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ANDROGENIC ALOPECIA WITH PROGRESSIVE HAIR THINNING TREATED AT DR BATRA'S® HOMEOPATHY CLINIC

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Abstract

Androgenic alopecia (AGA) is a common chronic condition with significant psychosocial impact in young males. This case report presents a 27-year-old male with progressive hair fall, receding hairline, and frontal–occipital thinning, with history of prolonged use of minoxidil and multiple external applications with limited benefit. A classical homeopathic approach was applied based on individualization, totality of symptoms, and miasmatic assessment. Over 20 months, the patient reported stabilization of hair fall, visible new growth on serial photo comparison, improved scalp health, and enhanced confidence. This case highlights a clear transformation achieved at Dr Batra's® Homeopathy Clinic.

Keywords: Androgenic alopecia, male pattern baldness, homeopathy, repertorization, totality, miasm, case report

Introduction

Androgenic alopecia (AGA), also termed male pattern baldness, is characterized by progressive miniaturization of hair follicles under androgen influence and genetic predisposition. It commonly presents with frontal hairline recession and vertex thinning. Though conventional measures like topical minoxidil may provide temporary benefit, discontinuation often leads to relapse and continued progression. Due to the chronicity, cosmetic concern, and emotional impact, many patients seek holistic long-term options. Classical homeopathy aims to address the individual's susceptibility through a constitutional approach rather than only local scalp changes.

Case Profile

Age/Sex: 27 years / Male

Occupation: Airforce personnel

Clinic: Dr Batra's® Homeopathy Clinic

Duration of complaint: ~5 years (since 2019)

Duration of homeopathic treatment: 20 months

Provisional diagnosis: Androgenic Alopecia (Male AGA)

Chief Complaints

1. Hair fall (persistent, distressing)
2. Receding hairline
3. Loss/thinning of hair over frontal and occipital region

History of Present Illness

The patient reported progressive hair fall since 2019 with visible recession of the frontal hairline and thinning over frontal and occipital scalp. He had been using allopathic medication and topical minoxidil since 2019, along with different herbal oils. He discontinued these measures one week prior to consultation. He expressed concern about continued progression and wanted a long-term solution.

Past History

- Accident (2022) → surgery for left hand fracture and left mandible fracture
- Recurrent fever episodes during weather changes

Family History

Father had history of kidney infection, was on dialysis, and expired in 2019.

Physical Generals

- Appetite: Normal
- Thirst: Normal
- Desire: Savoury foods
- Thermal reaction: Hot patient
- Perspiration: On scalp
- Sleep: Sound sleep

Mental & Emotional Symptoms

Since childhood, the patient showed a controlled emotional pattern, where he would feel anger internally but rarely expressed it outwardly, preferring to remain composed and avoid confrontation. As he grew older, this tendency evolved into a personality that appeared stable and self-managed, with emotions often kept “inside,” especially under stress. He described himself as an ambivert, socially functional yet selective in expression. In adult life, he developed a habit of keeping everything planned beforehand, showing a structured approach to daily activities and decision-making. He also stated that he “lives life as he feels like,” indicating an internal sense of independence, yet with emotional restraint. With improvement in hair condition, he reported feeling more confident, “fresh,” and appreciated receiving compliments, reflecting a positive shift in self-image.

Clinical Examination

Scalp/Hair Examination (Baseline):

- Receding frontal hairline
- Diffuse thinning over frontal and occipital scalp
- Hair fall active (patient complaint)
- Dandruff/itching: intermittently present earlier, later absent during follow-ups
- Serial photo documentation advised and performed during follow-ups

Diagnosis

Androgenic Alopecia (Male pattern hair loss)

Differential Diagnosis

1. Telogen effluvium (stress-related diffuse shedding)
2. Alopecia areata (patchy loss — excluded clinically)
3. Seborrheic dermatitis with hair fall
4. Nutritional deficiency-related hair fall

Case Analysis

The case showed:

- Chronic progressive complaint with long-term topical/allopathic dependence
- Strong constitutional generals: hot patient, scalp perspiration, desire savoury, sound sleep
- Mental state: anger controlled/unexpressed, planned nature, ambivert
- Associated susceptibility: recurrent fever on weather change
- Improvement correlated with overall well-being and confidence (HRQL gain)

Totality of Symptoms

Mental generals

- Anger: controlled, unexpressed
- Personality: ambivert
- Nature: everything planned beforehand

