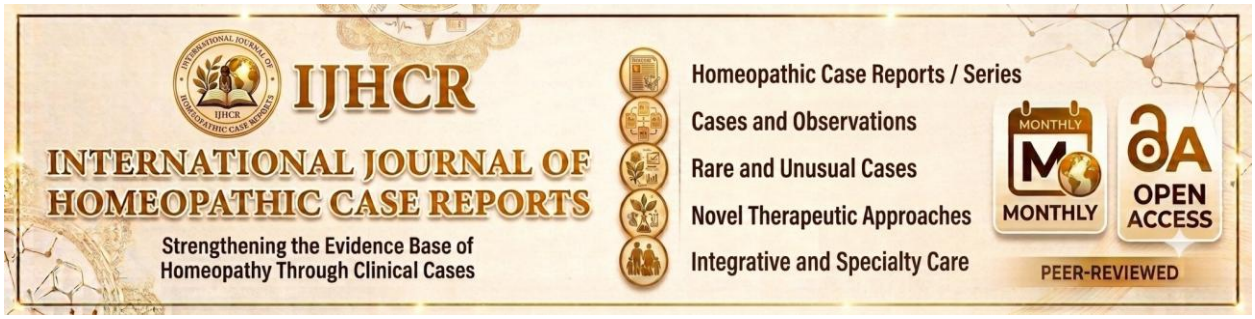

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Successful Management of Diffuse Androgenetic Alopecia with Superimposed Post-Traumatic Telogen Effluvium and Nutritional Deficiencies Using Individualized Homoeopathic Treatment: A Case Report

Dr Tejalben Rathva

BHMS

Homeopathic Consultant

Vadodra Clinic

chc-vadodra@drbatras.com

Abstract

Background

Androgenetic alopecia (AGA) is the most common cause of progressive hair loss in males and is characterized by genetically determined follicular miniaturization. Acute systemic stressors, major trauma, nutritional deficiencies, and prolonged hospitalization may precipitate telogen effluvium, further aggravating hair loss and accelerating visible thinning. Individualized homoeopathic treatment aims to address constitutional susceptibility while correcting the underlying imbalance contributing to disease progression.

Case Presentation

A 22-year-old male presented with diffuse hair thinning and excessive hair fall for two months following a major road traffic accident that resulted in multiple facial injuries, nasal bone fracture, right scapular fracture, and prolonged liquid diet. Clinical examination revealed diffuse reduction in hair density, mild greasy dandruff, scalp pruritus, and a positive hair pull test. Strong paternal and maternal family history of androgenetic alopecia was present. Laboratory investigations demonstrated low ferritin (25 ng/mL), severe vitamin B12 deficiency (<100 pg/mL), and vitamin D deficiency (14.6 ng/mL). Trichoscopic examination confirmed diffuse miniaturization. Constitutional analysis led to the prescription of **Thuja occidentalis**, supported by **Wiesbaden Aqua**, together with nutritional correction.

Outcome

Serial follow-up over several months demonstrated reduction in daily hair fall, stabilization of diffuse androgenetic alopecia, improvement in hair density on serial photographs, and objective trichoscopic improvement while nutritional deficiencies were simultaneously corrected.

Conclusion

This case demonstrates favorable clinical improvement in diffuse androgenetic alopecia with superimposed post-traumatic telogen effluvium using individualized homoeopathic treatment integrated with correction of nutritional deficiencies.

Keywords: Androgenetic alopecia, Telogen effluvium, Trauma, Nutritional deficiency, Homoeopathy, Trichoscopy.

Introduction

Androgenetic alopecia (AGA) is the most prevalent form of hair loss affecting nearly 50% of men during their lifetime. It results from progressive miniaturization of genetically susceptible hair follicles under androgen influence and is characterized by gradual reduction in hair density and terminal hair diameter.

Diffuse androgenetic alopecia may become clinically more severe when additional triggers such as systemic illness, surgery, psychological stress, nutritional deficiencies, or major trauma precipitate acute telogen effluvium. In such patients, hereditary follicular miniaturization and acute telogen shedding coexist, leading to rapid deterioration in scalp density.

Iron deficiency, vitamin B12 deficiency, and vitamin D deficiency have all been implicated in impaired follicular cycling and delayed hair regeneration.

Although conventional treatment with topical minoxidil and oral finasteride remains the standard of care, many patients seek complementary approaches because of concerns regarding long-term therapy, adverse effects, or incomplete response.

Homoeopathy individualizes treatment according to constitutional characteristics, mental-emotional profile, physical generals, hereditary predisposition, and disease characteristics rather than the diagnosis alone.

