



Original Research Article

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**SUCCESSFUL HOMEOPATHIC MANAGEMENT OF TRICHOTILLOMANIA
WITH HORMONAL IMBALANCE AND PCOD FEATURES: A CLASSICAL CASE
TREATED AT DR BATRA'S® HOMEOPATHY CLINIC**

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Abstract

Trichotillomania associated with hormonal imbalance and menstrual irregularities presents a therapeutic challenge due to its psychosomatic complexity and chronicity. A 21-year-old female with stress-induced hair pulling, patchy alopecia, secondary amenorrhea, hyperandrogenic features, weight gain, and marked emotional sensitivity was managed using individualized classical homeopathy after limited relief from conventional measures. A holistic assessment incorporating mental generals, physical generals, and characteristic particulars guided the treatment strategy. Progressive improvement was observed in emotional stability, cessation of hair-pulling behavior, complete regrowth of hair patches, and partial restoration of menstrual regularity over a structured follow-up period. **This case demonstrates a clear constitutional transformation achieved through individualized classical homeopathic treatment at Dr Batra's® Homeopathy Clinic.**

Keywords

Trichotillomania; Hormonal imbalance; PCOD; Alopecia; Classical homeopathy; Individualization

Introduction

Trichotillomania is classified as a body-focused repetitive behavior characterized by compulsive hair pulling, often precipitated by stress, anxiety, or unresolved emotional conflicts. It frequently overlaps with mood disorders, obsessive traits, and psychosomatic gynecological disturbances such as polycystic ovarian disease (PCOD). Conventional management remains largely symptomatic with variable long-term outcomes. Classical homeopathy, grounded in individualization and totality of symptoms, offers a holistic approach addressing both psychological and somatic dimensions. This case highlights the application of classical homeopathic principles in a young woman with chronic trichotillomania and hormonal dysregulation, treated successfully at **Dr Batra's® Homeopathy Clinic**.

Case Profile

- **Age/Gender:** 21 years / Female
- **Presenting Complaints:**
 - Trichotillomania (stress-induced hair pulling from frontal and right parietal scalp)
 - Patchy alopecia with exclamation mark hairs
 - Hormonal imbalance with PCOD-like features
 - Irregular menses progressing to secondary amenorrhea (4–5 months)
 - Dysmenorrhea, menorrhagia with clots (previous cycles)
 - Unwanted facial and abdominal hair
 - Weight gain
 - Mood swings and emotional sensitivity

Mental Symptoms –

The patient exhibited emotional sensitivity from early childhood. Since school years, she demonstrated a tendency to internalize emotions, preferring solitude over sharing feelings even with close family members. She was markedly sensitive to criticism and easily affected by emotional experiences, often weeping alone rather than expressing distress outwardly.

A significant emotional imprint occurred during early adolescence (around class 6), where grief following a personal loss reinforced her tendency toward emotional suppression. This pattern intensified during her first year of graduation when she failed an examination despite being academically strong. The failure led to profound humiliation, a sense of wounded self-esteem, and silent grief, particularly because peers had passed. Although the academic outcome was later corrected after re-evaluation, the emotional impact persisted.

Subsequently, during periods of anxiety or mental stress, she developed a compulsive behavior of pulling hair from the frontal scalp, experiencing transient emotional relief after the act. She remained introverted, reserved, avoided emotional confrontation, preferred being alone, and expressed stress through diary writing rather than verbal communication. Anxiety related to discussions of marriage further aggravated her emotional state. Over time, these unresolved emotional conflicts manifested somatically as trichotillomania and hormonal disturbances.

Physical Generals

- Appetite: Normal
- Craving: Sweets
- Thirst: Normal
- Perspiration: Scanty, non-offensive
- Thermal Reaction: Chilly; prefers covering; prefers air-conditioning
- Sleep: 7–8 hours; unrefreshing; daytime sleepiness
- Weight: Progressive gain (75 kg at last follow-up)

Particulars

- Hair pulling from forehead and right side of scalp during stress
- Patchy alopecia with exclamation mark hairs
- Menstrual irregularity progressing to amenorrhea
- Dysmenorrhea and past menorrhagia with clots
- Hirsutism (face and abdomen)

Life Space –

A sensitive, introverted young woman with high self-expectations and strong need for dignity, exposed to academic humiliation and emotional suppression, leading to chronic

internalized grief. The unresolved emotional stress expressed through compulsive hair pulling and endocrine imbalance, with gradual social withdrawal and fear related to future commitments such as marriage.

