



Usefulness of Homoeopathic Medicine in Treatment of Alopecia

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ABSTRACT:

Alopecia is a common problem worldwide. It is likely to occur at any age. The problem appears to be much more serious than previously thought. It is a common disorder and is a major cause of avoidance of social and personal activities, leading to reduced performance, productivity and relationship breakdown. Homeopathic treatment solves alopecia with a holistic approach and its recurring nature can be prevented. Homeopathy considers alopecia to be a manifestation of a deep-rooted miasmatic disorder caused by a disturbance at the level of the vital force. Our masters have proven the effectiveness of various homeopathic medicines beneficial for Alopecia. Moreover, the higher incidence of this condition makes it a suitable subject for study, providing a safe, effective and gentle method of therapy. During three years, many cases of alopecia of both sexes and different age groups were treated, of which 30 were taken for study. Out of 30 cases, 06 cases (20%) recovered, 20 cases (66.66%) improved and 04 cases (13.33%) did not improve. The length of treatment varied from case to case depending on the intensity, duration and frequency of the problem and the patient's response. The result of this study is positive, encouraging and has opened a new perspective for future homeopaths to treat patients with alopecia with high success rate. The effectiveness of homeopathic remedies is therefore proven in cases of alopecia.

KEYWORDS: Alopecia, Hair Fall, Homoeopathic Medicine, Homoeopathy.

INTRODUCTION:

“There is no greater opportunity, responsibility, or duty that one can encounter than to become a doctor. [A physician] needs technical skills, scientific knowledge, and human understanding to care for the sufferer. They are expected to be tactful, sympathetic and understanding doctor, because the patient is not just a set of symptoms, signs, impaired functions, damaged organs and disturbed emotions. [The patient] is human, has fears and hopes, seeks relief, help and reassurance”. Hair!! It's a crown you never take off!! Fur is a thin fibrous keratin outgrowth of an animal's epidermis. Covering the hair on a person's scalp has been of great importance since ancient times because it can help a person's appearance. Hair plays a vital role in a person's life. It determines self-image, social perception and psychological functioning. Healthy hair leads to good physical appearance and personal appeal, thereby increasing self-confidence, self-esteem, satisfaction with personal appearance. Alopecia, on the other hand, does the exact opposite of a person and ends up with an inferiority complex. It can express a person's mood, attitude or outlook. Discovering alopecia is therefore a stressful experience for both sexes, significantly more stressful for women. Living with alopecia can be difficult in a culture that sees hair as a sign of youth and good health. Alopecia is one of the most common complaints people face today. This problem affects about twenty million women and 45 million men. In the last five years, cases of alopecia have increased by two hundred and fifty percent. Sometimes it is an associated symptom of one of the main diseases. There are various reasons why individuals lose their hair. In patients with diabetes mellitus, hair loss occurs five to six weeks before the problem. It also occurs in patients with heart disease. There is no age limit for alopecia; Unfortunately, the age limit for this problem is decreasing day by day. Earlier hair problems usually started in the mid-thirties, but today many teenage girls and boys complain about it. Ever since alopecia has become one of the common problems among individuals, people have tried various alopecia treatments. Thus, many different treatments are used to manage the condition, although evidence of their effectiveness remains inconclusive. Our society has been conditioned by fast medicine. We know from experience that this often provides only temporary relief and may actually cause a rebound phenomenon of symptoms or unwanted side effects. Modern medicine is too often symptom-oriented, and drugs are prescribed to suppress the symptoms without curing the disease itself. With drugs suppressing the symptoms, the relief is temporary, and after a while the disease often reappears in even more virulent forms. Homeopathy is a system of therapeutics that assumes that each person's uniqueness affects the way diseases affect them, and understanding each person's unique response to disease is important in making treatment decisions. Homeopathy assumes that it is not necessary to treat only the disease, but the unique complex of the person and the disease. It is thoroughly scientific. So, as a homeopath who believes in treating the patient as a whole, it becomes our duty to consider this physical problem of alopecia and its social and psychological effects and relieve the suffering individual from suffering. As stated by Dr. Hahnemann in the first aphorism the high and only mission of the physician is to restore health to the sick, to cure, as it is termed, it is our duty to take into account this affliction of alopecia, which affects our society immensely. as a serious problem and find a solution that is mild and gentle. My work is based on helping quiet people suffering from this social and personal disorder by giving

them a ray of hope to return to normalcy. This present study "Efficacy of Homeopathic Medicine in the Treatment of Alopecia" is a humble effort on my part to study the pattern of presentation of Alopecia and confirm the excellent efficacy of Homeopathic Medicines for it.

