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A CASE REPORT ON HOMEOPATHIC MANAGEMENT OF DIFFUSE PSYCHOGENIC ALOPECIA WITH TRICHOTILLOMANIA TENDENCY

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ABSTRACT: Psychogenic alopecia is a complex hair loss condition driven by psychosomatic factors such as emotional trauma, chronic anxiety, and compulsive behaviors like hair pulling. The objective of this case study was to evaluate the efficacy of individualized homeopathic treatment in managing diffuse patchy hair loss and trichotillomania in a 26-year-old female. The patient presented with a five-year history of thinning hair and scalp fixation, which intensified during periods of emotional stress and silent grief. Material and methods involved a detailed constitutional analysis of the patient's mental and physical generals, including her reserved disposition and sensitivity to criticism. Based on the totality of symptoms and repertorization, *Natrum muriaticum* 200C was selected as the primary remedy. Results showed a significant reduction in compulsive hair-pulling behavior, clearance of dandruff, and visible hair regrowth over a five-month period. The patient also achieved emotional stabilization and improved coping mechanisms. In conclusion, this case demonstrates that homeopathy can effectively address both the psychogenic etiology and physical manifestations of alopecia through holistic, individualized prescribing.

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INTRODUCTION

Diffuse alopecia in young females is a complex, multifactorial condition where psychosocial stress and compulsive behaviors often act as major contributors. Psychogenic alopecia is specifically defined as a hair loss condition associated with psychosomatic factors such as stress, anxiety, emotional trauma, and compulsive hair pulling. While local scalp issues are often the focus of clinical attention, the purpose of this study is to demonstrate how a holistic, individualized homeopathic approach can address the underlying emotional disturbances that drive physical symptoms.[1-3]

The hypothesis of this study that constitutional prescribing can effectively manage long-standing psychogenic hair loss was developed based on the observation that the patient's hair fall and trichotillomania tendencies fluctuated in direct correlation with mental disturbances and emotional triggers. The author deems this case important because it illustrates the role of homeopathic medicine in treating chronic conditions where mental and emotional features, such as suppressed grief and internal overthinking, dominate the clinical picture. By addressing the "totality" of the patient’s symptoms, the treatment aims to achieve not only hair regrowth but also long-term emotional stabilization.

PATIENT INFORMATION

The patient is a 26-year-old female who resides with her father, mother, and brother. She is currently employed at IQVIA, where she manages a professional work environment despite struggling with internal overthinking and persistent stress. Her demographic profile reflects a young adult female navigating career-related and personal stressors while maintaining a sensitive and reserved disposition.

Chief complaints

The primary clinical manifestation reported by the patient was diffuse patchy hair loss that had persisted for five years. Associated symptoms included significant hair thinning and persistent dandruff, though she reported a total absence of physical sensations such as itching, burning, or eruptions on the scalp. A notable behavioral symptom was the presence of areas with short, broken hairs caused by a compulsive pulling habit. This was accompanied by repetitive checking of the

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scalp and the frequent counting of fallen hairs, behaviors that intensified during periods of emotional stress.

Medical, Family, and Psychosocial History

The patient's medical history was unremarkable for systemic conditions, with no history of thyroid disease, anemia, hormonal imbalance, or nutritional deficiency. Psychosocially, she was raised in a supportive family environment but was identified as a sensitive child with a lifelong tendency to internalize her emotions. Her psychological history is significant for constant anxiety regarding her appearance, persistent brooding over past disagreeable events, and a history of silent grief stemming from unprocessed emotional disappointments. She exhibits a reserved disposition, prefers to weep alone, and avoids emotional confrontations. The clinical picture includes the comorbidity of trichotillomania, which emerged as an unconscious habit during peak periods of mental disturbance.

Relevant Past Interventions and Outcomes

Prior to the current homeopathic management, the patient's condition followed a chronic course where symptoms fluctuated in direct response to her mental state. The hair fall originally began during a period of intense emotional stress, leading to the development of the hair-pulling habit. Her emotional worry regarding her looks and deep-seated insecurity triggered a cycle of repetitive inspection and hair counting. Before the commencement of constitutional treatment with *Natrum muriaticum*, the patient had not found a stable resolution, as the condition remained inextricably linked to her suppressed emotional state and internal overthinking.