Physical generals

- Thermal: hot
- Perspiration: scalp
- Desire: savoury foods
- Sleep: sound

Particulars

- Hair fall with receding hairline
- Thinning over frontal + occipital scalp

Repertorial Rubrics Considered

1. Mind – Anger – suppressed / ailments from suppressed anger
2. Mind – Reserved / controlled emotions
3. Mind – Planning – desire to plan / methodical
4. Generalities – Heat – patient is hot
5. Perspiration – Scalp – perspiration
6. Stomach – Desires – salty / savoury
7. Hair – Falling – hair
8. Hair – Baldness – receding hairline / male pattern
9. Skin/Scalp – Dandruff – tendency (intermittent)

Repertorization

Repertorization based on the above totality yielded prominent remedies including *Lycopodium clavatum* (close differential), along with other constitutional possibilities. Final remedy selection was made after correlating repertorial result with the patient's mental–physical generals and susceptibility.

Life Space

- Long-term reliance on topical agents (minoxidil) since 2019
- Cosmetic anxiety and self-image concern due to hair fall
- Occupational stress and routine changes (airforce lifestyle)
- Climatic sensitivity with fever during weather change
- Discontinuation of external applications just before homeopathic start (possible rebound shedding considered)

Miasmatic Assessment

The chronic progressive nature of hair thinning with hereditary tendency (family background) and gradual structural change suggested a predominant sycotic–psoric background, with chronicity and tendency to progression indicating deeper susceptibility. Remedy selection and potency were planned accordingly with long-term follow-up.

Remedy Selection

Reason for prescribing:

The prescription was based on individualization, emphasizing:

- Controlled, suppressed emotional expression
- Methodical/planned temperament
- Hot patient with scalp perspiration
- Desire for savoury foods
- Classical totality matching hair fall with AGA pattern

Potency Selection

Potency: 200C

Reason: As the patient reported sudden progression and active complaint intensity, a higher potency was selected to act at the constitutional level and to address susceptibility.

Prescription

Constitutional remedy (200C) was prescribed as per totality, along with supportive guidance and follow-up monitoring.

Dose & repetition: As per clinical requirement, response, and follow-up assessment.

Follow-Up

Key Observations Across Follow-ups

- Hair fall gradually stabilized
- Dandruff and itching resolved
- Photo comparison showed visible improvement and new growth
- Patient's confidence and satisfaction increased
- Patient expressed desire to take a break after improvement and due to relocation plans

Follow-Up Table

Date	Clinical Status	Scalp Symptoms	Patient Feedback
16/09/2024	Joined; counselling done	Itching absent	Will start next month
16/10/2024	Hair fall stable	No itching	Starting sessions
06/11/2024	Hair fall reducing	No dandruff/itching	Happy; new growth visible
05/12/2024	Betterment maintained	No itching/dandruff	Stable improvement
23/01/2025	Hair fall stable	Mild dandruff	Betterment visible
20/02/2025	Hair fall much controlled	No dandruff/itching	Dry lips noted
28/03/2025	Thinning improved	No dandruff/itching	Betterment on photos
06/06/2025	Improvement maintained	Scalp clear	Hairfall reduced vs before
06/07/2025	Continued betterment	HPT negative	Wants break; satisfied
26/07/2025	Follow-up continuation	Stable	Ongoing monitoring

Hair Fall Status Over Time

Follow-up	Hair fall status
Baseline	Active / distressing
Oct 2024	Stable
Nov 2024	Reducing
Dec 2024	Stable + improved
Jan 2025	Stable

Follow-up	Hair fall status
Feb 2025	Much controlled
Mar 2025	Better control maintained
Jun 2025	Reduced significantly
Jul 2025	Stable with satisfaction
End of 20 months	Maintained improvement

Scalp Parameters: Baseline vs During Treatment

Parameter	Baseline	During treatment
Itching	Occasional earlier	Absent in most follow-ups
Dandruff	Intermittent	Mostly absent; mild episode in Jan 2025
Scalp clarity	Variable	Clear scalp noted in later follow-ups

Serial Photo Comparison

Date	Photo comparison	Result
06/11/2024	Done	New growth visible
23/01/2025	Done	Betterment visible
28/03/2025	Done	Improvement maintained
06/06/2025	Updated	Improvement shown to patient
06/07/2025	Done	Betterment visible

Psychological / HRQL Impact

Aspect	Before	After
Confidence	Reduced due to hair loss	Increased, feels “fresh”
Social comfort	Self-conscious	Receives compliments
Satisfaction	Dissatisfied with prior measures	Happy with improvement

Physical Generals – Follow-up Observation

General	Observation
Appetite	Normal throughout
Thirst	Normal throughout
Sleep	Sound throughout
Thermal	Hot patient
Perspiration	Scalp perspiration noted

