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Dr. Mansi Chinchanikar
Part 1, Department of Homoeopathic Materia Medica, A.M. Shaikh Homoeopathic Medical College, Hospital & PG Research Centre, Belgaum, Karnataka, India

Dr. Afshan Balekundri
Professor, HOD, PG Guide, Department of Materia Medica, A.M. Shaikh Homoeopathic Medical College, Hospital & PG Research Centre, Belgaum, Karnataka, India

Corresponding Author:
Dr. Mansi Chinchanikar
MD part 1, Department of Homoeopathic Materia Medica, A.M. Shaikh Homoeopathic Medical College, Hospital & PG Research centre, Belgaum, Karnataka, India

A case report on premature canities associated with malabsorption syndrome treated with individualized homoeopathic remedy

Dr. Mansi Chinchanikar and Dr. Afshan Balekundri

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Abstract
Homeopathy is a 'Pseudo-science' or 'Fake' according to skeptical thinking of other schools of medicine. To prove them wrong, a proposal to provide evidence based medicine case reports are the best thing. Hair pigmentation is one of the most distinctive characteristics of individuals, ranging from black to brown to blonde to red. Hair, on the other hand, is an excellent cosmetic tool and method of nonverbal communication. Hair colour and style can drastically alter a person's physical appearance and, as a result, his or her body image. Because greying hair is seen as a sign of ageing, premature greying of hair (PGH) can have a negative impact on an individual's self-esteem if the main reason is malabsorption resulting in nutritional deficiencies. Hereby discussing a case of 19 yr male teenage who was brought by his mother with the C/o premature grey hair associated with loose stools after eating. Wherein the most difficult challenge to the physician is to execute the case with her own observations and mother's history as most of the teenagers don't open up fully during a case taking. Based on homoeopathic individualisation *Calcarea carbonica* remedy was selected and administered and within a few weeks remarkable changes in the pigment of the hair as well as improvement in the absorption & assimilation of intestines were seen.

Keywords: Homoeopathy, calcarea carbonica, canities, premature gray hair

Introduction
Premature graying of hair, also known as 'premature canities' or 'achromotrichia,' is characterised by a generalised loss of hair colour, particularly of scalp hair, or graying of hair before the age of 20. Although a precise cutoff for the amount of gray hair required to complete the criteria has yet to be determined, a minimum of 5 gray hair has been suggested. Only if graying develops before the age of 20 years in Whites, 25 years in Asians, and 30 years in Africans is hair considered prematurely gray. In India, there are very few studies on the epidemiology of premature graying of hair. For children and adolescents, the effects of emotional trauma caused by PGH can be overwhelming. Premature graying of hair was identified in 134 (10.6 %) of 1267 participants in a research. The majority of patients (n = 123, 91.8 %) were between the ages of 12 and 15, with seven patients between the ages of 9 and 11 and four patients under the age of 8. The average age of the group was 13.425 ±1.7786. The majority of the patients in a research by Sidharth Sonthalia *et al*. were aged 0 to 10 years, with a mean age of onset of 10.2 3.6 years [1].

Malabsorption syndrome: Fats, carbs, proteins, vitamins, minerals, and trace elements are all absorbed through the gastrointestinal tract. Malabsorption is defined as nutritional absorption that is hindered at any point during the absorption process. The small intestine, pancreas, or gallbladder are the most common sites of malfunction [2].

Etiopathogenesis
An inner cortex is bordered by an outer cuticle, so the human hair shaft is made up of two concentric areas. Another innermost layer, the medulla, may be present in a tiny percentage of hairs. There are 5–6 separate subpopulations of melanocytes within the unit. Melanogenically active melanocytes are found around the dermal follicular papilla in the infundibulum, sebaceous gland, and hair bulb. Undifferentiated inactive melanocytes can also be seen in the upper hair follicle reservoir near the insertion site of the arrector pili muscle, within the hair follicle's outer root sheath, and in the hair bulb matrix.

