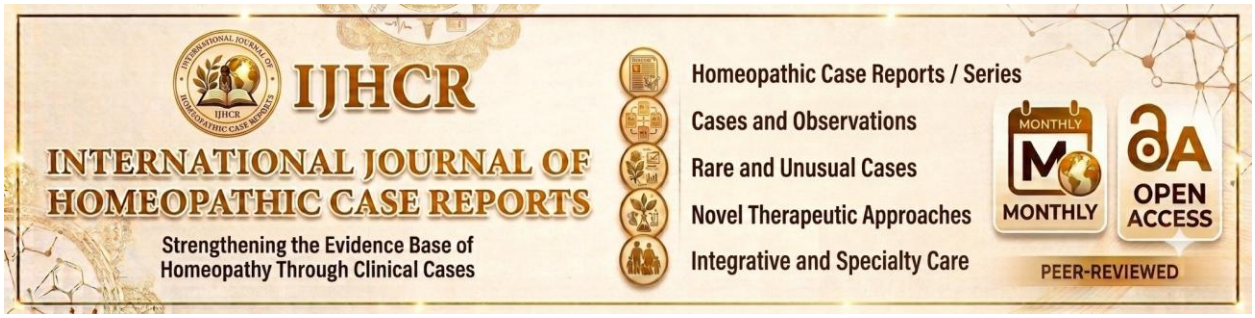

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Successful Long-Term Management of Trichotillomania Using Individualized Homoeopathic Treatment: A 10-Year Follow-up Case Report

Dr Neha B Gunji

Designation- Head Medical Services, Surat Branch,

Dr Batra's Positive Health Clinic Pvt. Ltd.

Qualification-BHMS

Eamil id -ngunji77@gmail.com

chc-surat@drbatras.com

Mobile-9096810079

Abstract

Background

Trichotillomania (Hair Pulling Disorder) is a chronic psychiatric disorder characterized by recurrent, irresistible urges to pull out one's own hair, leading to noticeable hair loss and significant psychosocial impairment. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), trichotillomania belongs to the spectrum of obsessive-compulsive and related disorders. The condition commonly follows emotional stress, anxiety, grief, or interpersonal conflicts and frequently exhibits a relapsing-remitting course. Conventional treatment mainly consists of cognitive behavioural therapy, habit reversal training, and selective serotonin reuptake inhibitors, although long-term remission remains difficult to achieve.

Homoeopathy individualizes treatment by evaluating the patient's constitutional makeup, emotional conflicts, personality traits, and physical characteristics in addition to the local manifestations. This report describes successful long-term management of chronic trichotillomania with individualized homoeopathic treatment over a ten-year follow-up period.

Case Presentation

A 33-year-old female teacher presented with recurrent episodes of compulsive hair pulling since 2010. Hair pulling was predominantly precipitated by emotional stress, family conflicts, occupational pressure, grief, and psychological frustration. She experienced repeated relapses associated with hyperthyroidism, infertility, miscarriage, pregnancy-related emotional stress, and conflicts within the family. Detailed constitutional assessment revealed a sensitive, emotional, easily weeping woman with suppressed emotions, marked overthinking, tendency to remain alone, and strong desire for appreciation. Individualized homoeopathic treatment consisting of constitutional remedies, including **Pulsatilla**, later **Natrum carbonicum**, supported with **Kali phosphoricum**, resulted in marked reduction in hair-pulling impulses, improved emotional resilience, restoration of confidence, and prolonged periods of remission.

Outcome

The patient demonstrated progressive reduction in compulsive hair-pulling behaviour with complete remission during several follow-up periods. Relapses corresponded closely with identifiable emotional stressors such as infertility, thyroid illness, occupational stress, and bereavement. During the later years of treatment, the patient developed awareness of the behaviour and consciously stopped herself whenever the urge appeared. Overall psychological well-being, confidence, and quality of life improved substantially.

