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Individualized Homoeopathic Management of Alopecia Areata with Acute Folliculitis in a Middle-aged Female: A Case Report at Dr Batra's

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ABSTRACT

Alopecia areata (AA) is a chronic autoimmune disorder characterized by sudden, non-scarring hair loss that may significantly impair psychological well-being and quality of life. Disease onset is frequently associated with emotional stress, while spontaneous progression and recurrence remain unpredictable. Conventional treatment mainly relies on corticosteroids and immunomodulators, which may be associated with recurrence after discontinuation. Homoeopathy emphasizes individualized constitutional prescribing based on the patient's mental, emotional, and physical characteristics.

This case report describes a 37-year-old female who presented with sudden onset patchy hair loss of three months' duration associated with severe diffuse hair fall, enlargement of alopecic patches, pustular lesions, erythema, pain, and mild fever. The patient had experienced marked occupational stress during the preceding year and had received Ayurvedic treatment for two months without satisfactory improvement. Detailed constitutional evaluation revealed an emotionally expressive, oversensitive individual with ailments from domination, desire for company, amelioration from consolation, and work-related stress. Repertorial analysis supported Pulsatilla as the constitutional remedy, while Acidum fluoricum was prescribed during the acute phase.

Progressive hair regrowth was documented clinically and by serial video microscopic (VMS) examination. Complete coverage of the alopecic patch was achieved within four months without the development of new lesions. This case highlights the potential role of individualized homoeopathic treatment in promoting hair regrowth, arresting disease progression, and improving overall quality of life in alopecia areata.

Keywords: Alopecia areata, Patchy hair loss, Individualized homoeopathy, Pulsatilla, Acidum fluoricum, Video microscopy, Case report.

1. Introduction

Alopecia areata (AA) is an autoimmune, non-scarring form of hair loss characterized by sudden onset of well-defined alopecic patches involving the scalp or other hair-bearing areas. It affects approximately 1–2% of the general population during their lifetime and can occur at any age, with no significant gender

predilection. The disorder results from immune-mediated destruction of anagen hair follicles in genetically susceptible individuals.

Although the exact pathogenesis remains incompletely understood, genetic predisposition, autoimmune dysregulation, psychological stress, infections, and environmental factors are recognized contributors. Emotional stress is one of the most frequently reported precipitating factors preceding disease onset and exacerbation.

Clinically, alopecia areata presents with rapidly developing smooth bald patches, positive hair pull test around active lesions, exclamation mark hairs, black dots, and broken hairs. Dermoscopy or video microscopy serves as an important tool for diagnosis and monitoring treatment response.

Conventional management includes topical or intralesional corticosteroids, topical immunotherapy, minoxidil, and systemic immunosuppressive agents for extensive disease. Despite these interventions, relapse remains common, and long-term management continues to be challenging.

Homoeopathy approaches alopecia areata through individualized constitutional prescribing, wherein remedy selection is based on the totality of characteristic mental, emotional, and physical symptoms rather than the diagnosis alone. Constitutional treatment aims to modify the patient's susceptibility and restore systemic balance.

The present case demonstrates successful management of stress-associated alopecia areata using individualized homoeopathic treatment with serial clinical and trichoscopic documentation.

2. Case Presentation

A 37-year-old female, employed as a private employee in the life insurance sector, presented with complaints of sudden onset patchy hair loss over the scalp of three months' duration.

She reported severe diffuse hair fall involving approximately 50–100 hairs during washing and combing, along with progressive enlargement of the alopecic patch over the preceding few weeks. The patient had received Ayurvedic treatment for two months without noticeable improvement.

Two days before presentation, she developed pain over the alopecic patch, accompanied by erythema, pustular discharge, and mild fever, suggesting secondary inflammatory folliculitis. Hair pull test performed around the lesion revealed 2 hairs extracted out of 5 pulls, indicating active disease.

The patient denied dandruff or previous episodes of similar hair loss. She attributed the onset of her illness to marked occupational stress, which had progressively increased over the previous year due to demanding work targets and increased professional responsibilities.

