



INDIVIDUALIZED HOMEOPATHIC MANAGEMENT OF ALOPECIA UNIVERSALIS- A CASE STUDY

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ABSTRACT: Alopecia Universalis (AU) is a rare, chronic autoimmune disorder characterized by the complete loss of hair on the scalp, face, and body. With a global prevalence of approximately 1 in 125,000 individuals, AU can emerge in both children and adults; however, pediatric cases are particularly complex due to the emotional impact, unpredictable progression, and limited long-term success of conventional therapies. This case study presents a detailed clinical observation of a 9-year-old male suffering from AU for over three years. An individualized homeopathic constitutional approach was implemented, with consistent monitoring over a nearly three-year period. The patient exhibited substantial clinical improvement, including notable scalp, eyebrow, and eyelash hair regrowth, a marked reduction in existing patch size, and complete arrest of new lesion formation. These changes were objectively documented through serial photographic evidence taken before and after treatment, confirming the sustained recovery without recurrence. This case underscores the potential of individualized homeopathic intervention in managing pediatric Alopecia Universalis and enhancing patient quality of life.



INTRODUCTION

Alopecia areata is a chronic, autoimmune disorder characterized by non-scarring hair loss that typically affects the scalp but can also involve other areas of the body. In more severe forms such as Alopecia Universalis, all hair on the scalp, eyebrows, eyelashes, and body may be lost. In the ICD-11 (International Classification of Diseases, 11th Revision), Alopecia Universalis is classified under the broader category of *Alopecia Areata* with the code EB40.0. The disorder occurs when the immune system mistakenly attacks hair follicles, leading to inflammation and subsequent hair loss ^[1,2,3].

Although the precise cause remains unclear, alopecia areata is believed to result from a complex interaction of genetic predisposition and environmental triggers. It is associated with other autoimmune conditions such as vitiligo, thyroid disorders, and atopic dermatitis. Emotional stress, viral infections, and physical trauma may also act as precipitating factors ^[4]. The initial manifestation often includes sudden, well-circumscribed patches of hair loss, most commonly on the scalp. As the condition progresses, it may lead to Alopecia Totalis (complete loss of scalp hair) or Alopecia Universalis (loss of all body hair).

Some patients also experience tingling, burning, or itching before hair falls out. Nail changes, such as pitting or ridging, are reported in up to 20% of cases ^[5]. Beyond the physical symptoms, the psychological impact of alopecia areata can be significant, especially in children and adolescents. It often leads to anxiety, low self-esteem, and social withdrawal. Chronic cases can affect academic performance and quality of life. Moreover, prolonged immune dysfunction can predispose patients to other autoimmune illnesses ^[6]. This condition requires a holistic, long-term management approach. Homeopathy, through individualized constitutional treatment, has shown promise in stabilizing hair loss, enhancing regrowth, and improving overall well-being, especially in pediatric cases where conventional therapies may be limited by side effects.

CASE PROFILE

A 9-year-old male child has been suffering from progressive hair loss for the past three years. The initial presentation was a patch on the occiput, which gradually spread to involve the entire scalp, followed by the loss of eyebrows and eyelashes. The condition was diagnosed as Alopecia Universalis. The child was delivered via caesarean section and achieved normal developmental milestones. He is the elder sibling in the family. He is intelligent and exhibits



stubborn behavior. Hair loss began at age 6, initially from the nape of the neck, progressing to complete hair loss over time. Allopathic treatments were administered initially but discontinued a year before the case study due to a lack of significant improvement. Since discontinuation, some regrowth was noted in the eyebrows and eyelashes. Supplements like Livogen, Polybion, and Uprise D3 syrup were prescribed, along with deworming and a nutritious diet. There was a history of calcinosis cutis on both cheeks, which resolved during treatment. The totality of symptoms highlighted key traits such as early onset of alopecia, stubborn temperament, intelligent disposition, salty and cold food preference, and nail-biting habit. The emotional and mental attributes, such as being gadget-inclined and obstinate, were also considered. The presence of calcinosis cutis and thyroid imbalance added to the overall miasmatic background, indicating a deeper autoimmune process. Remedies were selected based on the constitutional makeup, disease progress, and general vitality of the patient. Nutritional supplementation and deworming played a supportive role. Constitutional remedies were likely aimed at stimulating the body's innate healing capacity, improving hair regrowth, and preventing recurrence. Regular follow-up and photographic comparisons confirmed sustained progress, leading to long-term case renewal.

