



An Overview Of Alopecia With A Case Report On Alopecia Areata Treated With Homoeopathic Medicine

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ABSTRACT

Alopecia, commonly known as hair loss, is a widespread condition affecting individuals of all ages and genders, often leading to significant psychological and emotional distress. This condition encompasses a spectrum of hair loss patterns, ranging from thinning to complete baldness, and can manifest on the scalp or other body areas. The etiology of alopecia is multifactorial and includes genetic predisposition, hormonal imbalances (such as in androgenetic alopecia, also known as male or female pattern baldness), autoimmune mechanisms (as seen in alopecia areata where the immune system mistakenly attacks hair follicles), severe stress, nutritional deficiencies, certain medical conditions, and as a side effect of some medications or treatments like chemotherapy.

Several distinct types of alopecia have been identified, each with unique characteristics and underlying causes. Androgenetic alopecia is the most common form, characterized by a progressive, patterned hair loss. Alopecia areata typically presents as patchy hair loss and can, in severe cases, lead to complete loss of scalp hair (alopecia totalis) or all body hair (alopecia universalis). Telogen effluvium is another prevalent type, often triggered by stress, illness, or hormonal changes, resulting in diffuse hair shedding. Other forms include traction alopecia, caused by prolonged tension on the hair follicles, and scarring alopecias, where hair follicles are destroyed and replaced by scar tissue.

KEY WORDS: Homoeopathy, Alopecia, Hair loss, Scalp, Tuberculinum, Scar, follicles.

ABBREVIATION:

OPD. – Out Patient Department, PR – Pulse Rate, RR – Respiratory Rate, Temp. – Temperature, Ht. – Height, Wt. – Weight, B.P – Blood Pressure, CVS – Cardiovascular system, CNS Central Nervous System, RESP. – Respiratory System, GIT – Gastro Intestinal System

INTRODUCTION

Alopecia, a term broadly referring to hair loss, is a condition that affects millions worldwide, transcending age, gender, and ethnicity. While often associated with the scalp, alopecia can manifest on any part of the body where hair grows. More than just a cosmetic concern, hair loss can have profound psychological and emotional impacts, affecting an individual's self-esteem and quality of life.

The condition encompasses a spectrum of disorders, each with distinct characteristics, underlying causes, and patterns of hair loss. It is generally classified into two main categories: non-scarring alopecia, where the hair follicle remains viable with the potential for regrowth, and scarring alopecia (also known as cicatricial alopecia), where the hair follicle is irreversibly damaged and replaced by scar tissue, leading to permanent hair loss.

Understanding the specific type of alopecia is crucial for determining the appropriate management and potential treatment strategies. Common forms range from the genetically predisposed androgenetic alopecia (male and female pattern baldness) and the autoimmune-driven alopecia areata, to reactive hair shedding known as telogen effluvium, often triggered by stress or illness, and traction alopecia, caused by persistent pulling forces on the hair. The causes are equally varied, involving a complex interplay of genetic factors,

hormonal fluctuations, immune system dysregulation, environmental triggers, medications, nutritional deficiencies, and even hairstyling practices. This introduction will delve into the multifaceted nature of alopecia, exploring its common types, causative factors, and the general impact it has on individuals.

TYPES

Alopecia: Understanding Hair Loss and Its Diverse Forms

Alopecia is the medical term for hair loss, a condition that can affect the scalp or any hair-bearing part of the body. It's a broad umbrella term encompassing various types, each with distinct causes, patterns of hair loss, and potential for regrowth. Hair loss can range from minor thinning to complete baldness and can significantly impact an individual's self-image and psychological well-being. Understanding the specific type of alopecia is the first crucial step towards effective management and treatment.

Alopecia is fundamentally categorized into two main groups:

1. Non-Scarring Alopecia: In these conditions, the hair follicle is not permanently damaged. This means there's potential for hair to regrow, either spontaneously or with treatment. This is the more common category.

2. Scarring Alopecia (Cicatricial Alopecia): This type involves inflammation that leads to irreversible destruction of the hair follicle, which is then replaced by scar tissue. Hair loss in these cases is typically permanent.

The most common and significant types of alopecia: Non-Scarring Alopecias:

- **Androgenetic Alopecia (Male Pattern Baldness and Female Pattern Hair Loss):**

- What it is: This is the most prevalent form of hair loss, affecting both men and women.

- Cause: It's primarily driven by a combination of genetic predisposition and the influence of androgen hormones, particularly dihydrotestosterone (DHT). DHT causes hair follicles to shrink (miniaturize) over time, producing shorter, finer hairs, and eventually, no hair at all.

- Pattern in Men: Typically starts with a receding hairline (forming an "M" shape) and thinning at the crown, which can progress to partial or complete baldness.

