

Individualized Homoeopathic Treatment for Alopecia:an Evidence Based Report

Durva Kadu¹, DR.Anitha . S. K²

¹ Undergraduate Scholar, Department of practice of medicine with paediatrics Alva's Homoeopathic Medical College and Hospital, Moodbidri, Karnataka, India.

² Associated professor and Guide, Department of practice of medicine with paediatrics Alva's Homoeopathic Medical College and Hospital, Moodbidri, Karnataka, India.

Abstract—Introduction: Alopecia areata is a non-scarring, immune-mediated hair loss disorder in which T-lymphocyte-driven collapse of hair follicle immune privilege produces well-demarcated bald patches. Psychological stress is a recognised precipitant, and relapse after conventional therapy is common. Homoeopathy addresses such presentations through an individualised medicine selected on the totality of mental, general and particular symptoms.

Case summary: A 28-year-old man presented with a single, non-scarring bald patch approximately 3 cm in diameter over the parietal region, of one year's duration and unrelieved by prior conventional treatment. The hair loss had followed failure in a competitive examination, after which he developed silent grief, indifference, aversion to company, weak memory and mental prostration without overt weeping. The hair pull test was positive at the margins and alopecia areata was diagnosed clinically. Repertorisation using Synthesis repertory ranked *Natrum muriaticum* highest, covering eight rubrics with 22 degrees. *Natrum muriaticum* 200C was prescribed on 8 February 2026, followed by a single dose of *Natrum muriaticum* 1M on 23 February 2026 when no change was observed. Regrowth was evident by 10 March 2026, with improved sleep and a lifting of the mental state. At video consultation on 10 April 2026, nine weeks after the initial prescription, there was complete regrowth of medium-thick hair with no new patches. Causal attribution by the Modified Naranjo Criteria for Homoeopathy scored 7 of 13, indicating a likely association. This case suggests an individualised homoeopathic medicine may benefit alopecia areata precipitated by emotional stress, although a single case cannot establish efficacy.

Index Terms—Alopecia areata; Case report; Homoeopathy; *Natrum muriaticum*; Repertorisation

I. INTRODUCTION

Alopecia refers to a heterogeneous group of disorders characterised by hair loss of the scalp or other body regions, classified as non-scarring or scarring depending on whether the hair follicle is preserved. Alopecia areata (International Classification of Diseases, 10th revision: L63.9) is the commonest non-scarring form, presenting as sudden, well-circumscribed patches of loss on an otherwise normal scalp.

Its lifetime risk is approximately 2% of the general population, with onset most often before 40 years of age. The condition is attributed to a collapse of hair follicle immune privilege, with peribulbar infiltration by CD8+ T lymphocytes and interferon-gamma-driven cytokine signalling arresting the anagen phase. Genetic predisposition, autoimmune comorbidity, nutritional deficiency and psychological stress are recognised contributory factors.

Conventional management includes topical and intralesional corticosteroids, contact immunotherapy, minoxidil and, more recently, Janus kinase inhibitors; relapse on withdrawal is frequent. Homoeopathy approaches such cases through an individualised medicine selected on the constitutional and emotional totality rather than the local lesion alone. This report documents a case of alopecia areata of one year's duration, unresponsive to prior conventional treatment, in which regrowth followed an individualised homoeopathic prescription. The case is reported in accordance with the CARE guideline and its homoeopathy-specific supplement, HOM-CASE.

II. CASE REPORT

Patient information

A 28-year-old man presented on 8 February 2026 with a single bald patch over the scalp of one year's duration. He had been well until one year previously, when he gradually noticed hair fall while combing, followed by a rounded bald patch over the parietal region. There was no itching, scaling or pain. He had taken conventional medication for the same complaint without relief, and had no other major illness. His father was alive with hypertension; there was no family history of alopecia or autoimmune disease.

Life space and mental state

The patient had been preparing for an important competitive examination with high expectations of himself and from his family. Despite consistent effort he failed, and the setback affected him deeply, although he did not express it openly. A change in personality followed: he became quiet, withdrawn and indifferent to his surroundings, preferring to remain alone and sitting silently without any particular thought. When questioned he responded briefly, as though nothing mattered. He described mental exhaustion in which even small tasks felt burdensome; memory weakened and concentration declined, and he felt persistently drained despite the absence of physical illness. Rather than active grief or weeping, there was silent suffering with indifference and apathy. It was during this period of mental debility that he began to notice excessive hair fall, culminating in the bald patch.

