IJAYUSH
International Journal of AYUSH
AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY
https://internationaljournal.org.in/journal/index.php/ijayush/
ISSN: 2349-7025
OPEN ACCESS
★ PEER REVIEWED ★
MONTHLY

Original Research Article	Volume 15 Issue 10	October 2026

HOMEOPATHIC MANAGEMENT OF ALOPECIA AREATA IN A YOUNG FEMALE: A CASE REPORT

***Dr. Kajal Parmar[1], Dr. Vani Oza[2], Dr. Nirav Khunt[3]**

[1]MD Part-1, PG Scholar, Department of Homeopathic Materia Medica, Rajkot Homeopathic Medical College.
[2]MD (Hom.), HOD, Department of Homeopathic Materia Medica, Rajkot Homeopathic Medical College.
[3]MD (Hom.), Assistant Professor, Department of Homeopathic Materia Medica, Rajkot Homeopathic Medical College.

Corresponding Author: Dr. Kajal Parmar, Department of Homeopathic Materia Medica, Rajkot Homeopathic Medical College.
Email: parmarkajal2501@gmail.com, Telephone: 8780872390
DOI: https://doi.org/10.5281/zenodo.23696146

ABSTRACT

Alopecia areata is a non-scarring, localized hair-loss disorder that may have a significant psychological impact, particularly in young individuals. A 23-year-old female presented with a localized, round, coin-sized patch of hair loss over the vertex of the scalp for 2 months, associated with itching. The onset of hair loss was reported following a period of prolonged grief. The case was assessed through detailed clinical and homoeopathic case-taking, including mental and physical generals and associated complaints. Based on the totality of symptoms, Natrum muriaticum was prescribed in the 200C potency, followed by placebo, with subsequent management according to the clinical response. During follow-up, progressive regrowth of hair and increased hair density over the previously affected area were observed, with satisfactory restoration of the scalp appearance at the final follow-up. No adverse effects were reported during the documented treatment period. This case illustrates the clinical course of a patient with alopecia areata receiving individualized homoeopathic treatment.

KEY-WORD: Alopecia areata, Autoimmune, Natrum muriaticum, Hair loss.

INTRODUCTION

Alopecia areata (AA) is a common immune-mediated, non-scarring hair loss condition with a wide range of clinical manifestations. The condition can affect the entire scalp (alopecia totalis) or the entire body (alopecia universalis), or it can be restricted to one or more distinct, well-defined circular or oval patches of hair loss on the scalp or body.[1]

Loss of hair is considered as an autoimmune process leading to chronic inflammation due to the presence of organ-specific CD8+ T-cell-dependent response mainly affecting hair follicles illness is believed to be exacerbated by a number of factors, including stress, hormones, trauma, and infections. The likelihood of severe symptoms in first-degree relatives is significantly influenced by genetics.[2]

Alopecia is psychologically damaging, causing extreme emotional distress and resulting in personal, social and professional problem. hair loss is more of issue for women who place more importance than men. For these women, hair is important part of their identity and is seen by society as a key marker of femininity, sexuality, reproductive capability and attractiveness.[3,4]

Homeopathy treat the person as a whole. Homeopathy is a holistic approach to healthcare that uses the principal of similarity of selecting medicine, it is based on the law of simila, stimulates the body's self-healing response and may safely manage alopecia areata ,an autoimmune disorder.[5,6]

CASE HISTORY

Patient Information

A 23 years old female student presented with localized patch of hair loss over scalp. she is unmarried. there was no family history of AA or any autoimmune disease in family.

Chief Complaint

The patient presented with hair fall from a localized area over the vertex region of the scalp since 2 month. The affected area was associated with itching and appeared as a round, coin sized patch. The onset of hair fall was reported after a period of prolonged grief.

Associated Complaint

LOCATION	SENSATION	MODALITIES	CONCOMITIENT
Head – since 2 2years	Pulsating type of pain Started one part of head and spread whole head Headache with vomiting, sometimes relive by vomiting. Pain remaining 1 to 2days	>From watching cartoon. < From sun, before menses	-

Past History :-

The patient reported a history of chikungunya in September 2024. And mumps in October 2024.