LITERATURE REVIEW:

Hair loss or baldness known as alopecia. The word "Alopecia" comes from the Greek word "alopex" which means "fox". Its use is that foxes are less furred when they are affected by a skin disease ("mange") that causes shedding. Hair loss (Alopecia) is a disorder in which hair falls out from areas of the skin where it normally occurs, such as the scalp and body. This loss interferes with many useful biological functions of hair, including protection from sunlight (mainly to the scalp) and dispersion of sweat gland products.

ALOPECIA AREATA:

(Alopecia circumscripta, Tinea decalvans, Porrigo decalvans, Area Celsi)

Definition: - A condition of a hairy surface, characterized by one or more circumscribed, rounded areas of complete baldness without any apparent change in the skin.

Symptoms: - Usually appears without local sensation, although occasionally slight itching or other manifestations may be present, one or more small, round, smooth, white spots completely devoid of hair. The skin is apparently healthy and the lesions are irregularly distributed but frequent

localized on the scalp, especially in the occipitoparietal regions, although other parts of the body may be affected at the same time. Subsequently, male beards or eyebrows, axillae, pubes or even downy surfaces in both sexes may be affected.

Patches occasionally remain stationary, but usually enlarge by peripheral extension. This growth pattern is characteristic of true alopecia areata, and although the lesions are usually rounded or perhaps oval in shape, they can merge with other patches to form irregular areas. Rarely, the condition is more pronounced in one or more parts of the periphery, forming one or more zigzag extensions in several directions.

Atypical forms include the form where alopecia spreads in a belt-like strip around the head close to the hairline. Another form is pea- to bean-sized spots that remain white and resemble a scar.

Etiology and pathology: - Both sexes can be affected at any age, but the disease is more common between the ages of ten and thirty. There are two types of etiological theories; one considers alopecia areata to be parasitic and contagious and the other to be trophoneurotic and non-contagious. Contagious variety observed in several children in the same family, outbreaks occur in schools. Alopecia areata is a related skin condition. Others describe fungi or micrococci that were occasionally found. Hutchison says a skin condition on the scalp in childhood can lead to alopecia areata in adulthood.

The generalized or universal form of alopecia is undoubtedly neurotic. A history of previous nervous shocks, accidents, worry, fear or anxiety followed a certain neurosis. Pathological findings according to Robinson are the result of inflammation in the corium with infiltration of round cells and

thickening of the vessel walls of the affected parts. The resulting interference with hair nutrition results in atrophy of hair-producing structures.

ALOPECIA TOTALIS –

It's an autoimmune disorder that effectively turns your own immune system against your hair follicles. This results in complete loss of hair on the scalp and can also affect the eyebrows and eyelashes, but that is the extent of the condition.

ALOPECIA UNIVERSALIS –

It is a condition characterized by complete loss of hair on the scalp and body. Although the exact cause is unknown, it is thought to be an autoimmune condition where the affected person's immune system attacks the hair follicles. Approximately 20% of affected people have a family member with alopecia, suggesting that genetic factors may contribute to the development of Alopecia universalis.

ANDROGENETIC ALOPECIA-

The most common cause of hair loss is androgenetic alopecia, or male and female pattern baldness.

Both men and women can develop a distinct pattern of hair loss as they age. In men, the loss is most noticeable on the vertex and bitemporal areas of the scalp. In women, the loss is usually limited to the vertex. Pattern loss can be seen as early as the third decade in men, but is rarely seen before the sixth decade in women.

Genetic factors are important in the pathogenesis of pattern loss. Both grade and age at onset appear to run in familial patterns.

SYPHILIS –

Hair loss in secondary syphilis is uneven, resulting in a moth-eaten appearance, especially on the back and sides of the scalp. This must be distinguished from alopecia areata, in which the patches are completely hairless.

TINEA CAPITIS –

The causative fungi are various species of microsporum and trichophyton. It is more common in boys because boys have shorter hair, visit barbers more often and play with hats. The most common is the scaly variety caused by microspores.

Features are a circular patch or patches of partial alopecia with thin gray scales; broken off dull stubble of hair, there may be a grayish film around it. The fungus grows in the stratum corneum of the epidermis and enters the hair follicles through the mouth. It penetrates the cuticle and cortex of the hair and grows inside the hair as well. As a result, the hair weakens and breaks, leading to alopecia, which is usually partial and broken stubble is visible.