Physical generals

Diet mixed; appetite good; thirst two litres per day; urine four to five times per day; desire for salt and sour food; no marked aversions; sleep disturbed; no significant dreams; perspiration generalised; thermally a hot patient.

Clinical findings

The patient was conscious, co-operative and well oriented; thin and lean, moderately nourished. Tongue clean; teeth white without caries; scalp hair black with powdery dandruff. There was no pallor, icterus, oedema, lymphadenopathy, clubbing or cyanosis. Blood pressure 110/80 mmHg, pulse 78 beats per minute, respiratory rate 18 per minute, afebrile.

On local examination there was a single, roughly circular patch approximately 3 cm in diameter over the parietal region with complete absence of hair (Figure 3). The underlying scalp was smooth and non-inflamed, with no scaling, erythema or atrophy to suggest a scarring process. The hair pull test was positive at the margins. Dermoscopy was not performed, a dermoscope being unavailable at the treatment setting.

Diagnostic assessment

Differential diagnoses considered were alopecia areata, tinea capitis, telogen effluvium and trichotillomania. The abrupt onset of a single, well-defined, completely bald, non-inflamed patch with a positive hair pull test at the margins supported alopecia areata. Tinea capitis was unlikely in the absence of scaling, inflammation and lymphadenopathy; telogen effluvium characteristically causes diffuse rather than patchy loss; and trichotillomania was excluded by the absence of irregular borders and broken hairs of varying length. No laboratory investigations were undertaken. The diagnosis was established clinically on the basis of the history, the morphology of the lesion and the positive hair pull test. Final diagnosis: alopecia areata. Miasmatic diagnosis: psora with sycotic expression. Susceptibility was assessed as high.

Totality of symptoms

Ailments from disappointment and failure in examination; silent grief with inability to express emotion; indifference to surroundings; aversion to company; mental exhaustion following emotional stress; weakness of memory; diminished concentration; apathy and lack of motivation; general weakness and prostration; desire for salt; hot patient; hair falling in patches following emotional stress.

Repertorisation

The totality was repertorised using Synthesis repertory (Figure 1). Ten rubrics were selected across the Mind, Head and Generals sections. *Natrum muriaticum* ranked highest, covering eight rubrics with a total of 22 degrees, followed by *Ignatia*, *Phosphorus* and *Staphysagria* at eight rubrics and 19 degrees each (Figure 2).

Therapeutic intervention and follow-up
The medicine was finally selected after consulting the materia medica, on the basis of the causation, the

mental generals and the physical generals. The therapeutic timeline is presented in Table 1.

Table 1: Therapeutic timeline. Placebo was dispensed as unmedicated globules (*sac lac*).

Date	Clinical findings	Prescription	Rationale
8 Feb 2026	Bald patch 3 cm diameter, parietal region; hair pull test positive at margins; silent grief, indifference, apathy, mental prostration; sleep disturbed	<i>Natrum muriaticum</i> 200C, twice daily for one week, followed by placebo twice daily for 15 days	Simillimum selected on repertorisation and materia medica
23 Feb 2026	No change in the patch; increased anxiety about balding	<i>Natrum muriaticum</i> 1M, single dose, followed by placebo for 15 days	No response to the lower potency; potency raised on the same symptom totality
10 Mar 2026	Fine hair growth beginning over the patch; sleep improved; mental state lifting	Placebo, twice daily for one month	Improvement under way; medicine not repeated
10 Apr 2026	Video consultation: complete regrowth of medium-thick hair over the previously affected site; no new patches; mental state and sleep sustained	No medicine prescribed	Recovery sustained; patient advised to report any recurrence

III. OUTCOME

Fine regrowth over the affected patch was first observed on 10 March 2026, approximately five weeks after the initial prescription and 15 days after the single dose of *Natrum muriaticum* 1M. Sleep improved concurrently, as did his demeanour and motivation. At video consultation on 10 April 2026, nine weeks after the initial prescription, the previously affected site was completely covered with medium-thick hair and no new patches had appeared (Figures 5 and 6). This final assessment was made by video consultation supported by patient-supplied photographs taken at the end of March 2026, rather than by direct physical examination.

IV. DISCUSSION

Natrum muriaticum is characterised in the materia medica by ailments from grief, disappointment and mortification in a person who does not express emotion outwardly. Silent, suppressed grief with

aversion to consolation and to company, indifference, weak memory, difficult concentration and mental prostration from emotional exertion form the core of the picture, commonly with a marked desire for salt, disturbed sleep and a hot thermal state. Each of these was present here, and the causation mapped directly onto the rubric 'Mind – ailments from – disappointment'. The correspondence between causation, mental generals and physical generals, rather than the repertorial total alone, determined the final selection.

