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CASE STUDY

TREATMENT OF ALOPECIA AREATA WITH HOMOEOPATHY: A CASE STUDY

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Abstract

Alopecia refers to the absence or loss of hair in regions where it is typically expected. It can manifest as localized or diffuse, temporary or permanent, affecting individuals of all genders and ages. This condition, arising from various causes, is broadly categorized as nonscarring, the most prevalent, and scarring (cicatricial). It often leads to significant distress for patients, impacting their quality of life. This case report endeavors to delineate the efficacy of Individualized homeopathic treatment in managing Alopecia areata.

INTRODUCTION

Alopecia areata is a persistent immune-mediated condition that impacts hair follicles, nails, and, at times, the retinal pigment epithelium[1]. In this condition, the immune system mistakenly targets hair follicles, leading to hair loss. The exact cause of alopecia areata is not well understood, but it is believed to involve a combination of genetic, environmental, and immune system factors. It can impact individuals of all ages, yet the incidence seems to be more pronounced among children when contrasted with adults (1.92% versus 1.47%)[2]. Females, particularly those aged over 50 years, exhibit a higher

reported incidence compared to males, especially in cases of late-onset disease[3].

TYPE OF ALOPECIA

1. BASED ON EXTENT[4]

a. **Patchy Alopecia-** In this prevalent type, characterized by its high frequency, hair loss occurs in one or more coin-sized patches on the scalp or other areas of the body.

b. **Alopecia Totalis-** Individuals afflicted by this condition experience complete or near-complete loss of hair on their scalp.

c. Alopecia Universalis- In this uncommon variant, there exists a total or near-total absence of hair on the scalp, face, and the entire body.

2. BASED ON PATTERN

- **Reticular**-The reticular type exhibits a mesh-like structure characterized by numerous dynamic and receding patches.
- **Ophiasis-** Ophiasis alopecia represents a distinct form of alopecia areata, characterized by hair loss manifesting in a band along the sides and back of the head.
- **Sisaipho-** Sisaipho, a rare variation of AA, was initially documented by Muñoz and Camacho in 1996. Unlike ophiasis, it is characterized by hair loss on the scalp that spares the temporal and occipital regions[5].

3. NEW VARIANT

Acute diffuse and total alopecia- Acute diffuse and total alopecia (ADTA) represents a variation of alopecia areata devoid of the typical patchy hair loss observed in classical alopecia areata. Instead, it manifests with a sudden onset of widespread hair loss, frequently observed in young females. The duration from disease onset to diffuse hair loss typically spans from 2 to 20 weeks[6].

4. UNUSUAL PATTERNS

a. Perinevoid Alopecia- Perinevoid alopecia (PA) is an uncommon variation of alopecia areata (AA) linked with a central pigmented nevus.

b. Linear- The linear variant of alopecia areata (AA) presents a rare challenge in diagnosis due to its propensity to mimic various conditions, including trichotillomania, dermatitis artefacta, and linear lupus erythematosus profundus[7].

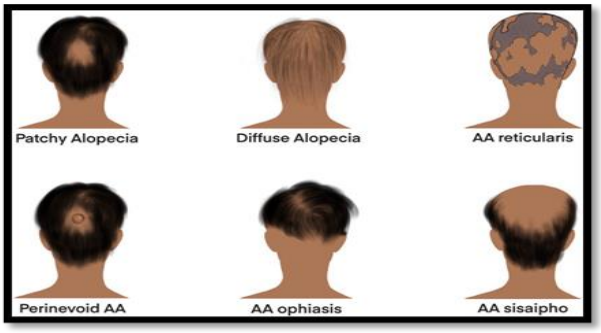


Fig.No.1 -TYPE OF ALOPECIA

DIFFERENTIAL DIAGNOSIS-

Here are some medical conditions that may be misidentified as alopecia areata:

1. **Androgenetic alopecia-** Androgenetic alopecia, a genetically predetermined disorder, arises from an exaggerated response to androgens. This condition impacts as many as 50 percent of males and females, leading to the gradual loss of terminal scalp hair post-puberty. It exhibits a distinctive distribution pattern in both genders, with males experiencing pronounced hair loss primarily in the vertex and frontotemporal regions, while women typically retain their frontal hairline, yet undergo diffuse hair thinning at the crown and top of the head, often noticeable through a widened center part.

