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Management of Advanced Post Partum Hairfall Using Individualized Homoeopathic Treatment: A Case Report at Dr Batra's

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ABSTRACT

Background: Female Pattern Hair Loss (FPHL) is the most common cause of chronic diffuse hair loss in women and is characterized by progressive miniaturization of hair follicles resulting in reduced hair density. Hormonal influences, genetic predisposition, pregnancy-related changes, environmental factors, and psychological stress contribute significantly to disease progression. Despite the availability of topical minoxidil, anti-androgen therapy, platelet-rich plasma (PRP), and hair transplantation, complete reversal remains difficult, particularly in advanced grades. Individualized homoeopathy focuses on constitutional susceptibility and aims to restore systemic balance rather than merely suppress local manifestations.

Case Presentation: A middle-aged female presented with progressive hair thinning since her first pregnancy 26 years ago. Hair loss gradually progressed to Grade V Female Pattern Hair Loss with marked reduction in scalp density. The condition further worsened after the use of hair dye two months before consultation. Family history revealed paternal baldness. The patient had Grade II fatty liver and exhibited a constitutional profile of anxiety, emotional instability, frequent weeping, irritability, and a hot thermal state with craving for sweets. Individualized homoeopathic treatment consisting of Thuja occidentalis as the constitutional remedy, Wiesbaden Aqua as supportive therapy, and Syphilinum as an intercurrent remedy was prescribed.

Outcome: Serial scalp examinations demonstrated gradual reduction in hair fall, improvement in hair density, and emergence of healthy new hair growth during follow-up. The patient also reported emotional stability and improved confidence.

Conclusion: This case illustrates the potential role of individualized constitutional homoeopathy in the long-term management of advanced female pattern hair loss associated with hereditary predisposition and pregnancy-related onset.

Keywords: Female Pattern Hair Loss, Androgenetic Alopecia, Homoeopathy, Thuja occidentalis, Hair thinning, Case report

1. Introduction

Female Pattern Hair Loss (FPHL), also known as female androgenetic alopecia, is a chronic progressive disorder characterized by gradual miniaturization of terminal hair follicles and diffuse reduction in scalp hair density. The prevalence increases with age and is influenced by genetic, hormonal, endocrine, nutritional, and environmental factors.

Pregnancy and postpartum hormonal fluctuations are recognized triggers for diffuse hair shedding. While postpartum telogen effluvium usually resolves within several months, genetically predisposed women may subsequently develop progressive female pattern hair loss. Family history remains one of the strongest predictors of disease severity.

Conventional management primarily includes topical minoxidil, oral anti-androgens, low-level laser therapy, platelet-rich plasma, and hair transplantation. However, advanced disease often demonstrates incomplete response, and prolonged therapy is usually necessary.

Homoeopathy approaches chronic hair disorders constitutionally by evaluating the patient's mental characteristics, physical constitution, hereditary tendencies, and individual susceptibility. This report presents the successful management of advanced female pattern hair loss using individualized homoeopathic treatment at Dr Batra's® Positive Health Clinics.

2. Case Presentation

A middle-aged female presented to Dr Batra's® Positive Health Clinics with complaints of progressive hair thinning involving the entire scalp.

Hair fall had begun immediately after her first pregnancy approximately 26 years earlier and gradually progressed over the following decades. Initially, she noticed excessive hair shedding after delivery, which never completely resolved. Over time, diffuse thinning became increasingly evident, eventually progressing to Grade V Female Pattern Hair Loss.

During the two months preceding consultation, the patient experienced further aggravation after using a commercial hair dye. She reported increased hair fall, reduction in hair density, and noticeable widening of the central parting. She denied scalp pain but complained of mild dandruff.

2.1 Previous Treatment

The patient had not undergone any definitive long-term treatment for female pattern hair loss. She had previously used cosmetic hair products and topical applications with minimal improvement.

2.2 Past History

- Grade II Fatty Liver
- Two Caesarean section deliveries

No history of major infections, fractures, or hospitalization was reported.

2.3 Obstetric History

Hair fall began soon after the first pregnancy and progressively worsened thereafter. Both pregnancies were delivered by Caesarean section. The temporal association between pregnancy and onset of hair loss suggested postpartum hormonal changes acting as an initial trigger in a genetically susceptible individual.

