



Original Research Article

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**SUCCESSFUL CONSTITUTIONAL HOMEOPATHIC MANAGEMENT OF
ALOPECIA AREATA PROGRESSING TOWARDS ALOPECIA TOTALIS
ASSOCIATED WITH HYPOTHYROIDISM AND PCOD: A CASE REPORT FROM
DR BATRA'S HOMEOPATHY CLINIC**

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Abstract

Alopecia Areata is an autoimmune disorder characterized by non-scarring hair loss that can progress to extensive scalp involvement and Alopecia Totalis. The condition is frequently associated with endocrine disorders, emotional distress, and significant impairment in quality of life. This case report presents a 37-year-old female suffering from rapid hair loss, visible scalp, positive Hair Pull Test, dandruff, hypothyroidism, and Polycystic Ovarian Disease (PCOD). Despite conventional treatment including Minoxidil and nutritional supplements, hair fall continued to progress. Individualized constitutional homeopathic treatment resulted in significant reduction in hair fall, appearance of new hair growth, prevention of new bald patches, improvement in menstrual regularity, and stabilization of the disease process. This case documents a remarkable clinical transformation achieved at Dr Batra's Homeopathy Clinic.

Keywords: Alopecia Areata, Alopecia Totalis, Hair Loss, Hypothyroidism, PCOD, Homeopathy

Introduction

Alopecia Areata is a chronic immune-mediated disorder characterized by sudden hair loss from the scalp and other hair-bearing areas. The disease may remain localized or progress to extensive forms such as Alopecia Totalis and Alopecia Universalis.

Patients frequently experience psychological distress because of the sudden cosmetic impact and uncertainty regarding prognosis. Several factors have been implicated in disease progression, including autoimmune dysfunction, endocrine abnormalities, nutritional deficiencies, genetic predisposition, and stress.

The coexistence of hypothyroidism and PCOD further complicates the clinical picture due to hormonal influences on the hair growth cycle. Homeopathy offers an individualized approach based on constitutional characteristics, physical generals, endocrine disturbances, and disease susceptibility.

This report presents the successful constitutional management of extensive alopecia with associated hypothyroidism and PCOD at Dr Batra's Homeopathy Clinic.

Case Profile

Age: 37 Years

Gender: Female

Occupation: Homemaker

Chief Complaints

Hair Fall Since 1 Month

- Hair fall in bunches
- Rapid progression
- Visible scalp
- Positive Hair Pull Test (10 hairs per pull)
- Dandruff
- Extensive diffuse hair loss
- Suspected progression towards Alopecia Totalis

History of Present Illness

The patient presented with sudden onset severe hair fall of one month's duration. Hair shedding occurred in bunches and was associated with rapidly increasing scalp visibility.

Clinical examination revealed diffuse thinning with visible scalp and strongly positive Hair Pull Test. Dandruff was present and hair loss was severe enough to raise concern regarding progression towards Alopecia Totalis.

The patient had consulted a dermatologist and was receiving Levogen Minoxidil Serum along with nutritional supplements. Despite treatment, hair shedding continued.

Associated symptoms included heat sensation throughout the body and burning sensation in palms.

Associated Complaints

Hypothyroidism

Diagnosed 3 years earlier.

Initially treated with Thyronorm 25 mcg.

Medication was discontinued abruptly.

Recently restarted on Thyronorm 12.5 mcg.

Polycystic Ovarian Disease (PCOD)

Known case since 3–4 years.

History of irregular menses.

Previous hormonal treatment.

Amenorrhea for several months.

Renal Calculi

Bilateral kidney stones diagnosed 3 years earlier.

Vascular History

History of gangrene involving right middle finger and toes in 2020.

Menstrual History

Known PCOD.

Irregular menstrual cycles.

LMP absent for approximately 8 months before treatment.

History of hormonal pill usage.

During follow-up:

LMP: 12/04/2026

Scanty flow initially.

Subsequently:

LMP: 05/05/2026

Flow normalized.

Regular cycles observed for three consecutive months.

