

Retrospective Case Series Study on Homoeopathic Treatment of Alopecia Areata

^[1] Dr Yasmeen G.H. Shaikh ^[2] Dr Akshay Batra ^[3] Dr Rohini Talwar

^[1] B.H.M.S, P.G.D.M.L.S, M.S.Psychology Department of Trichology at Dr Batra's Clinic Pvt.Ltd.

^[2] International Trichologist , Vice chairman Dr Batra's group of company

^[3] Dermatologist MD (Skin & VD) , DDV

^[1]trichology@drbatras.com

Abstract: -- Alopecia Areata is an autoimmune disease of the hair follicle; cell mediated inflammation, genetics and environment factors influence and make this condition challenging to treat. The modern treatment includes use of steroids i.e. topical, oral and intra-lesional along with immunosuppressant for the treatment of alopecia areata with effects lasting for temporary duration. Hence the study was conducted to explore the role of homoeopathy in this autoimmune condition. 102 patients having alopecia areata from different cities of India were enrolled. Male and female were almost equal in number and they did not have any other autoimmune or major illness. They were treated by constitutional homeopathic treatment for 12 months and then were observed for a period of 3 years after stopping the treatment. The result shows an initial response as early as within 3 months of the treatment. 83% of the cases showed complete recovery i.e. hair growth in all the patches whereas 11% showed the partial response to the treatment. Around 6% did not respond to the treatment. Most importantly the relapse of the complaints was seen only in approximately 10% of the cases whereas, in conventional treatment relapse rate is as high as 85% .Simultaneous improvement was also noted in associated complaints. The results show the role of homoeopathic management to treat alopecia areata an autoimmune disorder successfully with lasting resulting thus reducing relapse and arrest tendency to develop alopecia areata when compared to other modern methods of treatment.

I. INTRODUCTION

Inclusion Criteria: All Patients Presenting With Alopecia Areata Supported By Clinical Examination.

Exclusion criteria:

- 1) Patients presenting with alopecia totalis / alopecia universalism
- 2) Patients of alopecia areata with dandruff / psoriasis of scalp / seborrhoeic dermatitis of scalp / any other skin disease of scalp
- 3) Patients with associated autoimmune diseases like thyroid disorders, diabetes mellitus, pernicious anemia, vitiligo etc
- 4) Patient who have taken intra-lesional steroid injections or applied minoxidil solution to the patches in the preceding 3 months of starting homeopathy
- 5) Patients suffering from any systemic illness like liver / kidney disease or any other major illness.

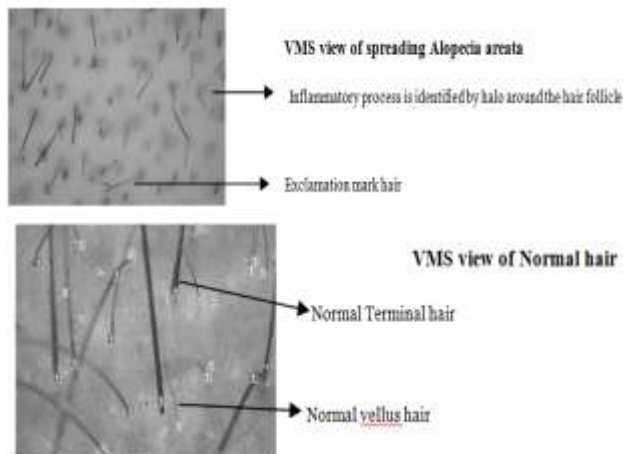
II. METHODOLOGY

A total number of 102 patients of alopecia areata who fitted the inclusion criteria & who were recruited at various centers of Dr Batra's clinic between January 2005 & January 2007 were randomly selected for the study. The cities from where the patients were selected were Mumbai, Delhi, Kolkata, Ludhiana, and Chennai & Secunderabad.

Each patient had a minimum tenure of 12 months with monthly appointments. During the tenure each patient was treated with his/her respective constitutional medicine at the beginning & repeated after 6 months if required & specific medicine depending on symptoms.

For each patient a standard protocol for alopecia areata which was filled over a period of 12 months was studied to know the results. Each patient's photographs were serially compared.

