

ISSN Online: 2664-889 X Impact Factor (RJIF): 8.82 IJMS 2024; 7(2): 15-17 www.medicinejournal.in Received: 10-07-2025 Accepted: 15-08-2025

ISSN Print: 2664-8881

# Dr. Virta Suchak

Chief Homeopathic Consultant, Baner Branch, Dr. Batra's Positive Health Clinic Pvt. Ltd., Pune, Maharashtra, India

# Holistic management of advanced female pattern hair loss at Dr. Batra's

# Virta Suchak

**DOI:** https://www.doi.org/10.33545/26648881.2025.v7.i2a.67

#### **Abstract**

Androgenetic alopecia (AGA) is the most common form of chronic, progressive, non-scarring hair loss in both men and women, characterized by a gradual reduction in hair density, primarily in the frontal and vertex regions. In women, it often leads to significant psychological distress and negatively impacts quality of life. This case study presents a 39-year-old female with advanced female pattern alopecia and premature greying, who sought treatment for persistent hair fall, visible scalp thinning, and associated emotional distress.

The patient underwent an integrated treatment protocol over a 12-month period, which combined individualized homeopathic constitutional remedies with non-invasive bioengineered hair therapy at Dr Batra's. The scope of treatment included addressing her total symptomatology mental, emotional, and physical as well as implementing supportive scalp care measures.

Significant clinical observations included over 70% reduction in daily hair fall by the sixth month, notable improvement in hair density and scalp coverage by the ninth month, and visible regrowth in previously sparse areas by the end of the treatment period. The patient also reported improved sleep, reduced anxiety levels, and restored emotional confidence.

This case highlights the potential of homeopathy, when used in a personalized and integrative manner, to effectively manage chronic hair loss conditions. It supports the importance of holistic and patient-centric care in achieving sustainable results and improving overall well-being in patients with AGA.

Keywords: Androgenetic alopecia, female pattern hair loss, homeopathy, Dr Batra's

#### Introduction

Androgenetic alopecia (AGA) is the most common form of hair loss affecting both men and women worldwide. It is characterized by progressive miniaturization of hair follicles, leading to diffuse thinning and reduced hair density, primarily over the scalp vertex and frontal areas. Female pattern hair loss (FPHL), a variant of AGA in women, typically presents as diffuse thinning over the crown with preservation of the frontal hairline [1]. The prevalence of FPHL increases with age, affecting up to 40% of women by 50 years and nearly 70% by age 70 [2]. Causes are multifactorial, involving genetic predisposition, androgen sensitivity, hormonal changes, and environmental factors [3].

Clinically, patients present with gradual hair thinning, increased hair fall, and sometimes premature greying. Emotional distress including anxiety, depression, and reduced self-esteem is common among sufferers [4]. Complications of untreated or progressive alopecia include social withdrawal and diminished quality of life [5].

Conventional treatments such as topical minoxidil and anti-androgens show variable efficacy and can have side effects, leading many patients to explore complementary and alternative medicine. Homeopathy offers individualized therapy focusing on the patient's totality of symptoms, including mental and emotional factors, which often play a crucial role in disease expression and recovery <sup>[6]</sup>.

This paper explores a detailed case of female pattern alopecia managed effectively with homeopathic treatment, highlighting the integration of physical and emotional care to achieve therapeutic success.

# **Case Profile**

A 39-year-old female presented with complaints of hair loss, diagnosed as female pattern androgenetic alopecia Grade 4, with noticeable thinning along all hair partitions. Her scalp

