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Research Article

Individualized Homoeopathic Management of Chronic Relapsing Alopecia Areata with Phosphorus LM Potencies: A Case Report

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ABSTRACT

Alopecia areata is a chronic autoimmune disorder characterized by non-scarring hair loss with an unpredictable relapsing course. Conventional treatment options may promote hair regrowth, but recurrence is common after treatment discontinuation. This case report describes the individualized homoeopathic management of a 30-year-old male with a 14-year history of recurrent alopecia areata involving the scalp, eyebrows, beard, axillae, and limbs. Constitutional assessment revealed marked thirst for cold water, increased appetite and desire for cold drinks, sweets and salty foods, disturbed sleep, fear of thunderstorms and darkness, and poor memory. Based on the totality of symptoms, Phosphorus was prescribed in sequential LM potencies. During follow-up, progressive reduction in hair fall, gradual regrowth of scalp and eyebrow hair, absence of new alopecic patches, and improvement in general well-being were observed without reported adverse effects. Although therapeutic efficacy cannot be established from a single case, this report provides descriptive clinical evidence supporting further investigation of individualized homoeopathic treatment in alopecia areata.

Keywords: Alopecia areata, Homoeopathy, Individualized medicine, Phosphorus, LM potency, Constitutional treatment.

INTRODUCTION

Alopecia areata (AA) is a chronic, immune-mediated, non-scarring disorder characterized by patchy hair loss resulting from autoimmune damage to anagen hair follicles. It affects approximately 2% of the population during their lifetime and may involve the scalp, eyebrows, beard, and other body hair. The clinical course is unpredictable, ranging from spontaneous remission to recurrent or progressive disease, which may significantly affect patients' psychological well-being and quality of life.[1-4]

Current treatment options include topical and intralesional corticosteroids, systemic immunosuppressive agents, topical immunotherapy, and Janus kinase (JAK) inhibitors. Although these therapies may induce hair regrowth, treatment responses are variable, relapses after discontinuation are common, and prolonged therapy may be

associated with adverse effects or increased cost.[4,5] Therefore, management of chronic relapsing alopecia areata remains challenging.
Homoeopathy follows an individualized approach in which treatment is selected according to the patient's characteristic constitutional symptoms rather than the disease diagnosis alone. Published evidence regarding homoeopathic management of alopecia areata remains limited; therefore, carefully documented case reports may contribute descriptive clinical evidence and generate hypotheses for future research. This report describes the individualized homoeopathic management of chronic relapsing alopecia areata using Phosphorus LM potencies and has been prepared in accordance with the HOM-CASE guideline.[6]

Case Presentation:

Patient Information:

A 30-year-old Muslim male working as a private security guard presented to the clinic on 12 October 2025 with the chief complaint of recurrent hair loss involving multiple hair-bearing regions of the body. The patient reported progressive hair loss over the preceding 14 years, affecting the scalp, eyebrows, beard, limbs, and axillary regions. Hair loss was associated with itching of the scalp and shedding of hair in bunches, particularly during combing and after bathing. The patient reported aggravation of symptoms following exposure to heat.
The patient had received several courses of allopathic, Ayurvedic, and homoeopathic treatment over the previous 14 years; however, none provided sustained clinical improvement, and the condition continued to relapse periodically. There was no history suggestive of precipitating trauma, recent febrile illness, psychological stress preceding the onset, or exposure to known chemical or occupational triggers.
The patient's identity has been anonymized to maintain confidentiality in accordance with ethical standards.

History of Present Illness:

The patient was apparently healthy until 14 years before presentation, when he developed a small patch of hair loss over the scalp. Despite receiving treatment from conventional medicine, Ayurveda, and homoeopathy, the disease followed a chronic relapsing course with gradual progression. Over time, alopecia extended to involve the eyebrows, beard, axillae, and limbs.
The patient reported recurrent episodes of hair shedding in bunches, accompanied by persistent scalp itching. Hair loss was aggravated during combing, after bathing, and on exposure to heat. Previous treatments resulted in only temporary improvement, with frequent relapses and no sustained remission. The chronic nature of the condition adversely affected his self-confidence and caused considerable concern regarding his appearance.

Past Medical History:

The patient denied any previous history of major acute or chronic systemic illness, including autoimmune disorders, endocrine diseases, dermatological disorders, tuberculosis, or psychiatric illness. There was no history of hospitalization or previous surgical intervention. No known drug allergy was reported.

Vaccination History:

The patient had received Bacillus Calmette–Guérin (BCG) vaccination during childhood and had completed COVID-19 vaccination according to the national immunization recommendations.

Family History:

No family history of alopecia areata, premature baldness, autoimmune disorders, thyroid disease, diabetes mellitus, or other hereditary illnesses was reported. The absence of similar complaints among first-degree relatives suggested that no apparent familial predisposition could be identified from the available history.

