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Quantitative evaluation of carcinosin as an individualized remedy in pediatric alopecia areata using salt score and ludwig hair loss scales: A case report

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Abstract

Background: Alopecia areata is a chronic, relapsing, non-scarring autoimmune disorder characterized by patchy hair loss, with substantial psychosocial impact in pediatric populations. While conventional treatments are often limited by side effects or incomplete response, individualized homeopathic intervention offers a holistic, patient-centered approach. This case report explores the therapeutic role of Carcinosin in a pediatric case of alopecia areata, with treatment outcomes quantitatively evaluated using validated clinical tools.

Case Presentation: A pre-adolescent female presented with multiple alopecic patches over the parietal and occipital scalp regions. The disease exhibited gradual progression over two years, with no associated inflammation or pruritus. The case was managed with individualized homeopathic prescribing, guided by a detailed constitutional assessment highlighting suppressed anger, fear of rejection, high sensitivity to reprimand, fastidious traits, and specific food cravings. Carcinosin was selected as the constitutional remedy.

Methods: The Severity of Alopecia Tool and Ludwig Hair Loss Scale were employed at baseline and at successive monthly follow-ups to objectively measure hair loss and regrowth patterns. Additional assessment included emotional and behavioral parameters relevant to the case totality.

Results: Over a 10-month follow-up period, a progressive and quantifiable reduction in the Severity of Alopecia Tool score was observed, from an initial estimate of 90–95% hair loss to less than 10% residual thinning in the affected regions. The Ludwig scale also demonstrated consistent downward staging. Concurrent improvement in psychological symptoms, including reduced anger outbursts, diminished fear-related behaviors, and resolution of premenstrual complaints, was noted.

Conclusion: This case illustrates the potential role of individualized homeopathic therapy in the management of pediatric alopecia areata, supported by objective, standardized assessment tools. Quantitative monitoring using the Severity of Alopecia Tool and Ludwig Scale enabled reliable documentation of clinical progress, warranting further research through controlled studies.

Keywords: Alopecia Areata, Carcinosin, Homoeopathy, Salt score, Ludwig Scale

Introduction

Alopecia areata (AA) is a non-scarring, autoimmune condition targeting hair follicles, and it can present at any age, although it is commonly observed in the pediatric population attending dermatology clinics [1]. The disease is often characterized by a chronic, relapsing course and is associated with significant psychological and social distress due to the visible nature of hair loss. AA is driven by T-cell–mediated inflammation, which affects not only the scalp and facial hair but can also extend to other hair-bearing areas and, at times, the nails. In a large-scale study conducted in Northern India involving 808 individuals with alopecia, 24% (196 cases) were identified in children. Notably, the prevalence of childhood-onset alopecia was higher in females (46%) compared to males (19%) [2].

In pediatric patients, the most frequent causes of alopecia—accounting for 90–95% of cases—are alopecia areata, telogen effluvium, tinea capitis, and trichotillomania [3]. A specific study on children aged 1 to 12 years diagnosed 364 patients with AA, with a male predominance (214 boys vs. 150 girls). The average age of onset was 6.6 years, with the majority (90.7%) initially presenting with patchy scalp hair loss, and only a few (n=6) progressing to alopecia totalis or universalis.

In conventional medicine, potent topical corticosteroids remain the cornerstone of therapy, although limited data exist regarding the comprehensive clinical profile and therapeutic responses in pediatric AA [3]

To evaluate disease severity and treatment outcomes, standardized tools such as the Severity of Alopecia Tool (SALT) (Fig.1, Table 1) and Ludwig Hair Loss Scale (Fig.2, Table 2) are employed. The SALT score quantifies scalp hair loss as a percentage, categorizing severity as mild (1–20%), moderate (21–49%), severe (50–94%), or very severe (95–100%) [4, 5]. Meanwhile, the Ludwig scale is specifically utilized to assess female pattern hair loss (FPHL), focusing on central and frontal scalp thinning. It includes three grades, ranging from minimal thinning (Grade I) to pronounced baldness (Grade III) [6, 7].

