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Role of anti-miasmatic remedy in case of alopecia areata

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Abstract

Hair is an epidermal appendage, composed of a protein called keratin. The hair follicle supports the hair shaft and regulates its growth. Around 100 strands of hair are lost everyday due to the hair growth cycle. Excessive loss of hair is termed as Alopecia. Alopecia areata affects nearly 2% of the general population at some point during their lifetime. Though hair has hardly any functional attributes in humans, alopecia is not only a great cosmetological concern but also a psychological trauma!

The Case below demonstrates the Homoeopathic Management of Alopecia Areata in a 6 year old patient, with a positive family history of the same, who had previously taken allopathic medicines, without much improvement in his condition. Integrated knowledge of Trichology paves way for Individualistic Homoeopathic Remedy Selection and its application through Clinical Training.

Keywords: Alopecia, alopecia Areata, trichology, hereditary, baldness, homoeopathic constitutional remedy, tuberculinum, calcarea phosphorica

Introduction

Growth of hair is cyclic. Under normal conditions 85-95% hair are in anagen phase (growth phase), 1% in catagen (phase of decay) and 4-14% in the telogen phase (resting phase). Hair loss can be broadly classified into two types-a) Non-scarring Alopecia (Temporary hair loss and the scalp skin looks normal) and b) Scarring or Cicatricial Alopecia (Permanent hair loss in which the scalp is devoid of follicular openings).

ALOPECIA AREATA is an autoimmune disorder which manifests as patchy loss of hair due to sudden precipitation of a group of contiguous hair follicles into telogen (Resting phase). It is common in young adults, about 20% patients are children. It may or may not be associated with other autoimmune diseases. The essential basis is cessation of hair growth with premature club-hair formation. Clinically, along with patchy hair loss, nail pits, ridges and transverse furrows can be seen as an association.

Pre-disposing factors causing baldness- 1. Genetic background 2. Large quantities of androgenic hormones

Triggering Factors: Emotional stress, Endocrine upset and Autoimmunity.

Morphology: Loss of hair in well defined rounded patches. Bald skin is smooth and lacks any sign of inflammation.. Spreading margins bear broken stubs of hair that taper towards the skin surface, are easily pluckable and show a rounded bulb (exclamation mark hair).

Distribution: Scalp is affected most often, alone or in combination with other regions. Beard, moustache, eyebrows, eyelashes, axillae, pubis or extremities are some other sites. Involvement of the whole scalp leading to complete baldness is termed as alopecia totalis. Complete loss of body hair is designated as alopecia universalis. Both these conditions have poor prognosis.

Effects of Testosterone on Hair: Testosterone causes growth of hair over pubis, face, chest, back, and along Linea Alba. It decreases the growth of hair on the top of the head. A man who does not have functional testes does not become bald.

Laboratory studies to evaluate non-scarring Alopecia: Complete blood cell count, Ferritin,

Thyroid screening, Scalp biopsy, Microscopic examination of hair, Antinuclear Antibody, Hormones (e.g. dehydroepiandrosterone sulfate, testosterone, androstenedione), etc

Clinical Case Presentation

A 6 year old male patient was brought to the clinic with a complaint of multiple patchy loss of hair on scalp, since 1 year, which aggravated since 6 months. No itchiness of scalp. He had taken allopathic treatment for the same without much improvement.

The progression of the bald patches: Left Occipital → Right Occipital → Right Temporal → Left Temporal → Vertex

No specific cause traced. No characteristic sensation or modality present.

Clinical Appearance

(Before treatment: 30-11-2019)



Fig 1: Bald patch in left occipital region



Fig 2: Bald patch in right occipital region

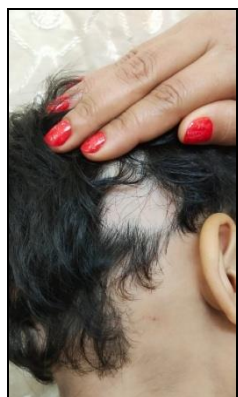


Fig 3: Bald patch in right temporal region



Fig 4: Bald patch in left temporal region



Fig 5: Bald patch in vertex

Physical Generals

- Appearance – Fair complexion, lean constitution and delicate features.
- Likes- Sweets
- Perspiration- Profuse
- H/O - Enuresis

Mental Characteristics

- Irritability
- Restlessness - cannot sit in one place, fidgety.
- Sympathetic
- Likes to roam around. Wants to visit new places.
- Mischievous.
- Fear of dark

Family History

- Father -Alopecia Areata In Childhood.
- Mother- Asthma in childhood; At present: K/C/O Hypothyroidism
- Elder brother- G6PD deficiency
- Paternal Grandparents- Hypertension.
- Maternal Grandparents- Hypertension + Diabetes Mellitus

Examination findings: O/E: General Condition Fair. Throat, R.S., C.V.S., G.I.T., C.N.S. – No Abnormality Detected.

