



Original Research Article

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REVERSAL OF ALOPECIA TOTALIS WITH INDIVIDUALIZED CLASSICAL HOMEOPATHY: A LONG-TERM CASE MANAGED AT DR BATRA'S HOMEOPATHY CLINIC

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Abstract

Alopecia totalis is a severe autoimmune hair disorder with profound psychosocial impact and limited sustained response to conventional therapy. This case report documents a young female with long-standing alopecia areata progressing to alopecia totalis, associated with hypothyroidism, menstrual irregularities, and marked emotional vulnerability since childhood. Despite previous interventions, including conventional treatments, improvement was unsatisfactory. An individualized classical homeopathic approach was adopted, based on totality of symptoms and long-term follow-up. Gradual but sustained hair regrowth, stabilization of disease activity, and marked improvement in quality of life were observed. **This case demonstrates a clear transformation achieved under individualized homeopathic care at Dr Batra's Homeopathy Clinic.**

Keywords

Alopecia totalis; Alopecia areata; Hypothyroidism; Classical homeopathy; Individualization; Quality of life.

Introduction

Alopecia totalis represents an advanced form of alopecia areata characterized by complete scalp hair loss and frequent relapse. The condition is often associated with autoimmune dysregulation, endocrine imbalance, and psychological stressors. Conventional options such as topical minoxidil, steroids, and immunomodulators offer variable and often temporary benefit. Classical homeopathy emphasizes individual susceptibility, emotional constitution, and systemic balance, making it relevant in chronic, relapsing autoimmune disorders.

Case Profile

- **Age/Sex:** Young adult female
- **Diagnosis:** Alopecia totalis
- **Duration of illness:** ~39 months
- **Duration of remission achieved:** ~6 months (sustained)
- **Associated conditions:** Hypothyroidism, menstrual irregularity, stress-related anxiety
- **Family history:** Diabetes mellitus (father)
- **Lifestyle:** Vegetarian; no addictions

Mental and Emotional State

From early childhood, the patient exhibited marked timidity and shyness. She was uncomfortable with strangers, rarely initiated conversation, and preferred remaining withdrawn. Social interactions were limited to a small circle, with difficulty forming new friendships. During adolescence and early adulthood, this reserve evolved into dependency and lack of confidence; she preferred others to make decisions for her and avoided unfamiliar situations. Crowds, social exposure, and going out alone triggered anxiety and nervousness. The onset of hair loss significantly aggravated her fears, leading to avoidance behavior, preoccupation with appearance, and reduced self-esteem. Post-delivery stress and the diagnosis of thyroid dysfunction further intensified emotional vulnerability, reinforcing her tendency to remain indoors and socially withdrawn.

Physical Generals

- **Thermal reaction:** Hot patient
- **Thirst:** Generally low

- **Appetite:** Variable, often reduced
- **Sleep:** Generally normal
- **Perspiration:** Unremarkable
- **Menstrual history:** Irregular, delayed cycles; often induced

Particulars

- Multiple alopecia areata patches progressing to near total scalp involvement
- Eyebrow involvement during relapse
- Dry, flaky scalp at times; minimal itching
- No scarring, erythema, or tenderness over patches

Investigations

- **TSH:** Elevated (7.18 μ IU/ml initially; fluctuations noted during follow-up)
- **T3, T4:** Within reference range
- **Serum ferritin:** Borderline low-normal
- **Hemoglobin:** Within normal limits
- **Ultrasound (later phase):** Hypoplastic uterus

Diagnosis

- **Primary:** Alopecia totalis
- **Differential diagnoses:**
 - Alopecia universalis
 - Cicatricial alopecia

Homeopathic Case Analysis

Totality of Symptoms

- Long-standing emotional suppression and timidity
- Anxiety and fear of crowds and social exposure
- Chronic autoimmune hair loss with hypothyroidism

- Irregular menses and endocrine imbalance
- Gradual, non-inflammatory hair loss

Reportorial Considerations

Rubrics were selected from mental generals (fear, timidity, anxiety, dependence), physical generals (endocrine dysfunction, thermal reaction), and particulars (alopecia areata, non-itching hair loss). Remedy selection was guided by constitutional similarity rather than pathological name.

Miasmatic Understanding

The case reflected a **sycotic-syphilitic predominance**, evident from chronicity, autoimmune expression, endocrine dysfunction, and structural underdevelopment (hypoplastic uterus). Treatment aimed at long-term miasmatic correction rather than short-term cosmetic response.

Remedy Selection & Potency

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An individualized constitutional approach was adopted. Remedies were selected based on mental constitution, endocrine association, and chronic susceptibility. **Moderate potencies** were chosen to allow gentle yet sustained action in a long-standing autoimmune condition. Intercurrent and supportive remedies were used judiciously during different phases, along with necessary conventional thyroid supplementation.

Follow-Up Summary

- **Early phase:** Stabilization of hair fall; no new patches
- **Mid phase:** Appearance of fine vellus hair within patches; reduction in scalp dryness
- **Later phase:** Progressive thickening and pigmentation of regrown hair; reduction in number and size of patches
- **Long-term:** Sustained regrowth over scalp and eyebrows; improved confidence and social functioning



Transformation Table

Parameter	Before Treatment	After Treatment
Scalp hair	Extensive loss, multiple patches	Significant regrowth, patches covered
New patches	Recurrent	None
Eyebrows	Patchy loss	Stable / partial regrowth
Emotional state	Fearful, withdrawn	Confident, socially active
Quality of life	Avoided public outings	Comfortable going out with child

Discussion

This case highlights the importance of individualization in chronic autoimmune disorders. Alopecia totalis cannot be effectively managed by topical or symptomatic measures alone, as

underlying emotional stressors and endocrine imbalance play a critical role. The patient's long-standing timidity, fear, and dependency formed the core susceptibility upon which physical pathology developed. Classical homeopathy addressed this central disturbance, leading to gradual systemic balance. The slow but sustained regrowth pattern observed aligns with Hering's law of cure and underscores the importance of patience and long-term follow-up. Integration with necessary conventional support, such as thyroid supplementation, ensured holistic patient care without suppression.

Conclusion

This case demonstrates that alopecia totalis, even of long duration, can show sustained improvement with individualized classical homeopathy. Addressing mental constitution, miasmatic background, and systemic associations is essential for durable outcomes. The documented transformation in hair growth and quality of life reinforces the role of homeopathy as a complementary and integrative modality in chronic dermatological disorders. **A clear and sustained transformation was achieved under care at Dr Batra's Homeopathy Clinic.**

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