

An Attempt to Understanding the Homoeopathic Approach in Alopecia

Dr. Mital Kacha, MD (Hom)

Assistant Professor, Department of Case Taking & Repertory (PG),
Rajkot Homoeopathic Medical College, Parul University, Rajkot, Gujarat, India

ABSTRACT

The purpose of this article is to provide the information regarding the important causes of hair loss along with pathophysiology and how our repertory rubrics, homoeopathic medicine, and miasmatic evaluation of ALOPECIA, related with them.

KEYWORDS: Hair Loss, Homoeopathic Materia Medica, Homoeopathic Repertory. Miasmatic evaluation

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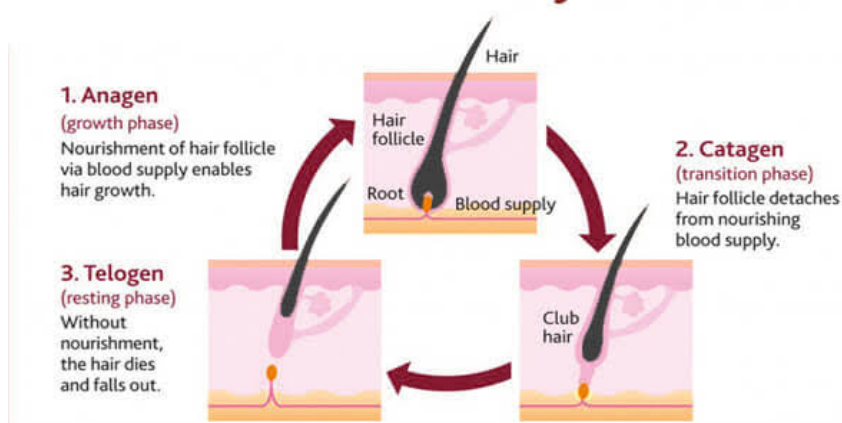


Hairs are the appealing part of the body. Like other tissues, hair is also made up of a protein called Keratin which is produced in hair follicles in the outer layer of skin. As the new hair cells are produced by the follicles, old cells are being pushed out through the surface of the skin. The hair that we see actually is a dead keratin cell. On an average about 100,000-150,000 hairs are present on an adult head. Losing 100-150 hairs daily is common.

Each follicle has its own life cycle which is divided into 3 phases. These are-

- **ANAGEN PHASE**– This is a phase of active hair growth that generally lasts between two to eight years.
- **CATAGEN PHASE**– This is a transitional hair growth phase that lasts for two to three weeks.
- **TELOGEN PHASE**– This is a resting phase that lasts for two to three months. After the end of this phase, old hair is shed and a new hair replaces it and the cycle restart again.

Hair Growth Cycle



CLASSIFICATION OF ALOPECIA		
LOCALISED	DIFFUSED	SECONDARY ALOPECIA
Non scarring: - Alopecia Areata Androgenic Alopecia Tinea capitis Traumatic– (Trichotillomania) (Traction) (Cosmetic) Scarring: - Idiopathic Developmental defect Discoidlupus erythematosus Herpes zoster Pseudopelade Lichen planus Folliculitis decalvans Radiotherapy	Androgenic Alopecia Telogen effluvium Metabolic Hypothyroidism Hyperthyroidism Diabetes mellitus HIV disease Nutritional deficiency Liver disease Post-partum Alopecia areata	A large number of diseases such as can produce hair loss on localized areas the scalp. Morphoea Lupus erythematosus Tinea capitis Lichen planus Syphilis

TYPES OF HAIR LOSS

Hair loss or precisely called Alopecia is the most common ailments affecting men, women and children too. Hair loss can be temporary or permanent. Some common types of hair loss are discussed below: -

