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Holistic Approach of Homoeopathy in Treatment of Trichotillomania- A Case Report

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Abstract:
Trichotillomania is a chronic disorder characterized by recurrent hair pulling resulting in noticeable hair loss and psychosocial impairment. This case report describes a 39-year-old male with compulsive hair pulling of the left eyebrow associated with stress, anxiety, and low self-esteem. Individualized homoeopathic treatment based on the totality of symptoms resulted in clinical improvement. The case demonstrates the potential role of a holistic homoeopathic approach in the management of trichotillomania.

Keywords: Trichotillomania, Hair-pulling disorder, Homoeopathy, Case report.

Introduction:

Trichotillomania (TTM), classified under obsessive-compulsive and related disorders, involves repetitive, compulsive hair-pulling, often leading to patchy alopecia and psychological distress[1].
Trichotillomania (TTM) also known as hair-pulling disorder was first described in ancient
Greece, but its current name was coined in the later part of the 18th century[2]. Trichotillomania (TTM; Hair-Pulling Disorder) is an under-recognized mental health condition in the category of body-focused repetitive behavior disorders (BFRBDs) within the fifth edition of the Diagnostic and statistical manual of mental disorders (DSM-5) (American Psychiatric Association, 2022). The core symptom of the disorder is the recurrent and uncontrollable behavior of pulling out one's own hair, leading to noticeable hair loss, psychosocial distress, and impairment (American Psychiatric Association, 2013, 2022).
According to a recent meta-analysis, TTM affects about 1–2 % of the general population (Thomson, Farhat, Olfson, Levine, & Bloch, 2022).[3]
Many patients with trichotillomania report that there was a stressful situation that occurred before the hair-pulling behavior. Others describe boredom before hair-pulling. These feelings of boredom or stress are negative effects, or internal feelings or emotions, which have been shown in research to correlate to the increased behavior of pulling hair.[4] In the general population, the 12-month prevalence estimate for trichotillomania in adults and adolescents is
1%–2%. Females are more frequently affected than males, at a ratio of approximately

10:1.[5] Beginning in adolescence, the lifetime prevalence of TTM is reported as high as 3.5%.The adolescent patients do not all meet the criteria for trichotillomania as described by the DSM-V criteria but they do experience some form of the symptoms. The disorder is reported more commonly in females, with the ratio shown to be about 9:1 toward females. It is thought that the stigma of the disorder creates underreporting in general.[4] Long-term complications of the disease include permanent hair loss, and this is seen primarily in people who have been pulling the hair out into adulthood. Individuals that eat all or portions of the hair are at risk for a trichobezoar.[6]

Previous research suggests that hair pulling is often related to certain states like tension, distress, boredom, or concentration problems. Moreover, sedentary activities (e.g., driving, reading) as well as tactile or visual sensations of specific hairs (e.g., grey, coarse) seem to be important triggers of hair pulling (Barber et al., 2023; Pirdoğan Aydın et al., 2021). In addition, external factors like being alone or around others can significantly impact hair pulling occurrences (e.g., Christenson, Mackenzie, & Mitchell, 1991).[3]

The specific *DSM-5* criteria for trichotillomania (hair-pulling disorder) are as follows:

- Recurrent pulling out of one's hair, resulting in hair loss
- Repeated attempts to decrease or stop the hair-pulling behavior
- The hair pulling causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The hair pulling or hair loss cannot be attributed to another medical condition (eg, a dermatologic condition)
- The hair pulling cannot be better explained by the symptoms of another mental disorder (eg, attempts to improve a perceived defect or flaw in appearance, such as may be observed in body dimorphic disorder)[5]

Homoeopathic view:

