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Restoring Confidence: Homoeopathic Healing for Alopecia Areata

Dr. Pallavi Gaikwad[1], Dr. Siddharth Jondhale[2]

[1] MD Part 1(Organon of Medicine), Guru Mishri Homoeopathic Medical College, Shelgaon, Jalna, Maharashtra, India

[2] Guide, Guru Mishri Homoeopathic Medical College, Shelgaon, Jalna, Maharashtra, India

ABSTRACT

Alopecia areata is an autoimmune disorder that causes sudden, localized hair loss, often leading to significant psychosocial issues, particularly in young individuals. Emotional distress such as decreased self-esteem, anxiety, and depression are common among those affected by this condition. Conventional treatments like corticosteroids provide temporary relief but often have side effects that negatively impact quality of life. Homoeopathy, with its individualized treatment approach, offers a promising alternative by addressing both the physical symptoms and the emotional well-being of patients. This case report discusses a 27-year-old male with complaints of forgetfulness and alopecia areata who sought homoeopathic treatment after experiencing hair loss. The homoeopathic remedy *Natrum muriaticum* was prescribed based on the patient's physical and emotional symptoms, and follow-up consultations showed gradual hair regrowth, highlighting the efficacy of homoeopathic treatment in managing alopecia areata. The case underscores the significance of individualized care in homoeopathy, considering each patient's unique emotional and mental state.

Keywords: Alopecia Areata, Homoeopathy, Autoimmune Disorder, Hair Loss, *Natrum muriaticum*, Psychological Impact, Individualized Treatment, Emotional Healing

Introduction

Alopecia areata is a condition where the immune system attacks hair follicles, resulting in sudden hair loss. It can cause small bald spots or more severe forms, such as total hair loss on the scalp or even complete hair loss across the body. This loss can significantly impact a person's self-esteem and body image, particularly in children and teenagers. These individuals often face a range of psychosocial challenges, including lowered self-confidence, increased stress, anxiety, depression, social stigma, and a reduced quality of life. These challenges highlight the need for tailored interventions to address their unique psychological needs. This is where homoeopathy comes in—offering individualized treatments that not only focus on the physical aspects of the condition but also support the emotional and psychological well-being of patients.

Normal Hair Growth: On average, scalp hair grows about 0.35 mm per day (or roughly 6 inches per year), and the scalp sheds about 100 hairs daily, with more loss during shampooing. Since each hair follicle goes through its growth cycle independently, the normal process of hair loss is usually not noticeable. Around 85 to 90 percent of hair follicles on the scalp are in the anagen (growth) phase at any given time, which lasts about three years on average, but can range from two to six years. This is followed by the catagen (transitional) phase, where 2 to 3 percent of follicles regress. The final phase, the telogen (resting) phase, involves 10 to 15 percent of hair follicles resting for about three months. At the end of this phase, the dead or inactive hair is shed, leaving a hard white nodule at the base of the hair shaft, and the cycle starts over.

Alopecia

Alopecia refers to the absence or loss of hair in areas where it is typically present. This condition can be localized or widespread, temporary or permanent, and can affect both men and women of all ages. Alopecia is considered a sign or symptom of various underlying causes and is generally classified into two main types: nonscarring alopecia (which is the most common) and scarring (or cicatricial) alopecia.

Etiology of Alopecia

The causes of alopecia vary depending on its type and subtype. Below are some key mechanisms involved in different types of alopecia:

Nonscarring Alopecia

In nonscarring alopecia, the hair follicles remain intact, so hair loss is potentially reversible, and regrowth is possible. Nonscarring alopecia include:

- **Androgenetic Alopecia**: Also known as hereditary or male/female-pattern hair loss, this is the most common type of alopecia. It progresses slowly, with men typically losing hair on the vertex, bitemporal, and midfrontal scalp, while women often experience thinning across the central scalp with minimal impact on the frontal hairline.

- **Alopecia Areata**: This is a chronic immune-mediated condition causing patchy hair loss, which can occur in children, adolescents, and adults. In rare cases, it can lead to total scalp hair loss (alopecia totalis) or full-body hair loss (alopecia universalis). Episodes can be isolated or recurrent.
- **Telogen Effluvium**: A type of noninflammatory hair loss affecting the entire scalp. This condition can be triggered by psychological stress, chronic illness, pregnancy, postpartum, malnutrition, severe infection, endocrine disorders, metabolic changes, surgery, or medications (e.g., anticonvulsants, antidepressants, oral contraceptives). Hair loss typically starts about 3 months after the triggering event and lasts around 6 months.

