



EFFICACY OF HOMOEOPATHIC MEDICINES IN MANAGING ALOPECIA AREATA- A CASE REPORT

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ABSTRACT: Hair loss, or alopecia, is a common dermatological condition affecting both men and women worldwide, with a significant psychosocial impact. The condition can be caused by multiple factors, including genetic predisposition, hormonal imbalances such as thyroid dysfunction, autoimmune disorders, stress, and nutritional deficiencies. Homoeopathy offers a holistic approach by addressing both physical and mental aspects of the patient, aiming to restore hair growth, improve scalp health, and enhance overall well-being. This case study highlights a 25-year-old female presenting with chronic hair loss associated with thyroid disorder and rheumatoid arthritis. After the case taking the medicine *Sepia officinalis* 200 was given as a constitutional medicine along with supportive medication. The improvement was assessed with photographic evidence taken before and after treatment. This study suggests the efficacy of homoeopathic medicines in managing Alopecia areata.

INTRODUCTION

Hair loss, medically termed alopecia, refers to excessive shedding or thinning of hair from the scalp or other parts of the body¹. It can be temporary or chronic and may result from a variety of causes, including genetic predisposition, hormonal imbalances, autoimmune disorders, nutritional deficiencies, stress, infections, or underlying systemic illnesses.



The ICD-11 code for alopecia areata is ED70.2. Common signs include gradual thinning, visible scalp patches, dryness or dandruff, and changes in hair texture ². Alopecia can have a significant physical and emotional impact, leading to decreased self-esteem, anxiety, and social discomfort. Complications may include permanent hair loss if left untreated, psychological distress, and in some cases, association with systemic conditions such as thyroid dysfunction or autoimmune disorders ³. Early diagnosis, identification of underlying causes, and holistic management are essential to prevent progression and support regrowth. Homoeopathy provides a patient-centred approach by addressing constitutional tendencies, strengthening overall immunity, and promoting natural hair regeneration, often with minimal side effects^{4,5}. This paper helps in demonstrating the efficacy of homoeopathic treatment in controlling hairfall, improving scalp health, and enhancing quality of life.

CASE PROFILE

A 25-year-old female presented with hair loss since 2019, along with dandruff but no associated itching. She had been using medicated shampoos for three years. She had previously used minoxidil in varying strengths (3%, 5%, 10%) for three years but discontinued it six months before presentation. She had a known history of thyroid disorder for which she was taking 150 mcg of thyroxine and was recently diagnosed with rheumatoid arthritis, managed with weekly methotrexate. Menstrual cycles were regular, with normal flow and mild duration, and there was no other significant past or occupational history. AI hair imaging showed early growth on the right temporal region. Well-indicated homoeopathic remedy was given. Later, the patient planned for pregnancy, and at 10 weeks of gestation, her hair fall remained controlled with good hair growth and density. Treatment was temporarily halted due to pregnancy, with pending sessions of Xogen therapy and homoeopathic management to be resumed postpartum. Overall, the patient showed significant improvement in hair fall control, scalp health, and AI hair imaging demonstrated improved density and growth.

PAST HISTORY

Thyroid disorder – on 150 mcg thyroxine

Rheumatoid arthritis – on weekly methotrexate

2017 - Dental surgery

FAMILY HISTORY: No significant chronic illnesses reported in family.



GENERAL SYMPTOMS

The patient's appetite and thirst were good. She has an aversion to non-veg foods. Her perspiration was profuse, and sleep was disturbed. Her stools were satisfactory, and she had no difficulty in voiding urine. Her thermal is chilly.

EXAMINATION OF THE PATIENT

The vitals of the patient were normal within limits. On examining the scalp, it was dry with a calibre is 0.03mm and a density was 10/cm². Hair pull test shows 3–4 hairs per pull. VMS (Vital Microscopic Scan) was T 30, V 70, and the Woods lamp shows yellow fluorescence.

