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Successful Management of Trichorrhexis Nodosa with Homoeopathic Treatment at Dr Batra's®

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ABSTRACT

Background: Trichorrhexis nodosa (TN) is one of the commonest acquired hair shaft disorders characterized by fracture of the hair shaft resulting in brittle, dry and easily breakable hair. Repeated chemical procedures such as hair colouring, straightening, smoothening and thermal styling are among the leading acquired causes. Patients frequently present with diffuse hair breakage, reduced hair density and poor cosmetic appearance, causing significant psychological distress. Conventional management primarily focuses on eliminating the causative factors with supportive hair care. Constitutional homoeopathy aims to individualize treatment by addressing the patient's overall susceptibility rather than treating the damaged hair shaft alone.

Case Summary: A 37-year-old married female presented with diffuse hair breakage, active hair fall, hair thinning and reduced hair density for four months following L'Oréal hair smoothening and colouring. Hair pull test was positive (3–4 hairs/5 pulls). Examination revealed brittle hair shafts with oily scalp and intermittent flaky dandruff. Detailed constitutional case taking revealed emotional sensitivity, changeable moods, easy weeping, desire for company, family-oriented personality, anxiety regarding her children and craving for sweets. Repertorial analysis indicated Pulsatilla nigricans as the constitutional remedy.

Intervention: The patient received individualized constitutional homoeopathic treatment together with appropriate acute remedies, scalp care advice and avoidance of further chemical hair procedures.

Outcome: Progressive reduction in active hair fall, improvement in Hair Pull Test, reduction in hair breakage, increased hair density and visible improvement in overall hair quality were documented during serial follow-up over six months.

Conclusion: This case demonstrates successful clinical improvement in acquired Trichorrhexis nodosa following individualized homoeopathic treatment with objective improvement in hair fall and hair shaft integrity.

Keywords: Trichorrhexis nodosa; Hair shaft disorder; Hair breakage; Individualized Homoeopathy; Pulsatilla; Case Report

1. Introduction

Trichorrhexis nodosa (TN) is the most frequently encountered structural defect of the hair shaft and represents a mechanical fracture of cortical fibres. Microscopically, affected hairs demonstrate localized nodes with fraying of cortical fibres producing the characteristic “paint-brush” appearance. The disorder may be congenital or acquired, with acquired Trichorrhexis nodosa accounting for the majority of clinical cases.

Repeated chemical treatments including bleaching, colouring, smoothening, perming, thermal straightening and excessive cosmetic manipulation are recognized as the most common etiological factors. Mechanical trauma, ultraviolet radiation, nutritional deficiencies and inflammatory scalp disorders may further contribute to progressive hair shaft damage.

Clinically, patients complain of brittle hair, excessive breakage, inability to grow long hair, diffuse hair thinning and increased hair shedding. Although the condition is benign, cosmetic disfigurement significantly affects quality of life, particularly among women.

Conventional management consists mainly of eliminating precipitating factors, improving hair care practices and correcting nutritional deficiencies. However, recovery often requires prolonged periods because damaged hair shafts cannot regenerate and healthy hair must gradually replace fractured shafts.

Homoeopathy adopts an individualized approach by evaluating constitutional characteristics, emotional disposition, physical generals and disease susceptibility along with local pathology. This report describes successful management of chemically induced Trichorrhexis nodosa using individualized constitutional homoeopathic treatment at Dr Batra's® Positive Health Clinics.

2. Case Presentation

A 37-year-old married female working in the beauty industry presented to Dr Batra's® Positive Health Clinics with complaints of excessive hair breakage and diffuse hair fall for four months.

The patient reported that her symptoms began shortly after undergoing L'Oréal hair smoothening and hair colouring. Since then, she noticed progressive breakage of hair shafts, increased daily hair fall, reduction in hair density and diffuse thinning.

Hair fall occurred in bunches and exceeded 50–100 hairs daily. Hair pull test was positive with 3–4 hairs obtained per five pulls, suggesting active disease. The patient also complained of intermittent flaky dandruff associated with mild itching and oily scalp. There was no history of previous dermatological treatment.