PHYSICAL GENERALS

The patient follows a nonvegetarian diet and exhibits a strong preference for salty foods, with particular liking for chicken, barfi, and cold items. There is occasional refusal to consume fruits. Appetite is generally good, though a slight decrease is sometimes observed. Water intake remains within normal limits. Bowel movements are satisfactory and occur daily. Sleep patterns are normal, with no reported disturbances. Notably, the patient prefers bathing with warm water even during summer months. Temperamentally, the child is described as stubborn and obstinate to a marked degree, yet displays notable intelligence. There is no history suggestive of pica.

EXAMINATION

1. General Appearance:

A well-nourished, alert 9-year-old male child, cooperative and oriented to time, place, and person. No signs of pallor, cyanosis, clubbing, icterus, or lymphadenopathy observed. No facial dysmorphism or growth retardation noted

2. Vital Signs:

Temperature: 98.4°F



Pulse: 86 bpm, regular

Respiratory Rate: 20 breaths per minute

Blood Pressure: 100/60 mmHg (within normal limits for age)

Oxygen Saturation: 98% on room air

3. Skin and Scalp Examination:

Complete absence of scalp hair; smooth and shiny scalp with no signs of inflammation, scaling, or infection.

No pustules, scabs, or discharge visible on the scalp.

No follicular openings in some regions; however, regrowth noted in occipital and frontal areas.

Mild patchy hair regrowth of fine black hair seen over occipital area and eyebrows.

No dandruff, erythema, or pustular lesions observed.

Scalp temperature normal; no tenderness on palpation.

4. Eyebrows and Eyelashes:

Eyebrows and eyelashes were previously completely absent but currently show partial regrowth of fine pigmented hair.

No evidence of blepharitis, conjunctival congestion, or eyelid irritation.

5. Nails:

Fingernails and toenails examined for pitting, ridging, or brittleness — found normal in shape and texture. No signs of onychodystrophy or nail matrix inflammation.

Habitual nail-biting observed.

6. Skin:

No vitiligo, eczema, urticaria, or other dermatological lesions were seen on the body.

Cheeks showed prior history of calcinosis cutis — now resolved, no active lesions present.

7. Thyroid Examination:

No palpable thyroid enlargement or nodules were noted on inspection or palpation.

No signs of hyperthyroidism or hypothyroidism clinically.

8. Psychological and Emotional Assessment:

The patient displays average emotional resilience for age.

Mild withdrawal was seen during earlier visits due to cosmetic appearance concerns, but confidence levels improved over time.

No evidence of depression or anxiety at present; sociable and responsive during interaction.



LIFE SPACE INVESTIGATION

The child belongs to a nuclear family consisting of his father, mother, himself, and a younger brother. His father is a businessman and actively engaged in his work, while his mother is a homemaker who is deeply involved in raising the children and managing the household. The patient is currently in 2nd standard, and his mother, being moderately strict, takes charge of his education especially during school closures. He shares a generally good bond with his younger brother, although they occasionally fight, especially over toys.

His upbringing has been stable and without major emotional setbacks. He has not faced any significant trauma or challenges during his early years. His mother appears to have had a more prominent influence on him than his father, primarily due to her daily involvement in his life and studies. There is no mention of any high parental expectations or undue academic pressure. The most stressful and emotionally disturbing event in his life so far has been the sudden and complete loss of hair over a span of two months, which deeply affected both him and his family.

He was average in his scholastic performance. His interpersonal relations with peers and teachers were satisfactory, with no reports of bullying or rejection. His mother, though a bit strict, was consistent in guiding him through his studies. He is generally a quiet and shy child, introverted by nature. He speaks only when spoken to and avoids initiating conversations. He has a distinct fear of ghosts, which may point to an active imagination and heightened sensitivity. He is emotionally delicate and tends to cry easily when scolded or emotionally hurt. Anger surfaces quickly, especially during playtime when his toys are taken or disrupted by his younger sibling. He has been observed to shout and sometimes hit his brother in such moments of frustration.

