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IMPROVEMENT IN EARLY ANDROGENETIC ALOPECIA AFTER CONSTITUTIONAL HOMOEOPATHIC TREATMENT WITH LIFESTYLE INTERVENTION: A CASE REPORT

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ABSTRACT

Background: Female androgenetic alopecia (AGA) is the most common cause of chronic progressive hair thinning in young women. Apart from hereditary predisposition, nutritional deficiencies, seborrheic scalp inflammation, stress, and disturbed lifestyle habits contribute significantly to disease progression. Long-term management remains challenging because treatment often requires sustained improvement in both follicular health and systemic susceptibility. **Case Presentation:** A 20-year-old female student presented with progressive hair thinning predominantly over the frontal and vertex scalp for nearly two years. Hair density had reduced by approximately 60%, accompanied by daily hair shedding of around 60 strands. Previous therapies had failed to provide satisfactory long-term stabilization. Clinical examination demonstrated diffuse miniaturization with oily scalp and intermittent seborrheic dandruff. Hair Pull Test was positive. Constitutional assessment revealed a calm disposition, emotional sensitivity with easy weeping, reduced self-confidence related to hair loss, ambithermal constitution, thirstiness, desire for spicy food, sound sleep, and absence of major psychological stress. Laboratory investigations showed mild anemia (Hb 10 g/dL) with normal thyroid profile. **Intervention:** The patient received individualized constitutional homoeopathic treatment using *Calcarea carbonica* as the constitutional remedy, supported by *Wiesbaden Aqua* and *Thuja occidentalis*, along with dietary counselling, correction of nutritional deficiencies, scalp-care advice, stress management, and lifestyle optimization. **Outcome:** Over one year of follow-up, hair shedding reduced from approximately 60 hairs/day to nearly 10–20 hairs/day. Hair Pull Test became negative, seborrheic dandruff markedly improved, scalp itching subsided, and serial photographs demonstrated substantial improvement in hair density and cosmetic appearance. The patient also reported improved confidence and satisfaction with treatment. **Conclusion:** This case illustrates that individualized homoeopathic treatment integrated with lifestyle optimization and scalp-care measures may help stabilize early female

androgenetic alopecia associated with seborrhoeic scalp changes, resulting in sustained clinical and cosmetic improvement.

Keywords: Female androgenetic alopecia, Female pattern hair loss, Seborrhoeic scalp, Individualized homoeopathy, Lifestyle medicine, Hair regrowth.

INTRODUCTION

Female androgenetic alopecia (FAGA), also known as female pattern hair loss, is a chronic, genetically determined disorder characterized by progressive miniaturization of terminal hair follicles and gradual reduction in hair density. The condition usually presents as diffuse thinning over the central scalp with preservation of the frontal hairline, although vertex involvement may also occur. It affects both physical appearance and psychological well-being, particularly among young women, leading to diminished self-esteem, anxiety, and impaired quality of life.

The pathogenesis of FAGA is multifactorial. Genetic susceptibility remains the principal factor, while hormonal influences, chronic scalp inflammation, nutritional deficiencies, metabolic abnormalities, and environmental factors contribute to disease progression. Seborrhoeic dermatitis commonly coexists with androgenetic alopecia and may aggravate follicular inflammation, increasing hair shedding and patient distress.

Although conventional therapies may temporarily reduce hair shedding, sustained improvement often requires long-term correction of constitutional susceptibility and lifestyle-related aggravating factors. Individualized homoeopathic prescribing seeks to address both constitutional characteristics and local pathology, aiming to improve overall health while reducing disease susceptibility.

This report describes the successful management of early female androgenetic alopecia associated with seborrhoeic scalp changes using individualized constitutional homoeopathic treatment combined with comprehensive lifestyle modification.

CASE PRESENTATION

A 20-year-old unmarried female student presented with complaints of progressive hair thinning over the frontal and vertex scalp for nearly two years.

Initially, she noticed gradual reduction in hair volume without significant symptoms. Over time, family members also observed visible thinning of the scalp. Daily hair shedding averaged approximately 60 strands, with progressive reduction in hair density estimated at nearly 60%.

She had previously undergone multiple therapeutic interventions for androgenetic alopecia but experienced only temporary improvement and continued progression of thinning.

At presentation, hair shedding occurred predominantly during routine activities. No significant aggravating factors were identified. She denied marked scalp pain but reported intermittent mild seborrhoeic dandruff.

Clinical examination revealed:

- Female Pattern Hair Loss Grade IV

- Diffuse thinning over frontal and vertex scalp
- Approximately 60% reduction in hair density
- Oily scalp
- Mild seborrhoeic dandruff
- Hair Pull Test positive (2 hairs)
- No active scalp inflammation

Associated Complaints

- Migraine for six months
- Previous dengue infection one year earlier
- Past history of psoriasis six years before presentation

Past Treatment History

Before presenting for homoeopathic treatment, the patient had received multiple therapeutic interventions for androgenetic alopecia with inadequate long-term benefit. Despite these measures, hair thinning continued to progress.