2.1 History of Present Illness

The patient remained asymptomatic before chemical hair treatment. Approximately four months before consultation she underwent hair smoothening using L'Oréal products, hair colouring, and had previous hair Botox treatment three years earlier. Soon afterwards she noticed increased hair breakage, diffuse hair thinning, hair fall in bunches, difficulty combing hair, and hair becoming dry and fragile. Hair fall was aggravated during hair washing and hair combing. No improvement occurred despite changing routine hair care practices.

2.2 Associated Complaints

- Intermittent flaky dandruff
- Mild scalp itching

- Acidity for five years
- Occasional vomiting associated with acidity
- Facial acne
- Heavy menstrual bleeding

2.3 Past History

- Typhoid fever two years earlier
- No previous surgeries
- No chronic systemic illness

2.4 Family History

Father: Androgenetic alopecia. Mother: Healthy. Two brothers: Healthy. Two sisters: Healthy. No family history of congenital hair shaft disorders.

2.5 Personal History

Occupation: Beauty studio employee. Marital Status: Married. Diet: Pure vegetarian. Appetite: Normal. Craving: Sweet. Aversion: Sour and spicy foods. Thirst: Normal (approximately 4 L/day). Thermals: Chilly. Sleep: Sound and refreshing. Bowel: Occasionally constipated. Urine: Normal. Menses: Irregular, heavy flow, duration 7 days, occasional clots.

2.6 Mental Generals

The patient described herself as emotional, sensitive, easily hurt, mild by nature, weeping easily, likes consolation, friendly personality, desires company, and family-oriented. Although generally calm, she experienced frequent mood swings and became irritated easily. Anger was sometimes expressed immediately and at other times suppressed.

Her greatest anxiety revolved around the health and future of her children. She repeatedly expressed her desire to provide them with educational opportunities that she herself could not obtain. She reported stress related to family responsibilities and occasional disagreements with her husband and mother-in-law. Nevertheless, she described her husband as supportive and remained strongly attached to her family. Her hobbies included dancing, singing and creative activities.

2.7 Physical Generals

- Chilly patient
- Craving for sweets
- Aversion to sour and spicy foods
- Normal appetite
- Normal thirst
- Restful sleep
- Occasionally constipated
- Heavy irregular menses
- Oily scalp
- Flaky dandruff

2.8 Clinical Examination

General examination revealed a moderately built female in good general health. Systemic examination was unremarkable. Local scalp examination demonstrated diffuse reduction in hair density, generalized

hair shaft fragility, multiple fractured hairs of varying lengths, diffuse thinning, oily scalp, and mild flaky dandruff, without scarring or inflammatory lesions.

Hair Pull Test: Positive (3–4 hairs/5 pulls).

2.9 Trichoscopic / Hair Assessment

- Diffuse reduction in hair density
- Increased broken hairs
- Hair shaft fragility
- Positive Hair Pull Test
- Features consistent with acquired Trichorrhexis nodosa

2.10 Diagnosis

Acquired Trichorrhexis Nodosa secondary to chemical hair damage (post hair smoothening and colouring)

2.11 Differential Diagnosis

- Trichorrhexis nodosa
- Weathering of hair shaft
- Trichoptilosis
- Bubble hair
- Monilethrix
- Loose anagen hair syndrome
- Diffuse telogen effluvium with hair shaft damage

3. Case Analysis

The present case represents acquired Trichorrhexis nodosa (TN) following chemical hair damage secondary to hair smoothening and colouring. The temporal relationship between cosmetic chemical procedures and onset of symptoms strongly suggested an acquired etiology rather than a congenital hair shaft disorder.

Although the immediate exciting cause was repeated chemical trauma, constitutional evaluation revealed a well-defined psychosomatic background requiring individualized treatment. The patient developed sudden onset diffuse hair breakage approximately four months after L'Oréal hair smoothening and colouring. Progressive hair shaft fragility resulted in excessive hair breakage, diffuse thinning and significant reduction in hair density. Hair fall remained active (50–100 hairs/day), and Hair Pull Test was positive, indicating ongoing follicular stress.

Repeated cosmetic procedures including previous hair Botox treatment and colouring probably weakened the hair cuticle, leading to cortical fibre disruption and characteristic hair shaft fracture. However, according to homoeopathic principles, local pathology alone cannot explain individual susceptibility. Detailed constitutional case taking revealed numerous characteristic mental and physical generals that guided remedy selection.