Though he doesn't report frequent worries or dreams, he becomes visibly upset during emotionally difficult situations. His happiest moments are when he plays with his favorite toys like Superman figures, spider toys, and cars. His hobbies revolve around imaginative play and toy-based games. There are no signs of attention issues or hyperactivity. He is generally obedient but displays emotional lability typical of his age. There is a mild past history of worm infestation, but no history of pica or nosebleeds. Overall, he presents as a sensitive, introverted child with clear emotional responses and strong attachments to his familiar environment and play routine.

PAST HISTORY

Dengue and typhoid

**FAMILY HISTORY**

Nothing relevant

CASE ANALYSIS - REPORTORIAL TOTALITY

REPERTORY USED	RUBRICS SELECTED
Complete Repertory	Mind-Timidity: Mind-Fear:Ghosts, of: Mind-Answer, answering, answers (See Loquacity, Talk, talking, talks, SPEECH & VOICE:Aversion to: Mind-Weeping, tearful mood:Tendency:Easily: Mind-Anger, irascibility:Tendency:Violent: Mind-Reserved: Mind-Yielding disposition: Skin-Eruptions:Spots: Head-Hair:Affections of:Falling out, alopecia: Head-Hair:Affections of:Falling out, alopecia:Children, in:

Table 1 – Case Analysis

Remedy Name	Nat-m	Phos	Caust	Sil	Calc	Sulph	Aur	Ars
Totality	15	15	12	12	12	12	11	10
Symptom Covered	9	7	7	7	6	6	5	6
[C] [Mind]Timidity:	2	3	2	4	3	3	2	2
[C] [Mind]Fear:Ghosts, of:	1	2	2		1	2		2
[C] [Mind]Answer, answering, answers (See Loquacity, Talk, talking, talks, SP	2	2	1	1		2	2	1
[C] [Mind]Weeping, tearful mood:Tendency:Easily:	2		3	1	2			
[C] [Mind]Anger, irascibility:Tendency:Violent:	2	1	2	1	2	1	3	2
[C] [Mind]Reserved:	1	3	1	1	2	1	1	1
[C] [Mind]Yielding disposition:	1	1		1				
[C] [Skin]Eruptions:Spots:								
[C] [Head]Hair:Affections of:Falling out, alopecia:	3	3	1	3	2	3	3	2
[C] [Head]Hair:Affections of:Falling out, alopecia:Children, in:	1							

Fig. no. 1 – Repertorization Result

**SELECTION OF REMEDY**

REMEDY TYPE	REMEDY NAME	POTENCY	DOSE	REASONS
Constitutional	Phosphorus	200C	1 dose daily (or as per case)	Desire for chicken, mild profuse sweating, hair loss pattern matches, general constitution (mild symptoms)
Acute	Fluoric Acid (Fluoricum acidum)	200C	Twice daily for 2 days (2/1 Days)	Specifically indicated for alopecia with rapid hair loss, brittle hair, and scalp symptoms
Intercurrent	Thuja occidentalis	1M	3 doses, one per day in the 1 st week	Miasmatic remedy often used in alopecia universalis; addresses underlying chronic predisposition
Additional Supportive Remedies:	Ferrum Phosphoricum (Ferr-P)	6X	Twice daily for 2 days (2/1 Days)	To support general health and immune system
	Thyroidinum	1M	3 doses consecutively in the 1 st week	To support thyroid function if any hormonal imbalance suspected

Table 2 – Remedy Selection**OBSERVATION AND RESULT**

MONTH	PROGRESS SUMMARY	PRESCRIPTION DETAILS
1st month	Initial treatment started. Symptoms monitored.	JABORANDI Q LA patch daily, FLOURICUM ACIDUM 200C 2 tabs, FERRUM PHOSPHORICUM 6X 2 tabs, THYROIDINUM 1M 3 doses consecutively 1st week, 5 PHOSPHORUS 6X 2 tabs (2/1 days), repeat 2-4 weeks.



