

Management of Alopecia Areata with Individualized Homoeopathy: A Case Report

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ABSTRACT:

Alopecia areata (AA) is a chronic autoimmune disorder characterized by temporary, non-scarring hair loss while preserving follicular integrity. Its incidence is estimated at 0.1–0.2%, with a lifetime risk of 1–2%, though the exact prevalence remains unclear. This case report explores the effectiveness of individualized homoeopathy in treating AA. A 25-year-old male patient presented with patchy hair loss on the scalp and was treated at the National Homeopathy Research Institute in Mental Health, Kottayam. The diagnosis was clinically confirmed by the presence of exclamation mark hairs. Bacillinum was selected based on the totality of symptoms and prescribed according to the principles of individualized homeopathy with guidance from the Materia Medica. The patient demonstrated significant improvement, including hair regrowth and symptom relief. This case highlights the potential of individualized homoeopathic treatment as an alternative approach for AA. However, further studies are necessary to validate these findings and assess their broader applicability.

KEY WORDS: Alopecia areata, Individualization, Homoeopathy, Bacillinum.

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INTRODUCTION:

Alopecia areata (AA) is an autoimmune condition marked by temporary, non-scarring hair loss while maintaining the integrity of hair follicles. ^[1] Though research on its prevalence is limited, alopecia areata has an incidence rate of approximately 0.1%–0.2% and a lifetime risk of 1%–2%, affecting both men and women equally. ^[2] Genetics play a key role, with severe cases

more common in first-degree relatives. AA is linked to autoimmune conditions like vitiligo, lupus, psoriasis, atopic dermatitis, thyroid disorders, allergic rhinitis, pernicious anaemia, diabetes, and rheumatoid arthritis. ^[3]

AA typically presents as suddenly with smooth bald patches lacking scaling, scarring, or atrophy, while follicular markings remain intact. ^[4] The hair loss can

vary widely, appearing as distinct patches, widespread thinning, or complete loss of hair across all areas of the body. A key feature is exclamation-mark hairs, resulting from lymphocyte infiltration around the hair bulb. Hair loss is usually painless, though mild itching or discomfort may occur, and nail changes can be present. AA may have a psychosomatic origin, often triggered by stress. It is suggested that AA could either be a primary dermatological disorder with psychiatric comorbidities or a primary psychiatric condition with dermatological symptoms.^[5] Providing psychological support and educating patients about alopecia areata play a vital role in management, helping improve long-term outcomes and emotional well-being.^[6-7] Diagnosis is clinically through physical examination and trichoscopy, with key signs like exclamation-mark hairs, a positive hair pull test, intact follicular ostia, and patchy hair loss. Dermoscopy may show yellow or black dots, and nail abnormalities like pitting and 20-nail dystrophy. Scalp biopsy is needed only if the diagnosis is unclear.^[8] At present, alopecia areata has no specific cure. Treatment includes topical immunotherapy and corticosteroids (intralesional, topical, or systemic). Immunosuppressants and biologic therapies are also options but require careful monitoring for side effects.^[9]

Homoeopathy is a holistic medical system that seeks to treat illnesses with remedies that can produce similar symptoms in healthy individuals. [10] It is based on the Law of Similar, stimulates the body's self-healing response and may safely treat AA, an autoimmune disorder.^[11] There are case reports supported by evidence in which AA was successfully treated using individualized homoeopathic medicines. Bashme A, et al. observed significant hair regrowth with homeopathic treatment, highlighting its potential as an alternative therapy for AA.^[12] Homoeopathic literature lists numerous remedies for alopecia, including Alumina,

Arsenicum Album, Fluoricum Acidum, Graphites, Natrum Muriaticum, Nitricum Acidum, Phosphoricum Acidum, Phosphorus, Pix Liquida, Selenium, Sepia, Syphilinum, and Vinca Minor etc.^[13] This case report highlights the effectiveness of individualized homoeopathic treatment for alopecia areata.