- 1. INVOLUTIONAL ALOPECIA**– This is a natural condition in which hair gradually thins with age. More hair follicles go to the resting phase and shed off. The hairs which remain become shorter and reduces in number.
- 2. ANDROGENIC ALOPECIA**– This is a genetic condition which can affect both men and women.
Men with this are called MALE PATTERN BALDNESS. Man begins to suffer as early as their teens or early 20s and characterized by a receding hairline and gradual disappearance of hair from the crown and frontal scalp.
Women with this are called FEMALE PATTERN BALDNESS. They usually notice in their 40s or later and characterized by general thinning over the entire scalp, with most extensive hair loss at the crown.
- 3. ALOPECIA AREATA**– This is the most common type of alopecia, equally affecting male and female. It can start at any age. Most frequently affects scalp, moustache and beard area. This typically presents as a discoid patch of alopecia which shows no scaling, papules, inflammation or atrophy. Presence of **EXCLAMATION MARK HAIR** is the pathognomonic.
- 4. ALOPECIA TOTALIS**– This is the condition of complete loss of hair from the scalp.
- 5. ALOPECIA UNIVERSALIS**– Loss of hair from the whole body including the eyebrows, eyelashes and pubic hair.
- 6. TRACTION ALOPECIA**– This is caused due to constant or prolonged traction due to tight hair styles, hot combing to straighten curly hairs.
- 7. TRICHOTILLOMANIA**- This is a psychological disorder in which a person pulls out one's own hair.

8. **TELOGEN EFFLUVIUM**– this is a temporary hair thinning over the scalp that occurs because of changes in the growth cycle of hair. A large number of hairs enters the resting phase at the same time, causing hair shedding and subsequent thinning.

CAUSES OF HAIRLOSS

Normally, loss of 50- 100 hairs a day, is common. The old damaged hair gets off and replaced by new one. When these hairs are not replaced it leads to thinning and finally may results in baldness. Hair loss can develop gradually over years or may happen abruptly and it can be temporary or permanent. Generally, it become noticeable when the hair is seen after every combing, when seen on pillow or on the shoulder, large amount of hair in the drain after washing.

Hair loss is caused due to various factors. Some of the common factors are: -

1. **FAMILY HISTORY/HEREDITARY**– This is the most common cause of hair loss that progress with age. It occurs gradually and in a predictable pattern that is receding hairline and bald spots are marked in men and hair thinning along the crown of the scalp in women.
2. **HORMONAL CHANGES**– Hormonal changes occur in certain condition like pregnancy, childbirth, menopause, thyroid problems. They may cause temporary hair loss.
3. **STRESS**– This is the most common cause responsible for temporary hair loss. Now a days, every second person is suffering from stress. Loss of loved ones, any accident, etc causes an emotional disturbance. Usually, people ignore this to be a reason for hair loss but this always lurks in the background.
4. **CERTAIN MEDICATION & RADIATION THERAPY**- Drugs like beta- adrenergic blockers, blood thinners, birth control pills can also cause temporary hair loss. Chemotherapy also causes loss of hair.
5. **MEDICAL CONDITION**– Diseases like thyroid disorder, diabetes, lupus, iron deficiency anemia etc causes loss of hair. When underlying cause is treated, the hair fall stops.
6. **DIET**- Diet lacking in protein, iron, vitamin B or severely calorie restricted diet can also cause temporary hair loss.
7. **HAIR STYLES & HAIR TREATMENT**– Excessive hairstyling that pulls the hair, tight braiding, excessive use of curlers, flat irons, tongs damage the hair and break them. Too often shampooing, bleaching, dying etc also cause dryness of hair and make them lustreless. In most cases hair grows back normally if the cause is removed but severe damage to scalp sometimes results in permanent baldness.

HOMOEOPATHIC VEIW

HOMEOPATHIC REMEDIES FOR HAIR FALL

Hairfall is a chronic problem, it can only by cured by proper constitutional treatment along with proper dietary management. Every second person is suffering from hair loss these days due to various reasons. This not only causes gross look but also affects the mental status of a person. Homeopathy offers a wide range of medicine that not only treat the cause but remove the disease from its whole extent. Homeopathic medicines are selected by the process of Individualization after proper case taking, by knowing the patient's peculiar features, his like, dislike, habit, addictions, mental status, sleep pattern etc. All this guides the physician in the selection of best similimum.