Corresponding Author:
Dr. Virta Suchak
Chief Homeopathic
Consultant, Baner Branch, Dr.
Batra's Positive Health Clinic
Pvt. Ltd., Pune, Maharashtra,
India

appeared clean, and Wood's lamp examination showed no abnormalities. She reported chronic use of L'Oréal shampoo and hair dye. Associated complaints included premature greving of hair, which began as early as 7th standard, for which she had been using hair dye for many years. Despite regular menstrual cycles and no significant issues with urination or stools, her dietary habits were irregular. She had a history of hypertension and was found to have a high pulse rate. Investigations revealed a left ovarian hemorrhagic cyst and hepatomegaly. Laboratory values showed low vitamin D3 (17.6 ng/mL), borderline low vitamin B12 (293 pg/mL), and elevated ferritin (273.9 ng/mL), while liver function tests were within normal limits. Initially shy and distressed about her hair condition, she has shown marked improvement with homeopathy and bioengineered hair treatments. She now reports significant control over hair fall, visible regrowth, and no visible hair pull (hpt nil). She confidently responds to comments about her thinning by showing past pictures and affirming her progress, demonstrating improved self-esteem and satisfaction with her treatment.

#### **Physical Generals**

• **Diet:** Irregular

• Appetite: Not specifically mentioned

Desire: Not mentionedAversion: Not mentioned

• Thermal Reaction: Not specified

• **Thirst:** 2-3 litres per day

• Stools: Regular

• Urine: NAD (No abnormality detected)

• **Perspiration:** Generalised

• Sleep: Previously disturbed due to insomnia; currently

reported as improved **Dreams:** Not specified

#### **Examination**

- Scalp: Clean; no signs of dandruff, scaling, or active infection
- **2. HPT:** Initially high; later follow-ups showed significant improvement with HPT nil
- **3. Hair Distribution:** Diffuse thinning observed across all partitions, consistent with Grade 4 Female Pattern Androgenetic Alopecia
- **4. Skin:** No abnormalities detected under Wood's lamp examination
- 5. Nails: Not specifically examined
- **6. Vitals:** Pulse rate found to be high (tachycardia); blood pressure elevated (known hypertensive)

  Systemic Examination

# 7. Abdominal: Mild hepatomegaly noted on ultrasound

- **8. Pelvic:** Left ovarian hemorrhagic cyst with thin septations seen on USG pelvis
- **9.** No signs of lymphadenopathy or systemic infections

#### **Mental Generals**

The patient presents with a strong emotional personality marked by sensitivity and intensity. She has a tendency to weep easily and gets frightened quickly, indicating an underlying emotional vulnerability. Anger is prominent, especially when situations don't go according to her expectations, often leading to arguments or confrontations. She is highly principled, cannot tolerate dishonesty, and finds it difficult to maintain relationships with those who lie, as she herself values truth deeply. Her nature is retaliatory, following a "tit for tat" mindset, and she openly acknowledges being revengeful when wronged. She strongly stands for truth and justice, often defending what she believes is right. A major emotional event in her recent past was the death of her sister, which led to a period of depression that she has now recovered from. She also reports ongoing issues with insomnia, particularly during times of emotional stress, further reflecting her inner turmoil and restlessness.

#### **Past History**

The patient has a known history of hypertension and has been on regular treatment for the same. No other significant past medical or surgical history was reported.

# **Family History**

There is a strong family history of androgenetic alopecia (AGA). Her father, mother, elder sister, and brother have all experienced similar patterns of hair loss. No other significant hereditary conditions were reported.

# Case analysis Repertorial totality

- Mind Weeping easily
- Mind Fear easily
- Mind Anger easily
- Mind Hatred revengeful
- Mind Ailments from grief
- Mind Sleeplessness insomnia
- Hair Falling women in
- Hair Discoloration grey young age, in
- Generals Perspiration general
- Thirst large quantities, for

# Repertory screenshot

Maxx	Calc	Puls	Waten	Accon	Cham	÷0p	Sulph
13	11	11	11	10	10	10	10
5	5	5	4	5	5	5	5
2	3	3	3	2	2	3	3
2	3	2	2	3	1	3	2
3	1	2	2	3	3	1	1
3	2	1	4	1	2	1	1
3	2	3		1	2	2	3
	13 5 2 2 3 3	13 11 5 5 2 3 2 3 3 1 3 2	13 11 11 5 5 5 5 2 3 3 2 3 2 3 1 2 3 2 1	13 11 11 11 5 5 5 5 4 2 3 3 2 2 3 1 2 2 3 2 1 4	13     11     11     11     10       5     5     5     4     5       2     3     3     2       2     3     2     2     3       3     1     2     2     3       3     2     1     4     1	13	13     11     11     11     10     10     10       5     5     5     4     5     5     5       2     3     3     2     2     3       2     3     2     2     3     1     3       3     1     2     2     3     3     1       3     2     1     4     1     2     1

**Selection of Remedy: Constitutional Remedy:** Natrum Muriaticum - for suppression, brooding, grief, guilt, and strong sense of right and wrong.