Conclusion

This case demonstrates the potential role of individualized constitutional homoeopathy in the long-term management of chronic trichotillomania and emphasizes the importance of addressing underlying emotional conflicts and constitutional susceptibility.

Keywords: Trichotillomania, Hair Pulling Disorder, Obsessive-Compulsive Spectrum Disorder, Homoeopathy, Pulsatilla, Natrum carbonicum

Introduction

Trichotillomania (Hair Pulling Disorder) is a chronic psychiatric disorder characterized by recurrent pulling of one's own hair resulting in noticeable hair loss. The disorder is classified among obsessive-compulsive and related disorders in the DSM-5 and affects approximately 1–2% of the population, with a female predominance.

Hair pulling commonly involves the scalp but may also affect eyebrows, eyelashes, beard, or other body hair. The behaviour is frequently preceded by increasing internal tension and followed by temporary relief after pulling the hair. Emotional stress, anxiety, grief, interpersonal conflicts, perfectionism, and depression are recognized triggering factors.

The disease significantly affects quality of life because patients experience embarrassment, low self-esteem, social withdrawal, anxiety, and depression. Although behavioural therapy and pharmacological treatment constitute standard management, relapse rates remain high.

Homoeopathy considers trichotillomania as an expression of constitutional susceptibility in which mental, emotional, and physical characteristics guide individualized remedy selection.

The present report describes successful long-term constitutional management of chronic trichotillomania with more than ten years of documented follow-up.

Case Presentation

A 33-year-old female working as a microbiology teacher presented with recurrent compulsive hair pulling since 2010.

Initially, the patient experienced irresistible impulses to pull scalp hair whenever exposed to emotional stress or prolonged periods of overthinking. Hair pulling occurred unconsciously while sitting alone, particularly during evening hours or while thinking about stressful situations.

The patient reported that she experienced temporary emotional relief after pulling the hair, although the behaviour caused significant guilt and embarrassment.

The condition gradually became habitual and persisted despite repeated attempts to control it.

History of Present Illness

The patient attributed the onset of her illness to prolonged psychological stress within the family.

Episodes became markedly worse during periods of:

- Occupational stress
- Academic pressure
- Family conflicts
- Marital difficulties
- Infertility treatment
- Pregnancy loss
- Hyperthyroidism
- Bereavement

Hair pulling increased whenever emotional distress accumulated.

Repeated attempts to suppress the behaviour were unsuccessful.

Previous Treatment

The patient received:

- Conventional psychiatric management intermittently
- Individualized homoeopathic treatment
- Psychological counselling
- Lifestyle advice

Partial improvement occurred initially but relapses continued whenever major emotional stress occurred.

Past History

Past history revealed:

- Hyperthyroidism
- Infertility
- Spontaneous abortion
- Pregnancy-related emotional stress

Personal History

Diet: Vegetarian

Appetite: Normal

Thirst: Normal

Sleep: Disturbed during stressful periods

Menses: Regular

Family History

No significant family history of trichotillomania or psychiatric illness was reported.

Life Space

The patient described herself as emotionally sensitive from childhood.

She preferred remaining alone rather than socializing extensively.

Professional life involved teaching microbiology with significant administrative responsibilities.

She experienced repeated occupational stress because of increased workload and institutional responsibilities.

Marital life was generally supportive; however, prolonged infertility produced considerable emotional suffering.

Repeated disappointment regarding conception resulted in persistent grief.

Following pregnancy loss, emotional distress intensified further.

Subsequently, pregnancy and motherhood introduced additional responsibilities that occasionally triggered relapse.

Mental Generals

Constitutional case taking revealed a highly characteristic emotional picture.

The patient was extremely emotional and wept easily during consultation.

She experienced prolonged grief after emotional disappointments.

Minor criticism affected her deeply.

She frequently overthought even trivial situations.

She preferred remaining alone whenever emotionally disturbed.

She possessed a strong desire for appreciation and recognition.

Family conflicts produced marked emotional suffering.