While modern treatments provide some benefits, the chronicity and relapse potential of AA often call for integrative approaches. Homoeopathy, in particular, has shown promising outcomes. A case series highlighted improvements not only in symptoms but also in overall well-being of patients undergoing individualized homoeopathic therapy [8]. This case report explores the integrative homeopathic management using Carcinosin in a pediatric girl with alopecia areata, with treatment outcomes assessed through the SALT score and Ludwig scale.

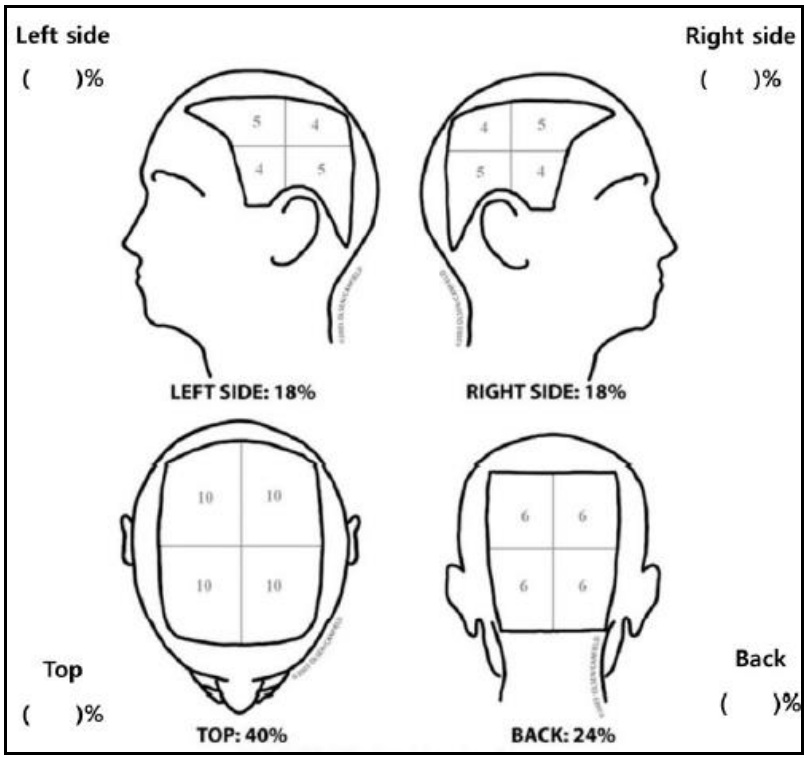


Fig 1: Salt, Severity of Alopecia Tool [9]

Table 1: Salt, Severity of Alopecia Tool

Scalp Region	Surface Area (%)	
Vertex	40%	Total SALT Score = Sum of (% Hair Loss in each region × Surface Area %)
Right Profile	18%	
Left Profile	18%	
Posterior Scalp	24%	

Fig 2: Ludwig Scale for Hair loss [10]

Table 2: Ludwig Scale for Hair loss Grading

Grade	Description
Grade I	Mild thinning on the crown, 1–3 cm behind the frontal hairline.
Grade II	Noticeable thinning (rarefaction) in the same area as Grade I.
Grade III	Complete baldness (denudation) in the area affected in previous grades.

Case Report: 13 year old female patient came in OPD with c/o Hair falling in patches, with bald patch over the parietal region.

Chief Complaints: Hair falling completely from roots started 2 year back. Initially there was thinning of the scalp over the right side parietal region. Onset was slow and progress is gradual. Gradually the dimension of the hair patch increased in size and central area completely bald. There was no itching, or any abnormal sensation over the patch. Second bald patch started appearing over occipital region since 1-2 months, initially it was size of small fingertip, now it is too growing in fast pace. Patient do not have similar complaint in family, nor does she have any other skin complaint currently.
Past history patient had 2-3 hypo-pigmented patches over face and 1 over the feet, when she was 6-7 yr. old for that she has taken allopathic and Ayurveda treatment. Since 3-4 years she has no such complaint nor has seen the relapse.