The patient demonstrated marked emotional sensitivity with frequent mood swings. She was affectionate, family-oriented, friendly and preferred company. She became emotionally disturbed by family conflicts, particularly involving her husband and mother-in-law. Although easily irritated, she often suppressed her emotions before eventually expressing them. The strongest emotional characteristic was her deep attachment to her children — she repeatedly expressed concern regarding

their health, education and future, and her own interrupted education due to early marriage had created a strong desire to ensure a better future for her children.

These emotional characteristics, together with easy weeping, desire for consolation, mild temperament and craving for company, constituted the highest-ranking symptoms in the totality. Physical generals included chilly constitution, craving for sweets, aversion to sour and spicy food, irregular heavy menstruation, occasional constipation and oily scalp. The constitutional picture corresponded closely with Pulsatilla nigricans, which emerged as the leading remedy following repertorization.

3.1 Totality of Symptoms

Mental: Mild; sensitive; emotional; weeping easily; likes consolation; desire for company; family oriented; anxiety about children; mood swings; irritability.

Physical Generals: Chilly patient; craving sweets; aversion spicy; aversion sour; heavy irregular menses; occasional constipation.

Particulars: Trichorrhexis nodosa; hair breakage; hair thinning; hair density reduced; hair fall in bunches; positive Hair Pull Test; oily scalp; flaky dandruff.

3.2 Repertorial Analysis

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

Mind: Mildness · Weeping easily · Company; desire for · Confidence; want of self-confidence · Anxiety about family

Hair: Hair falling · Hair breakage

Female: Menses irregular · Menses copious

Remedies	lyc.	puls.	calc.	nat-m.	phos.	sil.	sep.	rhus-t.	sulph.	bell.	caust.	ambr.	aur-m-n.	calc-sil.	plb.	ars.	ign.	nit-ac.	thuj.	kal
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	2
Symptoms Covered	8	8	8	7	7	7	7	7	7	7	7	7	7	7	7	6	6	6	6	(
Intensity	16	16	15	15	15	15	14	13	12	11	11	10	9	7	7	13	11	11	10	8
Result	8/16	8/16	8/15	7/15	7/15	7/15	7/14	7/13	7/12	7/11	7/11	7/10	7/9	7/7	7/7	6/13	6/11	6/11	6/10	6/
Clipboard 3																				
MIND - MILDNESS	2	3	2	3	2	3	2	3	2	1	1	1	2	1	1	3	2	2	2	1
MIND - WEEPING - easily	1	3	2	2		1	2	1		2	3		1		1				1	
MIND - COMPANY - desire for	3	2	2	1	4	1	2	2	1	1	1	1	1	1	1	3	2	1		2
MIND - ANXIETY - family; about his	1	1	1		1			1	1			1	1	1		1				
MIND - CONFIDENCE - want of self-confidence	2	2	1	2	1	3	1	2	1	1	1	1	2	1	1	1	1	1	1	1
HEAD - HAIR - falling	3	2	2	3	3	3	3	1	3	1	1	2	1	1	1	2	2	3	3	1
FEMALE GENITALIA/SEX - MENSES - irregular	2	1	2	1	1	2	2		2	2	2	2	1	1	1		2	2	1	1
FEMALE GENITALIA/SEX - MENSES - copious	2	2	3	3	3	2	2	3	2	3	2	2		1	1	3	2	2	2	2

Figure 1. Repertorial analysis chart.

3.3 Repertorial Result

Remedy	Symptoms Covered	Score
Lycopodium	8	16
Pulsatilla	8	16
Calcarea carbonica	8	15
Natrum muriaticum	7	15

Remedy	Symptoms Covered	Score
Phosphorus	7	15
Silicea	7	15
Sepia	7	14

Although Lycopodium and Pulsatilla obtained similar repertorial scores, constitutional differentiation clearly favored Pulsatilla.

3.4 Remedy Differentiation

Pulsatilla nigricans: The patient's constitutional picture closely resembled Pulsatilla, including mild disposition, emotional sensitivity, weeping tendency, likes consolation, friendly personality, desire for company, strong family attachment, changeable moods, chilly constitution, and heavy irregular menses. These symptoms represented the core individuality of the patient and outweighed the local pathology.

