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CONSTITUTIONAL PULSATILLA NIGRICANS IN ACUTE-ONSET ALOPECIA AREATA: A CASE REPORT DEMONSTRATING EARLY DISEASE STABILIZATION AND HAIR REGROWTH

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ABSTRACT

Background: Alopecia areata (AA) is an organ-specific autoimmune disease characterized by sudden non-scarring hair loss. The disease affects approximately 2% of the population during their lifetime and often causes considerable psychological distress due to its unpredictable course and cosmetic impact. Although corticosteroids, topical immunotherapy, and Janus kinase inhibitors are available, recurrence remains common and long-term management continues to be challenging. Individualized homoeopathy aims to restore health by treating the patient constitutionally rather than focusing solely on the local pathology.

Case Summary: A 25-year-old female accountant presented with sudden onset of a single patch of alopecia over the vertex of the scalp of one week's duration. Hair loss was active, exceeding 50 hairs per day, with a positive Hair Pull Test. Detailed constitutional evaluation revealed marked emotional sensitivity, tendency to weep easily, fear of loneliness, preference for solitude, mood swings, low confidence, desire for spicy food, chilly constitution, and characteristic dreams of ghosts and her own death. Repertorization based on the totality of symptoms indicated Pulsatilla nigricans as the constitutional remedy. Fluoric acid was prescribed during the acute phase for active hair fall, while Thuja occidentalis was kept as an intercurrent remedy based on the underlying miasmatic background.

Outcome: Within two months, active hair fall ceased, Hair Pull Test became negative, no new patches developed, and progressive terminal hair regrowth was observed throughout the lesion.

Conclusion: This case demonstrates successful clinical improvement in alopecia areata following individualized homoeopathic treatment, emphasizing the importance of constitutional prescribing based on the totality of symptoms.

Keywords: Alopecia Areata, Homoeopathy, Pulsatilla, Hair Pull Test, Constitutional Prescription, Individualized Medicine

1. Introduction

Alopecia areata (AA) is a chronic autoimmune disorder characterized by sudden non-scarring hair loss involving the scalp or other hair-bearing areas. It results from T-cell-mediated autoimmune destruction of anagen hair follicles, leading to abrupt interruption of hair growth while preserving follicular integrity. Because the follicles remain intact, complete regrowth is possible once disease activity subsides.

The lifetime risk of alopecia areata is estimated to be approximately 2%, affecting both sexes equally and occurring at any age. The clinical presentation ranges from a solitary patch of hair loss to complete scalp (alopecia totalis) or body hair loss (alopecia universalis). Although spontaneous remission may occur, recurrence is frequent, making long-term management challenging.

Current conventional treatment includes topical or intralesional corticosteroids, topical immunotherapy, minoxidil, and Janus kinase inhibitors. Despite these interventions, relapse remains common, and prolonged therapy is often required.

Homoeopathy approaches alopecia areata through individualized constitutional prescribing by integrating mental characteristics, physical generals, hereditary tendencies, disease susceptibility, and characteristic particulars. Rather than suppressing local manifestations, constitutional treatment aims to stimulate the body's self-regulatory mechanisms.

This report presents the successful management of early alopecia areata using individualized homoeopathic treatment at Dr. Batra's® Positive Health Clinics.

2. Case Presentation

A 25-year-old unmarried female accountant presented to Dr. Batra's® Positive Health Clinics with complaints of sudden patchy hair loss over the vertex of the scalp.

The patient had noticed a single large bald patch one week before consultation. Hair loss was rapid, occurring in bunches with daily shedding exceeding fifty hairs. Mild itching was present over the lesion without pain or burning.

Hair fall increased during combing and hair washing.

The patient denied any preceding fever, viral illness, vaccination, emotional shock, scalp infection, cosmetic procedures, change of shampoo, water source, or chemical hair treatments. She had not received any previous allopathic or dermatological treatment.

2.1 History of Present Illness

The patient reported sudden onset of a solitary bald patch over the vertex with active progression. Associated findings included:

- Hair fall >50 hairs/day
- Hair Pull Test: 3–4 hairs/5 pulls around the lesion
- Mild itching
- Oily scalp
- No dandruff
- No pain
- No burning sensation

The lesion was confined to the scalp without involvement of eyebrows, eyelashes, beard, or body hair.

