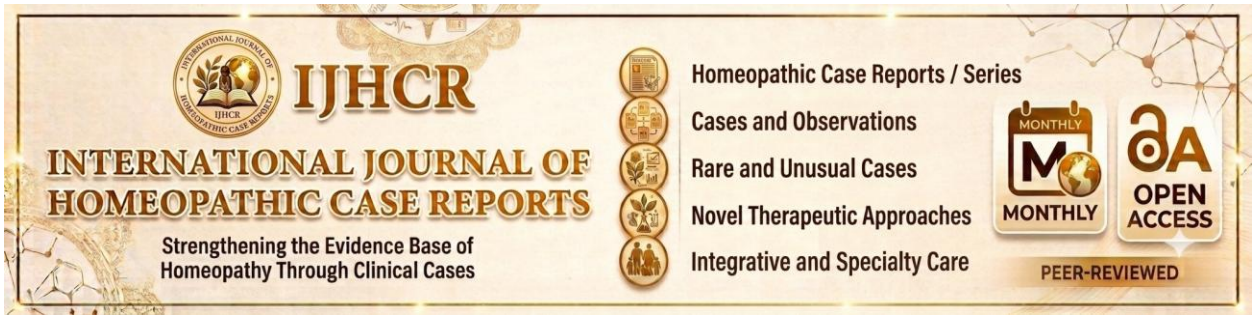

Volume 1, Issue 1, August 2026 **Category of Article: Case Report**

Article ID: CR11IJHCR3420

DOI: https://doi.org/10.5281/zenodo.21848333

Homoeopathic Management of Chronic Scalp Folliculitis with Silent Grief: A Case Report at Dr Batra's

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Abstract

Scalp folliculitis is a chronic inflammatory disorder of the hair follicles characterized by recurrent papules, pustules, itching, pain, and cosmetic discomfort. The recurrent nature of the disease often affects quality of life and requires prolonged treatment. Individualized homoeopathic treatment aims to address both local pathology and constitutional predisposition.

This case report describes a **30-year-old male** presenting with recurrent papular eruptions over the scalp associated with itching for two years. The patient had never received medical treatment for the condition. Constitutional evaluation revealed longstanding silent grief following the death of his father during childhood, suppressed indignation, emotional sensitivity, weeping when alone, dependency in decision-making, and stress related to infertility. Repertorial analysis and constitutional assessment indicated **Staphysagria** as the similimum, while **Calcarea sulphurica** was prescribed during acute inflammatory episodes. Progressive improvement was observed during six months of follow-up with marked reduction in the frequency, number, pain, and recurrence of scalp boils.

Keywords: Folliculitis, Scalp folliculitis, Staphysagria, Calcarea sulphurica, Individualized homoeopathy, Case report.

Introduction

Scalp folliculitis is a chronic inflammatory condition involving infection or inflammation of hair follicles, presenting with recurrent papules, pustules, tenderness, itching, and occasional scarring. Predisposing factors include bacterial colonization, occlusion, excessive oil application, poor scalp hygiene, obesity, and metabolic disorders. Chronic recurrent folliculitis significantly affects quality of life because of persistent discomfort and cosmetic concerns.

Conventional management includes topical antiseptics, antibiotics, medicated shampoos, and lifestyle modifications; however, recurrence remains common after discontinuation of treatment.

Homoeopathy adopts an individualized approach based upon the patient's constitutional characteristics, mental-emotional profile, physical generals, and local pathology. This case demonstrates successful management of chronic recurrent scalp folliculitis using constitutional homoeopathic treatment.

Case Presentation

A **30-year-old married male**, engaged in a family business, presented with **recurrent papular eruptions over the scalp** since **two years**.

The eruptions were associated with:

- Recurrent boils over the scalp.
- Persistent itching.
- Occasional pain.
- Frequent recurrence.

The patient reported that he **did not use shampoo or soap regularly** for scalp hygiene and had never taken any medical treatment for the condition.

There were no associated systemic complaints.

History of Present Illness

The patient noticed recurrent papular eruptions over the scalp approximately two years before consultation. The lesions appeared intermittently, causing itching and occasional pain before resolving spontaneously and recurring again.

There was no discharge, fever, or systemic illness. The patient had not sought treatment previously because the eruptions were considered minor.

Past History

- No major medical illness.
- No previous surgeries.
- No hospitalization.

- No chronic dermatological disease.

