

“FROM BALD PATCHES TO BALANCED HEALTH: EVIDENCE BASED HOMOEOPATHY IN ALOPECIA AREATA”

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Abstract

Background: Abnormal loss of hair from the scalp and other parts of the body is known as Alopecia. It is an autoimmune disease ranging from temporary small, solitary patch of scalp hair loss (alopecia areata) to total loss of scalp hair (alopecia totalis) and hair loss, rarely from scalp and other body parts (alopecia universalis). Due to alopecia, the patient has an impact at the physical as well as at the psychological level. In this disease, medicine as well as psychological counselling is important for its treatment.

Case presentation: This case report demonstrates a patient suffering from alopecia areata, who was successfully treated using stand-alone individualized homoeopathic treatment, which improved the patient's overall health, hair condition and psychological well-being. This case report also highlights the potential benefits of homoeopathy as an effective treatment option for alopecia areata and suggests that further research is needed to fully explore its efficacy. Homoeopathy offers a personalized and holistic approach in the management of alopecia, addressing both physical and emotional aspects of the disease thus improving the quality of life.

Outcome: This case has shown significant favorable improvement in all symptoms. The duration of treatment was eight months. The follow-up was done initially weekly and then monthly. Assessment was done using Modified Naranjo Criteria in Homoeopathy (MONARCH) and the severity of alopecia tool (SALT), which showed significant improvement after treatment.

Keywords: Alopecia areata (AA), Homoeopathy, Individualized, Modified Naranjo criteria in Homoeopathy, Severity of alopecia tool (SALT).

Introduction:

Alopecia areata is a chronic, immune-mediated autoimmune disorder that affects hair follicles, nails, and, occasionally, the retinal pigment epithelium.^[1] Alopecia areata arises from an autoimmune disruption in the normal hair cycle, it targets the anagen hair follicles of individuals and leads to hair loss without permanent damage to the follicles. Usually presents as localized patchy hair loss on the scalp, which develop over a few weeks.^[2] Classical presentation of alopecia areata is a small, coin-sized, round patches of baldness on the scalp. There may be itching, burning, or tingling sensation in the affected area before or after the hair loss.^[2] There is loss of hair ranging in size from roughly 1 cm to large areas on the scalp.^[3] Individuals suffering from alopecia areata may experience few harmful effects at the physical level but psychologically they experience emotional distress, depression, anxiety, social stigmatism. So psychological counselling is important.^[4]

Burden of disease and risk factors: About 60% of Alopecia areata patients observe their first bald patch before the age of 30, and the average lifetime risk of the condition is between 1.7 and 2.1%. Around 20% of instances involve children.^[5] The cause of Alopecia areata can be Genetic factors, environmental factors, such as viral infections, stressful life events, and physical injury, may cause alopecia areata in susceptible individuals.^[6] Hormonal changes, such as those that occur during pregnancy or menopause.^[7] Nutritional deficiencies such as iron, vitamin D, or zinc.^[8]

Pathogenesis: In alopecia areata, the immune system unintentionally targets the hair-producing follicles of the skin. This causes the hair follicles to inflame and die, which causes hair to fall out.^[9] According to histological analysis, patients with alopecia areata had inflammatory cell invades in the bulbar parts of their hair follicles. The inhibition of immune cell activation in hair follicles results from decreased Major histocompatibility complex (MHC class I and 2) microglobulin exhibition in the hair bulb.^[10] Following immune cell responses to hair follicles, MHC class I and class II exhibition in the pre-cortical hair shaft is increased, which causes vacuolar degeneration and impairs the strength of the hair shaft.^[11] When the immune system invades the hair follicles, T cells target the Alopecia areata hair follicles, inflaming and destroying them. This results in round or oval areas of hair loss.^[12]