Personal History:

The patient consumed a regular mixed diet and denied tobacco use, alcohol consumption, or any other addictive habits. Information regarding socioeconomic status, accommodation, occupational stress, hobbies, and recreational activities was not available at the time of case taking. The patient was thermally hot, with a marked preference for cold water and aggravation of symptoms on exposure to heat.

Physical Generals:

The patient had a markedly increased appetite with persistent hunger soon after meals. Thirst was increased, with a strong preference for cold water. He desired cold water, ice cream, sweets, salty foods, meat, and fish. The tongue was dry, smooth, and reddish-white. Perspiration was average without any peculiar

characteristics. Bowel habits were associated with offensive stools and foul smelling flatus, while urinary habits were normal. Sleep was disturbed with frequent nocturnal awakenings, and no characteristic dreams were reported.

Mental Generals:
The patient had a fearful disposition, with marked fear of thunderstorms and darkness. He also complained of poor recent memory, persistent tiredness, and a sensation of heaviness in the head. No other characteristic mental or emotional symptoms were elicited during case taking.

Clinical Findings:
General Physical Examination:
The patient was conscious, cooperative, and oriented to time, place, and person. He was tall, emaciated, and poorly nourished, with pallor on general examination. No cyanosis, clubbing, icterus, lymphadenopathy, or peripheral edema was observed.

Systemic Examination:
Respiratory, cardiovascular, gastrointestinal, and central nervous system examinations were within normal limits. No clinically significant abnormality was detected.

Dermatological Examination:
Examination revealed multiple well-defined, non-scarring alopecic patches involving the vertex, frontal, parietal, and occipital regions of the scalp, with marked reduction in hair density. Significant thinning of both eyebrows was present. Patchy hair loss also involved the beard, axillae, and limbs. Mild scalp itching was reported; however, no erythema, scaling, crusting, or secondary infection was observed. Nail examination was normal.

Diagnostic Assessment:
The diagnosis of alopecia areata was established clinically based on the characteristic history and dermatological findings. Multiple well-defined, non-scarring alopecic patches involving the scalp and other hair-bearing regions, together with the chronic relapsing course, were consistent with alopecia areata. No clinical features suggestive of scarring alopecia were observed.

Homoeopathic Case Analysis and Remedy Selection:
The case was analysed according to classical homoeopathic principles, with emphasis on characteristic mental and physical generals. The prominent prescribing features included fear of thunderstorms and darkness, poor memory, marked thirst for cold water, increased appetite with persistent hunger, desire for cold drinks, sweets and salty foods, hot thermal state, disturbed sleep, and recurrent alopecia involving multiple hair-bearing regions. Formal repertorisation was not performed. Based on individualized case analysis and correlation with classical Materia Medica, Phosphorus was selected as the constitutional remedy. LM potencies were subsequently administered sequentially according to the patient's clinical response.

Therapeutic Intervention:
Phosphorus was administered sequentially in LM potencies from 0/1 to 0/7, each once daily for 15 days. Before each dose, the medicine bottle was shaken well; 30 drops were then mixed with 30 mL of water, and one teaspoonful was taken in the morning on an empty stomach. Progression to the next LM potency was based on continued clinical improvement without aggravation or adverse effects. Phosphorus 0/7 was prescribed on 11 January 2026, and completion of the 15-day course was subsequently confirmed by telephone follow-up.

Follow-up and Outcome Assessment:
The patient was reviewed at regular intervals over a period of approximately three months. Clinical progress was assessed through subjective improvement reported by the patient, physical examination, and serial clinical photographs documenting changes in hair growth.

Visit	Date	Clinical Findings	Prescription
Initial	12.10.2025	Profuse Hair Fall, Multiple Alopecic Patches Over Scalp With Eyebrow Involvement, Itching Of Scalp, Disturbed Sleep, Generalized Weakness.	Phosphorus 0/1 Followed By Phosphorus 0/2

First Follow-Up	09.11.2025	Hair Fall Reduced Noticeably; Early Regrowth Over Scalp And Eyebrows; Patient Reported Subjective Improvement.	Phosphorus 0/3 Followed By Phosphorus 0/4
Second Follow-Up	14.12.2025	Further Reduction In Hair Fall; Continued Hair Regrowth; No New Alopecic Patches Observed.	Phosphorus 0/5 Followed By Phosphorus 0/6
Third Follow-Up	11.01.2026	Dense Regrowth Over Scalp; Restoration Of Eyebrow Hair; No Evidence Of Fresh Lesions; General Well-Being Improved.	Phosphorus 0/7
Telephone Follow-Up	Late January 2026	Patient Confirmed Completion Of The Prescribed 15-Day Course Of Phosphorus LM 0/7, With No New Alopecic Patches And Continued Improvement In General Well-Being	No Further Prescription Documented

Table 1: Follow-Up and Clinical Progression

Outcome Assessment and Safety:
Clinical response was assessed through serial photographs, physician examination, and patient-reported improvement. SALT scoring and dermoscopy were not performed; therefore, quantitative assessment of disease severity was unavailable. No homoeopathic aggravation or adverse events were reported during treatment.