Associated Complaint
Patient complains of Heaviness in abdomen, breasts 3-4 days before menses. Occasionally she has headache right side temples before menses which is relived as flow appears. Patient also feels irritability, sad gloomy mood few weeks before menses.

Family History: The patient's family history reveals no skin or autoimmune disorders. The father has diabetes, while the mother has hypertension and underwent a hysterectomy one year ago due to fibroids. The maternal grandfather passed away due to a stroke.

Physical Generals
- **Appetite:** Poor in Night, Hungry after waking +
- **Thirst:** Frequent for normal water2+
- **Perspiration:** Head Suppressed 2+
- **Urine/ Stool:** Normal
- **Menses:** 5 days, 28 days cycle
- **Desire:** Garlic 3+, Potato 2+
- **Aggravation:** Milk 2+, Coffee 3+, Menses before 3+
- **Thermal:** Ambithermal2

Patient as a Person
Facial Expression and Communication
- Displays a blank facial expression with frowning of eyebrows.
- Responds slowly and thinks before answering.

Family Environment
- Lives in a joint family.
- Mother is extremely strict and disciplinarian.
- Mother decides what the patient should wear on different occasions.
- Patient was physically battered by her mother during infancy.

Mother's Behaviour towards Illness
- Mother is embarrassed by patient's hypo pigmented patches in social situations.
- Insists on hiding patches using foundation and socks.
- Gets angry and scolds the patient if she forgets to conceal them.

Emotional State and Psychological Impact
- Patient feels extreme anger due to mother's behaviour but suppresses it (+++).
- Feels ugly and not good enough (+++); fears social rejection (+++).
- Highly sensitive to scolding (+++); even imagining it triggers anxiety.

Temperament and Behaviour
- When angry, tends to break, tear, or throw objects (+++).
- Likes cleanliness (+++); gets irritated by even minor dirt.
- Has a fear of ghosts (++) and darkness (++).

General Physical Examination: NAD
Local Examinations

Table 3: Local Examination of the Scalp

Region	Patch Size (cm)	Extent of Hair Loss (%)	Surface Characteristics	Hair Pull Test
Right Parietal Region	5 x 5 cm	90–95%	Smooth, non-scaly, non-inflammatory; no scarring or atrophy	Positive at the periphery
Occipital Region	2 x 1 cm	80–90%	Smooth, non-scaly, non-inflammatory; no scarring or atrophy	Positive at the periphery

Investigations
- Complete Blood Count (CBC): Within normal limits
- Thyroid Function Tests (T3, T4, TSH): Normal
- Anti-TPO Antibodies: Negative
- Serum Ferritin: Within normal range
- Vitamin D3 Levels: 31.75 nmol/L
- ANA (Antinuclear Antibody Test): Negative
- Blood Sugar Levels (Fasting/PP): Within normal limits
- Skin Scraping/KOH Test: Negative for fungal elements

Diagnosis: Alopecia Areata with Premenstrual Syndrome

Totality of Symptoms

- Destroys things in Anger 3+
- Extremely Fastidious 3+
- Fear of Rejection 3+
- Sensitive to Scolding 3+
- Fear of Ghost 2+
- Fear of Dark 2+
- Perspiration of head suppressed 2+
- Menses before aggravation in general 3+
- Aggravation from Coffee 3+
- Aggravation from Milk 2+
- Craving for Garlic 3+
- Craving for potatoes 2+

Remedies	∑Sym	∑Deg	Symptoms
nat-m.	11	15	2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13
carc.	11	12	1, 2, 3, 4, 5, 6, 9, 10, 11, 12, 13
sulph.	9	14	2, 3, 4, 7, 9, 10, 11, 12, 13
lyc.	8	15	2, 3, 4, 6, 7, 9, 11, 13
puls.	8	15	3, 4, 6, 8, 9, 11, 12, 13
calc.	8	14	3, 4, 6, 7, 9, 11, 12, 13
ars.	8	12	2, 3, 4, 6, 7, 8, 9, 11
sep.	7	12	2, 3, 4, 7, 9, 11, 13
kali-c.	7	9	3, 4, 5, 7, 9, 11, 13
phos.	6	12	3, 4, 7, 10, 11, 13
nux-v.	6	10	3, 6, 8, 9, 11, 13
zinc.	6	10	3, 4, 7, 9, 11, 13

