INTERNATIONAL JOURNAL OF HOMEOPATHIC RESEARCH
IJHR
Peer Reviewed • Open Access • Monthly International Journal

Case Report	Volume 1 | Issue 1	August 2026

Journal Website: https://internationaljournal.org.in/journal/index.php/ijhr
DOI of the article: https://doi.org/10.5281/zenodo.21819835

Successful Management of Alopecia Areata Associated with Hypothyroidism: A Case Report at Dr Batra's

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ABSTRACT

Background: Alopecia areata (AA) is a chronic autoimmune disorder characterized by non-scarring patchy hair loss resulting from immune-mediated destruction of anagen hair follicles. The disease frequently coexists with other autoimmune conditions, particularly thyroid disorders, and is often precipitated or aggravated by emotional stress. Although corticosteroids, topical immunotherapy, platelet-rich plasma (PRP), and topical minoxidil are widely employed, recurrence remains a major therapeutic challenge. Homoeopathy adopts an individualized constitutional approach by considering the patient's physical constitution, emotional characteristics, hereditary predisposition, and maintaining factors rather than the pathological diagnosis alone.

Case Presentation: A 39-year-old female presented with alopecia areata of three years' duration associated with diffuse hair thinning, seborrhoeic dandruff, scalp itching, and hypothyroidism diagnosed fifteen years earlier. Hair fall increased after emotional trauma following miscarriage and persistent family-related stress. Previous treatment included topical minoxidil, platelet-rich plasma (PRP), and conventional medicines with only temporary improvement. Constitutional evaluation revealed an expressive, talkative, helpful yet reserved woman with marked overthinking, disappointment, work-related stress, mild obstinacy, and deep attachment towards her parents. She was a hot patient with increased thirst, desire for cakes, irregular breakfast habits, and late sleeping habits. Individualized constitutional homoeopathic treatment was prescribed after complete case analysis.

Outcome: Serial clinical examinations demonstrated progressive reduction in hair fall with appearance of multiple new terminal and vellus hairs throughout the scalp. Hair density improved gradually, scalp itching reduced considerably, and the patient reported sustained clinical improvement during follow-up extending over two years.

Conclusion: This case demonstrates favorable long-term improvement in chronic alopecia areata associated with hypothyroidism following individualized constitutional homoeopathic treatment.

Keywords: Alopecia areata, Hypothyroidism, Hair regrowth, Homoeopathy, Autoimmune disease, Case report

1. Introduction

Alopecia areata is a chronic autoimmune disorder affecting approximately 2% of the population and is characterized by localized or diffuse non-scarring hair loss. Cytotoxic T-cell-mediated autoimmune destruction of anagen hair follicles is considered the principal pathogenic mechanism. The disease commonly affects the scalp but may involve any hair-bearing area.

Patients with alopecia areata frequently exhibit associated autoimmune diseases, including autoimmune thyroiditis, vitiligo, type 1 diabetes mellitus, and atopic disorders. Emotional stress, pregnancy-related hormonal alterations, infections, and endocrine disorders have all been implicated as important precipitating factors.

Current conventional management includes topical and intralesional corticosteroids, topical immunotherapy, minoxidil, platelet-rich plasma, Janus kinase inhibitors, and systemic immunosuppressants. Although many patients demonstrate initial improvement, relapse after cessation of therapy remains common.

Homoeopathy individualizes treatment by considering the patient's constitutional makeup, mental and emotional characteristics, hereditary background, physical generals, and disease susceptibility. The present report describes successful constitutional management of chronic alopecia areata associated with hypothyroidism at Dr Batra's® Positive Health Clinics.

2. Case Presentation

A 39-year-old married female presented to Dr Batra's® Positive Health Clinics with complaints of alopecia areata since the previous three years. Hair fall initially began gradually and subsequently progressed with development of patchy hair loss associated with generalized thinning of scalp hair.

She complained of hair fall (10–20 strands daily), reduced hair density, persistent scalp itching, dandruff, and hair thinning. Hair fall increased after shampooing, oil application, change of water, travel to different places, and emotional stress.

2.1 Previous Treatment

Before seeking homoeopathic treatment, the patient had received topical Minoxidil 5%, Platelet-Rich Plasma (PRP), and conventional allopathic treatment. Despite these interventions, improvement remained temporary, and recurrence continued.

2.2 Associated Illness

The patient was diagnosed with hypothyroidism fifteen years earlier and was taking Thyronorm® 75 µg once daily. Thyroid function was periodically monitored.

2.3 Obstetric History

Obstetric history was significant for three miscarriages, one living son, gestational diabetes mellitus, and premature rupture of membranes leading to preterm delivery. The patient described miscarriage as one of the most emotionally distressing events in her life.

2.4 Emotional Trigger

Detailed case-taking revealed a clear emotional precipitating factor preceding aggravation of hair loss. Following miscarriage, the patient experienced prolonged disappointment and emotional suppression. Family conflicts, particularly differences with her in-laws, contributed to persistent psychological stress.

