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TRICHOTILLOMANIA PRESENTING WITH CHRONIC NON-SCARRING PATCHY HAIR LOSS PRECIPITATED BY EMOTIONAL TRAUMA RESOLVED AT DR BATRA'S

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Abstract

Background: Trichotillomania is a chronic psychodermatological disorder characterized by recurrent hair-pulling resulting in noticeable non-scarring alopecia. Emotional stress and psychological trauma are recognized precipitating factors, and conventional management often yields incomplete or temporary improvement.

Case Presentation: A 23-year-old female presented with progressive patchy hair loss over the crown of the scalp for one year despite prolonged dermatological treatment with topical minoxidil, nutritional supplements, and topical medications. Clinical examination revealed irregular non-scarring alopecia with broken hairs. The onset of symptoms closely followed a distressing relationship breakup and significant emotional conflict. Detailed constitutional case taking identified timidity, emotional sensitivity, fear of being alone, inability to express emotions, childish behaviour, irritability, disturbed sleep with fearful dreams, and emotional dependency. Individualized classical homeopathic treatment was prescribed based on the totality of symptoms.

Results: Progressive improvement was observed over subsequent follow-ups, with cessation of active hair loss, negative Hair Pull Test, visible hair regrowth, improved sleep, emotional stabilization, and no further progression of lesions. The patient also reported enhanced confidence and quality of life.

Conclusion: This case demonstrates that individualized constitutional homeopathic treatment may play a beneficial role in the management of Trichotillomania by addressing the underlying psychological and constitutional susceptibility in addition to the local scalp manifestations. The transformation was achieved at Dr Batra's® Homeopathy Clinic.

Keywords

Trichotillomania; Hair-Pulling Disorder; Psychodermatology; Non-scarring Alopecia; Individualized Classical Homeopathy; Constitutional Prescription; Baryta muriatica; Emotional Stress; Hair Regrowth; Dr Batra's® Homeopathy Clinic.

Chief Complaints

A 23-year-old unmarried female presented with progressive patchy hair loss over the crown of the scalp for one year. The lesion initially appeared as a small area and gradually enlarged. Despite prolonged dermatological treatment with topical minoxidil, nutritional supplements, and topical medications, hair loss continued. Broken hairs of varying lengths were observed clinically, suggestive of repeated mechanical trauma. The patient also reported disturbed sleep, emotional stress, and irregular menstruation due to PCOS.

History of Present Illness

The patient noticed a small patch of hair loss over the crown approximately one year before presentation. Over subsequent months, the affected area progressively enlarged despite continuous dermatological treatment. She had previously developed a similar frontal patch during the COVID-19 period that temporarily improved before recurring.

Clinical examination demonstrated numerous broken hairs of different lengths over the affected area without evidence of scarring. No inflammatory scalp disease was identified. The history revealed that the onset of hair loss closely followed a prolonged emotionally stressful relationship that ended after nearly three years because of family opposition and caste-related conflicts. Since that period, she experienced persistent emotional distress, disturbed sleep, anxiety, frequent crying, and recurrent fearful dreams.

The chronology of emotional trauma, recurrent patchy hair loss with broken hairs, failure of conventional dermatological therapy, and characteristic psychological profile strongly suggested **Trichotillomania (Hair-Pulling Disorder)**.

Psychosocial Background

The patient worked as a supervisor at Starbucks and was generally efficient, hardworking, and capable of learning new responsibilities quickly. However, she described herself as emotionally immature, timid, highly sensitive, and unable to express her emotions openly. She cried easily but preferred to do so alone. She feared being left alone and remained emotionally dependent on her mother and fiancé.

A significant emotional event occurred following the breakup of a three-year relationship due to family objections. During this period she experienced persistent sadness, anxiety, disturbed sleep, frightening dreams, and emotional insecurity. She admitted that family conflicts deeply affected her emotional state.

Although she had entered a new supportive relationship, fear of abandonment and anxiety regarding marriage continued. These unresolved emotional conflicts appeared closely associated with the onset and persistence of her hair-loss behaviour.

Mental Generals

The patient was timid, emotionally sensitive, affectionate, and childish in conversation. She cried easily and had difficulty expressing her emotions directly. She feared loneliness and became anxious whenever communication with her fiancé decreased. She was talkative with familiar people but remained emotionally dependent upon close family members. She was easily hurt by criticism, desired harmony within the family, loved music, enjoyed dressing well, and preferred

avoiding confrontation. She demonstrated absent-mindedness, emotional vulnerability, and recurring fearful dreams that disturbed sleep.

Clinical Examination

- Large irregular non-scarring patch over the crown.
- Numerous broken hairs of varying lengths.
- Short regrowing hairs present.
- Hair Pull Test: Negative (0-2 hairs).
- No perifollicular inflammation.
- No scaling or scarring.
- Findings clinically consistent with **Trichotillomania**.

