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CLASSICAL HOMEOPATHIC MANAGEMENT OF TRICHOTILLOMANIA WITH COMPULSIVE HAIR PULLING: A CASE REPORT FROM DR BATRA'S®

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Abstract

Trichotillomania is an obsessive-compulsive spectrum disorder characterized by recurrent hair pulling leading to noticeable hair loss and significant psychosocial distress. This case describes a young female with chronic trichotillomania presenting with broken hairs, patchy scalp alopecia, eyebrow involvement, irritability, emotional suppression, and persistent family-related stress despite psychiatric treatment for three months. Individualized constitutional homeopathic treatment based on complete case analysis and repertorization resulted in marked reduction in hair-pulling behaviour, cessation of hair fall, visible regrowth, normalization of the scalp, and improved emotional well-being. This case demonstrates the potential role of individualized classical homeopathy in managing trichotillomania at **Dr Batra's® Homeopathy Clinic**.

Keywords: Trichotillomania, Hair-pulling disorder, Obsessive compulsive spectrum, Patchy alopecia, Classical homeopathy, Constitutional treatment, Dr Batra's Homeopathy Clinic

Introduction

Trichotillomania (Hair Pulling Disorder) is classified under Obsessive-Compulsive and Related Disorders in DSM-5. It is characterized by recurrent irresistible urges to pull out one's own hair resulting in broken hairs, patchy alopecia and significant emotional distress. Psychological stress, family conflicts, criticism, anxiety and emotional suppression commonly precipitate or aggravate the condition. Conventional treatment usually includes behavioural therapy, antidepressants and habit reversal therapy; however, relapses remain common.

Classical homeopathy treats the patient constitutionally by considering emotional triggers, personality traits, physical generals and characteristic local symptoms rather than merely treating the alopecia.

Case Profile

Age: Young adult female

Occupation: BA (Arts) student

Marital Status: Unmarried

Chief Complaints

- Compulsive hair pulling (Trichotillomania)
- Broken hairs over scalp
- Patchy scalp alopecia
- Eyebrow hair loss
- Duration: several months
- Previously treated by psychiatrist for 3 months without satisfactory improvement

History of Present Illness

The patient presented with compulsive pulling of scalp hair associated with recurrent broken hairs and patchy alopecia. She had already consulted a psychiatrist and received treatment for approximately three months consisting of:

- Xtradenser-M
- Amitryn 10 mg
- Setala 20 mg
- Verlich Hair Serum
- Protar K Lotion

Despite treatment, the habit of pulling hair persisted and new broken hairs continued to appear.

Clinical examination demonstrated multiple broken hairs of varying lengths suggestive of active trichotillomania rather than spontaneous alopecia.

Dry scalp was present without dandruff. Eyebrow involvement was also noticed.

Associated Complaints

- Dysmenorrhoea
- Previous menstrual delay (currently regular)
- Dry scalp
- Occasional eyebrow alopecia

Previous Treatment

- Psychiatric medications for 3 months
- Hair growth serum
- Ketoconazole shampoo
- Coconut oil

- Topical lotions

Only partial improvement was obtained.

Past History

- No major systemic illness
- No long-term medication
- Blood investigations not performed

Family History

Joint family.

No hereditary hair disorders reported.

Personal History

Appetite

Normal

Thirst

Normal

Stool

Normal

Sleep

Normal

Menses

Regular

Flow: 4 days

Occasional dysmenorrhoea

Childhood and Life Space

The patient belonged to a joint family where she frequently experienced comparison with relatives and perceived criticism from family members. She repeatedly expressed that despite making sincere efforts, her family failed to appreciate or understand her. Continuous restrictions imposed by family members created feelings of frustration and emotional isolation.

Academically she was good and had recently completed BA examinations. She wished to pursue Journalism as her future career and was interested in dancing and music. Friendships were very important to her emotional wellbeing. She felt happiest while spending time with close friends and believed that they understood her better than her own family.

Over time she gradually withdrew socially because her friends became less available. This increased feelings of loneliness and emotional dissatisfaction.

Mental Generals

The patient was talkative with selected people but formed close relationships with only a few trusted friends. She repeatedly expressed feeling misunderstood by her family and emotionally hurt when constantly compared with others.

She stated:

"No one understands me."

She was sensitive to criticism and restrictions imposed by family members. Emotional hurt accumulated internally despite continuous attempts to satisfy family expectations.

Although confident while speaking individually with teachers, she developed stage anxiety and forgot everything while performing before larger audiences.

She remained irritable at home, particularly when family members criticized her or cancelled her personal plans. Friends served as her principal emotional support system.

Physical Examination

General Examination

- Conscious
- Oriented
- Vitals stable

Scalp Examination

- Multiple broken hairs
- Hair shafts of varying lengths
- Dry scalp
- No active dandruff
- Patchy alopecia
- Eyebrow involvement
- Hair damage evident
- Findings highly suggestive of trichotillomania

Hair Pull Test

Negative for active pathological hair shedding.