Technology incorporated – Video-microscopic (VMS) examination of patches to understand the diagnosis and prognosis of disease



Improvement was graded in terms of hair re-growth:

1. Complete 2. Moderate 3. Mild

* Relapse - return of patch during observation period (appearance of any new patch after starting of treatment & its response was noted separately)



The selected patients were 48 males (47%) & 54 females (53%) within the age group of

6 yrs to 63 yrs .Majority of the patients had lesions on the scalp alone with very few on scalp & eyebrows (5 patients), scalp & beard (2 patients), scalp & body (3 patients), beard alone (1 patient) & eyebrows alone (1 patient).The number of patches ranged from 1 to multiple with a majority (>50 % patients) falling in the 1 or 2 patch group. The average appearance of the patch range from recent onset to long standing non responding cases

III. RESULTS

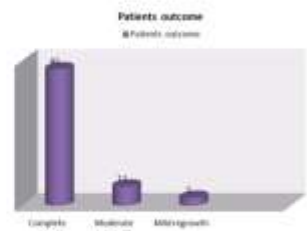
The initial response was noticed in 1 to 7 months with a majority of patients (65 patients - 63.73%) showing response within first 3 months

The complete response was observed from 2 months onwards to a maximum of 9 months with a majority of patients (73 patients-71.57 %) showing complete response within 6 months of starting treatment

All the patients were kept under observation for duration of 3 years to understand relapse.

Patient outcome

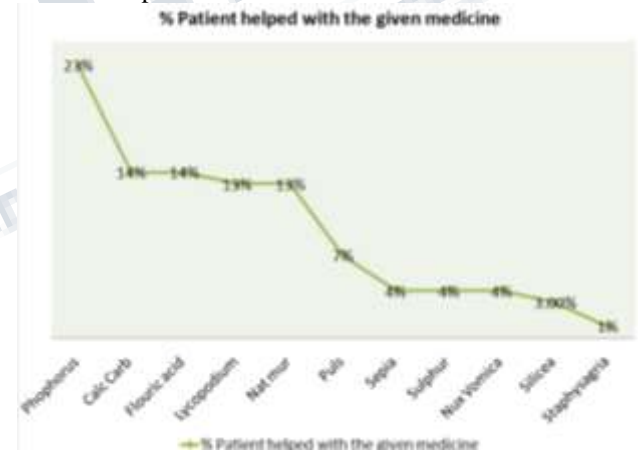
A) Complete hair growth: 85 patients fulfill the criteria out of 102.
B) Moderate hair growth: 12 patients fulfill the criteria out of 102.
C) Mild hair growth: 5 patients fulfill the criteria out of 102.
Relapse - (Return of patch during the observation period)
8 patients out of 102 achieved complete recovery in terms of growth but relapse of small patch during the observation period



Before Rx after Rx before Rx after Rx



Observation: The group of medicine and benefits in the number of patients



Associated complaints

46 Patients Out Of 102 Patients Didn't Have Any Associated Complaints While

56 patients out of 102 had associated complaints.

The associated complains observed in these 56 patients were:

1. Allergic rhinitis
2. Urticaria
3. Acidity
4. Constipation

success rate was observed in cases where the disease was less than a year old. There was no follow up study done for relapse⁽²⁾.

Observation in associated complaints:



IV. DISCUSSION

Alopecia Areata is a chronic inflammatory disease involving the hair follicle & sometimes the nails⁽¹⁾. The inflammation is caused by A T - cell mediated autoimmune mechanism which could be genetically mediated. Atopy & environmental factors are also considered contributory factors.

Multiple modes of treatment are advocated in allopathy for alopecia areata. Few treatments are subjected to randomized control trials. Various treatments give various success rates which apart from the treatment modality also depend on extent of the disease, associated autoimmunity, genetic factors etc.

As far as patchy alopecia areata (and not alopecia totalis or alopecia universalis) goes there are trials on routinely used drugs like topical, intralesional & oral steroids, DPCP contact immunotherapy & Minoxidil. Extensive studies have been carried out with corticosteroids by different teams. There has been a mixed response to the drug in all the clinical trials. A trial with 0.2% fluocinodole acetone conducted on 28 patients for 6 months showed excellent to satisfactory results on 17 patients. It was observed that the success of the drug depended not so much on the extent of the disease than on the age of the patient and the duration of the condition. Almost 100% success was evident in children between 3 to 10 years of age as compared to 50% in older children and only 33% in adults. Even diseases, which have been present for a longer time, showed improvement in the case of children. Generally, good

The common side effects of topical steroids are:

Folliculitis or inflammation of the hair follicles . Hypertrichosis or excessive hair growth in different parts of the body. Acneiform eruption .Local atrophy or chronic dilation of capillaries leading to red blotchy patches .The success rate of steroids is almost complete (478/480) with no relapse after single injection for 6 to 9 months⁽³⁾.