Scarring Alopecia

In scarring alopecia, the hair follicles are irreversibly destroyed, leading to permanent hair loss. These can be classified as primary or secondary:

- **Primary Cicatricial Alopecia**: This includes several conditions, such as:
    - **Lymphocytic**: Examples are frontal fibrosing alopecia (FFA), lichen planopilaris (LPP), and discoid lupus erythematosus.
    - **Neutrophilic**: Includes dissecting cellulitis and folliculitis decalvans.
    - **Mixed**: Includes acne keloidalis nuchae, acne necrotica, and erosive pustular dermatosis of the scalp. The most common primary scarring alopecia are FFA and LPP.
    - **Frontal Fibrosing Alopecia**: A slow, progressive condition that causes a symmetric band of hair loss along the frontal hairline, primarily affecting postmenopausal women. Some patients report itching and pain in the affected area.
    - **Lichen Planopilaris**: This condition most commonly affects women and initially presents with redness and scaly patches around the hair follicles. It typically leads to patchy hair loss on the scalp, and can sometimes affect body hair. Symptoms may include itching, burning, or tenderness in the affected areas.
- **Secondary Cicatricial Alopecia**: This form of scarring alopecia can result from causes like localized scleroderma, pemphigoid, tumour, radiation therapy, physical or chemical trauma, and bacterial or fungal infections.

A thorough history for evaluating hair loss will typically include the following key points:

- **Visible Hairlessness or Increased Hair Shedding**: Determining whether there is noticeable hair loss (alopecia) or an increased amount of hair falling out each day (effluvium).
- **Age at Onset**: When did the hair loss first begin?
- **Time Course**: How long has the hair loss been occurring?
- **Progression**: Has the hair loss worsened over time?
- **Distribution**: Where is the hair loss occurring? Is it focal (patchy), patterned, or diffuse?
- **Accompanying Symptoms**: Any other symptoms present, such as itching, pain, or changes in the skin.
- **Gynaecological and Obstetric History (for females)**: Information about menstrual history, pregnancy, and postpartum status.
- **Dietary History**: Any changes in diet or nutritional habits that might impact hair health.
- **Family History**: Any family members who have experienced hair loss or related conditions.
- **Recent or Current Medications**: Information about any medications the patient is currently taking or has recently taken that may affect hair growth.
- **Recent Environmental Exposures and Surgical History**: Any recent changes in environment, stressors, or surgeries that might have triggered hair loss.

Alopecia Areata :

Alopecia areata is an autoimmune condition characterized by localized hair loss, usually in small, round patches. It can progress to affect the entire scalp (alopecia totalis) or even the entire body (alopecia universalis). This condition is believed to occur due to an autoimmune reaction where the body's immune system mistakenly attacks hair follicles, involving antibodies, T-cells, and cytokines. It is considered a polygenic trait, suggesting that multiple genes are likely involved. Approximately 0.1 to 0.2 percent of the population is affected by alopecia areata, with no significant gender difference in prevalence.

Clinical Presentation:

Alopecia areata typically starts with patchy hair loss on the scalp, but in rarer cases, it can progress to total scalp hair loss (alopecia totalis) or full-body hair loss (alopecia universalis). The affected skin areas remain smooth and intact, without scarring or visible signs of inflammation.

Diagnostic Tools:

1. **Hair-Pull Test**: To assess the condition, the hair-pull test is performed at the boundary between a patch of hair loss and the unaffected side. A positive test (where hairs are easily pulled out) suggests active disease, while a negative test (where hair is more resistant) indicates that the condition is stable or improving. A positive pull test on the unaffected side could indicate progression toward alopecia totalis.
2. **Dermoscopy**: This examination tool is used to look closely at the scalp and can reveal vellus hairs (which may indicate remission or longstanding disease), broken hairs, black dots, and yellow dots. "Exclamation-point" hairs, which are thinned at the base but remain normal at the tip, are a hallmark of active alopecia areata and are often found around the edges of the lesions.
3. **Nail Changes**: In more severe cases, patients may experience nail abnormalities such as **nail pitting** (small indentations in the nails) or **trachyonychia** (rough, longitudinally ridged nails).

