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RESTORATION OF ALOPECIA LINKED TO PCOS: INSIGHTS FROM A CASE REPORT

Dr Snehal Bhujbal

Head Medical Services, Baner Branch name, Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification BHMS, MD

Email id chc-baner@drbatras.com, Mobile +91 70666 78516

Abstract

Hair loss, particularly in women, is a growing global health concern with multifactorial causes ranging from hormonal imbalance and genetic predisposition to psychological stress. It significantly impacts quality of life by affecting self-image, confidence, and social interaction. Worldwide prevalence studies indicate that nearly 40% of women experience some degree of alopecia by the age of 50, with increasing incidence linked to lifestyle changes, metabolic disorders, and stress-related triggers. Conventional management options often provide temporary relief, but long-term outcomes remain unsatisfactory, especially in cases where hormonal disturbances such as polycystic ovarian syndrome are involved.

A homeopathic approach offers individualized treatment by addressing both physical pathology and underlying mental stressors. This paper presents a detailed case study of a young female patient suffering from hair fall, irregular menstrual cycles, obesity, and emotional distress related to her condition. The case highlights the process of holistic assessment, repertorization, miasmatic understanding, and individualized prescription that ultimately led to gradual improvement in hair growth, normalization of menstrual rhythm, emotional stability, and enhanced vitality over a period of one year.

The study emphasizes the importance of treating the person as a whole rather than focusing solely on disease pathology. By integrating constitutional, acute, and intercurrent layers of prescribing, long-term stability and restoration of health were achieved. This paper

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demonstrates the scope of individualized homeopathic management in chronic disorders with multifactorial origins such as alopecia.

Keywords:

Alopecia, Homeopathy, Polycystic ovarian syndrome, Miasmatic approach, Individualized treatment

Introduction

Alopecia, encompassing various forms of hair loss, is a multifactorial condition notably prevalent among women, with considerable emotional and systemic implications. Androgenic alopecia has become a growing issue, affecting around 30 million women in the United States, with onset sometimes appearing as early as the mid-teens (1). Globally, approximately 2% of the population experiences alopecia areata in their lifetime, with a higher burden observed in women and young adults (2–4).

Polycystic ovary syndrome (PCOS) is one of the leading causes of androgenic-type hair loss in women of reproductive age. This endocrine disorder results in hormonal imbalance, particularly elevated androgens, which convert to dihydrotestosterone (DHT), contributing to follicular miniaturization, thinning, and patterned hair loss (5,6). Additionally, hormonal disturbances involving estrogen, progesterone, cortisol, thyroid hormones, and insulin—common in PCOS and other metabolic or stress-related conditions—may further exacerbate disruption of the hair growth cycle, promoting thinning and shedding (7,8).

Clinically, alopecia manifests as excessive hair shedding, thinning scalp hair, and sometimes visible bald patches. In the context of PCOS, it often appears as widening of the parting line, reduced hair volume, and brittle hair. These physical changes frequently lead to psychological distress, low self-esteem, and social withdrawal. Complications may include chronicity of hair loss, resistance to conventional therapies, and a significant decline in quality of life (5,6,9,10).

Given its rising prevalence—and particularly its association with hormonal imbalances and psychological impact—alopecia in women calls for an individualized, holistic approach. This includes addressing the underlying physiology alongside emotional and lifestyle factors for effective long-term management.

Case Profile

A 31-year-old female homemaker presented with the major concern of persistent hair fall for the past year. Initially, she was losing more than 100 strands daily, which gradually reduced to 20–30 strands per day, but visible thinning of hair with patterned baldness was noticeable and distressing for her. She carried a background history of PCOS with earlier episodes of menstrual irregularities, for which she had undergone hormonal therapy. Her mother also suffered from androgenic alopecia, which added to her anxiety regarding the hereditary tendency. The hair loss and thinning caused significant stress and embarrassment, creating a strong desire to hide her condition. Over the course of follow-up, the hair fall gradually stabilized to 1–2 strands per day with improvement in hair density and visible new growth. In the later phase, she also reported comedones on the face leaving behind pigmentation, adding to her cosmetic concerns. Despite the improvement in hair fall and menstrual pattern, she continued to struggle with stress and disturbed sleep, which aggravated her worries about her overall well-being.