Lycopodium clavatum: Although repertorially indicated, Lycopodium was ruled out because the patient lacked its characteristic features such as marked intellectual superiority, domineering behavior, performance anxiety, digestive flatulence predominance, and lack of emotional dependency.

Calcarea carbonica: Considered due to menstrual disturbances but excluded because the patient did not exhibit obesity, profuse perspiration, sluggishness or characteristic constitutional features.

Natrum muriaticum: Differentiated because the patient desired consolation and company, whereas Natrum patients generally avoid consolation and prefer emotional withdrawal.

3.5 Final Constitutional Remedy

Pulsatilla nigricans 200C: The prescription was based primarily on mild temperament, sensitive personality, emotional nature, easy weeping, desire for consolation, likes company, family oriented, anxiety regarding children, chilly constitution, and heavy irregular menses, rather than merely the diagnosis of Trichorrhexis nodosa.

3.6 Acute Prescription

Wiesbaden Aqua (Weisb.): Considering the acquired hair shaft damage and excessive hair breakage, Wiesbaden Aqua was prescribed during the acute phase as an organ-supportive remedy with traditional use in disorders affecting hair quality and growth.

Kali sulphuricum: Used as an acute complementary remedy because of its affinity for scalp disorders associated with dandruff, oily scalp and superficial epithelial changes.

3.7 Intercurrent Remedy

Thuja occidentalis: Reserved as an intercurrent anti-sycotic remedy to be administered only if clinically indicated during treatment, considering the chronic constitutional background.

3.8 Miasmatic Analysis

The predominant miasm was considered Sycotic, reflected by chronic scalp disorder, hair shaft degeneration, persistent dandruff, oily scalp, and hormonal irregularities. A secondary Psoric component was evident through functional disturbances, hair fragility, emotional sensitivity, and constipation.

3.9 Susceptibility Assessment

The patient demonstrated moderate susceptibility based on good vitality, clear constitutional symptomatology, preserved general health, acquired pathology, strong emotional expression, and favorable response expected following removal of maintaining causes.

4. Follow-up

The patient was followed regularly at Dr Batra's® Positive Health Clinics over six months. Clinical evaluation at each visit included assessment of hair breakage, Hair Pull Test (HPT), hair density, scalp condition, dandruff, and patient-reported improvement. Serial clinical photographs were used for objective comparison.

Table 1. Chronological Follow-up

Date	Clinical Findings	Assessment	Management
20 Jan 2026 (Baseline)	Diffuse hair breakage after chemical smoothening. Hair fall 50–100/day. Positive HPT (3–4 hairs/5 pulls). Reduced density. Oily scalp. Flaky dandruff.	Active Trichorrhexis nodosa	Constitutional treatment initiated
16 Feb 2026	Hair fall reduced slightly. HPT improved to 2–3 hairs/pull. Mild dandruff persisted. Acne and acidity present.	Early improvement	Continued constitutional treatment
16 Mar 2026	Hair fall further reduced. HPT 1–2 hairs/pull. Hair breakage reduced. Acne improving.	Progressive improvement	Continued treatment
20 Apr 2026	Hair fall considerably less. Hair density improving clinically. Hair Pull Test remained 1–2 hairs/pull.	Significant improvement	Continued constitutional remedy
18 May 2026	Hair breakage markedly reduced. Dandruff minimal. Hair stronger. Stress manageable.	Continued improvement	Maintenance treatment
15 Jun 2026	Hair quality improved. Hair fall within physiological limits. No further breakage.	Stable	Continued follow-up
13 Jul 2026	Hair healthy. Cosmetic appearance satisfactory. No recurrence of excessive hair breakage.	Clinical remission	Maintenance

Figure 2. Serial photographic documentation of hair regrowth.

4.1 Objective Outcome Assessment

Hair Fall — Baseline: 50–100 hairs/day; hair fall in bunches.

Hair Fall — Final Follow-up: Hair fall within physiological range; no excessive shedding.

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

The gradual reduction in Hair Pull Test positivity indicated stabilization of active hair shedding.

Hair Density — Baseline: Noticeably reduced.

Hair Density — Follow-up: Progressive increase in density; reduced visibility of scalp; improved volume.

Hair Shaft Integrity — Baseline: Diffuse breakage; brittle shafts; multiple fractured hairs.

