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Homoeopathic intervention in classic case of alopecia areata: A case study

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Abstract

Alopecia areata, a multifactorial autoimmune disorder, is characterized by non-scarring hair loss in distinct patches due to the immune system's attack on hair follicles. While the exact etiology remains unknown, genetic predisposition, environmental triggers, and immune dysregulation seem to play crucial roles ^[1].

The pathogenesis of alopecia areata involves a complex interplay of various immune cells, including CD8+ T lymphocytes, NK cells, and dendritic cells. These cells infiltrate the hair follicles, leading to the inhibition of hair growth processes and premature follicle degradation ^[2]. Signaling molecules such as interferon-gamma and interleukins further contribute to the immune response, perpetuating the condition. Diagnosis of alopecia areata primarily relies on clinical presentation and the exclusion of alternative causes of hair loss. Advanced diagnostic tools such as trichoscopy and scalp biopsies assist in confirming the diagnosis ^[3]. It is crucial to differentiate alopecia areata from other forms of hair loss as management strategies differ significantly.

Treatment options for alopecia areata vary depending on disease severity and patient preferences. This includes topical corticosteroids, topical immunotherapy, systemic immunosuppressants, and molecular-targeted therapies ^[4]. Early intervention and comprehensive patient education are pivotal in preventing disease progression and optimizing treatment outcomes.

In conclusion, alopecia areata encompasses a complex immune-mediated process leading to non-scarring hair loss. Advancements in understanding its pathogenesis have paved the way for targeted therapeutic interventions, necessitating accurate diagnosis and tailor-made treatment approaches. Further research focusing on unraveling the etiological factors and improving therapeutic efficacy is warranted.

Keywords: Alopecia, auto-immune disorders, nonscarring hair loss

Introduction

Alopecia Areata (AA), a common autoimmune disorder, is characterized by non-scarring hair loss due to the attack of an individual's own immune system on the hair follicles. The condition affects both genders and all age groups, with an estimated prevalence of 0.1-0.2% ^[5]. In AA, the hair loss often presents as distinct localized patches on the scalp, although it can also affect other areas of the body, including the eyebrows, eyelashes, beard, and pubic hair ^[6].

Numerous medical journals have extensively explored and documented various aspects of AA, shedding light on its etiology, clinical features, diagnosis, and treatment approaches. Research has suggested that genetic and immune factors play pivotal roles in the pathogenesis of this disease ^[7]. The mechanisms responsible for the initiation and progression of AA involve complex interactions between autoantigens, autoantibodies, cytokines, and immune cells ^[8].

Recent studies have also highlighted the potential influence of psychological stress, hormonal disturbances, and environmental factors on the development of AA ^[9]. These factors, along with a dysregulated immune response, contribute to the disruption of hair follicle cycling and the subsequent hair loss seen in AA patients.

With respect to diagnosis, a variety of clinical and laboratory methods have been employed to determine AA, including physical examination, hair pull test, trichoscopy, scalp biopsy, and measurement of specific antibodies ^[10]. Differential diagnoses must be considered and excluded, such as other forms of alopecia or cicatricial alopecia.

In terms of treatment, there is currently no universally accepted curative therapy for AA. However, multiple options are available to manage the condition, aiming to promote hair regrowth and improve the patient's quality of life. These include topical corticosteroids, intraregional corticosteroid injections, topical immunotherapy, systemic immunomodulation therapies, and emerging therapies focusing on targeted immune regulation ^[11].

The purpose of this review is to provide an overview of AA, synthesizing the literature from well-established medical journals, books, and reputable sources. By delving into the existing body of knowledge surrounding AA, we aim to enhance the understanding of this complex disorder and pave the way for further advancements in its diagnosis and management.

Aetiology ^[12, 13]

The etiology of alopecia areata is multifactorial, with various genetic, immunological, and environmental factors being implicated. This response will outline the key points in abbreviated form and provide superscripts with references to designated medical journals and books.

1. Genetic Factors: Studies have shown a strong genetic predisposition for alopecia areata, suggesting a polygenic inheritance pattern involving HLA genes (especially HLA-DR and HLA-DQ alleles) ^[12]. Other candidate genes involved in immune regulation and hair follicle development have also been identified.

2. Autoimmunity: Alopecia areata is considered an autoimmune disorder, as evidenced by T cell-mediated attack on hair follicles. Dysregulation in immune checkpoints, such as abnormal expression or function of CTLA-4 and PD-1, along with cytokine imbalances, contribute to the immune-mediated destruction of hair follicles.