Family History

- Father expired when the patient was studying in the fourth standard.
- No significant hereditary dermatological disorders.

Personal History

Parameter	Findings
Appetite	Normal
Diet	Mixed
Desire	Spicy food
Aversion	None specific
Thirst	Normal
Perspiration	Profuse
Sleep	Refreshing
Bowel habits	Normal
Weight	87.9 kg
Blood Pressure	150/100 mmHg

Investigations

Baseline investigations revealed:

- HbA1c: **5.7%**
- Average blood glucose: **116.8 mg/dL**
- Total cholesterol: **255.9 mg/dL**
- LDL cholesterol: **174 mg/dL**
- Triglycerides: **168 mg/dL**
- Hemoglobin: **15 g/dL**

The patient was advised dietary modification, regular exercise, and repeat lipid profile after two months.

Mental Generals

The patient lost his father during childhood, resulting in financial hardship and early responsibility. He discontinued formal education and joined the family business.

Although emotionally sensitive, he rarely expressed his feelings openly. He admitted to **weeping only when alone**, after which he felt emotionally relieved.

He described himself as submissive and generally adjusted his behavior according to the attitudes of others. When hurt emotionally, he suppressed his reactions and preferred silence rather than confrontation but never forgot the incident.

He reported feeling neglected by his mother, who appeared more attached to his elder brother. Rather than expressing his disappointment, he suppressed these emotions to avoid family conflicts.

The patient lacked confidence in making independent decisions because family members often treated him as immature. Consequently, he became increasingly dependent on others for even small decisions.

He also experienced emotional stress because the couple had been married for four years without conception.

He liked cleanliness, maintained good relationships, had few close friends, and desired to establish a successful independent business identity.

Clinical Examination

General examination revealed:

- Multiple papular follicular eruptions over the scalp.
- Mild tenderness.
- No active discharge.
- No scarring.
- No lymphadenopathy.
- General physical examination otherwise within normal limits.

Diagnosis

Primary Diagnosis

- Chronic recurrent scalp folliculitis.

Differential Diagnosis

- Bacterial folliculitis.
- Folliculitis decalvans.
- Acne necrotica.
- Dissecting cellulitis of the scalp.

Case Analysis

The patient presented with chronic recurrent scalp folliculitis characterized by repeated papular eruptions associated with itching and occasional pain. Constitutional analysis revealed longstanding silent grief following paternal loss, suppressed indignation, emotional sensitivity, weeping when alone, feelings of neglect, dependency in decision-making, and emotional stress related to infertility.

The characteristic mental symptoms formed the central theme of the case. Repertorial analysis suggested several remedies; however, the totality corresponded most closely with **Staphysagria**, particularly because of suppressed emotions, ailments from indignation, silent grief, and emotional suppression.

Calcarea sulphurica was prescribed during acute inflammatory episodes to promote resolution of follicular inflammation.

Part 2

Totality of Characteristic Symptoms

Mental Generals

- Silent grief since the death of father during childhood.
- Suppressed indignation.
- Weeps when alone; feels relieved after crying.
- Sensitive to neglect.
- Avoids confrontation.
- Submissive disposition.
- Feels emotionally hurt but suppresses emotions.
- Stress regarding inability to conceive.
- Desire for cleanliness.
- Good confidence in work but dependent on others for family decisions.

Physical Generals

- Desire for spicy food.
- Profuse perspiration.
- Appetite normal.
- Thirst normal.
- Refreshing sleep.
- Obesity (87.9 kg).
- Hypercholesterolemia.

Particular Symptoms

- Recurrent scalp folliculitis for two years.
- Multiple papular boils over scalp.
- Itching of scalp.
- Occasional pain in boils.
- Recurrence after shaving.
- Improvement with regular shampoo use.
- No previous treatment.

Repertorial Analysis

Repertorization was performed using Hompath Zomeo software considering the characteristic mental generals and local symptoms.

Selected Rubrics

- Mind – Weeping when alone.
- Mind – Silent grief.
- Mind – Indignation.
- Generalities – Desire for spicy food.
- Scalp – Folliculitis.
- Skin – Boils.

