



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(4): 304-308
Received: 07-08-2025
Accepted: 13-09-2025

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A case study on hair fall, PCOS, and metabolic correction through homeopathy

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DOI: <https://www.doi.org/10.33545/26164485.2025.v9.i4.E.1927>

Abstract

Hair fall, particularly in the form of androgenetic alopecia (AGA) and telogen effluvium, is one of the most common dermatological complaints globally, affecting both men and women. According to global statistics, approximately 50% of men and 25% of women experience some degree of hair loss by the age of 50. While conventional medicine often focuses on topical and hormonal treatments, the homeopathic approach considers the individual's physical, mental, and emotional constitution, aiming at long-term holistic healing.

This paper presents a chronic case of hair fall in a female patient with metabolic and emotional stress factors. The case highlights how constitutional homeopathy, when supported with lifestyle modifications and nutritional supplementation, can bring steady improvement in chronic conditions such as hair loss. The goal of the paper is to emphasize the importance of individualized, miasmatic, and integrative approaches in managing hair fall cases effectively.

Keywords: Hair fall, homeopathy, telogen effluvium, androgenetic alopecia, holistic healing

Introduction

Hair fall, or alopecia, is a condition characterized by excessive loss of hair from the scalp and other parts of the body. It can be diffuse, patchy, or patterned, depending on the underlying cause. Common types include telogen effluvium, androgenetic alopecia, alopecia areata, and traction alopecia. Hair fall can be temporary or permanent, and may result from a variety of causes including:

- Hormonal imbalances (e.g., PCOS, thyroid dysfunction)
- Nutritional deficiencies (iron, vitamin D, B12, protein)
- Metabolic disorders (such as diabetes)
- Stress and emotional trauma
- Use of harsh hair products or styling methods
- Genetic predisposition
- Medications and systemic illnesses

Signs and symptoms often include thinning of hair, increased hair on pillows or combs, visible scalp, and delayed regrowth. In chronic cases, complications may include psychological distress, low self-esteem, and social withdrawal.

In homeopathy, hair fall is addressed not just as a local complaint, but as an expression of a deeper systemic or emotional imbalance. Remedies are selected based on individual symptoms, miasmatic tendencies, and constitutional characteristics. This individualized approach often leads to more sustained and gentle healing, as seen in the case discussed in this paper.

Case Profile

A 43-year-old married female homemaker from Surat, originally from Andhra Pradesh, presents with a chronic history of hair fall for over 10 years, diagnosed as AGA female pattern baldness grade 2 to 3. The hair loss is gradual in onset, vertex-dominant, and often worsens with stress, hormonal fluctuations, and lifestyle irregularities. Associated findings include scalp itching, dandruff, and alternating oily to dry scalp. She reports significant hair fall during washing, combing, and on the pillow, with HPT ranging from 1 to 5 hairs per pull over different visits.

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She has been under various treatments including homeopathy, aesthetic therapy, and supplementation with intermittent improvement.

She has a known history of PCOS, irregular and heavy menstrual cycles, and infertility with no successful conception despite multiple treatments. Recent menstrual patterns suggest perimenopausal changes. Past investigations revealed deranged glucose levels, high HbA1c, low vitamin D and B12, iron deficiency, and elevated cholesterol. Supplementation was prescribed but adherence has been inconsistent.

She has no major past illnesses but significant family history of diabetes. Her physical state includes a weight fluctuation between 90 and 101 kg, sedentary lifestyle, night hunger, low thirst, disturbed sleep, increased sweating especially on the forehead, and preference for spicy, junk, fried, and salty foods.

Psychologically, she reports suppressed anger, emotional dependency, low confidence, suppressed grief due to loss of parents, strained marital relationship, and ongoing caregiving stress due to her father-in-law's dementia. She is introspective, emotionally sensitive, with frequent crying spells, suppressed emotions, and overthinking. She has described feelings of being misunderstood, self-destructive thoughts, and frustration over failed treatments.

Despite temporary improvement with therapy and supplements, her hair fall continues to be persistent, especially during periods of stress, dietary lapses, water change, or missed medication. Recent reports indicate better sugar control and slight weight loss, but hair fall remains active. She currently manages household duties alone, continues to experience emotional stress, and is on ongoing medical management with limited therapy access due to distance and relocation.