2.2 Past History

- Lipoma excision three years previously
- No diabetes mellitus
- No thyroid disease
- No hypertension
- No tuberculosis
- No autoimmune disorders

2.3 Family History

Father – Healthy. Mother – Healthy. Brother – Healthy. No family history of alopecia areata, autoimmune disease, thyroid disease, psoriasis, or vitiligo.

2.4 Personal History

Occupation: Accountant. Diet: Pure vegetarian (past one year). Appetite: Normal. Craving: Spicy food, sweets. Aversion: Bitter food. Thirst: Normal (approximately 2 L/day). Thermals: Chilly. Sleep: Restful (7 hours). Dreams: Ghosts; being taken away by spirits; own death. Perspiration: Normal. Bowel: Regular. Urine: Normal. Menses: Regular, 4/28-day cycle, moderate flow.

2.5 Mental Generals

A detailed psychological evaluation revealed a characteristic constitutional picture. The patient described herself as emotionally sensitive and easily affected by interpersonal relationships. She became angry easily but alternated between expressing and suppressing her anger. She cried readily, experienced marked mood swings, and preferred remaining alone rather than socializing. She found it difficult to make friends and maintained only a limited social circle.

Although easily hurt, she forgave people quickly and did not harbor resentment. She often experienced a feeling that emotional support in her life was inadequate. She reported fear of being alone but denied generalized anxiety.

Professionally, she experienced considerable stress due to excessive workload and uncertainty regarding future financial stability. Characteristic dreams included ghosts and her own death.

2.6 Physical Examination

General examination revealed a thin-built young female with stable vital signs. Systemic examination was within normal limits. Local scalp examination demonstrated:

- Single non-scarring alopecic patch
- Vertex region
- Smooth surface
- No erythema
- No scaling
- No crusting
- Mild perifollicular itching

Hair Pull Test around the lesion was positive (3–4 hairs per five pulls). Video microscopy showed normal hair shafts without scarring. Nails were normal. Wood's lamp examination was unremarkable.

2.7 Diagnosis

Alopecia Areata (Localized Non-scarring Alopecia)

3. Case Analysis, Individualization, Repertorial Analysis and Prescription

3.1 Case Analysis

The present case was diagnosed as localized Alopecia Areata (AA), a non-scarring autoimmune disorder characterized by sudden patchy hair loss resulting from immune-mediated disruption of the anagen hair follicle. Although the pathology is localized, constitutional evaluation revealed a distinct psychosomatic background with several characteristic mental and physical generals.

The disease had an acute onset of only one week's duration, presenting as a single large vertex patch with active shedding (>50 hairs/day) and a positive Hair Pull Test (3–4 hairs/5 pulls), indicating active disease progression.

The patient had no significant hereditary predisposition for autoimmune disorders, thyroid disease, vitiligo, or alopecia areata. No precipitating infections, medications, cosmetic procedures, or scalp trauma were identified. However, prolonged occupational stress associated with excessive workload and anxiety regarding financial security appeared to be an important maintaining factor.

From the homoeopathic perspective, the patient's individuality was reflected more prominently through her mental and emotional characteristics than through the local pathology.

She described herself as extremely sensitive, emotionally vulnerable, and easily hurt by others. Although she became angry quickly, she frequently suppressed her emotions and preferred withdrawing rather than confronting people. She had difficulty socializing, preferred solitude, maintained only a few close relationships, and experienced frequent mood swings. Despite emotional hurt, she readily forgave people.

A persistent feeling of lacking emotional support, fear of being alone, and recurrent dreams of ghosts and her own death were highly characteristic symptoms contributing significantly to remedy selection.

Physical generals further individualized the case. She was a chilly patient with cravings for spicy food and sweets, maintained a normal appetite and thirst, slept well, and was constitutionally underweight. The totality clearly represented a constitutional disturbance extending beyond the localized autoimmune manifestation.