SOME IMPORTANT RUBRICS FOR HAIR FALL:-

Few common rubrics from **KENT REPERTORY** which can be used along with mental and physical generals to reach the simlimum are discussed below-

1. [Head]hair; dryness
2. [Head]hair; falling
3. [Head]hair; Falling: grief, from
4. [Head]hair; falling: handfuls, in
5. [Head]hair; Falling: Menopause
6. [Head]hair; Falling: Parturition, after
7. [Head]hair; Falling: Pregnancy, during
8. [Head]hair; Falling: Spots in

9. [Head]hair; Falling: Forehead
10. [Head]hair; Falling: Occiput, on
11. [Head]hair; Falling: Temples
12. [Head]hair; Baldness
13. [Head]hair; Baldness: Patches

1. TELOGEN EFFLUVIUM: Diffuse shedding of normal hairs follows either major stress (high fever, severe infection) or change in hormones (post-partum). Stress causes the normally asynchronous growth cycles of individual hairs to become synchronous; therefore, large numbers of growing (anagen) hairs simultaneously enter the dying (telogen) phase.

The common rubrics regarding telogen **effluvium** found in repertories [Murphy]:

- *Constitutions – HAIR, general, head and body – falling out, of hair – childbirth, after: *Calc. Canth. Carb-v. hep. LYC. Nat-m. Nit-ac. Ph-ac. SEP. sil. SULPH.*
- *Constitutions – HAIR, general, head and body – falling out, of hair – diseases, after: *lyc. manc. Ph-ac. thal.*
- *Constitutions – HAIR, general, head and body – falling out, of hair – grief, from: *Ph-ac.*
- *Constitutions – HAIR, general, head and body – falling out, of hair – pregnancy, during: *LACH. Sep.*
- *Pregnancy – CONFINEMENT, general, puerperal – hair, loss: *Nat-m. Sep.*
- *Breasts – BREAST-feeding, general – hair falls out: *Nat-m. Ph-ac. sep.*
- *HEAD – FALLING out, hair, alopecia – toxicemia, from: *crot-h.*

2. ANDROGENETIC ALOPECIA: Male-pattern baldness is physiological in men over 20 years old, although rarely it may be extensive and develop at an alarming pace in the late teens. It also occurs in females, most obviously after the menopause. The well-known distribution (bitemporal recession and then crown involvement) is described as ‘male-pattern’ but this type of hair loss in females is often diffuse. Increased sensitivity of affected hairs to the effects of testosterone increased levels of circulating androgens (ovarian or adrenal source in women).

The common rubrics regarding androgenic **alopecia** found in repertories [Murphy]:

- *Constitutions – HAIR, general, head and body – falling out, of hair – menopause: *Sep.*
- *Constitutions – HAIR, general, head and body – loss, of hair – temples, from: *calc. Kali-c. lyc. merc. Nat-m. par. sabin.*
- *Constitutions – HAIR, general, head and body – falling out, of hair – vertex: *bar-c. graph. lyc. thuj. zinc.*
- *Constitutions – HAIR, general, head and body – loss, of hair – forehead, from: *ars. bell. Hep. Merc. Nat-m. Phos. sil.*
- *FEMALE – FALLING out, hair: *alum. BELL. Calc-f. Hell. Merc. NAT-C. NAT-M. NIT-AC. Ph-ac. Rhus-t. SEL. Sulph. Thal. ZINC.*
- *HEAD – FALLING out, hair, alopecia – climacteric period, in: **LYC. SEP.**

3. ALOPECIA AREATA: Well-circumscribed, circular areas of hair loss, 2–5 cm in diameter in extensive cases, coalescence of lesions and/or involvement of other hair-bearing surfaces of the body. The germinative zones of the hair follicles are surrounded by T lymphocytes. During the active stage of hair loss pathognomonic ‘exclamation mark’ hairs are seen (broken-off hairs 3–4 mm long, which taper off towards the scalp). Alopecia totalis describes complete loss of scalp hair and alopecia universalis complete loss of all hair. There is an association of alopecia areata with autoimmune disorders, atopy and Down’s syndrome.

