



Original Research Article

Volume 15 Issue 03

March 2026

**SUCCESSFUL HOMEOPATHIC MANAGEMENT OF PEDIATRIC
TRICHOTILLOMANIA REFRACTORY TO CONVENTIONAL THERAPY:
A CASE TREATED AT DR BATRA'S HOMEOPATHY CLINIC**

Dr Sudepta Indra

Branch Head, Minto Park Branch, Dr Batra's Positive Health Clinic Pvt. Ltd.

BHMS

Email id: chc-kolkata@drbatras.com, Mobile: 9674528620

Abstract

Background: Trichotillomania is a psychosomatic impulse-control disorder commonly seen in children and adolescents, often resistant to conventional dermatological and pharmacological interventions.

Case Profile: A 12-year-old female presented with an uncontrollable habit of hair plucking from bilateral temporal regions and later from the legs, associated with intense itching and emotional triggers.

Intervention: Individualized classical homeopathic treatment based on totality of symptoms, constitutional assessment, and miasmatic understanding was administered over nine months.

Outcome: Complete remission of hair-pulling behavior, resolution of itching, emotional stabilization, and visible hair regrowth were achieved.

Conclusion: This case demonstrates that individualized homeopathic intervention can bring sustained transformation in pediatric trichotillomania, even after failure of conventional treatment, as observed at **Dr Batra's Homeopathy Clinic**.

Keywords: Trichotillomania, Pediatric psychiatry, Psychosomatic disorder, Classical homeopathy, Habit disorder, Hair pulling

Introduction

Trichotillomania is classified as a body-focused repetitive behavior characterized by recurrent hair pulling leading to hair loss, distress, and social impairment. In children, it often represents an externalization of internal emotional conflict. Conventional management frequently provides incomplete relief and high relapse rates. Homeopathy, with its holistic approach addressing mind–body interaction, offers a promising therapeutic alternative.

Case Profile-

Age/Gender: 12-year-old female

Diagnosis: Trichotillomania

Duration: 9 months

Duration of Remission: 9 months

Presenting Complaints

- Habit of hair plucking from **both temporal areas** since 2024
- Progression to **hair plucking from legs**
- **Intense itching**, aggravated during studies
- **Relief after pulling hair**
- No visible hair fall during shampooing or oil application

History of Previous Treatment

- Intralesional **Kenacort injection (40 mg)**
 - Systemic steroids (**Zempred 16 mg**)
 - Topical immunomodulators and steroids
- Despite treatment, the habit persisted with emotional distress and social embarrassment.

Mentals

From early childhood, the patient displayed a **sensitive and emotionally reactive temperament**. Being a single child, she was accustomed to attention but also demonstrated **low frustration tolerance**. As she grew older, emotional triggers became more evident. She developed **short temper**, shouted in anger when contradicted, and felt emotionally hurt when scolded by her mother.

During school years, peer bullying related to her hair-pulling habit significantly affected her self-esteem. She expressed **impulsive thoughts of running away from home**, fear of darkness and injury, and emotional restlessness during academic activities. The act of hair pulling served as a **temporary emotional and sensory relief**, especially during concentration-requiring tasks like studying. Over time, with treatment, emotional reactivity reduced, coping mechanisms improved, and impulsive behaviors subsided.

Physical Generals

- Appetite: Good, 3 regular meals
- Cravings: Fish, salty food
- Thirst: 3–4 L/day
- Sweat: Moderate
- Stool & urine: Regular, normal
- Sleep: 6–7 hours/day
- Thermal reaction: Chilly (winter sensitive)

Investigations

- Hb: 10.9 g/dL
- Serum IgE: 1997.1 IU/mL
- Ferritin: 91.80 → 53.97 ng/mL
- TSH: 2.13 → 2.48 μ IU/mL
- Vitamin B12: 295 → 332 pg/mL
- Vitamin D: 43.80 ng/mL

Clinical Examination

- Exclamation mark hairs
- Halo sign
- Broken hairs
- No scarring
- Gradual disappearance of pathological signs during follow-ups

Homeopathic Case Analysis

Totality of Symptoms

- Compulsive hair pulling with relief
- Itching aggravated by mental exertion
- Emotional impulsivity, anger outbursts
- Desire for company, sensitive to reprimand
- Fear of darkness and injury

Repertorial Rubrics

- Mind – Hair pulling, impulse to
- Mind – Compulsive behavior
- Mind – Anger, violent
- Skin – Itching, ameliorated by scratching
- Generalities – Desire for salt

Repertorization Outcome

Leading remedies:

- **Mezereum**
- **Chrysarobinum**
- **Calcarea sulphurica**
- Natrum muriaticum (intercurrent)

Remedy

Mezereum was selected as the constitutional remedy due to:

- Intense itching with relief after scratching
- Hair and scalp involvement
- Psychosomatic linkage between emotional stress and skin symptoms

Chrysarobinum addressed the compulsive dermatological manifestation, while **Calcarea sulphurica** supported tissue healing and chronicity resolution.

Miasmatic Assessment

- Predominant **Psoric miasm** (itching, hypersensitivity, compulsive habits)
- Minor **Syphilitic traits** (impulsivity, destructive behavior)

Follow-Up and Prescription Table

Date	Clinical Findings	Remedy & Potency	Response
27/07/2025	Exclamation hairs, itching	Mezereum	Itching reduced
10/08/2025	Localized left temporal pulling	Chrysarobinum	Reduced frequency
07/09/2025	No active strands, no itching	Calc-S	Habit controlled
25/10/2025	Hair regrowth visible	Mezereum	Stable
21/12/2025	Exam stress, mild itching	Nat-mur	Emotional balance
16/02/2026	No itching, no pulling	Supportive	Remission



Transformation Table

Parameter	Before Treatment	After Treatment
Hair pulling	Uncontrollable	Absent
Itching	Severe, daily	Nil
Emotional state	Irritable, impulsive	Calm, stable
Scalp appearance	Patchy, broken hairs	Healthy regrowth
Social confidence	Low	Improved

Discussion

This case highlights the effectiveness of individualized classical homeopathy in treating trichotillomania by addressing the **psychosomatic core** rather than suppressing symptoms. The progressive reduction of hair pulling correlated with emotional stabilization, validating the mind-body relationship central to homeopathic philosophy.

Conclusion

This case demonstrates that pediatric trichotillomania, even when unresponsive to conventional therapy, can be successfully managed through individualized classical homeopathy. The sustained remission, emotional balance, and cosmetic recovery observed confirm that **true transformation occurred at Dr Batra's Homeopathy Clinic.**

References

1. American Psychiatric Association. DSM-5: Diagnostic and Statistical Manual of Mental Disorders. 5th ed.
2. Stein DJ, et al. Trichotillomania and related disorders. CNS Spectr.
3. Kent JT. Lectures on Homeopathic Philosophy.
4. Hahnemann S. Organon of Medicine. 6th ed.
5. Boericke W. Pocket Manual of Homeopathic Materia Medica