IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"Immunological Insights Into Alopecia Areata Clinical Evidence Of Therapeutic Modulation Through Homoeopathy"

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ABSTRACT

Introduction: Hair plays a vital role in human identity, and its loss can significantly impact various aspects of quality of life. Alopecia areata (AA) is a chronic, non-scarring condition causing hair loss on the scalp or body. It is considered an autoimmune disorder in which the body fails to recognize its own cells, leading to the destruction of hair follicles. Conventional treatments often provide limited efficacy, and hair regrowth is unpredictable. In contrast, individualized Homoeopathic treatment has demonstrated promising results in managing AA Methods: A 35-year-old female patient diagnosed with Alopecia areata was treated Homoeopathically from FEB 2025 to AUG 2025. During follow-up visits, treatment outcomes were evaluated, and to determine whether the observed changes were attributable to Homoeopathic medicine, the modified Naranjo criteria were applied Results: Over an observation period of five months, beneficial result from Homoeopathic medicine was seen, and can be used by physicians in treating Alopecia Areata as a complementary health practice. Conclusion: Given the multi-factorial aetiology of Alopecia Areata, Homoeopathic treatment, along with supportive therapies, has proven effective in managing the condition.

Keywords: Alopecia areata, Homoeopathy, SALT score, Monarch score

INTRODUCTION:

Alopecia areata is a chronic, immune-mediated autoimmune disorder that primarily affects the hair follicles, and in some cases, the nails and retinal pigment epithelium. It targets anagen-phase hair follicles, resulting in hair loss without causing permanent follicular damage. Typically, it manifests as localized patches of hair loss on the scalp that develop over a few weeks. (1) The characteristic presentation includes sudden, smooth, nonscarring, and patchy hair loss on the scalp or other hair-bearing areas. It accounts for 2-3% of the new dermatology cases in UK and USA, 3.8% in China, and 0.7% in India.(2) In general population, the prevalence was estimated at 0.1-0.2% with a lifetime risk of 1.7%. Both males and females are equally susceptible to alopecia areata, although certain studies have reported a higher prevalence among males. It can occur at any age. The youngest was 4-months-old, and the oldest was in late seventies. Highest prevalence was between 30-59 years. The exact aetiology remains unclear, though multiple factors are implicated. while genetic predisposition is strongly supported, with 4–28% showing family history, polygenic inheritance, and associations with HLA genes

and single nucleotide polymorphisms identified in genome-wide studies. Environmental triggers such as stress, dietary deficiencies (iron, zinc), infections, vaccinations, and chemical exposures have also been reported, though evidence is inconsistent. Increasingly, AA is considered an autoimmune disease, supported by its association with thyroid disease, vitiligo, psoriasis, diabetes, and anaemia, along with the presence of hair follicle-specific antibodies [3,4]. Thus, AA is recognized as a follicle-specific autoimmune disorder triggered by environmental factors in genetically susceptible individuals. [5]

