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INTEGRATED HOMOEOPATHIC MANAGEMENT OF ANDROGENETIC ALOPECIA WITH SEBORRHOEIC DERMATITIS, CHRONIC TELOGEN EFFLUVIUM, AND PSYCHOSOCIAL STRESS IN A PATIENT WITH METABOLIC COMORBIDITIES: A CASE REPORT

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ABSTRACT

Background: Androgenetic alopecia (AGA) frequently coexists with seborrhoeic dermatitis (SD), chronic telogen effluvium (CTE), metabolic abnormalities, and psychological stress, resulting in accelerated hair loss and poor treatment satisfaction. Management becomes more challenging when multiple aggravating factors coexist. **Case Summary:** A 36-year-old unmarried male banker presented with a 10-year history of progressive androgenetic alopecia associated with a recent six-month increase in hair fall. Hair loss was accompanied by seborrhoeic dermatitis involving the scalp, eyebrows, ears, and nasal folds, oily scalp, occasional folliculitis, chronic gastric intolerance, grade I fatty liver, chronic low back pain, disturbed sleep, and significant psychosocial stress due to prolonged caregiving responsibilities for his father with psychiatric illness. Previous dermatological management had provided only temporary relief. **Intervention:** An individualized homoeopathic prescription based on constitutional characteristics was administered. Calcarea carbonica was selected as the constitutional remedy, supported by individualized management of acute scalp inflammation together with dietary counselling, scalp hygiene measures, and lifestyle modification. **Outcome:** During follow-up, scaling and itching reduced gradually, seborrhoeic lesions over the scalp and facial areas became less prominent, hair shedding stabilized, scalp inflammation reduced, and the patient reported improvement in sleep and overall well-being. Hair density remained stable with gradual reduction in active hair loss. **Conclusion:** This case demonstrates the usefulness of individualized homoeopathic management in addressing multiple interacting factors contributing to chronic hair loss, particularly when androgenetic alopecia is associated with seborrhoeic dermatitis, metabolic dysfunction, gastrointestinal disturbances, and chronic psychological stress.

Keywords: Androgenetic alopecia, Seborrhoeic dermatitis, Chronic telogen effluvium, Hair loss, Homoeopathy, Fatty liver.

INTRODUCTION

Androgenetic alopecia is the commonest cause of chronic hair loss in adults and frequently coexists with seborrhoeic dermatitis, chronic inflammation, metabolic disorders, nutritional disturbances, and psychological stress. Seborrhoeic dermatitis contributes to scalp inflammation, itching, excessive scaling, follicular irritation, and may aggravate ongoing hair loss.

Psychological stress and systemic illnesses including fatty liver disease and chronic gastrointestinal disturbances further influence the hair cycle through neuroendocrine and inflammatory mechanisms.

Individualized homoeopathy attempts to address the constitutional susceptibility of the patient rather than treating isolated manifestations. This report presents the management of chronic AGA complicated by seborrhoeic dermatitis and multiple systemic and psychosocial factors.

CASE PRESENTATION

A 36-year-old unmarried male working as a Bank Manager presented with complaints of progressive hair thinning for nearly ten years with marked increase in hair fall over the previous six months.

Initially, recession of the frontal hairline began around 2015, gradually progressing over the vertex. Since December–January 2026, the patient noticed a significant increase in daily hair shedding associated with scalp scaling and itching.

The scalp demonstrated yellowish-white greasy scales extending to the eyebrows, external ears, and nasal folds. Hair pull test was strongly positive (8–10 hairs/pull), and occasional folliculitis was also reported.

The patient had previously undergone dermatological treatment, including topical therapy and oral isotretinoin, with only partial and temporary improvement.

History of Present Illness

- Progressive androgenetic alopecia for 10 years
- Marked increase in hair fall over previous 6 months
- Hair pull test: 8–10 hairs/pull
- Diffuse greasy dandruff
- Yellowish-white scaling
- Scaling involving scalp, eyebrows, external ears, and nose
- Mild-to-moderate itching
- Occasional folliculitis
- Oily scalp
- Gradual reduction in hair density
- Hair shedding worsened during periods of stress

Associated Complaints

- Chronic low back pain since 2022
- Elevated CRP (13.7 mg/L)
- Physiotherapy ongoing
- Grade I fatty liver
- Chronic gastric intolerance since childhood
- Unable to tolerate oily, rich or street food
- Disturbed sleep for 2–3 years
- Bleeding gums occasionally
- Offensive mouth odour

Past History

- Grade I fatty liver
- Chronic gastric disorder
- Low back pain
- Dermatological treatment for seborrhoeic dermatitis
- Oral isotretinoin
- Topical scalp treatment