CLINICAL FINDINGS:

Upon physical examination, the scalp exhibited diffuse thinning and patchy areas of hair loss, specifically characterized by the presence of short, broken hair shafts. The broken hairs were localized to areas accessible for manual extraction, consistent with a trichotillomania tendency. While mild dandruff was observed across the scalp, there was a notable absence of inflammation, scarring, redness, or eruptions. Systemic physical examination revealed no abnormalities, and

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further diagnostic screening ruled out common physiological causes such as thyroid dysfunction, anemia, or hormonal imbalances.

The clinical history provided essential homeopathic symptoms that formed the basis for the final medicinal selection. The patient was identified as a chilly individual who preferred air conditioning but was easily heated when exposed to the sun. She exhibited profuse and offensive perspiration, particularly on the upper body, which frequently left white stains on her clothing. A significant decrease in thirst was noted, along with a specific dietary craving for chicken and an aversion to warm food. Additionally, her sleep patterns were disturbed during times of stress, often accompanied by dreams regarding past disappointments.

The mental-emotional history revealed a reserved and sensitive disposition where the patient tended to internalize her emotions rather than opening up to others. She suffered from a history of silent grief and unprocessed emotional disappointments, often dwelling on past disagreeable events. A persistent state of overthinking and anxiety regarding her appearance and the fear of baldness dominated her psychological profile. These internal disturbances were found to be the primary triggers for her unconscious hair-pulling habit. These specific constitutional features reserved nature, silent grief, brooding, and physical generals like chilly thermals and decreased thirst led to the selection of *Natrum muriaticum* as the indicated remedy.

TIMELINE

Date	Patient Status	Hair Changes	Mental/Emotional Changes	Remarks
July 2025	Baseline	Diffuse thinning, dandruff	Anxiety high; trichotillomania present	Start Nat-mur
Aug 2025	Slight improvement	Dandruff reduced	Slight emotional stability	Reduced pulling
Sep 2025	Noticeable improvement	Less hair fall; new growth at patches	Brooding reduced	Sleep better
Oct 2025	Marked improvement	Visible hair density improvement	Less fear about baldness	Stable emotionally
Nov 2025	Significant progress	Good regrowth, breakage reduced	No hair pulling episodes	Continues Nat-mur

Table 1: Milestones related to diagnoses and interventions

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Figure 1: Diffuse thinning, dandruff

Figure 2: Good regrowth, breakage reduced

DIAGNOSTIC ASSESSMENT

Diagnostic Methods

The diagnostic process integrated physical examination with a detailed psychosocial evaluation to establish the psychosomatic nature of the condition. Physical examination of the scalp revealed diffuse thinning, patchy hair loss, and the presence of short, broken hairs indicative of manual extraction, alongside mild dandruff. Clinical history was used as a primary diagnostic tool to rule out systemic pathologies; specifically, the absence of thyroid disease, anemia, hormonal imbalances, and nutritional deficiencies was confirmed through patient history and physical screening. Psychological assessment was conducted through Life Space interviewing, which identified the correlation between emotional stress and the onset of hair-pulling behaviors.

Diagnostic Challenges

The primary diagnostic challenge in this case involved the patient's reserved and sensitive disposition, which initially made it difficult to uncover the underlying emotional triggers. Because

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the patient suffers internally, avoids emotional confrontations, and tends to suppress grief, a significant amount of time was required to build the rapport necessary for her to reveal the history of silent grief and persistent brooding that fueled the trichotillomania. Additionally, the unconscious nature of the hair-pulling habit necessitated careful physical observation of broken hair shafts to distinguish the condition from purely medical forms of alopecia.

Diagnostic Reasoning and Differential Diagnosis

Diagnostic reasoning was based on the totality of symptoms, emphasizing the patient's mental and emotional state as the primary driver of her physical condition. While the physical presentation suggested diffuse alopecia and dandruff, the behavioral component repetitive checking, hair counting, and pulling shifted the diagnosis toward psychogenic hair loss with a trichotillomania tendency. Differential diagnoses considered included alopecia areata and telogen effluvium; however, these were ruled out due to the specific presence of broken hair shafts (trichotillomania) and the clear etiology of emotional suppression and silent grief rather than sudden physical or systemic shock.