Clinical Diagnosis: Alopecia Areata

Pathological understanding in cases of Alopecia Areata: Genome-Wide Association Studies(GWAS) analysis in humans have identified 14 genetic loci associated with alopecia areata. One locus, in particular, harboring the genes encoding the natural killer (NK) cell receptor D ligands and

retinoic acid early transcript 1L protein, is found to be involved in alopecia areata and not in other autoimmune diseases. According to functional studies CD8⁺NKG2D⁺T cells play an important role in AA disease pathogenesis. Gene expression profiling studies have revealed predominant signatures of the Interferon gamma pathway and its related cytokines, and also, cytotoxic T cells, both of which are mediated by Janus kinase as their downstream effectors.

Homoeopathic understanding: Dynamic Chronic Miasmatic disease with fully developed symptoms. Predominant Miasm – Tubercular

Prognosis and complications: The potential for hair regrowth remains since the hair follicles are not damaged. Spontaneous regrowth of hair is seen in 60-70% cases and occurs as a rule in patients with one or two patches of short duration (less than 6 months). The prognosis varies widely, and poor outcomes are associated with an early age of onset, extensive loss, the ophioid variant, nail changes, a family history, or comorbid autoimmune disorders. No complications as such other than disease progression.

Treatment Strategy

- Conventional line of treatment:** Treatment in allopathy includes Topical steroids, Intralesional steroids, Topical or Systemic PUVA therapy, Topical Dinitrochlorobenzene(DNCB).
- Homeopathic line of treatment:** As per Aphorism 5: “The ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living, and habits, his social and domestic relations, his age, sexual function etc., are to be taken into consideration”

As per Aphorism 190: “ All true medical treatment of a disease on the external parts of the body that has occurred from little or no injury from without, must therefore, be directed against the whole, must effect the annihilation and cure of the general malady by means of *internal remedies*, if it is wished that the treatment should be judicious, sure, efficacious and radical.”

Homoeopathic Approach In Cases Of Alopecia - Holistic approach- Persons constitution i.e. his Mind, Physical general and Physical particular symptoms are taken into consideration according to Aphorism 5.

Susceptibility

High Susceptibility due to following reasons:

- Symptom similarity
- Many characteristics at the level of mentals and generals.
- No structural changes
- Reversible disease
- Young age male patient
- Good nutritional status
- Good Sensitivity

Totality of symptoms: According to Kentian Approach.

- Fear of dark
- Irritability

- Restlessness
- Sympathetic
- Desires to wander around
- Perspiration Profuse
- Likes Sweets
- Lean personality
- Hairfall in spots

<input checked="" type="checkbox"/> MIND, FEAR (apprehension, dread), dark, of
<input checked="" type="checkbox"/> MIND, IRRITABILITY, children, ...
<input checked="" type="checkbox"/> MIND, RESTLESSNESS, children, ...
<input checked="" type="checkbox"/> MIND, SYMPATHY, compassion, ...
<input checked="" type="checkbox"/> MIND, WANDER, desires to, ...
<input checked="" type="checkbox"/> HEAD, HAIR, falling, ...
<input checked="" type="checkbox"/> HEAD, HAIR, falling, spots, in, ...
<input checked="" type="checkbox"/> PERSPIRATION, PROFUSE, ...
<input checked="" type="checkbox"/> GENERALITIES, FOOD, sweets, desire for, ...
<input checked="" type="checkbox"/> GENERALITIES, LEAN people

Fig 6: Repertorial Totality (Homoeopathic Repertory App)

10 Symptom(s)	1	2	3	4	5	6	7	8	9	10	11	12	13
Name of remedy	Ars	Lyc	Merc	Calc-p	Tub	Calc	Phos	Sil	Nat-m	Sulph	Chin	Sep	Bry
Symp. covered	9	7	7	7	7	7	6	6	6	5	5	5	5
Totality	18	15	15	14	14	13	14	12	11	12	10	10	9
1. MIND, FEAR (ap...													
2. MIND, IRRITABIL...													
3. MIND, RESTLES...													
4. MIND, SYMPATH...													
5. MIND, WANDER...													
6. HEAD, HAIR, falli...													
7. HEAD, HAIR, falli...													
8. PERSPIRATION, ...													
9. GENERALITIES, ...													
10. GENERALITIES,...													