The principal competing medicines on repertorisation were *Ignatia*, *Phosphorus* and *Staphysagria*, each covering eight rubrics with 19 degrees. *Ignatia* was less suitable because its grief is recent, variable and demonstrative, whereas this patient's suffering was settled and silent over a year. *Phosphorus* typically desires company and sympathy, the opposite of the aversion recorded here. *Staphysagria* centres on suppressed indignation and ailments from humiliation rather than disappointed expectation with apathy. The

desire for salt and the hot thermal state further supported *Natrum muriaticum*.

The absence of response to *Natrum muriaticum* 200C over a fortnight, in a patient assessed as highly susceptible with an intense mental picture, was interpreted as insufficient dynamic stimulus rather than as an incorrect simillimum, and the potency was accordingly raised to 1M in a single dose. Regrowth followed within 15 days and was complete by the ninth week. The medicine was not repeated thereafter, in

keeping with the principle of allowing an evident reaction to complete itself. It is notable that the improvement in the mental state and in sleep accompanied rather than followed the local recovery, which is consistent with the constitutional basis on which the medicine was chosen.

Causal attribution was assessed using the Modified Naranjo Criteria for Homoeopathy (Table 2), yielding a score of 7 out of a possible 13, which supports a likely rather than a definite association.

Table 2: Modified Naranjo Criteria for Homoeopathy (MONARCH) assessment. Items 3, 6, 7 and 10 were scored zero because the corresponding phenomena were not documented.

Criterion	Score	Max
1. Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	+2
2. Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	+1
3. Was there an initial aggravation of symptoms?	0	+1
4. Did the effect encompass more than the main symptom or condition?	+1	+1
5. Did overall wellbeing improve?	+1	+1
6. Direction of cure: did some symptoms improve in the opposite order of their development?	0	+1
7. Direction of cure: did old symptoms reappear temporarily during improvement?	0	+1
8. Are there alternative causes that, with high probability, could have produced the improvement?	0	+1
9. Was the health improvement confirmed by objective evidence?	+2	+2
10. Did repeat dosing, if conducted, create similar clinical improvement?	0	+1
Total	7	13

Several limitations must be acknowledged. This is a single, uncontrolled observation, and alopecia areata may remit spontaneously in limited patchy disease, so coincidental resolution cannot be excluded; against this, the patch had persisted for one year without regrowth and had not responded to prior conventional treatment. The diagnosis rested on clinical grounds alone: no laboratory investigations were performed, and thyroid function in particular was not assessed despite the recognised association with autoimmune thyroid disease. Trichoscopic documentation was unavailable, and response was recorded clinically and photographically rather than by a validated instrument such as the Severity of Alopecia Tool. The final

assessment was made by video consultation rather than direct examination, and follow-up extended to approximately nine weeks; since relapse is common, longer observation would be needed before recovery could be called durable. Findings from a single case cannot be generalised.

V. CONCLUSION

In this case of alopecia areata of one year's duration precipitated by emotional stress, individualised homoeopathic treatment with *Natrum muriaticum* was followed by complete regrowth over the affected patch within nine weeks, together with improvement in sleep

and mental state. The observation supports the value of prescribing on the constitutional and emotional totality in this condition. Well-designed prospective studies with objective outcome measures and longer follow-up are needed before any conclusion about effectiveness can be drawn.

VI. DECLARATIONS

Patient consent: Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical photographs.

Conflict of interest: The authors declare that they have no conflict of interest.

Financial support and sponsorship: Nil.

Authors' contributions: The first author managed the case, collected the clinical data and drafted the manuscript. The second author supervised case management, verified the repertorisation and prescription, and critically revised the manuscript for important intellectual content. Both authors approved the final version and agree to be accountable for all aspects of the work.