Melanin is produced and transmitted by active melanocytes to the keratinocytes of the hair shaft cortex, with a minor quantity also going to the medulla and the cuticle on rare occasions. The dormant melanocytes' function is unknown, however they may serve as a stem cell reserve that can be triggered to become melanin-producing cells if the skin is injured [3]. Melanogenesis, or the process of melanin synthesis and subsequent distribution from the melanocyte to the keratinocyte, is responsible for the colour of human hair. At many stages, the process is assumed to be genetically regulated. Human hair follicles contain two types of melanins: eumelanin, a black-brown pigment found mostly in black and brown hair, and pheomelanin, a yellow or red pigment found mostly in auburn and blonde hair. Gray hair is caused by a reduction in the number of melanocytes in the scalp. This could be due to a defect in the melanocytic stem cells or the follicular stem cell population being destroyed.

Oxidative stress caused by the build-up of reactive oxygen species (ROS) from hydrogen peroxide (a natural result of the hair growth process) or ultraviolet (UV) light is a common cause of follicular melanocyte mortality. Other sources of oxidative stress, such as pollution, emotional stress, alcohol consumption, substance abuse, and cigarette smoking, as well as inflammatory stress, may exacerbate this endogenous oxidative stress and overwhelm the hair follicle melanocyte antioxidant capacity, resulting in increased terminal damage in the ageing hair follicle. Graying's aetiology is not fully understood at this time. It is currently thought to be primarily hereditary, with the interaction of numerous environmental influences. Premature canities can arise as an autosomal dominant disorder before the age of 20 years old, without any underlying pathology. It can also happen in the context of organ-specific autoimmune illnesses including pernicious anaemia, hyper- or hypothyroidism, and premature ageing syndromes like progeria, pangeria, and atopic diathesis. Graying of hair was seen in 55 % of patients with pernicious anaemia before the age of 50, compared to just 30 % in the control group. Nutritional deficits such as prolonged protein loss owing to kwashiorkor, nephrosis, celiac disease, and other types of malabsorption, severe iron shortage, and copper insufficiency have also been linked to reversible hypopigmentation of hair. Gray hair can be caused by a lack of nutrients or disorders like vitiligo or Griscelli syndrome. Other causes implicated include stress, and administration of certain drugs including chloroquine, mephenesin, phenylthiourea, triparanol, fluorobutyrophenone, dixyrazine, the epidermal growth factor receptor inhibitor imatinib and interferon- alpha, and use of certain chemicals (medicated oils) and topically applied agents like dithranol, chrysarobin, resorcin, prostaglandin F2 alpha (PGF2 alpha) analogs. Patients with HIV infection, cystic fibrosis, and Hodgkin's lymphoma have also had premature greying. Hair greying has also been linked to a lack of neuroendocrine stimulation of hair follicle melanogenesis by locally generated substances such as adrenocorticotrophic hormone, melanocyte stimulating hormone, & endorphin. Long-term cervical and lumbar sympathectomy has also been demonstrated to slow or prevent the usual graying of scalp and pubic hair in two patients, implying that sympathetic denervation slows or prevents the natural graying of hair with age. Despite substantial molecular research being conducted to better understand the pathophysiology of canities, treatment options are still lacking, and no effective medication exists. Only a few oral treatments have been tested, with mixed outcomes. Successful treatment reports are anecdotal and have never been backed up by additional studies. As a result, dietary supplements including diverse combinations of vitamins and minerals such as biotin, calcium pantothenate, zinc, copper, and selenium are frequently prescribed randomly to patients. However, the scientific level of evidence for their efficacy in the published literature is currently minimal. After ingesting substantial dosages of p-aminobenzoic acid (PABA), temporary hair darkening has been recorded, albeit the mechanism of action is uncertain. In rendered camouflage techniques, hair colourants are the mainstay of therapy. The use of hair colour by a patient is influenced by a number of factors, including the patient's age of onset and the psychosocial impact, particularly in terms of employment potential. Various alternatives can be used depending on the degree of graying. If less than 10% of the hair is impacted, just plucking it out may be a viable option [4].

Case report

Introduction

A male patient named Mr N. J of age 19 Yr was brought by his mother with the complaints of Graying of scalp hairs since highschool and sudden urge to stools during & after eating food since childhood.

Presenting complaints:

- Greying of hairs since highschool.
- Sudden urge to stools during & after eating food since childhood.

