Case Report

A Case Report on Alopecia Areata - A Homoeopathic Constitutional Approach

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Abstract: Since its origin, homoeopathy has shown unprecedented success in treating sickness. Homoeopathic evidence and case details are essential for the future development of Alopecia Areata (AA) and the significance of homoeopathy, which I will discuss in detail in this article. A 17-year-old girl complained of localized hair loss on the scalp for the last eight months. Diagnosed with alopecia areata, she was prone to irritability, desire for sweets, and an aversive to salt. reduced hunger and thirst. Constipation once every three days. After a thorough case analysis and repertorization, the patient was prescribed Rx Natrum muriaticum 200 1D in 10 ml, 5 ml stat and 5 ml HS per day in accordance with the homoeopathic principle. At the patient's last follow-up, there was a marked increase in hair growth, and within two months of homoeopathic treatment, the patient felt better symptomatically and emotionally. Conclusion: so long as they have enough training and experience, homoeopathic doctors are capable of treating a broad range of conditions. Alopecia areata (AA) was treated with a successful homoeopathic constitutional medication, and the patient's physical and mental health improved as a consequence. One may get speedy improvement in health via homoeopathy when other systems have a limited function in addressing aesthetic disorders without side effects.

Keywords: Natrum muriaticum, Alopecia Areata (AA), Repertorization, Homoeopathic Treatment

1. Introduction

Alopecia areata is an autoimmune disorder characterised by transient, non-scarring hair loss and maintenance of hair follicles. There are various types of hair loss, ranging from discrete patches of hair loss to diffuse or full hair loss that can impact all hair-bearing areas. Alopecia areata, the most common kind, affects the scalp in patches. Alopecia areata affects approximately 2% of the general population at some point in their lives. Biopsies of afflicted skin demonstrate a lymphocytic infiltrate in and around the bulb or lower section of the hair follicle during the anagen (hair growth) phase. The loss of immune privilege of the hair follicle is thought to be a major cause of alopecia areata. Alopecia areata is a complex, polygenetic disorder, as evidenced by genetic studies on humans and mice models. Several genetic susceptibility loci have been linked to signalling pathways required for hair follicle growth and cycling. Alopecia areata is frequently diagnosed clinically; however, dermoscopy and histology might be helpful. Alopecia areata is difficult to treat medically, however recent advances in molecular pathway knowledge have led to the identification of novel medicines and the possibility of remission in the near future. [1]. "The disorder can be limited to one or more discrete, well-circumscribed, round or oval patches of hair loss on the scalp or body, or it can affect the entire scalp (alopecia totalis) or the rest of the body" (alopecia universalis). The global lifetime prevalence of AA is roughly 2%. [2]. It affects people of all ages and genders. Hair loss is characterised as an inflammatory process that induces persistent inflammation in the context of an organ-specific CD8+ T-cell-dependent response that primarily targets hair follicles. Multiple causes, including as infections, trauma, hormones, and stress, have been shown to aggravate the illness. The genetic predisposition plays an important influence in the likelihood of severe symptoms in first-degree relatives. Vitiligo, lupus erythematosus, psoriasis, atopic dermatitis, thyroid disease,
allergic rhinitis, pernicious anemia, diabetes, and rheumatoid arthritis have all been related to it. [3].

There is no curative therapy for alcoholics. Patients with AA are treated with topical immunotherapy, intralosomal, and topical or systemic corticosteroids. Immunosuppressants and biologics are two more therapy possibilities. Because of the risk of side effects, patients taking these drugs should be clinically examined on a regular basis. Psychological support is an essential component of AA case management. Long-term improvements are feasible with psychological support and illness education. [4]. In most cases, the diagnosis is clinical and generally straightforward. In chronic diffuse forms, trichogram and biopsy are recommended. [5]. Sharquie and Al-Obaidi [6]. compared the efficacy of topical crude onion juice versus tap water in the treatment of patchy AA. A group of Iranian researchers examined the efficacy of topical garlic gel in the treatment of AA. [7]. Xie [8]. described a case report of a girl with AA who was treated with traditional Chinese medicine. Hay et al. [9]. used aromatherapy to treat AA with significant improvement. Despite the positive results, no study had sufficient internal validity to provide conclusive evidence of the efficacy of complementary medicine (CAM) in AA.