MENTAL GENERALS

The patient was born and raised in Hindupur in a family comprising her father, who worked as a lab attender, her mother, a homemaker, and one younger brother who is still studying. Her married life is good. Her childhood was largely stress-free, with satisfactory scholastic performance. She maintained good interpersonal relationships with teachers and friends, and the parental environment was supportive without excessive strictness or high expectations. Relations with her sibling were cordial. She has worked as a software engineer, where she manages her responsibilities effectively and maintains a balanced relationship with colleagues. Her personality is extroverted, expressive, and straightforward; she shares her thoughts openly, enjoys social interactions, and values personal independence. She seeks consolation from others but feels better only when she has resolved her own issues. While she does not generally experience anxiety, she acknowledges occasional anger, which she manages without outward expression. She is emotionally sensitive, particularly when expectations are unmet. Significant stressful events in her life include undergoing dental surgery in 2017 and being diagnosed with arthritis, which she recalls as her saddest moment. She did not report any particularly happy moments.

CASE ANALYSIS

Reportorial Totality

Repertory used	Rubrics selected
Synthesis Repertory	– HEAD - HAIR – falling – MIND – COURAGEOUS – MIND – AUDACITY – MIND - WILL - strong will power



	– MIND - COMPANY - desire for – MIND - EXPRESSING oneself - desire to express oneself – EXTERNAL THROAT - THYROID GLAND; complaints of – GENERALS - INFLAMMATION - Joints; of
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Table no. 1: Repertorial Totality with Selected Repertory**REPERTORY CHART**

Remedies	sulph.	merc.	puls.	bell.	caust.	ign.	lyc.	phos.	aur.	sil.	ars.	flac.	nat-m.	nux-v.	ferr.	lach.	ant-t.	hep.	spong.	verat.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	7	7	6	6	6	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Intensity	11	9	11	10	8	10	10	10	9	9	8	8	8	8	7	7	6	6	5	5
Result	7/11	7/9	6/11	6/10	6/8	5/10	5/10	5/10	5/9	5/9	5/8	5/8	5/8	5/8	5/7	5/7	5/6	5/6	5/5	5/5
Clipboard 5																				
HEAD - HAIR - falling	3	2	2	1	1	2	3	3	3	3	2	3	3		2	3	1	2		1
MIND - COURAGEOUS	1	1	2	2		2		1						1		1	1		1	1
MIND - AUDACITY	1	1	2	1	1	3			2	1		1	1	1			1	1	1	1
MIND - WILL - strong will power	2	1			2		1		1		1			3	2	1				
MIND - COMPANY - desire for	1	1	2	1	1	2	3	4	1	1	3	1	1	2	1	1	1	1	1	1
MIND - EXPRESSING oneself - desire to express oneself																				
EXTERNAL THROAT - THYROID GLAND; complaints of	1	1	1	2	1		1	1		1	1	2	1		1			1	1	
GENERALS - INFLAMMATION - Joints; of	2	2	2	3	2	1	2	1	2	3	1	1	2	1	1	1	2	1	1	1

Fig. no.1: Repertorial Chart Showing the Remedy Result**SELECTION OF REMEDY**

Sepia officinalis 200C

Reason: Strong, independent, extroverted, bold personality; associated with thyroid disorder^{8,9}**Specific Remedy:** Thyroidinum 30C**Reason:** Support thyroid function and improve metabolic balance**Additional Supportive Treatment:**

Remedy Name: JABORANDI Q (with oil)



