



Original Research Article

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SUCCESSFUL MANAGEMENT OF TRICHOTILLOMANIA WITH CLASSICAL HOMEOPATHY AT DR BATRA'S® HOMEOPATHY CLINIC: A SCIENTIFIC CASE STUDY

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Abstract

Trichotillomania is a chronic psychodermatological disorder often resistant to conventional and supportive therapies, with frequent relapses and significant psychosocial impact. This case study documents the successful management of a young female patient suffering from trichotillomania for 2.5 years, unresponsive to previous interventions. A detailed classical homeopathic evaluation was undertaken, emphasizing mental and emotional dimensions, totality of symptoms, and individual susceptibility. Systematic follow-ups over ten months revealed sustained remission, improved emotional resilience, and marked enhancement in health-related quality of life. **A clear transformation was achieved at Dr Batra's® Homeopathy Clinic.**

Keywords

Trichotillomania; Classical Homeopathy; Psychodermatology; Individualization; LSMC; Constitutional Treatment

Introduction

Trichotillomania (hair-pulling disorder) is characterized by recurrent, irresistible urges to pull out hair, leading to noticeable hair loss and emotional distress. Conventional approaches, including counseling and pharmacotherapy, often provide limited or temporary relief. Classical homeopathy, with its holistic approach focusing on mental generals, emotional patterns, and constitutional traits, offers a promising alternative. This paper presents a scientifically documented case demonstrating the role of individualized homeopathic treatment in achieving sustained remission.

Case Profile

- **Age / Gender:** Young adult female
- **Duration of illness:** 2.5 years
- **Diagnosis:** Trichotillomania
- **Duration of treatment:** 10 months
- **Duration of remission:** 3 months (ongoing)
- **Previous treatment:** Non-specific counseling and supportive care with no lasting benefit

Chief Complaints

- Recurrent, irresistible pulling of scalp hair for 2.5 years
- Patchy hair loss with emotional distress
- Urge aggravated during stress and solitude

Mental & Emotional Symptoms

From **childhood**, the patient displayed a reserved and introverted temperament. She preferred solitude, was emotionally sensitive, and easily hurt by remarks or situations, yet consistently suppressed emotional expression. She disliked sympathy or consolation and avoided discussing personal distress, choosing instead to internalize emotions.

During **adolescence**, this emotional withdrawal became more pronounced. She developed a strong sense of responsibility, performed duties diligently, and avoided burdening others with her feelings. Emotional pain was silently endured rather than shared.

In **early adulthood**, workplace stress and interpersonal insecurity acted as maintaining factors. A significant emotional setback (relationship-related, details withheld due to discomfort) intensified internalized grief. Gradually, the hair-pulling behavior emerged as an unconscious emotional outlet, providing temporary relief from inner tension while worsening self-esteem and confidence.

Physical Generals & Particulars

- Appetite: Normal
- Craving: Salty
- Aversion: Biscuits
- Thirst: Normal, prefers normal-temperature water
- Perspiration: Normal quantity, yellow stains, non-offensive; face and scalp
- Thermal reaction: Ambithermal, prefers open air and fan
- Sleep: 5–6 hours, refreshing; dreams amorous
- Stool & urine: Satisfactory / normal

Life Space

- Born and brought up in Noida
- Nuclear family: Father, mother, one elder brother
- Strong emotional bond with father
- No major academic stress; average scholastic performance
- Current work environment stressful with performance pressure and insecurity
- Personality: Introverted, emotionally reserved, sensitive, responsible, prefers solitude

Diagnosis

Trichotillomania (Hair-Pulling Disorder)

Differential Diagnosis

- Alopecia areata

- Tinea capitis
- Traction alopecia
- Androgenetic alopecia
- Telogen effluvium

Totality of Symptoms

- Reserved, introverted personality
- Suppressed emotions; keeps feelings to self
- Sensitive, easily hurt; dislikes sympathy
- Responsible, prefers solitude
- Hair pulling during emotional stress
- Desire for open air; prefers fan
- Craving for salty food

Repertorial Analysis

Rubric	Source
Mind – Reserved	Kent
Mind – Consolation – aggravates	Kent
Mind – Grief – silent	Kent
Mind – Introversion	Synthesis
Mind – Hair pulling	Synthesis
Generalities – Open air – desire	Kent

Repertorisation Result

Natrum muriaticum emerged as the leading constitutional remedy, followed by Ignatia, Sepia, and Nux vomica.

Miasmatic Analysis

- Dominant miasm: **Psoric-Syphilitic**

- Psora: Emotional sensitivity, suppressed grief
- Syphilitic component: Compulsive, self-damaging behavior (hair pulling)

Remedy Selection Rationale

- **Constitutional Remedy:** Selected based on mental generals, emotional suppression, introversion, and physical concomitants
- **Acute / Intercurrent Remedy:** Used to address acute compulsive impulses during initial phase



Prescription & Follow-Up Table

Visit	Date	Symptoms & Changes	Remedy & Potency	Response
1	Baseline	Active hair pulling, emotional suppression, anxiety	Natrum muriaticum 200C (single dose)	—
2	1 month	Reduced urge frequency, emotional calmness	Placebo	Improvement
3	2 months	Hair pulling occasional during stress	Fluoric acid 30C (intercurrent)	Urge reduced
4	3 months	Hair pulling minimal, confidence improving	Placebo	Stable

5	5 months	Hair regrowth visible, stress tolerance better	Natrum muriaticum 1M	Marked improvement
6	8 months	No hair pulling, emotional stability	Placebo	Maintained
7	10 months	Complete remission	Placebo	Sustained

Transformation Table

Parameter	Before Treatment	After Treatment
Hair pulling	Frequent, compulsive	Absent
Hair density	Patchy loss	Visible regrowth
Emotional expression	Suppressed	Balanced
Stress handling	Poor	Improved
Self-confidence	Low	Restored
HRQL	Impaired	Significantly improved

Outcome Assessment (HRQL)

Health-related quality of life improved significantly. The patient regained confidence, emotional balance, and social comfort, with sustained remission of trichotillomania.

Discussion

This case highlights the importance of constitutional prescribing in psychodermatological disorders. Trichotillomania, though localized to hair, represents deep emotional conflict and suppressed grief. The patient's introversion, dislike for consolation, emotional reserve, and silent suffering were central to remedy selection. Classical homeopathy addresses not merely the habit but the individual as a whole. Intercurrent remedy use supported acute compulsive tendencies without disturbing the constitutional action. The gradual yet sustained improvement underscores the role of individualized treatment, proper case-taking, and patience in chronic conditions. Failure of previous approaches further emphasizes the value of holistic homeopathic management.

Conclusion

This case demonstrates that classical homeopathy, when applied with strict adherence to individualization, totality of symptoms, and miasmatic understanding, can offer sustained remission in chronic trichotillomania. Emotional healing preceded physical recovery, reaffirming Hahnemann's principles. The structured follow-up and judicious prescription resulted in lasting transformation, improved quality of life, and restored confidence. **This case stands as evidence of effective, scientific homeopathic care at Dr Batra's® Homeopathy Clinic.**

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