Homoeopathic remedies can provide a gentle and secure treatment for AA patients. Homoeopathy treats the entire person. This includes a thorough review of the patient's medical, family, and causative histories. Consideration is also given to any underlying predisposition factors and susceptibility. Homoeopathic literature lists numerous treatments for alopecia, including Alumina, Arsenicum album, Floricum acidum, Graphites, Natrum muraticum, Nitricum acidum, Phosphoricum acidum, Phosphorus, Pix liquida, Selenium, Sepia, Syphilinum, Thallium, and Vinca minor, among others. [10].

2. Case Presentation

Patient of 17 years old female Hindu by religion, studying 11th standard presented with the complaint of hair loss in a spot on the scalp with itching on the scalp for 8 months.

2.1. Case Report

The patient started with hair loss on the spot of the scalp for 8 months, initially the spot is small and later it started to increase in size and it was found accidently by her mother which the reason was unknown. Along with hair loss there is itching in scalp also present. There is no history of associated scaling, rashes, fever present. There is no family history of AA and autoimmune disease in the family. She also had complaint of thin watery vaginal discharge before menses. She was very studious and brilliant student, after lockdown she lost interest in studies and diverted into television. And during case taking she does not open up much and very timid. She gets irritable for trifles and gets anger easily. She always desired to be in company, desire for sweet and aversion for salt. She has decreased appetite and thirst. She also had constipation passes stool once in 3 days. The patient has given her consent for sharing her images and other clinical information.

2.2. Diagnosis of the Case

After detailed case taking with examination and investigatory finding the patient was diagnosed with Alopecia areata.

2.3. Clinical Course

Considered symptoms for the constitution:

1) Anger easily;
2) Desire company;
3) Hair falls out;
4) Itching on scalp;
5) Constipation;
6) Appetite diminished;
7) Decreased thirst;
8) Desire sweet;
9) Aversion salt.

2.4. Repertorisation

Was done using Zomeo 3.0 (hompath 11.0 version).

<table>
<thead>
<tr>
<th>Remedy</th>
<th>Natr-m</th>
<th>Carb-v</th>
<th>Graph</th>
<th>Phos</th>
<th>Sep</th>
<th>Sulph</th>
<th>Ars</th>
<th>Nux-m</th>
<th>Kali-c</th>
<th>Lyc</th>
<th>Calc</th>
<th>Arg-n</th>
<th>Con</th>
<th>Mec</th>
<th>Merc</th>
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<tr>
<td>Totality</td>
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<td>16</td>
<td>19</td>
<td>17</td>
<td>16</td>
<td>15</td>
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<td>14</td>
<td>14</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms Covered</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
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<td>6</td>
<td>6</td>
<td>6</td>
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<td></td>
</tr>
<tr>
<td>(Complete ] [Mind] Anger:Easily;</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<td>4</td>
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<td>2</td>
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<td>3</td>
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<tr>
<td>(Complete ] [Mind] Company:Desire for:</td>
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<td>1</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
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<tr>
<td>(Kent ] [Skin] Hair:Falls out (see regions):</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(Kent ] [Head] Itching of scalp:</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
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<td>1</td>
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<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>(Kent ] [Rectum] Constipation (see inactivity):</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>(Kent ] [Stomach] Appetite:Diminished:</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>(Kent ] [Stomach] Thrust:Without desire to drink:</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>(Complete ] [Generalities]Food and drink:Desires:</td>
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<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Figure 1. Repertorization zomeo.
2.5. Intervention

1st prescription was on 12th of February 2022.
Rx Natrum muriaticum 200 1D in 10 ml, 5 ml stat and 5 ml HS per day was given as per the homoeopathic principle.