Diagnosis: It is clinically diagnosed as - Circular patches most commonly seen in scalp and beard areas which may progress in size, nail changes- fine pitting nails; trachyonychia most commonly observed and longitudinal ridges less commonly seen; Trichoscopy findings in alopecia areata shows yellow dot indicates presence of non-scarring alopecia; black dots indicate presence of some active disease; Exclamation Mark Hairs signifies Lymphocytic inflammatory infiltrate affecting the hair bulb and are associated with presence of active disease; Tapered hairs indicate negative predictive marker for regrowth.^[13] Complications include depression and anxiety, permanent hair loss, nail abnormalities, sunburn, and skin damage, unpredictable pattern, texture, and rate of hair regrowth, adverse effects of medication may lead to skin atrophy, hypopigmentation, infections, malignancy, and thrombosis. ^[13]

AA is a benign condition and spontaneous remission is common. Treatment depends upon the extent of hair loss and the patient's age. The management of AA should focus on both regrowth and maintenance of hair growth. The outcome is unpredictable because of frequent relapses. In Conventional treatment, the first-line treatment for most patients with patchy AA is a topical corticosteroid; 2% Diphenylcyclopropenone (DPCP), local application to scalp, its adverse effects are lymphadenopathy, hyperpigmentation, local abscess, facial Edema etc; Squaric acid dibutyl ester (SADBE) causes formation of blisters or toxicoderma, contact urticaria, lymphadenopathy etc. other drugs include methotrexate, cyclosporin, prostaglandin analogues are used in the treatment of AA.^[14]

The homoeopathic approach in treating alopecia areata focuses on addressing the underlying causes, to reduce the impact of stress on one's body and strengthen the root of hairs. Homoeopathy helps individuals in building their immune system in such a manner that it hastens the recovery of damaged hair follicles and also assure healthy growth of the new hairs. In Homoeopathic literature, some of the specific Homoeopathic remedies depending upon certain conditions used in the treatment of AA are.^[15]

- Alopecia after severe acute diseases- *Calcarea carbonicum*, *Carbo vegetabilis*, *China officinalis*, *Ferrum metallicum*, *Hepar sulphuricum*, *Lycopodium clavatum*, *Silicea terra* etc.
- Alopecia after nervous or hysteric headache- *Antimonium crudum*, *Bufo Rana*, *Calcarea carbonicum*, *Hepar sulphuricum*, *Phosphorus*, *Sepia officinalis*, *Sulphur*, etc.
- Alopecia caused by long continued grief- *Ignatia amara*, *Lachesis mutus*, *Phosphoric acid*, *Staphysagria* etc.
- Alopecia from syphilis- *Sarsaparilla*, *Thuja occidentalis* etc.
- Regarding the condition of scalp and hair; for the sensitiveness of scalp remedies like *Arsenicum album*, *Calcarea carbonicum*, *Baryta carbonicum*, *Natrum muriaticum*, *Silicea terra*, *Sulphur* etc acts well.
- For violent itching of the scalp especially in consequence of old suppressed eruptions remedies like *Graphites*, *Kali carbonicum*, *Lycopodium clavatum*, *Silicea terra*, *Sulphur* acts well.^[15]

The Miasmatic evaluation for AA- *In Psoric patient*, hair may fall out after an acute illness or fever, or after parturition. Premature greying of hair. Dry eruptions with severe itching. *In Sycotic patients*, hair fall out and alopecia occur in circular, circumscribed patches. Premature greying of hair. Vesicular eruptions on the scalp. *In Syphilitic patients*, hair has a tendency to fall out in bunches usually from sides of the head and from the vertex. Hair falls out from eyebrows, eyelashes and beard. Eruptions have offensive, oozing pus. *In Tubercular patients*, hair falls out after parturition. Eruptions are herpetic in nature appearing on the scalp.^[16]

CASE DEPICTION:

Patient information: A 40-year-old, male patient, Hindu of Indian nationality, visited NEIAH OPD, Homoeopathy hospital on 3rd June, 2024 came with a chief complaint of hairfall in patches from the back of head for the past 3 months. It started as a small bald spot and gradually progressing in size. Onset was sudden. There was itching, no development of any eruption. No history of application of color dye. Onset was sudden. No history of taking any other medical treatment. Family history showed father and elder brother had same complaint of hairfall. Mother was suffering from Hypothyroidism. Homoeopathic generalities include- his appetite was good, eats frequently in short interval and preferred hot food; thirsty for large quantity of water; extreme desire for sweets and does not like sour food; bowel habits were normal, and had no discomfort; urine normal, no discomfort, no offensiveness as such; perspiration was profuse over whole body but no odor as such. Mentally patient was very much concerned about his illness of hair loss, he is of strong character stubborn nature, desire to be with people around and very disciplined.