2.1 History of Present Illness

Three months before consultation, the patient noticed a small bald patch over the scalp that enlarged progressively despite Ayurvedic medication. Simultaneously, diffuse hair fall became severe, especially during washing and combing. During the acute phase, redness, pustular lesions, localized pain, and mild fever developed over the affected area. She became increasingly anxious regarding the rapid progression of hair loss and its cosmetic consequences. The patient associated symptom onset with prolonged occupational stress and emotional strain experienced during the previous year.

2.2 Past History

- No previous history of alopecia areata
- No history of autoimmune disorders

- History of intermittent knee joint pain
- No major surgeries
- No significant hospitalization

2.3 Family History

Father: Hypertension. Mother: Diabetes mellitus. Two brothers and one sister apparently healthy. No family history of alopecia areata or autoimmune disorders.

2.4 Personal History

Appetite normal; desire for spicy food; thirst normal (1–2 L/day); stool regular; urine clear; hot patient; perspiration normal, predominantly over scalp; sleep disturbed (6–7 hours) with anxiety-related dreams; menstrual history regular. Occupation: private employee in life insurance.

2.5 Mental Generals

The patient described herself as an extroverted, emotionally expressive and affectionate individual. She belonged to a large joint family and carried considerable financial responsibility toward her household. Following marriage, she experienced prolonged financial struggles that required her to continue employment while simultaneously managing family responsibilities.

During the preceding year, occupational stress had increased substantially because of demanding work targets and interpersonal conflicts with colleagues, particularly a dominating work environment. She reported becoming emotionally affected by criticism but usually expressed her feelings openly to her husband. She was highly emotional since childhood, wept easily while recalling her parental home, desired company, and experienced marked relief from consolation. She enjoyed spending time with her children, travelling, and listening to soft music.

2.6 Clinical Examination

General examination: conscious and oriented; mild pallor present; blood pressure within normal limits; cardiovascular and respiratory systems normal; no lymphadenopathy.

Scalp examination: single patch of non-scarring alopecia; mild perifollicular erythema; pustular lesions over the affected area; mild tenderness; Hair Pull Test 2/5 positive around lesion; dandruff absent; nail pitting absent.

2.7 Trichoscopic (Video Microscopy) Findings

Video microscopic examination demonstrated normal terminal hairs, early new hair growth within the alopecic patch, mild perifollicular erythema, few pustular lesions, and progressive increase in terminal hair density during follow-up. Serial VMS examinations were utilized to objectively document therapeutic response throughout treatment.

2.8 Investigations

Routine investigations advised included complete blood count, iron profile, serum Vitamin B12, serum Vitamin D3, serum calcium, and thyroid function tests, performed to identify associated nutritional or endocrine abnormalities contributing to diffuse hair loss.

2.9 Diagnosis

Primary Diagnosis: Alopecia Areata (Localized Patchy Alopecia).

Associated Condition: Acute inflammatory folliculitis involving the alopecic patch.

2.10 Differential Diagnosis

- Tinea capitis
- Trichotillomania
- Discoid lupus erythematosus
- Early cicatricial alopecia

3. Case Analysis

The case represented acute stress-induced alopecia areata with active disease progression and secondary inflammatory changes. Characteristic symptoms included sudden onset patchy alopecia, rapid enlargement of lesions, severe diffuse hair fall, work-related emotional stress, oversensitivity, desire for company, emotional expressiveness, relief from consolation, and ailments following domination in the workplace.

The constitutional portrait was further supported by her hot thermal state, craving for spicy food, disturbed sleep, anxiety-related dreams, and emotional dependence on close family relationships.

After evaluating the complete constitutional totality, Pulsatilla was selected as the constitutional remedy due to its close correspondence with the patient's emotional profile and constitutional characteristics. Acidum fluoricum was prescribed during the acute inflammatory phase because of its known affinity for destructive hair disorders and rapid hair loss.

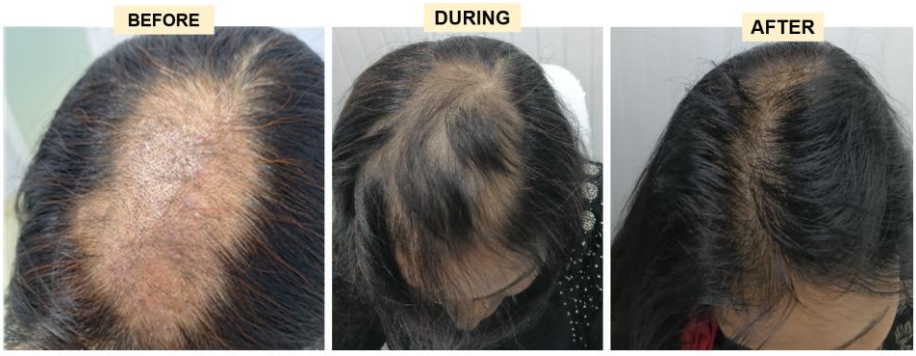

Figure 1. Case documentation summary.

