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HOMOEOPATHIC MANAGEMENT OF ALOPECIA UNIVERSALIS ASSOCIATED WITH ENDOCRINAL DYSFUNCTION: A LONG-TERM CASE REPORT AT DR BATRA'S

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ABSTRACT

Background: Alopecia universalis (AU) is the most severe form of alopecia areata characterized by complete loss of scalp and body hair. It is considered an autoimmune disorder and is frequently associated with other autoimmune diseases such as thyroid dysfunction, rheumatoid arthritis, and diabetes mellitus. Long-standing disease often carries a guarded prognosis because spontaneous regrowth becomes increasingly uncommon. **Case Summary:** A 46-year-old female presented with alopecia universalis since 2010. The disease began as a solitary patch over the vertex and gradually progressed to complete scalp and body hair loss over the following years. Each episode was preceded by erythematous eruptions and intense itching followed by permanent hair loss. She was a known case of type 2 diabetes mellitus, hypothyroidism, rheumatoid arthritis, and fatty liver disease. Constitutional assessment revealed suppressed anger, prolonged grief over family responsibilities after her husband's death, emotional sensitivity, overthinking, inability to express emotions, forgetfulness, and marked craving for salty food. Individualized homoeopathic treatment with Natrum muriaticum as the constitutional remedy, Fluoric acid during active hair loss, and Thuja occidentalis as an intercurrent remedy was prescribed. **Outcome:** During one year of treatment no fresh alopecic patches developed. Progressive regrowth was documented on videomicroscopy, itching subsided, inflammatory eruptions disappeared, scalp stability improved, and joint symptoms also showed improvement. The autoimmune condition remained clinically stable with gradual follicular recovery.

Keywords: Alopecia universalis, Alopecia areata, Autoimmune disease, Natrum muriaticum, Homoeopathy, Case report.

INTRODUCTION

Alopecia universalis represents the most advanced end of the alopecia areata spectrum and is characterized by complete loss of scalp and body hair. The disease is mediated by autoimmune destruction of anagen hair follicles and is commonly associated with thyroid disorders, diabetes mellitus, rheumatoid arthritis, vitiligo, and other autoimmune conditions.

Long-standing alopecia universalis poses a major therapeutic challenge because chronic follicular damage substantially reduces the probability of spontaneous regrowth. Besides cosmetic disfigurement, the disease causes considerable psychosocial distress, emotional suffering, and reduced quality of life.

Individualized homoeopathic treatment considers the patient's constitutional characteristics, emotional profile, associated autoimmune disorders, and disease evolution while aiming to reduce disease activity and promote hair regrowth.

This report presents the long-term management of chronic alopecia universalis associated with diabetes mellitus, hypothyroidism, and autoimmune arthritis.

CASE PRESENTATION

A 46-year-old housewife presented with complete hair loss involving the scalp and body since 2010.

The disease initially appeared as a single alopecic patch over the vertex.

Subsequently:

- Multiple patches developed.
- Hair loss gradually progressed to involve the entire scalp.
- Eventually complete body hair loss occurred, consistent with alopecia universalis.

Each episode typically followed a characteristic sequence:

- Erythematous eruption
- Severe itching
- Resolution of inflammation
- Development of a permanent bald patch

The disease had remained progressive despite previous treatment.

History of Present Illness

The patient reported that the disease started suddenly in 2010 without any identifiable precipitating illness.

Hair loss progressed slowly over several years.

Current complaints included:

- Complete scalp hair loss

- Loss of body hair
- Oily scalp
- Occasional itching
- No fluorescence on Wood's lamp examination
- Positive halo sign
- Hair pull test positive around active lesions
- Exclamation mark hairs absent

Associated Medical Conditions

The patient was a known case of:

- Type 2 Diabetes Mellitus
- Hypothyroidism
- Rheumatoid arthritis
- Fatty liver disease
- Hypercholesterolemia
- Iron deficiency anemia

Past History

- Type 2 Diabetes Mellitus
- Hypothyroidism
- Rheumatoid arthritis
- Fatty liver

Family History

- No family history of alopecia or autoimmune disease.

Obstetric History

- G2P1A1
- One full-term normal vaginal delivery (male child)
- Significant emotional stress during pregnancy due to family disputes and financial insecurity

Personal History

- Diet: Vegetarian
- Appetite: Regular
- Desire: Salty food
- Aversion: Sweets comparatively
- Thirst: Approximately 2 litres/day

- Stool: Satisfactory
- Urine: Increased frequency without burning
- Tongue: Clear
- Nails: Healthy
- Acidity requiring occasional antacids (DSR/ENO)

Menstrual History

- Regular menstrual cycles
- Duration: 4 days
- Normal flow
- No clots
- No leucorrhoea
- Mild lumbago

Mental Generals

The patient exhibited several characteristic constitutional features:

- Suppressed violent anger
- Unable to express emotions
- Cries after episodes of anger
- Overthinking regarding family responsibilities
- Persistent thoughts that are difficult to overcome
- Emotional sensitivity to minor issues
- Forgetfulness
- Easily hurt by criticism
- Dwells on unpleasant experiences for prolonged periods
- Stress related to future and finances
- Husband had died due to brain hemorrhage, following which she assumed complete family responsibility