Although anger was present, she usually suppressed it rather than expressing it openly.

Gradually, during treatment, her emotional perception improved considerably.

Instead of automatically pulling hair during stress, she developed awareness of the behaviour and consciously stopped herself.

This increasing insight represented one of the most important indicators of psychological recovery.

Physical Generals

- Chilly patient
- Appetite normal
- Thirst normal
- Sleep disturbed during stress
- Menses regular
- Hair pulling aggravated by emotional stress

Clinical Examination

General examination revealed a moderately built female with stable vital signs.

Scalp examination demonstrated:

- Multiple irregular patches of broken hairs
- Hair shafts of varying lengths
- Non-scarring alopecia
- Preserved follicular openings
- No inflammation
- No infection

Findings were consistent with **trichotillomania** rather than alopecia areata.

Differential Diagnosis

- Alopecia areata
- Traction alopecia
- Telogen effluvium
- Tinea capitis
- Trichotillomania

Final Diagnosis

Trichotillomania (Hair Pulling Disorder)

Case Analysis

The present case represented a chronic compulsive hair-pulling disorder maintained primarily by emotional stress rather than dermatological pathology.

The patient demonstrated a constitutional profile characterized by:

- Emotional sensitivity
- Easy weeping
- Suppressed emotions
- Long-standing grief
- Desire for affection
- Desire for appreciation
- Tendency to remain alone
- Overthinking
- Family-related psychological stress

The behavioural symptom represented only the external manifestation of deeper constitutional imbalance.

Totality of Symptoms

Mental Generals

- Emotional and yielding disposition
- Weeping easily
- Psychological distress due to family conflicts
- Suppressed emotions
- Overthinking
- Desire to remain alone during stress
- Sensitive to criticism
- Desire for appreciation
- Anxiety regarding future
- Better after emotional expression

Physical Generals

- Chilly patient
- Sleep disturbed during emotional stress
- Normal appetite

- Normal thirst
- Regular menstrual cycles
- Hyperthyroidism
- Infertility during part of the follow-up
- Hair pulling aggravated by emotional stress

Particular Symptoms

- Irresistible desire to pull scalp hair
- Pulling performed unconsciously
- Temporary relief after pulling
- Relapses following grief, family conflicts, occupational stress and infertility
- Patchy non-scarring alopecia
- Hair breakage of varying lengths

Repertorial Analysis

Kent's Repertory was used considering the constitutional characteristics rather than only the local complaint.

Important Rubrics

Mind

- Mind; Weeping, easily
- Mind; Mildness
- Mind; Yielding disposition
- Mind; Company; desire for
- Mind; Ailments from grief
- Mind; Anxiety
- Mind; Dwells on unpleasant things
- Mind; Reserved
- Mind; Desire to be alone during sadness

Head

- Hair; pulling
- Hair; falling
- Hair; desire to pull hair

Generalities

- Emotional excitement aggravates
- Mental exertion aggravates

Remedy Differentiation

Pulsatilla nigricans

Selected Constitutional Remedy

Pulsatilla closely corresponded to the patient's constitutional picture.

Characteristic features included:

- Mild and yielding disposition
- Emotional sensitivity
- Easy weeping
- Needs emotional support
- Family attachment
- Psychological distress after emotional conflicts
- Symptoms changing according to emotional state

The patient repeatedly improved emotionally after Pulsatilla, with gradual reduction in compulsive hair-pulling behaviour.

Natrum carbonicum

Natrum carbonicum became appropriate during the later phase of treatment when the patient exhibited:

- Mental exhaustion
- Oversensitivity
- Difficulty coping with prolonged stress
- Emotional fatigue
- Poor stress tolerance

It complemented the evolving constitutional picture during long-term follow-up.

Natrum muriaticum

Natrum muriaticum was considered because of grief and reserved nature. However, the patient openly expressed emotions through weeping and benefited from emotional reassurance, making Pulsatilla a closer similimum.