Severity of Alopecia Tool (SALT):

The **SALT score** is used to quantify the extent of hair loss and help guide treatment decisions. The scalp is divided into four quadrants:

- Right side (18%)
- Left side (18%)
- Top (40%)
- Back (24%)

The percentage of hair loss in each quadrant is visually assessed and combined to calculate the total SALT score. The five categories of hair loss are as follows:

- **S0**: No hair loss
- **S1**: Less than 25% hair loss
- **S2**: 25% to 49% hair loss
- **S3**: 50% to 74% hair loss
- **S4**: 75% to 99% hair loss
- **S5**: 100% hair loss

Prognosis and Recurrence:

Spontaneous recovery of hair loss usually occurs within **six to twelve months**, although newly regrown hair may have a different colour or texture. The prognosis is less favourable if the condition persists for more than a year, worsens, or begins before puberty. Individuals with a family history of alopecia areata, or those with conditions such as atopy (a genetic tendency to develop allergic conditions) or Down syndrome, tend to have a poorer prognosis. The recurrence rate of alopecia areata is approximately **30%**, typically affecting the same area where hair loss first occurred.

Associated Conditions:

Alopecia areata is often associated with other health conditions, including:

- Thyroid disorders
- Vitiligo (a skin condition causing loss of pigmentation)
- Pernicious anemia

Case Report

On 4th march 2024,a 27-year-old male reported with complaints of not remembering tasks he is given, such as remembering what his wife told him to buy from the market. He only recalls it when reminded and patient has noticed round patch of hair loss on the crown area of his scalp. He reports that the patches are becoming more prominent and larger over time. He has been married for 5 years and works in an office dealing with surgical and medicinal products.

Chief Complaints:

1. Bald patches on the crown region of the scalp

Onset: Gradual

Progression: Progressing

Duration: 4 months

2. Forgetfulness

Easily forgets thing asked for by wife,child and faces difficulty remembering minute work assignments given by boss

Onset: Gradual

Progression: Progressing

Duration: 4 months

Patient as a Person:

- **Appetite:** Good, tolerates hunger well, vegetarian.
- **Likes/Dislikes:** No specific likes/dislikes.
- **Thirst:** 1L/day due to work demands, but doesn't carry a bottle around and drinks when possible.
- **Urine/Stools:** No significant findings.
- **Perspiration:** localized on the chest
- **Sleep:** 8-9 hours, occasional drowsiness but generally refreshing. No sleep habits.
- **Dreams:** teeth being pulled out
- **Thermal Modality:** Hot patient; prefers thick covering in winter, fast speed in summer, lukewarm water for bathing, no fan.
- **Family History:** Mother has hypothyroidism (possible).Rest no major medical history in the family
- **Personal History:** No significant findings.
- No recent Environmental Exposures or Surgical History

Life space :

- patient is a 27-year-old man living in Jalna with his wife, daughter (4 years old), and parents. Raised in a strict household where any misbehaviour led to punishment, he often lied and sneaked out. His marriage was arranged hastily by his parents after his older brother married outside their caste, leaving him with no say. After marriage, patient had an affair that was emotionally controlling, which he recently ended, leading to the onset of his current symptoms. He feels emotionally disconnected. He is often brooding, sad, and disappointed in his relationships, particularly with his wife and parents, whom he describes as selfish and abusive. He has experienced emotional distress following the end of his affair and frequently seeks solace at the beach. He is irritable, suppresses anger, and has had suicidal thoughts, though he refrains from acting on them due to his concern for his daughter.

His anxiety is centered on his emotional struggles and dissatisfaction in relationship with wife and parents.

Physical Examination:

- **General:**

Pulse: 78 bpm

Respiratory Rate: 20/min

BP: 130/80 mm Hg

Temperature: Afebrile.

No pallor, cyanosis, icterus, lymphadenopathy, or clubbing/pitting.

- **Systemic Examination:**
    - CNS: Well-oriented with time, place, and person.
    - CVS: S1S2 heard.
    - RS: Clear.
    - Abdominal Exam: Soft and non-tender.
- Local examination- a well-defined, round or oval area where hair has completely fallen out. The skin in the affected region is smooth.

SALT Score 1

No exclamation pattern seen

No itching or redness

Diagnosis:

- **Diagnosis: Alopecia Areata**
    - **Onset:** Gradual, with mental stress and emotional suppression likely exacerbating the condition.
- **Hahnemannian Classification:** Dynamic chronic miasmatic disease with fully developed symptoms.

