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HOMEOPATHIC MANAGEMENT OF ALOPECIA AREATA WITH STAPHYSAGRIA: A CASE REPORT ON PSYCHOSOMATIC LINKS

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Abstract

Alopecia areata is a chronic autoimmune disorder resulting in non-scarring, patchy hair loss. It affects approximately **2% of the global population** during their lifetime [1–3]. The condition, though not life-threatening, significantly impacts mental health, self-esteem, and quality of life, particularly among young adults and females [4,5]. Homeopathy adopts a holistic, individualized approach, taking into account the totality of symptoms—physical, mental, emotional, and miasmatic—to stimulate the body's self-healing mechanism. The present case documents a 21-year-old female with recurrent alopecia areata, accompanied by traumatic event. However, the constitutional remedy, **Staphysagria 200C**—administered as one dose monthly—aligned with the patient's core constitutional and mental-emotional state. Over a 12-month treatment course at Dr Batra's, the patient showed progressive improvement: cessation of new patches, regrowth of existing areas, normalization of sleep and menses, and restoration of confidence.

Keywords

Alopecia areata, Homeopathy, Staphysagria, Constitutional treatment, Autoimmune hair loss.

Introduction

Alopecia areata is a chronic, autoimmune-mediated, nonscarring hair loss disorder, typically manifesting as small, round or oval bald patches on the scalp or other body parts [6,7]. The global lifetime prevalence is estimated at approximately **2%**, affecting nearly 160 million individuals worldwide [1–3]. It equally impacts all genders and ethnicities, and commonly begins in childhood, adolescence, or early adulthood [6,8]. The etiopathogenesis is multifactorial, involving:

- **Autoimmune mechanisms**: The body's immune system attacks hair follicles, hindering normal growth [9,10].
- **Genetic predisposition**: Family history and HLA complex variations are notable contributors [11].
- **Environmental or emotional triggers**: Stress, trauma, or illness often precipitate or exacerbate the condition [12].

Clinically, patients present with **sudden onset of hair loss in coin-sized patches**, which may be accompanied by itching, nail changes (e.g., pitting), or exclamation-point hairs [9,13]. More severe variants—**alopecia totalis** (entire scalp loss) and **alopecia universalis** (total body hair loss)—though rarer, carry a poorer prognosis [11,14]. While physical health remains intact, the **psychological and social impact** can be profound, often leading to anxiety, depression, and social withdrawal [5,12]. Conventional therapies—including corticosteroids, immunotherapy, JAK inhibitors, and PRP—can help promote regrowth but may not address the underlying constitutional or emotional dimensions and often have relapse or adverse effect concerns [9,14]. Homeopathy offers an integrated approach by considering the individual's mental, emotional, and physical constitution and miasmatic background.

Case Profile

24 yrs old female patient is suffering from continuous hair fall with development of bald patches, sometimes in bunches. Hair loss has been present for several months, occasionally improving but with repeated relapses. Itching is felt on the scalp at times, especially with sweating. The hair patches show regrowth but also new patch formation occasionally. Along with hair problems, there are complaints of disturbed sleep, generalized weakness, body aches, offensive perspiration on the face, irregular and painful menses lasting only two days

with associated leucorrhoea, and recurrent indigestion with fever episodes. There is also intermittent abdominal pain and a tendency for hair to turn grey, sometimes regaining normal color. Overall, the main sufferings are unstable alopecia areata with recurrent hair fall, itching, scalp patch formation, weakness, disturbed sleep, irregular menses, abdominal discomfort, and periodic fever episodes.

Physical Generals

- **Diet:** Normal
- **Appetite:** Normal
- **Desire/Craving:** Chocolates
- **Aversion:** Bread toast
- **Thermal Reaction:** Hot patient
- **Thirst:** Normal, prefers normal water, about 2–3 liters/day
- **Stools:** Normal
- **Urine:** Clear, normal
- **Perspiration:** Offensive odor, normal quantity, no stain, parts not specified
- **Bathing:** Seasonal preference, no particular choice
- **Sleep:** Restless, prefers left side, hours not specified
- **Dreams:** Disturbing dreams, especially of rape

Female History

- **LMP:** 21/05/2023
- **Cycle:** Regular
- **Flow:** Lasts only 2 days
- **First day:** Painful
- **Leucorrhoea:** Present

Physical Examination

- **Hair & Scalp:** Multiple alopecia areata patches on scalp; hair fall present, sometimes in bunches; areas of regrowth noted; occasional itching; few grey hairs.