Physical Generals

- **Diet:** Vegetarian
- **Appetite:** Night hunger, reduced during the day
- **Desire:** Spicy, salty, junk food, fried items, sweets
- **Aversion:** Not specific
- **Thermal Reaction:** Hot patient, feels body heat
- **Thirst:** Thirstless or very low thirst, around 2 liters/day when improved
- **Stools:** Constipated at times, otherwise normal
- **Urine:** Normal
- **Perspiration:** Profuse, especially on the forehead, with odor
- **Sleep:** Disturbed, dreams continue throughout sleep, emotional restlessness
- **Dreams:** Repetitive themes of illness, helplessness, not dying despite suffering, emotional pain, and unresolved grief

Examination

Clinical examination was conducted over multiple sessions. The patient is obese with a reported weight range between 90-101 kg.

General condition fair.

No signs of acute illness at the time of examination.

Scalp examination revealed

- Hair loss predominantly over the vertex region
- AGA Female Pattern Baldness Grade 2-3

- T/V Ratio varying from 35/65 to 56/46
- **Hair Caliber:** Improved from 0.027 mm to 0.037 mm over time
- **Hair Density:** Improved from 24 hairs/cm² to 33 hairs/cm²
- **Scalp condition:** Alternates between oily and dry depending on treatment phase
- Dandruff and itching present intermittently
- **HPT (Hair Pull Test):** Variable, from 1-5 hairs per pull

Systemic examination revealed no abnormalities detected in cardiovascular, respiratory, gastrointestinal, or genitourinary systems.

Mental status: Oriented, cooperative, emotionally sensitive, with signs of stress-induced somatic symptoms.

Mental Generals

The patient presents with a complex emotional profile shaped by prolonged grief, social isolation, suppressed emotions, and chronic stress. She is emotionally sensitive, often introspective, and easily affected by external criticism or lack of appreciation. There is a deep unresolved grief following the loss of both parents, which continues to impact her psychological state. She reports feeling unsupported, particularly by her husband, who is disinterested in family planning, contributing to emotional detachment and loneliness.

She has suppressed anger and often internalizes emotions, which leads to frequent weeping episodes in private. Despite being friendly and affectionate, she prefers being alone, especially when emotionally overwhelmed. She shows signs of low self-esteem and diminished self-worth, often doubting her capabilities and expressing feelings of inadequacy.

She is prone to overthinking and carries an ongoing fear of insecurity-especially concerning her husband's health and the family's wellbeing. She is emotionally dependent but receives little emotional reciprocation, leading to internal frustration. Her thoughts sometimes turn self-destructive, reporting feelings like cutting herself during moments of intense emotional pain. These thoughts are not persistent but emerge during periods of high stress or perceived emotional neglect.

She is highly conscientious, does all her duties sincerely, and is easily hurt by misunderstandings or harsh comments. Past academic performance was average, but she reports being responsible from a young age. She was never playful and had limited friendships. Childhood trauma, including a parent's illness, seems to have affected her personality development.

Thermally, she is hot and prefers cool surroundings. She seeks praise and emotional acknowledgment but rarely receives it, which intensifies her internal emotional struggle. She dislikes violence and prefers peaceful surroundings. Though normally calm and composed, she has episodes of irritability, especially during menstruation or periods of hormonal imbalance.

She often dreams of being sick and not dying-symbolizing chronic suffering without resolution. These dreams reflect her real-life emotional state and the feeling of being trapped in unresolved personal and physical issues. She shows signs of emotional burnout and psychological fatigue, with

fluctuating levels of coping depending on family stress, especially related to caregiving responsibilities for her father-in-law and overall household burden.

