

Telogen Effluvium: A Comparative Review of Conventional Dermatological Management and an Individualized Homoeopathic Approach with Psychosomatic Perspectives

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Publication Date: 2026/09/30

Abstract: Telogen effluvium (TE) is a common cause of diffuse, non-scarring hair shedding and is characterized by alteration in normal hair-cycle dynamics. It may follow physiological or psychological stressors including febrile illness, systemic disease, surgery, childbirth, nutritional deficiency, rapid weight loss, medications and psychological stress. This literature review discusses the normal hair cycle, pathophysiology, causes, clinical presentation and management of TE and compares conventional dermatological management with an individualized homoeopathic approach. Within the homoeopathic framework, psychosomatic factors are considered during case-taking, while the separation-conflict concept proposed by German New Medicine (GNM) is discussed as a theoretical hypothesis rather than an established pathological mechanism. A proposed supportive scalp serum containing *Arnica montana*, *Wiesbaden*, *Jaborandi*, *Capixyl*, *Redensyl* and *Procapil* is also discussed as an adjunctive formulation.

Keywords: *Telogen Effluvium; Diffuse Hair Loss; Hair Cycle; Anagen; Catagen; Telogen; Homoeopathy; Psychological Stress; German New Medicine; Scalp Serum; Hair Growth.*

How to Cite: Dr. Rutva M. Vandra (2026) Telogen Effluvium: A Comparative Review of Conventional Dermatological Management and an Individualized Homoeopathic Approach with Psychosomatic Perspectives.

International Journal of Innovative Science and Research Technology, 11(9), 1873-1875.

<https://doi.org/10.38124/ijisrt/26sep406>

I. INTRODUCTION

Hair is an important appendage of the skin and has considerable cosmetic, psychological and social significance. Excessive hair shedding can affect self-image, confidence and quality of life. Telogen effluvium is a common cause of diffuse, non-scarring hair loss and is generally associated with altered follicular cycling. Multiple physical, physiological, metabolic, nutritional, pharmacological and psychological factors have been associated with its development. Unlike many forms of permanent alopecia, TE is frequently reversible once the precipitating factor is identified and corrected.

II. NORMAL HAIR CYCLE

Every scalp hair follicle passes through a cyclic sequence of growth, transition and rest.

➤ Anagen Phase — Growing Phase

Anagen is the active growth phase. Matrix cells proliferate actively and continuously produce the hair shaft. It may last for several years. Anagen = active growth.

➤ Catagen Phase — Transitional Phase

Catagen is a short transitional phase between active growth and rest. Matrix activity decreases and the follicle undergoes involution. Catagen = change/transition.

➤ Telogen Phase — Resting Phase

Telogen is the resting phase. Active hair production stops, the hair becomes a club hair and is eventually shed.

Telogen = Temporary Rest. The cycle is:

- Anagen
- Catagen
- Telogen
- Shedding
- New Anagen.

➤ What is Telogen Effluvium?

Telogen effluvium is a form of diffuse, non-scarring hair shedding resulting from alteration in normal hair-cycle dynamics. A precipitating event can alter follicular cycling and increase the proportion of hairs that eventually appear as telogen/club hairs. Noticeable shedding commonly

follows the trigger after a delay rather than immediately.

➤ *Etiological Factors*

TE is multifactorial. Physiological factors include fever, infection, severe systemic illness, surgery, blood loss and childbirth. Nutritional factors include iron deficiency, inadequate protein intake, rapid weight loss and restrictive diets. Endocrine/metabolic factors include thyroid dysfunction and other systemic disturbances. Certain medications may alter the hair cycle. Psychological stress and significant life events may also contribute.

➤ *Clinical Presentation*

Typical features include diffuse scalp shedding, increased hair noticed during washing or combing, hair on pillows or clothing, reduced perceived density and a non-scarring presentation. Other causes of diffuse hair loss, including androgenetic alopecia, diffuse alopecia areata and anagen effluvium, should be considered. TE may coexist with androgenetic alopecia.

➤ *Diagnosis and Evaluation*

Diagnosis is primarily clinical, supported by detailed history, scalp examination/trichoscopy and relevant investigations when indicated to identify underlying causes. Depending on the clinical situation, investigations may include complete blood count, ferritin/iron status, thyroid function, vitamin B12, vitamin D and other tests guided by history and examination.

➤ *Conventional Dermatological Management*

The main principle is:

- Identify
- Correct
- Support
- Monitor.

The precipitating factor should be corrected whenever possible. Management may include correction of nutritional deficiency, treatment of systemic or endocrine disease, review of medication-related causes, correction of inappropriate dieting or rapid weight loss, and appropriate management of psychological stress. TE is often self-limiting, making education, reassurance and follow-up important.