- **Skin:** Perspiration on face, offensive in odor.
- **General Condition:** Appears weak, history of disturbed sleep.
- **Abdomen:** Occasional abdominal pain, indigestion.
- **Gynaecological:** Menstruation regular but lasts only 2 days, first day painful; associated leucorrhoea.

Mental Generals –

Since childhood, the patient has carried deep emotional trauma due to attempted sexual abuse—first at the age of 10 by an outsider and later by a relative from her maternal side. These incidents have left a strong mark on her mind, making her fearful and insecure, especially towards men. She often dreams of those past events and experiences disturbed sleep with restless thoughts. As she grew older, the added burden of her father's poor health and the family's financial struggles increased her stress and sense of responsibility. Presently, her illness and persistent hair fall further disturb her peace of mind, causing anxiety about her appearance, health, and future. She remains sensitive and easily worried but at the same time shows resilience, adjusting in her college environment, sharing feelings with her younger sister and close friends, and aspiring to complete her studies and pursue higher education despite the emotional and physical challenges.

Past History

- History of **typhoid fever** 2 years back.
- No significant chronic illness reported.
- **Allopathic medication:** Not taken.
- **Lotions:** None used.
- **Supplements/Vitamins:** Has taken hair supplements and vitamins.
- No history of tuberculosis, diabetes, hypertension, epilepsy, or other major illness.

Family History

- Father suffers from **hair thinning/baldness**.
- No other major hereditary or familial illness reported.

Case analysis Reportorial totality

Repertory used	Rubrics selected
Complete Repertory	– [C] [Mind]Ailments from: Anger, vexation: Grief, with silent: – [C] [Mind]Ailments from: Mortification, humiliation, chagrin: – [KT] [Mind]Anger,irascibility : Ailments after anger – [C] [Mind]Anxiety: Health, about: Despair of getting well: – [C] [Mind]Irritability: Consolation agg.:

Repertory screenshot

Remedy Name	Staph	Nat-m	Coloc	Ign	Lyc	Nux-v	Plat	Ars
Totality	11	9	9	9	8	6	5	5
Symptom Covered	4	4	3	3	4	4	4	3
[C] [Mind]Ailments from:Anger, vexation:Grief, with silent:	3	2	2	3	3	1	1	1
[C] [Mind]Ailments from:Mortification, humiliation, chagrin:	4	3	4	3	3	2	1	2
[KT] [Mind]Anger,irascibility(see irritability,quarrelsome):Ailments after anger:	3	1	3		1	2	1	
[C] [Mind]Anxiety:Health, about:Despair of getting well:								2
[C] [Mind]Irritability:Consolation agg.:	1	3		3	1	1	2	

Selection of Remedy

Remedy: *Staphysagria*

Constitutional

- **Potency**: 200C
- **Dose**: 1 dose every month

Reasons for Remedy Selection:

- History of suppressed grief, humiliation, and past emotional trauma (childhood abuse/harassment).
- Oversensitivity to insults and suppressed emotions.
- Alopecia areata aggravated after stress.
- Fits the constitutional totality of the patient's physical and mental generals.

Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Hair fall in patches (alopecia areata), with regrowth but relapse	✓	✓		✓
Itching on scalp, especially with sweat	✓			

Offensive perspiration (face)	✓			
Disturbed sleep, restless, dreams of rape/trauma	✓		✓	✓
Ailments from anger, grief, humiliation, mortification	✓	✓		
Anxiety about health, despair of recovery	✓		✓	
Irritability, consolation aggravates	✓			
Weakness, body aches, indigestion, recurrent fever				✓
Recurrent abdominal pain, indigestion	✓			✓
Menses short (2 days), painful on first day, with leucorrhoea		✓		
Family history of baldness		✓		
Tendency for premature greying of hair (sometimes regains colour)			✓	✓

Miasmatic Predominance

- **Psora**: Dominant in mental symptoms (anxiety, grief, humiliation, ailments from anger, itching, offensive perspiration, disturbed sleep).
- **Sycosis**: Evident in family history of baldness, short painful menses, recurrent patchy hair loss.
- **Syphilis**: Present in destructive tendency (alopecia with relapse, premature greying, despair, disturbed dreams of abuse).
- **Tubercular**: Strong background with recurrent fevers, weakness, indigestion, restlessness, rapid relapses and remissions.