### Table 1. Follow up and management.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SYMPTOM CHANGES</th>
<th>PRESCRIPTION- INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>26/02/2022-12/03/2022</td>
<td>2- persist the same 1-mild improvement 3, 5-good</td>
<td>Rx 1. Natrum muriaticum 200 1D in 10 ml, 5 ml stat and 5 ml HS 2. Sac lac 7D (1D-Alternate HS) 3. B.Pills 3tds <strong>2 weeks</strong></td>
</tr>
<tr>
<td>12/03/2022-25/03/2022</td>
<td>1-reduced than before 2, 4-persist, 5, 3-good</td>
<td>Rx 1. Natrum muriaticum 200 1D in 10 ml, 5 ml stat and 5 ml HS 2. Sac lac 7D (1D-Alternate HS) 3. B.Pills 3tds<strong>2 weeks</strong></td>
</tr>
<tr>
<td>25/03/2022-9/04/2022</td>
<td>1 hair started to grow, 2- better 3- slight change than before 3, 4, 5-good</td>
<td>Rx 1. Natrum muriaticum 200 1D in 10 ml, 5 ml stat and 5 ml HS 2. Sac lac 7D (1D-Alternate HS) 3. B.Pills 3tds<strong>2 weeks</strong></td>
</tr>
<tr>
<td>09/04/2022-30/04/2022</td>
<td>1Hair growth improved 2-Better than before 3, 4, 5-good</td>
<td>Rx 1. Natrum muriaticum 200 1D in 10 ml, 5 ml stat and 5 ml HS 2. B.Pills 3tds. 3. B.Disc 1xbd <strong>2 weeks</strong></td>
</tr>
</tbody>
</table>

2.6. Follow up Criteria

1) Hair falls out;
2) Itching in scalp;
3) Constipation;
4) Leucorrhoea;
5) Generals.

3. Result

Gradually, the patient improved symptomatically after the first prescription of the homoeopathic medicine Natrum muriaticum 200 1D in 10 ml, 5 ml stat and 5 ml HS repeated for 8 weeks. Within few weeks marked improvement was seen in the complaint of the patient (Figure 2). In the last follow-up, marked hair growth is seen. There were significant changes in all the symptoms and regrowing of hair which resolved completely within 8 weeks (Figure 2) (total treatment period 12th of February 2022 -30th of April 2022).

### Table 2. Assessment by modified Naranjo criteria score.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there an improvement in the main symptom or condition, for which the homoeopathic medicine was prescribed?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the clinical improvement occur within a plausible time frame relative to the drug intake?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was there an initial aggravation of symptom? (Need to define in glossary) Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did overall well-being improve? (Suggest using validated scale) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?</td>
<td>+2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the clinical improvement occur within a plausible time frame relative to the drug intake?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was there an initial aggravation of symptom? (Need to define in glossary) Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: 1. From organs of more importance to those of less importance 2. From deeper to more superficial aspects of the individual 3. From the top downwards</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?</td>
<td>+1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there alternate causes (other than the medicine) that - with a high probability - could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation)</td>
<td>+2</td>
<td></td>
<td></td>
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<tr>
<td>Did repeat dosing, if conducted, create similar clinical improvement?</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL SCORE= 8

4. Discussion

Since modern medicine has very limited role to play in case of Alopecia areata (AA) like some local applications etc…, homoeopathy comes as a rescue, not only as a palliative but also as curative in a vast majority of cases. In certain obstinate cases, it’s difficult to achieve the cure [9]. However, Natrum Muriaticum is used as a constitutional medicine in this case of Alopecia areata (AA). It is used in skin condition with loss of...
hair on spot with itching on scalp, [10] striking mind symptoms angered easily, desire for company and generals are desire fish and aversion to salt and decreased appetite and thirst. no other medicine was administered before and after treatment.

The patient showed marked improvement in symptoms when a dose of Natrum Muriaticum 200/1 D was given as constitutional medicine repeated for 3 months, in-between placebo prescribed. In the last follow-up, marked hair growth is seen. Total treatment period was 90 days from 12th of February 2022 -30th of April 2022.

Treatment Figures

Figure 3. After treatment (second follow-up).

5. Conclusion

This case emphasizes the importance of symptom similarity with individualization of medication and remedy selection, demonstrating the efficacy of homoeopathic medicine in the treatment of Alopecia Areata (AA). On homoeopathic treatment the hair growth on the affected area was regrown within a short span of time by the constitutional medicine hence the importance of homoeopathic constitution medicine plays a major role in the rapid recovery of the patient. In addition, evidence-based clinical trials must be done to demonstrate the efficacy of homoeopathic medicine in such instances. This evidences that homoeopathy has scope in cosmetic field.

Abbreviation

Rx-Remedy, D-Dose, HS-at bed time, Sac.lac- saccharum lactis, tds- three times in a day, bd- Two times in a day, B. pills - placebo, B. Disc-Blank Diskets, Alopecia areata (AA).

Decaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initial will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

Conflicts of Interest

The authors declare that they have no competing interest.

References