This report presents the successful constitutional management of diffuse androgenetic alopecia complicated by post-traumatic telogen effluvium and nutritional deficiencies.

Case Presentation

A 22-year-old male presented to **Dr Batra's® Positive Health Clinics** with complaints of excessive hair fall and diffuse hair thinning for approximately two months.

The patient noticed gradual reduction in scalp density associated with increased daily hair shedding of approximately **50–100 hairs/day**.

The hair fall developed shortly after recovery from a major road traffic accident.

History of Present Illness

The patient complained of:

- Diffuse hair fall
- Progressive hair thinning
- Reduced hair density
- Mild greasy dandruff
- Powdery white scaling
- Mild scalp itching

The scalp itching increased:

- During sweating
- Following sun exposure
- During winter

Hair care routine included:

- Hair wash 2–3 times per week
- Coconut oil application 4–5 times weekly

Hair Pull Test demonstrated:

2 hairs per pull

The patient had previously consulted a dermatologist who prescribed:

- Topical Minoxidil 5%
- Finasteride
- Hair supplements

However, treatment had not yet been initiated before presentation.

Medical History

Approximately three months before onset of hair loss, the patient sustained a major road traffic accident.

The injuries included:

- Facial lacerations
- Tongue laceration
- Nasal bone fracture
- Right scapular fracture

Following the accident, he remained on a predominantly liquid diet for nearly two months because of oral injuries.

Body weight reduced significantly from approximately **97 kg** during recovery.

No chronic systemic illness was reported.

Family History

The patient had a strong hereditary predisposition for androgenetic alopecia.

Father:

- Male pattern baldness
- Hypertension

Mother:

- Hypothyroidism

Both paternal and maternal family members had a history of progressive hair thinning.

Personal History

Appetite:

Good.

Diet:

Mixed diet.

Preference:

Spicy food.

Thirst:

Approximately 4 litres/day.

Sleep:

Sound.

Perspiration:

Profuse over forehead.

Thermals:

Hot patient.

No addictions were reported.

Mental Generals

The patient described himself as calm, reserved, and emotionally controlled.

Although he experienced anger easily, he preferred suppressing his emotions rather than expressing them.

He enjoyed travelling and preferred social company but admitted difficulty opening up emotionally to others.

He described himself as someone who forgave easily and avoided prolonged interpersonal conflicts.

No significant occupational stress was reported because he worked in the family-owned construction business.

He admitted fear of heights.

Physical Generals

- Appetite good
- Increased thirst
- Hot patient
- Profuse perspiration over forehead
- Sound sleep
- Desire spicy food
- Hair thinning
- Mild greasy dandruff

Clinical Examination

General examination revealed a healthy young adult male.

Scalp examination demonstrated:

- Diffuse reduction in hair density
- Early diffuse miniaturization
- Mild greasy dandruff
- Powdery white scales
- Mild scalp erythema
- Positive Hair Pull Test (2 hairs)

No scarring alopecia was observed.

Investigations

Laboratory Findings

Investigation	Result
Hemoglobin	15.9 g/dL
Ferritin	25 ng/mL
Vitamin B12	<100 pg/mL
Vitamin D3	14.6 ng/mL

The patient was advised:

- Iron supplementation
- Vitamin D supplementation
- Vitamin B12 injections
- Protein-rich diet

Trichoscopic Evaluation

Video microscopy demonstrated:

- Terminal:Vellus hair ratio = **67:33**
- Hair calibre = **0.031 mm**

The findings were consistent with diffuse androgenetic alopecia.

Diagnosis

Primary Diagnosis

Diffuse Androgenetic Alopecia

Associated Diagnosis

Post-Traumatic Telogen Effluvium

Associated Nutritional Deficiencies

- Iron deficiency
- Vitamin B12 deficiency
- Vitamin D deficiency

Differential Diagnosis

- Chronic Telogen Effluvium
- Diffuse Alopecia Areata
- Nutritional Hair Loss
- Early Diffuse Unpatterned Alopecia

Case Analysis

This patient presented with diffuse androgenetic alopecia developing shortly after a major road traffic accident complicated by prolonged nutritional compromise. The combination of a strong hereditary predisposition, diffuse miniaturization on trichoscopy, and objective nutritional deficiencies suggested coexistence of hereditary androgenetic alopecia and acute post-traumatic telogen effluvium.

Constitutional assessment revealed a reserved, emotionally controlled, hot patient with suppressed anger, difficulty expressing emotions, profuse perspiration, and diffuse hereditary hair thinning. These constitutional characteristics, together with the dermatological findings, favored **Thuja occidentalis** as the constitutional similimum. **Wiesbaden Aqua** was prescribed as supportive therapy for active hair loss, while iron, vitamin B12, and vitamin D deficiencies were corrected simultaneously through supplementation.