Prescription

Constitutional Remedy

Pulsatilla 200C

Prescribed on the basis of:

- Mild disposition
- Emotional sensitivity
- Easy weeping
- Psychological dependence on emotional support
- Hair pulling aggravated by emotional stress

Acute Support

Pulsatilla 30C

Used during acute exacerbations.

Supportive Medicines

- Kali phosphoricum
- Jaborandi (as supportive hair care)
- Saccharum lactis (placebo during observation)

During later constitutional evolution:

- **Natrum carbonicum** was prescribed based on changes in the mental state and stress response.

Miasmatic Analysis

The case demonstrated a mixed **Psoric–Sycotic background**.

Psoric manifestations included:

- Anxiety
- Emotional instability
- Oversensitivity
- Functional psychiatric symptoms

Sycotic manifestations included:

- Chronic habit formation
- Recurrent relapses
- Hyperthyroidism
- Persistent behavioural pattern

Follow-up

Follow-up of the Patient with Trichotillomania

Date/Period	Clinical Status	Intervention	Outcome
May 2015 (Baseline)	Recurrent compulsive hair pulling, emotional stress, scalp hair loss	Constitutional homoeopathic treatment initiated (Pulsatilla 200C with Kali phosphoricum)	Baseline assessment
July 2015	Hair-pulling desire reduced	Continued constitutional treatment	Early improvement noted

August 2015	No desire to pull hair	Continued treatment	Marked behavioural improvement
October 2015	No hair pulling; hair fall absent	Continued medicines	Sustained remission
January–May 2016	No hair-pulling impulse, dandruff reduced, confidence improved	Continued constitutional treatment	Complete remission maintained
February–September 2017	Relapse following diagnosis of hyperthyroidism and academic stress	Constitutional treatment continued with counselling	Daily hair-pulling impulses gradually reduced
October 2017	Hair-pulling desire reduced	Continued treatment	Partial remission achieved
May–November 2018	Hair pulling reduced by approximately 50%; later no hair pulling during the month	Continued constitutional remedy with counselling	Significant improvement; confidence restored
2020	Recurrence after miscarriage and infertility-related stress	Treatment restarted	Emotional counselling initiated
January–October 2021	Hair pulling reduced despite persistent occupational and infertility stress	Continued individualized treatment and lifestyle advice	Progressive behavioural improvement
January–February 2022	Mild relapse after interruption of medicines; improved after restarting treatment	Constitutional treatment resumed	Better emotional control and reduced hair pulling
May 2024	Postpartum recurrence associated with family stress and overthinking	Detailed constitutional reassessment; Natrum carbonicum prescribed	Improved emotional insight
March–July 2025	Hair growth improved; pulling markedly reduced; emotional resilience increased	Continued individualized treatment with counselling	Better confidence and visible improvement
January–July 2026 (Final Follow-up)	Stable condition; patient recognized urges and consciously stopped hair pulling; improved family coping	Continued constitutional management and lifestyle counselling	Sustained behavioural control and improved quality of life

Health-Related Quality of Life (HRQL)

The patient initially experienced significant psychological distress related to family circumstances, occupational responsibilities, infertility, and recurrent hair pulling. Over the course of treatment, her perception of stressful situations improved. She developed awareness of her compulsive behaviour and was able to stop herself when the urge arose. This enhanced self-control, together with reduced emotional distress, contributed to improved confidence, better social functioning, and an overall improvement in quality of life.

Discussion

Trichotillomania is a chronic body-focused repetitive behaviour characterized by recurrent hair pulling, often triggered by emotional stress and followed by transient relief. Relapse is common, particularly during periods of psychological distress. In this case, exacerbations consistently followed identifiable stressors including hyperthyroidism, occupational pressure, infertility, pregnancy loss, bereavement, and family conflict.