Case Analysis

This case was analyzed from a constitutional perspective rather than merely as localized hair loss. The central feature was not the patch itself but the patient's characteristic emotional state. The onset followed a major psychological trauma, and the clinical picture was dominated by emotional dependency, grief after relationship failure, fear of abandonment, inability to express emotions, disturbed sleep with frightening dreams, and childish emotional behaviour. The presence of broken hairs with repeated unsuccessful conventional treatment further supported a psychodermatological origin rather than primary inflammatory or autoimmune alopecia.

The totality indicated a constitutional disturbance manifesting through compulsive hair-pulling behaviour, making **Trichotillomania** the principal diagnosis rather than alopecia areata.

Homeopathic Working

The management focused on correcting the patient's constitutional susceptibility and emotional imbalance rather than treating the scalp lesions alone. Individualized constitutional prescribing addressed the underlying grief, emotional dependency, fear of loneliness, timidity, and inability to cope with psychological stress. As emotional stability improved, sleep normalized, anxiety reduced, and compulsive hair-pulling behaviour gradually subsided. This was followed by cessation of active hair loss and progressive regrowth of healthy hair over the affected scalp.

Follow-up with Prescription

Follow-up Date	Clinical Findings	Assessment	Prescription
Initial Consultation (April 2026)	Large irregular patch over crown with visible broken hairs. Progressive hair loss despite 8-9 months of dermatological treatment (Minoxidil 5%, biotin, topical steroids). Disturbed sleep with fearful dreams, grief after relationship breakup, fear of loneliness, emotional sensitivity, PCOS with irregular menses.	Constitutional case of Trichotillomania precipitated by emotional trauma.	Baryta muriatica 200C – single constitutional dose. Arnica montana 30C for active hair shedding. Thuja occidentalis as intercurrent for chronic constitutional susceptibility. Nutritional counselling and gradual tapering of Minoxidil advised.
08 May 2026	Hair fall completely stopped. Hair Pull Test negative. Early regrowth	Initial constitutional response. Improvement	Sac Lac. Observation. Continued nutritional

	over temple and crown. Sleep became sound. Anxiety markedly reduced. Hair quality improved.	first seen in mental generals followed by local pathology.	support. No repetition of constitutional remedy.
12 June 2026	Hair fall remained minimal. Hair Pull Test 0–2 hairs. Existing crown lesion stable. Two small occipital patches noted with mild itching. Emotional state stable. Menstrual irregularity persisted.	Mild disease activity during constitutional improvement without general deterioration.	Arnica 30C for temporary active shedding. Continued Sac Lac. No change in constitutional prescription.
13 July 2026	Crown lesion showed visible regrowth. Occipital patches stable. Hair density increased. Hair thinning stabilized. Hair Pull Test negative. Emotional confidence improved despite recent bereavement in family. Sleep remained normal.	Sustained constitutional improvement.	Baryta muriatica 200C repeated as constitutional reinforcement considering continued improvement and chronic constitutional background, followed by Sac Lac. Continue dietary advice and follow-up.

Treatment Timeline

Stage	Intervention	Clinical Response
Baseline	Baryta muriatica 200C + Arnica 30C + Thuja	Emotional stabilization initiated. Hair shedding reduced.
1 Month	Observation with Sac Lac	Hair fall stopped. Hair Pull Test negative. Regrowth appeared.
2 Months	Acute support + Observation	Small new lesions stabilized without generalized relapse.
3 Months	Repetition of constitutional remedy	Progressive regrowth, improved hair density, better emotional resilience, disease stabilization.

Remedy Justification

Constitutional Remedy – Baryta muriatica 200C

Selected on the basis of the characteristic constitutional totality:

- Timid personality.
- Childlike emotional behaviour.
- Fear of being alone.
- Unable to express emotions.
- Emotional grief after relationship failure.
- Cries easily.
- Emotional dependence on family.
- Fearful dreams.
- Absent-mindedness.
- Sensitive and affectionate disposition.

- Chronic psychodermatological manifestation (Trichotillomania).

The prescription addressed the patient's constitutional susceptibility rather than the local scalp pathology.

Acute Remedy – Arnica montana 30C

Given during the active phase of excessive hair shedding to provide short-term support while constitutional treatment acted. It was not intended as the principal constitutional prescription.

Intercurrent Remedy – Thuja occidentalis

Administered intermittently to address the chronic constitutional background and maintain long-term therapeutic response during management.