2nd month	Slight improvement in symptoms, adherence to medication.	Same as 1st month: JABORANDI Q LA patch, FLOURICUM ACIDUM 200C, FERRUM PHOSPHORICUM 6X, THYROIDINUM 1M, 5 PHOSPHORUS 6X.
3rd month	Noticeable improvement, PHOS 200C added for 2 doses 2nd week.	JABORANDI Q, FLOURICUM ACIDUM 200C, FERRUM PHOSPHORICUM 6X, THYROIDINUM 1M, PHOSPHORUS 200C 2 tabs once weekly, 5 PHOSPHORUS 6X (2/1 days).
4th month	Continued progress, occasional symptom relief, BELL 200C added SOS.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, 5 PHOS 6X, BELL 200C 2 tabs SOS bd 1 week.
5th month	Patient stable, medication maintained.	JABORAND Q, FLOURICUM ACIDUM 200C, FERRUM PHOSPHORICUM 6X, THYROIDINUM 1M, 5 PHOSPHORUS 6X, PHOSPHORUS 200C 2 tabs once weekly.
6th month	Slight increase in dosage frequency due to flare-up.	JABORANDI Q, FLOURICUM ACIDUM 200C, FERRUM PHOSPHORICUM 6X, THYROIDINUM 1M, 5 PHOSPHORUS 6X, PHOSPHORUS 200C 2 tabs once weekly.
7th month	Patient showing good response, steady patch application.	JABORANDI Q, FLOURICUM ACIDUM 200C, FERRUM PHOSPHORICUM 6X, THYROIDINUM 1M, 5 PHOSPHORUS 6X, PHOSPHORUS 200C 2 tabs once weekly.
8th month	Further improvement, consistent adherence noted.	JABORANDI Q, FLOURICUM ACIDUM 200C, 5 PHOSPHORUS 6X, THYROIDINUM 1M, PHOSPHORUS 200C 2 tabs once weekly.
9th month	Continued symptom control, medication unchanged.	JABORANDI Q, FLOURICUM ACIDUM 200C, 5 PHOSPHORUS 6X, THYROIDINUM 1M.



10th month	Stable condition, no adverse reactions.	JABORANDI Q, FLOURICUM ACIDUM 200C, 5 PHOSPHORUS 6X, THYROIDINUM 1M, PHOSPHORUS 200C 2 tabs once weekly.
11th month	Symptoms well controlled, continued maintenance therapy.	JABORANDI Q, FLOURICUM ACIDUM 200C, FERRUM PHOSPHORICUM 6X, THYROIDINUM 1M, PHOSPHORUS 200C 2 tabs once weekly.
12th month	Patient stable, patch usage ongoing, medication continued.	JABORANDI Q, FLOURICUM ACIDUM 200C, FERRUM PHOSPHORICUM 6X, THYROIDINUM 1M, PHOSPHORUS 200C 2 tabs once weekly.

Table 3 – Follow-Up / Observation

DISCUSSION

This case illustrates the successful management of a chronic condition through a well-structured and individualized treatment plan over a period of 12 months. The treatment focused on both local and systemic aspects of the patient's health, incorporating daily local therapy combined with oral remedies aimed at addressing underlying imbalances and supporting overall systemic function.

Regular follow-ups allowed for careful monitoring and adjustment of the treatment protocol based on the patient's evolving symptoms and response. The treatment approach involved periodic administration of potent remedies to stimulate the body's self-healing mechanisms while maintaining a gentle and supportive regimen to avoid any aggravations. Throughout the treatment period, the patient demonstrated gradual but consistent improvement, with a reduction in the size and severity of the affected area, as well as stabilization of systemic health markers. The slow and steady progress highlights the importance of patience and adherence to treatment in chronic cases. The integration of local treatment with systemic support proved effective in not only managing the symptoms but also addressing the root causes, reflecting the holistic philosophy of individualized

therapy. The sustained improvements over the year underscore the significance of continuous monitoring and tailored adjustments for long-term success.



Figure 2: Before and After treatment

CONCLUSION

This case highlights the potential efficacy of individualized homeopathic treatment in managing Alopecia Universalis, particularly in pediatric patients, where conventional options often fall short. The sustained improvement observed—documented through serial photographic evidence—suggests that a constitutional homeopathic approach may offer a viable, non-invasive, and holistic alternative. While further research and larger clinical studies are warranted, this case contributes to the growing body of evidence supporting homeopathy's role in chronic autoimmune conditions and underscores its potential to enhance both clinical outcomes and overall quality of life. This approach offers a viable alternative or complement to conventional therapies, especially in cases where long-term management is necessary. Overall, the case demonstrates that with personalized care, gradual healing and systemic balance can be achieved, reinforcing the principles of holistic medicine.



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