Past History

- No major chronic illnesses like hypertension, asthma, or tuberculosis
- No history of major surgeries or hospital admissions
- No known drug or food allergies

Family History

- Father was diabetic (deceased)
- Mother was diabetic (deceased)
- Brother is diabetic and on treatment
- Father-in-law has dementia, needs constant care (patient is primary caregiver)

Case analysis

Reportorial Totality

Repertory screenshot

Remedies	lyc.	sulph.	phos.	carc.	lach.	ign.	aur.	nux-v.	kali-c.	nat-m.	ph-ac.	verat.	con.	carb-v.	zinc.	puls.	gels.	rhuis-t.	sep.	ars
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	9	9	8	8	7	7	7	7	7	7	7	7	7	7	7	6	6	6	6	6
Intensity	13	12	16	11	15	13	12	12	11	10	10	10	9	7	7	11	10	10	10	9
Result	9/13	9/12	8/16	8/11	7/15	7/13	7/12	7/12	7/11	7/10	7/10	7/10	7/9	7/7	7/7	6/11	6/10	6/10	6/10	6/9
Clipboard 6																				
MIND - VIVACIOUS	1	1	2	2	3	2	2	2	1	1	2	2	1	1	1		1		1	1
MIND - CONFIDENCE - want of self-confidence	2	1	1	2	1	1	2	2	2	2	2	1	1	1	1	2	1	2	1	1
MIND - COMPANY - desire for	3	1	4	1	1	2	1	2	3	1	1	1	2	1	1	2	2	2	2	3
MIND - LOQUACITY	1	1	2	1	4	1	2	1	1	1	1	2	1		1	1	2	1		1
MIND - FLATTERED - desire to be	1	1		1										1		1				
MIND - GRIEF	2	2	1	1	2	4	3	2	1	3	2	1	1		1	3	2	3	2	2
FEMALE GENITALIA/SEX - MENOPAUSE	1	3	2	2	3	1	1	2	2	1	1	2	2	1	1	2	2	1	3	
HEAD - HAIR - falling - handfuls, in	1	1	3											1						
GENERALS - DIABETES MELLITUS	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1			1	1	1

Selection of Remedy

Constitutional

Remedy name: Natrum Muriaticum 200

Miasmatic approach

MIND - VIVACIOUS
MIND - CONFIDENCE - want of self-confidence
MIND - COMPANY - desire for
MIND - LOQUACITY
MIND - FLATTERED - desire to be
MIND - FLATTERED - desire to be
FEMALE GENITALIA/SEX - MENOPAUSE
HEAD - HAIR - falling - handfuls, in
GENERALS - DIABETES MELLITUS

Miasm	Key Mind Characteristics	Key Physical Characteristics	Indications in Your Case	Predominance
Psora	Anxiety, lack of self-confidence, desire to be flattered, loquacity, vivacious	Skin eruptions, dryness, itching, metabolic disorders (diabetes), hair loss	Vivacious, self-confidence issues, desire for praise; hair falling; diabetes mellitus	High
Sycotic	Desire for company, social interaction, talkative	Warts, growths, gonorrheal sequelae, joint stiffness	Desire for company, sociable tendencies	Moderate
Tubercular	Restlessness, mood swings, emotional sensitivity, ambitious, overactive	Emaciation, respiratory issues, digestive weakness	No major features of tubercular miasm visible	Low
Syphilitic	Obsessive, intense, melancholic, secretive, perfectionist	Ulceration, destructive lesions, degenerative changes	Menopause issues, chronicity could indicate syphilitic tendency if complaints persist	Low/Moderate

Summary

- **Predominant Miasm: Psoric:** Because the core mental symptoms (vivacious, desire to be flattered, lack of self-confidence) and general complaints (diabetes, hair loss) fit psora.
- **Secondary Miasm: Sycotic:** Due to social desires and talkativeness.
- **Tubercular & Syphilitic:** Less pronounced but may

contribute to chronicity or severe physical changes (especially menopause-related degeneration for syphilitic tendency).