Detailed Mental Generals

The patient demonstrated a constitutional tendency toward irritability and impatience. She admitted becoming short-tempered over minor issues and often reacted quickly when stressed.

She tended to overthink situations and repeatedly analyzed problems in her mind. There was a tendency toward anticipatory worry regarding future health and family concerns.

Fear regarding disease progression and worsening hair loss occupied a significant portion of her thoughts. The rapid loss of hair created insecurity regarding appearance and future recovery.

The constitutional picture was characterized by:

- Irrability
- Short temper
- Overthinking
- Anxiety regarding health
- Fear regarding disease progression

Physical Generals

Appetite: Good

Bowels: Regular

Sleep: Refreshing initially

Thermals: Heat sensation throughout body

Burning sensation in palms

Thirst: Normal

Investigations

Date: 14 January 2026

TSH: 7.56 mIU/L

Hemoglobin: 10.8 g/dL

Suggestive of uncontrolled hypothyroidism and anemia.

Clinical Examination

Baseline Assessment

Hair fall in bunches

Scalp visibility present

Hair Pull Test: 10 hairs/pull

Dandruff present

Diffuse thinning

Rapid progression

Poor prognosis due to associated endocrine disorders

Homeopathic Analysis

Characteristic Mental Symptoms

- Irrability
 - Short temper
 - Overthinking
 - Anxiety regarding health
 - Fear of progression
-

Characteristic Physical Generals

- Heat all over body
 - Burning palms
 - Good appetite
 - Hormonal imbalance
-

Particular Symptoms

- Hair fall in bunches
 - Positive Hair Pull Test
 - Visible scalp
 - Alopecia patches
 - Dandruff
 - Hypothyroidism
 - PCOD
 - Amenorrhea
-

Totality of Symptoms

1. Mind – Irritability
2. Mind – Anger easily

3. Mind – Anxiety regarding health
 4. Mind – Overthinking
 5. Generalities – Heat sensation
 6. Extremities – Burning palms
 7. Hair – Falling in bunches
 8. Hair – Bald patches
 9. Hair – Alopecia
 10. Female genitalia – Irregular menses
 11. Endocrine dysfunction
-

Repertorial Analysis

Repertory Used

Synthesis Repertory

Selected Rubrics

- Mind – Irritability
- Mind – Anxiety
- Mind – Fear of disease
- Mind – Overthinking
- Hair – Falling
- Hair – Baldness
- Female – Menses irregular
- Generalities – Heat

The repertorial result strongly indicated *Lycopodium Clavatum*.

Remedy Selection

Constitutional Remedy

Lycopodium Clavatum

Selected based on:

- Irritability
- Short temper
- Overthinking
- Anxiety regarding health
- Endocrine dysfunction
- Progressive hair loss
- Hormonal irregularity

Remedies	nat-m.	lyc.	puls.	phos.	alum.	ars.	calc.	sep.	staph.	bar-c.	carb.	sulph.	lach.	psor.	merc.	sil.	kali-c.	nux-v.	carb-an.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	9	9	8	8	8	7	7	7	7	7	7	7	6	6	6	6	6	6	6
Intensity	16	12	18	16	8	16	10	10	10	8	7	7	11	11	9	9	8	8	7
Result	9/16	9/12	8/18	8/16	8/8	7/16	7/10	7/10	7/10	7/8	7/7	7/7	6/11	6/11	6/9	6/9	6/8	6/8	6/7
Clipboard 1																			
MIND - AVARICE	1	2	3	1	1	4	1	2	1	1	1	1	1	1	3	3		1	1
MIND - ANXIETY - health; about - own health; one's	1	2	2	3	1	3	2	2	1	1	1	1	1	2	1	1	2	1	
MIND - WEEPING - easily	2	1	3		1		2	2	1	1	1					1			
GENERALS - FOOD and DRINKS - rice - desire				2	1				2										
GENERALS - FOOD and DRINKS - chicken - desire	1		1	2							1	1						1	
EXTREMITIES - GANGRENE		1		2		3								3		1			2
HEAD - HAIR - falling - spots, in	2	1		2	1	2	2		1						2		1	2	1
MIND - AILMENTS FROM - emotions	2	2	3	2	1	1	1	1	3	1		1	2	2	1	2	1	3	1
MIND - COMPANY - aversion to - desire for solitude	3	1	2					1	1	2	1	1	2				1	1	1
MIND - FORSAKEN feeling	2	1	3	2	1	2	1	1		1	1	1	2	3	2	1	1		1
GENERALS - HYPOTHYROIDISM	2	1	1		1	1	1	1		1	1	1		1	1		1	1	

Acute Remedies

Arsenicum Album

For acute anxiety and disease progression concerns.