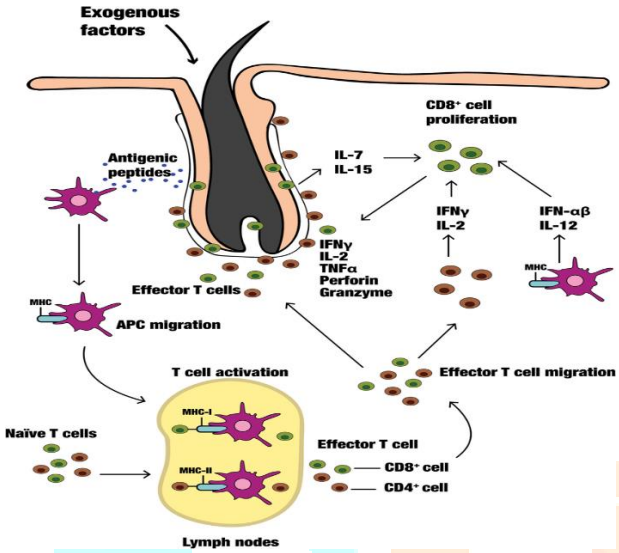


FIG 1: Pathophysiology of Alopecia areata

CASE REPORT

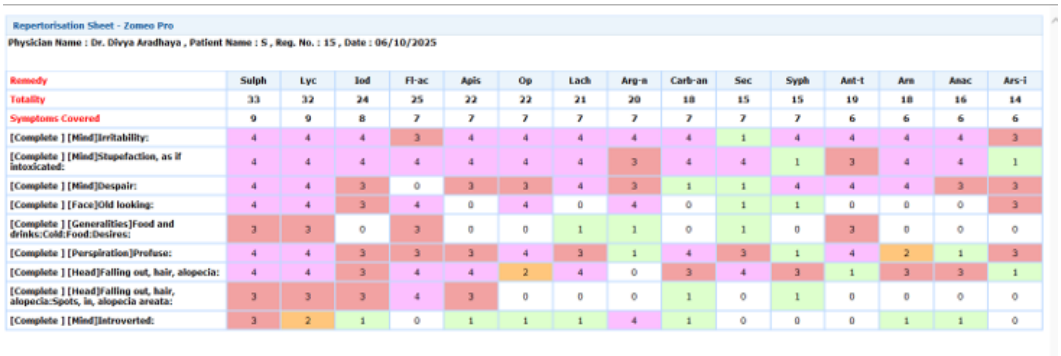
A 35year-old female presented with extensive hair loss. She had multiple bald patches on the scalp for the past one year. She was under conventional mode of treatment for one year but no improvement seen. There was a family history of Alopecia She had lost her self-confidence and often escapes from duties and responsibilities. She was very irritable. She was an introvert person and very reserved. During her case taking, she was very anxious and worried about her hair fall. After taking one year treatment, she was not improved, this made her frustrated. She was despair and don't want any attachments towards anyone. she had desires for cold and sour foods, perspired profusely and his thermal reaction was hot. The patient has given his consent for his images and other clinical information.[6,7] After analysing the case, following totality was made.

1. Irritability
2. Introvert
3. Stupefaction
4. Despondency and despair
5. Dull and old looking face
6. Desire for cold and sour foods
7. Profuse perspiration
8. Hair falling out
9. Hair baldness in patches.

INVESTIGATION:

BEFORE TREATMENT

AFTER TREATMENT



Repertorisation Sheet - Zomeo Pro

Physician Name : Dr. Divya Aradhaya , Patient Name : S , Reg. No. : 15 , Date : 06/10/2025

Remedy	Sulph	Lyc	Iod	Fl-ac	Apis	Op	Lach	Arg-n	Carb-an	Sec	Syph	Ant-t	Ars	Anac	Ars-i
Totality	33	32	24	25	22	22	21	20	18	15	15	10	18	16	14
Symptoms Covered	9	9	8	7	7	7	7	7	7	7	7	6	6	6	6
[Complete] [Mind]Irritability:	4	4	4	3	4	4	4	4	4	1	4	4	4	4	3
[Complete] [Mind]Stupefaction, as if intoxicated:	4	4	4	4	4	4	4	3	4	4	1	3	4	4	1
[Complete] [Mind]Despair:	4	4	3	0	3	3	4	3	1	1	4	4	4	3	3
[Complete] [Face]Old looking:	4	4	3	4	0	4	0	4	0	1	1	0	0	0	3
[Complete] [Generalities]Food and drinks:Cold:Food:Desires:	3	3	0	3	0	0	1	1	0	1	0	3	0	0	0
[Complete] [Perspiration]Profuse:	4	4	3	3	3	4	3	1	4	3	1	4	2	1	3
[Complete] [Head]Falling out, hair, alopecia:	4	4	3	4	4	2	4	0	3	4	3	1	3	3	1
[Complete] [Head]Falling out, hair, alopecia:Spots, in, alopecia areata:	3	3	3	4	3	0	0	0	1	0	1	0	0	0	0
[Complete] [Mind]Introverted:	3	2	1	0	1	1	1	4	1	0	0	0	1	1	0

Table 1: REPERTORIAL CHART

INTERVENTION:

The first prescription was given based on repertorial totality and referring various Homoeopathic Materia Medica books, Flouricum acidum 200 was given and asked to take daily three pills orally after food in three times a day.