History of presenting complaints

Details of gray hair

- Onset: Gradual
- Duration: Since his highschool days (8^{th}-9^{th} std) approximately 8 yrs
- Location: Head (Hair)
- Sensation: There is no itching or any kind of sensation present
- Modality: No modalities were elicited related to greying of hair
- Concomitants: Nothing specific
- Associated Symptoms: Nothing specific

Details of Gastrointestinal complaints:

- Patient have increased frequency of stools since childhood; goes atleast 2-3 times, sometimes 3-4 times a day.
- Now the patient is passing stools with increased frequency even during and after eating food immediately since highschool-college.
- **Onset:** Gradual
- **Duration:** Since childhood approximately since 9-10 yrs
- **Location:** Lower abdomen
- **Sensation:** Sudden sensation or urge to pass the stools.
- **Modalities**: < during eating; gets sudden urge while eating & goes to pass stools.
- < after eating
- < Milk
- Empty stomach

Local examination
- There is no hairfall
- Scalp & hair are oily/greesy to touch
- Dandruff present
- Waveyness or curly hairs present
- Grey hair between black hair
- Volume of hair more

Past medical history
Patient recurrently suffers from URTI every year, recurrent boils over gluteal region, on & off tinea cruris since many years, had suffered typhoid fever at the age of 14yrs, jaundice at 16yrs, dengue fever at 16yrs. Was on many forms of antipathic, allopathic medications for all of the above infections.

Family history
Father has cholelithiasis and hypertension, mother has osteoarthritis and anal fissure, elder sister is apparently healthy.

Personal history
- **Diet:** Mixed
- **Appetite:** Diminished; patient never asks by himself for food. Must force him.
- **Desires**: Nothing specific
- **Aversions**: Milk
- **Cravings**: Nothing specific
- **Bowels:** Passes 4-5 times/day; soft, sometimes semi-solid in consistency.
- **Micturition:** 3-4 D/0 N
- **Thirst:** Quenchable thirst
- **Perspiration:** normal
- **Sleep:** Sound
- **Dreams:** Not elicited
- **Fear:** according to the mother, he doesn't go alone in dark at night.
- **Thermals:** cannot tolerate cold weather; catches cold easily.

Birth history
- Child was born with Full term normal delivery (FTND)
- But with Low birth weight (LBW) of 1 kg.
- Child had cried immediately after birth.
- After few months of birth, infant started to become severly emaciated with distended abdomen.
- Even the infant was throwing up milk breast fed by mother; as said by the paediatrician it was lactose intolerance. For this he was admitted in the hospital for several days.
- There was delayed dentition & walking precisely according to mother. Other milestones not sure.
- Recurrent cold & coryza at every change of weather; especially cold weather.

Mentals
- Weak memory; forgetful.
- Doesn't obey his parents; i.e disobedient
- According to mother he doesn't seems to be a serious or responsible type of person; Takes everything very lightly.
- Don't listen to his mother; even after a lot of scolding from mother he doesn't bothers to listen to her.
- There is confusion of mind regarding decision making.
- Cannot take proper decision especially in his education or career selection; sometimes he tells that he want to opt Engineering, sometimes wants to study B.pharma, sometimes B.Sc & the list goes on.
- Weak in studies; has failed few times in the past; Doesn't like to study
- Patient cannot make his own decisions; he is always dependent on what his friends/ or other people are doing that he will do.
- During case taking patient was very shy to open up; I had to repeatedly ask him questions but got very few answers.
- He sat with his head bowed down with no eye to eye contact with me throughout the case taking; lack of confidence.
- Laughs in serious matters
- Sits all the day ideal doing nothing but with mobile.

Physical and systemic examination
Patient is conscious & well oriented with a lean, thin, tall body with 48 kg of weight. There were increased peristaltic bowel sounds heard with all other vital parameters normal.