Hair Shaft Integrity — Final Follow-up: Reduced shaft breakage; improved texture; better tensile strength; longer intact hair shafts.

Parameter	Baseline	Final
Oily scalp	Present	Improved
Dandruff	Flaky	Minimal
Itching	Mild	Absent

5. Discussion

Trichorrhexis nodosa represents the most common acquired hair shaft defect and is characterized by focal disruption of cortical fibers resulting in brittle, fragile hair that fractures easily. The acquired form is frequently associated with repeated chemical procedures such as bleaching, colouring, straightening, rebonding, and smoothening.

In the present case, symptom onset occurred immediately after chemical smoothening and colouring, strongly supporting an acquired etiology. Continued use of cosmetic products probably aggravated the existing cuticular damage. Conventional management primarily emphasizes discontinuation of damaging cosmetic procedures, gentle hair care, conditioning agents, and correction of nutritional deficiencies. Recovery depends largely upon replacement of damaged shafts by newly growing healthy hair, often requiring several months.

From a homoeopathic perspective, however, local pathology alone does not explain why some individuals develop persistent hair shaft fragility whereas others tolerate similar cosmetic procedures without significant damage. Constitutional susceptibility therefore assumes considerable importance. The patient exhibited a characteristic constitutional profile of mild disposition, emotional sensitivity, easy weeping, desire for consolation, strong attachment to family, desire for company, anxiety regarding children, and changeable moods. These symptoms corresponded closely with the constitutional picture of Pulsatilla nigricans.

Although repertorization showed Lycopodium and Pulsatilla with comparable numerical scores, remedy differentiation clearly favored Pulsatilla because of the patient's emotional dependency, affectionate nature, and desire for companionship. The acute phase was additionally supported with

Wiesbaden Aqua and Kali sulphuricum, chosen because of their traditional use in hair disorders and scalp conditions.

Clinical improvement followed a logical sequence. Active shedding reduced first, followed by reduction in Hair Pull Test positivity, improvement in shaft strength, increased hair density, and restoration of overall cosmetic appearance. Importantly, no additional chemical procedures were undertaken during treatment, eliminating a major maintaining cause. Because Trichorrhexis nodosa is fundamentally a structural hair shaft disorder, complete replacement of damaged shafts depends upon normal hair growth, and the progressive improvement documented over six months is therefore biologically plausible.

Nevertheless, this report describes a single patient, and no causal relationship between treatment and outcome can be definitively established. The observed improvement should be interpreted cautiously, and larger observational studies and controlled clinical trials are warranted to further evaluate individualized homoeopathic treatment in patients with acquired hair shaft disorders.

6. Patient Perspective

"After the smoothening treatment, my hair started breaking badly and became very thin. I was worried because every time I combed or washed my hair, it would come out in bunches. After starting treatment at Dr Batra's®, I noticed that the hair fall gradually reduced. My hair became stronger, and the breakage almost stopped. Comparing my photographs gave me confidence that my hair was improving."

7. Learning Points

- Acquired Trichorrhexis nodosa should be suspected in patients with sudden hair fragility following chemical hair procedures.
- Detailed history of cosmetic treatments is essential for identifying the precipitating factor.
- Constitutional evaluation may provide valuable insights for individualized homoeopathic prescribing beyond the local pathology.
- Objective assessment using serial photography and Hair Pull Test is useful for documenting treatment response.
- Avoidance of further chemical trauma remains an essential component of management.
- Single case reports cannot establish efficacy but may generate clinically relevant hypotheses for future research.

8. Conclusion

This case demonstrates successful management of chemically induced Trichorrhexis nodosa using an individualized homoeopathic approach integrated with avoidance of further chemical hair trauma and appropriate hair care measures. Progressive reduction in hair breakage, improvement in Hair Pull Test findings, increased hair density, and restoration of hair quality were documented over six months of follow-up.

The constitutional prescription of Pulsatilla nigricans, supported by appropriate acute remedies and lifestyle counselling, was associated with favorable clinical progress and improved patient satisfaction. While spontaneous recovery may occur after discontinuation of chemical damage, the temporal relationship between individualized treatment and objective clinical improvement highlights the need for further systematic research to evaluate the role of homoeopathy in acquired hair shaft disorders.

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