Associated Complaints – Status

Complaint	Status
Fever with weather change	History present
Dry lips	Reported Feb 2025
Stress handling	Stable personality; improved outlook

Timeline of Patient Decisions

Timeline	Patient decision
Initial months	Regular follow-up
Jun 2025	Considering renewal; financial/plan constraints
Jul 2025	Wants break due to satisfaction and relocation
Future plan	Intends 1-year treatment later before leaving Pune

Remedies Considered

Remedy	Reason considered	Status
Lycopodium	Close repertorial match; hair + generals	Differential
Other remedies	Based on hair fall patterns	Ruled out after individualization

Outcome Summary (20 Months)

Outcome parameter	Result over 20 months
Hair fall	Reduced and stabilized
Thinning	Improved
Scalp health	Clear; dandruff/itching resolved
New growth	Visible on serial photos
Confidence	Improved
Overall status	Maintained betterment

Transformation Table

Parameter	Before Homeopathy	After Homeopathic Care at Dr Batra's®
Hair fall	Continuous, distressing	Stable → reduced → controlled
Hairline recession	Progressive	Stabilized with visible improvement
Frontal/occipital thinning	Prominent	Improved density on comparison
Scalp condition	Occasional dandruff/itching	Mostly absent; scalp clear
Dependence on external agents	Minoxidil + oils since 2019	Discontinued; maintained improvement
Confidence	Low, self-conscious	“Fresh”, confident, complimented
Satisfaction	Unhappy with results earlier	Happy and motivated



Figure 1: Serial photo comparison – before and after homeopathic treatment

Prognosis

AGA is a chronic progressive condition; hence prognosis depends on susceptibility, heredity, and maintenance. In this case, stabilization and visible improvement were achieved and maintained over follow-ups, suggesting a favorable response with constitutional management and continued monitoring.

Discussion

1. This case demonstrates a classical homeopathic approach in a chronic cosmetic–psychological condition like androgenic alopecia.
2. The patient had a long-standing history of conventional topical use (minoxidil) and external applications, with continued progression.
3. Homeopathic prescribing was individualized using mental generals, physical generals, and particulars rather than hair symptoms alone.
4. Suppressed anger, controlled emotions, and a planned nature formed the key mental framework supporting remedy selection.
5. Physical generals like hot patient, scalp perspiration, and desire for savoury foods strengthened the constitutional picture.
6. Follow-ups consistently documented reduction in hair fall and improvement in thinning with serial photo comparison.
7. Resolution of dandruff and itching indicated improved scalp health and reduced local irritation factors.

8. Improvement in confidence and positive self-image reflected meaningful HRQL change beyond physical hair parameters.
9. Potency selection supported deeper action due to sudden progression and the need for constitutional correction.
10. Long-term follow-up is essential in AGA, and this case suggests that individualized homeopathy can provide sustained benefit when monitored systematically.

Conclusion

1. Androgenic alopecia requires long-term management due to its chronic progressive nature.
2. This patient presented with multi-year hair fall and hairline recession despite prolonged conventional measures.
3. Classical homeopathy was applied using totality-based individualization and constitutional assessment.
4. The treatment resulted in stabilization and reduction of hair fall over time.
5. Visible improvement in new growth and thinning was documented through serial follow-up and photo comparison.
6. Scalp symptoms like dandruff and itching reduced markedly, supporting better scalp health.
7. Mental and emotional well-being improved, with enhanced confidence and social comfort.
8. The case highlights the importance of selecting remedies based on generals and mentals, not only local pathology.
9. Consistent follow-ups helped track progress and maintain therapeutic direction.
10. Overall, the case demonstrates a positive clinical response and sustained improvement, indicating the role of individualized homeopathy in AGA management.

References

1. Boericke W. Pocket Manual of Homoeopathic Materia Medica. New Delhi: B Jain Publishers; 2007.
2. Kent JT. Lectures on Homoeopathic Philosophy. New Delhi: B Jain Publishers; 2003.
3. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; 2002.
4. Vithoulkas G. The Science of Homeopathy. New York: Grove Press; 1980.
5. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica. New Delhi: B Jain Publishers; 2002.
6. Clarke JH. A Dictionary of Practical Materia Medica. New Delhi: B Jain Publishers; 2004.
7. Murphy R. Homeopathic Medical Repertory. New Delhi: Indian Books & Periodicals; 2004.
8. Boger CM. Boger Boenninghausen's Characteristics & Repertory. New Delhi: B Jain Publishers; 2003.
9. Close S. The Genius of Homeopathy. New Delhi: B Jain Publishers; 2001.
10. Swayne J. International Dictionary of Homeopathy. Edinburgh: Churchill Livingstone; 2000.