Materials and Methods

Synthesis repertory was used for Repertorization

Results

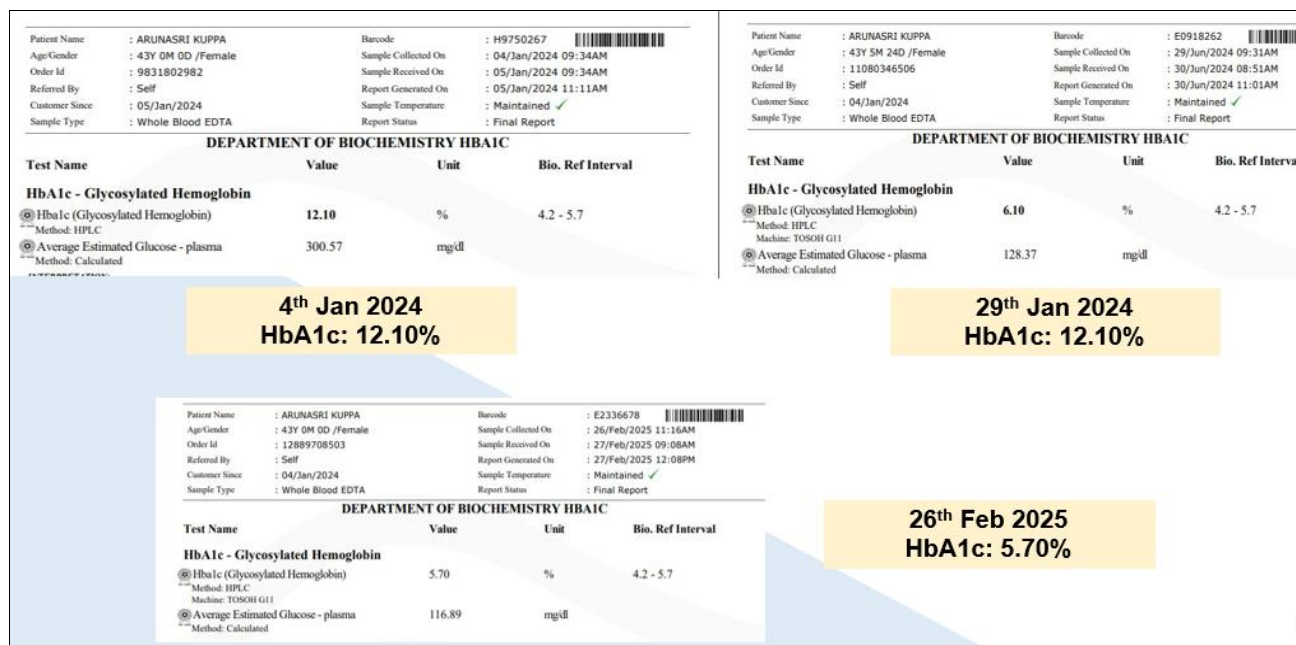
Month / Date	Progress / Remarks	Remedies Prescribed
Jun 2023	Hairfall stable, 1 session done, no itching or dandruff, overall good	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q)
Jul 2023	Glucose fasting 190, vit B12 195, vit D 8.32, HbA1c 10.7, advised diet control, vitamin supplements; hairfall persistent 20+/day	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X, FL-AC 200C
Aug 2023	Hairfall controlled, acne better, 10+/day, overall better	Pulsatilla 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Sep 2023	Hairfall controlled, dandruff absent, growth visible, scalp oily, hormonal issue (irregular menses)	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), FL-AC 200C, Kali Phos 6X, Calc-C 30C
Oct 2023	Patient happy, therapy continues	Pulsatilla 200C, WIES, Syzygium Jambolanum MT(Q), FL-AC 200C, Kali Phos 6X
Nov 2023	Hairfall better, growth good, hormonal bleeding persists 20 days, advised diet & weight loss	Pulsatilla 200C, WIES, Syzygium Jambolanum MT(Q), FL-AC 200C, Kali Phos 6X
Dec 2023	Hairfall better, dry scalp, dandruff seen, AGA Female Grade 2, thyroid meds added, vitamin D supplement	Pulsatilla 200C, WIES, Syzygium Jambolanum MT(Q), FL-AC 200C, Kali Phos 6X, Thyroidinum 6X
Jan 2024	Hairfall better, scalp dry, dandruff persists, thyroid & vitamin D continued	Pulsatilla 200C, WIES, Syzygium Jambolanum MT(Q), FL-AC 200C, Kali Phos 6X, Thyroidinum 6X, Insulin 3X
Feb 2024	Hairfall controlled, scalp dry, dandruff persists, vitamin & thyroid supplements ongoing	Pulsatilla 200C, WIES, Syzygium Jambolanum MT(Q), FL-AC 200C, Kali Phos 6X, Thyroidinum 6X, Insulin 3X
Mar 2024	Hairfall controlled, dandruff absent, growth good, sugar/HbA1c decreased, stress normal	Pulsatilla 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X, Insulin 3X
Apr 2024	Hairfall +++, telogen effluvium 10+/3 pull, stress +++, diet not followed	Fluoricum Acidum 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
May 2024	Hairfall persists, stress & diet issues, fasting 107, pp 101, weight 101kg	Fluoricum Acidum 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Jun 2024	Hairfall more due to stress, father ill, overburdened with work, advised repeat reports	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Jul 2024	Slight improvement in hairfall, constipation +, iron, B12, D3 supplements started	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Aug 2024	Reports: Hb 12.10, cholesterol 206, triglyceride 92, D3 23.46, B12 204, advised supplements	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Sep 2024	Hairfall HPT-3, stress controlled, supplements ongoing	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Dec 2024	Extrovert, vivacious, lifestyle bad, stress, grief, overthinking, hormonal changes, supplements not taken for 3 months	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Jan 2025	Hairfall more, HPT-2, perimenopausal, iron & D3 taken, hormonal changes	Lachesis 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Feb 2025	Hairfall better 2%, dandruff nil, sleep sound, digestion proper, stress nil	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X, Insulin 3X
Mar 2025	Hairfall better than before, supplements regular, diet controlled, slow metabolism	Nat-mur 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X, Insulin 3X
Apr-May 2025	Hairfall excessive, weight gain, stress due to family & travel, patient not following therapy onsite	Lachesis 200C, WIES, Syzygium Jambolanum MT(Q), Kali Phos 6X
Jun-Jul 2025	Hairfall +++, HPT 3-4/pull, stress +, diabetes controlled, weight loss 5kg, diet care, hard water affecting scalp	Nat-mur 1M, Syzygium Jambolanum MT(Q), Kali Phos 6X, Thuja MT(Q), Nux Vomica 30C, Carduus Marianus 30C, Cholesterinum 30C, Fluoricum Acidum 200C, Thyroidinum 6X, Insulin 3X

