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# Healing beyond the surface: A constitutional homeopathic approach to alopecia AREATA: A case study

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## Heema J Shani and Samir Upadhyay

**Abstract**
Alopecia areata is an autoimmune disorder marked by sudden, non-scarring hair loss in patches. Conventional treatments often provide temporary relief with potential side effects. This case study demonstrates the effectiveness of individualized classical homeopathy, focusing on the patient's physical, emotional, and constitutional symptoms. A detailed case-taking and repertorization led to the selection of a single similimum remedy. the patient showed significant hair regrowth, improved emotional stability, and overall well-being. The case highlights homeopathy's holistic approach in treating autoimmune conditions like alopecia areata, offering a safe, individualized, and sustainable alternative to conventional therapies.

**Keywords:** Alopecia areata, holistic approach, similimum, autoimmune, case study

## Introduction
Alopecia areata is a common autoimmune disorder that causes hair loss on the scalp, face, and sometimes other areas of the body. It occurs when the immune system mistakenly attacks hair follicles, leading to hair fall in small, round patches. The exact cause remains unclear, but it is believed to involve a combination of genetic and environmental factors. The condition can begin suddenly and may recur unpredictably. While it is not life-threatening, alopecia areata can lead to significant psychological distress, particularly in young individuals [1].

**Epidemiology:** Alopecia areata affects approximately 1-2% of the population globally, with no significant gender predilection. (1) It can occur at any age but most commonly presents before the age of 30. A family history is present in 10-25% of cases, suggesting a genetic predisposition.

**Causes:** Alopecia areata is an autoimmune condition where the body's immune system targets the hair follicles, particularly during the anagen (growth) phase. Contributing factors include:

- Genetic susceptibility (HLA associations)
- Environmental triggers (e.g., viral infections)
- Psychological stress
- Other autoimmune diseases (e.g., thyroiditis, vitiligo, type 1 diabetes) [1]

## Types
1. **Patchy alopecia areata:** Most common, round/oval patches of hair loss.
2. **Alopecia totalis:** Complete loss of scalp hair.
3. **Alopecia universalis:** Complete loss of all body hair.
4. **Ophiasis:** Band-like hair loss along the occipital and temporal scalp.
5. **Sisaipho:** Reverse ophiasis, sparing the temporal and occipital scalp [1].

## Pathogenesis
The condition results from a T-cell-mediated autoimmune reaction, primarily involving CD8+ T cells targeting the hair follicle. The hair follicle is normally immune-privileged; in alopecia areata, this privilege is disrupted, leading to inflammation around the follicular bulb ("swarm of bees" appearance histologically). Cytokines such as IFN-γ and IL-15 are elevated and play a key role [1].

**Clinical features**

- Sudden onset of hair loss in well-demarcated, smooth, non-scarring patches.
- Presence of "exclamation mark hairs" (tapered hairs near lesion borders).
- **Nail changes (seen in ~10-20%):** Pitting, trachyonychia.
- **Trichoscopic features:** yellow dots, black dots, broken hairs, and short vellus hairs [1].

**Differential diagnosis**

- **Tinea capitis:** Fungal infection with scaling, broken hairs, positive KOH.
- **Trichotillomania:** Irregular patches with broken hairs of varying length.
- **Telogen effluvium:** Diffuse hair loss, often post-stress or illness.
- **Secondary syphilis:** "Moth-eaten" alopecia.
- **Androgenetic alopecia:** Gradual thinning, pattern distribution, miniaturized hairs.

**Case history**

**Patient description:** A 24-year-old male presented with patchy hair loss on the scalp for the last 6 months. He appeared lean, anxious, and mild-mannered.

**Chief complaint:** The patient reported patchy hair loss on the scalp, which started in the vertex. Hair fell out in bunches, especially during combing or even slight rubbing. The affected area had a burning and itching sensation. The symptoms worsened with emotional stress, mental exertion, and exposure to warmth, and improved with cold applications and consumption of cold water. Symptoms were most pronounced at night and during episodes of emotional disturbance.

**Origin, duration, and progression:** The onset of symptoms began six months ago following the sudden death of his best friend in a road accident, an incident that triggered immense grief and emotional trauma. Initially, a single small patch appeared on the vertex. Despite using topical steroids, the condition worsened, with increased hair loss and no regrowth, showing a progressive and resistant pattern.

**Personal history**

- **Appetite:** Normal
- **Desire:** Strong craving for cold drinks, ice cream, and cold water
- **Aversion:** Warm foods and milk
- **Thirst:** Increased: Prefers large quantities of cold water frequently
- **Urine:** Normal frequency and quantity; pale yellow
- **Bowel habits:** Regular; well-formed stools once daily
- **Perspiration:** Moderate; especially on the scalp and upper lip; non-offensive
- **Sleep:** Disturbed; difficulty falling asleep, frequent waking with fright
- **Dreams:** Not remember

**Family history**

- **Mother:** Hypothyroidism
- **Father:** Hypertension

**Mental history:** From a very young age, he had been known for his warmth and sensitivity. He formed deep attachments easily whether to people, animals, or even places. His imagination was vivid, and his emotions, intense.