Fig 3: Repertorization

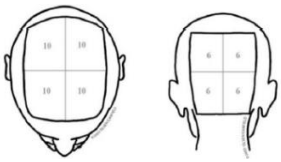
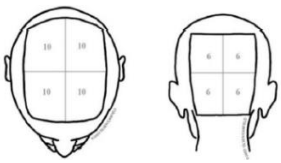
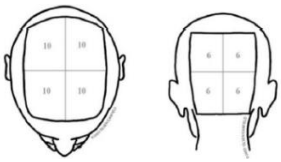
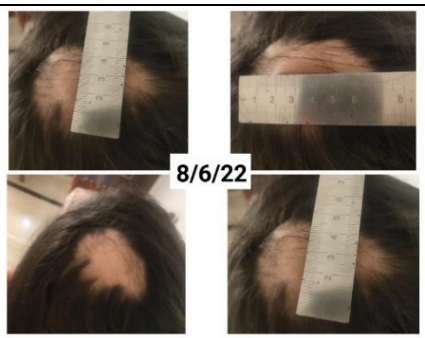
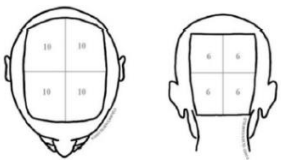
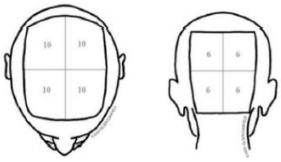
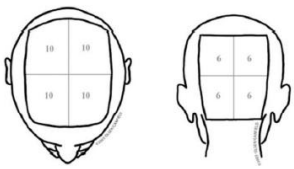
Remedy Differentiation and Final Prescription Justification

The patient has deep emotional suppression, destructive outbursts during anger, extreme sensitivity to scolding, fear of rejection, and a strong need for approval all characteristic of Carcinosin. Her fastidious nature, craving for garlic, aggravation from coffee and milk, as well as her history of maternal control, emotional neglect, and body image issues further point toward Carcinosin. The blank facial expression, slow response pattern, and childhood emotional trauma align with the Carcinosin personality, which often emerges in individuals from highly disciplined or emotionally repressive environments. Although Natrum Muriaticum also shows traits like grief, sensitivity, and introversion, it lacks the destructive expression of anger, compulsive fastidiousness, and the strong craving patterns seen here. Considering the overall mental-emotional state, physical generals, and the intensity of suppressed anger and identity-related anxiety, Carcinosin emerges as the more suitable constitutional remedy.

Final Prescription

The patient was prescribed Carcinosin 1M, single dose, weekly on 22/5/22.

Table 4: Follow up assessment

Date	Ludwig scale grades	Salt score	Extent of alopecia
22/5/22	Grade III	 90% 86%	
2/6/22	Grade III	 85% 76%	 2/6/22
8/6/22	Grade III	 80% 76%	
9/7/22	Grade III	 75% 61%	 9/7/22
31/8/21	Grade II	 60% 56%	
4/10/22	Grade II	 60% 56%	