The kerion variety is more often caused by trichophyton. At the beginning, there are small ulcerative lesions with little discharge and no pus. Later, a red, painless, marshy swelling forms. These also have no pus.

These lesions are irregularly distributed on the scalp along with areas of partial alopecia. When the hair is pulled from the kerion, a grayish sheath is visible on the hair; this pulling out of the hair is easy because the hair is only loosely attached.

TRICHOTILLOMANIA –

It can be defined as persistent hair pulling by the patient causing significant hair loss. This disorder may include a group of patients who pull their hair out for exercise because of impulse control and personality disorder, body dysmorphic disorder, mental retardation, or psychosis.

Spotting full of alopecia on the top of the head, mainly and rarely on the eyebrows.

Pulling out causes hair shaft fractures. Odd shapes, asymmetric edges and different hair lengths in the affected areas.

TRACTION ALOPECIA –

It is a type of mechanical, traumatic alopecia, it is a two-phase form of hair loss. In such patients, the trauma is usually moderate and chronic due to hairstyles involving tight braiding or tying of the hair. Hair loss is temporary in the initial stage, but can become permanent within 10 years. Or more when the extreme traction continues.

Peripheral or marginal type of alopecia affecting the frontal, temporal and parietal edges of the scalp. Pruritus is commonly seen. Perifollicular erythema and pustule formation commonly seen in girls who wear a tight braid.

A. CONGENITAL -

ALOPECIA CONGENITA (Alopecia adnata):

Alopecia areata is a rare condition, almost always temporary, in which hair loss can be general or in limited areas, sparse or slow-growing, or simply downy. It is usually caused by a delay in hair development and may be associated with defective growth of teeth, nails and other structures. Usually, hair grows after an interval of weeks, months or years. In several cases, the condition was permanent.

Etiology and Pathology: - Heredity is the only known etiological factor as the condition has often been seen in siblings and occasionally in their parents. Little can be learned from pathological studies except that defect in nutrition and development cause rudimentary growth of other skin structures as well as hair follicles.

B. PREMATURE

ALOPECIA PREMATURE: -

Premature baldness or hair loss can be idiopathic or symptomatic.

The idiopathic variety can begin at any age, but rarely before the age of thirty.

It is similar to senile atrophy without any known cause other than heredity and usually occurs in males. This is often noted as an increase in normal hair loss, starting around the temples and vertex, and although hair can be reproduced, it becomes less vital until it stops appearing.

The process changes so that the hairline on the sides of the forehead can gradually recede, sparing the central ridge for a while and forming an arched forehead; or the whole line of the forehead may recede, representing a high forehead; or the hair may thin simultaneously over the entire crown; or it may extend from the top to the forehead. The resulting bald patch is usually symmetrical. In most of these cases, baldness is temporary and often represents thinning of other hairy areas as well as the scalp. Excretion can be rapid or slow and permanent.

Etiology and pathology: - Heredity exists in about fifty percent of all cases of idiopathic premature alopecia and the percentage is usually much higher in women. Women are less affected by baldness than men, because they have more fat in their scalp, the more care they give to their hair. It is common knowledge that people with brains and intellectuals in general are more often affected. Lack of exercise, excessive meat diet, gout and heredity are all predisposing causes that contribute to the successful activity of some parasites.

Pathologically, the condition is essentially one of atrophy, both of connective tissue and hair-producing structures, due to reduced blood supply.

ALOPECIA STEATOIDES –

It affects young adults. It is characterized by a seborrheic diathesis, constant flaking of dandruff from the scalp, accompanied by mild itching, the presence of short, poorly shaped hair and slowly progressive loss of hair from the crown and temples. Seborrheic dermatitis may or may not be evident.

IDIOPATHIC – Usually affects young adult males. The onset is gradual. It starts between twenty and forty. age. It begins with a receding edge of the hair and an extension of the forehead, a thinning of the hair, which becomes atrophic and lacks luster; later, hair may fall out completely from the crown, forehead, temples, and even the entire scalp.

The exact cause is unknown. In most cases, here do is a familial predisposition to alopecia. Patients are usually male, intelligent and sedentary. Somewhat similar alopecia can be caused by artificial menopause.

HAIR SHAFT ABNORMALITIES –

Trichorrhexis nodosa – is characterized by pearly swelling with cuticle loss and frayed "brushes" against each other. It is caused by extreme perming or chemical treatment.