FOLLOW- UPS:

Follow-up of the patient was assessed monthly or as required. The date-wise detailed follow-ups are summarised in Table 2.

DATE	SYMPTOMS	PRESCRIPTION
12/02/25	No improvement complaint still persists All other generals good.	Rx 1. Fluoricum acidum 200 3*TDS 2. Sac lac 1D*OD /30days
26/02/25	Hair fall started to reduce complaint still persist. All other generals good.	Rx 1. Fluoricum acidum 200 3*TDS 2. Sac lac1D*OD /30days
12/03/25	Small hairs observed on bald patches and new hair growth was noticed on bald patches. All other generals good.	RX 1. Syphilinum 30/One globule mixed with one grain of sugar of milk/1Dose 2. Fluoricum acidum 200 3*TDS 3. Sac lac 1D*OD /30days
15/04/25	Slow and continuous improvement observed in bald patches. All other generals good.	RX 1. Syphilinum 30 /One globule mixed with one grain of sugar of milk/1Dose 2. Fluoricum acidum 200 3*TDS 3. Sac lac 1D*OD /30days
12/05/25	Significant improvement of hair growth on the head without any recurrence of new bald patches. All other generals good.	RX 1. Sac lac 1D*OD /30days
10/06/25	Complete growth of hair on the head and no new complaints. All other generals good.	Rx 1. Sac lac1D*OD /30days

Table 2: Follow up

RESULT:

The patient demonstrated significant clinical improvement over five months of homoeopathic treatment with Fluoricum acidum 200C and Syphilinum 30C. Objective assessment using the SALT (Severity of Alopecia Tool) and Monarch scores revealed steady and progressive hair regrowth, with marked reduction in the extent of alopecic patches and increased hair density at each follow-up. Laboratory evaluation showed an initially elevated eosinophil count that normalized following treatment, suggesting a potential immunomodulatory response to the prescribed remedies. This correlation between clinical recovery and eosinophil normalization supports the hypothesis that Fluoricum acidum and Syphilinum may influence underlying allergic or autoimmune processes contributing to alopecia areata. No adverse events or relapses were observed during the treatment period, indicating both therapeutic efficacy and safety of the individualized Homoeopathic treatment.

DISCUSSION:

Alopecia areata is a chronic, relapsing, autoimmune disorder characterized by non-scarring hair loss. Its multifactorial aetiology includes genetic, immunological, and stress-related components. In the present case, the administration of Fluoricum acidum 200C and Syphilinum 30C showed remarkable improvement over five months, demonstrating the potential efficacy of individualized homoeopathic intervention in autoimmune-mediated hair loss. The selection of Fluoricum acidum was based on its well-known affinity for conditions involving destructive processes in hair and nails, particularly those associated with autoimmune tendencies and tissue degeneration.[8–10] Syphilinum, a nosode derived from syphilitic miasm, was prescribed as an intercurrent remedy to address deep-seated miasmatic influences, thereby enhancing the curative response.[11] Objective evaluation through the SALT (Severity of Alopecia Tool) score and Monarch score revealed consistent improvement with each follow-up, indicating progressive hair regrowth and reduction in disease activity. To monitor any underlying allergic or inflammatory response, Complete Blood Count (CBC) was performed before and after treatment, which revealed an initially elevated eosinophil count that normalized following therapy.[12,13] This observation suggests a possible immunomodulatory effect of the prescribed homoeopathic medicines. Additionally, thyroid profile assessment showed mild functional alteration at baseline, a finding often correlated with autoimmune alopecia. However, subsequent normalization without specific allopathic intervention further supports the systemic regulatory potential of the prescribed remedies. The improvement in both clinical and laboratory parameters underscore the possible role of Fluoricum acidum and Syphilinum in modulating autoimmune and allergic responses in AA. These findings are consistent with the homeopathic principle of treating the patient as a whole rather than focusing solely on the local pathology. Nevertheless, as this is a single case report, broader clinical studies with standardized outcome measures are warranted to substantiate these

observations and clarify the mechanisms underlying the therapeutic effect. [14–16]