3.1 Totality of Characteristic Symptoms

Mental Generals: Ailments from prolonged work-related stress; ailments from domination by colleagues; highly emotional and expressive; weeps easily while recalling parental home; desire for company; better by consolation; family-oriented with strong sense of responsibility; financial worries; anxiety due to occupational targets; loves travelling and soft music.

Physical Generals: Hot patient; desire for spicy food; sleep disturbed with anxious dreams; normal appetite and thirst; regular menstruation; mild pallor.

Particular Symptoms: Sudden onset patchy hair loss; severe diffuse hair fall (50–100 hairs/day during combing and washing); rapid enlargement of alopecic patch; pustular lesions with erythema over patch; mild pain over lesion; mild fever during acute inflammatory phase; Hair Pull Test positive around lesion (2/5); early regrowth visible on video microscopy.

3.2 Repertorial Analysis

Repertorization was performed using Hompath Zomeo software considering the most characteristic mental, physical and particular symptoms.

Selected Rubrics: Mind—Ailments from domination · Mind—Company—Desire for · Mind—Consolation—Ameliorates · Mind—Emotional; oversensitive · Mind—Weeping easily · Mind—Anxiety from business/work · Hair—Falling of hair in patches · Hair—Falling after grief or emotional disturbance · Sleep—Disturbed · Generalities—Heat.

Leading remedies: Pulsatilla closely matched the emotional dependence, consolation amelioration, expressive nature and constitutional picture. Acidum fluoricum showed a strong affinity for rapidly progressive alopecia and destructive hair disorders. Phosphorus covered emotional sensitivity but lacked complete constitutional similarity. Natrum muriaticum was considered due to stress but rejected because the patient sought consolation and openly expressed emotions. Ignatia was considered for emotional stress but lacked the broader constitutional correspondence.

Considering the predominance of emotional sensitivity, desire for company, amelioration from consolation, occupational stress, expressive personality, and the acute onset of alopecia areata, Pulsatilla was selected as the constitutional remedy.

3.3 Remedy Differentiation

Pulsatilla nigricans: Corresponded closely to the patient's emotional constitution — affectionate, expressive, emotionally sensitive, desired company, improved by consolation, wept easily, and developed illness following prolonged emotional and occupational stress. These characteristic mental generals, together with the physical constitution and alopecia, strongly indicated Pulsatilla.

Acidum fluoricum: Possesses a well-recognized affinity for rapidly progressive alopecia and destructive hair disorders. It was prescribed during the acute inflammatory phase because of active hair loss, spreading patches, perifollicular inflammation, and pustular lesions.

Natrum muriaticum: Although emotional stress was present, ruled out because the patient openly expressed emotions, desired company, and improved with consolation, features opposite to the typical Natrum muriaticum constitution.

Phosphorus: Considered because of emotional sensitivity but lacked the characteristic consolation modality and constitutional similarity demonstrated by Pulsatilla.

3.4 Prescription

Initial Consultation: Pulsatilla 1M, single constitutional dose.

Acute Inflammatory Phase: Acidum fluoricum 30C.

Follow-up: Placebo during periods of continuous improvement with repetition only when clinically indicated.

3.5 Adjunctive Measures

- Iron-rich diet (dates, spinach, pomegranate)
- Dr. Batra's Hair Growth Kit
- Nutrigood supplementation
- Adequate sleep
- Stress reduction measures
- Lifestyle counselling

3.6 Miasmatic Analysis

The predominant miasmatic background was Psoro-Sycotic.

Psoric Features: Sudden onset; emotional sensitivity; functional disturbance; hair fall; anxiety; occupational stress.

Sycotic Features: Chronic stress; follicular inflammation; pustular lesions; disease progression.

Pulsatilla corresponded well to this mixed psoro-sycotic constitutional state.