Family History :-

Family member	Illness	Alive/death	Cause of death
father	-	death	RTA
mother	healthy	Alive	-
Grand father	CA mouth	Alive	-
Grand mother	-	Alive	-

Personal History :-

Appetite: -3-4chapatis/meal Thirst: - 2liters/day Stool: - 1time/day, satisfactory Urine: -5 to 6times/day	Craving: - spicy food +3 Aversion: - Not specific Perspiration: - profuse, staining –not present, order –not present Thermal: - Ambi thermal

Menstrual History:-

FMP: - At the age of 13 years Cycle – regular Interval- 26 to28days Duration of flow –short, only 1day	Quantity of flow – scanty Colour of blood – bright red Clots – not present Before menses- breast pain, headache.

Mental History:-

The patient was born and brought up in a nuclear family comprising her parents and two younger siblings. She is the eldest among the siblings. Since childhood, she was described as a reserved individual who did not readily form new friendships and preferred to remain within familiar surroundings.

At the age of 10 years, she experienced a significant emotional event when her father died following an accident. This event was remembered as an important and emotionally significant experience during her childhood.

At the age of 14 years, she was sent to a hostel for education on a scholarship. She experienced considerable difficulty adjusting to the hostel environment. She frequently cried and remained emotionally distressed for approximately six months. She described the hostel environment as feeling “like a jail.” She found it difficult to adjust to the unfamiliar surroundings and did not

develop any close friendships during her stay. This was consistent with her pre-existing tendency to be socially reserved and her dislike of forming new friendships.

The patient was described as a reserved person and generally preferred to keep her thoughts and feelings to herself. She did not easily become emotionally attached to others; however, once she developed an attachment with a person, she found it difficult to detach herself emotionally and required a long time to overcome the attachment.

Following an emotionally significant incident, the patient experienced prolonged grief. She expressed that it was difficult for her to forget the person and that she did not want to forget that person. After the incident, she reported a marked change in her routine, particularly with reduced appetite and disturbed sleep. She experienced recurrent thoughts related to the incident, especially at night, which interfered with her sleep.

The patient also reported anger over trivial or silly matters. Her anger could be expressed directly rather than being completely suppressed.

She experienced anxiety when alone with strangers, mainly due to the fear that the other person might judge her. This contributed to her tendency to remain reserved in unfamiliar social situations.

Overall, the prominent mental and emotional features were reserved disposition, prolonged grief with difficulty in emotional detachment, recurrent thoughts at night with disturbed sleep, irritability/anger over trivial matters, and fear of being judged by strangers.

General Examination:-

- General built and nutrition- good
- Anaemia-absent
- Oedema-absent
- Pulse-80/min
- Blood pressure -124/82mm of Hg
- Temperature - 98.4°F
- Respiratory rate -14/min

Local Examination Of Scalp

Site – vertex Number of patches – single Shape – round Size – approximately coin –sized	Scalp – no obvious redness noted Hair loss – localized, well defined patch of hair loss Scarring – no noted

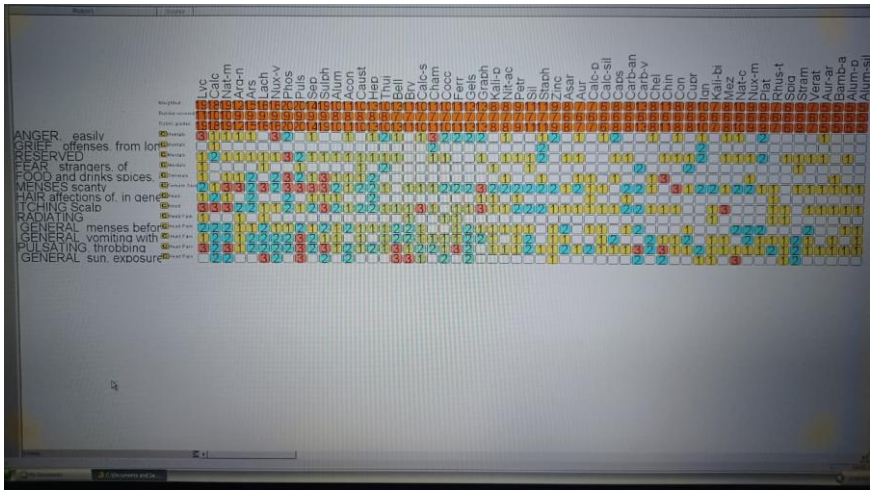
Analysis And Evaluation Of Symptoms :-

Mental general	Physical general	Physical particular
Reserved nature Anger over trivial matters Prolonged grief Fear of stranger/fear of being judged	Craving for spicy food+3 Scanty menstrual flow	Hair fall in spot. itching in scalp Pulsating type of pain in head. headache with vomiting, sometimes relive from vomiting. headache < from sun and before menses. Headache start from one part of the head and than spread whole head. Breast pain before menses.