- Pattern in Women: Usually presents as diffuse thinning over the entire scalp, particularly at the crown, often noticed as a widening of the hair part. Complete baldness is rare in women.

- **Alopecia Areata:**

- What it is: An autoimmune disorder where the body's immune system mistakenly attacks healthy hair follicles.

- Cause: The exact cause is unknown, but genetics and environmental factors are believed to play a role. It's often associated with other autoimmune conditions.

- Pattern: Characterized by sudden, patchy hair loss, typically in round or oval shapes on the scalp, beard, eyebrows, or other body areas.

- Subtypes:

- Alopecia Totalis: Complete loss of hair on the scalp.

- Alopecia Universalis: Complete loss of hair on the entire body, including eyelashes and eyebrows.

- Diffuse Alopecia Areata: Sudden and unexpected thinning of hair all over the scalp, rather than in patches.

- Ophiasis Alopecia: Hair loss in a band-like pattern along the sides and lower back of the scalp.

- **Telogen Effluvium:**

- What it is: A form of temporary, diffuse hair shedding that occurs when a significant stressor causes a large number of hair follicles to prematurely enter the telogen (resting) phase of the hair growth cycle.

- Cause: Common triggers include major surgery, severe illness (especially with fever), childbirth, significant emotional stress, extreme weight loss, crash dieting, certain medications, and hormonal changes (e.g., thyroid disorders, stopping birth control pills).

- Pattern: Generalized thinning of hair across the scalp, often noticed during washing or brushing. It usually occurs a few months after the triggering event.

- **Anagen Effluvium:**

- What it is: Rapid and widespread hair loss that occurs during the anagen (growth) phase of the hair cycle.

- Cause: Most commonly caused by chemotherapy drugs, which affect rapidly dividing cells, including those in hair follicles. Radiation therapy to the head can also cause it.

- Pattern: Abrupt and significant hair shedding. Hair usually regrows once the causative treatment is stopped.

- **Traction Alopecia:**

- What it is: Hair loss caused by prolonged or repetitive tension on the hair follicles.

- Cause: Tight hairstyles such as tight ponytails, braids, cornrows, buns, and hair extensions are common culprits. The constant pulling can damage the hair follicles.

- Pattern: Typically occurs along the hairline, especially at the temples and forehead, or in areas where tension is greatest. If the tension is removed early, hair can regrow; however, chronic traction can lead to permanent follicle damage and scarring.

- **Trichotillomania (Hair-Pulling Disorder):**

- What it is: A mental health condition characterized by a recurrent, irresistible urge to pull out one's own

hair from the scalp, eyebrows, or other areas of the body.

- Cause: Considered an impulse control disorder, often related to stress or anxiety.
- Pattern: Results in patchy hair loss with hairs of different lengths, often in irregular or bizarre shapes.

Scarring Alopecias (Cicatricial Alopecias):

These are a group of less common disorders that cause permanent hair loss. They are often characterized by inflammation, itching, pain, or burning sensations. Diagnosis usually requires a scalp biopsy.

• **Lichen Planopilaris (LPP):**

- What it is: An inflammatory condition that affects hair follicles.
- Pattern: Can cause patchy hair loss, often with redness, scaling, and irritation around the affected follicles.
- Subtype: Frontal Fibrosing Alopecia (FFA): A specific form of LPP that primarily affects postmenopausal women, causing a progressive band of hair loss along the frontal hairline and eyebrows.

• **Central Centrifugal Cicatricial Alopecia (CCCA):**

- What it is: A type of scarring alopecia that predominantly affects women of African descent.
- Cause: The exact cause is not fully understood, but it may involve a combination of genetic predisposition and damaging hair care practices (e.g., heat, chemical relaxers, tight braids).
- Pattern: Typically starts at the crown of the scalp and gradually expands outwards in a circular pattern, leading to permanent hair loss.

• **Dissecting Cellulitis of the Scalp:**

- What it is: A rare, chronic inflammatory condition that causes painful abscesses and sinus tracts on the scalp, leading to scarring and permanent hair loss.

• **Folliculitis Decalvans:**

- What it is: A rare inflammatory condition characterized by recurrent pustules and inflammation around hair follicles, leading to progressive scarring alopecia. It's important to note that this list is not exhaustive, and other rare forms of alopecia exist. If you are experiencing hair loss, consulting a dermatologist is essential for an accurate diagnosis to determine the specific type of alopecia and discuss appropriate management options.

MIASMATIC DIAGNOSIS

In homeopathic philosophy, chronic diseases like alopecia are often understood through the lens of "miasms." Miasms are considered to be deep-seated, inherited, or acquired dyscrasias or predispositions that can influence an individual's health and how they manifest illness. The three primary miasms described by Samuel Hahnemann, the founder of homeopathy, are Psora, Sycosis, and Syphilis. Later, homeopaths added the Tubercular miasm (often considered a complex of Psora and Syphilis, or a distinct entity).