He was always the one to remember birthdays, to write heartfelt messages, and to offer his shoulder to cry on. His empathy often left him emotionally drained, but he never let anyone see that. He feared hurting others more than being hurt himself.

His greatest joy came from being with those he loved—his family, a close circle of friends, and especially his younger sister, with whom he shared a deep emotional bond. Even as an adult, he preferred being surrounded by familiar voices and warm companionship. Loneliness was unbearable for him; being left alone at home or in an empty room would trigger a sense of inner void, almost panic.

Recently, he had gone through a painful period of emotional isolation. After moving to a new city for work, he felt disconnected, out of place, and terribly homesick. The absence of familiar faces, the lack of emotional support, and the stress of adjusting to new responsibilities left him feeling vulnerable and exposed. He described it as “being lost in a crowd”. This emotional vacuum began to affect him physically he became fatigued easily, sleep was disturbed, and he began to experience hair fall in patches, especially during emotionally heavy days.

He had vivid dreams sometimes beautiful and romantic, other times unsettling and dark, involving shadows, separation, and being forgotten. Loud noises or sudden emotional news startled him, often leaving him restless for hours. He confessed to fearing illness and death—not only for himself but more so for his loved ones. Even a small ache would make him worry about a serious illness.

**General examination**

- **Build:** Lean
- **Weight:** 58 kg
- **BP:** 110/70 mmHg
- **Pulse:** 78/min, regular
- **Temperature:** Normal

**Systemic examination**

- **CNS:** Normal
- **CVS:** Normal heart sounds
- **Respiratory:** Clear lungs, no abnormal sounds
- **Abdomen:** Soft, non-tender

**Investigation reports**

- **Thyroid profile:** Normal
- **KOH scraping:** Negative
- **CBC:** Mild anemia
- **Ferritin:** Normal
- **Scalp dermoscopy:** Presence of exclamation mark hairs

**Diagnosis:** Clinical diagnosis: Alopecia areata ICD-10 Code: L63.0 [2].

**Diagnostic reasoning:** The diagnosis was based on clinical presentation well-demarcated bald patches without scarring combined with emotional causation and exclusion of fungal or systemic conditions.

**Other diagnoses considered**

- **Tinea capitis:** Ruled out by negative KOH test
- **Telogen effluvium:** Unlikely due to patchy distribution and emotional origin

**Prognosis:** Favorable due to early intervention, young age, and the absence of systemic disease or scarring.

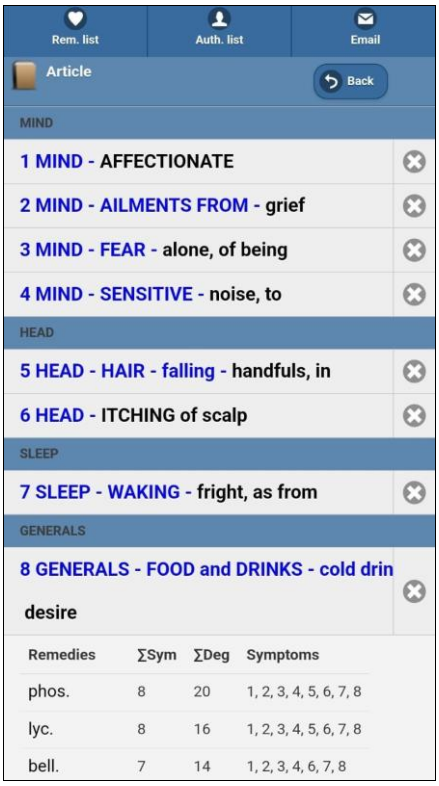
**Analysis and evaluation**

- **Mental:** Grief following friend's death; fear of being alone; emotional dependence
- **Physical generals:** Craving cold drinks; sensitivity to noise
- **Particulars:** Hair falls in bunches; burning and itching in scalp

**Totality of symptoms**

1. **Mind:** Affectionate
2. **Mind:** Fear - Alone, of being
3. **Mind:** Grief - ailments from
4. **Mind:** Sensitive - to noise
5. **Head:** Hair - falling - in bunches
6. **Skin:** Itching - burning
7. **Generals:** Food and drinks - cold drinks - desires
8. **Sleep:** Disturbed - dreams - of death

**Repertorization:** Rubrics selected and repertorized using Synthesis Repertory




**Chosen remedy:** Phosphorus 200C
**Treatment plan:** 12/11/24
Phosphorus 200C, single dose, followed by placebo for 2 weeks and regular follow-up.

**Reason for selecting 200C potency**

1. Strong emotional causation
2. Well-defined constitutional picture
3. Chronic, progressive complaint
4. Vitality of the patient
5. Avoiding repetition


**Follow-up**

- **2/01/25:** Noticeable hair regrowth
  SL 30 4pills BD
- **3/02/25:** Dense regrowth on affected area
  SL 30 4 pills BD
- **6/03/25:** Nearly complete regrowth; emotional stability restored
  SL 30 4pills BD

**Conclusion:** This case of alopecia areata showcases the success of individualized homeopathic treatment targeting not only physical symptoms but also deep emotional trauma. The selection of Phosphorus was rooted in a thorough understanding of the patient's psychological and physical profile. The case highlights homeopathy's effectiveness in managing chronic autoimmune conditions through holistic healing.

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