Clinical finding: On Local examination of the scalp of the patient, there are multiple round shape, well-circumscribed bald patches from the occipital and temporal region of the head; onset was sudden. Skin over the bald patch was smooth, normal appearance, without scarring or scaling. No discoloration of the skin. Hair texture was lustrous. On nail examination, there was no abnormality, no ridges or pitting nails present. Blood pressure was 128/86 mmHg. Pulse rate 76 beats per min. No other marked systemic findings. Blood investigation for thyroid profile revealed within normal limit. Thyroid stimulating hormone (TSH) level was 2.6 mIU/L; total T3 level was 124 ng/dl and Total T4 level was 7.3 µg/dl.

Diagnostic assessment: It was done clinically, round bald spots on the occipital and temporal area of the head with well circumscribed edges. No scarring or scaling. The surface was smooth. Hair-pull test was positive at active edges. This case was evaluated using SALT and MONARCH criteria, which yielded a score of 18.6% and 10, indicating a high level of therapeutic effectiveness, mentioned in table 2(i, ii) and MONARCH assessment mentioned in table 3. The SALT assessment before treatment was approx. 18.6% which subsided significantly to 0%. The MONARCH assessment showed +10 scoring.

Severity of Alopecia Tool (SALT) score assessment is used to measure the percentage of hair loss in each of the four area of scalp: the right profile accounting for 18% of the total scalp area, the left profile 18%, the vertex accounting for 40% and the posterior aspect 24% of the total scalp area. Calculation was done by adding the percentage of total hair loss from each region and multiplied by the regions relative area.

In this case there was hair loss from left temporal aspect and posterior aspect of head considering 50% and 40% hair loss respectively.

Calculation: **Table 2 (i)**

Area	% hair loss	Weight	Calculation
Vertex	0	0.40	$0 \times 0.40 = 0$
Posterior	40%	0.24	$40 \times 0.24 = 9.6$
Left	0	0.18	$0 \times 0.18 = 0$
Right	50%	0.18	$50 \times 0.18 = 9.0$

Table 2 (ii): EVALUATION OF CASE AS PER SALT ASSESSMENT.

	BEFORE TREATMENT	AFTER TREATMENT
Score	18.6	0

Assessment of cases according to MONARCH: MODIFIED NARANJO CRITERIA IN HOMOEOPATHY.^[19]

Q1 – Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?

Q2 – Did the clinical improvement occur within a plausible timeframe relative to the drug intake?

Q3 – Was there an initial aggravation of symptoms?

Q4 – Did the effect encompass more than the main symptom or condition?

Q5 – Did overall well-being improve?

Q6 A – Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?

Q6 B – Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:

–from organs of more importance to those of less importance?

–from deeper to more superficial aspects of the individual?

–from the top downwards?

Q7 – Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?

Q8– Are there alternate causes (other than the medicine) that—with a high probability— could have caused the improvement?

Q9 – Was the health improvement confirmed by any objective evidence?

Q10 – Did repeat dosing, if conducted, create similar clinical improvement?