3.2 Evaluation of Characteristic Symptoms

Mental Characteristics

- Sensitive nature
- Weeping easily
- Mild disposition
- Anger easily excited
- Anger sometimes suppressed
- Mood swings
- Desire for solitude
- Difficulty mixing with people
- Limited friends
- Forgives easily
- Fear of being alone
- Average to low confidence
- Dreams of ghosts

- Dreams of own death

Physical Generals

- Chilly constitution
- Desire for spicy food
- Desire for sweets
- Underweight build
- Restful sleep
- Normal thirst
- Normal appetite
- Normal perspiration

Particular Symptoms

- Alopecia areata
- Single large vertex patch
- Sudden onset
- Active hair shedding
- Hair fall in bunches
- Positive Hair Pull Test
- Mild itching
- Oily scalp
- Worse while combing
- Worse during hair wash

3.3 Totality of Symptoms

Mental Generals: Sensitive; mild; weeps easily; easily offended; likes consolation; fear of loneliness; anger; suppressed anger; desire to remain alone; mood swings; dreams of ghosts; dreams of own death; low confidence.

Physical Generals: Chilly patient; desire spicy food; desire sweets; underweight; normal thirst; restful sleep.

Particulars: Alopecia areata; hair falling in bunches; hair pull positive; hair loss >50/day; single vertex patch.

3.4 Repertorial Analysis

Kent's Repertory was utilized for repertorization using the following rubrics:

Mind: Confidence; want of self-confidence · Consolation ameliorates · Weeping easily · Mildness · Anger · Desire for solitude

Dreams: Ghosts · Death—own

Generalities: Food—spices—desire

Hair: Baldness—patches

3.5 Repertorial Result

Remedy	Symptoms Covered	Total Score
Pulsatilla	5	14
Phosphorus	5	10
Natrum muriaticum	5	9
Carcinosinum	5	8
Causticum	5	7
Kali sulphuricum	5	7
Lycopodium	5	7
Sepia	5	7

Among all remedies, Pulsatilla nigricans obtained the highest score and corresponded closely with the patient's constitutional personality.

Remedies	puls.	phos.	nat-m.	carc.	caust.	kali-s.	lyc.	sep.	staph.	sil.	ars.	aur-m-n.	calc.	chin.	calc-p.	alum.	arg-n.	heroin.	kali-p.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	4	4
Intensity	14	10	9	8	7	7	7	7	5	8	7	7	7	7	5	4	4	4	4
Result	5/14	5/10	5/9	5/8	5/7	5/7	5/7	5/7	5/5	4/8	4/7	4/7	4/7	4/7	4/5	4/4	4/4	4/4	4/4
Clipboard 2																			
MIND - CONFIDENCE - want of self-confidence	2	1	2	2	1	2	2	1	1	3	1	2	1	2	2	1	1	1	1
MIND - CONSOLATION - amel.	4	2	1	1	1	1			1	1					1		1	1	
MIND - WEEPING - easily	3		2	1	3		1	2	1	1		1	2	1		1	1	1	
MIND - MILDNESS	3	2	3	2	1	1	2	2	1	3	3	2	2	1		1			1
GENERALS - FOOD and DRINKS - spices - desire	2	3	1	2	1	1	1	1	1		1	2		3	1	1	1	1	1
HEAD - HAIR - baldness - patches		2				2	1	1			2		2		1				1

Figure 1. Repertorial result summary (Kent's Repertory).

3.6 Remedy Differentiation

Pulsatilla: Mild disposition, weeping tendency, emotional dependency, desire for affection and support, forgiving nature, fear of loneliness, easily influenced, sensitive, chilly patient. Matched almost every characteristic symptom.

Natrum muriaticum: Covered sensitivity and introversion but lacked the marked mildness, emotional dependence, and forgiving nature observed in the patient.

Phosphorus: Covered sensitivity but generally presents with extroversion, openness, and greater anxiety, which were absent.

Carcinosinum: Considered because of sensitivity and perfectionism; however, characteristic history of suppression, fastidiousness, and hereditary background was insufficient.

