

Alopecia and aetiological prescribing cases

Homeopaths are frequently presented with complex, longstanding cases in patients who have already tried multiple treatment modalities. However we must remember that prescribing can sometimes be incredibly simple! Here we have three beautiful cases, by our Scottish colleagues, demonstrating how when there is a clear trigger event to a pathology a well-indicated remedy can result in its swift and complete resolution.

The first two cases are kindly contributed by Douglas Nicol and the third by Russell Malcolm.

A management strategy for 'Ailments From'

Dr Douglas Nicol *B MedBiol MB ChB FRCGP, MFHom, Sessional GP, Primary Care Appraisal Lead, Aberdeenshire*

Douglas gained his MFHom in 2004 and subsequently used homeopathy in practice when practical. Due to increasing practice pressures, he undertook ever decreasing numbers of long cases till 2013, when he retired from his practice and then only prescribed for certain conditions. Due to other medical responsibilities, he only undertook 1 or 2 sessions clinical work per week in one practice. The continuity of care required for homeopathic management was therefore not available to him and as in his opinion his knowledge and skill deteriorated, he prescribed mainly for acute conditions particularly PMT, eczema etc. However he recalls how two cases of alopecia stood out in his attempts at homeopathic management. On reviewing alopecia areata he noted that physical or mental stress can cause temporary hair loss. The reason for this is that the hair follicles enter the telogen phase prematurely, this causes them to stop growing new hairs and to shed hairs. He briefly outline the cases below. Names are changed.

Patient: 59 year old Female

Chief Complaint: Post pancreatitis alopecia areata

'Gladys' had suffered a few months history of dyspepsia and pain suggestive of gall bladder disease. She went on to suffer an episode of acute abdominal pain requiring hospital admission when she was diagnosed as suffering from acute pancreatitis. She was discharged after a rocky admission and thereafter she started showing patchy hair loss which worsened. She had an interval cholecystectomy at three months, but her patchy hair loss continued. Her eyebrows and body hair were unaffected. All investigations proved negative. Our practice nurse asked me if there were any homeopathic remedies for hair loss. She gave a clear history that the hair loss was directly following and in her opinion in consequence of the pancreatitis. On examination her scalp demonstrated straggly clumps of mousy hair with areas of almost complete baldness with isolated hairs. On reflection I decided that this could be an 'Ailments From' remedy and decided on Pancreatin 30C, having seen this prescribed by a lay homeopath previously for symptoms following pancreatitis. She took Pancreatin for three months until I saw her again. I was surprised to see a thick early growth of hair between the previous straggly clumps of hair. The growth has developed since then and with professional hairdressing, apart from some thinning around her hair margins she has a perfect head of hair. She continued to take pancreatin for six months.

Patient: 10 year old boy

Chief Complaint: Alopecia totalis

'Ezra' was eight years old when his parents troubled marriage broke up and father left with another woman. He had been witness to frequent rowing and had tried to intervene, but in vain and subsequently withdrew to his room in tears. Ezra and his younger brother were left in the care of his mother and very supportive grandmother. His mother developed Type 1 Diabetes mellitus (DM) soon after the breakdown, followed shortly after by Ezra also developing Type 1 DM. In addition, he rapidly developed alopecia totalis with loss of eyebrows and all bodily hair. He was fully investigated by a paediatrician and there were no other medical conditions found. Grandmother brought him to see me at the suggestion of the practice nurse. Physical examination confirmed alopecia totalis but no other physical problems. He was mildly obese (flabby) and lethargic. He was often emotionally labile and agitated being unable to sit still and at other times, withdrawn. Grandmother said he was often irritable and felt unloved. He was worse at night and felt more comfortable alone at home. He was also noted to have occasional nervous vomiting. I ascertained although the father had access, he often did not attend visitations with no warning. Furthermore, on the occasions Ezra went to stay with his father he felt his father showed more interest in his new partner's children than his own sons. Ezra felt distressed and guilty at seeing his mother's emotional state and felt abandoned by his father. He was doing less well at school, and he had issues with concentrating. I did not have time to fully analyse the case, but felt the major issue here was abandonment and I looked at ailments linked to abandonment. I had no time to repertorise and noted a list of remedies linked to abandonment e.g. argentum nitricum, natrum carbonicum, magnesium carbonicum, mercurius, cyclamen, stramonium etc. The most suitable remedy in my recollection and after referral to