Table 3: EVALUATION OF CASE AS PER MODIFIED NARANJO CRITERIA IN HOMOEOPATHY			
Domain	YES	NO	NOT SURE
Q1	+2		
Q2	+1		
Q3		0	
Q4	+1		
Q5	+1		
Q6 A		0	
Q6 B	+1		
Q7		0	
Q8		+1	
Q9	+2		
Q10	+1		
TOTAL SCORE OBTAINED: +10			

Intervention: The patient was managed exclusively with standalone individualized homoeopathic treatment. After thorough case taking using standard homoeopathic case taking proforma, analysis, and repertorization using the Synthesis Repertory in Radar Opus software version 4.1.11 (Figure1), *Lycopodium Clavatum* 200C, one dose in saclac, was prescribed after consulting Homoeopathic materia medica and referring to homoeopathic philosophy. During subsequent follow-ups, the remedy was repeated based on symptomatic changes and the evolving clinical picture, ensuring individualized and dynamic homoeopathic management throughout the course of treatment.



		lyc.	sulph.	bell.	ferr.	nat-m.	tub.	ph-ac.	elaps.	arg-n.	ars.	calc.	phos.	kali-c.	nux-v.	ant-c.	ign.	aur-s.	ant-t.	
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		24	21	18	17	16	16	15	13	20	20	20	20	19	16	13	13	12	11	11
1. Clipboard 1	x																			
▸ 1. MIND - OBSTINATE	(158) 1	2	2	3	1	1	2	2	1	4	2	3	1	2	3	2	2	1	1	
▸ 2. MIND - ANXIETY - health; about	(117) 1	3	1	1		1		1		3	1	2	2	2	3		1	2	1	1
▸ 3. MIND - COMPANY - desire for	(189) 1	3	1	1	1	1		1	2	3	3	2	4	3	2	1	2		1	1
▸ 4. STOMACH - THIRST	(530) 1	1	3	2	1	3	3	1	1	3	3	3	3	2	2	2	2	1	1	2
▸ 5. GENERALS - FOOD AND DRINKS - warm food - desire	(46) 1	2			2		1	2	1		3	1	1	1						
▸ 6. GENERALS - FOOD AND DRINKS - sweets - desire	(285) 1	3	3	1	1	1	2		2	3	1	2	2	2	1	2	1	3		1
▸ 7. GENERALS - FOOD AND DRINKS - sour food, acids - aversion	(60) 3	1	2	2	2	1	1	1	1	1					1	1	1	1	1	1
▸ 8. PERSPIRATION - PROFUSE	(298) 1	3	2	3	3	3	3	3	1	1	3	3	2	3	2	1		1	3	2
▸ 9. HEAD - HAIR - baldness - patches	(21) 1	1					1				2	2	2	1						
▸ 10. HEAD - HAIR - falling	(187) 1	3	3	1	2	3	1	2	2		2	2	3	3		2	2	1	1	1

Figure 1: Repertorial analysis using Synthesis Repertory in RADAR opus Software; version 4.1.11, showing *Lycopodium clavatum* covering maximum number of rubrics and scoring 24/12.

Table 1: Timeline including Follow up and outcome.

Date	Symptoms	Prescription	Remarks
03.06.2024	First prescription. Round, well circumscribed bald patches over the occipital and temporal region of the head. Itching present. Thinning of hair. Scalp dry, visible. (Figure 2)	Lycopodium clavatum 200C. One dose in sac lac Early morning empty stomach.	Advised to take the first medicine, one dose early morning empty stomach. Review after one week.
20.6.24	Bald patches over the occipital region of the head same as before. Intensity of itching reduced. Hair thinning still persists.	Lycopodium clavatum 200C. Four doses in sac lac. Weekly One Dose Early morning empty stomach.	Advised to take the first medicine weekly one dose, early morning empty stomach. Review after one month.
22.7.24	Fine, small hair growth started to appear over the bald patches. Itching reduced. Hair density started to improve. Scalp dry.	Lycopodium clavatum 200C. One dose in sac lac Early morning Empty stomach.	Patient was responding well to the treatment. Feeling better as a whole. Review after one week.
01.8.24	Hair growth same as before. Visible small, fine hair continue to grow. Itching subsided. Scalp dry. Hair density improved. (Figure 3).	Lycopodium clavatum 200C. Four doses in sac lac. Weekly one dose. Early morning Empty stomach.	Improvement seen. Patient responding well to the treatment and feels better as a whole. Review after one month.
04.9.24	Hair growth standstill. Scalp dry. Density of hair improved.	Lycopodium clavatum 200C. Four doses in sac lac. Weekly one dose. Early morning Empty stomach.	Improvement standstill. Review after one month.
1.11.24	Visible hair growth. Bald patches over the occipital region of the head are covered with hair. Density of hair thick. Scalp dry.	Placebo. One dose in sac lac Early morning empty stomach.	Expected improvement. Near to total cure of bald patches alopecia areata.
18.11.24	Hair density normal. No development of any bald patches. Hair texture thick, lustrous. (Figure 4)	Lycopodium clavatum 200C. One dose in sac lac Early morning empty stomach.	Total cure of alopecia areata.
02.01.2025- 02.10.2025	Patient feels better as a whole. No new development of bald patches as such.	Placebo. One dose in sac lac Early morning empty stomach.	Patient still in contact. No relapse of hairfall or development of bald patches and was asked to report if there is recurrence of symptoms in future.