CASE REPORT:

A 25-year-old male presented to the General OPD at NHRIMH, Kottayam, with a two-year history of bald patches on his scalp with dandruff associated with scaling and itching in that specific area. He also has small, itchy eruptions on the extensor surfaces of his elbows and feet despite taking conventional medicines, there was no improvement. The patient had a history of atopic dermatitis and a strong family history of both allergy and AA. One grandparent died due to tuberculosis, and his father has a history of psoriasis and allergic asthma. The patient is mentally obstinate, contradiction, has a fear of animals, particularly cats and dogs. He has desire for salt and meat, bowels are hard and difficulty stool to pass and he is sensitivity to cold, thermally chilly in nature. On clinical examination, bald patches with characteristic "exclamation mark" hairs were observed on the scalp, confirming the diagnosis of AA.

THERAPEUTIC INTERVENTION:

This case report details the management of AA with homoeopathic treatment. The diagnosis was confirmed by the presence of exclamation mark hairs and an underlying autoimmune condition, atopic dermatitis. Following informed patient consent, a detailed case-taking process was conducted to document the complete symptom profile. Based on repertorial analysis, single dose of Bacillinum 1M was prescribed during the initial visit. (Figure1) The selection was based on individualization, symptom totality such as obstinate nature, family history of

tuberculosis and atopic dermatitis, after consultation with the Materia Medica.

The patient was monitored through monthly OPD visits, with progress tracked via photographic comparisons. The Modified Naranjo Criteria were used to assess the causal relationship between treatment and improvement. After the improvement ceases

for a while we repeated Bacillinum in higher potency as 10M. A promising result observed in the form of vellus hair appeared within 3rd month of the treatment. A gradual symptom improvement as visible hair regrowth, itching eruptions of skin and dandruff were observed with homoeopathic treatment (Table 1, Figure 2.1-2.3).

Table-1: Timeline of observation and interventions:

Date	Symptoms	Prescription
23/08/2023	Baldness in patches, (Fig-2.1) Itchy skin eruptions, dry scaly dandruff	Bacillinum IM/1 D(30 days)
21/10/2023	Hair started growing, as fine soft unpigmented, (Fig-2.2a) Itchy skin eruptions, Dandruff scaling better	Bacillinum 1M/1D (30 days)
21/01/2024	Area of Baldness filled with newly hair growth areas, (Fig-2.2b) Gradual improvement in Itchy skin eruptions, scaly dandruff	Sac lac /1D (30 days)
22/02/2024	Hair growth stand still, with scaly dandruff and improvement in Itchy skin eruptions	Bacillinum10M/1D (30 days)
21/03/2024	Moderate hair growth observed, (Fig-2.2c) dandruff reduced Skin symptoms better.	Sac lac /1D (30 days)
25/04/2024	Patch completely filled with hair, (Figure-2.3) No dandruff Skin symptoms better	Sac lac/1D for (30days)
23/05/2024	Bald spot disappeared No dandruff, Skin symptoms better	Sac lac/1D for (30days)
20/06/2024	No recurrence, full scalp coverage with hairs	Sac lac/1D for (60days)
22/08/2024	Full hair regrowth No dandruff, No Skin symptoms	Sac lac/1D for (60days)
15/11/2024	Full and thick hair regrowth No dandruff, No Skin symptoms	Sac lac/1D for (60days)
06/01/2025	Full and thick hair regrowth No dandruff, No Skin symptoms	Sac lac/1D for (60days)

Table 2: Assessment of the case by the Modified Naranjo Criteria

Domain	Yes	No	Not Sure or N/A
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-	-
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-	-
Was there an initial aggravation of symptoms?	-	-	0
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	-	-
Did overall well-being improve? (suggest using validated scale)	+1	-	-
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0
Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: i.From organs of more importance to those of less importance? ii.From deeper to more superficial aspects of the individual? iii.From the top downwards?	-	0	-
Did “old symptoms” (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	0	-
Are there alternate causes (other than the medicine) that—with a high probability—could have caused the improvement?	-	+1	-
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	-	-
Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
Total score - +9/13			

Synthesis Treasure Edition 2009V (SCHROYENS F.)