The homeopathic understanding of health is intimately connected to its understanding of the mind in general. Homeopaths don't separate the mind and body in the usual way; they generally assume that body and mind are dynamically interconnected and that both directly influence each other. This acknowledgement of the inter-connectness of body and mind is not simply a vague, impractical concept. Homeopaths base virtually every homeopathic prescription on the physical and psychological symptoms of the sick person. Psychological symptoms often play a primary role in the selection of the correct medicine. Trying to determine whether a person's mental state caused his physical disease or vice versa is rarely helpful in discovering the correct homeopathic medicine. Most of the time, this determination is moot. Instead, the homeopath seeks to find a medicine that matches the totality of the person's physical and psychological symptoms, irrespective of "which came first."[7] Dr. J. T. Kent says in Kent's philosophy lecture VI – "No organ can make the body sick; man is prior to his organs; parts of the body can be removed and yet man will exist.[8] According to homeopathic principles, chronic diseases often present characteristic mental symptoms long before detectable physical changes appear. Classical homeopathic texts extensively discuss the significance of mental symptoms in case-taking, prescribing, and classifying mental diseases. Dr. Hahnemann recognized early on the pivotal role of a patient's mental and emotional state in identifying the most effective curative remedy. As per homeopathic principles, a thorough study of all chronic diseases reveals distinct and characteristic mental symptoms

that typically manifest well before any physical changes become detectable through existing laboratory tests. Mental symptoms, encompassing a patient's emotions, thoughts, sensations, and responses to stressors, are seen as deeply characteristic and reflective of the individual's core nature.

Case History:

The patient, a 39-year-old male working as a medical officer, reports that for the past 5–6 years he has developed a habit of pulling hair from his left eyebrow. He says this started gradually after he joined his government job. Initially, it was occasional, but over time it became a regular habit, especially during periods of boredom or when he feels mentally stressed. He is aware of the behaviour and feels uncomfortable about it but finds it difficult to control. He describes himself as someone who often feels mentally tired and irritable. There is a sense of heaviness in his head, particularly after repeated hair pulling. He also experiences headaches, mostly on Mondays, which he associates with the thought of returning to work. These headaches are usually one-sided, with a heavy feeling, and are accompanied by irritability and a desire to withdraw from others. He prefers to lie down, and sleep gives him significant relief. Interestingly, he does not experience these symptoms on Sundays or holidays. He said that although there is no direct external pressure at work, he feels a constant internal burden related to his responsibilities. He is not satisfied with his professional growth and often compares himself with his siblings and peers, feeling that he has not achieved enough. This comparison creates a sense of inferiority and reduces his confidence. He admits that he is uncomfortable in social situations, especially with new people. He tends to remain quiet because he feels others are more confident or intelligent. When he has to interact, he sometimes experiences a peculiar sensation in his throat, as if a sip of water is stuck, which he links to a fear of saying something wrong. Because of this, he prefers to avoid conversations and social interactions whenever possible. He is very particular about being punctual and completing tasks on time. He reaches early to avoid being questioned and feels anxious if something is delayed. Even small mistakes can cause significant internal stress, as he fears criticism from others. Financially, he is very cautious. He feels that spending money on entertainment like movies or eating out is unnecessary. Even when he does spend, he experiences guilt afterward and worries about future financial problems. This constant concern reflects a deep fear of insecurity. Emotionally, he tends to suppress his feelings. He avoids arguments and does not express anger openly, but small issues can irritate him, especially when he feels ignored or when additional work is assigned unexpectedly.

He shares that he was very attached to his mother and still feels emotionally connected to her memory. Growing up in a family where both parents worked hard and avoided conflict, he learned to remain silent and adjust rather than express his own needs.