CLINICAL FINDING

Before treatment



Figure 2: showing bald patches over occipital and temporal region of head and hair thinning. Scalp can be seen.

During treatment.



Figure 3: Bald patches over occipital region of head. New hair re-growth. Scalp barely visible.

After treatment



Figure 4: Complete hair growth. No bald patches.

Discussion:

This case report presents a 40-year-old male, diagnosed with Alopecia areata (AA) who underwent stand-alone individualized homeopathic medicine *Lycopodium clavatum* 200, leading to significant clinical improvements. The patient's bald patches over the occipital region disappeared, subsequent hairfall subsided over a period of eight months. Medicines were continued for 6 months exclusively, while regular follow-ups were maintained for a period of eight months. Appearance of hair over the bald patches, marking a notable therapeutic achievement. The individualized approach in homeopathy, emphasizing constitutional prescribing based on the totality of symptoms, is well-documented in the management of cases of alopecia areata. Some studies related to successful treatment in the cases of Alopecia areata in Homoeopathy-Dr. Sivakumar K (2022) reported a case of a 15 years old boy presented with clinically diagnosed Alopecia areata condition. The patient was treated with individualized homeopathic medicine *Phosphorus* in 50 millesimal potencies for 1 year. There was a complete cure of Alopecia areata without any side effects and recurrence of lesions.^[17]

Similarly, Lamba P, et al successfully treated a case of 11-year-old female patient diagnosed with Alopecia areata was treated homoeopathically from July 2021 to November 2021. Over an observation period of 5 months, beneficial result from individualized Homoeopathic medicine was seen.^[18]

The uniqueness of this case lies in the rapid and sustained improvement observed over a period of eight months, achieved within six months of individualized homeopathic medication and supported by regular follow-ups for eight months, resulting in the resolution of bald patches as confirmed clinically through images as well as no recurrence. This outcome underscores the potential of individualized homeopathic treatment in managing cases of alopecia areata, offering a holistic and non-invasive alternative to conventional therapies.

This case contributes to the emerging cases of evidence supporting the efficacy of individualized homeopathic treatment of alopecia areata. Further studies with larger sample sizes and rigorous methodologies may be conducted to validate these findings and establish standardized treatment protocols.

Conclusion:

Homoeopathy is a system of medicine based on the principle of "Similia Similibus Curentur". It treats patient as a whole and not just symptoms. After careful case taking, analysis and systematic repertorization, then the selection of the right medicine with a suitable scale of potency and dosage results in remarkable cures. Complete hair re-growth and without any recurrence and progression of bald patches in observation period is documentary evidence. This case showed a positive role of Individualized Homoeopathic treatment in treating and managing cases of Alopecia areata. In this case psychological history helped to relieve the patient's long-term sufferings and continue with the progression. However cause and effect, 'cessat effectus, cessat causa' correlation can be established through multiple case reports or series.

Conflict of interest: There is no conflict of interest.

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