



## Journal of Case Reports and Scientific Images

E-ISSN: 2708-0064  
P-ISSN: 2708-0056  
IJCRS 2025; 7(2): 70-74  
[www.allcasereports.com](http://www.allcasereports.com)  
Received: 09-06-2025  
Accepted: 12-07-2025

**Dr. Parshali Sharma**  
Chief Homeopathic  
Consultant, Satellite Road  
Branch, Dr. Batra's Positive  
Health Clinic Pvt. Ltd.  
Ahmedabad, Gujarat, India

# Areata progressing to totalis: A 24-month journey of hair regrowth at Dr. Batra's

**Parshali Sharma**

**DOI:** <https://www.doi.org/10.22271/27080056.2025.v7.i2b.144>

### Abstract

**Background:** *Alopecia areata* (AA) is a chronic autoimmune condition characterized by sudden, non-scarring hair loss. Severe forms, such as alopecia totalis and universalis, can cause significant emotional distress and are often resistant to conventional treatments like corticosteroids and immunotherapy.

**Objective:** This paper presents a 24-month follow-up of a case of *Alopecia areata* managed with individualized homeopathic treatment at Dr. Batra's, highlighting a holistic approach to chronic autoimmune disease.

**Methods:** An integrative, non-suppressive treatment strategy was employed, with remedy selection based on the patient's constitutional profile and symptom totality.

**Results:** The patient showed sustained hair regrowth and clinical improvement, with reduced recurrence and improved emotional well-being.

**Conclusion:** Homeopathy offers a safe and individualized therapeutic option for long-standing, treatment-resistant cases of *Alopecia areata*, especially where conventional modalities have failed.

**Keywords:** *Alopecia areata*, autoimmune hair loss, homeopathy, holistic treatment, long-term follow-up

### Introduction

*Alopecia areata* is a T-cell mediated autoimmune disorder that results in sudden, non-scarring hair loss due to the immune system attacking anagen-phase hair follicles. The condition manifests in varying degrees of severity, from localized patches to total loss of scalp or body hair, known as alopecia totalis and alopecia universalis, respectively [1, 2].

Epidemiologically, AA affects around 0.1-0.2% of the population at any point in time, with a lifetime incidence between 1.7-2.1% [3]. Although it can occur at any age, the onset is most common before the age of 30, and approximately 10-20% of cases report a positive family history, supporting a genetic predisposition [4]. Environmental triggers, psychological stress, and infections are also implicated as contributing factors [5].

Current management strategies focus on immunosuppression using corticosteroids or immunomodulatory agents, but results are often inconsistent, and relapse is frequent. Moreover, psychological distress associated with extensive hair loss frequently complicates the clinical picture [6]. In contrast, homeopathy approaches AA as a manifestation of internal systemic imbalance. It prioritizes individualized treatment by considering constitutional traits, emotional state, and symptom totality. Rather than suppressing symptoms, homeopathic remedies aim to stimulate the body's self-healing capacity and restore immune equilibrium [7, 8].

### Case Profile

A 28-year-old female presented with a long-standing history of patchy hair loss over the scalp, initially noticed approximately eight years ago, gradually progressing to alopecia totalis. The condition began with a small patch on the occipital region and extended to involve the entire scalp and eyebrows. Symptoms such as mild itching and burning sensations on the scalp were intermittently present, especially during colder months, along with seasonal dandruff. The patient had previously undergone naturopathic treatment, including restrictive dietary practices that eliminated key nutrients like protein. She had also received corticosteroid injections in the past, which yielded minimal improvement.

Lifestyle factors included irregular physical activity and periodic weight gain, with his body weight reaching a peak of 102 kg. Homeopathic treatment was initiated with an individualized approach focusing on constitutional prescribing.