Fig. No.2- Androgenic Alopecia

2. **Traction alopecia-** Traction alopecia develops due to persistent pulling force on the hair roots, typically affecting women of African descent with tightly coiled, spiral hair. Preventive measures can mitigate traction alopecia[8,9].
3. **Trichotillomania-** Trichotillomania, colloquially referred to as trich, manifests when individuals cannot resist the compulsion to pull out their hair, whether from their scalp or other areas like eyebrows or eyelashes. Its prevalence is notably higher among teenagers and young adults.
4. **Tinea capitis-** Tinea capitis, commonly referred to as ringworm or herpes tonsurans infection, denotes a fungal infestation affecting the scalp hairs[10]. It is chiefly attributed to dermatophyte species such as Microsporum and Trichophyton, with the fungi capable of penetrating the outer root sheath of hair follicles and potentially infiltrating the hair shaft.

Fig No 3- Tinea Capitis

5. **Secondary syphilis-** The prevalence of hair loss in secondary syphilis varies between 2.9% to 7%. The exact underlying mechanisms remain unidentified. Hair loss may manifest in a moth-eaten pattern, diffuse pattern, or both. The "moth-eaten" pattern stands as the predominant form and is deemed pathognomonic of secondary syphilis. The alopecia, typically non-scarring, may sporadically impact regions with hair growth beyond the scalp.
6. **Aplasia cutis-** Aplasia cutis congenita (ACC) is an uncommon congenital malformation marked by a localized absence of skin, predominantly on the scalp but also potentially occurring on any part of the body[11].

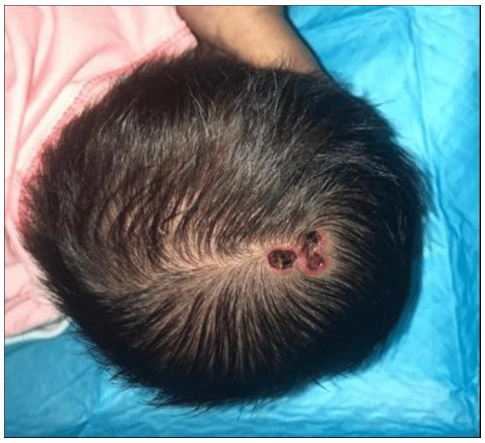


Fig No 4- Aplasia cutis congenita

7. **Congenital triangular alopecia-** Congenital triangular alopecia (CTA) is a benign, asymptomatic, nonprogressive, localized, and noncicatricial type of alopecia typically identified during infancy or childhood. The hair loss pattern is traditionally characterized as triangular, oval, or lancet-shaped, with the apex directed toward the vertex.

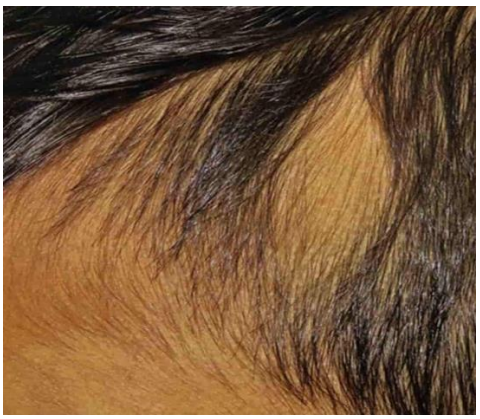


Fig 5- Congenital Triangular Alopecia (CTA)

DIAGNOSIS:

Diagnosing alopecia areata typically involves a combination of medical history, physical examination, and sometimes additional tests. Here are the key steps in diagnosing alopecia areata:

1. Medical History: The doctor will inquire about the symptoms, including when the hair loss began, whether there were any triggering events, and any family history of autoimmune conditions or hair loss.
2. Physical Examination: The doctor will examine the affected areas of

the scalp or body where hair loss is occurring. In alopecia areata, the hair loss typically presents as smooth, round patches with no signs of inflammation or scarring.

