



Original Research Article

Volume 15 Issue 07

July 2026

MANAGEMENT OF ALOPECIA AREATA THROUGH HOMEOPATHY AT DR BATRA'S

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Abstract

Alopecia areata is a chronic, autoimmune disorder characterized by sudden, patchy, non-scarring hair loss on the scalp and other hairy areas. Conventional therapies may offer short-term benefits but relapses are common, making it a challenging condition to manage. Homoeopathy has emerged as a safe and effective option in the holistic management of alopecia areata, aiming not only to promote hair regrowth but also to strengthen immunity and restore emotional balance. The present case highlights the journey of an adolescent boy who presented with multiple alopecia patches and a history of allergic bronchitis. He gradually showed improvement under Dr Batra's homoeopathic care. Over time, visible regrowth of hair was observed in the patches, no new lesions appeared, and his associated allergic complaints reduced. This paper emphasizes the efficacy of Dr Batra's® homoeopathic treatment in treating autoimmune conditions like alopecia areata, showcasing not only physical recovery but also positive transformation in the patient's mental and emotional well-being.

Keywords: Alopecia areata, Autoimmune disorder, Homoeopathy, Dr Batra's treatment, Holistic healing

Introduction

Alopecia areata is a chronic autoimmune condition in which the body's immune system mistakenly attacks the hair follicles, leading to localized, non-scarring hair loss. It may present as small, round patches on the scalp or progress to involve the entire scalp (alopecia totalis) or the whole body (alopecia universalis). The condition can occur at any age but is more frequently seen in childhood and adolescence. The exact cause remains unknown, though genetic predisposition, environmental triggers, autoimmune tendencies, stress, and atopy are known contributors. Clinical presentation includes sharply demarcated bald patches, exclamation-mark hairs at the margins, and in some cases, nail changes like pitting or ridging. Patients often suffer from recurrent colds, allergies, or other autoimmune disorders, reflecting a lowered immune balance. Complications of alopecia areata are largely psychosocial rather than physical. The visible hair loss often causes embarrassment, low self-esteem, anxiety, and depression, especially in adolescents and young adults. Recurrent relapses and unpredictable prognosis further add to emotional burden. Hence, management requires not only physical treatment but also psychological and constitutional support.

Homoeopathy, with its individualized approach, aims to address the underlying susceptibility, strengthen the immune system, and provide holistic improvement in both physical and mental health.

Case Profile

A 14-year-old boy presented with multiple alopecia areata patches on the scalp, with hair pull test positive at the margins. He had a similar episode four years earlier, which had resolved with allopathic medicines. Since childhood he suffered from allergic bronchitis and recurrent allergic colds. The patches on his scalp initially caused him significant emotional distress, making him lose confidence and feel hopeless. Over time, with gradual regrowth of hair, his outlook on life improved—he expressed that the betterment in his condition changed his perspective, and he now feels that anything is possible with the right approach. He is much happier, more optimistic, and confident. With consistent treatment, dietary advice, lifestyle modifications, sun exposure, and supportive care, the alopecia patches showed progressive regrowth. Eventually, most of the patches covered fully, with only minimal areas left showing hair growth. He became more positive, started participating in daily activities confidently, and even stopped wearing a cap, feeling assured enough to show

his hair. Overall, he regained his self-confidence, continued with a healthy lifestyle including pranayama, and now maintains a hopeful and motivated outlook.

Physical Generals

Diet: Mixed

Appetite: Good

Desire: N.S

Aversion: N.S

Thermal Reaction: Chilly patient, prefers summer

Thirst: Good, about 2 liters/day

Stools: Regular

Urine: Regular

Perspiration: Scanty

Sleep: Sound, 7–8 hours

Dreams: -

Examination

Scalp/Hair: Multiple alopecia areata patches present on frontal and occipital regions; initially hair pull test positive at margins, later showing gradual regrowth.