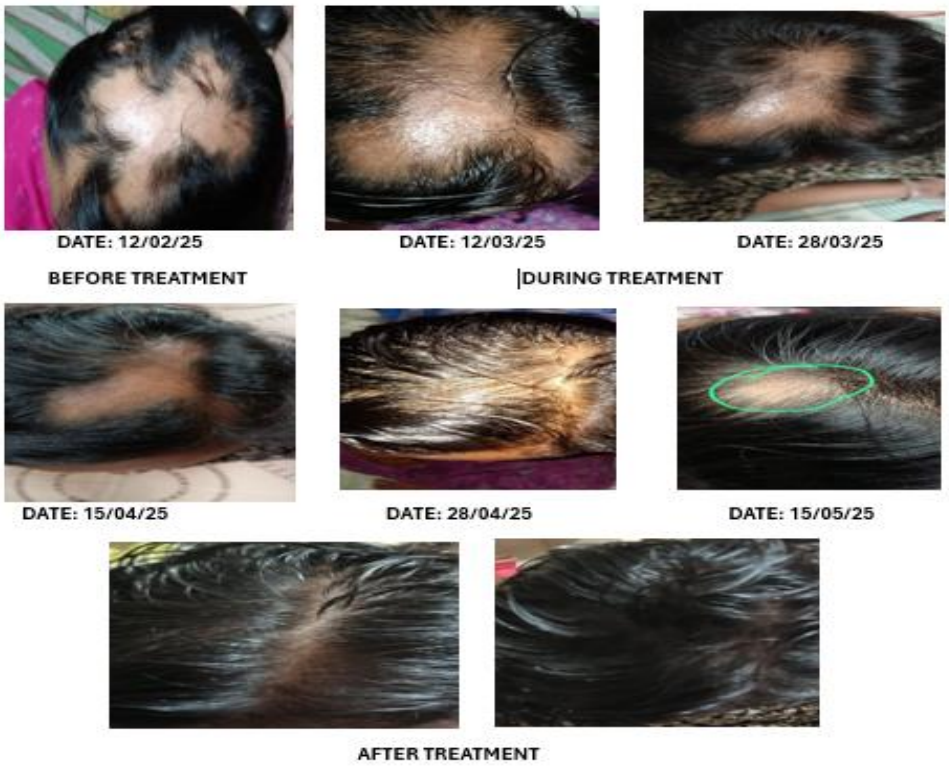


FIG2: BEFORE & AFTER TREATMENT

S.NO.	DOMAINS	YES	NO	NOT SURE
01.	Was there an improvement in the main symptom or condition for which the Homeopathic medicine was prescribed?	+2		
02.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
03.	Was there an initial aggravation of symptoms?		0	
04.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?			0
05.	Did overall well-being improve?	+1		
06. A	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
06.B	Direction of cure: did at least two of the following aspect s apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards	+1		
07.	7. 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?		0	
08.	8. 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)		+1	
09.	9.Was the health improvement confirmed by any objective evidence?	+2		
10.	10. Did repeat dosing, if conducted, create similar clinical improvement?	+1		

The MONARCH score 9

TABLE 3: Modified Naranjo criteria rating scale

CONCLUSION:

This case illustrates the potential efficacy of individualized homoeopathic management in Alopecia areata. The significant hair regrowth observed with Fluoricum acidum 200C and Syphilinum 30Csuggests a possible immunomodulatory and systemic regulatory effect in restoring follicular health. Regular follow-up using SALT and Monarch scoring confirmed progressive and sustained improvement. However, studies involving a larger sample size are required to confirm these findings and further elucidate the mechanisms underlying the therapeutic response.

CONFLICTS OF INTEREST:

None declared.

ACKNOWLEDGEMENT:

I express my sincere gratitude to Principal and management of Maria Homoeopathic Medical College and Hospital for providing the facilities and a conducive environment to carry out this study. My heartfelt thanks to my respected professor, Dr. Ginu D Mohan, Dr. Rejin and Dr. Shandic Kumar S, for their invaluable guidance, insightful suggestions, and special thanks to Dr. Divya v, continuous support at every stage of this work.

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