Trichoschisis - characterized by a clean, transverse fracture of the hair shaft.

A low concentration of cysteine in the hair is said to be responsible for cuticular and cortical weakness.

Trichorrhexis invaginata – It is one of the hair abnormalities seen in patients with Netherton syndrome. In this syndrome, the distal hair shaft invaginates into the proximal hair shaft.

Pili torti – Hair shafts are usually flattened and twisted 180 degrees.

Monilethrix – elliptical nodules seen at regular intervals with intervening (beaded hairs), non-medullary narrowed fragile constrictions.

ANAGEN EFLUVIUM –

In this form of hair loss, rather than just shutting down the hair follicle, the chemical actually kills the hair follicle and anagen hair. Hair loss caused by substances that disrupt or disrupt the anagen cycle. The most common example of this is the effects of drugs used to treat cancer. Extensive hair loss 3-4 months after chemotherapy. Easy hairline fracture.

TELOGENE EFLUVIUM –

It is a type of alopecia seen in individuals where the normal balance of hair growth and other phases is disrupted.

Etiology and Pathogenesis – Hair loss in this disorder can reduce the number of hair strands in the scalp, axillae, and pubic area.

- Acute illness, including febrile illness, severe infection, major surgery, severe trauma, bleeding, emotional stress, etc.
- Chronic diseases such as malignancies (such as lymphoproliferative disorders), systemic lupus erythematosus, end-stage renal disease, liver disease, etc.
- Hormonal changes, e.g. during pregnancy and childbirth, hypothyroidism and discontinuation of estrogen-containing drugs.
- Dietary changes including crash dieting, anorexia, low protein intake and chronic iron deficiency.
- Medications including ACE inhibitors, allopurinol, amphetamines, anticoagulants, propranolol, boric acid, chloroquine, contraception, and immunizations.
- Allergic contact dermatitis of the scalp.
- Diabetes mellitus – There is a definite link between diabetes and hair loss. Some women don't even realize they have the condition, and hair loss can be one of the first symptoms.

Physical stress. - The impact of diabetes on the body is considerable, so physical stress can disrupt the normal cycle of hair growth.

Poor circulation – Diabetes can damage blood vessels. This makes it difficult for them to deliver all the necessary nutrients to the body's tissues and organs. When hair follicles don't get all the nutrients they need, hair growth can be affected. This can also cause loss of body hair.

Infection – high blood sugar affects the body's immune system, making people with diabetes more susceptible to infection and less able to FIGHT infection. Infections can disrupt health hair growth cycle.

Emotional stress – Diabetes is a permanent condition and dealing with it can be stressful, especially at first. Emotional stress can cause hair loss.

C. SENILE –

ALOPECIA SENILIS -

Senile baldness is usually part of the overall atrophic changes associated with old age, but it is impossible to determine the exact period of life as the correct time of its appearance, because years do not measure the age of tissues. The same causes and conditions that cause premature alopecia may be at work in the senile period, although true senile baldness rarely occurs before the age of forty.

It usually affects the scalp, often starting at the top and spreading forward and backward until the entire crown is symmetrically affected; it may appear as a general thinning of the entire scalp; again, it may begin on the forehead as in premature alopecia and show its progress by a receding forehead.

Hair on the back and sides is often preserved due to the greater thickness of the scalp in these areas and its more constant exposure to light and air. Grayness usually accompanies the condition but may precede it.

Etiology and Pathology: - Associated seborrhea is almost as common in this condition as in alopecia areata, but any underlying factors that precipitate general atrophy contribute to senile alopecia. The pathological effect of atrophy of the skin and subcutaneous tissue is interference with the vascular supply of hair follicles and thus the loss of their production capacity.

HERPES ZOSTER –

Skin infection with varicella zoster virus occurs predominantly in epidermal and infundibular keratinocytes and additionally in dermal dendritic cells. These latter cells play a role in scar formation processes.

During the skin lesions of chickenpox and shingles, active viral replication occurs in epidermal keratinocytes, causing intraepidermal acantholysis and vesiculation, clinically recognized as skin vesicles. The diagnosis of persistent varicella zoster hair loss is further supported by the absence of eyelashes, regrowth of hair after 3 months, and persistence of mildly affected, localized skin atrophy at the site of the previous varicella zoster lesion.

