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CASE REPORT

Successful Non-Invasive Homoeopathic Management of Hair Loss Following Inadequate Response to Previous Invasive Therapies: A Case Report at Dr Batra's

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ABSTRACT

Background

Female Pattern Hair Loss (FPHL) is a chronic progressive disorder characterized by diffuse thinning over the vertex and crown with gradual reduction in hair density. Although topical minoxidil, anti-androgen therapy, and platelet-rich plasma (PRP) are commonly employed, many patients continue to experience progression, highlighting the need for additional therapeutic strategies. Individualized homoeopathy aims to address constitutional susceptibility and improve long-term disease stabilization.

Case Presentation

A 20-year-old female student presented with progressive hair thinning over the vertex for two years with approximately 60% reduction in hair density. She had previously undergone four sessions of platelet-rich plasma (PRP), one year of topical 5% minoxidil, and spironolactone therapy without satisfactory improvement. Associated findings included oily scalp, female pattern hair loss (Sinclair Grade IV), migraine, previous psoriasis, and family history of androgenetic alopecia and thyroid disease. Constitutional assessment revealed a calm, emotionally sensitive girl with low confidence related to her hair loss.

Outcome

Following individualized homoeopathic treatment, hair fall progressively reduced from nearly 60 strands/day to fewer than 10–20 strands/day. Hair pull test became negative, dandruff reduced substantially, scalp itching resolved, and the patient reported sustained stabilization of hair density during one year of follow-up.

Keywords: *Female Pattern Hair Loss, Androgenetic Alopecia, Sinclair Grade IV, Homoeopathy, Hair Density*

INTRODUCTION

Female Pattern Hair Loss (FPHL) is the commonest cause of chronic diffuse alopecia in women and significantly affects self-esteem, body image, and quality of life. The disorder is characterized by progressive miniaturization of terminal follicles resulting in gradual reduction of hair density over the frontal and vertex scalp while maintaining the frontal hairline.

Despite the availability of topical minoxidil, anti-androgen therapy, platelet-rich plasma, and nutritional supplements, disease progression frequently continues. Individualized homoeopathic treatment seeks to reduce disease progression through constitutional prescribing while improving overall health and psychological well-being.

This report describes long-term stabilization of FPHL in a young female after inadequate response to conventional therapies.

CASE PRESENTATION

A 20-year-old female student presented to Dr Batra's® Positive Health Clinics with progressive hair thinning over the vertex.

Chief Complaints

- Progressive hair fall for two years
- Diffuse reduction in hair density
- Female Pattern Hair Loss (Sinclair Grade IV)
- Approximately 60% reduction in scalp density
- Oily scalp

Hair fall averaged approximately 60 strands/day.

History of Present Illness

Hair loss began gradually nearly two years prior to consultation and progressively worsened despite multiple conventional treatments. The patient complained primarily of diffuse thinning over the vertex rather than excessive shedding. No pain or scalp discomfort was present.

Scalp Examination

- Female Pattern Hair Loss — Sinclair Grade IV
- Vertex thinning
- Approximately 60% density reduction
- Hair Pull Test: 2 hairs
- Oily scalp
- No significant dandruff initially
- No scalp inflammation

Previous Treatments

Before attending our clinic, the patient had received:

- Four sessions of Platelet Rich Plasma (PRP)
- Topical Minoxidil 5% for nearly one year
- Oral Spironolactone

Despite these interventions, progressive thinning continued.

Associated Complaints

- Migraine (6 months)
- Previous psoriasis (6 years earlier)

Menstrual History

Cycles: Regular; LMP 25 July 2025; Duration 3 days; Flow moderate

Past History

- Dengue fever (1 year earlier)
- Psoriasis (resolved)

Family History

Mother: Thyroid disorder, Female pattern hair loss

Grandmother: Diabetes mellitus

Positive family history strongly suggested hereditary androgenetic alopecia.

Investigations

- T3 — 1.8
- T4 — 1.29
- TSH — 1.53
- Hemoglobin — 10 g/dL

Physical Generals

Appetite: Normal

Desire: Spicy food

Thirst: Increased

Thermals: Ambithermal

Sleep: Sound

Perspiration: Normal

Mental Generals

The patient described herself as:

- Calm

- Cheerful
- Smiling
- Rarely angry
- Weeps easily over small matters
- Low self-confidence because of hair loss
- Primary concern was progressive thinning rather than other life stressors

CLINICAL DIAGNOSIS

Female Pattern Hair Loss (Androgenetic Alopecia, Sinclair Grade IV)

Differential Diagnosis

- Chronic Telogen Effluvium
- Diffuse Alopecia Areata
- Nutritional Hair Loss
- Thyroid-associated alopecia

CASE ANALYSIS

This young female presented with progressive hereditary female pattern hair loss involving diffuse vertex thinning and approximately 60% reduction in hair density despite extensive conventional treatment, including PRP, topical minoxidil, and spironolactone. The strong maternal history of androgenetic alopecia and thyroid disease further supported the diagnosis of hereditary female pattern hair loss.