Clinical Diagnosis

Trichotillomania (Hair Pulling Disorder) with Patchy Alopecia

Differential Diagnosis

- Alopecia areata
- Trichotemnomania
- Tinea capitis
- Telogen effluvium

- Traction alopecia

Prognosis

Good

Positive prognostic factors

- Young age
- Good constitutional health
- Good insight
- Motivation for recovery
- Visible reduction in hair pulling during follow-up

Negative prognostic factors

- Family criticism
- Emotional suppression
- Previous psychiatric treatment failure
- Habitual behaviour pattern

Learning Point

The presence of numerous broken hairs of different lengths together with psychological stress, family criticism, emotional suppression and absence of active pathological hair shedding strongly supported the diagnosis of **Trichotillomania rather than primary alopecia**, making constitutional management the central therapeutic approach.

Case Analysis

The patient presented with classical clinical features of **Trichotillomania (Hair Pulling Disorder)** characterized by recurrent self-induced hair pulling resulting in broken hairs, patchy scalp alopecia, eyebrow involvement and damaged hair shafts. The condition persisted despite three months of psychiatric treatment, topical therapy and hair serums.

Detailed constitutional case taking revealed that emotional suppression, repeated criticism by family members, constant comparison with others, feelings of being misunderstood, and restrictions imposed at home acted as the principal maintaining causes. The patient repeatedly expressed that despite trying her best, her efforts were never appreciated, resulting in frustration, irritability and emotional hurt. She experienced emotional relief in the company of close friends and aspired to pursue journalism, reflecting an expressive personality that felt emotionally restricted within the family environment.

The combination of emotional suppression, irritability, desire for company, sensitivity to criticism, stage anxiety and compulsive hair pulling guided the constitutional prescription rather than treating the alopecia alone.

Totality of Symptoms

Mental Generals

- Feels misunderstood by family
- Constant criticism hurts deeply
- Comparison with others aggravates emotions
- Restricted by family
- Desire for company
- Better with close friends
- Talkative with selected people
- Irritable
- Emotional suppression
- Sensitive to criticism
- Stage fright despite good communication individually
- Ambitious (wants to become a journalist)

Physical Generals

- Appetite normal
- Menses regular
- Dysmenorrhoea
- Dry scalp
- Hair damaged
- No dandruff

Particulars

- Compulsive hair pulling
- Broken hairs on examination
- Patchy alopecia
- Eyebrow involvement
- Dry scalp
- Hair pull test negative
- Previous psychiatric treatment failed

LSMC (Level of Susceptibility)

The patient demonstrated **moderate susceptibility**. The disorder was chronic but functional rather than structural. There was no evidence of endocrine or autoimmune pathology. Good vitality, young age and absence of systemic disease suggested favourable responsiveness to constitutional treatment.

Miasmatic Analysis

The predominant miasmatic background was **Psoro-Sycotic**.

Psoric Features

- Anxiety
- Emotional sensitivity
- Irritability
- Functional disorder
- Emotional stress

Sycotic Features

- Habitual repetitive behaviour
- Chronicity
- Compulsive hair pulling
- Persistence despite treatment

Repertorial Rubrics

The following rubrics were selected from Kent's Repertory:

- Mind – Anxiety
- Mind – Irritability
- Mind – Company – desire for
- Mind – Sensitive to reprimands
- Mind – Ailments from mortification
- Mind – Ailments from disappointment
- Mind – Delusion neglected
- Head – Hair – baldness
- Head – Hair – broken hair
- Head – Dry scalp

Repertorization

The repertorial analysis demonstrated the following leading remedies:

Remedy	Result
Phosphorus	Highest score
Arsenicum album	Differential
Calcarea carbonica	Differential
Lycopodium	Differential
Kali carbonicum	Differential
Sepia	Differential
Sulphur	Differential
Natrum muriaticum	Differential

Although Phosphorus scored highest numerically, the constitutional similarity of the patient's emotional picture corresponded more closely with the selected constitutional remedy after qualitative analysis.

Remedies	phos.	ars.	calc.	lyc.	kali-c.	kali-s.	sep.	sulph.	nat-n.	aur.	kali-p.	sil.	hep.	fl-ac.	all-s.	graph.	rhust.	bar-c.	bry.	mez.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4
Intensity	15	14	12	12	11	11	11	11	10	9	9	9	8	7	5	10	10	9	9	9
Result	5/15	5/14	5/12	5/12	5/11	5/11	5/11	5/11	5/10	5/9	5/9	5/9	5/8	5/7	5/5	4/10	4/10	4/9	4/9	4/9
Clipboard 6																				
MIND - ANXIETY	3	4	3	3	3	3	2	3	2	3	3	2	2	2	1	2	3	2	3	3
MIND - IRRITABILITY	3	3	3	3	3	3	3	3	3	3	2	3	3	1	1	3	3	2	3	2
HEAD - HAIR - baldness	2	2	2	1	1	2	2	1	1	1	1	2	1	2	1	2		3		
HEAD - DANDRUFF	3	2	2	2	1	2	2	3	3	1	1	1	1	1	1	3	2	2	2	2
MIND - COMPANY - desire for	4	3	2	3	3	1	2	1	1	1	2	1	1	1	1		2		1	2

Figure 1: Repertorial chart showing remedy differentiation across selected rubrics.