Clinical Photographic Documentation:

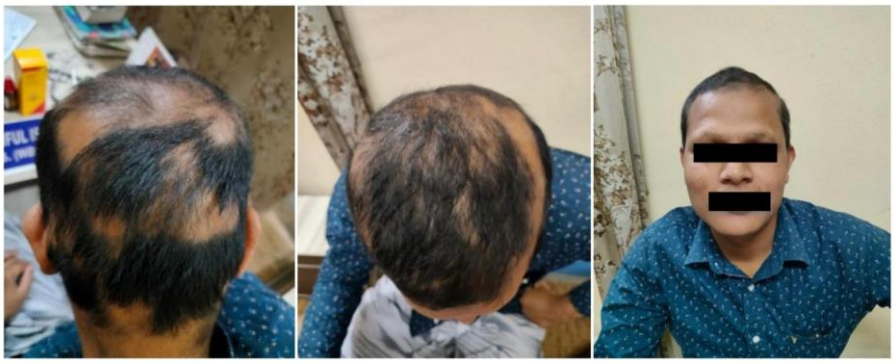

Figure 1. Baseline Clinical Photograph Showing Multiple Well-Defined Non-Scarring Alopecic Patches Involving The Vertex, Frontal, Parietal, and Occipital Regions of the Scalp With Sparse Eyebrow Hair Before Initiation Of Individualized Homoeopathic Treatment.

Figure 2. Follow-Up Photograph Demonstrating Early Regrowth of Hair Over Previously Affected Scalp Regions and Eyebrows, with a Noticeable Reduction in Active Hair Shedding During Treatment.

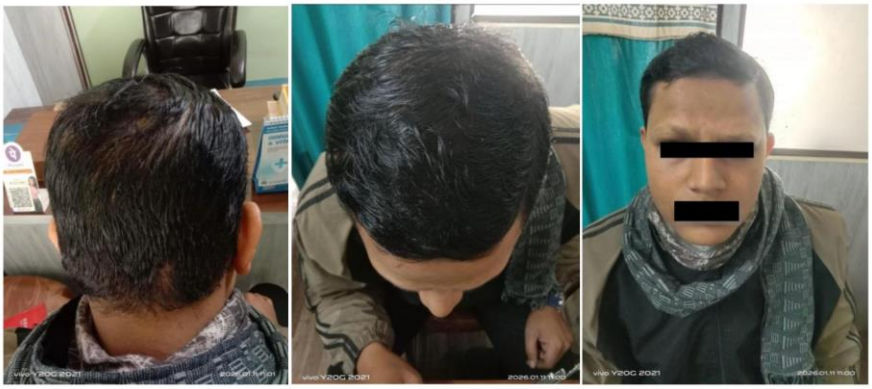

Figure 3. Final Follow-Up Photograph Demonstrating Dense Regrowth of Scalp Hair and Restoration of Eyebrow Hair without Evidence of New Alopecic Patches Following Individualized Treatment with Phosphorus.

DISCUSSION

The present case describes the individualized homoeopathic management of a 30-year-old male with a 14-year history of chronic relapsing alopecia areata involving the scalp, eyebrows, beard, axillae, and limbs. The prolonged disease duration, recurrent episodes, and limited response to previous treatments indicated a chronic and therapeutically challenging condition.

Remedy selection was based on the totality of the patient's characteristic constitutional symptoms, including marked thirst for cold water, increased appetite, desire for sweets and salty food, hot thermal state, disturbed sleep, fear of thunderstorms and darkness, poor memory, generalized weakness, and emaciation. These characteristic features corresponded closely with the symptom picture of Phosphorus described in the homoeopathic literature.[7,8] Sequential LM potencies were prescribed with potency advancement guided by the patient's clinical response during follow-up.

Progressive reduction in active hair fall, gradual regrowth of scalp and eyebrow hair, absence of newly developed alopecic patches, and improvement in general well-being were observed during treatment without reported adverse effects. However, interpretation of these findings requires caution because alopecia areata has an unpredictable natural history, and spontaneous remission may occur in some patients.[1-4] consequently, a causal relationship between the intervention and the observed improvement cannot be established from a single case report.

