preparations such as medicated globules or liquid dilutions.

Administration of Intervention

Ignatia amara was administered as the core constitutional treatment, with the frequency of repetition adjusted according to the patient's follow-up response and symptomatic improvement. In the later stages of treatment, specifically in November 2025, a single dose of *Ignatia* 200 was used to address a recurrence of anticipatory anxiety. *Phosphoric acid* was used "SOS" during acute phases when the patient exhibited signs of emotional exhaustion or apathy.

Changes in Intervention

The intervention strategy evolved from active medicinal repetition to a minimal dose and placebo as the patient's condition stabilized. By November 2025, as the hair had completely recovered and menses were regulated, the dose was reduced to a "minimal dose" or placebo to maintain stability. However, when the patient experienced a spike in over-stress regarding a potential recurrence, a single high-potency dose of *Ignatia* 200 was reintroduced to address the acute anticipatory anxiety and ensure long-term emotional resilience.

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FOLLOWUP AD OUTCOMES

Date	Doctor's Remark	Patient's Remark	Changes Observed	Prescription
05/08/2025	HVT scan: new hairs coming; O/E normal	Dent better; skin from red → pink; LMP normal	First signs of healing; pigmentation improving	**Ignatia** continued
24/08/2025	Patch smaller	Healthy hair visible on borders; LMP normal with clots	Clear regrowth from margins	Ignatia + Phos-acid SOS
13/09/2025	Zoom consultation	Hairfall NIL; growth present; delayed periods with brown spotting	Alopecia improving; menses imbalance persists	Ignatia (menses support)
10/10/2025	O/E normal	LMP 1/10; heavy flow with clots but no smell; patch fully regrown	Alopecia resolved; menses regulated	Ignatia (reduced frequency)
12/11/2025	Teleconsultation	Hair completely recovered	Stable improvement	Placebo / minimal dose
15/11/2025	Zoom consultation	Over-stressed about recurrence; LMP delayed due to irregular medicines	Anxiety recurrence but hair stable	Ignatia 200 (single) for anticipatory anxiety

Table 1: Follow-up and Outcome

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DISCUSSION

The primary strength of this case management lies in its holistic approach, which addressed the neuro-endocrine-immune level of the patient rather than focusing solely on local hair follicles. By identifying the specific emotional susceptibility of the patient marked by "silent grief" and psychic shock the practitioner achieved rapid improvement in both physical tissue structure and systemic hormonal health. A potential limitation is the reliance on patient-reported emotional states and follow-up via teleconsultation during the later stages of treatment, which lacks the precision of frequent in-person dermatoscopic monitoring. Additionally, as a single case report, the results are specific to a patient with a clear "psychic shock" trigger and may not be universally generalizable to all forms of alopecia.

Alopecia areata is widely recognized as a tissue-specific autoimmune disease characterized by the collapse of the hair follicle's immune privilege. Modern literature identifies the "Brain-Hair Axis" as a key pathway where psychological stress precipitates alopecia by releasing neuropeptides that trigger follicular inflammation. This case mirrors clinical observations where conventional suppressive therapies, such as corticosteroid injections, may fail or cause local cutaneous atrophy, evidenced by the dent observed in this patient. Homeopathic literature suggests that remedies like *Ignatia amara* are particularly indicated for disorders arising from sudden emotional trauma or psychic shock, acting as a regulatory stimulus to the neuro-endocrine system.[4-6]

The conclusion that individualized homeopathic treatment was successful is supported by the chronological correlation between the administration of *Ignatia amara* and the reversal of both the alopecia and the localized tissue damage. The assessment identifies the wartime fear in Lebanon as the primary causative factor, leading to a state of emotional and physical stagnation. The subsequent normalization of the menstrual cycle following treatment serves as a biological marker for the stabilization of the hormonal axis, confirming that the remedy acted on a constitutional rather than a merely symptomatic level.

The main lesson from this case report is the clinical importance of exploring the life-space"and mental generals of a patient to identify the root cause of autoimmune flare-ups. It

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demonstrates that when conventional treatments fail or cause adverse effects like skin collapse, individualized homeopathy offers a viable, non-invasive alternative. Finally, the case reaffirms that psychological stability and physical recovery are deeply intertwined, particularly in psychosomatic dermatological conditions.

CONCLUSION

The successful resolution of this case reaffirms the significance of a holistic prescribing approach based on the totality of symptoms, life space, mental state, and miasmatic background. While conventional suppressive approaches may focus on the local manifestation of the disease, homeopathy offers a sustainable alternative for stress-induced autoimmune disorders by stabilizing the neuro-endocrine-immune axis. This report highlights the value of psychosomatic considerations in dermatology and the potential for individualized medicine to reverse complex autoimmune processes initiated by psychic shock.

INFORMED CONSENT

The patient voluntarily agreed to the use of her demographic information, clinical history, and progress photographs, provided that her anonymity and confidentiality are strictly maintained.

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