Fig 7: Repertorization (Homeopathic Repertory App)

Remedy Selection: Tuberculinum 200 (1P) and CalcareaPhosphorica 200 t.d.s X 7 Days

Date	Follow Up	Prescription
30/11/2019	1 st Prescription	Tuberculinum 200 (1P) CalcareaPhosphorica 200 t.d.s. x 7 days
09/12/2019	>	SL 200 t.d.s. x 7 days
20/12/2019	SQ	CalcareaPhosphorica 1M (1P) Tuberculinum 1M t.d.s. x 7 days
02/01/2020	>>	Tuberculinum 1M t.d.s. x 7 days
09/01/2020	>>	SL 200 t.d.s. x 7 days
27/01/2020	>>60%	Tuberculinum 1M t. d. s. x 7 days
04/02/2020	>>	SL 200 t.d.s. x 1 month
20/04/2020	>>80%	SL 200 t.d.s. x 1 month
22/05/2020	>>	SL 200 t.d.s. x 1 month
20/06/2020	>>100%	SL 200 t.d.s. x 1 month

Prescription based on

Holistic Approach i.e. Constitutional remedy followed by

frequent repetition of Anti-miasmatic remedy.

Reference

momentarily; has a constant desire to change, and travel, and go somewhere, and do something different, or to find a new doctor. The desire to travel, that cosmopolitan condition of the mind belongs so strongly to the one who needs Tuberc. It comes out so often in clinical experience, is found so often in the *Calcarea*s, and especially in *Calc. phos.*, always wanting to go somewhere. Such is the condition of those about to go into insanity, about to go into some lingering dis-

Fig 8: Lectures On Homoeopathic Materia Medica By Dr. James Tyler Kent- Indian Edition - Tuberculinum- Page 951

to go into phthisis have many times been cured by *Calcarea*. The relationship between Tuberc. and *Calc.* is very close. They are interchangeable; that is, the one may be indicated for a while, and then the other. They are both deep-acting remedies—also *Silica* is closely related to Tuberc., on the same plane of action, going deep into the life in a similar way; *Calcarea*, Tuberc. and *Silica*, and the *Silicates*.

Fig 9: Lectures On Homoeopathic Materia Medica By Dr. James Tyler Kent - Indian Edition - Tuberculinum- Page 952

C 76 **CALCAREA PHOSPHORICA—CALENDULA OFFICINALIS**

Modalities

- *Aggravation:* Exposure to damp, cold, changeable weather; east winds; *melting snow*; mental exertion.
- *Amelioration:* In summer; warm dry, atmosphere.

Relation

- *Complementary:* Ruta.
- *Similar:* To, Carb-an., Calc-f., Calc., Fl-ac., Kali-p.; to, Psor., in debility remaining after acute diseases; to, Sil., but sweat of head is wanting.
- *Acts best:* Before Iod., Psor., Sanic., Sulph.; after Ars., Iod., Tub.

Fig 10: Allen’s Keynotes Rearranged And Classified With Leading Remedies Of The Materia Medica and Bowel Nosodes By Dr.H.C.Allen– Tenth Edition-*CalcareaPhosphorica*- Page 76

Relations

(Burnett recommends to give the Tuberculinum high if there is a strong tubercular element in the case, if that element is small, 30 is better.) Compare: Bacillinum (including Tuberculinum of Swan), Bacil. test., Aviaire. In tubercular meningitis, Iodof. Irregular distribution of circulation, constitutional remedy, Sul. Analogous constitutional remedies, Pso., Med., Syph., Thuja. Sensation of an iron band compressing brain (Thuj. Phthisis, insanity, Thyroid. Pain in region of appendix, Iris. t., Ars., Lach. Pains in breasts at menses, Con., Calc. Compatible: Hydrast., "it actually seems to fatten up tuberculous patients" (Burnett, confirmed by Nebel), Calc., Calc-i., Calc-p., Phos., Thuj., Sep., Puls. Sensitive to music, Aco., Amb., Nat-c., Nux- v., Ph-ac., Sep., Thuj., Viol-o. (Better by music, Trn.).

Fig 11: Dictionary Of Practical Materia Medica By Clarke J.H.- Tuberculinum – HompathFireFly App

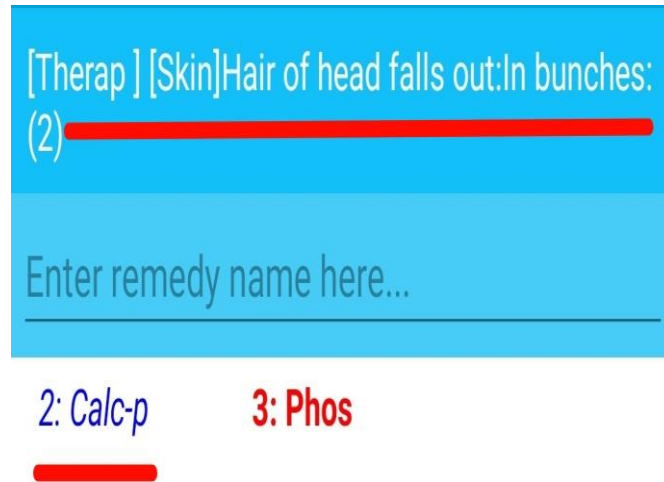


Fig 15: Therapeutic Pocket Book By Clemens Von Boenninghausen – HompathFireFly App