Objective assessment tools such as the Severity of Alopecia Tool (SALT) score, dermoscopy, and validated quality-of-life instruments were not employed, representing important limitations of this report. Nevertheless, regular clinical follow-up and serial photographic documentation provided supportive evidence of clinical progression. Published evidence regarding complementary therapies for alopecia areata remains limited, highlighting the need for further well-designed clinical studies.[9] This case contributes descriptive clinical evidence by documenting individualized constitutional prescribing with Phosphorus LM potencies in a patient with chronic relapsing alopecia areata and has been reported in accordance with the HOM-CASE guideline to enhance transparency and completeness.[6]

Strengths of the Case:

The strengths of this case include the long-standing relapsing disease course, detailed individualized constitutional assessment, and transparent documentation of remedy selection without retrospective repertorisation. The prescribing rationale and sequential LM potency schedule were clearly documented, with potency progression based on the patient's clinical response. Regular follow-up and serial clinical photographs documented progressive hair regrowth, while no homoeopathic aggravation or adverse events were reported during treatment. Reporting in accordance with the HOM-CASE guideline further supports the transparent and systematic presentation of the case.

Limitations of the Case:

This report has several limitations. As a single case report, it cannot establish a causal relationship between individualized homoeopathic treatment and the observed clinical improvement. Spontaneous remission, a recognized feature of alopecia areata, cannot be excluded. Standardized outcome measures,

including the Severity of Alopecia Tool (SALT) score, dermoscopy, and validated quality-of-life instruments, were not used, limiting objective assessment of treatment response. Laboratory investigations for associated autoimmune disorders were unavailable, and long-term follow-up beyond the reported treatment period was not performed. Further prospective studies with standardized outcome measures, longer follow-up, and controlled study designs are required to clarify the potential role of individualized homoeopathic treatment in alopecia areata.

CONCLUSION

This case documents the individualized homoeopathic management of chronic relapsing alopecia areata with Phosphorus LM potencies, with progressive hair regrowth observed during follow-up. Although causality cannot be inferred from a single case, the findings provide descriptive clinical evidence warranting further investigation using standardized outcome measures and controlled study designs.

Patient Perspective:

The patient reported satisfaction with the reduction in hair fall and progressive regrowth of scalp and eyebrow hair. He also reported improvement in general well-being and expressed satisfaction with the overall management.

Ethical Considerations:

Ethical approval was not required because this manuscript describes a single clinical case managed during routine clinical practice. The report has been prepared in accordance with the principles of the Declaration of Helsinki and the HOM-CASE reporting guideline. Written informed consent for publication was obtained from the patient prior to manuscript preparation.

Conflict of Interest:

The authors declare that they have no competing interests.

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REFERENCES

1. Gilhar A, Etzioni A, Paus R. Alopecia areata. N Engl J Med. 2012;366(16):1515–25. doi:10.1056/NEJMra1103442
2. Pratt CH, King LE Jr, Messenger AG, Christiano AM, Sundberg JP. Alopecia areata. Nat Rev Dis Primers. 2017;3:17011. doi:10.1038/nrdp.2017.11
3. Lee HH, Gwillim E, Patel KR, Hua T, Rastogi S, Ibler E, et al. Epidemiology of alopecia areata, ophiasis, totalis, and universalis: A systematic review and meta-analysis. J Am Acad Dermatol. 2020;82(3):675–82. doi:10.1016/j.jaad.2019.08.032
4. Dahabreh D, Jung S, Renert-Yuval Y, Bar J, Del Duca E, Guttman-Yassky E. Alopecia Areata: Current Treatments and New Directions. Am J Clin Dermatol. 2023 Nov;24(6):895-912. doi: 10.1007/s40257-023-00808-1. Epub 2023 Aug 22. PMID: 37606849.
5. King B, Ohyama M, Kwon O, Zlotogorski A, Ko J, Mesinkovska NA, et al. Two phase 3 trials of baricitinib for alopecia areata. N Engl J Med. 2022;386(18):1687–99. doi:10.1056/NEJMoa2110343
6. Mathie RT, Hacke D, Clausen J, Nicolai T, Riley DS, Fischer M. HOM-CASE guideline for clinical case reports in homeopathy: An extension of the CARE guidelines. Complement Med Res. 2020;27(6):393–400. doi:10.1159/000510513
7. Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B. Jain Publishers; 2002.
8. Boericke W. Pocket Manual of Homoeopathic Materia Medica. 9th ed. Philadelphia: Boericke & Runyon; 1927.
9. Tkachenko E, Okhovat JP, Manjaly P, Huang KP, Senna MM, Mostaghimi A. Complementary and alternative medicine for alopecia areata: A systematic review. J Am Acad Dermatol. 2023;88(1):131–43. doi:10.1016/j.jaad.2022.07.023
10. World Medical Association. World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human participants. JAMA. 2013;310(20):2191–94. doi:10.1001/jama.2013.281053