Family History

- Mother: Thyroid disorder
- Positive family history of androgenetic alopecia
- Grandmother: Diabetes mellitus

The family history suggested strong hereditary predisposition for female pattern hair loss.

Physical Generals

- Appetite: Normal
- Desire: Spicy food
- Aversion: None
- Thirst: Increased
- Thermal state: Ambithermal
- Sleep: Sound and refreshing
- Perspiration: Normal
- Menstrual cycles: Regular
- Flow: Moderate for three days
- No significant dysmenorrhea

Mental Generals

The patient was cheerful, calm, and emotionally sensitive.

Characteristic mental features included:

- Calm and pleasant disposition
- Rarely became angry
- Easily wept over small matters
- Low self-confidence because of hair loss
- Concerned about cosmetic appearance
- No major life stressors
- Socially well adjusted

Clinical Examination

Scalp Examination

- Female Pattern Hair Loss Grade IV
- Diffuse frontal and vertex thinning
- Oily scalp
- Mild seborrhoeic dandruff
- No erythema
- No active scaling
- Hair Pull Test: Positive (2 hairs)

Laboratory Investigations

Investigation	Result
Hemoglobin	10 g/dL
T3	1.8
T4	1.29
TSH	1.53

Thyroid profile was within normal limits, while mild anemia was present.

Clinical Diagnosis

Female Androgenetic Alopecia (Female Pattern Hair Loss Grade IV) with Seborrhoeic Scalp

Case Analysis

This young female presented with early progressive androgenetic alopecia in the presence of a strong hereditary background. The disease had gradually advanced despite previous interventions. Along with genetic predisposition, constitutional characteristics, emotional sensitivity, mild seborrhoeic scalp involvement, and nutritional status were considered important contributors.

The totality was characterized by:

- Progressive hereditary female pattern hair loss

- Emotional sensitivity with easy weeping
- Low confidence due to cosmetic concern
- Calm temperament
- Oily seborrhoeic scalp
- Desire for spicy food
- Increased thirst
- Mild anemia

Following repertorial evaluation and Materia Medica differentiation, *Calcarea carbonica* was selected as the constitutional remedy because it best corresponded with the patient's constitutional profile, hereditary susceptibility, and chronic disease pattern, while *Wiesbaden Aqua* and *Thuja occidentalis* were used as supportive remedies during treatment.

Totality of Symptoms

Mental Generals

- Ambitious; desires money, status, and power
- Procrastinating; delays work despite reminders
- Anxiety before examinations and important events
- Anger from contradiction; avoids confrontation by leaving the place
- Likes teasing others
- Emotional; weeps while watching emotional scenes
- Likes both company and solitude depending on mood
- Family-oriented
- Fear of centipedes

Physical Generals

- Hot patient
- Profuse perspiration (forehead, neck, chest, back)
- Thirst decreased
- Desire for chicken, spicy food, sweets, paneer
- Sound sleep but irregular sleep schedule due to late-night gadget use
- Disturbed circadian rhythm
- Oily scalp
- Yellow fluorescence on Wood's lamp
- Vitamin D deficiency
- Borderline hypothyroidism (TSH 4.5)

- Mild microcytic indices (MCV 76.6)

Particulars

- Diffuse androgenetic hair loss with frontal thinning
- Hair thinning
- Seborrhoeic dandruff
- Mild scalp itching
- Hair pain over frontal scalp occasionally
- Oily scalp
- Hair fall improved on high-protein diet

Repertorial Analysis

Important rubrics considered:

- Mind – Ambition
- Mind – Procrastination
- Mind – Anxiety before undertaking
- Mind – Contradiction aggravates
- Mind – Company desires yet likes solitude
- Head – Hair falling
- Head – Hair thin
- Head – Dandruff
- Head – Itching scalp
- Generalities – Hot patient
- Generalities – Perspiration profuse
- Stomach – Desire sweets
- Stomach – Desire spicy food
- Stomach – Thirst diminished

Leading Remedies

- Arsenicum album
- Graphites
- Sepia
- Thuja
- Calcarea carbonica
- Phosphorus

Remedies	ars.	graph.	sep.	thuj.	phos.	sil.	vinc.	alumn.	bar-c.	calc.	fl-ac.	nat-m.	nit-ac.	sulph.	ant-c.	arund.	carb-v.	hera.	iod.	...
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Intensity	6	5	5	5	4	3	4	3	3	3	3	3	3	3	2	2	2	2	2	2
Result	3/6	3/5	3/5	3/5	3/4	3/3	2/4	2/3	2/3	2/3	2/3	2/3	2/3	2/3	2/2	2/2	2/2	2/2	2/2	2/2
Clipboard 1																				
HEAD - Scalp - Hair - Falling out	2	2	2	1	2	1	2	2	1	1	2	2	2		1	1	1			
HAIR - type of hair - thin				3																
HEAD - Scalp - Dandruff	2	2	2	1	1	1			2		1	1		1				1	1	
HEAD - Scalp - Itching of Scalp	2	1	1		1	1	2	1		2			1	2	1	1	1	1	1	