Prognostic Characteristics

The prognosis for this case was determined by the miasmatic load and the patient's response to constitutional treatment. The case was classified as predominantly Psoric–Sycotic, where the Psoric component manifested as anxiety and emotional suppression, and the Sycotic component was represented by compulsive fixations and repetitive behaviors. Despite the five-year chronicity of the condition, a favorable prognosis was established based on the strong alignment between the patient’s constitutional image and the drug picture of *Natrum muriaticum*. The gradual reduction in "dwelling on the past" and the subsequent cessation of the hair-pulling habit served as positive prognostic indicators for long-term recovery.

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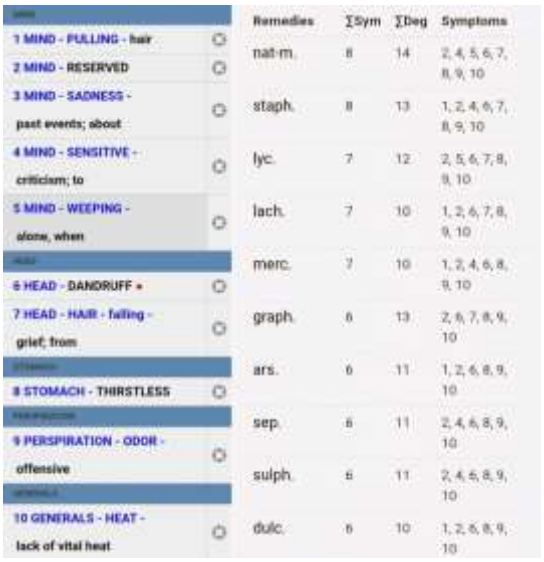
THERAPEUTIC INTERVENTION

TOTALITY

1. Anxiety about health & appearance
2. Reserved, weeps alone, suppresses emotions
3. Silent grief from emotional disappointment
4. Brooding, dwelling on past events
5. Hair pulling during stress (trichotillomania tendency)
6. Diffuse hair fall with patchy broken hairs
7. Sensitive to criticism
8. Chilly patient, decreased thirst
9. Profuse, offensive perspiration on upper body

REPERTORIAL RESULT



	Remedies	∑Sym	∑Deg	Symptoms
1 MIND - PULLING - hair	nat-m.	8	14	2, 4, 5, 6, 7, 8, 9, 10
2 MIND - RESERVED	staph.	8	13	1, 2, 4, 6, 7, 8, 9, 10
3 MIND - SADNESS - past events; about	lyc.	7	12	2, 5, 6, 7, 8, 9, 10
4 MIND - SENSITIVE - criticism; to	lach.	7	10	1, 2, 6, 7, 8, 9, 10
5 MIND - WEEPING - alone, when	merc.	7	10	1, 2, 4, 6, 8, 9, 10
6 HEAD - DANDRUFF	graph.	6	13	2, 6, 7, 8, 9, 10
7 HEAD - HAIR - falling - grief; from	ars.	6	11	1, 2, 6, 8, 9, 10
8 STOMACH - THIRSTLESS	sep.	6	11	2, 4, 6, 8, 9, 10
9 PERSPIRATION - ODOR - offensive	sulph.	6	11	2, 4, 6, 8, 9, 10
10 GENERALS - HEAT - lack of vital heat	dulc.	6	10	1, 2, 6, 8, 9, 10

Figure 3: Repertorial result

Types of Intervention

The primary intervention was pharmacological, utilizing individualized homeopathic medicine. This was supported by preventive self-care through counseling, which aimed to increase the patient's awareness of her unconscious hair-pulling triggers. No surgical or external topical applications were used during the course of treatment.

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Type of Homeopathy

The treatment followed the classical individualized homeopathic approach. A single-constituent remedy was selected based on the patient's unique constitutional totality, encompassing her mental state, physical generals, and specific local symptoms of the scalp.

Medication and Nomenclature

The repertorization for this case was conducted using the **Synthesis Repertory.** The remedy prescribed was *Natrum muriaticum*, manufactured according to homeopathic pharmacopoeia standards. It was administered in the 200C potency on the Centesimal scale. The galenic form consisted of medicated lactose-based globules.