Prescribing on the basis of a Trigger event

Dr Russell Malcolm BA, MBChB, FFHom

Juniper berries © Sébastien Noël

Russell Malcolm graduated in Medicine in 1983. He joined the staff of the Glasgow Homeopathic Hospital in 1986 and held a consultant post there between 1991-1993. He was on the Academic staff of the Royal London Hospital for Integrated Medicine until January 2021, having been appointed Director of Education in 1994. Russell later held both a clinical appointment and the role of Education Lead at RLHIM. He serves on the Editorial Board of Homeopathy - the widely respected, peer reviewed, international scientific journal of the Faculty. Russell runs the NHS Homeopathy Service in Dundee, Scotland where he also provides clinical training and observer attachments for students of homeopathy studying via www.RLHH-education.com. Here he describes a case which led him to a new remedy with startling results.

Patient: 4 1/2 year old boy **Chief Complaint:** Alopecia

The problem started in July 1992 while on holiday in Cyprus. The family were walking among pine trees, and pine resin was dropping down. A's hair became matted in several places with resin. Ordinary shampoo failed to remove it, so his father applied some spirits (Gin) to dissolve the resin out. Within a day A's hair started to fall out, and extensive areas of baldness appeared extending to the forehead.

Orthodox treatments tried over past two years:

Antifungal topicals
Antibiotic creams
Topical steroids

Some areas had grown back in, but two extensive patches remained. The topical agents had seemed to aggravate latterly, so had been discontinued for some months.

Almost two years after the problem started his parents brought him to the homeopathic clinic. An analysis yielded a great many possible remedies, so it was decided to look at only one listing of remedies corresponding to hair loss in children.

anacardium, apis, arsenicum album, BARYTA CARB., calcarea carbonica, **fluoric acid, graphites**, hepar sulph., lycopodium, medorrhinum, morgan, **phosphorus**, psorinum, **PIX LIQUIDA**, selenium, **sepia, SILICA**, sycotic co., tuberculinum, **zincum metallicum**

Pix Liquida was selected because it is an oily resinous substance derived from dry distillation of coniferous wood. Aetiologically the boy was originally exposed to pine resin and gin - a spirit derived in part from Juniper berries (conifer)

TREATMENT: Pix Liquida 30c (three stat doses, 4 hourly over one day)

Reaction and Outcome

Yellow 'staining' appeared in the areas originally affected, which looked like yellow felt pen. This lasted for only 24 hours. At the three week review stubble was appearing in the follicles.

Transcript of first review appointment:

Doctor: *I think that even where there isn't hair.....*

Mother: *It feels quite stubbly*

Doctor: *There's stubble appearing in the pores,*

Mother: *In talking about the reaction, one thing I did notice, was really quite peculiar. I didn't notice it in the house... to me it looks better than it did yesterday (It takes a while because it has got to grow.)...*

But I did notice when he went outside one day, it was as though he had felt pen on his scalp. There were circles of yellow where it had all originated from. It lasted maybe a day and began to disappear. So I don't know what that was.

A period of good hair growth followed. Progress plateaued at 6 weeks, and the remedy was repeated.

Mother phoned at 3 months to say that A's hair is "perfect".

Vermeulen was Mag Carb. I therefore prescribed 30C thrice weekly. He also had additional support at school. I arrived at this decision by noting the 'Mentals' in Vermeulen to be 'bad tempered and oversensitive', 'feelings of being forsaken' and unloved and having 'witnessed lots of quarrels between parents'. 'Sensitivity to quarrels' and 'peacemaking' were also important mentals. I also noted other factors such as modalities of being worse at night and issues at school. Nervous vomiting suggested gastrointestinal symptoms.

Outcome

He became less withdrawn and able to discuss his feelings and was more talkative with me coming in alone on one appointment. He developed a thick head of hair again with some irregular minor bald patches at hairlines particularly back of neck and behind ears. His eyebrows also regrew. He no longer reported nightmares and slept better and he did better at school. His diabetic control remained good.

Both cases had clear causative factors and hence my decision to attempt 'Ailments From' management. I have used this management approach before but never with such striking results. I have also been approached by others with hair loss usually male pattern, but have had no success with any remedy unsurprisingly. Two other cases of alopecia areata I have managed in previous years likewise had poor results, but neither had such striking apparent causations. My conclusion was that both patients either responded to homeopathy or were both lucky enough to have a coincidental spontaneous remission.