The combined constitutional and nutritional approach was expected to stabilize active shedding, improve follicular health, and promote long-term hair recovery.

Totality of Symptoms

Mental Generals

- Reserved personality
- Difficulty expressing emotions
- Suppressed anger
- Calm and peaceful disposition
- Likes company but takes time to mix with others
- Fear of heights
- Forgiving nature

- No occupational stress

Physical Generals

- Appetite good
- Thirst increased (approximately 4 L/day)
- Desire for spicy food
- Profuse perspiration over forehead
- Hot patient
- Sound sleep
- Mild greasy dandruff
- Diffuse hair thinning

Particular Symptoms

- Diffuse androgenetic alopecia
- Hair fall 50–100 hairs/day
- Diffuse reduction in hair density
- Mild greasy dandruff
- Powdery white scaling
- Scalp itching
- Itching aggravated by sweating
- Itching aggravated by sun exposure
- Itching aggravated during winter
- Hair Pull Test positive (2 hairs/pull)
- Family history of male pattern baldness
- Post-traumatic onset after major road traffic accident
- Ferritin deficiency
- Vitamin B12 deficiency
- Vitamin D deficiency

Evaluation of Characteristic Symptoms

The following symptoms formed the basis of constitutional prescription.

Mental Characteristics

- Reserved personality
- Difficulty opening up
- Suppressed anger
- Calm disposition
- Fear of heights

Physical Characteristics

- Hot patient
- Profuse perspiration
- Increased thirst
- Desire for spicy food

Particular Symptoms

- Diffuse hereditary hair thinning
- Positive family history
- Mild seborrhoeic dandruff
- Post-traumatic aggravation
- Nutritional deficiencies
- Diffuse miniaturization

Repertorial Analysis

Kent's Repertory was used considering the constitutional totality.

Selected Rubrics

Mind

- Mind; Reserved
- Mind; Anger; suppressed
- Mind; Company; desires
- Mind; Fear; heights

Head

- Hair; Falling
- Hair; Thinning
- Hair; Dandruff
- Scalp; Itching

Generalities

- Perspiration; Profuse
- Heat; patient
- Family history
- Weakness following trauma

The repertorial result favored **Thuja occidentalis** as the constitutional similimum.

Remedy Differentiation

Thuja occidentalis (Selected Remedy)

Thuja corresponded most closely with:

- Diffuse hair thinning
- Genetic predisposition
- Chronic scalp affection
- Seborrhoeic dandruff
- Reserved personality

- Suppressed emotions
- Hot constitution
- Progressive hair miniaturization

The hereditary tendency together with constitutional characteristics strongly supported Thuja as the similimum.

Phosphorus

Phosphorus was considered because of:

- Hair fall
- Hot patient
- Desire for company

However, the patient lacked the characteristic emotional openness, anxiety, dependence, and fearfulness of Phosphorus.

Natrum muriaticum

Natrum muriaticum was considered because of:

- Reserved personality
- Hair fall

However, the patient did not exhibit the typical grief, emotional isolation, silent brooding, or desire for solitude.

Lycopodium

Lycopodium covered hereditary baldness.

However, the patient lacked:

- Digestive complaints
- Right-sided tendency
- Marked anticipatory anxiety
- Lack of confidence

Fluoric acid

Considered because of hereditary alopecia.

Rejected because constitutional features were absent.

Prescription

Constitutional Remedy

Thuja occidentalis 200C

Selected because of:

- Hereditary androgenetic alopecia
- Diffuse thinning
- Seborrhoeic dandruff
- Reserved personality
- Suppressed anger
- Hot constitution

Acute Remedy

Wiesbaden Aqua

Prescribed as supportive therapy for active hair shedding and follicular nourishment.

Nutritional Correction

The patient was advised:

- Iron supplementation
- Vitamin D supplementation
- Vitamin B12 injections
- Protein-rich diet
- Iron-rich diet
- Regular hair care

Miasmatic Analysis

The case demonstrated a **predominantly sycotic background**.

Psoric Features

- Hair fall
- Dandruff
- Itching

Sycotic Features

- Hereditary tendency
- Progressive miniaturization
- Chronicity
- Diffuse thinning

The acute telogen effluvium represented an exciting cause superimposed upon chronic constitutional susceptibility.