REFERENCES

- [1] Villasante Fricke AC, Miteva M. Epidemiology and burden of alopecia areata: a systematic review. *Clin Cosmet Investig Dermatol*. 2015;8:397-403.
- [2] Rivitti EA. Alopecia areata: a revision and update. *An Bras Dermatol*. 2005;80(1):57-68.
- [3] Juárez-Rendón KJ, Rivera Sánchez G, Reyes-López MÁ, García-Ortiz JE, Bocanegra-García V, Guardiola-Avila I, et al. Alopecia areata. Current situation and perspectives. *Arch Argent Pediatr*. 2017;115(6):e404-11.
- [4] Brzezińska-Wcisło L, Bergler-Czop B, Wcisło-Dziadecka D, Lis-Święty A. New aspects of the treatment of alopecia areata. *Postepy Dermatol Alergol*. 2014;31(4):262-5.
- [5] Shivanna CB, Shenoy C, Priya RA. Tofacitinib (selective Janus kinase inhibitor 1 and 3): a promising therapy for the treatment of alopecia areata: a case report of six patients. *Int J Trichology*. 2018;10(3):103-7.
- [6] Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. *Davidson's principles and practice of medicine*. 23rd ed. Edinburgh: Elsevier; 2018.

- [7] Schroyens F. *Synthesis: repertorium homeopathicum syntheticum*. 9.1 ed. New Delhi: B. Jain Publishers (P) Ltd.; 2007.
- [8] Kent JT. *Lectures on homoeopathic materia medica*. 6th ed. New Delhi: B. Jain Publishers (P) Ltd.; 2002.
- [9] Allen HC. *Keynotes and characteristics with comparisons of some of the leading remedies of the materia medica with bowel nosodes*. 13th ed. New Delhi: B. Jain Publishers (P) Ltd.; 2005.
- [10] Boericke W. *New manual of homoeopathic materia medica and repertory*. 3rd rev. ed. New Delhi: B. Jain Publishers (P) Ltd.; 2007. p. 774-81.
- [11] Clarke JH. *A dictionary of practical materia medica*. Vol. 3. New Delhi: B. Jain Publishers (P) Ltd.; 2006.
- [12] van Haselen RA. Homeopathic clinical case reports: development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med*. 2016;25:78-85.
- [13] Lamba CD, Gupta VK, van Haselen R, Rutten L, Mahajan N, Molla AM, et al. Evaluation of the Modified Naranjo Criteria for assessing causal attribution of clinical outcome to homeopathic intervention as presented in case reports. *Homeopathy*. 2020;109(4):191-7.
- [14] Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *Glob Adv Health Med*. 2013;2(5):38-43.

Figures

MIND	
1 MIND - AILMENTS FROM - disappointment	✕
2 MIND - AILMENTS FROM - grief	✕
3 MIND - APATHY	✕
4 MIND - COMPANY - aversion to	✕
5 MIND - CONCENTRATION - difficult	✕
6 MIND - INDIFFERENCE	✕
7 MIND - MEMORY - weakness of memory	✕
8 MIND - PROSTRATION of mind	✕
HEAD	
9 HEAD - HAIR - falling - spots, in	✕
GENERALS	
10 GENERALS - WEAKNESS - mental exertion	✕

Figure 1: Rubrics selected for repertorisation using Synthesis repertory.

Remedies	ΣSym	ΣDeg	Symptoms
nat-m.	8	22	1, 2, 4, 5, 6, 7, 8, 9
ign.	8	19	1, 2, 4, 5, 6, 7, 8, 9
phos.	8	19	1, 2, 4, 5, 6, 7, 8, 9
staph.	8	19	1, 2, 4, 5, 6, 7, 8, 9
lyc.	8	17	1, 2, 4, 5, 6, 7, 8, 9
alum.	8	15	1, 2, 4, 5, 6, 7, 8, 9
ars.	8	12	1, 2, 4, 5, 6, 7, 8, 9
calc-p.	8	12	1, 2, 4, 5, 6, 7, 8, 9
kali-c.	8	11	1, 2, 4, 5, 6, 7, 8, 9
ph-ac.	7	19	1, 2, 4, 5, 6, 7, 8
lach.	7	18	1, 2, 4, 5, 6, 7, 8
sep.	7	18	1, 2, 4, 5, 6, 7, 8
nux-v.	7	17	1, 2, 4, 5, 6, 7, 8
aur.	7	16	1, 2, 4, 5, 6, 7, 8
puls.	7	16	1, 2, 4, 5, 6, 7, 8

Figure 2: Repertorisation result. Natrum muriaticum ranked highest with eight rubrics and 22 degrees.



Figure 3: Baseline appearance on 8 February 2026, showing a circular bald patch approximately 3 cm in diameter over the parietal region.



Figure 4: Follow-up on 10 March 2026, showing early fine regrowth over the affected patch.



Figure 5: End of March 2026, showing complete regrowth of medium-thick hair over the previously affected site.



Figure 6: End of March 2026, posterior view showing uniform hair cover with no new patches.