Miasmatic Diagnosis:

- **Symptoms:**
    - **Psora:** Disappointment in love, suppressed emotions, and brooding.
    - **Sycosis:** Grief, sorrow, and anxiety.
    - **Tubercular and Syphilitic elements:** Persistent suicidal thoughts, weak mental state, and physical manifestations like perspiration and alopecia areata.

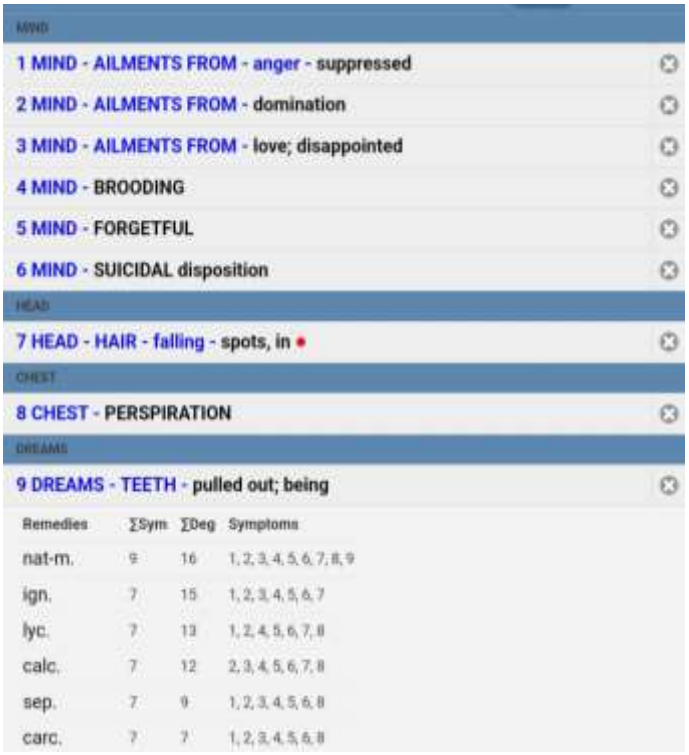
Totality of Symptoms:

1. Mind -Ailments from -love; disappointment
2. Mind -Ailments from -anger-suppressed
3. Mind- Ailments from domination
4. Mind -Brooding
5. Mind-forgetful
6. Mind-Suicidal disposition
7. Chest-perspiration
8. Dreams -teeth pulled out;being
9. Head-Hair falling-spots,in

- **Approach:** Kentian Approach
- **Susceptibility of the case (with reasons):** High

1. Many physical and mental characteristics are present.
2. Functional stage of illness which is stress induced, NO destruction of tissues has taken place.
3. General sensitivity is good.

Repertorisation using synthesis repertory App(mobile version)



Remedy Selection: *Natrum muriaticum*

Remedy differentiation

1. Ignatia

- Ignatia is typically indicated for individuals who are experiencing disappointment in love, jealousy, emotional extremes, and grief. There is a changeable mood, often swinging between happiness and sadness. This aligns with silent brooding and an inability to express emotions outwardly. The person may appear reserved and suppress their emotional reactions, often leading to an inner conflict.
- **Dreams**:
    - Recurring and unpleasant recollections are common in Ignatia. The individual experiences melancholy sadness and emotional conflict, with dreams often reflecting their inner turmoil. The themes of robbers or snakes could symbolize a sense of threat, danger, or betrayal.
    - Dreams may also focus on contradictions and unresolved emotional issues, which might align with the emotional inconsistencies in the Ignatia state.

2. Natrum Muriaticum (Nat-m)

- Nat-m individuals are known for deep suppressed emotions, especially disappointment in love and grief. They tend to brood over past wounds and withdraw emotionally, avoiding open expression of their pain. They may feel a deep sadness, but often mask it under a facade of strength, appearing reserved or even cold to others.
    - Nat-m also experiences melancholic moods, often stemming from unresolved past trauma or rejection. There is a strong sense of self-pity and emotional isolation.
- **Dreams**:
    - Constant melancholy is a common theme in Nat-m's dreams, reflecting their suppressed emotions and ongoing grief. There is a desire to die or feelings of hopelessness and fear of the future. Dreams often mirror their emotional wounds, sometimes involving sexual abuse, which can reflect betrayal or emotional violation.
    - Indifference to everything and a general apathy in dreams highlight the loss of joy and interest in life.