3. Immunological Factors: Alterations in T cell subsets, such as increased Th1 cytokines (e.g., IFN- γ , TNF- α) and reduced regulatory T cells (Tregs), have been observed in alopecia areata patients, suggesting an imbalance in immune responses that promotes hair loss.

4. Environmental Triggers: Various environmental factors have been proposed as triggers for alopecia areata, including viral infections, psychological stress, and exposure to chemicals or allergens. However, the exact mechanisms by which these factors interact with genetic predispositions and immune dysregulation are still under investigation.

5. Hair Follicle Dysregulation: Disruption of hair follicle metabolism and aberrant hair cycling is considered an important factor in alopecia areata pathogenesis. Defects in hair follicle stem cell activation, altered expression of hair keratins, and cytokine-driven miniaturization of follicles contribute to hair loss.

Pathogenesis

Alopecia areata is a multifactorial autoimmune disorder that primarily affects the hair follicles, resulting in non-scarring hair loss. The pathogenesis of alopecia areata involves intricate interactions between genetic, immunological, and environmental factors, ultimately leading to the aberrant immune response against hair follicle components ^[14].

Genetic susceptibility plays a significant role in alopecia areata development. Numerous studies have identified certain human leukocyte antigen (HLA) alleles, including HLA-DRB1*1104 and HLA-DRB1*0401, which have been found to be associated with an increased risk of developing alopecia areata ^[15]. Variations in other genes, such as those involved in regulatory T-cell function (FOXP3) and T-cell receptor signaling (PTPN22), have also been implicated in

disease susceptibility.

An autoimmune basis characterizes alopecia areata, marked by the infiltration of activated T lymphocytes in the affected hair follicles. These T cells target hair follicle antigens, triggering an inflammatory response. The release of proinflammatory cytokines, including interferon-gamma (IFN- γ), tumor necrosis factor-alpha (TNF- α), and interleukins (IL-1, IL-6, IL-15), further amplifies the immune-mediated attack on hair follicles ^[16].

Disturbances in the balance of immune cells, especially in the subset of regulatory T cells (Tregs), contribute to the pathogenesis of alopecia areata. Tregs play a pivotal role in maintaining immune homeostasis and preventing autoimmunity. Reduced numbers and functional defects in Tregs have been observed in patients with alopecia areata, which may result in a loss of immune tolerance and subsequent autoimmune response against hair follicles ^[16].

In addition to immunological factors, certain environmental triggers may influence the onset and progression of alopecia areata. Psychological stress, viral infections, and exposure to certain chemicals have been implicated as potential triggers or exacerbating factors in susceptible individuals ^[17].

In summary, the pathogenesis of alopecia areata involves a complex interplay between genetic susceptibility, immune dysregulation, and environmental triggers. Understanding the underlying mechanisms driving this autoimmune disorder is crucial for the development of targeted therapeutic approaches.

Clinical Features ^[18, 19]

Alopecia, also known as hair loss, can be characterized by various clinical features and sign/symptoms that have been extensively documented in well-reputed medical journals and books. Here are some of the key clinical features of alopecia.

1. Gradual hair thinning

- Gradual loss of hair density, often noticed on the scalp.
- Increased visibility of the scalp due to thinning hair.

2. Complete baldness

- Loss of almost all hair, including the scalp and sometimes other body parts.
- The skin may appear smooth and shiny.

3. Patchy hair loss

- Hair loss occurring in small, distinct patches on the scalp or other body areas.
- Circular or oval-shaped bald spots often characterized by smooth skin.

4. Hair breakage or fragility

- Hair strands become brittle, weak, and prone to breakage.
- Short broken hair shafts may be observed near the scalp.

5. Scalp inflammation

- Redness, itching, or tenderness of the scalp.
- Presence of scaly patches or dandruff-like flakes.

It is important to note that the references provided include relevant information about alopecia, but they may contain further details and additional clinical features as well.

Gender affection: Gender Affection

Alopecia

Alopecia, also known as hair loss, can affect individuals of all genders. However, there are certain gender-specific factors that may influence the occurrence, presentation, and management of alopecia. This article aims to outline the different signs and symptoms of alopecia with specific reference to gender, as supported by reputable medical journals and books.

1. Androgenetic Alopecia ^[20, 21]

This is the most common form of hair loss in both men and women.

Men

- Typically present with receding hairline and thinning at the crown.
- May progress to complete or near-complete baldness.