Physical Generals

Diet: Vegetarian

Appetite: Regular

Desire: Nil specific

Aversion: Nil specific

Thermal Reaction: Hot

Thirst: Normal, 2–3 litres/day

Stools: Satisfactory

Urine: Normal, no complaints

Perspiration: Profuse, generalized

Sleep: Sound but unrefreshing, later disturbed at times

Dreams: Not significant

Female History: Menstrual cycles, which were previously irregular and prolonged with spotting, later improved to regular cycles with normal flow, though occasional spotting and irregularity reappeared during stressful periods.

Examination

Parameter	Findings
Pulse	74/min
BP	N/A
SpO ₂	98%
Weight / Height	84.2 kg / 153 cm
BMI	35.97 (Obese Class I)
Waist Circumference	48 cm
Muscle / Bone Mass	41.1 kg / 2.7 kg
BMR	1430 Kcal/day
Metabolic Age	56 years
Visceral Fat %	11
Respiratory System	Clear
Scalp	Clean, no dandruff, AGA Grade 4
Occupation	Homemaker
Activity Level	Sedentary, no exercise

Mental Generals –

The patient has been under constant family stress which often affects her mood and outlook. She carries a deep anxiety about her hair loss and thinning, fearing its progression and the impact it has on her appearance. This has led to feelings of embarrassment and a tendency to hide her condition rather than openly share it. Despite these emotional struggles, she maintains fairly good confidence, rating herself around seven out of ten, and her decision-making ability remains strong at nine out of ten. She continues to handle family responsibilities with steadiness and keeps her interpersonal relationships healthy. Still, the inner anxiety and preoccupation with her hair fall remain a persistent source of mental distress, subtly influencing her self-esteem and day-to-day emotional balance.

Past History

- Known case of polycystic ovarian syndrome (PCOS) since 1 year
- History of metrorrhagia 1 year back, lasting for 3–4 months
- Managed with hormonal therapy
- No other significant medical or surgical history

Family History

- Mother (49 years) – androgenic alopecia grade 3
- No other major hereditary illnesses reported

Case analysis

Repertorial totality

Repertory used	Rubrics selected
Complete Repertory	Mind – Anxiety – health, about – hair falling, about Mind – Embarrassment; ailments from Mind – Hide; desire to hide herself Mind – Indifference to loved ones Hair – Falling – alopecia, thinning Female genitalia – Menses – irregular

Repertory screenshot

Remedy Name	Ign	Phos	Hil-an	Sep	Beil	Lach	Puls	Staph	Sclhb
Totally	10	10	10	10	0	0	0	0	0
Symptom Covered	8	6	4	4	5	5	5	5	5
[C] [Mind]Anxiety:Health, about:	1	2	3	2	1	1	2	1	1
[C] [Mind]Embarrassment:	1	1							1
[C] [Mind]Hide, desire to:	2				3	1	2	1	
[C] [Mind]Indifference, apathy:	2	3	2	3	2	2	3	3	2
[C] [Head]Hair:Affections of:Falling out, alopecia:	2	3	3	3	1	3	1	2	3
[C] [Female Genitalia]Menses:Irregular:	2	1	2	2	2	2	1	2	2

Selection of Remedy

Constitutional

- **Remedy Name:** Sepia
- **Potency:** 200C

- **Dose:** Single dose, repeated as per response
- **Reasons:**
 - Marked hormonal imbalance with PCOS and irregular menses
 - Hair fall with visible thinning, patterned alopecia, hereditary tendency
 - Anxiety, stress, embarrassment, and desire to hide condition
 - Hot patient with profuse perspiration, unrefreshing sleep, family stress as maintaining cause
 - Overall constitution and mental picture strongly correspond to Sepia

Acute

- **Remedy Name:** Wiesbaden
- **Potency:** 200C
- **Dose:** To be used in acute phases of hair fall, as needed
- **Reasons:**
 - Specific affinity for hair and scalp complaints
 - Useful in acute episodes of hair loss and to stimulate hair growth