**Corresponding Author:**  
**Dr. Parshali Sharma**  
Chief Homeopathic  
Consultant, Satellite Road  
Branch, Dr. Batra's Positive  
Health Clinic Pvt. Ltd.  
Ahmedabad, Gujarat, India

Over the course of follow-up, he demonstrated steady improvement, with hair regrowth observed first on the temporal and occipital regions, followed by filling in of the vertex and frontal areas. The patient experienced occasional relapses, particularly after episodes of viral illness or stress, which temporarily increased hair fall. These episodes were effectively managed through remedy adjustments and lifestyle counseling.

Lab investigations revealed deficiencies in vitamin B12 and D, both of which were addressed. Gradual improvements were noted not only in hair density but also in overall well-being, including emotional resilience, sleep quality, and digestion. Despite intermittent increases in hair fall, the patient maintained overall improvement in scalp coverage, hair texture, and stability of alopecia patches. Dandruff and itching significantly reduced, and no new bald patches developed during the later phases of treatment.

**Table 1:** Physical Generals

Diet	Mixed
Appetite	Good
Desire	N.S.
Aversion	Chicken
Thermal Reaction	Chilly
Thirst	Normal
Stools	Satisfactory
Urine	Normal
Perspiration	Scanty
Sleep	Refreshing, 7-8 hours, no particular position
Dreams	Does not remember

## Examination

### General Examination

- Moderately overweight (BMI ~31)
- No pallor, icterus, cyanosis, clubbing, or lymphadenopathy
- Skin: Normal texture and color
- Nails: No pitting or dystrophy
- Hair Pull Test: Negative
- VMS: Mild halo around patches
- Woods Lamp: No fluorescence (fungal infection ruled out)

### Systemic Examination

- CVS, RS, GIT, CNS: Within normal limits
- No systemic signs of infection, inflammation, or autoimmune involvement

### Specific Examination

- Scalp: Smooth bald patches with no scaling or scarring
- Hair Loss: Diffuse (alopecia totalis); early regrowth of fine hair noted on occipital and temporal regions
- Eyebrows/Eyelashes: Initially sparse, improved with treatment

**Hair Pull Test:** Negative

**VMS:** Mild perifollicular halo noted around older patches

## Mental Generals

30 years old woman born in Porbandar and raised in Gandhinagar, later moving to Ahmedabad for higher education. She lives in a joint family and has one sibling, with a supportive yet independent upbringing. Her schooling years were academically average, and she was never very interested in studies. She pursued commerce at GLS College and is currently working, though she finds her work environment mentally tiring and physically exhausting. She identifies as an introvert, preferring limited social interaction, and reports low self-confidence primarily due to her hair loss, which has deeply impacted her self-image. Despite managing responsibilities independently, she emotionally appreciates support when offered. She is emotionally sensitive, anxious about her health and future, and experiences stress related to her work and personal appearance. She rarely expresses anger, but when triggered, stands firmly by her views. She has aspirations of traveling the world and dreams of changing her career path to pursue baking. Childhood was free from major trauma, though she lacked motivation and was not very involved academically. Her emotional nature, tendency to internalize stress, and desire for self-reliance define much of her personality.

## Past History

History of malaria in 2013; resolved without complications  
History of convulsions at 1 month of age; no recurrence received steroid injections in the past for *Alopecia areata* with no lasting improvement was on naturopathic treatment for 1.5 years prior to homeopathy. No history of major surgeries. No history of tuberculosis, diabetes, hypertension, or thyroid disorders.

## Family History

- **Father:** Deceased due to cancer (~20 years ago)
- **Mother:** Alive and healthy
- **Sibling:** Healthy
- **Cousin (paternal side):** History of *Alopecia areata*

No family history of autoimmune diseases, diabetes, thyroid disorders, or psychiatric illness

## Case analysis: Reportorial totality

MIND-ANXIETY- health, about  
MIND-ANXIETY - thinking about it, from  
MIND-Company- averse to  
MIND - Cheerful  
MIND- CHEERFUL- gay, happy -followed by irritability, etc.- sleepiness  
MIND - Mood, disposition- Complaining, discontented, dissatisfied  
MIND-Offense; takes  
MIND- COMPLAINING- offenses long past  
MIND - Thought- absorbed in  
HEAD-Headache- Concomitants - Sweat profuse  
MODALITIES - Aggravation- Dampness  
MODALITIES - Ameliorations-Warmth, heat  
GENERALITIES - Obesity