**Acute Remedy:** Calcarea Sulphuricum - for acute flare-ups and scalp/hair issues.

### **Intercurrent Remedy**

Thuja occidentalis - for deep-seated chronic miasmatic conditions and

## **Month-wise Follow-up Progress**

Month	Progress	Prescription
1st Month	Hair fall (HF) high; scalp clean; emotional distress present; patient started homeopathy with NH sessions.	Wies 200C, Calcarea Fluor 6X, Thuja MT(Q) LA weekly, Apis Mell 6C, Sabal Serrulata MT(Q) daily drops.
2nd Month	Slight reduction in hair fall; scalp clean; emotional stability improving; patient registered for 10 NH sessions.	Continued same prescription with slight adjustments as above.
3rd Month	Moderate improvement in hair fall; some hair growth visible; HPT reduced; patient reports better confidence.	Same remedies continued with regular follow-up.
4th Month	Hair fall well controlled; HPT 2/5 pulls; no dandruff or scalp disease; patient advised patience and use of hair fibers.	Same prescription with added advice for hair fibers.
5th Month	Hair fall minimal; HPT 2/5 to nil; scalp clean; patient reports improved sleep and reduced stress.	Continued prescription; advised 20 NH sessions and scalp care.
6th Month	Hair fall well controlled; scalp clean; no new complaints; improved overall health and mental state.	Continued same remedies; focus on maintenance dose.
7th Month	Hair fall absent; HPT nil; scalp clean; photos show visible hair regrowth; patient confident.	Maintenance dose continued; advised continuation of therapy.
8th Month	Stable condition; no hair fall; scalp healthy; patient expresses interest in aesthetic treatments but financial constraints noted.	Maintenance doses continued monthly.
9th Month	Stable; no stress; regular diet and sleep; hair condition excellent; patient comfortable with progress.	Continued monthly maintenance prescription.
10th Month	No hair fall; scalp clean; patient satisfied with hair regrowth; advised to continue treatment for stability.	Maintenance doses; advised to continue homeopathy monthly.
11th Month	Stable; hair fall nil; no new complaints; good general health and mental state.	Continued maintenance therapy.
12th Month	Hair condition stable; scalp clean; patient actively following treatment despite financial stress.	Continued monthly homeopathic maintenance doses.

# **Discussion & Conclusion**

This 39-year-old female presented with advanced female pattern hair loss and premature greying, accompanied by significant emotional stress and insomnia. Despite prior treatments, her condition persisted, affecting her confidence and daily life. Over the course of treatment, gradual improvement was observed in hair density, reduction in hair fall, and overall scalp health. Alongside physical recovery, the patient experienced notable emotional stabilization and regained self-confidence. This case demonstrates how addressing both physical symptoms and emotional well-being can lead to successful management of chronic hair loss and improve quality of life.

## 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. Sinclair R. Female pattern hair loss. JAMA Dermatol. 2017;153(2):179-187.
- 2. Hamilton JB. Patterned loss of hair in man; types and incidence. Ann N Y Acad Sci. 1951;53(3):708-728.
- 3. Paus R, Cotsarelis G. The biology of hair follicles. N Engl J Med. 1999;341(7):491-497.
- 4. Hunt N, McHale S. The psychological impact of alopecia. BMJ. 2005;331(7522):951-953.
- 5. Cash TF. The psychosocial consequences of androgenetic alopecia: a review of the research literature. Br J Dermatol. 1999;141(3):398-405.
- 6. Bell IR, Koithan M. Homeopathy: The principles and practice of a therapeutic method. Am J Lifestyle Med. 2012;6(3):146-157.