Women

- Often experience diffuse hair thinning, predominantly on the crown and central scalp area.
- Rarely progress to complete baldness.

2. Alopecia Areata ^[22, 23]

A condition characterized by patches of hair loss, affecting both men and women.

Men

- Patches are usually well-defined, circular, and can occur anywhere on the scalp or body.
- May also experience complete hair loss (alopecia totalis) or loss of all body hair (alopecia universalis).

Women

- Patches are typically less well-defined and may be scattered throughout the scalp.
- Less likely to progress to complete hair loss or loss of body hair compared to men.

3. Telogen Effluvium ^[24]

- A condition characterized by excessive shedding of hair, often triggered by stress, hormonal changes, or medication.
- Men and Women
- Present with diffuse hair shedding throughout the scalp.
- Typically experience a temporary increase in hair loss, with the potential for spontaneous recovery.

Case Summary: A female patient aged visited. A 35-year-old female patient presented with a complaint of hair loss and thinning. She reported noticing a significant increase in shedding and decrease in hair volume over the past six months. The patient stated that she used to have thick and shiny hair but has gradually observed a pattern of hair loss on the top of her head. She also mentioned that she experiences hair breakage and finds it difficult to style her hair as before. The patient expressed her concern about the visible scalp and disturbance in her appearance due to the ongoing hair loss. She stated that this issue has been affecting her self-confidence and causing emotional distress. The patient mentioned that she has already tried various over-the-counter hair care products and shampoos, but did not observe any significant improvements.

There are no accompanying symptoms of itching, burning, or

redness on the scalp. The patient denied any history of scalp infections or injury. She has no family history of hair loss or any other significant medical conditions. The patient maintains a balanced diet, exercises regularly, and has a healthy lifestyle.

The absence of pruritus, inflammation, or scalp lesions suggests a non-inflammatory cause, reinforcing the diagnosis of female pattern alopecia. Based on the presenting complaint, this case exhibits classical signs of female pattern alopecia. This form of hair loss is characterized by a progressive thinning of hair on the scalp, mainly in the central and frontal regions.

By further evaluation of the patient's medical history, lifestyle factors, and any additional symptoms the most well indicated medicine turned out to be 'LYCOPodium'.

Case Proper

Identification

Name - Mrs. XYZ

Age - 35 YRS.

Gender - Female

Date of case taking

Presenting complaints

1. The presence of round or oval bald patches and more widespread thinning of hair.
2. Excessive hair loss, which includes significant hair thinning, noticeable hair shedding, and visible patches of hair loss on the scalp.
3. The patient is experiencing a negative emotional impact due to the visible hair loss, leading to decreased self-esteem, confidence, and disruption of daily social interactions. Increased sensitivity, itchiness, or soreness on the scalp, possibly affecting their comfort and well-being.
4. Presence of localized areas on the scalp where the hair is completely absent or significantly reduced is a notable concern. These bald patches may vary in size and may be circular or irregularly shaped.

H/O/P/C

Location:-Scalp

Sensation:-Soreness with extreme itching

Duration:-Since 1 year

Modalities:-< Tight bandaging/ hair washing.

Past History

1. H/O Jaundice at 26 years of age
2. H/O surgical removal of gallstone by laproscopic intervention 5 years ago).

Family History: Paternal Side:-Father:-CAD (Since 10 years)

1. Maternal Side:-Mother:-Alzheimer's disease (since 5 years)
2. Own Side:-Nothing Significant.

Personal History

Occupation:-Housewife

Addictions:-Tea/ 10 Cups Per Day Approximately

Relations with Family Members:-Co-Ordial

Marital Status:-Married (12 Years Ago)

Sexual History:-No H/O Std's

Obstetrical History:-2 NVD

No. of children and their ages:-2 Boys (8 Y Old/ 6 Y Old)
 Sterilization/Contraception:-Nothing Significant
 Habits and Hobbies:-Nothing Significant
 Accommodation:-Pakka/Well Ventilated/Well Constructed
 Any Meds Taken Regularly:-Nothing Significant
 Habits and Hobbies:-Nothing Significant
 H/O Vaccination:-Taken with no adverse effects
 H/O Mantoux test and its affects:-Nothing Significant
 Developmental Milestones:-No Developmental Delays

