ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 16, Issue, 10, pp.71155-71156, October, 2026
https://doi.org/10.37118/ijdr.31256.10.2026



RESEARCH ARTICLE OPEN ACCESS

ALOPECIA AREATA: EXPLORING HOMEOPATHIC APPROACH TO AN AUTOIMMUNE HAIR DISORDER

Dr. Abhay Pansambal MD (Hom), Nandini Barde, Vinay Bhadange

India

ARTICLE INFO

Article History:
Received 24th July, 2026
Received in revised form
21st August, 2026
Accepted 23rd September, 2026
Published online 31st October, 2026

Key Words:
Partner Phubbing, Relationship Satisfaction, Trust.

Corresponding author:
Dr. Abhay Pansambal MD (Hom),

ABSTRACT

Alopecia Areata (AA) is a common, non-scarring, organ-specific autoimmune disorder characterized by sudden loss of hair in well-circumscribed patches. It affects both sexes, all age groups and has a profound psychosocial impact. Conventional treatment is primarily based on immunosuppression, with variable results and risk of relapse. Homeopathy offers an individualized, holistic approach targeting the underlying autoimmune dysregulation and psycho-emotional triggers. This article reviews the etiology, genetic background, clinical features and management of AA, with special emphasis on homeopathic medicines and their indications.

Copyright©2026, Abhay Pansambal et al. *This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*

Citation: Dr. Abhay Pansambal MD (Hom), Nandini Barde, Vinay Bhadange. 2026. "Alopecia areata: exploring homeopathic approach to an autoimmune hair disorder". *International Journal of Development Research*, 16, (10), xxxx-xxxx.

INTRODUCTION

Hair is an important adnexal structure with significant cosmetic and psychological value. Alopecia Areata is defined as a chronic, relapsing, inflammatory disease that targets anagen hair follicles, leading to hair loss. It accounts for 2% of new dermatological consultations. The lifetime prevalence is approximately 2.1%. Though medically benign, it causes severe anxiety, loss of self-esteem and social withdrawal, especially in children and young adults. Conventional management includes topical and intralesional corticosteroids, minoxidil, contact immunotherapy (DPCP) and JAK inhibitors. However, high relapse rates, side effects and lack of a permanent cure have led patients to seek alternative systems like homeopathy. Homeopathy does not treat the patch, but the person in whom the patch appears.

Etiology & Genetic Background: Alopecia areata is considered a T-cell mediated autoimmune disease with multifactorial etiology.

Autoimmune Hypothesis: Collapse of immune privilege of hair follicle is the central event. CD8+ cytotoxic T lymphocytes attack the bulb region of anagen hair follicle, leading to premature entry into catagen and telogen. Association with other autoimmune diseases like vitiligo, Hashimoto's thyroiditis, atopic dermatitis and Type 1 diabetes supports this.

Genetic Background

- 20-25% patients have family history of AA.
- Concordance higher in monozygotic twins.
- HLA association: HLA-DR11, HLA-DQ7, HLA-DR4, HLA-DQ3.
- Polygenic inheritance - genes involved: CTLA4, PTPN22, IKZF4, PRDX5, MICA.
- Genome-wide association studies (GWAS) show genes regulating T-cell activation and regulatory T-cell function.

Precipitating Factors

- Psychological stress, grief, fright, prolonged anxiety
- Viral infections, vaccinations
- Hormonal changes
- Atopic diathesis
- Nutritional deficiencies (Vitamin D, Zinc, Iron)

Clinical Features

Type: Non-scarring alopecia - follicular ostia are preserved, hence regrowth is possible.

Classic Lesion: Round to oval, smooth, bald patch, with "peach fuzz" skin, no scaling or inflammation. Most common on scalp (patchy AA) but can involve beard (alopecia barbae), eyebrows, eyelashes.

Characteristic Signs:

- Exclamation mark hairs: Short broken hairs with thin proximal shaft and thick distal end at margins of patch - pathognomonic.
- Coudability sign: Kinked hairs when pushed inward.
- Pull test: Positive at active margins.

Clinical Variants

- Patchy AA: Most common, 1- few patches
- Alopecia Totalis (AT): Loss of entire scalp hair
- Alopecia Universalis (AU): Loss of all body hair
- Ophiasis: Band-like loss along temporal and occipital margin - poor prognosis
- Sisaipho: Inverse of ophiasis

Associations: Nail changes - pitting, trachyonychia, longitudinal ridging in 10-20% cases.