A miasmatic analysis of alopecia in homeopathy involves understanding the underlying miasmatic influence that might be contributing to the specific type and characteristics of hair loss in an individual. This analysis, along with the totality of the patient's symptoms (physical, mental, and emotional), guides the homeopath in selecting a constitutional or anti-miasmatic remedy.

It's important to note that this is a homeopathic theoretical framework and differs significantly from the understanding and treatment of alopecia in conventional medicine.

Here's a general homeopathic miasmatic analysis of alopecia, based on common interpretations within homeopathy:

1. Psora:

- Concept: Psora is often considered the "mother of all chronic diseases," representing a state of deficiency, lack, or functional disturbance. It's associated with itch, eruptions, and a general susceptibility to illness.

• **Alopecia Manifestations Attributed to Psora:**

- General hair quality: Hair may be thin, dry, dull, lusterless, and appear unhealthy or "dead."
 - Hair loss pattern: Hair loss might occur after an acute illness, fever, or childbirth.
 - Dandruff: Often present, typically dry and bran-like, with or without itching.
 - Premature graying: Hair may turn gray early or in spots.
 - Itching: The scalp may be itchy, which is a keynote of Psora.
 - Overall character: Hair loss that seems to stem from a general lack of vitality or nourishment to the hair.
- Conditions like some forms of

2. Sycosis:

telogen effluvium or early, non-specific thinning might be viewed through a Psoric lens if other Psoric symptoms are present.

- Concept: Sycosis is characterized by overgrowth, excess, infiltration, and induration. It's historically linked to suppressed gonorrhea but in modern homeopathy refers to a broader pattern of disease. It often manifests as warts, condylomata, growths, and discharges.

• Alopecia Manifestations Attributed to Sycosis:

- Hair quality: Hair can be greasy or oily.
- Hair loss pattern: Circular or ring-shaped patches of baldness (sometimes associated with alopecia areata in homeopathic literature if other sycotic signs are present). Some homeopaths may link excessive hair growth in unusual places (hirsutism) to a sycotic tendency, and by extension, disturbances in normal hair patterns like alopecia.
- Scalp conditions: Thick scaly eruptions, or moist, oozing eruptions on the scalp.
- Androgenetic alopecia: Given the hormonal influence and sometimes the pattern of loss (especially where there's a sense of "excess" hormonal activity leading to follicle changes), some homeopaths might consider a sycotic element, particularly if the patient exhibits other sycotic generalities.
- Overall character: Hair loss associated with altered growths or an "excess" process affecting the follicles.

3. Syphilis:

- Concept: The Syphilitic miasm is associated with destruction, degeneration, ulceration, and distortion. It represents the most destructive phase of disease processes.
- Alopecia Manifestations Attributed to Syphilis:
 - Hair quality: Hair may be lifeless, and there can be a tendency for hair to fall out in large amounts or for the hair roots to seem degenerated.
 - Hair loss pattern:
 - "Moth-eaten" appearance: This is a classic description, particularly seen in alopecia syphilitica (a manifestation of secondary syphilis in conventional medicine, but also a pattern considered under the Syphilitic miasm in homeopathy). The hair loss is in irregular, scattered patches.
 - Significant and rapid hair loss, sometimes leading to extensive baldness.
 - Hair loss from the eyebrows, eyelashes, and beard.
 - Scalp conditions: Ulcerations or destructive lesions on the scalp.
 - Overall character: Hair loss that is severe, destructive, and often associated with a general decline or deep-seated pathological process. Alopecia universalis or severe, rapidly progressing alopecia areata might be considered under this miasm by some practitioners if other syphilitic indicators are present. The use of Syphilinum as an intercurrent remedy in some alopecia cases in the provided search results points to this consideration.

4. Tubercular Miasm:

- Concept: The Tubercular miasm is characterized by changeability, restlessness, a tendency towards respiratory issues, allergies, and a rapid depletion of energy. It's often seen as a bridge or combination of Psora and Syphilis.
- Alopecia Manifestations Attributed to Tubercular Miasm:
 - Hair quality: Hair may be fine, silky, but weak, and may fall out easily.
 - Hair loss pattern: Patchy hair loss (alopecia areata is frequently associated with the Tubercular miasm, especially if there's a strong family history of tuberculosis or if the patient exhibits other Tubercular traits). Hair loss can be sudden and recurrent.
 - Associated symptoms: Patients may have a history of allergies, recurrent colds, respiratory infections, or swollen glands.
 - Overall character: Hair loss in individuals who are often delicate, easily fatigued, and crave change. The appearance of Tuberculinum as a remedy in alopecia areata cases in the search results underscores its connection. Alopecia that occurs in individuals with a strong allergic background or frequent respiratory complaints might also be analyzed from a Tubercular perspective.