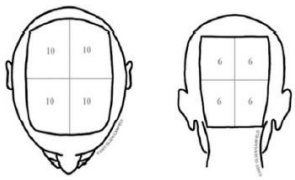
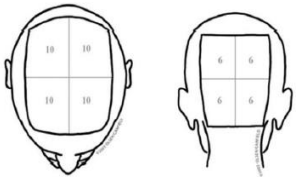
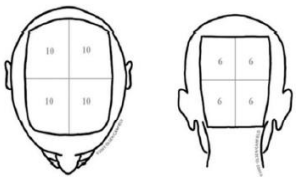
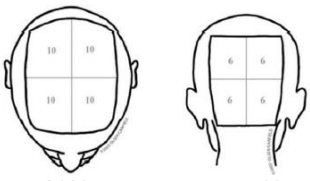
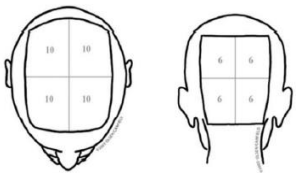
2/11/22	Grade II	 60% 46%	
2/12/22	Grade II	 60% 42%	
27/1/23	Grade II	 50% 36%	
19/2/23	Grade I	 30% 24%	
23/3/23	Grade I	 20% 16%	

Table 5: Follow up assessment other symptoms

Date	Alopecia Patch (Parietal)	Alopecia Patch (Occipital)	Hair Pull Test	Destructive Anger	Fearfulness	Image Consciousness / Fear of Rejection	Sensitivity to Reprimands	Premenstrual Discomfort (Grade)	Prescription
22/5/22	5x5 cm	Absent	Positive	+++	+++	+++	+++	++	Carcinosin 1M/Weekly
2/6/22	5x5 cm	0.5x0.5 cm	Positive	+++	+++	+++	+++	++	Carcinosin 1M/Weekly
8/6/22	5x5 cm	1x1 cm	Positive	+++	+++	+++	+++	++	Carcinosin 10M/Weekly
9/7/22	4.5x4.5 cm	1.5x1.5 cm	Positive	++	+++	+++	+++	++	Carcinosin 10M/Weekly
31/8/21	4x4 cm	2x1 cm	Positive	++	++	+++	++	+	Carcinosin 0/1 once daily
4/10/22	3.5x3.5 cm	2x1 cm	Positive	++	++	++	++	+	Carcinosin 0/1 once daily
2/11/22	3x3 cm	1.5x1 cm	Positive	+	++	++	++	+	Carcinosin 0/1 once daily
2/12/22	2.5x2.5 cm	1x1 cm	Positive	+	+	++	+	+	Carcinosin

									0/2once daily
27/1/23	2x2 cm	0.5x0.5 cm	Mildly Positive	+	+	+	+	+	Carcinosin 0/2 once daily
19/2/23	1.5x1.5 cm	0.5x0.5 cm	Negative	0	+	+	+	0	Carcinosin 0/2 once daily
23/3/23	Scarce thinning,	Hair regrowth complete	Negative	0	+	+	+	0	Carcinosin 0/3 once daily

Discussion

Alopecia areata is an autoimmune condition often triggered or worsened by emotional stress, especially in children. In this case, the remedy Carcinosin was selected based on a detailed emotional and constitutional profile, including suppressed anger, fear of rejection, and sensitivity to criticism, fastidiousness, and cravings. These traits, along with a history of emotional trauma and rigid parenting, matched the Carcinosin picture. The remedy choice was individualized and guided by classical homeopathic principles. Quantitative assessment using SALT (Severity of Alopecia Tool) and Ludwig Hair Loss Scale provided objective evidence of progressive improvement over the treatment period. A steady reduction in patch size and hair loss percentage, along with a negative hair pull test in later follow-ups, affirmed clinical improvement. In addition, there was marked resolution of associated emotional disturbances, including premenstrual discomfort and fear-based behaviors, indicating holistic therapeutic efficacy.

Conclusion

This case highlights the utility of individualized homeopathic prescribing in managing pediatric alopecia areata. The prescription of Carcinosin was grounded in a deep psychosocial understanding of the patient and yielded positive clinical outcomes both physically and emotionally. The use of standardized tools like SALT and Ludwig scales helped quantify treatment response objectively. This supports the potential role of individualized homeopathy as a complementary approach in autoimmune conditions like alopecia areata, especially in children where emotional factors are prominent. Further studies and systematic documentation are recommended to validate these observations in larger cohorts.

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