Physical Examination

Scalp examination revealed:

- Alopecia universalis
- Oily scalp
- Positive hair pull test around active lesions
- Halo sign present
- Exclamation mark hairs absent

- Wood's lamp examination: No fluorescence
- Mild scarring noted over selected scalp regions during follow-up
- Occipital follicles preserved with evidence of new growth on videomicroscopy

Laboratory Investigations

Investigation	Result
HbA1c (Initial)	8.5%
HbA1c (Follow-up)	7.5%
Random Blood Sugar	202–279 mg/dL (later improved to 121–145 mg/dL)
TSH	9.45 μ IU/mL
Vitamin D	67.02 ng/mL
Ferritin	6.10 ng/mL
Serum Iron	22 μ g/dL
Hemoglobin	10.61 g/dL
ESR	25 mm/hr
C-Reactive Protein	3.94 mg/L
Rheumatoid Factor	36.8 IU/mL
Total Cholesterol	214 mg/dL

Diagnosis

Alopecia Universalis associated with Type 2 Diabetes Mellitus, Hypothyroidism, and Rheumatoid Arthritis

Differential Diagnosis

- Chronic Alopecia Totalis
- Chronic Telogen Effluvium
- Scarring Alopecia
- Chronic Diffuse Alopecia Areata

Case Analysis

The patient presented with long-standing autoimmune alopecia universalis accompanied by multiple autoimmune comorbidities, including diabetes mellitus, hypothyroidism, and rheumatoid arthritis.

The characteristic constitutional picture included:

Mental Characteristics

- Suppressed emotions
- Violent anger but inability to express it

- Easily hurt
- Dwells on emotional events
- Overthinking
- Family responsibility after husband's death
- Emotional sensitivity
- Forgetfulness

Physical Characteristics

- Salty craving
- Oily scalp
- Positive hair pull test
- Autoimmune background
- Acidity
- Increased urinary frequency
- Rheumatoid joint stiffness

These constitutional and pathological characteristics strongly supported an individualized constitutional prescription with Natrum muriaticum, complemented by disease-specific and intercurrent remedies during the course of treatment.

Totality of Symptoms

Mental Generals

- Suppressed violent anger with inability to express emotions
- Cries after episodes of anger
- Overthinking regarding future and finances
- Dwells on unpleasant thoughts for a long time
- Easily hurt by criticism
- Emotional over trifles
- Forgetfulness
- Family responsibility after husband's death

Physical Generals

- Desire for salty food
- Oily scalp
- Acidity requiring frequent antacids
- Increased urinary frequency
- Diabetes mellitus

- Hypothyroidism
- Rheumatoid arthritis

Particulars

- Alopecia universalis since 2010
- Disease begins with itching and eruption followed by bald patch formation
- Positive Hair Pull Test around active patches
- Mild scalp itching
- Occipital follicular activity on VMS
- No fluorescence on Wood's lamp

Repertorial Analysis

The following rubrics were selected:

- Mind – Dwells on past disagreeable occurrences
- Mind – Ailments from grief
- Mind – Suppressed anger
- Mind – Weeping easily
- Mind – Forgetfulness
- Generals – Food and drinks – Salt – desire
- Head – Hair – Falling
- Head – Alopecia
- Head – Itching of scalp

Leading Remedies after repertorization

1. Natrum muriaticum
2. Arsenicum album
3. Graphites
4. Sepia
5. Thuja occidentalis

Remedy Differentiation

Natrum muriaticum

Selected as the constitutional remedy because the patient demonstrated classic Natrum muriaticum characteristics including suppressed emotions, prolonged grief, overthinking, inability to express anger, dwelling on unpleasant experiences, emotional sensitivity, craving for salty food, and autoimmune susceptibility. The remedy corresponded closely with both the mental and physical constitution.

Arsenicum album

Considered because of the autoimmune pathology, anxiety regarding health, and restlessness. However, the characteristic fearfulness, marked restlessness, and fastidious nature were not sufficiently prominent.

Graphites

Considered because of chronic inflammatory scalp conditions, but the patient lacked the typical obese constitution, constipation, and sticky discharges characteristic of Graphites.

Sepia

Considered owing to hormonal involvement, yet the patient lacked indifference toward family and the characteristic Sepia emotional picture.

Thuja occidentalis

Selected as an intercurrent remedy considering the chronic autoimmune background and longstanding disease process.

Prescription

Remedy	Purpose
Natrum muriaticum	Constitutional remedy
Fluoric acid	Acute remedy during active hair loss
Thuja occidentalis	Intercurrent remedy
Saccharum lactis	Placebo during observation

The prescription was individualized according to the totality of symptoms and modified according to the patient's clinical progress during follow-up.

Miasmatic Analysis

The case demonstrated a mixed miasmatic background.