Totality of Symptoms

- Reserved, introverted; does not share emotions
- Sensitive to humiliation and grief
- Weeps alone
- Likes to be alone
- Anxiety from emotional stress
- Compulsive hair pulling ameliorated by the act
- Sweet cravings
- Chilly constitution
- Hormonal imbalance with amenorrhea
- Patchy alopecia with regrowth difficulty

Repertorial Analysis

Domain	Rubrics
Mind	Reserved disposition
Mind	Ailments from grief
Mind	Weeping alone
Mind	Desire for solitude
Mind	Compulsive acts – hair pulling
Generalities	Desire for sweets
Generalities	Chilly patient
Female genitalia	Menses irregular / amenorrhea
Skin	Falling of hair in patches

Repertorisation Result

Leading remedies emerged prominently:

- **Natrum muriaticum**
- Pulsatilla
- Calcarea carbonica

Natrum muriaticum covered the mental causation, emotional suppression, grief, desire for solitude, sweet craving, hormonal irregularity, and alopecia most comprehensively.

Miasmatic Assessment

- **Dominant Miasm:** Psora
- **Secondary Influence:** Sycosis (hormonal imbalance, PCOD traits, hirsutism)

Final Remedy Selection

Natrum muriaticum was selected based on:

- Strong mental picture (silent grief, reserved nature, humiliation sensitivity)
- Clear mind-body connection
- Correspondence with hormonal and menstrual irregularities
- Characteristic hair loss patterns

Prescription & Follow-Up Table

Date	Remedy & Potency	Prescription Basis	Clinical Response
27-03-2025	Natrum muriaticum 200C	Totality after repertorisation	Anxiety reduced, awareness of hair pulling
24-04-2025	Natrum muriaticum 200C	Continuation	Hair pulling stopped, patch filling
31-05-2025	Natrum muriaticum 1M	Return of menses after 6 months	Flow improved, emotional lightness
28-06-2025	Placebo	Improvement maintained	Anxiety absent
27-07-2025	Natrum muriaticum 1M	Cycle regulation	Normal menses, no hair pulling
23-08-2025	Placebo	Stability	Social engagement improved
14-12-2025	Placebo	Sustained remission	Hair fully regrown
17-01-2026	Observation	Long-term follow-up	Trichotillomania cured

Transformation Table

Parameter	Before Treatment	After Treatment
Hair pulling	Frequent, stress-induced	Absent
Alopecia patches	Present	Completely regrown
Anxiety	Marked	Absent
Emotional expression	Suppressed	Stable
Menses	Amenorrhea	Partially regulated
Social participation	Avoidant	Active
Confidence	Low	Improved

Outcome & Prognosis

Prognosis: Curable

Outcome: Sustained remission of trichotillomania with marked emotional and functional transformation.



Discussion

This case exemplifies the classical homeopathic approach where mental causation forms the cornerstone of prescription. The patient's long-standing emotional suppression and grief manifested as compulsive behavior and endocrine disturbance. Addressing the constitutional state rather than isolated symptoms resulted in progressive and sustained improvement. The gradual cessation of hair pulling, complete regrowth of alopecic patches, and emotional stabilization confirm the depth of action of the remedy. The partial restoration of menstrual regularity further supports systemic balance. Regular follow-up and minimal repetition adhered strictly to classical principles. This case underscores the importance of individualized remedy selection, miasmatic understanding, and long-term observation in psychosomatic disorders.

Conclusion

This case highlights the effectiveness of individualized classical homeopathy in managing trichotillomania associated with hormonal imbalance and PCOD features. By addressing the patient's emotional core and constitutional susceptibility, a sustained transformation was achieved at both mental and physical levels. The resolution of compulsive hair-pulling behavior, emotional stabilization, and hair regrowth illustrates the holistic scope of homeopathic intervention. Such outcomes reaffirm the relevance of classical homeopathy in complex psychosomatic conditions when practiced with scientific rigor. **The transformation observed in this patient was achieved through individualized treatment at Dr Batra's® Homeopathy Clinic.**

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