Important Considerations in Miasmatic Analysis:

- Totality of Symptoms: A homeopath does not diagnose or prescribe based on the miasmatic classification of alopecia alone. The chosen miasm is one part of understanding the patient's overall state. The entirety of the patient's physical, mental, and emotional symptoms, along with their medical and family history, is crucial.
- Individualization: The dominant miasm and its expression can vary greatly from person to person, even with the same type of alopecia.
- Intercurrent Remedies: Sometimes, an anti-miasmatic remedy (a nosode like Psorinum, Medorrhinum (for Sycosis), Syphilinum, or Tuberculinum) is given as an "intercurrent" remedy to clear the miasmatic block, potentially allowing the constitutional remedy to act more effectively.
- Complexity: Often, individuals may present with layers of miasms, and the homeopath must discern the active or predominant miasmatic influence.

In summary, the homeopathic miasmatic analysis of alopecia seeks to identify the deep-seated dyscrasias that may be contributing to the hair loss. Psora might be linked to general, functional hair weakness and loss; Sycosis to overgrowth patterns or hormonal excesses influencing hair; Syphilis to destructive and severe forms of alopecia; and Tubercular to allergic or changeable patterns, especially in alopecia areata. This

analysis aids in the selection of individualized homeopathic treatment aimed at addressing the root cause according to homeopathic principles.

CASE STUDY

Summary: A male aged 8 years, in my clinic with complaints of loss of hairs in spots for more than 1 year along with recurrent cold and cough.

Identification Details

Regn: 5521

Name: Master ABC Son of Mr J.K. Mishra Sex: Male Age: 8 years Address: Vivek Nagar, Ballia.

Religion: Hindu

History of presenting complaints:

- Patient suffered 1 year back also
- Mode of onset – rapid, 10 days ago, recurrence
- Most probable cause – not known to the patient
- He has undergone allopathic treatment for the same without any remarkable improvement.

Past History

- Recurrent cough and cold
- Family History
- Father – Diabetes mellitus and Hypothyroidism
- Mother – Depression, Headache.
- Birth History- Normal birth.
- Physical generals: His appetite was good. He has a desire for cold things but disagrees with cold things. Bowel movement is regular.
- Sleep- on Abdomen position.
- The thermal reaction of the patient is hot.
- General Physical Examination:
- He was normal built with fair complexion and all the vitals were normal. There were no signs of anemia, jaundice, cyanosis and lymph nodes that were palpable PR. - 70/min., RR.: 18/min., TEMP: 97.6⁰F, Wt.-25 Kg.

SYSTEMIC EXAMINATION:

- C.V.S. - No abnormal sound during auscultation, C.N.S. - Sensory and motor functions are normal, RESP.- Chest clear, G.I.T.-Abdomen soft, no tenderness.

MENTAL GENERALS:

- Obstinate, HYPERACTIVE CHILD,
- Temperament- very angry with threatening to parents that he will kill them.
- Head striking on wall. DIAGNOSIS:
- The case diagnosis was made based on the symptomatology and clinical examination.

PRESCRIPTION:

After Case taking, based on the totality of symptoms & with the consultation of Homoeopathic Materia medica Tuberculinum 200ch, 4 doses, OD for four days was prescribed on 22/06/2024. Medicine should be taken at morning for 4 days, after food.

SELECTION OF REMEDY WITH JUSTIFICATION^{5,6}

The symptomatology, Tuberculinum covers the totality of symptoms that guided us to select the remedy (mental state). Based on keynote symptoms & due consultation of textbooks of Materia Medica Tuberculinum seems to be the most suitable drug in this case and thus prescribed in 200ch, four doses followed by placebo for 30 days

SELECTION OF POTENCY WITH JUSTIFICATION⁷:

The potency selection and repetition were done based on the Homoeopathic principles, susceptibility of the patient, and homoeopathic philosophy.

FOLLOW UP:

Date of visit	Change in Symptoms	Prescribed Medicine/Potency/Dose	Justification
13/10/2023	Slight improvement.	Rubrum/BD/30 Days	To wait and allow the medicine to act
30/11/2023	Mild improvement	Phytum /BD/30 Days	No new complaints; mild improvement
02/01/2024	Stand still	Tuberculinum 1M / 2 dose Rubrum / BD / 20 Days	
05/02/2024	Improvement noticed.	Phytum /BD/30 Days	New hair follicles appear
06/03/2024	Better		Full hair mass

Photographic Evidence: -**Before treatment****After treatment****CONCLUSION:**

This case report shows the positive role of homoeopathic medicine in the treatment of Alopecia Areata within a short period. This single case report cannot draw any certain conclusion, more documented cases and scientific research could help to generate evidence on the usefulness of homoeopathic medicines in managing Alopecia areata.

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