There are no side effects of a single steroid injection. (Repeated injections may lead to skin atrophy which can be temporary or permanent depending on the no. of injections)

In a study including 84 patients with multiple intralesional steroid injections, regrowth on treated areas was present in 92% of patients with patchy AA. Regrowth persisted 3 months after treatment in 71% of patients Regrowth usually is seen within 4-6 weeks in responsive patients. Patients with rapidly progressive, extensive, or long-standing Alopecia areata responded poorly.[After 3 months 92-71 = 21 % have relapsed⁽⁴⁾]

On oral prednisolone the growth rate varies from 27 to 89%. It gives better results if combined with minoxidil 2%⁽⁵⁾. But the relapse rate remains at 50 % at 4 months. The side effects of oral prednisolone depending on dose & duration of treatment are hyperacidity, hypertension, increased blood sugar levels, weight gain etc.

Minoxidil 1% to 5% is used as 1 ml twice a day is used⁽⁶⁾. Minoxidil 5% works better than 2% & shows initial response 12 weeks⁽⁷⁾. Topical minoxidil has rare side effects like headache & contact dermatitis. Extensive research has been done with DPCP contact immunotherapy⁽⁸⁾.

The response rates are as follows:
 75 to 99 % hair loss – 60.3 % results
 50 to 74 % hair loss – 88 % results
 25 to 49 % hair loss – 100 % results

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These results are seen in 12 to 18 months with a relapse rate of 62.6%.

In a Canadian study 78% response was seen in 32 months with a relapse rate of 62%.

In another study on DPCP, success rate was 83.3% (45/54 patients). Initial response was observed 3.48 ± 1.05 months. The mean duration of treatment until maximum response was 6.14 ± 1.48 months. Thirty-one patients (68.9%) had a relapse during follow-up and were treated again. Side effects of DPCP are mild contact dermatitis, cervical lymphadenopathy & pigmentary changes. **So none of the treatments have shown to alter the course of disease which is characterized by periodic exacerbation & spontaneous remissions. Various references quote the spontaneous remission rates ranging from 35% to 60%** ^(9, 10, and 11).

Type of medicine	Success rate	Relapse rate	Potential side effects
Oral Prednisolone	Varies from 27% -80%	50%	Hyperacidity, hypertension, increased BSL, weight gain etc
DPCP	83.3%	68.9%	Mild contact dermatitis, cervical, Lymphadenopathy, pigmentary changes
Intra-lesional Steroids	92%	11%	Skin atrophy, temporary or permanent
Homeopathy	83.3%	7.8%	NIL

V. CONCLUSION

In this scenario, the present study makes it clear that homeopathy is a safe & effective mode of treatment of Alopecia Areata, without any side effects. The major advantage of homeopathy appears to be the fact that the relapse rate is extremely low when compared to that of allopathy as depicted in this study.

Since this is a relapsing disease & since homeopathy treats patient based on his/her individual constitution, it can be safely concluded that this tendency of relapse is better taken care of with homeopathy.

REFERENCES

- 1) REF 1: Textbook of Dermatology – Edited by rook et al – 2002 edition – Page no 63.36
- 2) REF2: <http://www alopeciaareatainfo.com/alopecia-areata-topical-corticosteroids.shtml>

- 3) REF 5: Fiedler VC. Alopecia areata: a review of therapy, efficacy, safety, and mechanism. Arch Dermatol 1992;128(11):1519-29
- 4) ZEF 3, 4, 6, 7, 8: <http://www.emedicine.com/DERM/topic14.htm>
- 5) AUTHOR: Chantal Bolduc, MD, FRCPC, Assistant Professor, Department of Dermatology, University of Montreal Coauthor(s): Harvey Lui, MD, FRCPC; Jerry Shapiro, MD, FRCPC
- 6) REF 9: Tosti A, Padova MP, Minghetti G et al. Therapies versus placebo in the treatment of patchy alopecia areata. / Am Acad Dermatol 1986; 15:209-10.
- 7) REF 10: Muller SA, Winkelmann RK. Alopecia areata. Arch Dermatol 1963; 88: 290-7. REF 11: Jerry Shapiro , Marni Wiseman , Harvey Lui Canadian Family Physician Vol 46 July 2000