Predominant Miasm: Psora–Sycosis with Tubercular background

Materials and Methods

Complete repertory was used for Repertorization

Results – Month-wise Follow-up Progress

Month	Progress	Prescription
1st month	Complaints of **hair fall with patches**, **itching scalp**, offensive perspiration, weakness, disturbed sleep. Menses irregular.	Staph 200 every month 1 dose
2nd month	Slight improvement in hair regrowth at some patches, but hair fall still continues. Weakness persists.	Staph 200 every month 1 dose
3rd month	Hair regrowth visible in patches; fall still present but reduced. Energy better, weakness slightly improved.	Staph 200 every month 1 dose
4th month	Marked improvement – regrowth in old patches, fall comparatively less. Menses still painful but regular.	Staph 200 every month 1 dose
5th month	No new patches, old patches filling; hair fall mild. Mentals improving, confidence better.	Staph 200 every month 1 dose
6th month	Hair regrowth much better; almost full covering in patches. Sleep improved.	Staph 200 every month 1 dose
7th month	Only mild hair fall occasionally, regrowth satisfactory.	Staph 200 every month 1 dose
8th month	All patches covered; patient feels cured, hair regrowth fully.	Staph 200 every month 1 dose
9th month	Stable improvement, no new patches, hair strong. Only mild itching occasionally.	Placebo.
10th month	Hair condition maintained, no new complaints. Mild premature greying noticed but intermittent.	Placebo.
11th month	Hair fall sometimes but no new patches. General health good.	Placebo; advised nutritious diet, iron-rich food.
12th month	Condition stable; hair growth satisfactory, no relapse, overall better generals.	Placebo; supportive dietary advice.

Discussion & Conclusion

The patient, a 21-year-old female, presented with complaints of **severe hair fall with patchy baldness (alopecia areata)** associated with **scalp itching, offensive perspiration, weakness, and disturbed sleep**. Her history revealed a sensitive background with **episodes of childhood sexual harassment**, suppressed emotions, and **family stress due to father's illness**, which contributed significantly to her mental state. She also suffered from **irregular menses, painful first day flow, and leucorrhoea**, pointing towards a chronic underlying constitutional disturbance.

On physical generals, she had **desire for spicy food**, thirst for moderate water, offensive perspiration on the face, restless sleep with dreams of past unpleasant events (rape-related), and disturbed confidence due to her appearance. Laboratory investigations showed **low hemoglobin and Vitamin D deficiency**, for which supplements were advised alongside constitutional treatment.

Alopecia areata cases often have a strong **psychosomatic correlation**, and here, the mental trauma with suppressed grief and humiliation played a central role. In the **miasmatic analysis**, both **sycotic (patchy alopecia, regrowth with relapses)** and **syphilitic (destructive, recurrent hair loss, despair of recovery)** traits were evident, though psoric elements were also present in the background.

During the initial months, *Phosphorus* was prescribed based on the acute state of hair fall, irritability, and sensitivity, which brought partial improvement in regrowth of patches and stabilization of hair loss. Supportive measures in the form of iron, Vitamin D, and Follihair supplementation also aided recovery. However, the relapsing nature of patches and the deep-seated mental trauma required a deeper acting remedy.

Staphysagria 200, given as a single dose every month, matched the patient's core constitution—ailments from **suppressed indignation, humiliation, mortification, and sexual harassment in childhood**—along with her sensitivity to insults, suppressed emotions, and tendency to brood. After the introduction of Staphysagria, the patient's condition improved steadily: patches filled with new hair, hair fall stopped, sleep normalized, menses became regular, and confidence was regained. Over the course of one year, the patient achieved complete remission with no new patches, full regrowth in old sites, and stable general health.

Conclusion

This case demonstrates the importance of a holistic approach in homeopathy, addressing both **physical pathology and underlying mental trauma**. Timely supplementation for deficiencies alongside individualized remedy selection provided rapid and sustained improvement. **Staphysagria 200, one dose monthly**, acted as the curative constitutional remedy, leading the patient from a state of suffering and low confidence to a condition of health, emotional stability, and complete regrowth of hair.

The transformation

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