Follow-up

Table 1. Chronological Follow-up

Date	Clinical Findings	Outcome
Baseline (May 2026)	Hair fall 50–100/day. Diffuse thinning. Greasy dandruff. Ferritin 25 ng/mL. Vitamin B12 <100 pg/mL. Vitamin D3 14.6 ng/mL.	Constitutional treatment initiated
01 June 2026	Hair fall reduced. AGA stable. Regular hair wash. Taking iron, vitamin D3 and vitamin B12 supplements. Mild hypopigmented facial spots noted.	Early stabilization
17 July 2026	Patient reported stable AGA. Hair fall reduced further. Photo comparison demonstrated visible improvement, confirmed by patient. Hair density improving. VMS: Terminal:Vellus ratio 67:33. Hair calibre 0.031 mm.	Objective improvement documented

Clinical Outcome

Following individualized homoeopathic treatment:

- Hair fall reduced significantly.
- Daily shedding became considerably less.
- Diffuse thinning stabilized.
- Hair density improved on serial photographs.
- Patient noticed visible improvement.
- Trichoscopic parameters remained stable.
- Nutritional deficiencies were corrected.
- No progression toward advanced androgenetic alopecia was observed.

Discussion

Diffuse androgenetic alopecia in young adults is frequently influenced by hereditary predisposition; however, acute systemic stressors such as major trauma, surgery, rapid weight loss, and nutritional deficiencies may precipitate telogen effluvium, accelerating hair shedding and making the clinical presentation more severe. This coexistence of chronic follicular miniaturization with acute telogen shedding presents a therapeutic challenge and often requires a comprehensive management strategy.

In the present case, the patient developed diffuse hair loss shortly after a major road traffic accident that resulted in multiple fractures, facial injuries, prolonged liquid diet, and significant weight loss. Laboratory evaluation revealed low ferritin, severe vitamin B12 deficiency, and vitamin D deficiency, all of which are recognized contributors to impaired hair follicle cycling. A strong family history of androgenetic alopecia further supported the diagnosis of diffuse AGA with superimposed post-traumatic telogen effluvium.

Constitutional assessment identified a reserved, emotionally controlled individual with suppressed anger, profuse perspiration, hot thermal reaction, and hereditary hair thinning. These findings guided the prescription of **Thuja occidentalis** as the constitutional remedy.

Wiesbaden Aqua was used as supportive therapy during the active shedding phase, while iron, vitamin B12, and vitamin D deficiencies were corrected concurrently.

Serial follow-up demonstrated a progressive reduction in daily hair fall, stabilization of androgenetic alopecia, objective improvement on clinical photographs, and maintenance of trichoscopic findings. Although nutritional supplementation and spontaneous recovery from telogen effluvium likely contributed to the improvement, the constitutional approach was associated with sustained stabilization and improved patient satisfaction.

As this is a single observational case, definitive conclusions regarding treatment efficacy cannot be drawn. Larger prospective studies incorporating standardized trichoscopic evaluation are warranted to investigate the role of individualized homoeopathic treatment as part of an integrative management strategy for diffuse androgenetic alopecia.

Health-Related Quality of Life (HRQL)

Initially, excessive hair shedding and progressive thinning caused considerable concern regarding future baldness and affected the patient's confidence. Following treatment, reduction in hair fall and visible improvement in scalp density alleviated anxiety about disease progression and improved satisfaction with appearance.

Patient Perspective

"After the accident, my hair started falling rapidly and became noticeably thinner. Gradually the hair fall reduced, and the comparison photographs showed improvement, which increased my confidence. I also understood the importance of correcting my vitamin deficiencies along with continuing treatment."

Learning Points

- Diffuse androgenetic alopecia may coexist with post-traumatic telogen effluvium after major systemic stress.
- Nutritional deficiencies should always be investigated in young patients with diffuse hair loss.
- Trichoscopy and serial clinical photographs provide objective documentation of treatment response.
- Constitutional homoeopathic prescribing should integrate hereditary factors, mental characteristics, and physical generals.
- Simultaneous correction of nutritional deficiencies is an important component of comprehensive hair restoration.

Conclusion

This case demonstrates the successful long-term management of **diffuse androgenetic alopecia complicated by post-traumatic telogen effluvium and nutritional deficiencies** in a young adult male. **Thuja occidentalis**, prescribed on the basis of the patient's constitutional profile, together with **Wiesbaden Aqua** as supportive therapy and targeted correction of iron,

vitamin B12, and vitamin D deficiencies, was associated with stabilization of hair loss, reduction in daily shedding, improvement in hair density, and favorable trichoscopic outcomes. While the multifactorial nature of recovery should be acknowledged, this case highlights the potential role of individualized homoeopathic treatment as part of an integrative approach to diffuse hair loss and supports further prospective research using standardized objective outcome measures.