She expressed concern that her siblings often considered her unproductive and believed she was wasting her time. These repeated criticisms caused emotional disappointment although she rarely expressed anger openly. She described herself as being extremely attached to her only son and admitted that after repeated pregnancy loss she became overprotective and excessively affectionate towards him.

2.5 Past History

- Hypothyroidism (15 years)
- Chickenpox
- Three miscarriages
- Gestational diabetes
- Premature delivery

2.6 Family History

Mother — Diabetes mellitus. Maternal grandmother — Diabetes mellitus. Grandfather — Diabetes mellitus. No family history of alopecia areata was reported.

2.7 Personal History

The patient belonged to a middle-class family with a conservative upbringing. Father was employed in service; mother was a homemaker; she had one sibling. She described her parents as supportive and caring throughout childhood, and academically was an active and intelligent student who maintained cordial relationships with teachers and seniors.

2.8 Mental Generals

The patient described herself as naturally expressive and talkative with close acquaintances while remaining reserved with strangers. She enjoyed helping others and actively participated in charitable activities, frequently experienced conflict of opinions but generally avoided confrontation. Overthinking was her predominant emotional characteristic — she continuously analyzed situations long after they had passed, and work-related stress frequently occupied her thoughts.

Although generally calm and mild, disappointment affected her deeply. She remained emotionally attached to both parents, particularly her mother, and preferred maintaining a small social circle consisting of three close friends. She denied significant anxiety or irrational fears, considered herself practical in decision-making but mildly obstinate when convinced about her views. Her hobbies included walking, using her mobile phone, and teaching.

2.9 Physical Generals

Appetite was normal although breakfast was frequently skipped. She consumed approximately 3–4 liters of water daily. She was a hot patient, preferred winter, and enjoyed sleeping under a fan. Bowel and bladder habits were normal. Sleep was refreshing despite habitual late-night sleeping. Diet was vegetarian, and craving for cakes was marked.

2.10 Clinical Examination

General examination revealed a well-oriented female with stable vital parameters. Scalp examination demonstrated patchy non-scarring alopecia, diffuse thinning, reduced hair density, mild dandruff, scalp itching, and multiple broken hairs. No evidence of cicatricial alopecia was observed.

2.11 Diagnosis

Primary Diagnosis: Alopecia Areata.

Associated Condition: Chronic Hypothyroidism; Seborrhoeic dandruff.

3. Case Analysis

This patient presented with chronic alopecia areata developing on a background of longstanding hypothyroidism and significant emotional trauma following repeated pregnancy loss. The temporal relationship between emotional distress and progression of hair loss suggested an important psychoneuroimmunological component.

Although hypothyroidism represented a recognized etiological factor for diffuse hair fall, the patchy pattern of alopecia, emotional causation, constitutional personality, and individualized physical generals required a constitutional homoeopathic prescription rather than disease-specific treatment. The patient's expressive nature, helpful disposition, emotional disappointment, overthinking, reserved personality, attachment to family, practical outlook, mild obstinacy, hot thermal state, increased thirst, craving for sweets, and history of suppressed emotions formed a coherent constitutional picture that guided remedy selection.

3.1 Totality of Symptoms

Mental Generals: Overthinking; reserved; introverted; expressive with familiar people; helpful; charitable; conflict of opinion; mild disposition; work-related stress; disappointment after miscarriage; emotionally attached to parents; overprotective towards son; practical; mild obstinacy.

Physical Generals: Hot patient; desire for cakes; increased thirst (3–4 L/day); skips breakfast; vegetarian; refreshing sleep; late sleeping habit; better in winter; prefers fan.

Particular Symptoms: Alopecia areata; hair thinning; hair fall; reduced density; seborrhoeic dandruff; scalp itching; hair fall < shampoo; hair fall < oiling; hair fall < stress; hair fall < change of water/place; long-standing hypothyroidism.

3.2 Repertorial Analysis

Kent's Repertory was consulted using the characteristic mental and physical generals together with the local symptoms.

Mind: Reserved · Introverted · Dwells on past events · Disappointment · Contradiction aggravates · Helpful disposition

Generalities: Hot patient · Desire for sweets · Increased thirst · Emotional ailments after grief

Head: Hair falling · Alopecia · Hair thinning · Dandruff · Itching scalp

3.3 Remedy Differentiation

Natrum muriaticum: Closely corresponded to the constitutional portrait — silent disappointment, emotional trauma following miscarriage, reserved personality, overthinking, practical outlook, deep attachment to family, chronic hair fall, autoimmune tendency, and hypothyroidism. The remedy also possesses a well-recognized affinity for chronic alopecia following grief and emotional suppression.

Ignatia amara: Considered because of the history of grief following miscarriage. However, the patient lacked the marked emotional variability, sighing, contradictory symptoms, and acute hysterical manifestations usually associated with Ignatia.

Sepia: Covered hormonal disturbances, recurrent miscarriages, and hypothyroidism. However, the patient remained affectionate towards her family and son, whereas Sepia typically demonstrates emotional indifference and aversion to family members.

Lycopodium: Covered digestive tendencies and intellectual ability but failed to explain the predominant emotional causation and constitutional characteristics.