Constitutionally, the patient was emotionally sensitive, cheerful, calm, and easily moved to tears, with markedly reduced self-confidence secondary to progressive cosmetic deterioration. Physical generals included increased thirst, ambithermal constitution, oily scalp, and previous psoriasis.

Although several remedies were considered during repertorial analysis, Thuja occidentalis corresponded most closely to the constitutional totality, hereditary predisposition, chronic progressive hair thinning, and long-standing scalp pathology. Treatment was therefore directed toward constitutional correction with the objective of stabilizing disease progression, reducing daily hair fall, improving scalp health, and preserving existing hair density.

TOTALITY OF SYMPTOMS

Mental Generals

- Calm and cheerful disposition
- Smiling nature
- Weeps easily over trivial matters
- Low self-confidence because of hair loss

- Worried about progressive thinning

Physical Generals

- Appetite normal
- Desire for spicy food
- Thirst increased
- Ambithermal
- Sound sleep
- Oily scalp

Particular Symptoms

- Female Pattern Hair Loss (Sinclair Grade IV)
- Progressive vertex thinning
- Hair fall (~60 hairs/day)
- Approximately 60% reduction in hair density over two years
- Oily scalp
- Mild dandruff during follow-up
- Hair pull test positive initially

EVALUATION OF CHARACTERISTIC SYMPTOMS

Mental Characteristics

- Easily weeps
- Emotional sensitivity
- Low confidence due to appearance
- Calm temperament

Physical Characteristics

- Increased thirst
- Desire for spicy food
- Ambithermal constitution
- Oily scalp

Particular Symptoms

- Progressive vertex thinning
- Diffuse reduction in density
- Female pattern baldness
- Positive family history of androgenetic alopecia

REPERTORIAL ANALYSIS

Kent's Repertory was used for repertorization.

Selected Rubrics

- Head — Hair — Falling
- Head — Hair — Baldness — Vertex
- Head — Hair — Dryness
- Head — Hair — Brittle
- Mind — Tranquillity
- Head — Hair — Combing aggravates

The repertorial analysis showed Thuja occidentalis as the leading remedy followed by Silicea, Sulphur, Calcarea carbonica, Graphites, Phosphorus, and Lycopodium.

Remedies	sil.	sulph.	thuj.	calc.	graph.	phos.	cham.	chel.	lyc.	ph-ac.	puls.	sel.	borx.	mez.	verat.	sep.	bar-c.	fl-ac.	kali-c.	lach.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3
Intensity	9	9	9	8	8	8	7	7	7	7	7	7	6	6	4	7	6	6	6	6
Result	5/9	5/9	4/9	4/8	4/8	4/8	4/7	4/7	4/7	4/7	4/7	4/7	4/6	4/6	4/4	3/7	3/6	3/6	3/6	3/6
Clipboard 7																				
HEAD - HAIR - bristling	1	1		1			2	2	1		1			1	1		1			
HEAD - HAIR - falling	3	3	3	2	3	3	1	2	3	2	2	2	2	2	1	3	4	3	3	3
MIND - TRANQUILLITY	1	1			1	1	2	2	1	3	1	1	1	1	1	3		1		1
HEAD - HAIR - combed - cannot be			1										1							
HEAD - HAIR - dryness	1	2	3	2	1	2		1		1		1						2	2	
HEAD - HAIR - fair	3	2	2	3	3	2	2		2	1	3	3	2	2	1	1	1		1	2

Figure 1. Repertorization chart showing comparative remedy scores.

REMEDY DIFFERENTIATION

Thuja occidentalis (Constitutional Remedy)

Thuja was selected because it closely corresponded to:

- Hereditary tendency to androgenetic alopecia
- Progressive diffuse thinning
- Oily scalp
- Long-standing chronic scalp pathology
- Emotional sensitivity regarding appearance
- Progressive reduction in hair density

Silicea

Considered because of:

- Chronic hair fall
- Weak hair shafts

- Slow hair growth

Sulphur

Differentiated due to:

- Chronic scalp disorders
- Previous history of psoriasis
- Tendency to recurrent scalp complaints

Calcarea carbonica

Considered because of:

- Constitutional weakness
- Hair fall in young females

Graphites

Differentiated because of:

- Chronic scalp disorders
- Hair thinning with scalp involvement

Phosphorus

Considered because of:

- Diffuse hair fall
- Hair fragility
- Emotional sensitivity

PRESCRIPTION

Constitutional Remedy — Thuja occidentalis 200C

Selected according to constitutional totality and confirmed through repertorial analysis. Supportive scalp care and regular follow-up were advised throughout treatment.

MIASMATIC ANALYSIS

The predominant background was Sycosis with Psoric predominance.