- Dreams that evoke despair and a sense of being overwhelmed by emotions or circumstances could be common, particularly involving repressed anger and grief.

Reason for Selection:

Natrum muriaticum is a remedy well-indicated for patients who frequently struggle with unresolved emotional issues from childhood, particularly regarding their relationship with one or both parents. They often feel misunderstood or unsupported by their parents, and these unresolved feelings can linger into adulthood.These individuals often carry feelings of resentment or guilt due to their parent's perceived inability to meet their emotional needs. They may have experienced a lack of approval or understanding from their parents, leading to a sense of inadequacy or rejection.

A central theme is the difficulty in expressing their emotional needs as children. They may have felt they couldn't communicate their need for approval or support, which compounds the feelings of hurt and isolation. The inability to connect emotionally or receive empathy from their parents often leaves lasting emotional scars.

The Natrum muriaticum individual may react intensely to perceived rejection or neglect, particularly when a parent's actions—such as the mother going to work—are seen as a betrayal. The child's response might not be as overt as in other children, yet the emotional wound runs deep. The individual often internalizes the hurt, and their sensitivity to neglect can last into adulthood.

Continued Resentment in Adulthood-Even as adults, these unresolved childhood grievances continue to manifest. They may be successful in their careers or family lives but still harbor deep resentment toward their parents for past shortcomings. Minor reminders of parental neglect or disapproval can trigger intense emotional reactions.

- **Posology:** *Natrum muriaticum* 200C OD for 15 days.

Diet and Regimen:

- Encourage complex carbohydrates (whole grains, fruits, vegetables, and legumes) for mood stability.
- Include protein-rich foods (beans, peas, low-fat cheese, milk, soy products, and yogurt).
- Avoid simple carbs like cakes, cookies, and excessive fatty or acidic foods.

Auxiliary Treatment:

1. **Meditation and Yoga**: Helps in calming the mind and reducing stress.
2. **Exercise:** Regular physical activity helps alleviate mild depression.
3. **Journaling:** jot down happy events daily to build optimism

Follow ups	Bald patch	Mental and Physical generals	Remedy prescribed
1st - 20/3/2024	No improvement	Sleep quality improved, dreams of teeth being pulled out reduced	PHYTUM 30 0D FOR 1 MONTH
2nd -23/4/2024	Few hair growth seen	Anxiety over condition reduced, Patient reported improvement in the sleep quality. forgetfulness reduced-can remember things without difficulty, thoughts of suicide reduced-patient has planned to focus more on daughter's studies.	PHYTUM 30 OD FOR 1 MONTH
3rd -23/5/2024	Normal hair growth seen	Overall anxiety about the condition reduced Patient reported feeling optimistic in relation to future plans. Was promoted recently for being attentive in work. Dreams of teeth being pulled out stopped. Remarkably better mentally.	PHYTUM 30 FOR 7 DAYS

Before Treatment 2nd follow up After Treatment

Conclusion

This case report highlights the significant role of homoeopathy in managing alopecia areata, an autoimmune disorder that not only affects the physical appearance but also deeply impacts the emotional and psychological well-being of individuals. By focusing on the individual's emotional state and overall life context, homoeopathy offers a holistic approach that goes beyond mere symptom management. In this case, the administration of *Natrum muriaticum* was carefully tailored to address both the emotional suppression and physical symptoms, resulting in gradual hair regrowth and marked improvement in mental health. The patient experienced a reduction in anxiety, a decrease in forgetfulness, and a better overall outlook on life.

The importance of individualized treatment in homoeopathy is evident, as it considers the unique mental, emotional, and physical characteristics of the patient. This personalized approach ensures that the underlying emotional causes, such as stress, grief, and suppressed anger, are addressed, thereby alleviating the psychological burden of alopecia areata. Furthermore, homoeopathy demonstrates a potential for long-term improvement without the adverse side effects often associated with conventional treatments.

In conclusion, this case exemplifies how homoeopathic treatments, when customized to a patient's specific needs, can offer an effective, non-invasive solution to managing alopecia areata, promoting both physical healing and emotional well-being. This approach not only restores hair growth but also empowers patients to regain confidence and emotional stability.

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