Respiratory System: History of allergic bronchitis and recurrent allergic cold since childhood

Mental Generals –

The patient is a 14-year-old boy with normal milestones and good academic performance, showing particular interest in English and Science, along with hobbies such as reading books and drawing. He is confident at new places, takes initiative easily, makes friends quickly, and enjoys outdoor games. Being a single child, he shares a close bond with his family and receives good support. Initially, the appearance of alopecia patches caused significant emotional distress, leading to loss of confidence and feelings of hopelessness. However, with visible improvement in his condition and regrowth of hair, his mental state has shown remarkable positive change. He now feels optimistic, cheerful, and motivated, expressing that with the right approach anything is possible. He has no significant stress, sleeps soundly without notable dreams, and currently demonstrates a healthy, balanced emotional outlook.

Past History

- Episode of alopecia areata 4 years back, resolved with allopathic medicines.
- History of allergic bronchitis since age 4 years.
- Recurrent episodes of allergic cold.
- No history of hospitalization.
- No history of major illness, surgery, trauma, or other chronic diseases.

Family History

- No family history of alopecia areata.
- No family history of bronchial asthma, allergic disorders, or chronic systemic illnesses.
- No hereditary or genetic disorders reported in immediate family members.

Case analysis Reportorial totality

Repertory used	Rubrics selected
Synthesis Repertory	– HEAD - HAIR - baldness - gonorrhea; after – HEAD - HAIR - baldness - young people – GENERALS – COLD – MIND - CONFIDENCE

Repertory screenshot

Remedies	<i>bar-c.</i>	<i>sil.</i>	<i>arund.</i>	<i>bac.</i>	<i>kali-s.</i>	<i>tub.</i>
Serial Number	1	2	3	4	5	6
Symptoms Covered	1	1	1	1	1	1
Intensity	2	2	1	1	1	1
Result	1/2	1/2	1/1	1/1	1/1	1/1
Clipboard 1						
HEAD - HAIR - baldness - gonorrhea; after					1	
HEAD - HAIR - baldness - young people	2	2	1	1		1
GENERALS						
GENERALS - COLD						
MIND - CONFIDENCE						

Selection of Remedy

Flouric acid 200

Jaborandi MT for LA

Calc P 6X

Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Alopecia areata patches (recurrent)	√	√		√
History of allergic bronchitis & recurrent cold	√			√
Chilly patient (thermal reaction)	√			
Loss of confidence, hopelessness due to bald patches	√			
Gradual regrowth of hair with treatment	√			
Young age presentation of baldness		√		
General weakness of immunity (frequent colds)				√
Good appetite, normal sleep, no major systemic complaints	√			

Miasmatic Predominance

- **Sycosis:** because of alopecia areata in a young boy, hair loss tendency, and features like “head-hair-baldness in young people.”
- **Tubercular:** tendency for recurrent allergic bronchitis and colds, weak resistance, and alopecia patches responding to lifestyle/diet.
- **Psora:** contributory, as seen in chilly patient, emotional impact (confidence issues), and functional disturbances.

Overall Predominance: Sycotic with Tubercular background, psora intermingled.