Views: Full repertory Search remedy:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
1. MIND - FEAR - dogs, of (38) 1	1	2		1	1	2		1		1	1									1														
2. MIND - OBSTINATE (158) 1	1	2	2	3	2		2	1	2	2	1	1	2	1		3	1		2	1	2	2	2		1			1	2	3	1	1		
3. HEAD - HAIR - baldness - patches (21) 1	2	1	1	2	1		2		1		1	1	2	2	2			1		1			1	1	1	1								
4. HEAD - HAIR - falling - spots, in (29) 4	2	2	2	2	1	1	2	2	2	1	1	1	2	2	1	1	3			1	1	1	1	1	1									
5. RECTUM - CONSTIPATION - chronic (65) 1	1		1	2	2	1	1	3	1	1		1			2	1	1		2	1		1						1	1	3	2			
6. SKIN - ERUPTIONS - eczema (223) 1	3	3	1	3	3	1	3	3	3	2	2	2	3	1		1	3	1		3	2			2		1	1	2	1	2	1			
7. GENERALS - FAMILY HISTORY OF - tuberculosis (20) 2	1	2	1		2														1	1														

Figure-1 Repertorization chart of the case



Fig-2.1
Before
Treatment



Figure2.2a-
During Treatment



Figure2.2b-
During Treatment



Figure 2.2c-During Treatment



Figure-2.3 After Treatment

DISCUSSION

This case report highlights the potential of individualized homoeopathic medicine in treating Alopecia Areata (AA), a condition known for its unpredictable remission and recurrence. AA typically manifests as a localized, one-sided condition, and in this case, the patient presented with a single bald patch on the scalp. Treatment with an individualized homoeopathic remedy led to complete hair regrowth, with no recurrence observed during the 1.5-year follow-up period (Figure:2.3). The selected remedy, Bacillinum, was prescribed based on the totality of symptoms and a repertorial approach, in accordance with homoeopathic principles. Its indication in AA is well-documented in leading materia medica, including those by Clarke and Allen.^[14-15] Dr. Anurag Kumar et al. reported notable hair regrowth with Lycopodium in the treatment of AA, highlighting the potential of personalized homoeopathic therapy in managing the condition.^[16] Similarly, a case study by Yadav D. et al. highlighted the efficacy of Aurum metallicum in treating AA.^[17] In contrast, this case emphasizes the role of Bacillinum, a well-documented nosode in literatures prescribed in higher

potency, which led to rapid improvement with the visible changes in new hair growth. A Monarch score of +9/13 suggests a strong causal relationship between Bacillinum and the treatment outcome, enhancing the credibility of the case. Additionally, a 1.5-year follow-up showed no recurrence, further supporting the sustained effect of the remedy. (Table 2) This case report also brings into the highest efficacy of Bacillinum in case of dandruff associated with AA along with improvement in general. It also demonstrates that higher potencies offer faster symptom relief, as documented nosode better result from highest potencies particularly in autoimmune diseases like AA.^[18] While this case adds to the evidence supporting homoeopathy in managing autoimmune conditions like AA, it also highlights the need for caution. AA exhibits variable and unpredictable course, attributing recovery solely to treatment requires careful evaluation. To strengthen these findings, larger randomized controlled trials are needed.

CONCLUSION:

This case report demonstrates the potential of individualized homoeopathic treatment in managing AA, achieving complete hair regrowth without recurrence. It underscores the importance of individualization, symptom totality, and repertorization. While promising, further well-designed studies are needed to confirm homoeopathy as a reliable treatment for AA.

Limitation of study:

It is a single-case report and alopecia areata's variable remission, suggesting the need for well-designed randomized controlled trials for scientific validation.

Consent of Patient:

Informed written consent was obtained from the patient publication of this case report in a research journal.

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