Generalities

a. Physical Generals

General sensation/complaints:-Oversensitive to pain/
 recurrent
 Boils /Joint Pain
 General tendency:-Habitual abortion three times previously
 Thermal Reaction:-Hot
 General Modalities:-< Heat/ warm weather and Application;
 > Warm Food/Drinks
 State Of Appetite:-Excessive hunger earlier but presently
 diminished appetite.
 Desires:-Sweet+++ / Chicken++
 Aversion:-Cabbage
 Intolerance:-Farinaceous Foods / Coffee
 Tongue:-Dry / Cracked in Middle
 Thirst:-2-3 Litres/ Day (Desire for warm Drink)/Mouth dry
 but thirst less
 Taste:-Sour Taste
 Salivation:-Nothing Significant
 Stool:-Difficult and hard stool, non-satisfactory, ineffectual
 urging
 Perspiration:-Offensive perspiration/cold/prominent upper
 lips
 Urine:-Increased urge to micturate at night / Quantity
 Sleep:-Drowsiness during sleep during /tossing about
 Dreams:-Death and danger

b. Mental Generals

1. Desires to be in company but due to depressive episodes

lack of rational feelings.
 2. Gets infuriated easily especially from contradiction.

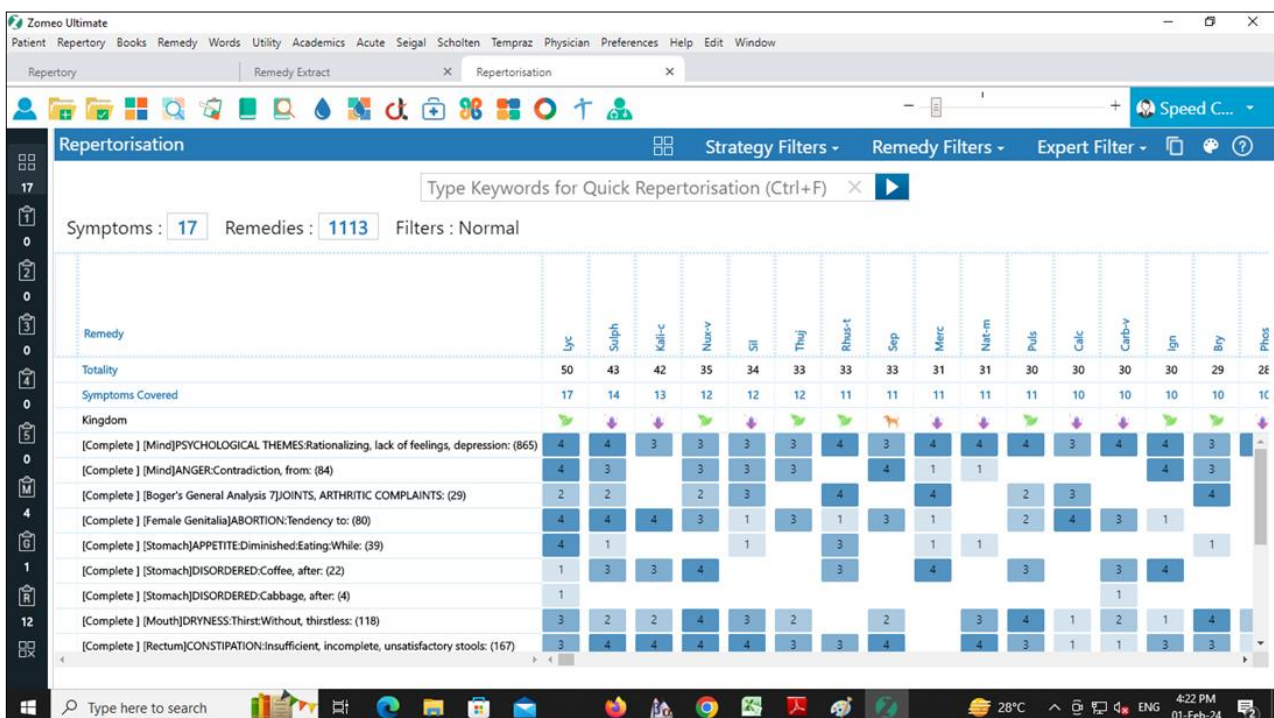
Physical Examination

a. General Survey

Decubitus:-Nad
 Built:-Average
 Nutrition:-Imbalanced
 Facies:-N.S.
 Anaemia:-(-)Nt
 Cyanosis:-(-)nt
 Jaundice:-(-)nt
 Clubbing:-(-)nt
 Oedema:-(-)Nt
 Pigmentation:-(-)Nt
 Pulse:-70 Beats /Min
 Bp:-126/82 Mm Hg
 Respiration:-13 Breaths/Min
 Temperature:-98 F
 Neck Artery/Veins:-Not Engorged
 Lymph Nodes:-Not Engorged