The common rubrics regarding alopecia **areata** found in repertories [Murphy]:

- *Constitutions – HAIR, general, head and body – baldness, head – spots, in: *Apis Ars. Calc. calc-p. carb-an. FL-AC. Hep. Phos. Psor.*
- *HEAD – FALLING out, hair, alopecia – spots, in, alopecia areata: **APIS ARS. CALC. CANTH. FL-AC. HEP. IOD. PHOS. PSOR.**

4. TINEA CAPITUS: Varies from scaling with minimal hair loss to discrete patches with “black dots” (broken hairs) to boggy plaque with pustules (kerion), Invasion of hairs by dermatophytes, most commonly *Trichophyton tonsurans*. Endothrix (within the hair shaft) infections, e.g. *Trichophyton tonsurans*, cause relatively uninflamed patchy baldness with breakage of the hairs at the skin surface (‘black dot’). There is no fluorescence under Wood’s light. Ectothrix (outside the hair shaft) species of fungi, such

as *Microsporum audouinii* (anthropophilic), show minimal inflammation; *Microsporum canis* (from dogs and cats) infections are more inflamed and can be identified by green fluorescence with Wood's light. Kerions are boggy, highly inflamed areas of tinea capitis and are usually caused by zoophilic (from animals, e.g. cattle ringworm) species of fungi (e.g. *Trichophyton verrucosum*).

The common rubrics regarding tinea capitis found in repertories:

*[Knerr] [Outer Head] Eruption(undef): Tinea capitis (crusta lactea, scald head): Filthy, two-thirds of scalp one, mass of inflammation: Ustilago maydis

*Constitutions – HAIR, general, head and body – baldness, head – patches, in: *Apis Ars. Calc. calc-p. carb-an. fl-ac. Graph. Hep. kali-p. lyc. morg. Phos. psor. sep.*

*Constitutions – HAIR, general, head and body – brittleness: *ars. bad. bell. borx. fl-ac. graph. Kali-c. plb. Psor. sec. Sep. staph. thuj.*

5. TRAUMATIC ALOPECIA: Broken hairs irregular outline, Traction with curlers, rubber bands, braiding. Exposure to heat or chemicals (e.g., hair straighteners). Mechanical pulling (trichotillomania)

The common rubrics regarding traumatic alopecia found in repertories:

*HEAD – FALLING out, hair, alopecia – injury, from: hyper.

*[Complete] Mind – PULL, desires to, one's hair: *ars. BELL. Cina cupr. lach. Lil-t. med. mez. tarent. tub.*

SCARRING alopecia is more frequently the result of a primary cutaneous disorder such as *lichen planus*, *folliculitis decalvans*, *chronic cutaneous (discoid) lupus*, or *linear scleroderma (morphea)* than it is a sign of systemic disease. Although the scarring lesions of *discoid lupus* can be seen in patients with systemic lupus, in the majority of cases the disease process is limited to the skin. Less common causes of scarring alopecia include *sarcoidosis* and *cutaneous metastases*.

In the early phases of discoid lupus, lichen planus, and folliculitis decalvans, there are circumscribed areas of alopecia. Fibrosis and subsequent loss of follicles are observed primarily in the center of the individual lesions, while the inflammatory process is most prominent at the periphery. The areas of active inflammation in discoid lupus are erythematous with scale, whereas the areas of previous inflammation are often hypopigmented with a rim of hyper pigmentation. In lichen planus the peripheral perifollicular macules are usually violet-colored. Complete examination of the skin and oral mucosa combined with a biopsy and direct immunofluorescence microscopy will aid in distinguishing these two entities. The peripheral active lesions in folliculitis decalvans are follicular pustules; these patients can develop a reactive arthritis.

The common rubrics regarding scarring alopecia found in repertories [Murphy]:

- Constitutions – HAIR, general, head and body – falling out, of hair – spots, in – and comes in white: *vinc.*
- HEAD – FALLING out, hair, alopecia – syphilis, from: **ARS.** *aur. carb-v. cinnb. FL-AC. graph. HEP. kali-i. lyc. merc. merc-f. NIT-AC. PHOS. sulph.*
- Skin – LICHEN, planus: *agar. anac. Ant-c. apis Ars. Ars-i. chinin-ar. iod. Jug-c. Kali-bi. kali-i. led. merc. sars. staph. Sul-i.*
- Skin – LUPUS erythematosum: **ARS. LYC. NIT-AC. THUJ.**
- Skin – LUPUS erythematosum – lupus, vulgaris: *Ars. Ars-i. Aur-m Cist. Hep. Hydr. Hydr. Sulph. Tub.*
- Diseases – CANCER, general – skin, cancer, epithelioma: **ARS-I. CON. LYC. SOL**
- Diseases – SCLERODERMA, skin: *alum. Ant-c. arg-n. berb-a. Bry. Calc. caust. Crot-t. echi. Graph. Hydr. lyc. petr. phos. ran-b. rhus-r. sars. sil. still. sulph. thiosin. Thy.*
- Skin – ERUPTIONS – morphea: *ars. Phos. sil.*
- Diseases – RADIATION, sickness, side effects: *ars. CADM-S. calc-f. chin. fl-ac. Ip. nux-v. phos. rad-br. SOL x-ray*