3. Pull Test: During a physical examination, the doctor may perform a "pull test" where they gently tug on several hairs at a time to see if they come out easily. In alopecia areata, hairs often come out easily from the edges of the bald patches.
4. Skin Biopsy: In some cases, a skin biopsy may be performed to confirm the diagnosis. A small sample of skin from the affected area is removed and examined under a microscope to look for characteristic changes associated with alopecia areata.
5. Other Tests: Occasionally, blood tests may be ordered to rule out other underlying conditions that could be contributing to the hair loss, such as thyroid disorders or vitamin deficiencies

CASE REPORT:

Name-	Ms.	XYZ
Marital status- Unmarried		
Age-	26	years
Occupation – Student		
Sex-		Female
Socioeconomic status- middle class		
Date of Registration-05/05/23		

Presenting Complaint:

Bald spot on the left side of the scalp noticed by the patient on 01/05/23.

History Of Presenting Complaint:

The patient suddenly noticed a bald spot on the left side of the scalp. She got anxious and worried.

- Location- on the left temporal region
- Local examination- coin sized bald patch

Past History:

1.2005- Typhoid for which she took allopathic treatment and was cured.

2. 2009- Chickenpox

Family History:

Grandmother: Coronary artery disease

Mother: Hypertension

Father: Rheumatic heart disease

Physical Generals:

- Thermal- Hot
- Thirst- Thirsty
- Appetite- Normal
- Desire- Sweet
- Aversion-N/S
- Urine-N.A. D
- Stool- N.A.D
- Taste-N/S
- Tongue-Clean and Moist
- Perspiration- Offensive and profuse

- Sleep- sound and refreshing

Gynecological History:

- Menstrual cycle- 26-28days
- Flow- Normal
- Duration- 4-5 days
- Color- Red

Mental Generals:

Patient is very ambitious, diligent and hard working. She always stood first in her class. Reserved and very selective in making friends.

Patient was very attached to her one of friend. But her friend deceived her in one of college project work and made group with some other girl. Patient felt left out and alone. She tried to confront her about the matter but friend gave false excuses for her action.

Physical Examination-

Complexion- Fair complexion	Respiratory rate – 20/ minute
Built- Strong	Temperature- 98.2 F
Weight- 58 Kg	Oedema- Absent
Height- 157 cm	Pallor- Absent
Pulse- 75/ minute	Cyanosis- Absent
Blood Pressure- 116/80 mm of Hg	Lymph node- not palpable

CLINICAL DIAGNOSIS- Alopecia areata

Evaluation Of Symptoms-

a) Mental Generals:
   - Got affected by breakup of friendship (ailment from being deceived).
   - Felt left out and alone after breakup (forsaken).

b) Physical Generals:
   - Sweet desire

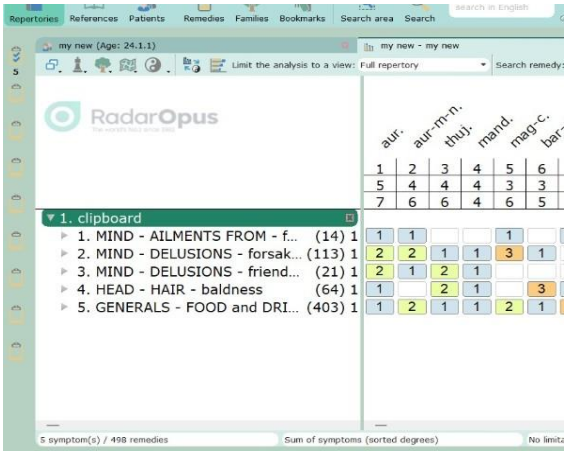
c) Particulars:
   - Bald spot-on left side of scalp.

Repertorial Totality:

1. Mind – Ailment from – friendship; deceived
2. Mind- Delusions- forsaken; is
3. Mind- Delusions- friend- affection of; has lost the
4. Head- Hair- baldness
5. Generals – Food and Drinks- sweets desire

Repertorial Chart:

Repertorization was done from synthesis repertory using RadarOpus software[12]



Therapeutic Interpretation:

After analyzing the reportorial totality, it was observed that *Aurum metallicum* covered all the rubrics with the maximum score. *Aurum metallicum* was prescribed in 200 potency, 4 globules of size 30 on an empty stomach in the morning, on the baseline visit i.e., 05/05/23 followed by sac lac 30/ BD/15 days on the basis of reportorial analysis and consultation of Materia Medica[13,14].