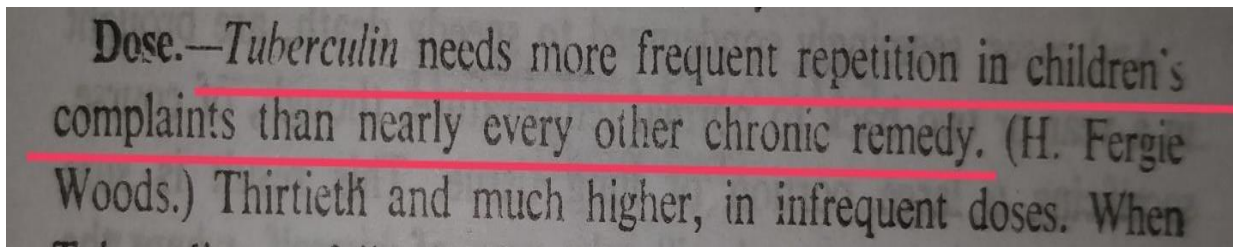
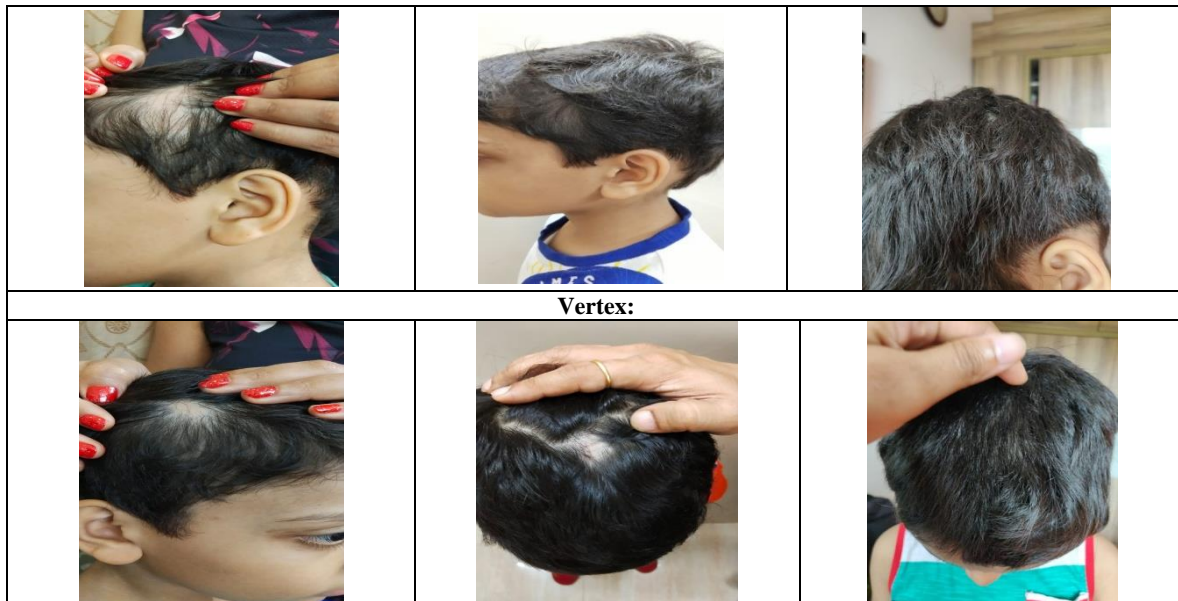


Fig 16: Pocket Manual Of Homoeopathic Materia Medica with Indian Medicine And Repertory By Dr. William Boericke - Ninth Edition - Tuberculinum- Page 657

- As given in Boericke’s Materia Medica, frequent repetition of Tuberculinum was administered to the patient to establish permanent cure.

Before Treatment-30/11/2019	After Treatment- 11/03/2020	After Treatment -20/06/2020
Left Occipital Region:		
Right Occipital Region:		
Right Temporal Region:		
Left Temporal Region:		



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Case Learning: In cases of Alopecia, poor outcomes are associated with family history. This case helps us to understand that an appropriate Anti-miasmatic remedy given along with the constitutional remedy can cure conditions which have a familial tendency. The anti-miasmatic remedy corrects the miasm through which the condition has been passed on from one generation to another and establishes permanent cure. We also learn that Tuberculinum being a Nosode and a deep acting remedy can be given in frequent doses in children as given in Pocket Manual of Homoeopathic Materia Medica by Dr. William Boericke. This case demonstrates the importance of a Holistic approach and treating the Man in disease and not the Disease in man, as said by Dr. J.T. Kent.

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