PSEUDOPELADIA or PRIMARY ALPINE ALOPECIA -

It is also known as "Alopecia cicatrisata". It is a rare disease of the scalp and is characterized by an ill-defined round area of alopecia; the skin appears white, shiny, atrophic or scarred without signs of inflammation.

Alopecia areata spots look like tracks in snow on the scalp.

The cause of various scarring alopecias is unknown.

However, all scarring alopecias involve inflammation focused on the upper part of the hair follicle, where the stem cells and sebaceous gland are located.

If the stem cells and the sebaceous gland are destroyed, then there is no possibility of regeneration of the hair follicle and the result is permanent hair loss.

Scarring alopecia affects both men and women, most commonly adults, although all ages can be affected. Most patients with cicatricial alopecia do not have a family history of a similar condition. Although it is possible to have more than one type of hair loss condition, non-scarring forms of hair loss do not turn into scarring forms of hair loss.

Homeopathic treatment:

Dr. Burnett says: "Any little homeopathic David can outwit the greatest allopathic giant if he sticks to his *Materia Medica* and Hahnemann's instructions."

Homeopathic approach to hair loss -

Whenever there is a patient with alopecia or hair loss, always inspect the scalp to rule out any atrophy or scarring of the scalp. Scarring of the scalp is seen as a shiny surface, reduction or absence of the hair core, loss of skin elasticity and wrinkles, a thickened scar is felt on palpation.

Atrophy is seen as wrinkling, thinning and loss of elasticity. Treatment consists in finding the cause and its elimination, ensuring and improving the overall state of health with proper nutrition, vitamins and minerals.

Local treatment consists of:

- a) Avoid repeated and too frequent combing and shampooing.
- b) Avoid excessive use of oils and oil preparations, especially in seborrheic individuals.

Important homeopathic remedies known to be helpful in cases of hair loss include:

Acidum fluoricum: Large patches completely hairless. The new hair that grows is dry, lacks luster and breaks easily. Loss of hair due to syphilis.

Acidum phosphoricum: Hair turns grey and falls out early in life. Hair falls from sadness, general weakness.

Arsenic album: Hair loss with recovery. The scalp is covered with dry scabs and scales, looks rough and dirty, sometimes extends to the forehead, face, ears.

Alumina: Hair falls out with excessive dryness, itching, numbness of the scalp.

Aurum metallicum: Great loss of hair. Hair loss from eyelashes. Loss of hair due to syphilis and mercury intoxication.

Baryta carbonica: Hair loss starts from the vertex. In young people, the scalp is very sensitive to touch.

Borax: Hair is rough and calloused. Hair loss associated with plica polonica.

Calcarea carbonica: Hair dry, falling out from sides and temples to beard with yellowish-white dandruff and cold scalp. Hair falling from tinea capitis.

Cantharis: Hair falls out when combing, especially during childbirth and lactation. Huge dandruff with scales is present on the scalp.

Carbo vegetabilis: Hair loss after illness, after pregnancy. Alopecia from a general debilitated state.

Graffiti: Hair on the crown, sides and beard turns gray and falls out early, with dull and brittle hair. Bald spots on the beard and chin.

Helleborus: Loss of eyebrow hair.

Hepar sulphuris: Hair falls in large quantities. Loss of hair and bald spots in various parts of the head with sore pimples; sometimes from chronic headache.

Hypericum: Alopecia from headache caused by concussion.

Kalium carbonicum: Alopecia after fever, dry hair falling repeatedly with dandruff.

Lycopodium: Hair falls out first on the crown, later on the temples, especially after abdominal ailments and childbirth, with early graying of the hair. Alopecia with severe burning, scalding, itching of the scalp.

Mancinella: Loss of hair after a severe acute illness with itching of the scalp.

Mercurius solubilis: Profuse loss of hair, probably from suppressed anger. Hair is dry and falling out. Hair falling out mostly from the temples.

Mezerium: Hair falls out in handfuls with white dandruff and dry scalp.

Natrum muriaticum: Hair falls out when touched, especially in lactating women. Hair loss due to lack of nutrition. Hair falls out by simply grabbing it, mostly on the front of the head, temples and beard. The scalp is very sensitive.

Nitric acid: Profuse loss of hair, especially vertex with eruption. It may be caused by syphilis, nervous headaches, weakness or emaciation.

Oil: Scalp very itchy with severe dandruff and hair loss.

Phosphorus: Round spots on scalp, completely hairless, hair falling in large bunches on forehead and sides above ears, roots of hair seem dry, bare scalp looks clean, white and smooth. Abundant dandruff appears.