3.4 Constitutional Prescription

Natrum muriaticum 200C: The prescription was based on emotional disappointment after miscarriage, suppressed emotions, reserved nature, overthinking, practical personality, strong attachment to family, chronic autoimmune hair loss, and long-standing hypothyroidism.

3.5 Miasmatic Analysis

The predominant miasm appeared to be Psoro-sycotic.

Psoric Features: Autoimmune alopecia; emotional hypersensitivity; functional disturbances; hair fall; chronic itching.

Sycotic Features: Long-standing hypothyroidism; chronicity; hair thinning; hormonal disturbances; recurrent pregnancy-related pathology.

Figure 1. Repertorial analysis and remedy correspondence chart.

4. Follow-up

October 2023: Hair fall persisted; constitutional treatment initiated; dietary counselling and protein-rich nutrition advised.

November 2023: Multiple minute new hairs; broken hairs throughout the scalp; early terminal hair growth; patient noticed visible improvement.

December 2023: Continued improvement; hair density gradually increasing; no deterioration; general health stable.

January 2024: Numerous short growing hairs observed; hair fall reduced; scalp itching improved; patient satisfied with progress.

February 2024: Hair growth continued; no new alopecia patches; hair density improving.

March 2024: The patient reported that even without immediate medication she continued noticing sustained improvement. New hair growth across affected areas; multiple broken hairs indicating active regrowth; general health remained satisfactory.

April–July 2024: Progressive increase in terminal hair; improved scalp coverage; reduction in visible alopecia; hair thinning reduced.

August 2024: Clinical improvement maintained; no significant relapse observed.

February–April 2026: The patient reported temporary discontinuation of homoeopathic treatment after commencing allopathic therapy. Despite interruption, previously achieved improvement remained largely maintained.

June–July 2026: New hair growth; broken hairs indicating active follicular recovery; stable scalp condition; general physical health satisfactory; mental state remained calm.

4.1 Clinical Outcome

Serial scalp examinations documented progressive reduction in daily hair fall, appearance of multiple vellus hairs, conversion into terminal hair, improvement in overall hair density, reduction in scalp itching, stabilization of alopecia patches, and improved cosmetic appearance. No major adverse effects were reported during treatment.

5. Discussion

Alopecia areata is a chronic autoimmune disorder frequently associated with thyroid dysfunction and emotional stress. The coexistence of long-standing hypothyroidism and repeated pregnancy loss in the present case suggested an underlying autoimmune and neuroendocrine predisposition. Emotional trauma following miscarriage and persistent family conflicts likely acted as maintaining factors by influencing psychoneuroimmunological pathways known to affect hair follicle immune privilege.

Conventional therapies including topical minoxidil and platelet-rich plasma produced only temporary improvement before homoeopathic treatment was initiated. Individualized constitutional prescribing focused on the patient's unique emotional and physical characteristics rather than the diagnosis alone. The constitutional picture — marked by emotional disappointment, suppressed grief, overthinking, reserved nature, strong family attachment, hot thermal state, increased thirst, and chronic hair loss — guided the selection of Natrum muriaticum.

Progressive reduction in hair fall, appearance of new terminal hair, improvement in scalp density, and sustained clinical stability were observed during long-term follow-up. The accompanying improvement in emotional well-being further supports the holistic approach of constitutional homoeopathic management. Although conclusions regarding efficacy cannot be drawn from a single case, the objective evidence of hair regrowth and prolonged follow-up make this case valuable for clinical documentation and encourage further prospective research.

6. Patient Perspective

"After struggling with hair loss for years and trying PRP, minoxidil, and other treatments, I gradually noticed new hair growth after starting homoeopathic treatment. My hair became denser, the itching reduced, and I felt emotionally calmer. Seeing the visible improvement gave me confidence and hope."

7. Learning Points

- Alopecia areata frequently coexists with autoimmune thyroid disorders.
- Emotional trauma following miscarriage may act as an important trigger for autoimmune hair loss.
- Constitutional case-taking remains fundamental in individualized homoeopathic prescribing.
- Long-term serial scalp examinations and photographs are valuable objective tools for documenting treatment outcomes.
- Individualized homoeopathic treatment may contribute to sustained improvement in selected patients with chronic alopecia areata associated with endocrine disorders.

8. Conclusion

This case demonstrates sustained clinical improvement in chronic alopecia areata associated with hypothyroidism following individualized constitutional homoeopathic treatment. The prescription of Natrum muriaticum, based on a comprehensive assessment of the patient's mental characteristics, emotional history, physical generals, and local pathology, was followed by progressive reduction in hair fall, visible hair regrowth, improved scalp density, and stabilization of disease over prolonged follow-up. Although a single case cannot establish therapeutic efficacy, it highlights the potential role of individualized homoeopathy as part of an integrative approach to autoimmune hair disorders and underscores the need for larger observational studies and controlled clinical trials.

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How to cite this article:

Pal S. Successful management of alopecia areata associated with hypothyroidism: a case report at Dr Batra's. *International Journal of Homeopathic Research.* 2026;1(1):46–52.
DOI: https://doi.org/10.5281/zenodo.21819835