➤ *Hair-Growth Supportive Therapy*

Topical minoxidil may be considered in selected patients, although evidence for TE specifically is less robust than for androgenetic alopecia. A proposed supportive conventional hair-growth serum for the comparative framework may contain Minoxidil + Finasteride + Capixyl + Redensyl + Procapil, where clinically indicated. Its physiological aim is to support follicular activity, the anagen environment and hair-growth processes.

➤ *Homoeopathic Perspective*

Homoeopathic management differs from conventional dermatology primarily in its individualized approach.

Instead of prescribing solely according to the diagnostic label, the practitioner considers the totality of symptoms. Case-taking may include local hair/scalp symptoms, general symptoms, modalities, mental and emotional symptoms, and causative or maintaining factors.

➤ *Psychosomatic Perspective and GNM-Inspired Concept*

Psychological stress is recognized as one possible trigger associated with TE. Within the psychosomatic framework discussed in this review, the German New Medicine (GNM) concept of a “separation conflict” may be explored as a possible emotional narrative associated with some patients’ experience of hair loss. A conceptual sequence may be described as:

- Perceived separation/loss
- Emotional stress
- Proposed biological response
- Hair-cycle disturbance
- Hair shedding.

This is a theoretical hypothesis and should not be presented as established scientific pathophysiology.

➤ *Proposed Supportive Homoeopathic Scalp Serum*

As an adjunct to individualized homoeopathic management, a supportive scalp serum is proposed containing: Arnica montana + Wiesbaden + Jaborandi + Capixyl + Redensyl + Procapil. The proposed physiological objective is to support scalp condition, follicular activity, hair-growth environment, hair-shaft anchoring and overall scalp/hair health. (This supportive serum will be coming soon.)

➤ *Integrated Treatment Concept*

- Conventional: Identify trigger; Investigate underlying cause; Correct nutritional/systemic/medical factors; Support follicular activity where clinically indicated; Monitor shedding and regrowth.
- Homoeopathic: Detailed case-taking; Hair + general + mental/emotional symptoms; Assessment of causative/maintaining factors; GNM-inspired separation/loss concept explored as a hypothesis where relevant; Individualized homoeopathic prescription; Supportive scalp serum; Regular follow-up.

III. DISCUSSION

Telogen effluvium is a multifactorial hair disorder. The conventional model provides a biological explanation centred on follicular cycling and emphasizes identification and correction of precipitating factors. The delayed nature of TE explains why patients may experience hair shedding weeks or months after an illness or stressful event. Psychological stress is one possible precipitant, but TE should not automatically be considered a purely psychological disorder. Nutritional, endocrine, systemic and pharmacological causes require appropriate evaluation. The individualized homoeopathic approach emphasizes the

patient's complete symptom picture and may include emotional experiences in case-taking. The GNM-inspired separation concept can provide an exploratory psychosomatic perspective but should not replace medical investigation or be presented as an established mechanism.

IV. LIMITATIONS

Research on homoeopathic management of telogen effluvium and psychosomatic factors is ongoing, with clinical observations and encouraging findings being reported. Further systematic and well-designed studies are needed to strengthen the existing findings and provide deeper understanding of these approaches in the future.

V. CONCLUSION

Telogen effluvium is a common, generally non-scarring and frequently reversible cause of diffuse hair

shedding. Its development is associated with physiological, nutritional, systemic, pharmacological and psychological triggers.

Conventional management primarily focuses on identifying and correcting the precipitating factor, providing appropriate supportive treatment and monitoring recovery. An individualized homoeopathic approach considers the totality of physical, general and emotional symptoms. Within this framework, psychosomatic factors may be explored, including the GNM-inspired concept of separation/loss as a theoretical hypothesis. The approaches differ in their theoretical foundations and evidence base; further well-designed clinical research is required to evaluate individualized homoeopathic interventions and supportive scalp formulations in TE.

➤ Comparative Approach

Table 1 Comparative Approach

Conventional Dermatology	Individualized Homoeopathic Approach
Identifies and corrects precipitating factors.	Considers the totality of symptoms and causative factors.
Evaluates nutritional, endocrine, systemic and medication-related causes.	Considers local, general and mental/emotional symptoms.
Supportive hair-growth therapy may be considered where clinically indicated.	Individualized homoeopathic prescription with supportive scalp care.
Psychological stress may be one of several triggers.	Emotional experiences may receive greater emphasis; GNM-inspired separation/loss concepts may be explored as a hypothesis.
Monitors shedding, density and regrowth.	Monitors hair symptoms, regrowth and overall individual response.

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