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## RESTORING CONFIDENCE AND HAIR: A HOLISTIC CASE OF ALOPECIA TOTALIS TREATED AT DR BATRA'S

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### Abstract

Alopecia Universalis is a rare autoimmune condition characterized by complete hair loss across the scalp, face, and body. AU affects approximately 1 in 125,000 people globally, with onset possible in both childhood and adulthood. Pediatric onset is particularly challenging, both emotionally and clinically, due to the unpredictable course and limited long-term therapeutic options in conventional medicine [1][2]. This paper documents a detailed case of a 9-year-old male suffering from Alopecia Universalis for over 3 years at Dr Batra's. A homeopathic constitutional approach was adopted, over a consistent follow-up of nearly 3 years, the patient demonstrated visible regrowth of scalp hair and eyebrow/eyelash hair, a reduction in patch size, and complete arrest of new lesion formation—without recurrence. This paper emphasizes the potential of homeopathy in improving quality of life in pediatric alopecia cases.

### Keywords:

Alopecia Universalis, Dr Batra's, homeopathic constitutional approach

### Introduction

Alopecia areata is a chronic, autoimmune disorder characterized by non-scarring hair loss that typically affects the scalp but can also involve other areas of the body. In more severe forms such as Alopecia Universalis, all hair on the scalp, eyebrows, eyelashes, and body may

be lost. The disorder occurs when the immune system mistakenly attacks hair follicles, leading to inflammation and subsequent hair loss [3].

### **Causes:**

Although the precise cause remains unclear, alopecia areata is believed to result from a complex interaction of genetic predisposition and environmental triggers. It is associated with other autoimmune conditions such as vitiligo, thyroid disorders, and atopic dermatitis. Emotional stress, viral infections, and physical trauma may also act as precipitating factors [4].

### **Signs and Symptoms:**

The initial manifestation often includes sudden, well-circumscribed patches of hair loss, most commonly on the scalp. As the condition progresses, it may lead to Alopecia Totalis (complete loss of scalp hair) or Alopecia Universalis (loss of all body hair). Some patients also experience tingling, burning, or itching before hair falls out. Nail changes, such as pitting or ridging, are reported in up to 20% of cases [5].

### **Complications:**

Beyond the physical symptoms, the psychological impact of alopecia areata can be significant, especially in children and adolescents. It often leads to anxiety, low self-esteem, and social withdrawal. Chronic cases can affect academic performance and quality of life. Moreover, prolonged immune dysfunction can predispose patients to other autoimmune illnesses [6].

This condition requires a holistic, long-term management approach. Homeopathy, through individualized constitutional treatment, has shown promise in stabilizing hair loss, enhancing regrowth, and improving overall well-being, especially in pediatric cases where conventional therapies may be limited by side effects.

### **Case Profile**

A 9-year-old male child has been suffering from progressive hair loss for the past three years. The initial presentation was a patch on the occiput, which gradually spread to involve the entire scalp, followed by the loss of eyebrows and eyelashes. The condition was diagnosed as Alopecia Universalis. The child was delivered via caesarean section and achieved normal developmental milestones. He is the elder sibling in the family. He is intelligent, and exhibits stubborn behavior.

Hair loss began at age 6, initially from the nape of the neck, progressing to complete hair loss over time. Allopathic treatments were administered initially but discontinued a year prior to the case study due to lack of significant improvement. Since discontinuation, some regrowth was noted in the eyebrows and eyelashes. Supplements like Livogen, Polybion, and Uprise D3 syrup were prescribed, along with deworming and a nutritious diet. There was a history of calcinosis cutis on both cheeks, which resolved during the course of treatment. The totality of symptoms highlighted key traits such as early onset alopecia, stubborn temperament, intelligent disposition, salty and cold food preference, and nail-biting habit. The emotional and mental attributes, such as being gadget-inclined and obstinate, were also considered. The presence of calcinosis cutis and thyroid imbalance added to the overall miasmatic background, indicating a deeper autoimmune process. Remedies were selected based on the constitutional makeup, disease progress, and general vitality of the patient. Nutritional supplementation and deworming played a supportive role. Constitutional remedies were likely aimed at stimulating the body's innate healing capacity, improving hair regrowth, and preventing recurrence. Regular follow-up and photographic comparisons confirmed sustained progress, leading to long-term case renewal.