Leading Remedies

Remedy	Result
Natrum muriaticum	**4/8**
Aurum muriaticum	**4/7**
Ignatia	**4/6**
Gelsemium	3/6
Pulsatilla	3/6
Staphysagria	3/6
Colocynthis	3/5
Aurum metallicum	3/4

Although **Natrum muriaticum** obtained the highest repertorial score, the patient's core constitutional picture was dominated by **suppressed emotions, ailments from indignation, silent suffering, inability to express anger, and weeping only when alone**, which strongly corresponded with **Staphysagria**. Hence, **Staphysagria** was selected as the constitutional remedy.

Remedy Differentiation

Staphysagria

Staphysagria was prescribed because the patient consistently suppressed emotions, avoided confrontation despite feeling hurt, experienced silent grief, wept only when alone, and carried unresolved emotional conflicts. The inability to express indignation and tendency to internalize emotional suffering formed the central constitutional picture.

Natrum muriaticum

Natrum muriaticum covered silent grief and reserved emotions but lacked the prominent history of suppressed indignation and inability to express anger seen in this patient.

Ignatia

Ignatia was considered because of grief following the father's death but was ruled out because the grief had become chronic rather than acute, without marked emotional variability or contradictory behavior.

Pulsatilla

Pulsatilla covered weeping and emotional sensitivity but did not match the patient's reserved personality and suppression of emotions.

Prescription

Stage	Prescription
Constitutional remedy	**Staphysagria 200C**
Acute remedy	**Calcarea sulphurica**
Supportive measures	Anti-dandruff shampoo, avoidance of scalp oil application, dietary modification
Follow-up	Placebo during sustained improvement

Lifestyle Advice

- Maintain regular scalp hygiene.
- Avoid frequent shaving during active inflammation.
- Avoid application of hair oil.
- Continue medicated anti-dandruff shampoo.
- Weight reduction.
- Daily exercise.
- Low-fat diet for hyperlipidemia.

Miasmatic Analysis

The case demonstrated a **Psoro-Sycotic predominance.**

Psoric Features

- Itching.
- Recurrent inflammation.

- Emotional sensitivity.
- Functional skin disorder.

Sycotic Features

- Chronic recurrent folliculitis.
- Recurrent boils.
- Obesity.
- Hyperlipidemia.
- Persistent tendency to recurrence.