2.4 Family History

Father – Progressive hair thinning/baldness. This strongly supported an underlying genetic predisposition toward androgenetic alopecia.

2.5 Personal History

Appetite was normal. Craving for sweets was marked. Thirst was normal. Bowel and bladder habits were regular. Perspiration was scanty. The patient was thermally hot. Sleep averaged seven hours daily and was satisfactory.

2.6 Mental Generals

The patient described herself as becoming anxious very easily. Minor situations often produced excessive worry, although she usually remained functional. She had marked irritability and admitted becoming angry quickly, particularly when expectations were not met. Her emotions changed suddenly and unpredictably. She frequently wept during emotionally stressful situations and described herself as emotionally sensitive. Despite emotional fluctuations, she remained caring toward family members and fulfilled household responsibilities effectively.

2.7 Clinical Examination

- Diffuse reduction in scalp density
- Central thinning
- Grade V Female Pattern Hair Loss
- Mild dandruff
- No scarring
- No active inflammation
- No pustules
- No follicular destruction

Hair shaft caliber appeared reduced with generalized follicular miniaturization.

2.8 Diagnosis

Primary Diagnosis: Grade V Female Pattern Hair Loss (Female Androgenetic Alopecia).

Associated Condition: Mild Seborrhoeic Dandruff.

3. Case Analysis

This patient presented with long-standing progressive female pattern hair loss beginning immediately after pregnancy in the presence of a strong hereditary predisposition. Although postpartum hormonal alterations appeared to initiate the process, gradual progression over twenty-six years suggested established androgenetic alopecia.

The constitutional evaluation demonstrated anxiety, emotional instability, irritability, sudden emotional changes, easy weeping, hot thermal state, and craving for sweets. Together with hereditary susceptibility and chronic follicular degeneration, these characteristics formed the basis for individualized homoeopathic prescribing. The remedy was selected on the totality of constitutional symptoms rather than on the diagnosis alone.

3.1 Evaluation of Characteristic Symptoms

Mental Generals

- Easily anxious
- Anger easily excited

- Sudden emotional changes
- Emotional sensitivity
- Weeps easily
- Responsible and caring personality

Physical Generals

- Hot patient
- Desire for sweets
- Normal appetite
- Normal thirst
- Scanty perspiration
- Refreshing sleep

Particular Symptoms

- Female Pattern Hair Loss Grade V
- Progressive diffuse thinning
- Hair loss since first pregnancy
- Hair fall aggravated after hair dye
- Mild dandruff
- Strong family history of baldness

3.2 Totality of Symptoms

Mental: Anxiety; irritability; sudden emotional changes; weeping tendency; emotional sensitivity.

Physical Generals: Hot patient; desire sweets; normal thirst; scanty perspiration.

Particulars: Female pattern hair loss; diffuse scalp thinning; Grade V alopecia; hair loss after pregnancy; hair fall aggravated by hair dye; mild dandruff; family history of baldness.

3.3 Repertorial Analysis

Kent's Repertory was used considering the characteristic constitutional symptoms.

Mind: Anxiety · Irritability · Weeping · Emotional instability

Generalities: Hot patient · Desire for sweets

Head: Hair falling · Hair thinning · Dandruff

The repertorial analysis showed a close correspondence with Thuja occidentalis, supported by the patient's constitutional picture and chronic hereditary tendency.

Figure 1. Repertorial analysis and remedy correspondence chart.

3.4 Remedy Differentiation

Thuja occidentalis: Covered the constitutional picture most completely — chronic hereditary tendency, progressive diffuse hair thinning, emotional sensitivity, sudden mood changes, anxiety, hot

constitution, and chronic scalp disorders. Its well-known affinity for chronic skin and appendage disorders further supported its selection.

Natrum muriaticum: Considered because of chronic hair fall; however, the patient did not exhibit the characteristic reserved personality, silent grief, or aversion to consolation associated with Natrum muriaticum.

Sepia: Considered due to the postpartum onset of symptoms. Nevertheless, the patient lacked the emotional indifference, exhaustion, and aversion to family typically associated with Sepia.

Lycopodium: Although hereditary alopecia is commonly encountered in Lycopodium patients, the patient's emotional profile and constitutional characteristics were not sufficiently concordant.