### **Physical Generals**

Diet: Non vegetarian

Likes: Salty foods (++), Chicken, Barfi, cold items

Dislikes: Occasional refusal to take fruits

Appetite: Generally good, occasional decrease noticed

Water Intake: Normal

Stool: Satisfactory, daily

Sleep: Normal

Nail Biting: Present

Bathing Habits: Prefers warm water in summer

Other Habits: Gadget lover

Temperament: Stubborn, obstinate (++), intelligent

Pica: No history

## **Examination**

### 1. General Appearance:

A well-nourished, alert 9-year-old male child, cooperative and oriented to time, place, and person.

No signs of pallor, cyanosis, clubbing, icterus, or lymphadenopathy observed.

No facial dysmorphism or growth retardation noted

### 2. Vital Signs:

Temperature: 98.4°F

Pulse: 86 bpm, regular

Respiratory Rate: 20 breaths per minute

Blood Pressure: 100/60 mmHg (within normal limits for age)

Oxygen Saturation: 98% on room air

### 3. Skin and Scalp Examination:

Complete absence of scalp hair; smooth and shiny scalp with no signs of inflammation, scaling, or infection.

No pustules, scabs, or discharge visible on the scalp.

No follicular openings in some regions; however, regrowth noted in occipital and frontal areas.

Mild patchy hair regrowth of fine black hair seen over occipital area and eyebrows.

No dandruff, erythema, or pustular lesions observed.

Scalp temperature normal; no tenderness on palpation.

### 4. Eyebrows and Eyelashes:

Eyebrows and eyelashes were previously completely absent but currently show partial regrowth of fine pigmented hair.

No evidence of blepharitis, conjunctival congestion, or eyelid irritation.

5. Nails:

Fingernails and toenails examined for pitting, ridging, or brittleness — found normal in shape and texture. No signs of onychodystrophy or nail matrix inflammation.

Habitual nail-biting observed.

6. Skin:

No vitiligo, eczema, urticaria, or other dermatological lesions seen on the body.

Cheeks showed prior history of calcinosis cutis — now resolved, no active lesions present.

7. Thyroid Examination:

No palpable thyroid enlargement or nodules noted on inspection or palpation.

No signs of hyperthyroidism or hypothyroidism clinically.

8. Lymph Nodes:

No regional lymphadenopathy detected.

Neurological Examination:

Reflexes normal and symmetric

No focal neurological deficits noted

No signs of neuropathy or sensory disturbances

9. Psychological and Emotional Assessment:

Patient displays average emotional resilience for age.

Mild withdrawal seen during earlier visits due to cosmetic appearance concerns, but confidence levels improved over time.

No evidence of depression or anxiety at present; sociable and responsive during interaction.

Age: 7 years

Height: 100 cm

Weight: 26 kg

Physique: Thin

Fat %: 20.2

Muscle Mass: 20

Body Water %: 45

Bone Mass: 2

Fat Mass: 3

BMI: 18

BMR: 1000

Metabolic Age: 8 years

Oxygen Saturation: 95%

Tongue: Clean

#### Mental Generals –

The child belongs to a nuclear family consisting of his father, mother, himself, and a younger brother. His father is a businessman and actively engaged in his work, while his mother is a homemaker who is deeply involved in raising the children and managing the household. The patient is currently in 2nd standard, and his mother, being moderately strict, takes charge of his education especially during school closures. He shares a generally good bond with his younger brother, although they occasionally fight, especially over toys.

His upbringing has been stable and without major emotional setbacks. He has not faced any significant trauma or challenges during his early years. His mother appears to have had a more prominent influence on him than his father, primarily due to her daily involvement in his life and studies. There is no mention of any high parental expectations or undue academic pressure. The most stressful and emotionally disturbing event in his life so far has been the sudden and complete loss of hair over a span of two months, which deeply affected both him and his family.