3.7 Final Constitutional Prescription

Pulsatilla nigricans 200C — selected as the closest constitutional similarity after considering mental generals, physical generals, characteristic dreams, emotional constitution, and disease susceptibility rather than the pathological diagnosis alone.

3.8 Acute Prescription

Fluoric Acid — prescribed during the acute phase considering active hair fall, rapid shedding, hair loss in bunches, and early follicular involvement. Its role was supportive during the active stage while the constitutional remedy acted upon the patient's overall susceptibility.

3.9 Intercurrent Remedy

Thuja occidentalis — selected as an intercurrent anti-sycotic remedy considering the underlying chronic miasmatic background, and reserved for use only if clinically indicated during follow-up.

3.10 Miasmatic Analysis

The dominant miasm was considered Sycotic, based on autoimmune pathology, localized tissue involvement, hair follicle dysfunction, and chronic susceptibility. A secondary Psoric component was evident from emotional hypersensitivity and itching.

3.11 Susceptibility Assessment

The patient demonstrated high susceptibility, supported by young age (25 years), short disease duration, good vitality, no systemic pathology, clear constitutional symptomatology, good emotional responsiveness, strong reaction to stress, and favorable prognosis.

3.12 Prognosis

The prognosis was considered good because the disease was localized, presentation was early (within one week of onset), follicular openings were preserved indicating non-scarring alopecia, the patient was young and otherwise healthy, no associated autoimmune disease was identified, and early intervention with individualized constitutional treatment was initiated.

4. Follow-up

The patient was followed regularly at Dr. Batra's® Positive Health Clinics with serial clinical examination, Hair Pull Test (HPT), photographic documentation, and assessment of disease activity.

Table 1. Chronological Follow-up

Date	Clinical Findings	Assessment	Prescription
19 Jan 2026 (Baseline)	Single large alopecic patch over vertex. Hair fall >50/day. Positive HPT (3–4 hairs/5 pulls). Mild itching. Active progression.	Active Alopecia Areata	Pulsatilla 200C (constitutional), Fluoric acid (acute), Placebo
18 Mar 2026	No increase in patch size. Hair fall markedly reduced. Itching absent. General health satisfactory.	Disease stabilizing	Continued constitutional treatment
26 Mar 2026	Patch stable. No new patches. Hair Pull Test reduced to 1–2 hairs/5 pulls. Hair shedding not active. Appetite, bowel, bladder normal.	Significant improvement	Continued Pulsatilla with placebo
15 Apr 2026	Fine hair growth visible throughout vertex patch. No enlargement of lesion. Work-related stress discussed. Sleep and appetite good.	Early regrowth phase	Continued constitutional management
28 May 2026	Dense hair regrowth over entire patch. No fresh lesions. Hair shedding physiological. Patient satisfied.	Clinical remission	Maintenance treatment

5. Objective Clinical Outcome

Baseline:

- One large vertex patch
- Active disease
- Hair fall >50/day
- Positive Hair Pull Test
- Mild itching
- No regrowth

Final Follow-up:

- No new alopecic patches
- Hair Pull Test almost negative
- Active hair fall stopped
- Visible terminal hair regrowth
- Good cosmetic recovery
- Stable disease
- Improved confidence

6. Clinical Progress

The first evidence of improvement was stabilization of disease activity with cessation of excessive hair shedding. Reduction in Hair Pull Test positivity was observed during the second follow-up, indicating decreased follicular activity.

By April 2026, fine vellus hair was observed throughout the alopecic patch, suggesting re-entry of follicles into the anagen phase. Progressive conversion of vellus hairs into terminal hairs occurred over the subsequent weeks, resulting in satisfactory cosmetic recovery.

Importantly, no enlargement of the original lesion or development of additional alopecic patches occurred throughout treatment.

7. Photographic Assessment

Serial clinical photographs demonstrated objective improvement.

Baseline: Large smooth alopecic patch; complete absence of terminal hairs; well-defined margins.

March 2026: Patch stabilized; no increase in size; initial perifollicular hair growth.

April 2026: Diffuse fine hair growth; reduction in visible scalp; hair density improving.