Follow Up Of The Case

Date	Complaint	Prescription	Remark
20/05/23	No change in the appearance of patch	Saclac 30/ BD/ 15 days	Action of medicine was not disturbed. Wait and watch
02/06/23	Appearance of new hair and slight reduction in size of patch	Saclac 30/BD / 15days	Wait and watch
23/06/23	Further improvement was seen in the size of patch	Saclac 30/BD /15 days	Wait and watch
07/07/23	No further change in the size of patch	Aurum metallicum 1M / 2 doses Saclac 30/BD / 15 days	Higher potency of the same medicine as there was no change.
22/07/23	New hair growth and patch size reduced further	Saclac 30/ BD/ 15 days	Wait and watch
15/08/23	Patch completely disappeared	Saclac 30/BD / 20 days	

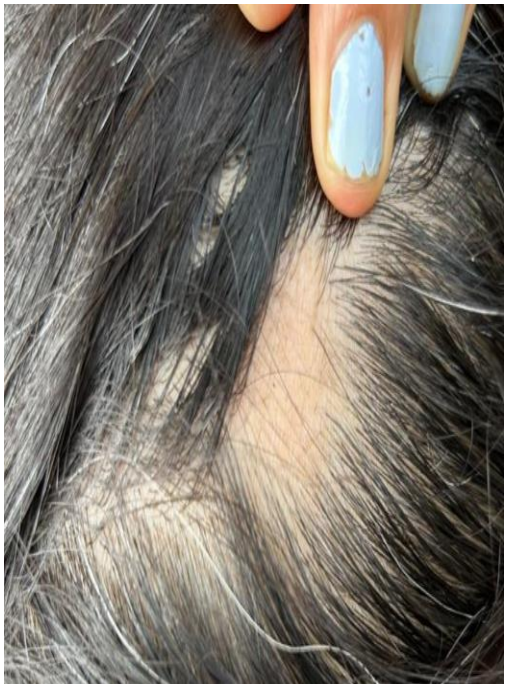


Photo 1- Taken on 05/05/23

Photo 2- Taken on 2/06/23

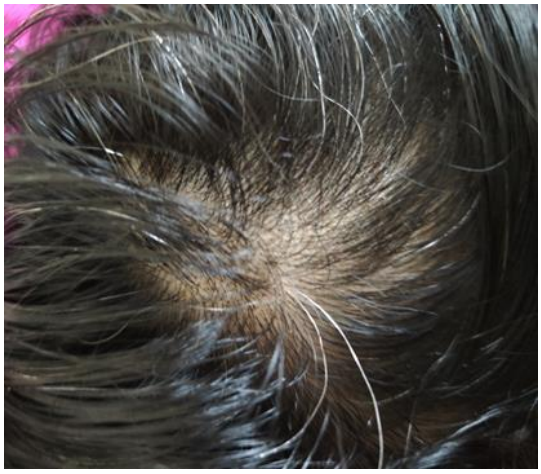


Photo 3- Taken on 22/07/23

Photo 4- Taken on 15/08/23

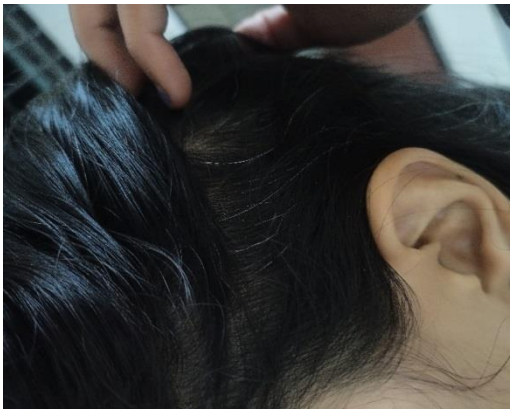


Photo 5- Taken on 15/08/23

Result:

In this case Alopecia areata was completely cured by homoeopathic treatment in around 4 months.

DISCUSSION AND CONCLUSION:

In this case, alopecia areata was cured through a holistic approach of homoeopathy. This case report confirms the effectiveness of homoeopathic medicine in cases of Alopecia areata. It further proves the effectiveness of *Aurum metallicum* in cases of Alopecia areata.

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