He was average in his scholastic performance. His interpersonal relations with peers and teachers were satisfactory, with no reports of bullying or rejection. His mother, though a bit strict, was consistent in guiding him through his studies. He is generally a quiet and shy child, introverted by nature. He speaks only when spoken to and avoids initiating conversations. He has a distinct fear of ghosts, which may point to an active imagination and heightened sensitivity. He is emotionally delicate and tends to cry easily when scolded or emotionally

hurt. Anger surfaces quickly, especially during playtime when his toys are taken or disrupted by his younger sibling. He has been observed to shout and sometimes hit his brother in such moments of frustration.

Though he doesn't report frequent worries or dreams, he becomes visibly upset during emotionally difficult situations. His happiest moments are when he plays with his favorite toys like Superman figures, spider toys, and cars. His hobbies revolve around imaginative play and toy-based games. There are no signs of attention issues or hyperactivity. He is generally obedient but displays emotional lability typical of his age. There is a mild past history of worm infestation, but no history of pica or nosebleeds. Overall, he presents as a sensitive, introverted child with clear emotional responses and strong attachments to his familiar environment and play routine.

**Past History**

Dengue and typhoid

**Family History**

NS

**Case analysis Reportorial totality**

Repertory used	Rubrics selected
<b>Complete Repertory</b>	<p><b>Mind - Timidity, bashful, shy</b></p> <p><b>Mind - Fear - ghosts, of</b></p> <p><b>Mind - Answers - aversion to, only when obliged</b></p> <p><b>Mind - Weeping - easily</b></p> <p><b>Mind - Anger - violent - children in</b></p> <p><b>Mind - Reserved, taciturn</b></p> <p><b>Mind - Obedience, too</b></p> <p><b>Generalities - Worms</b></p> <p><b>Skin - Eruptions - bald spots</b></p> <p><b>Head - Hair - falling - children, in</b></p> <p><b>Head - Hair - falling - suddenly</b></p>

## Repertory screenshot

Remedy Name	Phos	Staph	Caust-r	Hair-l	Pb-ac	Gada	Pala	Sil
Totality	7	7	6	6	6	6	6	6
Symptom Covered	2	3	3	3	3	2	2	2
[C] [Mind]Timidity:	3	3	2	2	1	3	4	4
[C] [Mind]Fear Ghosts, of:	2	2	2	1			2	
[BR] [Mind]Mood, disposition: Taciturn, disinclined to be disturbed, or answer:	2	2		3	3	3		2
[CL] [Clinical]Hair Falling off:			2		2			

## Selection of Remedy

Remedy Type	Remedy Name	Potency	Dose	Reasons
<b>Constitutional</b>	Phosphorus	200C	1 dose daily (or as per case)	Desire for chicken, mild profuse sweating, hair loss pattern matches, general constitution (mild symptoms)
<b>Acute</b>	Fluoric Acid (Fluoricum acidum)	200C	Twice daily for 2 days (2/1 Days)	Specifically indicated for alopecia with rapid hair loss, brittle hair, and scalp symptoms
<b>Intercurrent</b>	Thuja occidentalis	1M	3 doses, one per day in the 1st week	Miasmatic remedy often used in alopecia universalis; addresses underlying chronic predisposition
<b>Additional Supportive Remedies:</b>	Ferrum Phosphoricum (Ferr-P)	6X	Twice daily for 2 days (2/1 Days)	To support general health and immune system
	Thyroidinum	1M	3 doses consecutively in the 1st week	To support thyroid function if any hormonal imbalance suspected

Miasmatic approach

Symptom Category	Psora	Sycosis	Syphilis	Tubercular
<b>Mind</b>	Timidity, bashfulness, fearfulness	Reserved, taciturn, obedience	Weeping easily, anger violent	Sudden hair loss, general weakness
<b>Skin</b>	Eruptions, bald spots	Bald patches, thickening of skin	Ulcerations, destructive lesions	Rapid deterioration, wasting
<b>Hair</b>	Falling hair, gradual loss	Patchy hair loss	Severe, sudden hair loss	Sudden, extensive alopecia
<b>Generalities</b>	Worm infestations common	Chronic infections, warty growths	Ulcerations, scarring	Weak immunity, tendency to infections