Pulsatilla: Loss of hair after childbirth. It is constitutional rather than concrete.

Plumbum Met: Great dryness of hair. It also falls from the beard.

Selenium metallicum: Hair falls out when combing. Hair falls from the head, eyebrows, beard and genitals. There is tingling and itching on the scalp which is tight and tense.

Sepia: Hair loss after pregnancy, chronic headaches and menopause. More suitable for weak women with yellow skin, with reduced sensitivity and tendency to miscarriage.

Silicea: Scalp sensitive to touch and hat; resulting in shooting pain.

Premature baldness. Itching of scalp before menstruation.

Staphysagria: Hair falls mostly from the occiput and around the ears, with moist foetid eruptions or dandruff on the scalp.

Sulphur: Hair falls out with dry, cold and hard scalp, harder to wash. Scalp sore to the touch, itches violently, and worse in the evening when warm in bed. Alopecia with dandruff.

Syphilinum: Profuse loss of hair, in places with white scaly scales and dry scalp.

Thuja occidentalis: Thin hair grows slowly, splits and falls. White scaly scales.

Vinca minor: Hair falls out in individual places and white hair grows there. The scalp wicks away moisture with matting of the hair. There is an irresistible urge to scratch.

CONCLUSION:

Hair loss is an interesting problem for health professionals. It seemingly trivial, but also with an immense impact on the quality of life as health economics. Considering the high occurrence and probable occurrence hair loss solution, current study "Usefulness Of Homoeopathic Medicine in Treatment of Alopecia" was done on purpose find out the facts about it and try to understand others

hair loss concepts and patterns and provide solutions Homeopathic medicines.

30 cases were selected for the study, a response to the institutional one treatments were considered and analyzed and then conclusions were drawn.

The study allowed me to draw some valid conclusions. They are:

- Incidence of hair loss was higher in women 23 cases (76.66%) than compared to men 7 cases (23.33%).

- The maximum prevalence was recorded in the age group between 16 - 30 years, i.e. 16 cases (53.33%). The next higher incidence was observed in 31 – 45 years. And that is 7 cases (23.33%).
- A detailed case intake and evaluation is required for evaluation these cases.
- An overall improvement in the condition of these patients was noted after administration of homeopathic medicines.
- the intensity of the disease significantly decreased after treatment, 6 cases (20%) recovered and others showed good improvement (66.66%).
- Creating awareness and promoting knowledge and education among patients and their families is vital for proper implementation treatment.
- Out of 30 cases 06 cases (20%) recovered, 20 cases (66.66%) improved and 04 cases (13.33%) did not improve even after that considerable period.

SUMMARY:

Despite therapeutic advances, opportunistic hair loss diseases exist the prevalence has increased and it has become a universal and unsolved problem.

Hair loss is one of the most common and long-term problems. The etiopathogenesis of hair loss is multifactorial and complex to understand. Has detrimental effect on self-identity and social interaction. Early detection a treating these patients by searching for the underlying etiology is essential better handling of these cases.

In my study, 30 hair loss cases were randomly selected inclusion criteria, exclusion criteria, history and clinical findings OPD, IPD and peripheral dispensary of the college. The study was conducted with the aim of studying the effectiveness of a homeopathic medicine in hair loss treatment.

This study shows different presentations of hair loss and how to help them understand hair loss in a different way. In this study, the incidence of gender the disease shows that the disease mainly affects women. Age the incidence in the study showed more people in the age group of 16 – 30 years.

In this study, anemia is the leading cause among the causes of hair loss. All cases were followed regularly and at the end of the study according to outcome was drawn. Out of 30 cases, 06 cases (20%) recovered, 20 cases (66.66%) improved and 04 cases (13.33%) did not improve even after considerable period.

The current study shows that homeopaths are clear action in the treatment of hair loss. A positive reaction to homeopathy was observed in about 86.66% cases [as 06 cases (20%) recovered and 20 cases (66.66%) better]. There could be further deterioration of the patient's condition control with well-chosen homeopathic remedies.

In defining effectiveness and scope, the study confirms this Homeopathy plays an undoubted role in the treatment of hair loss aims at the sick individual correcting the responsible constitutional defect for hair loss on which the system of medicine is less effective.

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 - b. <http://hairsentinel.com>
 - c. <http://dermnetnz.org>
 - d. <http://emedicine.com>
 - e. <http://medscape.com>