Totality of symptoms
- Gray hair
- Frequent urge to stools
- Urge to stools < during eating
- Urge to stools < after eating
- Urge to stools < milk
- Forgetfulness
- Disobedient
- Not serious or responsible in his life
- Confusion of mind
- Doesn't study- aversion to work
- Shyness
- No eye to eye contact- lack of confidence
- Laughs in serious matters
- Sits ideally doing nothing- lazy or indolence
- Delayed milestones
- H/O Milk intolerance
- Intolerence towards cold
- Fear of darkness
- Lean, thin, & tall

Repertorial totality with Repertorization mentioned in Fig 1 (A) & (B)
- Gray hair
- Frequent urge to stools
- Urge to stools < during eating
- Urge to stools < after eating
- < milk
- Aversion milk
- Forgetfulness
- Disobedience
- Frivolous
- Confusion of mind
- Indecision
- Aversion to work
- Shyness/ bashful
- Dullness
- Want of confidence
- Fear of darkness
- Dentition slow
- Learning to walk late
- Intolerence towards cold

Prescription with auxillary management

1) Calcarea carbonica 200/ 2 dose (4-0-4) X 5 days
2) Placebo (4-0-4) X 15 days
3) Wash hair thoroughly with mild shampoo once in two days.

Table 1: Treatment & follow ups

Date	Signs & symptoms	Prescription
14/08/2021	• Greying of hair approximately since 8 yrs. • Sudden urge to stools during & after eating food since 9-10 yrs. (Fig 2)	1) Calcarean carb 200/ 2 dose/5 days 2) Placebo/ BD/15 days
4/09/2021	• No change in the colour of hair. • Frequency of stools reduced to 4-5 /day to 1-2 / day. • Appetite slightly increased- Ate 1 chapati by himself; mother did not force. • Weight- 48 kg • All other generals normal.	1) Placebo /BD/15 days
28/09/2021	• There is change in the colour of hair; though some grey hairs can be seen. • There is change in the lustre of hair, hair are less oily & curly, decreased dandruff. • Frequency of stools reduced to 1 / day. (Fig 3) • Appetite increased- Eats full meal 3 times/ day on its own. • All other generals are normal.	1) Placebo /BD/ 15 days
20/10/2021	• Appetite in a increased state • Weight increased from 48kg to 52kg • All other generals normal; no new complaints.	1) Placebo/ OD/ 1 month

Discussion

Here, an attempt has been made to understand the effectiveness of homoeopathic medications in the treatment of premature grey hair, particularly in situations with malabsorption deficits resulting in nutritional inadequacies. Despite extensive molecular research aimed at better understanding the pathophysiology of canities, no effective therapeutic options exist. Only a few oral treatments have been tested, with mixed outcomes. Successful treatment reports are based on anecdotal evidence and have never been supported by additional research. As a result, patients are commonly given nutritional supplements containing diverse combinations of vitamins and minerals on an ad hoc basis. However, there is currently very little scientific proof for their efficacy in the published literature. According to Herbert A. Roberts in his "The principles and art of cure by homeopathy", The homoeopathic physician has two goals in mind when taking the case. The first is to make a diagnosis, and the second and more important goal in taking a case is to identify and define the patient's genuine symptoms so that we can form a clear picture of the patient's ailments. So specifically as to this case the objectives is to make understand the effectiveness of homeopathic case taking & homeopathic medicine in cases where patients who don't open up fully infront of the physicians and treating the case solely based on mother's history & physician's observation; this commonly occurs in most of the teenagers group. So based on these priniciples, review of literatures, totality of symptoms & reportorial analysis & physician's observations a whole individualized homoeopathic case was taken and a similimum *Calcarea carbonica 200* was prescribed to a 19 yr teenager who was brought by his mother with the C/o gray hairs and loose stools after eating since 8-9 yrs. As soon as action of the remedy started patient improved in his appetite and gastrointestinal system & change in his nutritional status thus making a difference in his hair colour, which leads to the diagnosis that there were no other etiological factors causing premature gray hair in the patient rather it was derangement of the systems leading to the effect which was necessarily needed to be corrected homoeopathicaly.