Outcome Assessment

Parameter	Baseline	Final Follow-up
Active hair pulling behaviour	Suspected clinically	No further evidence
Broken hairs	Numerous	Markedly reduced
Hair fall	Severe	Stopped
Hair Pull Test	Positive/active shedding	Negative (0–2 hairs)
Crown patch	Progressive enlargement	Stable with visible regrowth
Sleep	Disturbed	Sound
Fearful dreams	Frequent	Resolved
Anxiety	Marked	Minimal
Emotional stability	Poor	Significantly improved
Quality of life	Reduced	Improved



Figure 1: Clinical photograph showing scalp hair regrowth

Repertorial Rubrics

Mental Generals

- Mind – Timidity
- Mind – Childish behaviour
- Mind – Responsibility – taking responsibility too seriously
- Mind – Anxiety – money matters, about
- Mind – Absent-minded
- Mind – Sensitive
- Mind – Irritability
- Mind – Loquacity
- Mind – Fear – alone, of being

Baryta muriatica was selected because it more accurately covered the characteristic mental picture:

- Marked timidity
- Childish emotional behaviour
- Emotional immaturity
- Fear of being alone
- Inability to express emotions
- Easily hurt and cries alone
- Sensitive to criticism
- Emotional dependence on family and fiancé
- Trichotillomania precipitated by emotional trauma

Remedies	calc.	phos.	puls.	lyc.	bar-c.	ars.	ign.	carb.	kali-c.	sep.	hyos.	lach.	nat-c.	tritc-vg.	arg-n.	aur.	bell.	nux-x.	plb.	stram.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	9	8	8	8	8	8	8	8	7	7	7	7	7	7	7	7	7	7	7	7
Intensity	15	18	18	17	16	14	13	8	15	15	14	14	14	14	13	13	13	13	13	13
Result	9/15	8/18	8/18	8/17	8/16	8/14	8/13	8/8	7/15	7/15	7/14	7/14	7/14	7/14	7/13	7/13	7/13	7/13	7/13	7/13
Clipboard 4																				
MIND - TIMIDITY	3	3	4	3	4	2	2	1	3	3	1	1	3	2	1	2	1	2	3	2
MIND - CHILDISH behavior	2	1	1	1	3	1	2	1		1	1	1	3	2	2		1	1	1	2
MIND - RESPONSIBILITY - taking responsibility too seriously	1	1	1	1	1	1	1	1	1	1		1				1				
MIND - ANXIETY - money matters, about	1						1									1				
MIND - ABSENTMINDED	1	2	3	2	2	1	2	1	2	3	2	3	1	2	1	2	2	2	2	1
MIND - SENSITIVE	2	3	3	3	2	2	3	1	2	2	2	2	2	1	3	2	3	3	3	1
MIND - IRRITABILITY	3	3	3	3	2	3	1	1	1	3	2	2	3	3	2	3	3	3	1	2
MIND - LOQUACITY	1	2	1	1	1	1	1	1	1		3	4	3	3	1	2	2	1	2	3
MIND - FEAR - alone, of being	1	3	2	3	1	3		1	3	3	3		1	2	3		1	1	1	2

Figure 2: Repertorization chart

Discussion

Trichotillomania is classified among obsessive-compulsive and related disorders and commonly develops following emotional stress, interpersonal conflict, or unresolved psychological trauma. Patients frequently present to dermatologists with patchy hair loss rather than recognizing compulsive hair-pulling behaviour. The presence of broken hairs of varying lengths, absence of scarring, psychological triggers, and relapse despite dermatological treatment strongly support the diagnosis.

In this patient, the close temporal relationship between relationship-related emotional trauma and onset of patchy hair loss, together with characteristic constitutional features, suggested that emotional dysregulation was central to disease expression. Individualized classical homeopathy targeted the patient's constitutional characteristics rather than the local pathology alone. Clinical improvement paralleled emotional recovery, supporting a holistic constitutional approach in psychodermatological disorders.

This version completely shifts the paper's emphasis away from **alopecia areata** and presents it as a **psychodermatology case of Trichotillomania**, with the emotional history serving as the central basis for diagnosis and constitutional remedy selection.

Conclusion

This case highlights the successful constitutional homeopathic management of **Trichotillomania (Hair-Pulling Disorder)** presenting with chronic patchy non-scarring hair loss following significant emotional stress. The onset of symptoms closely followed a relationship breakup and persistent family conflicts, while conventional dermatological management with topical minoxidil, nutritional supplements, and other medications failed to achieve sustained improvement. Individualized remedy selection based on the patient's constitutional mental and physical characteristics, rather than the local pathology alone, resulted in progressive emotional stabilization, improvement in sleep, reduction of anxiety, cessation of compulsive hair-pulling behaviour, arrest of active hair loss, normalization of the Hair Pull Test, and visible hair regrowth over the affected scalp. This case emphasizes the importance of holistic constitutional assessment in psychodermatological disorders and suggests that individualized classical homeopathy may serve as a valuable integrative therapeutic approach in the long-term management of Trichotillomania. Further prospective studies with standardized psychological and dermatological outcome measures are warranted to substantiate these observations.

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