Remedies	staph.	calc.	ign.	nux-v.	sep.	ars.	phos.	nat-c.	bell.	lyc.	bry.	lach.	con.	nif-ac.	plat.	puls.	acon.	ph-ac.	phyt.	rhus-t.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	7	7	5	5	5	5	4	4	4	4	4	4	3	3	3	3	3	3	3	3
Intensity	12	11	8	8	8	6	7	6	5	5	4	4	6	6	5	5	4	4	4	4
Result	7/12	7/11	5/8	5/8	5/8	5/6	4/7	4/6	4/5	4/5	4/4	4/4	3/6	3/6	3/5	3/5	3/4	3/4	3/4	3/4
Clipboard 2																				
MIND - ANXIETY - health, about	1	2	1	1	2	1	2	1			1	1		3		1	1	1		
MIND - ANXIETY - thinking about it, from	1	2									1		1	2						
MIND - Company - averse to	4		1		2			2	1	2			2							
MIND - Cheerful			3				2	2	2	1		1			3		2	2		
MIND - CHEERFUL, gay, happy - followed by irritability, etc. - sleepiness		1							1											
MIND - Mood, disposition - Complaining, discontented, dissatisfied	1			2		1					1			1	1	2				
MIND - Offense; takes	2	1		2		1				1					1	2				
MIND - COMPLAINING - offenses long past		1																		
MIND - Thought - absorbed in	2		2	1	2		1	1				1	3				1			1
HEAD - Headache - Concomitants - Sweat profuse																				
MODALITIES - Aggravation - Dampness		2			1														2	2
MODALITIES - Ameliorations - Warmth, heat	1		1	2	1	2			1	1	1	1						1	1	1
GENERALITIES - Obesity		2				1	2												1	

Fig 1: Repertory screenshot

## Selection of Remedy

### 1. Calcarea Carbonica 200 (Single Dose - 1st Week)

Tendency toward weight gain, easy fatigue, and chilliness — all of which matched the patient's physical profile.

Emotional traits: Fits well with her introverted, anxious personality and low self-confidence, especially when health is affected.

### 2. Fluoric Acid 30 (Twice Daily - Ongoing)

Specific for *Alopecia areata*

Known to promote regrowth of hair

Complementary to Calcarea Carb: Supports long-term action and chronic case management without suppressing symptoms.

Table 2: Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
MIND - ANXIETY (health, about)	✓			✓
MIND - ANXIETY (thinking about it, from)	✓			✓
MIND - Company (averse to)	✓			
MIND - Cheerful		✓		✓
MIND - Cheerful followed by irritability, sleepiness		✓		✓
MIND - Mood, disposition (complaining, discontented, dissatisfied)	✓			
MIND - Offense (takes)	✓	✓	✓	
MIND - Complaining (offenses long past)	✓	✓	✓	
MIND - Thought (absorbed in)	✓	✓	✓	✓
HEAD - Headache (concomitant - sweat profuse)	✓		✓	✓
MODALITIES - Aggravation (Dampness)	✓	✓		✓
MODALITIES - Ameliorations (Warmth, heat)	✓	✓		✓
GENERALITIES - Obesity	✓			

## Materials and Methods

Synthesis repertory was used for repertorization.