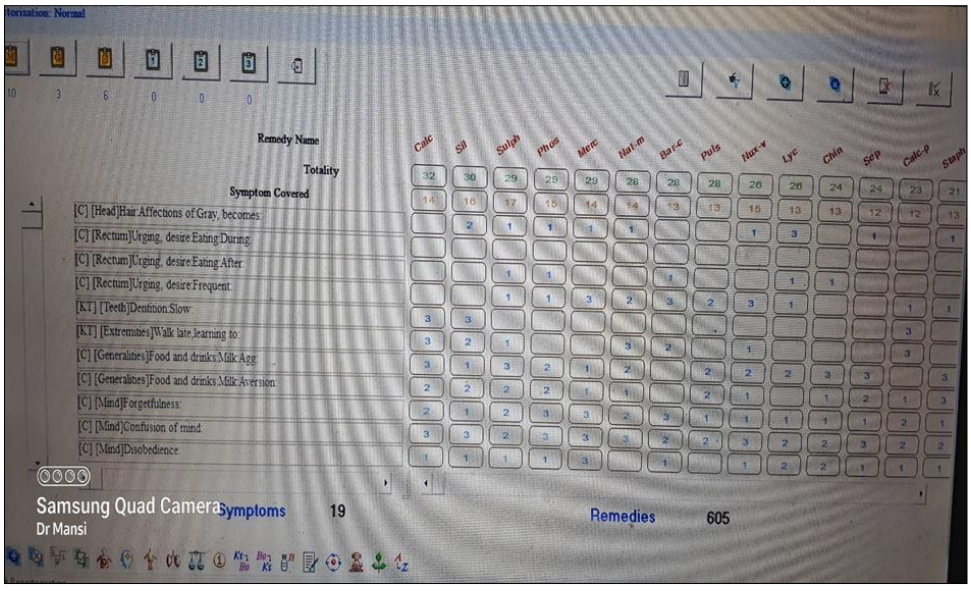

Fig 1 (A): Repertorization

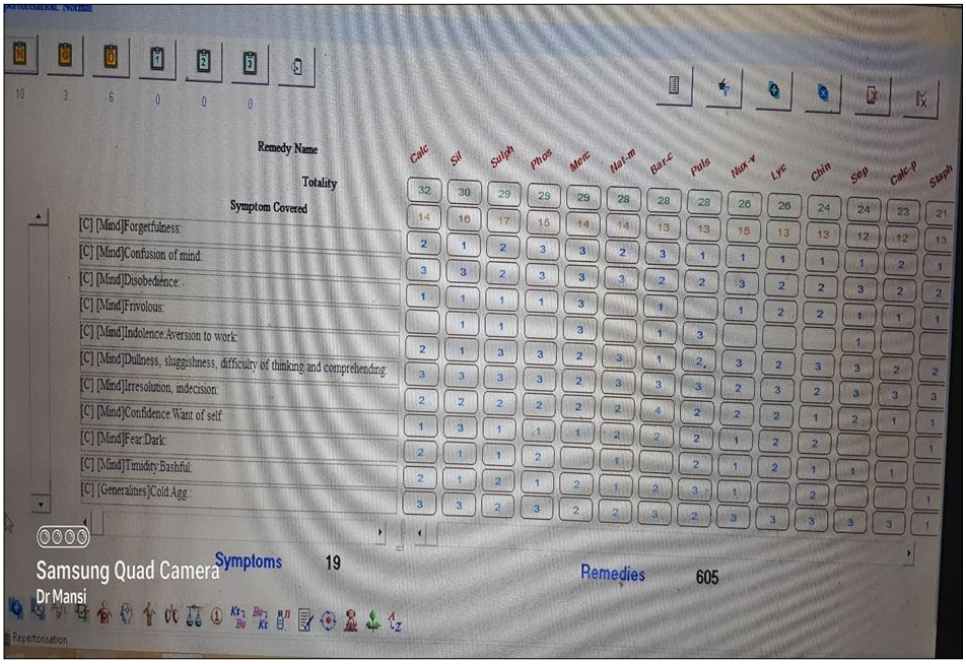

Fig 1 (B): Repertorization

Fig 2: Before treatment

Fig 3: After treatment

Conclusion

In the above case *Calcarea carbonica 200* was administered orally to the patient analysed over patient's history including birth history, totality of symptoms, reportorial analysis & physician's observations which concluded few remedies in picture among which calcarea carb was selected finally on observations, mentals & birth history basis which suits as the drug picture. The limitation of this case report is the case report itself, in the future more such cases of canities will be taken into consideration for a large controlled trials & case series, the case was not analysed through miasmatic view. Premature canities, often considered as a mundane disorder of little significance, seems to have a huge impact on the quality of life (QoL) of the sufferers. Thus, Homoeopathy giving satisfactory results in such cases.

Declaration of patient's consent: Oral consent from the patient was taken.

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Conflicts of interest: None declared

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