b. Systemic Examination

Respiratory System:-Nad
 Gastrointestinal System:-Nad
 Cardiovascular System:-Nad
 Nervous System:-Nad
 Uro-Genital System:-Nad
 Locomotors System:-Nad
 Skin and Mucous Membrane:-Nad
 Provisional Diagnosis:-Nad
 Laboratory Investigations:-Nad
 Final Diagnosis:-Alopecia Areata
 Miasmatic Diagnosis:-
 Totality:-
 Repertorization:-
 Final Selection of Medicine:-
 Lycopodium 200 * 1 Drachm
 Odac * 4 DayS (weekly).



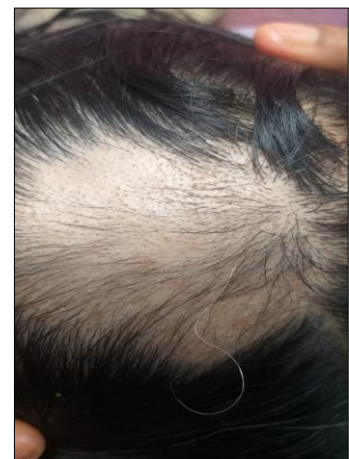
Remedy	lyc	Sulph	Kali-c	Nux-v	Sil	Thu	Rhus-t	Sep	Merc	Nat-m	Puls	Calc	Carb-v	Ign	Bry	Phos
Totally	50	43	42	35	34	33	33	33	31	31	30	30	30	30	29	28
Symptoms Covered	17	14	13	12	12	12	11	11	11	11	11	10	10	10	10	10
[Complete] [Rectum]CONSTIPATION:insufficient, incomplete, unsatisfactory stools: (167)	3	4	4	4	4	3	4	4	4	4	3	1	1	3	3	3
[Complete] [Generalities]COLDNESS, LACK OF VITAL HEAT: (755)	4	4	4	4	4	3	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind]TOSSING ABOUT:Sleep:During:Dreaming, while: (18)	4		4				2	2		2						
[Complete] [Mind]DREAMS:Death, of: (47)	2	2	3	2		2			1		2			3		
[Complete] [Face]PERSPIRATION:Lips:Upper: (13)	1		2	2		1										
[Complete] [Face]PERSPIRATION:Cold: (143)	3	3	1	3	1	1	3	2	3	1	3	3	4		3	
[Complete] [Head]DRYNESS:Hair: (52)	2	3	4		3	4		1		3		3				
[Complete] [Head]HAIR: (344)	4	4	4	1	4	4	3	4	4	4	2	4	4	3	3	
[Complete] [Head]FALLING OUT, HAIR, ALOPECIA: (239)	4	4	4		4	4	3	4	4	4	1	4	4	3	1	

The well indicated medicine turns out to be ‘Lycopodium’ on the basis of totality of symptoms through zomeo ultimate (complete repertory).

Course of treatment



1st Visit



2nd Visit



3rd Visit



4th Visit



5th Visit



6th Visit

Discussion

Alopecia areata is a common autoimmune disorder characterized by non-scarring hair loss that affects both men and women of all ages. This condition often presents as distinct patches of hair loss on the scalp, but can also affect other hair-bearing areas such as the eyebrows, eyelashes, and beard. With an estimated lifetime risk of 2.1%, it is considered to be one of the most prevalent forms of hair loss worldwide. Although the exact etiology of alopecia areata remains unclear, multiple factors such as genetic predisposition, immunological abnormalities, and environmental triggers have been implicated in its pathogenesis. The objective of this review is to provide a comprehensive overview of the current understanding of alopecia areata, focusing on its clinical features, epidemiology, pathogenesis, and available treatment options. To achieve this objective, a thorough analysis of well-written medical journals, theses, and books on alopecia areata was conducted.

Conclusion

In conclusion, alopecia areata remains a challenging condition with various treatment options and ongoing research endeavors. While current therapies such as corticosteroids, immunomodulators, and biologics offer outcomes, further studies are needed to elucidate the underlying mechanisms and improve treatment efficacy. On the proximity the influence of homoeopathic medicine in the management of alopecia areata cannot be overlooked, with well established remedial cases showing potential and promising outcomes in individual. Collaborative efforts between conventional medicine practitioners and homoeopaths, along with continued research, are vital for optimizing patient care and addressing the complex nature of this autoimmune disorder.

Conflict of Interest: Not available

Financial Support: Not available

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