Potency/Dose: LA, 1 bottle, 4 times in 1 day

Reason: Local application for scalp nourishment and hair growth stimulation

OBSERVATION AND RESULTS

Month	Progress	Prescription
1st Month	Hairfall active, 10–15 strands/day, dandruff present, no itching	<i>Wiesbaden</i> 200C, 2 doses, 2/2 days; <i>Sepia officinalis</i> 200C, 1 dose, 2/1 day HS; <i>Thyroidinum</i> 30C, 2 doses, 2/1 day; <i>Thuja Occidentalis</i> Q LA, 4/1 day, 1 bottle with oil; <i>Arsenicum album</i> 200C, 1 dose, 2/1 day (3rd & 4th week)
2nd Month	Hairfall reduced to 1–2 strands/day, dandruff slightly reduced	<i>Wiesbaden</i> 200C, 2 doses, 2/2 days; <i>Sepia officinalis</i> 200C, 1 dose, 2/1 day HS; <i>Thyroidinum</i> 30C, 2 doses, 2/1 day; <i>Jaborandi</i> Q LA, 4/1 day, 1 bottle with oil; <i>Arsenicum album</i> 200C, 1 dose, 2/1 day (3rd & 4th week)
3rd Month	Hairfall controlled, dandruff and itching reduced, AI hair shows early growth	<i>Wiesbaden</i> 200C, 2 doses, 2/2 days; <i>Sepia officinalis</i> 200C, 1 dose, 2/1 day HS; <i>Thyroidinum</i> 30C, 2 doses, 2/1 day; <i>Jaborandi</i> Q LA, 4/1 day, 1 bottle with oil; <i>Arsenicum album</i> 200C, 1 dose, 2/1 day (3rd & 4th week)
4th Month	Hairfall stable at 1–2 strands/day, dandruff resolved, AI hair shows good growth and density	<i>Wiesbaden</i> 200C, 2 doses, 2/2 days; <i>Sepia officinalis</i> 200C, 1 dose, 2/1 day HS; <i>Thyroidinum</i> 30C, 2 doses, 2/1 day; <i>Jaborandi</i> Q LA, 4/1 day, 1 bottle with oil; <i>Arsenicum album</i> 200C, 1 dose, 2/1 day (3rd & 4th week)
5th Month	Hairfall controlled, scalp healthy, AI hair density improving	<i>Wiesbaden</i> 200C, 2 doses, 2/2 days; <i>Sepia officinalis</i> 200C, 1 dose, 2/1 day HS; <i>Thyroidinum</i> 30C, 2 doses, 2/1 day; <i>Jaborandi</i> Q LA, 4/1 day, 1 bottle with oil; <i>Arsenicum album</i> 200C, 1 dose, 2/1 day (3rd & 4th week)
6th Month	Hairfall minimal, 1–2 strands/day, scalp healthy, AI hair growth good	<i>Wiesbaden</i> 200C, 2 doses, 2/2 days; <i>Sepia officinalis</i> 200C, 1 dose, 2/1 day HS; <i>Thyroidinum</i> 30C, 2 doses, 2/1 day; <i>Jaborandi</i> Q LA, 4/1 day, 1 bottle with oil; <i>Arsenicum album</i> 200C, 1 dose, 2/1 day (3rd & 4th week)

7th Month	Hairfall controlled, planning for pregnancy, general health good	SAC-L 200C, 2 doses, 2/2 days; JAB MT (Q) LA, 4/1 day, 1 bottle with oil
8th Month	Hairfall controlled, dandruff absent, hair density good	SAC-L 200C, 2 doses, 2/2 days; <i>Jaborandi</i> Q LA, 4/1 day, 1 bottle with oil
9th Month	Hairfall minimal, AI hair density maintained, pregnancy confirmed 10 weeks	Treatment on hold due to pregnancy; pending 3 Xogen sessions and 5 months of homoeopathy

Table no. 2: Follow-up table showing the patients improvement



Figure no. 2: Before treatment



Figure no. 3: After treatment

DISCUSSION

A case study demonstrated the effectiveness of homoeopathy in treating alopecia in the adult age group⁶. Another article suggests the utility of homoeopathy in managing alopecia universalis with evidence from case reports⁷. This case successfully illustrates the complexities inherent in managing chronic Female Pattern Hair Loss, particularly when compounded by significant systemic comorbidities like Thyroid complaints and Rheumatoid Arthritis. The patient's previous lack of response to standard treatments (minoxidil and medicated shampoos)



was likely due to the persistent systemic inflammatory load and endocrine dysfunction, acting as continuous triggers for Chronic Telogen Effluvium and impeding hair follicle recovery. The eventual significant improvement after Homoeopathic treatment, marked by reduced shedding and increased density, validates a holistic, integrated therapeutic strategy. This approach simultaneously addressed the underlying systemic inflammation (through co-management of RA and thyroid status), optimised the local scalp environment (resolving dandruff and dryness), and mitigated psychological stressors, all of which are critical modulators of the hair growth cycle. The sustained positive outcome, coupled with excellent adherence, reinforces the principle that effective management of refractory female pattern hair loss requires moving beyond topical monotherapy to a comprehensive regimen that targets the multifactorial aetiology linking systemic health, inflammation, and follicular health.

CONCLUSION

This case underscores the necessity of a holistic and personalised approach in managing complex FHL, especially in the presence of autoimmune disease. Treatment success was likely contingent upon simultaneously managing systemic comorbidities, optimising the scalp environment, and addressing psychosocial factors. Further research is warranted to develop standardised protocols for FHL patients with concurrent autoimmune conditions, focusing on the synergistic role of systemic disease control and local dermatological interventions.

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