The constitutional approach focused on the patient's individuality rather than the diagnosis alone. The initial prescription of **Pulsatilla** reflected her emotional, yielding, and weeping disposition, while **Natrum carbonicum** addressed later mental exhaustion and reduced stress tolerance. **Kali phosphoricum** was used as supportive therapy during periods of nervous exhaustion.

The most clinically significant outcome was not only the reduction in hair-pulling frequency but also the patient's gradual development of insight. In later follow-up, she reported recognizing the impulse and consciously choosing not to engage in the behaviour. This change

represents an important functional improvement in impulse control and psychological resilience.

Although a single case cannot establish treatment efficacy, the prolonged follow-up over more than ten years and repeated documentation of improvement suggest that individualized constitutional homoeopathy, combined with counselling and lifestyle support, may offer benefit in selected patients with chronic trichotillomania.

Patient Perspective

"Earlier I used to pull my hair without realizing it whenever I was stressed. Now I understand when the urge comes, and I stop myself. My confidence has improved, I feel emotionally stronger, and I can handle family situations much better than before."

Learning Points

- Trichotillomania is frequently associated with emotional stress rather than primary scalp disease.
- Constitutional assessment should include personality traits, coping mechanisms, and psychosocial stressors.
- Long-term follow-up is essential because relapses often occur after major life events.
- Emotional counselling combined with individualized homoeopathic treatment may improve behavioural awareness and self-control.
- Improvement in insight and quality of life is an important therapeutic outcome in chronic psychiatric disorders.

Conclusion

This case highlights the long-term management of chronic **trichotillomania** using individualized constitutional homoeopathic treatment over a follow-up period of more than ten years. **Pulsatilla**, prescribed initially on the basis of the patient's emotional constitution, followed by **Natrum carbonicum** as the constitutional picture evolved, together with supportive **Kali phosphoricum**, was associated with sustained reduction in compulsive hair-pulling behaviour, improved emotional resilience, enhanced self-awareness, and better quality of life. The case emphasizes the importance of individualized prescribing, continuous counselling, and long-term monitoring in managing chronic body-focused repetitive behaviours. Further prospective studies are needed to evaluate these observations in larger patient populations.

References

1. American Psychiatric Association. **Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)**. 5th Text Revision ed. Washington (DC): American Psychiatric Association Publishing; 2022.
2. Grant JE, Chamberlain SR. Trichotillomania. **Am J Psychiatry**. 2016;173(9):868-874.
3. Grant JE, Odlaug BL, Chamberlain SR, Keuthen NJ, Lochner C, Stein DJ. Trichotillomania, skin picking disorder, and stereotypic movement disorder: Toward DSM-5. **Depress Anxiety**. 2012;29(6):611-626.

4. Keuthen NJ, Woods DW, Piacentini J, et al. **Trichotillomania, Skin Picking, and Other Body-Focused Repetitive Behaviors**. Washington (DC): American Psychiatric Association Publishing; 2019.
5. Woods DW, Flessner CA, Franklin ME, et al. The Trichotillomania Impact Project (TIP): Exploring phenomenology, functional impairment, and treatment utilization. **J Clin Psychiatry**. 2006;67(12):1877-1888.
6. Stein DJ, Grant JE, Franklin ME, et al. Trichotillomania (hair pulling disorder), skin picking disorder, and stereotypic movement disorder: Toward DSM-5. **Depress Anxiety**. 2010;27(6):611-626.
7. Chamberlain SR, Odlaug BL, Boulougouris V, Fineberg NA, Grant JE. Trichotillomania: Neurobiology and treatment. **Neurosci Biobehav Rev**. 2009;33(6):831-842.
8. Christenson GA, Mackenzie TB, Mitchell JE. Characteristics of 60 adult chronic hair pullers. **Am J Psychiatry**. 1991;148(3):365-370.
9. Gupta MA, Gupta AK. Trichotillomania. **Dermatol Clin**. 2013;31(2):301-306.
10. Rudnicka L, Olszewska M, Rakowska A. **Atlas of Trichoscopy**. London: Springer; 2012.