Discussion & Conclusion

The patient presented with chronic hair fall influenced by multiple factors including hormonal imbalance, nutritional deficiencies, metabolic issues (like diabetes), and significant emotional stress. Throughout the follow-up period, progress was observed with periods of improvement interspersed with relapses, often triggered by stress, lifestyle irregularities, or environmental changes. Nutritional support

and consistent therapy led to visible improvement in hair growth, reduction in dandruff, and better overall scalp health. Emotional and lifestyle factors remain key contributors, indicating the need for ongoing holistic support. The case reflects a slow but steady response with scope for further improvement under continued management.

The transformation



Parameter	Before Treatment (B)	After Treatment (A)
Hairfall	Moderate to severe (~50-100 hairs/day)	Significantly reduced (~10-20 hairs/day)
Dandruff	Present, flaky scalp	Minimal to none
Scalp dryness/oiliness	Dry scalp	Normal moisture balance
PCOD (Ultrasound / Symptoms)	Enlarged ovaries, irregular cycles, acne, weight gain	Ovaries normal, cycles regular, acne reduced
Menstrual Cycle	Irregular, 25-45 days	Regular, ~28-30 days
Diabetes / Blood Sugar	Fasting: 110-130 mg/dL, Postprandial: 180-220 mg/dL	Fasting: 90-100 mg/dL, Postprandial: 120-140 mg/dL
Weight	68 kg	63-64 kg
Stress / Emotional Health	High stress, anxiety	Improved, calm and balanced
Fatigue / Energy Levels	Low energy	Normal, improved stamina
Skin issues (acne, pimples)	Present on face and back	Minimal or none
Sleep quality	Poor, disturbed	Normal, restful
Other complaints	Constipation, bloating	Normal bowel movements

Acknowledgments

I take this opportunity to thank those who have helped and supported me personally and professionally during this case study.

Conflict of Interest

Not available.

Financial Support

Not available.

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How to Cite This Article

Gunji NB. A case study on hair fall, PCOS, and metabolic correction through homeopathy. International Journal of Homoeopathic Sciences. 2025;9(4):304-308.

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