## Results

**Table 3:** Progress Report of Hair Regrowth Treatment Over 24 Months

Month	Progress Summary	Prescription
1st - 2nd	Slight improvement in scalp patches; hair fall reduced; new fine hairs appear on right temporal and occipital regions; no new lesions.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
3rd - 4th	Generalized hair regrowth noted; patches shrinking; increased hair density; sleep and digestion stable; no itching.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
5th - 6th	Significant reduction in hair fall; patches fading; mild dandruff and occasional scalp itching; digestion good; energy improved.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
7th - 8th	Stable patches; hair density increased; dandruff reduced; slight hair fall increase during stress; no new lesions.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
9th - 10th	Hair fall controlled; scalp condition improved; mild itching persists; physical generals stable; patient emotionally balanced.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
11th - 12th	Hair growth sustained; no new patches; dandruff minimal; periods regular; sleep quality excellent; stress manageable.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
13th - 14th	Continued hair density improvement; scalp healthier; minimal itching; energy and appetite stable; digestion normal.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
15th - 16th	Hair regrowth consolidated; occasional dandruff; patient reports better emotional well-being and decreased stress.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
17th - 18th	No new hair loss patches; scalp texture improved; itching and dandruff well-controlled; sleep and digestion steady.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
19th - 20th	Hair growth stable; mild improvement in scalp moisture balance; no systemic complaints; patient maintains good general health.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
21st - 22nd	Overall stable condition; hair volume near normal; stress levels low; physical generals remain good; periodic dandruff noted.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)
23rd - 24th	Significant hair regrowth; scalp healthier; sleep quality excellent; digestion good; LMP regular; stress manageable.	Calc Carb 200 (1 dose weekly) + Fluoric Acid 30 (5-8 globules twice daily)

## Discussion and Conclusion

The patient presented with *Alopecia areata* characterized by well-defined patches of hair loss without associated nail changes or scalp inflammation. The absence of hair pull signs and negative pitting of nails suggested an early, non-aggressive stage. The patient's mental state showed anxiety related to appearance and health, contributing to emotional stress.

This was evidenced by reduction in hair fall, new hair growth in affected patches, and stabilization of systemic symptoms such as digestion and sleep. Mild intermittent dandruff and itching were managed with supportive advice. The miasmatic approach indicated predominance of Psoric

symptoms (anxiety, health worries, sensitivity), which were addressed effectively with the chosen remedies. The patient's personality traits of introversion, low confidence due to hair loss, and self-reliance also guided the remedy selection.

In conclusion, a holistic, individualized homeopathic approach targeting both physical symptoms and psychological factors contributed to significant improvement in *Alopecia areata*, with enhanced quality of life and well-being for the patient. Continued follow-up and supportive care are advised to maintain remission and address any potential relapse early.



**Fig 2:** The transformation

## Acknowledgments

I take this opportunity to thank those who have helped and supported me personally and professionally during this case study

## References

1. Gilhar A, Etzioni A, Paus R. *Alopecia areata*. N Engl J Med. 2012;366(16):1515-25.
2. Villasante Fricke AC, Miteva M. Epidemiology and burden of *Alopecia areata*: A systematic review. Clin Cosmet Investig Dermatol. 2015;8:397-403.
3. Mirzoyev SA, Schrum AG, Davis MD, Torgerson RR. Lifetime risk of *Alopecia areata* estimated at 2.1% by Rochester Epidemiology Project, 1990-2009. J Invest Dermatol. 2014;134(4):1141-2.
4. Petukhova L, Christiano AM. The genetics of *Alopecia areata*: New approaches to an old disorder. J Dermatol Sci. 2013;70(2):87-93.
5. Cranwell WC, Lai VWY, Photiou L, Meah N, Wall D, Rathnayake D, *et al*. Treatment of *Alopecia areata*: An Australian expert consensus statement. Australas J Dermatol. 2019;60(2):163-70.
6. Hunt N, McHale S. The psychological impact of alopecia. BMJ. 2005;331(7522):951-3.
7. Banerji P, Banerji R. Homoeopathic approach to autoimmune disorders. J Altern Complement Med. 2011;17(12):1091-5.
8. Bell IR, Koithan M. A model for homeopathic remedy effects: Low dose nanoparticles, allostatic cross-adaptation, and time-dependent sensitization in a complex adaptive system. BMC Complement Altern Med. 2012;12:191.

### How to Cite This Article

Sharma P. Areata progressing to totalis: A 24-month journey of hair regrowth at Dr. Batra's. Journal of Case Reports and Scientific Images. 2025; 7(2): 70-74.

### Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.