Bryonia Alba

For associated inflammatory complaints.

Kali Muriaticum

For scalp pathology and dandruff.

Antimonium Tartaricum

Used symptomatically when required.

Intercurrent Remedy

Sulphur

Administered as anti-miasmatic support.

Miasmatic Analysis

Symptom	Psora	Sycosis	Syphilis
Hair loss	✓		
PCOD		✓	
Hypothyroidism		✓	
Alopecia progression			✓
Endocrine dysfunction		✓	
Chronicity		✓	

Predominant Miasm

Syco-Syphilitic

The endocrine pathology, chronicity, and progressive hair loss indicated a mixed Syco-Syphilitic background.

Follow-Up Summary

Initial Visit

- Hair fall in bunches

- Scalp visible
 - Hair Pull Test 10/pull
 - Dandruff present
 - Amenorrhea
 - Severe concern regarding hair loss
-

April 2026

Hair fall reduced.

Baby hair growth observed over scalp.

LMP resumed after prolonged irregularity.

General health improved.

May 2026

Visible hair regrowth over bald patches.

Hair fall significantly reduced.

Menstrual cycles became regular.

Patient reported confidence regarding recovery.

June 2026

No new alopecia patches.

Hair regrowth continued.

Scalp coverage improved.

Disease progression arrested.

Patient satisfied with progress.

Transformation Table

Parameter	Before Treatment	After Treatment
Hair Fall	Severe, bunches	Significantly reduced
Hair Pull Test	10 hairs/pull	Markedly improved
Scalp Visibility	Prominent	Reduced
Bald Patches	Progressive	Regrowth present
New Hair Growth	Absent	Visible
Dandruff	Present	Improved
Menstrual Cycles	Irregular	Regular
General Health	Affected	Improved
Disease Activity	Progressive	Stabilized



Discussion

Alopecia Areata progressing toward extensive scalp involvement presents a significant therapeutic challenge, particularly when associated with endocrine disorders such as hypothyroidism and PCOD. The present case involved rapid hair loss with visible scalp, strongly positive Hair Pull Test, and severe diffuse shedding, raising concern regarding progression toward Alopecia Totalis.

The coexistence of hypothyroidism, anemia, amenorrhea, and PCOD represented important maintaining causes contributing to disruption of the hair growth cycle. These factors were considered during constitutional assessment.

The patient's constitutional picture revealed irritability, overthinking, anxiety regarding health, and fear concerning disease progression. These mental characteristics, together with hormonal disturbances and physical generals, formed the basis of remedy selection.

Following constitutional treatment, a sequential improvement pattern was observed. Hair shedding reduced first, followed by appearance of baby hairs, visible regrowth over affected areas, reduction in scalp visibility, and stabilization of disease progression. Simultaneously, menstrual cycles became more regular, suggesting improvement in the underlying endocrine imbalance.

The prevention of new alopecia patches and establishment of active regrowth represented important objective indicators of recovery. The outcome supports the homeopathic principle that constitutional treatment may influence both local pathology and systemic susceptibility.

Conclusion

This case demonstrates the successful constitutional homeopathic management of severe alopecia with features suggestive of progression toward Alopecia Totalis in a patient suffering from hypothyroidism and PCOD. Significant reduction in hair fall, visible hair regrowth, improvement in scalp coverage, regularization of menstrual cycles, and arrest of disease progression were achieved during follow-up. The case documents a noteworthy clinical transformation achieved at Dr Batra's Homeopathy Clinic and highlights the potential role of constitutional homeopathy in complex endocrine-associated alopecia.