4. Follow-up

1 Month: Hair fall reduced considerably; no new patches developed; inflammatory lesions subsided.

2 Months: Patch stabilized; early hair regrowth demonstrated on VMS; patient reassured after visual documentation.

3 Months: Progressive increase in terminal hair growth; patch size reduced significantly; no active inflammation.

4 Months: Complete coverage of alopecic patch with healthy terminal hairs documented clinically and on VMS.

Subsequent Follow-up: No recurrence of alopecia; patient remained clinically stable with continued hair growth.

4.1 Clinical Outcome Assessment

Clinical Parameter	Baseline	Final Follow-up
Hair fall	Severe (>50–100 hairs/day)	Physiological hair fall only
Alopecic patch	Active enlarging patch	Completely covered with terminal hair
Patch progression	Progressive enlargement	No further spread
Hair pull test	Positive (2/5)	Negative
Pustular lesions	Present	Completely resolved
Erythema	Present	Absent
Pain over lesion	Present	Absent
Fever	Mild	Absent
VMS findings	Early regrowth with inflammation	Dense terminal hair growth with complete coverage
Daily confidence	Reduced	Markedly improved

5. Health-Related Quality of Life (HRQL)

At presentation, rapid hair loss and visible alopecic patches caused considerable emotional distress, reduced self-confidence, and anxiety regarding appearance and disease progression. Occupational stress further aggravated her emotional burden. During treatment, stabilization of the lesion followed by progressive hair regrowth significantly improved her confidence. Objective demonstration of regrowth using video microscopy enhanced treatment adherence and reduced anxiety. By the end of follow-up, the patient resumed her routine professional and social activities without concerns regarding hair loss.

6. Patient Perspective

"When the bald patch started increasing, I became very worried because the hair fall was severe and I thought I would lose more hair. Seeing the new hair growth on the video microscope during follow-up gave me confidence. Gradually the patch became smaller and finally disappeared. My confidence has returned, and I no longer fear looking at my scalp every day."

7. Learning Points

- Emotional and occupational stress may act as important triggering factors in alopecia areata.
- Constitutional prescribing based on the individual symptom totality remains fundamental in homoeopathic management.
- Video microscopic documentation provides an objective method for monitoring treatment response.
- Combining constitutional homoeopathic treatment with nutritional counselling and lifestyle modification may improve overall outcomes.
- Serial photographic and trichoscopic assessments improve patient understanding, motivation, and compliance.

8. Discussion

Alopecia areata is an autoimmune disorder in which psychological stress is considered an important precipitating factor in genetically susceptible individuals. This patient developed sudden-onset patchy alopecia following prolonged occupational stress and interpersonal conflicts at work. The disease was active at presentation, evidenced by severe diffuse hair fall, enlargement of the alopecic patch, positive hair pull test, and associated perifollicular inflammation with pustular lesions.

The constitutional prescription was guided primarily by the patient's characteristic mental and emotional profile rather than the local pathology alone. Her expressive nature, emotional sensitivity, desire for company, amelioration from consolation, and stress-related onset closely corresponded with Pulsatilla. Acidum fluoricum was used during the acute inflammatory phase because of its affinity for rapidly progressive alopecia.

Serial follow-up demonstrated progressive clinical improvement with cessation of disease activity, disappearance of inflammatory signs, negative hair pull test, and gradual conversion of vellus hairs into terminal hairs documented by video microscopy. Complete regrowth of the alopecic patch occurred within four months without recurrence during subsequent follow-up.

Although spontaneous remission can occur in alopecia areata, the sequential clinical improvement together with objective trichoscopic documentation and sustained remission following individualized homoeopathic treatment suggests a favorable therapeutic outcome in this case. Larger prospective controlled studies are required to further evaluate these observations.

9. Conclusion

This case demonstrates successful management of localized alopecia areata using individualized constitutional homoeopathic treatment. Prescription of Pulsatilla based on the patient's constitutional characteristics, supported by Acidum fluoricum during the acute inflammatory phase, was associated with arrest of disease progression, resolution of inflammation, complete terminal hair regrowth, and sustained remission. Objective assessment by serial video microscopy strengthened the clinical documentation and highlighted the potential role of individualized homoeopathic management in patients with stress-associated alopecia areata.

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