Psoric Features

- Progressive hair fall
- Functional hair weakness
- Emotional insecurity
- Hair shedding

Sycotic Features

- Hereditary predisposition
- Chronic progressive pattern hair loss
- Oily scalp
- Long-standing disease

FOLLOW-UP

Table 1. Clinical Progress

Date	Clinical Progress
Initial Visit (Aug 2025)	Hair fall approximately 60 strands/day, Sinclair Grade IV, marked vertex thinning, HPT positive (2 hairs), oily scalp.
September 2025	Hair fall reduced to around 20 strands/day. No dandruff or scalp itching. Overall improvement noted.
October 2025	Temporary aggravation during examination period. Hair fall increased briefly (HPT 3 hairs).
Late October 2025	Mild dandruff and itching developed; scalp care continued. Hair density stable.
November–December 2025	Hair fall remained controlled with only mild dandruff. Regular menstrual cycles and stable general health.
January–April 2026	Hair fall remained controlled. Hair Pull Test nearly negative. Mild dandruff persisted intermittently without significant shedding.
May 2026	Hair Pull Test became negative. Hair fall controlled. Sleep disturbed temporarily due to examination stress.
June 2026	No dandruff. Hair density maintained. General condition good.
July 2026	Hair fall reduced to approximately 10 strands/day. Mild dandruff only. Overall condition stable with visible increase in scalp coverage and density.

CLINICAL OUTCOME

At presentation:

- Sinclair Grade IV Female Pattern Hair Loss
- Approximately 60% reduction in hair density
- Hair fall around 60 strands/day
- Oily scalp
- Significant cosmetic concern
- Low self-confidence

After one year of individualized treatment:

- Hair fall reduced to approximately 10–20 strands/day
- Hair Pull Test became negative
- Hair density increased visibly with improved scalp coverage

- Progression of alopecia stabilized
- Dandruff and scalp itching markedly reduced
- Scalp health improved
- Confidence and satisfaction significantly improved

The clinical photographs demonstrated a marked increase in hair density over the vertex with substantial cosmetic improvement following non-invasive individualized homoeopathic management, despite previous unsuccessful invasive therapeutic attempts.

Figure 2. Vertex scalp appearance before and after individualized homoeopathic treatment.

DISCUSSION

Female Pattern Hair Loss is a chronic progressive disorder with significant psychosocial consequences, particularly in young women. Many patients continue to experience disease progression despite multiple therapeutic interventions, highlighting the need for long-term strategies aimed at stabilizing hair loss.

In the present case, the patient had progressive hereditary Female Pattern Hair Loss with approximately 60% reduction in scalp density over two years. Despite previous invasive therapeutic interventions and prolonged conventional management, satisfactory disease stabilization had not been achieved. At presentation, the patient continued to experience progressive thinning and declining self-confidence.

Constitutional evaluation identified characteristic emotional sensitivity, calm disposition, increased thirst, oily scalp, hereditary predisposition, and progressive vertex thinning. These findings closely corresponded to the constitutional picture of Thuja occidentalis, which was prescribed according to individualized homoeopathic principles.

During one year of follow-up, hair fall progressively reduced from approximately 60 strands/day to fewer than 10–20 strands/day. Hair pull test became negative, scalp health improved, dandruff was controlled, and serial clinical photographs demonstrated substantial improvement in vertex density and overall scalp coverage. Most importantly, the progression of androgenetic alopecia remained stable throughout follow-up.

Although this represents a single observational case and spontaneous variation or supportive scalp care cannot be completely excluded, the sustained clinical stabilization and objective photographic improvement following non-invasive constitutional management after inadequate response to previous invasive therapies make this case clinically noteworthy.

HEALTH-RELATED QUALITY OF LIFE (HRQL)

At presentation, progressive hair thinning had significantly affected the patient's confidence and body image. She constantly worried about further hair loss despite multiple previous treatments. Following treatment, visible improvement in hair density restored her confidence, reduced anxiety regarding her appearance, and improved her social interactions and overall quality of life.

PATIENT PERSPECTIVE

> *"I was very worried because my hair kept becoming thinner, and nothing seemed to stop it. Seeing my scalp every day made me lose confidence. Over the months, my hair fall gradually reduced, my hair started looking fuller, and people around me also noticed the difference. I feel much happier and more confident now."*

LEARNING POINTS

- Early constitutional intervention may help stabilize progressive Female Pattern Hair Loss.
- Individualized homoeopathic treatment may contribute to long-term reduction in hair fall and improvement in scalp health.
- Objective photographic documentation strengthens the assessment of treatment outcomes.
- Improvement should be evaluated by stabilization of progression, reduction in daily shedding, Hair Pull Test, and visible density rather than hair fall alone.
- This case demonstrates the potential of a non-invasive constitutional approach in achieving long-term stabilization and cosmetic improvement in hereditary Female Pattern Hair Loss after inadequate response to previous invasive therapeutic interventions.

CONCLUSION

This case demonstrates successful long-term stabilization of Sinclair Grade IV Female Pattern Hair Loss in a young woman following individualized constitutional homoeopathic treatment. Over one year, there was a

marked reduction in daily hair fall, improvement in scalp health, negative Hair Pull Test, and substantial increase in visible hair density documented through serial clinical photographs. The favorable outcome observed after previous unsuccessful invasive therapeutic attempts highlights the potential role of non-invasive individualized homoeopathic management as a complementary approach in selected patients with hereditary Female Pattern Hair Loss. Further well-designed prospective studies are warranted to evaluate these findings systematically.

DECLARATIONS

Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Conflict of Interest: None declared.

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