Materials and Methods

Synthesis repertory was used for Repertorization

Results: Month-wise Follow-up Progress

Month	Progress	Prescription
1st month (Feb 2023)	Alopecia areata patches present, hair pull test positive, associated allergic cold/cough.	Calc Phos 200C (2 doses, 1st week), Fluoric Acid 200C, Jaborandi Q (local application), Ferrum Phos 6X & Calc Phos 6X (alt).
2nd month (Mar 2023)	Viral cold & fever, patches gradually increasing.	Phosphoric Acid 200C (weekly), Fluoric Acid 200C, Jaborandi Q (LA), Ferrum Phos 6X, Calc Phos 6X. Hep Sulph 200C for cough.
3rd month (Apr 2023)	Patches still spreading, hair fall continued.	Phos Acid 200C, Fluoric Acid 200C, Jaborandi Q (LA), Ferrum Phos 6X, Calc Phos 6X.
4th month (May 2023)	Hairfall reduced, HPT partially negative, patches increasing slowly.	Phos Acid 200C (weekly), Fluoric Acid 200C, Jaborandi Q, Ferrum Phos 6X, Calc Phos 6X.
5th month (Jun-Jul 2023)	New hair growth visible in patches, photos taken.	Vincetoxicum 30C, Fluoric Acid 200C, Jaborandi Q (LA), Ferrum Phos 6X, Calc Phos 6X.
6th month (Aug-Sep 2023)	Mild regrowth, no new patches.	Vincetoxicum 30C, Jaborandi Q (LA), Ferrum Phos 6X, Calc Phos 6X.
7th month (Oct-Nov 2023)	Gradual regrowth continuing, photos compared.	Vincetoxicum 30C, Jaborandi Q (LA), Ferrum Phos 6X, Calc Phos 6X.
8th month (Dec 2023-Jan 2024)	New hair growth, no fresh patches, exams ongoing.	Vincetoxicum 30C, Jaborandi Q, Ferrum Phos 6X, Calc Phos 6X.
9th month (Feb-Mar 2024)	Steady regrowth in patches, diet/sun exposure advised.	Vincetoxicum 30C, Jaborandi Q, Ferrum Phos 6X, Calc Phos 6X.
10th month (Apr-May 2024)	Regrowth significant, no new patches.	Vincetoxicum 30C, continued supportive medicines, Nutrigood powder advised.
11th month (Jun-Aug 2024)	Good regrowth, occipital and frontal patches improving.	Vincetoxicum 30C, continued regimen.

12th month (Sep–Dec 2024)	Patches showing significant regrowth, almost covered.	Vincetoxicum 30C maintained, supportive Biochemic & Jaborandi Q.
13th month (Jan–Mar 2025)	Almost all patches covered, one patch with regrowth.	Fluoric Acid 30C, 5 Phos 6X, Berberis Aqua Q, Jaborandi Q (local), Thuja 1M.
14th month (Apr–Jun 2025)	Patches nearly all covered, patient more confident, stopped wearing cap.	Fluoric Acid 30C, 5 Phos 6X, Berberis Aqua Q, Jaborandi Q (local).
15th month (Jul–Aug 2025)	Patches covered, patient continues pranayama & lifestyle advice, confidence improved, reports demanded.	Fluoric Acid 30C, 5 Phos 6X, Berberis Aqua 200C/Q, Jaborandi Q (local), Thuja 1M.

Discussion & Conclusion

The patient, a young adolescent, first presented with multiple alopecia areata patches on the scalp, accompanied by a positive hair pull test at the margins. The condition had a relapsing tendency as he had experienced a similar episode in the past, which was temporarily relieved with treatment but recurred after a few years. Along with alopecia, he also suffered from allergic bronchitis since early childhood and recurrent allergic colds, suggesting an underlying constitutional susceptibility and lowered immunity.

As the treatment progressed, the patient's confidence level improved significantly. Initially, he was anxious and withdrawn, but later he expressed optimism and a positive outlook toward life. He stopped wearing a cap to hide his patches, started engaging more socially, and felt motivated to pursue his hobbies and studies with renewed enthusiasm. His physical generals also remained balanced with good appetite, sound sleep, and stable emotional state.

By the end of the treatment journey, almost all alopecia patches had regrown hair, and the scalp showed healthy coverage. The associated complaints of frequent cold and cough also reduced in intensity and frequency, indicating overall constitutional strengthening. The case highlights the importance of a holistic approach in managing alopecia areata, not only addressing the physical condition but also supporting the patient's mental and emotional well-being.

In conclusion, this case demonstrates that with consistent constitutional management, supportive measures, and lifestyle modifications, a relapsing autoimmune condition like alopecia areata can be effectively controlled and reversed. The patient not only regained his hair but also his confidence, emotional balance, and quality of life, marking this case as a successful example of holistic healing.

The transformation



Acknowledgments

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

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