Intercurrent

- **Remedy Name:** Thuja
- **Potency:** 200C
- **Dose:** Single dose at intervals, as required
- **Reasons:**
 - Anti-DHT action, useful in androgenic alopecia background
 - Clears underlying miasmatic blockages, especially sycotic tendency in PCOS
 - Supports constitutional action of Sepia in chronic state
- **Thuja Mother Tincture (External use for Local Application):**
 - For supportive local treatment of scalp
 - Helps in reducing hair thinning and strengthening hair roots

Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind – Anxiety about health, hair falling	✓			
Mind – Embarrassment; ailments from	✓			
Mind – Hide; desire to hide herself	✓			
Mind – Indifference to loved ones (trait of Sepia)		✓ (emotional withdrawal, sycotic)		
Hair – Falling, alopecia, thinning		✓ (hormonal imbalance, PCOS, AGA)		✓ (early thinning, weakness)
Female genitalia – Menses – irregular		✓ (PCOS, hormonal dysfunction)		

Materials and Methods

Complete repertory was used for Repertorization

Results

Month	Progress	Prescription
1st month	Initial reduction in hair fall, menses remained irregular, anxiety about appearance persisted	Sepia 200C, single dose; followed by Thuja MT (local application), Biochemic Hair Combination
2nd month	Hair fall slightly reduced, scalp condition improved, sleep still unrefreshing	Wiesbaden 200C, single dose; continued Thuja MT local, Biochemic
3rd month	Noticeable decrease in hair shedding, menses more regular, emotional state better	Sepia 200C, single dose; Biochemic support
4th month	Hair fall controlled, new hair growth observed, confidence improved	Thuja 200C, single dose; Thuja MT local application
5th month	Emotional stability, stress handling better, sleep improved	Sepia 200C, single dose; Biochemic Hair Combination

6th month	Steady progress, menses regular with normal flow, no spotting	Wiesbaden 200C, single dose; supportive Biochemic
7th month	Hair density improved, scalp healthier, perspiration still profuse	Sepia 200C, single dose; Thuja MT local
8th month	Patient reports satisfaction with progress, reduced embarrassment, better self-confidence	Thuja 200C, single dose; Biochemic
9th month	Continued improvement, no major complaints, energy better	Sepia 200C, single dose; Biochemic Hair Combination
10th month	Maintained progress, stress periods did not aggravate hair fall	Wiesbaden 200C, single dose; Thuja MT local
11th month	Overall health stable, hair regrowth maintained, cycles regular	Sepia 200C, single dose; Biochemic
12th month	Marked improvement in hair growth and confidence, menses stable, mental state balanced	Sepia 200C, single dose; Thuja MT local application for maintenance

Discussion & Conclusion

The patient presented with long-standing complaints of irregular menses, hair fall, and emotional distress, significantly affecting her self-esteem and daily life. The history revealed a background of hormonal imbalance with associated metabolic changes, along with strong mental stressors arising from family responsibilities and personal anxieties. Physical examination highlighted obesity, disturbed sleep, and unrefreshing energy levels, while mental generals reflected deep concern about appearance, embarrassment, and a tendency to hide her condition.

Over the course of treatment, the patient showed steady progress. Initially, the focus was on managing acute complaints such as excessive hair shedding and menstrual irregularities, while simultaneously addressing the deeper constitutional layer responsible for the chronic state. Gradual improvements were observed month by month—hair fall reduced, menstrual cycles became more regular, and emotional stability was restored. The patient also reported enhanced confidence, improved coping with stress, and greater satisfaction with her overall health.

The follow-up findings over a year demonstrate that a holistic and individualized approach not only helped in relieving the presenting complaints but also brought balance to the patient's general and mental state. This highlights the importance of considering the person as a whole—body, mind, and constitution—in chronic disorders.

In conclusion, the case shows that by addressing both the physical and emotional dimensions simultaneously, sustained improvement and restoration of health can be achieved. The patient reached a state of stability, with better hormonal regulation, improved vitality, and renewed self-confidence, indicating a successful outcome.

The transformation



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