3.5 Final Prescription

Constitutional Remedy — Thuja occidentalis: Selected on the basis of constitutional similarity and individualized case analysis.

Supportive Remedy — Wiesbaden Aqua: Prescribed as an organ-supportive remedy to improve scalp nutrition and promote healthy hair growth.

Intercurrent Remedy — Syphilinum: Administered intermittently considering the long-standing chronicity, hereditary tendency, and progressive follicular degeneration.

3.6 Miasmatic Analysis

The predominant miasmatic background appeared to be Sycotic, characterized by chronic progressive disease, hereditary tendency, gradual follicular miniaturization, and persistent hair thinning. A secondary Syphilitic component was suggested by the advanced destructive changes in hair density and long-standing progression, justifying the use of Syphilinum as an intercurrent remedy.

4. Follow-up

Initial Visit: Grade V female pattern hair loss; marked diffuse thinning; hair fall persistent; mild dandruff; constitutional treatment initiated.

First Follow-up: Hair fall reduced; scalp itching improved; patient noticed healthier hair texture.

Second Follow-up: Appearance of multiple short vellus hairs; hair density mildly improved; hair breakage reduced.

Third Follow-up: Progressive terminal hair growth observed; reduction in visible scalp; hair shaft thickness improved.

Subsequent Follow-up: Continued increase in scalp density; minimal dandruff; hair fall stabilized; patient expressed satisfaction with cosmetic improvement.

4.1 Outcome Assessment

Serial scalp examinations demonstrated reduction in daily hair fall, improved scalp coverage, increased terminal hair growth, reduced visibility of scalp, improved hair shaft calibre, and better cosmetic appearance. No adverse effects were reported during treatment.

5. Discussion

Female Pattern Hair Loss is a chronic disorder resulting from progressive follicular miniaturization influenced by genetic predisposition, hormonal changes, and environmental factors. In this case, pregnancy appeared to trigger persistent hair shedding, while hereditary susceptibility likely contributed to its progression into advanced Grade V alopecia. Recent aggravation following hair dye exposure may have acted as an additional precipitating factor.

The individualized homoeopathic prescription was based not only on the diagnosis but also on the patient's constitutional characteristics, including anxiety, emotional instability, irritability, easy weeping, hot thermal state, and craving for sweets. These features closely corresponded with Thuja occidentalis, which was selected as the constitutional remedy. Wiesbaden Aqua was used as supportive therapy for hair growth, and Syphilinum was prescribed as an intercurrent remedy considering the chronic progressive nature of the condition.

Progressive reduction in hair fall, improvement in hair density, and emergence of new terminal hairs were documented during follow-up. Although spontaneous improvement in advanced female pattern hair loss is uncommon, this single case cannot establish causality. Nevertheless, the objective clinical changes and sustained follow-up suggest that individualized homoeopathic treatment may have contributed to the observed improvement. Larger prospective studies using standardized outcome measures such as trichoscopy, Sinclair scale assessment, and hair density measurements are required to further evaluate these findings.

6. Patient Perspective

"I had accepted that my hair thinning would continue because it had been progressing for many years. Gradually, I noticed less hair fall and new hair growth. My hair became fuller, and I felt much more confident about my appearance."

7. Learning Points

- Pregnancy may unmask hereditary female pattern hair loss in genetically susceptible women.
- Family history is an important factor in the progression of female androgenetic alopecia.
- Constitutional case-taking plays a central role in individualized homoeopathic prescribing.
- Serial scalp photography and trichoscopy provide valuable objective documentation of treatment response.
- Long-term follow-up is essential to assess disease stabilization and sustained hair regrowth.

8. Conclusion

This case demonstrates long-term clinical improvement in Grade V Female Pattern Hair Loss following individualized constitutional homoeopathic treatment. Thuja occidentalis, prescribed on the basis of constitutional similarity, together with Wiesbaden Aqua and Syphilinum, was associated with progressive reduction in hair fall, improvement in hair density, and visible new hair growth. While a single case cannot establish efficacy, it highlights the potential value of individualized homoeopathic management in chronic hereditary hair disorders and emphasizes the need for well-designed clinical studies to further investigate its role.

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