Totality Of Symptoms

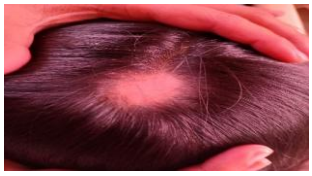
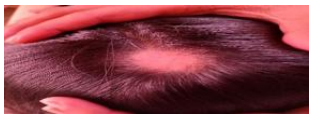
- Easily anger
- prolong grief.
- Reserved personality
- fear of stranger person.
- craving for spicy food
- scanty flow of menses
- hair fall in spot
- itching in scalp
- headache start from one part and then spread whole head
- headache before menses
- headache with vomiting
- pulsating type of pain in head
- Headache< before menses, sun exposure.

Repertorization: -



Prescription :-

28/01/2026 :- Natrum mur 200c one dose followed by S.L for 15 days.

DATE	SYMPTOMS	PRESCRIPTION	IMAGE
11/02/2026	No significant change was observed in the alopecic patch. The complaint remained almost the same.	Natrum muriaticum 200C one dose followed by S.L for 1 month	
13/03/2026	No significant change was observed in patch.	Rx, Natrum muriaticum 1m one dose .followed by S.L for 1 month	
12/04/2026	further improvement was observed. Over the previously affected area & considerable reduction in the visible patch.	Rx, S.L. BD for 2 month	
13/6/2026	Further improvements was observed. Increase in hair density with satisfactory restoration of the affected scalp area.	NO NEED TO INTERVANTION	

DISCUSSION

In this case, Natrum muriaticum 200C was selected based on the patient's individual mental and physical symptoms. Progressive hair regrowth was observed during follow-up, with increased hair density in the affected area. However, as this is a single case report, the observed improvement cannot establish treatment efficacy, and further clinical studies are needed

LIMITATION

This is single case report without a control or comparator group, further studies with larger sample are required to support these observations.

CONCLUSION

Alopecia areata is a common non-scarring hair-loss disorder characterized by localized areas of hair loss, with an unpredictable clinical course. In the present case, individualized homoeopathic treatment was followed by progressive hair regrowth and improvement in hair density during

follow-up. However, as this is a single case report, the observed improvement cannot establish the efficacy of the treatment. Further well-designed clinical studies are required to evaluate the role of individualized homoeopathy in alopecia areata.

CONSENT OF PATIENT

Informed written consent was obtained from the patient for publication of case report in research journal .

ACKNOWLEDGEMENT

The authors acknowledge the support and guidance of the department of homoeopathic materia medica, Rajkot homeopathic medical college.

References

1. Villasante Fricke AC, Miteva M. Epidemiology and burden of alopecia areata: a systematic review. Clin Cosmet Investig Dermatol. 2015;8:397-403. doi:10.2147/CCID.S53985. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC4521674/
2. Shivanna CB, Shenoy C, Priya AR. Tofacitinib (Selective Janus Kinase Inhibitor 1 and 3): A Promising Therapy for the Treatment of Alopecia Areata: A Case Report of Six Patients. Int J Trichology. 2018;10(3):103-107. doi:10.4103/ijt.ijt_21_18.
3. Hoffer L, Achdut N, Shvarts S, Segal-Engelchin D. Gender differences in psychosocial outcomes of hair loss resulting from childhood irradiation for tinea capitis. Int J Environ Res Public Health. 2021;18(15):7825. doi:10.3390/ijerph18157825.
4. Giannì M, Bauer A, Garattini E, Chambon P, Rochette-Egly C. Phosphorylation by p38MAPK and recruitment of SUG-1 are required for RA-induced RARγ degradation and transactivation. EMBO J. 2002;21(14):3760-9. doi:10.1093/emboj/cdf374.
5. Hahnemann S. Organon of Medicine. Appendix by R.E. Dudgeon. B. Jain Publishers, New Delhi; 5th ed.2002,p.40-41.
6. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory. 3rd rev ed. New Delhi: B Jain Publishers; 2007.
7. Clarke JH. A clinical repertory to the dictionary of materia medica, New Delhi: B Jain Publishers; 1977.
8. CARA. Computer Assisted Repertorization Application (CARA), version 1.4 [computer software].