Psora

The skin usually dry, rough and unhealthy and discharges are scanty.
The diseases having itching, burning sensation.
The lesion with irritation inflammation and due to hypersensitivity reaction are psoric.

Sycosis

The characteristic sign are infiltrations, indurations and overgrowth.
The pain may be intense.
The discharges are having pungent and fishy odour.
The skin may be thickening, scales, dark discolouration, warts moles naevi and hair growth.

Miasmatic Diagnosis:-

Homoeopathy is based on nature's law cure and treatment is done on the basis of Individualisation of patients and holistic approach of cure.

The psychosomatic disorders are one of the most important causes of hair loss.

Homoeopathy with its Holistic approach, considers the patient as a whole and so plays a very good role in treating psychosomatic disorders.

Syphilis

The lesions of syphilis are characterized by granulation, degeneration and ulceration.
There are no sensation of pain and itching or agonising pain < night is syphilitic in nature.
The discharges are very offensive, foul and putrid.
The eruptions may have brownish red or copper colour spots and tendency for easy ulceration.

Tubercular/Pseudo-psora

It is mixed presentation of psora and syphilis.
The specific lesions are tubercles, fibrosis and suppuration.
The pain are neuralgic, sharp piercing and twisting.
The discharges are purulent, yellow bloody or musty.
The skin may be translucent, fine, smooth having tendency of bruises and bleed easily.

Some of the common indicated medicines for hair loss are described below:

- 1. ARNICA MONTANA** – One of the best hair tonics, which can be used internally as well externally. Indicated for chronic hair loss after injury, accidents, trauma (both mental and physical).
- 2. COCHLEARIA ARMORACIA**- One of the well-known remedies for hair loss due to dandruff.
- 3. FLUORICUM ACIDUM**: - One of the best homeopathic remedies for Alopecia areata. Indicated when hair loss occurs after a fever such as typhoid. Hair is dry, lustreless, tangles and easily break off.
- 4. LYCOPodium CLAVATUM**- Indicated when hair loss is associated with gastric ailments, after delivery, ovarian dysfunction. Hair loss occurs in bunches. Also one of the well-known remedy for greying of hair.
- 5. NATRUM MURIATICUM**- Indicated when the hair loss occurs after child birth. Also indicated when the patient is thin, pale, anaemic, poorly nourished due to gastric disturbances.
- 6. PHOSPHORUS**- This medicine is indicated when hair falls out in bunches. Hair loss occurs from vertex, crown area and forehead. Baldness of single spot is marked. Itching of scalp. Dandruff is present.
- 7. PHOSPHORICUM ACIDUM**- Indicated for thinning of hair. When hair started falling at an early age and also started turning grey early in life.
- 8. PILOCARPUS (JABORANDI)**- One of the powerful glandular stimulants and a hair vitalizer. Helps in re growth of hair and improving the quality of hair. It can be used internally as well as externally.
- 9. THUJA OCCIDENTALIS**- Indicated for dry, lustreless hair. When hair fall is associated with white, scaly dandruff.
- 10. VINCA MINOR**- Indicated when hairs are matted together. Corrosive itching of scalp. Bald spots are present from which moisture oozes out. Irresistible desire to scratch. Indicated for Plica polonica.
- 11. WIESBADEN**- One of the well-known hair tonics. Hairs grows much more rapidly than usual. Hair falls out and grows again rapidly.

CONCLUSION:

In modern medicine the management includes medicines and hair transplantation. Even than many patients are not improved properly. With homoeopathy it is expected that many patients will have better outcome by proper diagnosis of the case and select similimum by using correct rubrics, miasmatic evaluation of ALOPECIA and finally selecting of Indicated medicines.

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