**Results**

Month	Progress Summary	Prescription Details
<b>1st month</b>	Initial treatment started. Symptoms monitored.	JAB MT (Q) LA patch daily, FL-AC 200C 2 tabs, FERR-P 6X 2 tabs, THYROIDINUM 1M 3 doses consecutively 1st week, 5 PHOS 6X 2 tabs (2/1 days), repeat 2-4 weeks.
<b>2nd month</b>	Slight improvement in symptoms, adherence to medication.	Same as 1st month: JAB MT (Q) patch, FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, 5 PHOS 6X.
<b>3rd month</b>	Noticeable improvement, PHOS 200C added for 2 doses 2nd week.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, PHOS 200C 2 tabs once weekly, 5 PHOS 6X (2/1 days).
<b>4th month</b>	Continued progress, occasional symptom relief, BELL 200C added SOS.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, 5 PHOS 6X, BELL 200C 2 tabs SOS bd 1 week.
<b>5th month</b>	Patient stable, medication maintained.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, 5 PHOS 6X, PHOS 200C 2 tabs once weekly.
<b>6th month</b>	Slight increase in dosage frequency due to flare-up.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, 5 PHOS 6X, PHOS 200C 2 tabs once weekly.

<b>7th month</b>	Patient showing good response, steady patch application.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, 5 PHOS 6X, PHOS 200C 2 tabs once weekly.
<b>8th month</b>	Further improvement, consistent adherence noted.	JAB MT (Q), FL-AC 200C, 5 PHOS 6X, THYROIDINUM 1M, PHOS 200C 2 tabs once weekly.
<b>9th month</b>	Continued symptom control, medication unchanged.	JAB MT (Q), FL-AC 200C, 5 PHOS 6X, THYROIDINUM 1M.
<b>10th month</b>	Stable condition, no adverse reactions.	JAB MT (Q), FL-AC 200C, 5 PHOS 6X, THYROIDINUM 1M, PHOS 200C 2 tabs once weekly.
<b>11th month</b>	Symptoms well controlled, continued maintenance therapy.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, PHOS 200C 2 tabs once weekly.
<b>12th month</b>	Patient stable, patch usage ongoing, medication continued.	JAB MT (Q), FL-AC 200C, FERR-P 6X, THYROIDINUM 1M, PHOS 200C 2 tabs once weekly.

## Discussion

This case illustrates the successful management of a chronic condition through a well-structured and individualized treatment plan over a period of 12 months. The treatment focused on both local and systemic aspects of the patient's health, incorporating daily local therapy combined with oral remedies aimed at addressing underlying imbalances and supporting overall systemic function.

Regular follow-ups allowed for careful monitoring and adjustment of the treatment protocol based on the patient's evolving symptoms and response. The treatment approach involved periodic administration of potent remedies to stimulate the body's self-healing mechanisms while maintaining a gentle and supportive regimen to avoid any aggravations.

Throughout the treatment period, the patient demonstrated gradual but consistent improvement, with reduction in the size and severity of the affected area, as well as stabilization of systemic health markers. The slow and steady progress highlights the importance of patience and adherence to treatment in chronic cases.

The integration of local treatment with systemic support proved effective in not only managing the symptoms but also addressing the root causes, reflecting the holistic

philosophy of individualized therapy. The sustained improvements over the year underscore the significance of continuous monitoring and tailored adjustments for long-term success.

### **Conclusion**

This case underscores the effectiveness of an individualized, holistic treatment approach for chronic conditions, emphasizing the following points:

Consistent follow-up and regular treatment adjustments are essential for steady improvement.

A combination of local therapy and systemic support helps manage symptoms while promoting underlying healing.

Patience and adherence to the treatment plan over an extended period are crucial for achieving lasting results.

The focus on treating the whole patient rather than isolated symptoms can lead to significant and sustained recovery.

This approach offers a viable alternative or complement to conventional therapies, especially in cases where long-term management is necessary.

Overall, the case demonstrates that with personalized care, gradual healing and systemic balance can be achieved, reinforcing the principles of holistic medicine.

### **The transformation**



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