Family History

- Strong paternal history of androgenetic alopecia
- Maternal family history of androgenetic alopecia
- Father: Liver cirrhosis (non-alcoholic), Hypertension, Psychiatric illness
- Mother: Cardiovascular disease
- Family tendency to keloid formation

Mental Generals

- Calm by nature
- Mildly lazy temperament
- Health anxiety
- Homesickness after relocation for studies
- Emotional stress due to father's psychiatric illness
- Difficulty balancing work and family responsibilities
- Disturbed sleep from chronic stress
- Concerned about progressive hair loss

Physical Generals

- Hot patient
- Profuse perspiration (especially scalp)
- Thirst reduced
- Appetite adequate
- Desires: Fatty food, sweets, lukewarm food
- Aversion: Milk
- Large moist tongue
- Offensive breath
- Semi-solid offensive stool
- Flatulence
- Oily scalp

Clinical Examination

- Hair Pull Test: **8–10 hairs/pull**
- Generalized thinning over vertex
- Oily scalp
- Yellow greasy scales
- Mild scalp erythema
- Yellow fluorescence on Wood's lamp
- Occasional folliculitis

Investigations

- CRP: **13.7 mg/L**
- Ultrasonography: **Grade I fatty liver**
- Video microscopy: Hair caliber **0.069 mm**, oily scalp, reduced hair density
- Wood's Lamp: Yellow fluorescence

Diagnosis

Primary Diagnosis

- Androgenetic Alopecia (Male Pattern Hair Loss)

Associated Diagnosis

- Seborrhoeic Dermatitis
- Chronic Telogen Effluvium

Differential Diagnosis

- Chronic Telogen Effluvium
- Diffuse Alopecia Areata
- Nutritional Hair Loss
- Psoriatic Scalp Disease
- Chronic Scalp Dermatitis

Case Analysis

Several interacting etiological factors contributed to progressive hair loss:

- Strong hereditary predisposition
- Chronic seborrhoeic dermatitis
- Persistent scalp inflammation
- Chronic psychological stress
- Sleep disturbance
- Gastric dysfunction
- Fatty liver
- Occupational stress
- Long-standing scalp oiliness

The constitutional totality consisted of:

- Profuse perspiration
- Fatty build
- Reduced thirst
- Health anxiety
- Homesickness
- Family responsibility
- Oily scalp
- Seborrhoeic tendency
- Hair loss with inflammatory scalp disease

These features strongly corresponded with *Calcarea carbonica*, which was selected as the constitutional remedy.

Totality of Symptoms

Mental Generals

- Anxiety regarding health

- Calm, quiet disposition
- Homesickness after change of place
- Emotional stress due to father's psychiatric illness
- Sleep disturbed by persistent worries
- Takes responsibility for family problems

Physical Generals

- Hot patient
- Profuse perspiration, especially scalp
- Thirstless
- Desire for fatty food and sweets
- Aversion to milk
- Large moist tongue
- Offensive breath
- Oily scalp
- Flatulent tendency
- Disturbed sleep

Particulars

- Progressive vertex hair thinning
- Hair pull test positive (8–10 hairs/pull)
- Greasy yellowish-white scalp scaling
- Seborrhoeic dermatitis involving scalp, eyebrows, ears and nose
- Mild to moderate itching
- Occasional folliculitis
- Oily scalp
- Chronic gastric intolerance
- Fatty liver
- Chronic low back pain

Repertorial Totality

The following rubrics formed the basis of repertorisation:

- Mind – Anxiety about health
- Mind – Homesickness
- Mind – Irritability from domestic stress

- Head – Hair falling
- Head – Scalp, oily
- Head – Eruptions with yellow greasy scales
- Generalities – Perspiration profuse
- Stomach – Aversion to milk
- Stomach – Desire for fatty food
- Generalities – Hot patient
- Sleep – Disturbed
- Abdomen – Flatulence

Leading remedies obtained

- Calcarea carbonica
- Belladonna
- Kali phosphoricum
- Natrum muriaticum
- Lycopodium
- Phosphorus

Remedies	bell.	bry.	calc.	carb-n-s.	carb-v.	kali-c.	lyc.	acon.	ars.	caust.	chin.	hep.	kali-p.	nat-c.	nat-m.	nit-ac.	ph-ac.	phos.	psor.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Intensity	9	9	9	9	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8
Result	3/9	3/9	3/9	3/9	3/9	3/9	3/9	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8	3/8
Clipboard 3																			
MIND - IRRITABILITY	3	3	3	3	3	3	3	3	2	3	2	3	2	3	3	3	3	3	2
PERSPIRATION - PROFUSE	3	3	3	3	3	3	3	2	3	2	3	3	3	2	3	2	3	2	3
MIND - ANXIETY	3	3	3	3	3	3	3	3	3	3	3	2	3	3	2	3	2	3	3

Figure 1: Repertorization Chart

Remedy Differentiation

Calcarea carbonica (Constitutional Remedy)

Selected because of:

- Progressive hereditary alopecia
- Profuse perspiration
- Fatty body build
- Anxiety regarding health
- Homesickness

- Chronic digestive weakness
- Oily scalp with seborrhoeic tendency
- Long-standing susceptibility
- Family responsibility causing emotional burden

Belladonna

Considered during acute inflammatory scalp episodes with erythema, itching and folliculitis.