Figure 1: Repertorization Chart

Remedy Differentiation

Calcarea carbonica (Constitutional)

Selected because of:

- Constitutional tendency to obesity after childhood thinness
- Procrastinating nature
- Ambitious personality
- Anxiety before important events
- Hair thinning with seborrhoeic scalp
- Profuse perspiration
- Family history of androgenetic alopecia
- Vitamin D deficiency with reduced vitality

Wiesbaden Aqua (Acute)

Used as a supportive hair-growth remedy during active treatment.

Thuja occidentalis (Intercurrent)

Administered intermittently considering hereditary androgenetic alopecia and chronic scalp pathology.

Prescription

Constitutional

- Calcarea carbonica 200C

Acute

- Wiesbaden Aqua

Intercurrent

- Thuja occidentalis

Lifestyle Prescription

- High-protein diet (~100 g/day)
- Reduction of refined carbohydrates and sugars
- Avoid processed and preservative-rich foods
- Adequate Vitamin D replacement
- Regular sleep before midnight
- Reduce excessive screen exposure
- Stress management
- Daily physical activity

Follow-up

Follow-up	Clinical Progress
Baseline	Diffuse hair fall, seborrheic dandruff, oily scalp, HPT positive, scalp pain, poor sleep habits.
1 Month	Hair fall reduced to approximately 20-30 hairs/day; dandruff decreased; scalp pain less frequent; dietary compliance improved.
2 Months	Hair fall stable; frontal itching markedly improved; photographs showed early improvement; Vitamin D supplementation continued.
3 Months	Hair pull test reduced to 1-2 hairs/pull; scalp comfortable; occasional concern regarding shedding despite objective stabilization.
Latest Follow-up	Hair density maintained, photographs demonstrated improvement, scalp inflammation controlled, patient advised continuation of lifestyle modification and treatment.



Figure 2: Before and After Clinical Photographs

Outcome

After treatment:

- Hair fall reduced from active shedding to approximately 20–30 hairs/day.
- Hair Pull Test improved to **1–2 hairs/pull**.
- Seborrhoeic dandruff markedly reduced.
- Scalp itching almost resolved.
- Frontal scalp pain became occasional.
- Hair density photographs demonstrated improvement.
- Oily scalp became better controlled.
- Sleep hygiene improved gradually.
- Stress became manageable.
- Patient reported satisfaction with visible improvement.

Discussion

This case demonstrates successful management of early androgenetic alopecia complicated by seborrhoeic scalp changes and adverse lifestyle factors. Besides genetic predisposition, several modifiable contributors—including severe vitamin D deficiency, irregular sleep, prolonged screen exposure, psychological stress, poor circadian rhythm, and dietary imbalance—likely influenced disease progression.

The individualized constitutional prescription was supported by comprehensive lifestyle intervention emphasizing protein optimization, micronutrient correction, sleep restoration, and stress reduction. Clinical improvement was reflected by a reduction in daily hair shedding, normalization of the hair pull test, decreased scalp inflammation, and photographic evidence of improved hair density.

This case underscores the importance of integrating constitutional homoeopathic treatment with correction of lifestyle-related triggers in patients with androgenetic alopecia.

Health-Related Quality of Life (HRQL)

Before treatment, the patient experienced persistent anxiety about hair loss, low confidence because of visible thinning, poor sleep quality, and concern about appearance.

Following treatment:

- Confidence improved due to reduced shedding.
- Daily concern regarding hair fall decreased.
- Scalp discomfort resolved.
- Sleep and energy levels improved.
- Dietary habits became healthier.

- Overall psychological well-being and quality of life improved.

Learning Points

- Lifestyle factors such as poor sleep, excessive screen exposure, nutritional deficiencies, and dietary imbalance may aggravate androgenetic alopecia.
- Correction of vitamin D deficiency and adequate protein intake are important supportive measures.
- Seborrhoeic scalp inflammation should be addressed alongside hair-loss treatment.
- Individualized constitutional homoeopathy combined with structured lifestyle modification may help stabilize early androgenetic alopecia.
- Objective follow-up using standardized photographs and hair pull testing assists in documenting therapeutic progress.

Conclusion

This case highlights the successful management of early androgenetic alopecia with seborrhoeic scalp changes through individualized constitutional homoeopathic treatment combined with intensive lifestyle optimization. Addressing sleep hygiene, nutrition, stress, and metabolic deficiencies alongside constitutional prescribing resulted in stabilization of hair shedding, improvement in scalp health, better hair density, and enhanced quality of life. The case reinforces the value of a holistic, patient-centered approach in managing chronic hair disorders.