Course: Unpredictable. Single episode with spontaneous regrowth in 50% within 1 year, but relapses common. AT/AU have poor prognosis.

Management

General Management

- Counseling and psychological support - essential due to impact on quality of life.
- Diagnosis - Clinical, Trichoscopy (yellow dots, black dots, exclamation mark hairs), Biopsy if doubtful.
- Investigations - Thyroid profile, ANA, Vitamin D, CBC, to rule out associated autoimmune disorders.
- Avoid harsh chemical treatments, tight hairstyles.

Conventional Management in Brief:

Topical steroids, minoxidil 2-5%, intralesional triamcinolone, contact sensitizers, systemic steroids and JAK inhibitors for extensive disease.

Homeopathic Management

Principles

- Individualization: Same diagnosis but different remedy for each patient based on totality.
- Miasmatic Approach: Predominantly Sycotic and Syphilitic miasm with Psoric background.
- Constitutional + Intercurrent + Acute: Treating underlying constitution, intercurrent miasmatic blocks, and acute emotional triggers.
- Mind-Body Link: Great importance to causative emotional factors - grief, humiliation, suppressed anger, fright.
- Homeopathic Medicines and Their Indications

This is for academic information only. Self-medication is not advised. Consult a qualified homeopathic physician.

- FluoricumAcidum: Most frequently indicated for alopecia areata. Patchy loss, dry, harsh hair, becomes tangled. Alopecia after fever, syphilitic history. Hair breaks off. Great sensitivity to heat. Best for AT/AU.
- Phosphorus: Patches on scalp, with intense burning, itching better by cold application. Hair falls in bunches, dandruff copious. Tall, slender, sensitive, sympathetic individuals, craves cold drinks. Alopecia after grief and emotional shock.
- Lycopodium Clavatum: Premature baldness, hair loss in vertex first, then temples. Hair becomes gray early. Alopecia after gastric disturbances, liver affections, grief, loss of self-confidence. Wants warm food, fear of being alone.
- BarytaCarbonica: Baldness in young people, especially on crown, with tendency to take cold. Children with delayed development, shy, timid, lack of self-confidence. Sweaty scalp.
- Vinca Minor: Spots with intense itching, scratching, hair matted together forming plica polonica. Moist eruption on scalp. Sensitive to cold.
- NatrumMuriaticum: Alopecia after chronic grief, silent grief, disappointment in love, mortification. Hair loss from occiput, anterior hairline, with oily scalp. Craves salt, reserved, consolation aggravates, weeps in solitude.
- Silicea: Cold, sweaty scalp, especially nape and occiput. Hair falls with itching, offensive sweat. Chilly patient, lack of vital heat, recurrent colds, nail complaints, timid but obstinate. Excellent for young, sweaty, undernourished individuals.
- Graphites: Bald patches on sides of head, with moist, sticky eruption, oozing honey-like discharge. Tendency to keloid. Chilly, obese, constipated, sad and indecisive.
- Arsenicum Album: Bald spots with burning, unbearable itching, better by warmth. Scalp dry, scaly, hair falls in circular patches. Restless, anxious, perfectionist, chilly.
- CalcareaCarbonica: Patchy alopecia in fair, fat, chilly children who sweat profusely on head during sleep. Craving for eggs, slow dentition, delayed milestones.
- Ignatia Amara &Staphysagria: For AA clearly triggered by acute grief, humiliation, suppressed anger, history of emotional insult. Ignatia - sighing, lump in throat, contradictory symptoms. Staphysagria - indignation, sweet and suppressed anger.

Posology: In homeopathy, potency and repetition depend on susceptibility, chronicity and vitality. Commonly used potencies in AA are 30C, 200C, 1M in infrequent doses. Mother tinctures like _Wiesbaden, Jaborandi (Pilocarpus)_ are sometimes used externally and internally in low potency for hair growth, but constitutional medicine is the mainstay.

CONCLUSION

Alopecia Areata is more than a dermatological complaint; it is a psycho-immunological disorder. Homeopathy, through its individualized and holistic approach, addresses the autoimmune root and the emotional trigger, aiming for long-lasting cure and prevention of relapse. Integrated management with counseling, nutrition and proper case-taking shows promising results, especially in patchy AA and early stages. Larger controlled studies are needed to establish evidence-based protocols.

****