Kali phosphoricum

Considered because prolonged occupational and family stress had contributed to disturbed sleep, nervous exhaustion and worsening hair fall.

Prescription

Constitutional

Calcarea carbonica 200C

Acute

Belladonna

Supportive Management

- Anti-inflammatory scalp hygiene
- Diet modification
- Reduced oily and processed foods
- Stress reduction
- Regular sleep schedule
- Physiotherapy for chronic low back pain
- Liver-friendly dietary advice

Follow-up

Follow-up	Clinical Progress
Initial	Active diffuse hair shedding, greasy scaling, itching, positive HPT (8–10 hairs/pull).
1 Month	Scalp itching remained similar initially; hair fall unchanged.
2 Months	Scaling became smaller and less greasy; itching reduced mildly.
3 Months	Facial seborrhoeic lesions over nose and eyebrows reduced noticeably; scalp inflammation improved.
Subsequent Follow-up	Hair shedding stabilized, no further progression of scalp inflammation, patient reported better sleep and improved coping with stress.



Figure 2: Before and After Clinical Photographs

Outcome

At the latest follow-up:

- Hair fall stabilized
- Hair pull test improved clinically
- Reduction in greasy yellow scales
- Scalp itching reduced
- Seborrhoeic lesions over eyebrows, ears and nose markedly decreased
- No significant folliculitis
- Better scalp comfort
- Sleep improved
- Emotional stress became more manageable
- Overall quality of life improved

Discussion

This case demonstrates the multifactorial nature of chronic hair loss. Besides hereditary androgenetic alopecia, persistent seborrhoeic dermatitis, chronic scalp inflammation, metabolic abnormalities, disturbed sleep, occupational stress, and prolonged emotional burden from caregiving responsibilities contributed to accelerated hair loss.

The constitutional prescription was based not only on scalp symptoms but also on the patient's overall constitution, including thermals, perspiration, digestive tendencies, emotional state, and hereditary background. Individualized homoeopathic treatment was associated with gradual reduction of scalp inflammation, stabilization of hair shedding, and improvement in general health.

Addressing associated systemic conditions such as fatty liver, gastrointestinal dysfunction, sleep disturbance, and chronic stress likely contributed to improved long-term scalp health. This case

highlights the importance of a holistic constitutional approach in patients presenting with androgenetic alopecia complicated by chronic inflammatory scalp disorders.

Health-Related Quality of Life (HRQL)

Initially, the patient experienced considerable distress because of progressive hair thinning, persistent scalp scaling, itching, and visible facial seborrhoeic lesions. Occupational responsibilities and chronic family stress further affected sleep and emotional well-being.

Following treatment:

- Confidence regarding scalp appearance improved.
- Scalp itching and discomfort reduced.
- Daily hair shedding became less distressing.
- Sleep quality improved.
- Anxiety related to progressive hair loss decreased.
- Better balance between work and family responsibilities was reported.
- Overall physical and psychological well-being improved.

Learning Points

- Seborrhoeic dermatitis may significantly aggravate hereditary androgenetic alopecia through chronic scalp inflammation.
- Emotional stress, disturbed sleep, and metabolic disorders can contribute to persistent hair shedding.
- Individualized constitutional homoeopathy should evaluate the patient's complete physical, mental, and hereditary profile rather than focusing only on scalp symptoms.
- Long-term follow-up is essential to assess stabilization of hair fall and improvement in scalp health.
- Management of associated systemic factors alongside constitutional treatment may improve overall outcomes in chronic alopecia.

Conclusion

This case illustrates successful constitutional homoeopathic management of androgenetic alopecia associated with seborrhoeic dermatitis, chronic telogen effluvium, metabolic dysfunction, and prolonged psychosocial stress. Over the course of treatment, the patient experienced gradual reduction in scalp inflammation, decreased seborrhoeic scaling, stabilization of active hair shedding, and improvement in sleep and overall quality of life. The case highlights the value of an individualized holistic approach in managing complex presentations where multiple constitutional, hereditary, inflammatory, and psychosocial factors contribute to chronic hair loss.