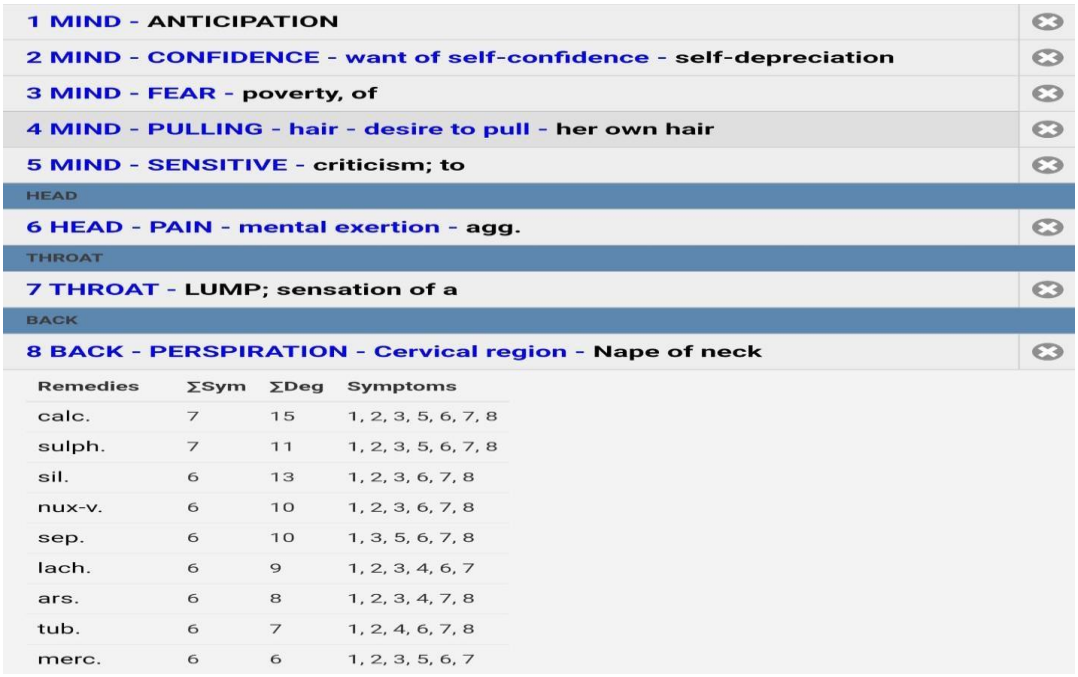
Physical general -

Appitite - Vegetarian diet; appetite good
Thermal- Chilly
Thirst- 2–3 litter/day
Stool- Normal & satisfactory
Perspiration- Profuse on the Nape of Neck
Desire - Sweet, spicy
Sleep - Sound sleep

Totality -

- Hair pulling from left eyebrow during stress and boredom
- Anticipatory anxiety regarding work responsibilities
- Fear of criticism and making mistakes
- Lack of confidence; comparison with peers
- Introverted and avoids social interaction
- Globus sensation in throat while speaking
- Irritability with suppressed emotions
- Monday aggravation of headaches, Better from sleep
- Desire for sweets and spicy food
- Hot patient

Prescription:



Rx - CALCAREA ARSENICOSA 200/SD/4pills
SAC LAC 30/BD/4 pills/15days

Follow up:

No	Date	Symptoms	Prescription
1	04/12/2025	Monday morning headache reduce. Still sometime feels globus sensation while speaking. Anxiety and fear persist.	SAC LAC 200 4pills TDS for 30 days

2	01/01/2026	Frequency of Hair pulling from left eyebrow and headache reduce. Still sometime feels globus sensation while speaking but nowadays he is taking initiatives for social interaction. Anxiety and fear persist.	CALCAREA ARSENICOSA 200(SD)4pills tonight +SAC LAC 200 4pills TDS for 30 days
3	05/02/2026	Frequency of Hair pulling from left eyebrow and headache reduce. Feels no globus sensation during social interaction. Anxiety and fear are reduced.	CALCAREA ARSENICOSA 200(SD)4pills tonight +SAC LAC 200 4pills TDS for 30 days
4	05/03/2026	Frequency of Hair pulling from left eyebrow and no headache for two weeks. Feels no globus sensation during social interaction. Anxiety and fear quite reduced as recently he conducted two projects under his observation.	SAC LAC 200 4pills TDS for 30 days.

Discussion:

The case presented a dominant picture of anticipatory anxiety related to professional responsibilities, fear of criticism, internalized stress, and marked insecurity with self-doubt. The compulsive hair-pulling behavior appeared as an outlet of emotional tension, particularly during boredom and occupational stress. Considering the totality of characteristic mental and emotional symptoms, Calcarea Arsenicosa was selected. The prescription was primarily based on the patient's persistent anticipatory anxiety, heightened sensitivity to perceived responsibility, and underlying insecurity contributing to compulsive behavior. Follow-up indicated improvement in the frequency of hair-pulling episodes along with reduction in anxiety, irritability, and emotional tension, suggesting a favorable response to the individualized approach.

Conclusion:

This case demonstrates the role of individualized homoeopathic prescribing in trichotillomania associated with anxiety, insecurity, and stress-related compulsive behaviour. Calcarea Arsenicosa was selected based on the characteristic mental picture of anticipatory anxiety, fear of criticism, and internalized occupational stress. Clinical improvement observed during follow-up suggests that individualized homoeopathic treatment may be beneficial in managing body-focused repetitive behaviour disorders. Further controlled studies are required to substantiate these findings.

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