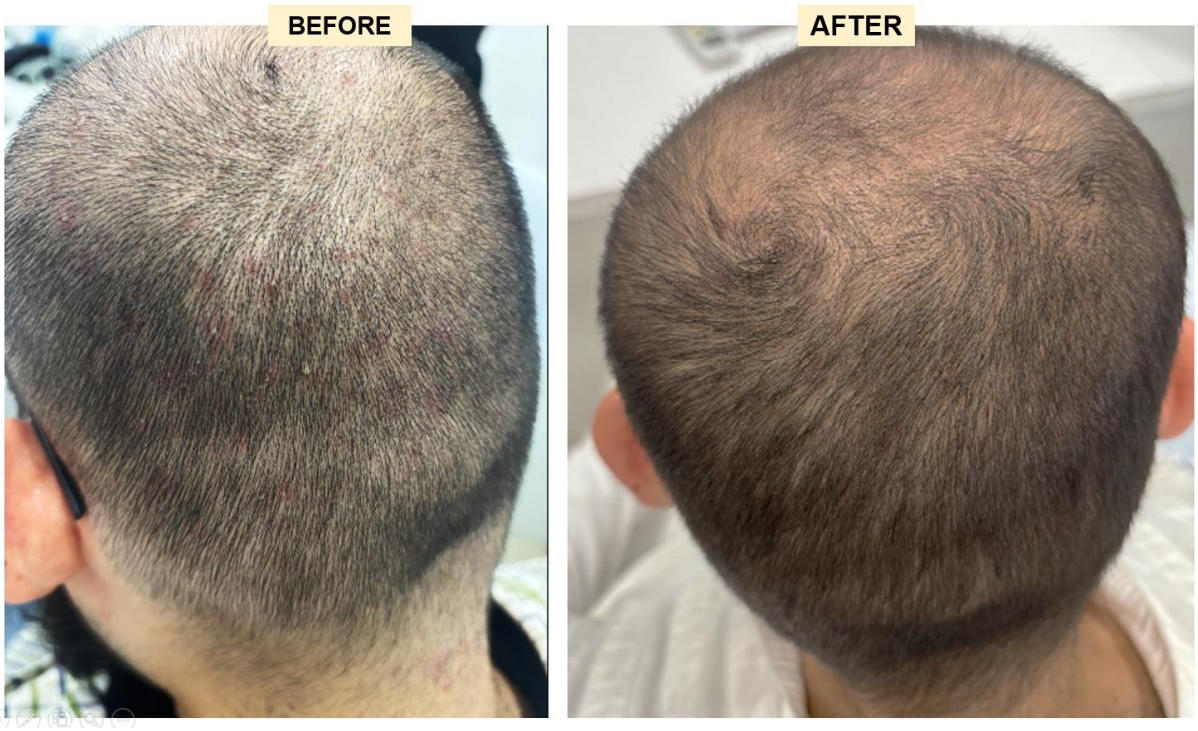
Follow-up

Duration	Clinical Progress
15 Days	Frequency of boils reduced; itching decreased; patient reported early improvement.
1 Month	Pain markedly reduced; recurrence less frequent; scalp irritation improved.
2 Months	No new boils during the month; scalp comfortable; discontinued allopathic medication.
4 Months	Occasional boils only after shaving; explained as mechanical aggravation; overall recurrence much lower than baseline.
6 Months	Only two small boils noted clinically; itching minimal; shampoo used regularly.
Final Follow-up	Compared with baseline photographs, significant reduction in number, size, frequency, and pain of folliculitis lesions with sustained improvement.

Clinical Outcome Assessment

Clinical Parameter	Baseline	Final Follow-up
Number of boils	Multiple recurrent	Occasional (3–4 small boils)
Frequency of recurrence	Frequent	Markedly reduced
Pain	Moderate	Mild
Itching	Persistent	Minimal
Scalp irritation	Present	Much reduced
Need for allopathic medicines	Frequent	None
Quality of scalp	Inflamed	Healthy with occasional lesions

Clinical Parameter	Baseline	Final Follow-up
Overall improvement	—	Approximately **80–85% improvement**



Health-Related Quality of Life (HRQL)

Initially, the patient experienced frequent painful scalp boils with persistent itching, causing discomfort during grooming and shaving. Recurrent lesions also affected his confidence. During treatment, the frequency and severity of folliculitis progressively decreased, pain became minimal, and itching almost completely subsided. The patient was able to maintain regular scalp hygiene without dependence on allopathic medication and expressed satisfaction with the sustained improvement.

Patient Perspective

"Initially, I developed painful boils repeatedly on my scalp, especially after shaving. After starting treatment, the boils gradually became fewer, the itching almost disappeared, and I no longer needed allopathic medicines. The scalp feels much healthier now, and the condition is much better than before."

Learning Points

- Chronic recurrent scalp folliculitis requires long-term follow-up because relapses are common.
- Emotional suppression and unresolved grief may play an important role in constitutional assessment.
- Proper scalp hygiene and avoidance of excessive oil application reduce recurrence.
- Constitutional prescribing should be individualized based on mental-emotional characteristics rather than local pathology alone.

- Sequential photographic assessment is valuable for objectively documenting improvement.

Discussion

Scalp folliculitis is a chronic inflammatory disorder characterized by recurrent infection or inflammation of hair follicles. Mechanical trauma, poor scalp hygiene, excessive oil application, obesity, and metabolic abnormalities are recognized aggravating factors. In this patient, recurrent follicular eruptions persisted for two years without prior treatment and were associated with obesity, hyperlipidemia, and inadequate scalp hygiene.

The constitutional picture was dominated by **suppressed indignation, silent grief following paternal loss, emotional suppression, and weeping in solitude**, leading to the prescription of **Staphysagria**. **Calcarea sulphurica** was administered during acute inflammatory episodes because of its affinity for suppurative skin conditions. Over six months of follow-up, the patient demonstrated marked reduction in the frequency, severity, pain, and recurrence of folliculitis. Improvement was further supported by regular use of anti-dandruff shampoo, avoidance of scalp oil application, dietary counseling, and weight management. The sustained clinical response emphasizes the value of individualized constitutional prescribing combined with appropriate hygienic and lifestyle measures.

Conclusion

This case demonstrates successful management of **chronic recurrent scalp folliculitis** using individualized homoeopathic treatment. Constitutional **Staphysagria**, supported by **Calcarea sulphurica** during acute episodes, was associated with a substantial reduction in recurrent boils, itching, pain, and scalp inflammation over six months of follow-up. The case highlights the importance of integrating constitutional assessment, lifestyle modification, and long-term monitoring in achieving sustained remission of chronic scalp folliculitis.