Administration of Intervention

The initial dosage consisted of *Natrum muriaticum* 200C taken once daily (OD) for a period of four days, followed by twice daily (BD) for the remaining 26 days of the month. This approach aims to provide sustained therapeutic action while ensuring long-term stability and reducing the risk of relapses. The duration of this specific intervention spanned five months, with regular monthly evaluations to assess the patient's response and progress.

Changes in Intervention

There were no changes made to the primary remedy throughout the recorded period. The rationale for maintaining *Natrum muriaticum* was the consistent and progressive improvement observed in both the patient's emotional stability and physical hair regrowth. According to homeopathic principles, as long as the patient showed steady recovery in the totality of symptoms, the remedy remained indicated without modification.

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FOLLOWUP AND OUTCOMES

Date	Medicine	Potency	Dose	Remarks
21 Jun 2025	Nat-mur	200C	OD × 4 days + BD	Baseline
20 Jul 2025	Nat-mur	200C	OD × 4 days + BD	Initial response
18 Aug 2025	Nat-mur	200C	OD × 4 days + BD	Dandruff reduced
08 Sep 2025	Nat-mur	200C	OD × 4 days + BD	Less hair pulling
09 Oct 2025	Nat-mur	200C	OD × 4 days + BD	Hair regrowth visible
09 Nov 2025	Nat-mur	200C	OD × 4 days + BD	Patient emotionally stable

Table 2: Follow-up and outcomes

DISCUSSION

The primary strength of this case management lies in the holistic integration of the patient's psychological profile with her physical pathology, allowing for a long-term resolution of both the hair loss and the compulsive trichotillomania habit. By addressing the "totality of symptoms," the treatment provided a non-invasive solution that bypassed the need for topical steroids or sedative medications. A limitation of this case is that it represents a single-patient observation; therefore, while the results are significant, they cannot be generalized to all cases of psychogenic alopecia without broader clinical trials. Additionally, the success of the treatment heavily relied on the patient's willingness to eventually disclose sensitive emotional triggers, which may not always be possible in less compliant patients.

Medical literature defines psychogenic alopecia as a psychosomatic condition where emotional disturbances like anxiety and depression manifest as hair loss. Studies on trichotillomania highlight it as an impulse-control disorder often linked to stressful life events and internal emotional conflicts. Homeopathic literature, particularly the works of Samuel Hahnemann, emphasizes that in chronic cases where mental symptoms predominate, the remedy must match the patient's internal emotional state. *Natrum muriaticum* is well-documented in the *Materia Medica* as a leading remedy for ailments arising from "silent grief" and emotional suppression, making it a recurring subject in clinical studies involving psychosomatic skin and hair conditions.[4-6]

The conclusion that the treatment was successful is supported by the direct correlation between the administration of the remedy and the cessation of the hair-pulling habit. The assessment of possible causes identified that the patient's alopecia was not a standalone physical

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disease but a physical expression of internalized grief and anxiety. As the patient's emotional stability improved evidenced by reduced brooding and better sleep the physical symptoms of dandruff and hair thinning resolved. This sequential improvement from "within outwards" follows Hering's Law of Cure, confirming that the remedy acted on the fundamental cause rather than merely suppressing the symptoms.

The central lesson of this case report is the importance of identifying the psychogenic etiology in chronic hair loss cases. It demonstrates that trichotillomania can be effectively managed when the underlying emotional vulnerability is treated rather than focusing solely on the scalp. Furthermore, the case highlights the utility of *Natrum muriaticum* in treating patients with reserved personalities and a history of suppressed emotions. For clinicians, the primary take-away is that a detailed "Life Space" investigation is a vital diagnostic tool that can lead to the selection of a curative constitutional remedy.

CONCLUSION

Homeopathy, through individualized constitutional prescribing, can effectively manage long-standing psychogenic alopecia with trichotillomania. *Natrum muriaticum* proved curative in this case by addressing the patient's emotional landscape, compulsive behaviors, and physical symptoms holistically. The patient was under regular homeopathic treatment and demonstrated consistent improvement in both hair growth and emotional well-being.

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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