Psoric miasm

- Itching
- Autoimmune susceptibility
- Functional disturbances

Sycotic miasm

- Chronicity
- Oily scalp
- Metabolic disorders
- Diabetes mellitus
- Hypothyroidism

Syphilitic miasm

- Extensive destruction of hair follicles
- Alopecia universalis
- Long disease duration
- Progressive tissue loss

The predominant miasmatic expression was Syco-syphilitic with underlying psoric activity.

Follow-up

Date	Clinical Progress
Sept 2025	No fresh patches. Appetite improved. Acidity reduced. Hair stable.
Oct 2025	No new lesions. Scalp perspiration reduced. Hair remained stable.
Nov 2025	Early regrowth noted. Itching present but reduced. Stress due to family responsibilities persisted.
Dec 2025	Regrowth documented on videomicroscopy. Laboratory evaluation showed hypothyroidism, iron deficiency, diabetes, and positive rheumatoid factor.
Jan 2026	Itching reduced markedly. Joint stiffness improved. No new patches.
Feb 2026	Continued stabilization with reduced joint pain and scalp symptoms.
Mar 2026	No new alopecic patches. No urticarial eruptions. Overall improvement maintained.
Apr 2026	Mild regrowth on old patches. Knee pain and overthinking reduced.
May 2026	Disease remained stable. Existing patches showed slow regrowth. Diabetes better controlled.
Jun 2026	Mild scalp itching only. Occipital follicles remained active despite chronic disease.
Jul 2026	Videomicroscopy demonstrated follicular activity and mild new hair growth over the occipital region. Disease remained clinically stable without progression.



Figure 1: Before and After Clinical Photographs

Discussion

Alopecia universalis is an uncommon autoimmune disease characterized by complete loss of scalp and body hair and is often associated with endocrine and autoimmune disorders. Long-standing disease exceeding ten years generally carries a poor prognosis because prolonged autoimmune inflammation may result in follicular miniaturization and reduced regenerative capacity.

This patient had multiple autoimmune comorbidities including type 2 diabetes mellitus, hypothyroidism, rheumatoid arthritis, fatty liver disease, and chronic inflammatory scalp symptoms, suggesting generalized immune dysregulation. The individualized homoeopathic prescription was based primarily on constitutional characteristics rather than the pathological diagnosis alone.

Natrum muriaticum corresponded closely to the patient's suppressed emotions, prolonged grief, emotional sensitivity, inability to express anger, overthinking, and craving for salty food. Fluoric acid was prescribed during periods of active hair loss because of its traditional relationship with chronic destructive alopecic conditions, while Thuja occidentalis served as an intercurrent remedy in view of the longstanding autoimmune pathology.

During one year of treatment, the disease remained clinically stable with no appearance of fresh patches. Videomicroscopy demonstrated gradual follicular activity and new hair growth, particularly over the occipital scalp. Scalp itching subsided, inflammatory episodes reduced, joint symptoms improved, and emotional well-being became more stable. Although complete hair restoration was not achieved because of the prolonged duration of disease, prevention of

further progression together with objective evidence of follicular regeneration represents a clinically meaningful outcome in chronic alopecia universalis.

Health-Related Quality of Life (HRQL)

Prior to treatment, the patient experienced significant emotional distress due to complete hair loss and persistent concern regarding her appearance. Family responsibilities following her husband's death, together with multiple chronic illnesses, further affected her psychological well-being.

Following treatment:

- No new bald patches developed.
- Scalp itching markedly reduced.
- Objective hair regrowth was observed on videomicroscopy.
- Joint pain and stiffness improved.
- Emotional stress and overthinking became more manageable.
- Confidence and overall quality of life improved.

Patient Perspective

“After struggling with complete hair loss for many years, I had almost lost hope. During treatment, I noticed that no new patches appeared and gradual hair growth became visible on some areas of my scalp. The itching also reduced considerably. My joint pain became better and I now feel more positive about my health. Although recovery is gradual, I feel encouraged by the progress.”

Learning Points

- Alopecia universalis should be evaluated for associated autoimmune diseases such as diabetes, hypothyroidism, and rheumatoid arthritis.
- Constitutional prescribing based on the totality of mental and physical characteristics may contribute to long-term stabilization of chronic autoimmune diseases.
- Videomicroscopy is valuable for objectively documenting follicular activity during follow-up.
- Stabilization of disease progression with gradual follicular regrowth represents an important therapeutic outcome in longstanding alopecia universalis.
- Regular follow-up, dietary advice, and management of associated metabolic disorders are essential for comprehensive patient care.

Conclusion

This case demonstrates the successful long-term management of chronic alopecia universalis associated with type 2 diabetes mellitus, hypothyroidism, and rheumatoid arthritis using individualized homoeopathic treatment. Constitutional prescribing with *Natrum muriaticum*, supported by *Fluoric acid* and *Thuja occidentalis*, resulted in sustained disease stabilization, absence of new alopecic patches, objective follicular regrowth on videomicroscopy, reduction of scalp symptoms, and improvement in overall quality of life. Although complete hair restoration was not achieved due to the longstanding nature of the disease, the clinical outcome highlights the potential role of individualized homoeopathy in improving disease stability and patient well-being in chronic autoimmune alopecia.