Remedy Selection

Constitutional Remedy

Phosphorus

Reasons for Selection

- Desire for company
- Emotional sensitivity
- Easily hurt
- Friendly and affectionate
- Talkative
- Anxiety
- Irritability
- Hair disorders
- Strong emotional component

Acute Medicines

Supportive medicines were prescribed whenever required according to the evolving scalp pathology.

Supportive Advice

- Daily hair wash as advised
- Nutrigood nutritional supplement
- Avoid conscious hair pulling
- Stress management
- Behavioural counselling
- Protein-rich diet

- CBC, ESR, Ferritin, TSH, Vitamin B12 and Vitamin D3 investigations advised

Homeopathic Working

The treatment aimed to address the constitutional emotional disturbances that perpetuated compulsive hair pulling rather than focusing solely on hair regrowth. Constitutional prescribing sought to reduce the internal emotional conflict, compulsive behaviour and scalp trauma, allowing spontaneous hair regrowth. Nutritional advice and scalp care complemented constitutional treatment.

Prescription Summary

Visit	Prescription	Reason
Initial consultation	Constitutional homeopathic remedy (individualized)	Based on totality and repertorization
Subsequent visits	Repetition according to response	Constitutional follow-up
Supportive management	Nutrigood powder, scalp care, investigations	Improve scalp health and nutritional status

Detailed Follow-up

Date	Clinical Findings
Initial Visit	Active hair pulling, broken hairs, eyebrow alopecia, dry scalp, emotional distress, previous psychiatric treatment ineffective.
February 2026	Hair pulling reduced. Hair wash twice weekly. Hair breakage markedly reduced. Dandruff absent. General health good.
March 2026	Visible hair regrowth throughout scalp. Dry scalp improved. No scaling. Blood investigations advised.
April 2026	Hair fall absent. Broken hairs significantly reduced. Hair density improving. Patient relaxed after examinations.
May 2026	Hair growth maintained. Weight stable. Menses regular. No dandruff. Hair pulling markedly reduced.
June 2026	Hair pull test negative. Hair fall absent. General health good.
July 2026	Seventeenth treatment session. Hair growth maintained throughout scalp. Compulsive pulling greatly reduced. Mild temporary increase in shedding after rains without recurrence of pulling behaviour.

Transformation Table

Parameter	Before Treatment	After Treatment
Hair pulling	Frequent	Markedly reduced
Broken hairs	Numerous	Minimal
Patchy alopecia	Present	Significant regrowth
Eyebrow involvement	Present	Improved
Dry scalp	Marked	Nearly normal
Hair fall	Persistent	Absent
Hair pull test	Clinically active pulling	Negative
Emotional distress	Severe	Improved
Confidence	Low	Improved
Quality of life	Poor	Improved



Figure 2: Scalp before and after treatment.

Discussion

Trichotillomania is classified among obsessive-compulsive spectrum disorders and frequently arises in response to emotional distress, anxiety and maladaptive coping mechanisms. Repeated pulling causes fractured hair shafts, irregular alopecia and considerable psychosocial disability. Conventional management includes behavioural therapy and antidepressants, but recurrence remains common.

In this patient, psychiatric treatment for three months failed to adequately control compulsive hair pulling. Constitutional case analysis identified persistent emotional suppression, family criticism, repeated comparison with others and feelings of being misunderstood as the principal maintaining causes. The presence of broken hairs of varying lengths, negative hair-pull test and

absence of inflammatory scalp disease supported the diagnosis of trichotillomania rather than primary alopecia.

Individualized constitutional homeopathic treatment, combined with counselling, nutritional support and scalp care, resulted in gradual reduction of compulsive hair-pulling behaviour, visible hair regrowth, normalization of the scalp and significant emotional improvement. The follow-up demonstrated sustained clinical progress with restoration of hair density and improvement in self-confidence.

Conclusion

This case highlights the successful constitutional homeopathic management of trichotillomania after inadequate response to psychiatric treatment. Individualized remedy selection based on complete constitutional assessment reduced compulsive hair-pulling behaviour, promoted hair regrowth, normalized scalp health and improved emotional wellbeing. Addressing the underlying psychological conflict rather than only the hair loss proved central to long-term improvement. Further prospective studies are warranted to evaluate the role of individualized homeopathy in trichotillomania.

Learning Points

- Broken hairs of varying lengths are an important clinical clue to trichotillomania.
- Emotional suppression and family criticism may perpetuate compulsive hair pulling.
- Constitutional treatment should address the maintaining psychological factors rather than alopecia alone.
- Improvement in pulling behaviour generally precedes complete cosmetic recovery.
- Multidisciplinary care including counselling, nutritional correction and behavioural advice enhances long-term outcomes.

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