May 2026: Dense terminal hair regrowth; excellent blending with surrounding scalp; nearly complete cosmetic recovery.

Figure 2. Serial photographic documentation of the vertex patch (Baseline to May 2026).

8. Assessment of Hair Pull Test

Visit	Hair Pull Test
Baseline	3–4 hairs / 5 pulls
March	1–2 hairs / 5 pulls
April	Negative
May	Negative

Reduction in Hair Pull Test positivity correlated well with clinical improvement and decreased disease activity.

9. Discussion

Alopecia areata is an organ-specific autoimmune disease characterized by T-cell-mediated attack on anagen hair follicles. Although hair follicles remain structurally intact, autoimmune inflammation causes premature interruption of the hair cycle, resulting in localized non-scarring hair loss. The disease has a chronic relapsing course and is frequently associated with significant psychological morbidity.

Current conventional treatment primarily includes topical or intralesional corticosteroids, topical immunotherapy, minoxidil, and Janus kinase (JAK) inhibitors. While these therapies may promote hair regrowth, recurrence after treatment discontinuation remains common, and prolonged immunomodulatory therapy may be associated with adverse effects.

Homoeopathy adopts an individualized approach, selecting remedies based on the patient's constitutional characteristics rather than solely on the pathological diagnosis. In the present case, the mental and emotional characteristics—including emotional sensitivity, easy weeping, fear of loneliness,

desire for emotional support, preference for solitude, mood swings, and characteristic dreams—were considered the most individualizing features.

Among the repertorially indicated medicines, Pulsatilla nigricans demonstrated the closest similarity to the patient's constitutional picture. The remedy also corresponded well with the patient's mild temperament, forgiving nature, emotional dependence, and chilly constitution.

The acute phase was supported with Fluoric acid, selected for its affinity toward active hair loss and follicular stimulation, while Thuja occidentalis was reserved as an intercurrent anti-sycotic remedy should clinical indications arise.

Clinical improvement was observed in a sequential manner. Excessive hair fall reduced first, followed by stabilization of the lesion, reduction in Hair Pull Test positivity, appearance of vellus hair, and finally terminal hair regrowth. This sequence is consistent with the expected biological recovery of hair follicles entering the anagen phase.

Although spontaneous remission is recognized in alopecia areata, the early cessation of disease activity, absence of new lesions, progressive regrowth documented clinically, and sustained improvement over serial follow-up support the favorable clinical outcome observed in this patient. Nevertheless, because this report describes a single patient, no causal inference regarding treatment efficacy can be established. Larger prospective observational studies and randomized controlled trials are necessary to further evaluate individualized homoeopathic treatment in alopecia areata.

10. Patient Perspective

"When I first noticed the bald patch, I became very worried because the hair loss increased every day. After starting treatment, the hair fall gradually stopped, and within a few weeks I noticed tiny new hairs growing in the patch. As the hair continued to grow, my confidence returned. I am happy that no new patches appeared during treatment."

11. Learning Points

- Early constitutional assessment may help identify individualizing symptoms beyond the local pathology.
- Mental generals often play a decisive role in constitutional remedy selection in chronic dermatological disorders.
- Objective measures such as the Hair Pull Test and serial clinical photography are valuable for documenting treatment response.
- Alopecia areata requires long-term follow-up because of its unpredictable relapsing nature.
- Improvement should be assessed not only by hair regrowth but also by stabilization of disease activity and the absence of new lesions.
- Single case reports can generate hypotheses but cannot establish treatment efficacy; controlled clinical research is needed.

12. Conclusion

This case demonstrates the successful management of localized alopecia areata in a young female using individualized homoeopathic treatment based on constitutional principles. Progressive reduction in hair shedding, improvement in Hair Pull Test findings, stabilization of disease activity, and subsequent terminal hair regrowth were documented during follow-up. The patient's quality of life and self-confidence improved considerably, and no new lesions developed during the observation period.

While spontaneous remission is possible in alopecia areata, the temporal association between individualized treatment and documented clinical improvement suggests that constitutional homoeopathic management may have contributed to the favorable outcome. Further well-designed clinical studies are required to investigate this potential role in a systematic manner.

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