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SUCCESSFUL HOMOEOPATHIC MANAGEMENT OF ALOPECIA AREATA PROGRESSING TOWARDS ALOPECIA TOTALIS: A CASE REPORT FROM DR BATRA'S® HOMEOPATHY CLINIC

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Abstract

Alopecia areata is an autoimmune disorder characterized by non-scarring patchy hair loss and may progress to alopecia totalis if left uncontrolled. A 51-year-old female presented with rapidly enlarging multiple alopecic patches over the scalp associated with emotional stress and borderline hypothyroidism. Despite progressive disease activity and risk of extensive scalp involvement, individualized homoeopathic treatment based on constitutional prescribing and totality of symptoms resulted in arrest of disease progression, complete hair regrowth, normalization of thyroid parameters, and significant improvement in quality of life over 23 months. This case highlights the successful transformation achieved at **Dr Batra's® Homeopathy Clinic**.

Keywords

Alopecia Areata, Alopecia Totalis, Homoeopathy, Constitutional Treatment, Hypothyroidism, Hair Regrowth

Introduction

Alopecia areata is a chronic autoimmune disorder causing patchy hair loss. In certain patients, lesions rapidly enlarge and coalesce, progressing toward alopecia totalis. Emotional stress, endocrine disturbances, and genetic susceptibility are recognized contributing factors. This case demonstrates successful management of extensive alopecia areata progressing towards total scalp involvement through individualized homoeopathic treatment.

Case Profile

Patient Information

- Age/Sex: 51 Years/Female
 - Occupation: Homemaker
 - Diagnosis: Extensive Alopecia Areata Progressing Towards Alopecia Totalis
 - Duration: 1.5 months at presentation
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Presenting Complaints

- Multiple rapidly enlarging alopecic patches on scalp
- Initial patch noticed at vertex and progressively enlarged
- Three major patches over occipital region
- No itching, pain or burning
- Fear of new patch formation
- Severe emotional distress due to visible hair loss

Associated Complaints

- Cervical spondylosis with numbness of fingers
- Shoulder pain
- Disturbed sleep
- Excessive facial perspiration

Investigations

- TSH: 5.5 mIU/L (Borderline Hypothyroidism)
 - Vitamin B12 deficiency
 - Vitamin D deficiency
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Mental and Emotional Evolution

The patient was raised in a loving family environment and described herself as cheerful, sociable, affectionate, and highly family-oriented. Throughout life, she devoted herself entirely to the welfare of her children and family members. She was especially attached to her son and derived her happiness from his wellbeing.

A major emotional turning point occurred when she permanently shifted from her hometown to support her pregnant daughter-in-law. Following premature delivery, the newborn required prolonged incubator care. During this period, the patient experienced intense anxiety and responsibility, travelling daily to the hospital while simultaneously managing household duties and caring for family members.

Although outwardly calm and adaptable, she internalized this stress deeply. She remained duty-bound, self-sacrificing, and emotionally vulnerable. The fear of losing control over family responsibilities, combined with prolonged caregiving stress, appeared to precede the onset of alopecia. With the development of scalp patches, she became increasingly distressed, embarrassed to socialize, and fearful of complete baldness.

Physical Generals

Parameter	Observation
Appetite	Good
Thirst	Normal
Desire	Bitter, Salty
Aversion	Sweets

Parameter	Observation
Perspiration	Profuse on face
Thermal State	Chilly
Sleep	Disturbed
Stool	Normal
Urine	Normal

Totality of Symptoms

Mental Generals

- Anxiety from responsibility
- Excessive attachment to family
- Affectionate and amiable
- Self-sacrificing nature
- Adaptable personality
- Emotional vulnerability
- Distress from appearance

Physical Generals

- Chilly patient
- Profuse facial perspiration
- Desire for salty food
- Aversion to sweets

Particulars

- Rapidly enlarging alopecia patches
- Multiple scalp lesions

- Progression towards total scalp involvement
 - Borderline hypothyroidism
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Repertorial Totality

Rubrics

- Mind – Anxiety from responsibility
 - Mind – Affectionate
 - Mind – Family oriented
 - Mind – Duty, sense of
 - Generals – Food and drinks – Salt desire
 - Generals – Food and drinks – Aversion sweets
 - Perspiration – Face – Profuse
 - Hair – Falling in spots
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Remedy Selection

Constitutional Remedy

Calcarea Carbonica 200C

Basis of Prescription

- Slow and dependent personality structure
- Strong family attachment
- Anxiety regarding responsibilities
- Profuse perspiration
- Chilly constitution
- Endocrine involvement
- Alopecia associated with thyroid dysfunction

Acute Remedy

Fluoric Acid 200C

- Rapidly progressing alopecia
- Extensive patch formation
- Promotes hair restoration in destructive hair disorders

Specific Support

Thyroidinum 6C

- Borderline hypothyroidism
- Elevated TSH
- Associated hair fall

Follow-Up Summary

Period	Clinical Progress
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Aug 2024	Multiple enlarging patches; active progression
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Sep 2024	Five major patches; trichogenesis started
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Oct 2024	No new patches; black and white hair regrowth visible
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Jan 2025	Major patches reducing in size
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Mar 2025	TSH normalized from 5.5 to 1.1; regrowth accelerated
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Jun 2025	>90% scalp coverage achieved
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Dec 2025	Minimal residual thinning; no active progression
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Mar 2026	Complete coverage of all alopecic areas
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Jun 2026	No recurrence; scalp fully restored
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Transformation Table

Parameter	Before Treatment	After Treatment
Alopecia Patches	5 large patches	Completely covered
Patch Progression	Rapidly increasing	Arrested
Hair Density	Severely reduced	Restored
New Patch Formation	Frequent	None
Trichoscopy	Active disease	Stable regrowth
TSH	5.5 mIU/L	1.1 mIU/L
Emotional State	Distressed, hopeless	Confident and cheerful
Quality of Life	Significantly impaired	Restored



Discussion

Alopecia areata is an autoimmune disorder influenced by genetic, immunological, endocrine, and psychological factors. In this case, the disease demonstrated aggressive progression with multiple enlarging lesions involving a significant portion of the scalp, placing the patient at risk of developing alopecia totalis.

The onset of disease closely followed a period of intense emotional stress associated with caregiving responsibilities and concern for a premature grandchild. Constitutional prescribing focused on the patient's emotional susceptibility, family attachment, anxiety from responsibility, and characteristic physical generals.

Correction of associated hypothyroidism was an important aspect of management, as thyroid dysfunction is frequently associated with alopecia areata. Following individualized treatment, disease progression halted, trichogenesis became evident, and gradual repigmented terminal hair growth occurred. No new lesions appeared during long-term follow-up, and complete scalp coverage was eventually achieved.

The sustained improvement over 23 months suggests a deep constitutional response rather than temporary suppression of symptoms. The patient's confidence, emotional wellbeing, and social functioning improved significantly alongside the physical recovery.

Conclusion

This case demonstrates successful homoeopathic management of extensive alopecia areata progressing towards alopecia totalis. Individualized constitutional treatment, combined with correction of associated thyroid dysfunction, resulted in complete hair regrowth, prevention of disease progression, normalization of thyroid function, and long-term remission. The case highlights the potential role of individualized homoeopathy in managing chronic autoimmune hair disorders and represents a significant clinical transformation achieved at **Dr Batra's® Homeopathy Clinic**.

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