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Hair loss and its Unani concept and management

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Abstract

Hair loss is a common condition. It can be caused by variety of Disorders that can be Congenital or acquired. The ability of the treating physicians to understand the etiological factors and the differences between these disorders helps them to reach the right diagnosis and treatment. A thorough clinical assessment of patient with hair fall is necessary to reach diagnosis. Physicians must keep themselves updated with new advances of therapy. This review article will focus mainly in the common acquired causes of hair loss. It will provide general physicians the basic knowledge and management of hair loss and common baldness.

Keywords: Hair loss, Unani concept, health and beauty

Introductions

Hair is considered as sign of beauty in almost every culture. The long hair for ladies is a sign of health and beauty. This led to the large impact on the cosmetic industry in the rich and civilised cultures. The physician can play a major role in assessing and treating hair problems if they have the basic knowledge about their common causes of hair disorders. Certain conditions need to be referred to the specialist. In this article we will discuss the common causes of hair loss disorder and how to assess them.

Unani concept

There is no direct concept of alopecia areata in Unani medicine. However, there is a comprehensive description of *Dau s Saalab*, *Daul Hyya* and *Safa* in classical unani literature. According to Ibn-e-Sina a legendary unani physician, the disease can occur in any part of body but scalp, face and eyebrows are the commonest sites. Its various causes are elucidated as accumulation of *Ratrobate Fasida*, *Saudae Khables*, *Fasade Dam*, *Balgami Shoor*, *Safra Lazae*, *Ajsaame Khabeesa*, *Zoafe Asaab*, excessive coitus etc.

Causes of Alopecia Areata

The condition occurs when the white blood cells spasm the cells in hair follicles which causes them to shrink and dramatically slow down hair production. It is unidentified exactly what causes the body immune system to object hair follicles in this way

Hair Cycle

The hair cycle is divided into three phases. The first phase is the active phase, which is called the anagen phase. In this phase, the hair grows and replaces the old hair and continues growing over several weeks to few years. The second phase is the catagen, which is the transition phase that changes active hair to resting hair. This phase last up to three weeks. Telogen hair is the third phase in which the hair will stay in the scalp without growing and can be removed by pulling and combing the hair. Also during this phase the hair can stay till the new hair grows and pulls the old hair to fall spontaneously. The telogen phase can last after three months. The hair cycle in human scalp is asynchronous mixture of the active hairs and resting hair. It is estimated that the scalp congenital have evolved. This has led to a change in the outcome of this disorder in view of the treating physicians and patients.

Common causes of telogen effluvium

- 1) Fever.
- 2) Post partum.

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- 3) Crash.
- 4) Dieting/hyperproteinaemia.
- 5) Thyroid dysfunction.
- 6) Iron deficiency.
- 7) Prolonged operation & anaesthesia.
- 8) Malignant disease.
- 9) Renal failure.
- 10) Hepatic disease.
- 11) Malabsorption.
- 12) Medications.

Male hormones (androgens) play an important role in inducing this condition in both sexes. In fact both the inherited familial genes and the hormonal sensitivity of the hair receptors in frontal and middle areas of the scalp cause androgenic alopecia. In this condition the hair fall down slowly and transform into small and fine hair leading to common baldness.

Current understanding

This is measured in stages with the progress of the disease. In males, the frontal and vertex areas of the scalp are lost and staged according to Hamilton-Norwood classification. It is divided into seven stages according to the severity of hair loss where stage one is the early stage and stage seven is the advanced, severe stage of hair loss. In females, the frontal and middle areas are lost, sparing the forelock hair of the scalp. This is staged according to the Ludwig Classification. It is divided into three stages based into the severity of the hair loss (Mild, moderate, and severe patterns).

Medical treatment

In adult males, in early stage of baldness, minoxidil 5% scalp solution is advised. It should be applied to the hair thinning areas twice a day to keep what's left. Sometimes It may initiate hair regrowth in the vertex. It works through its positive effect on hair life cycle. It may turn the thin (vellus) hair into thicker (terminal) hair in 3% of treated cases. In 1997, finasteride, a new drug, was approved by FDA in the United States. Various trials proved at 6:00 success when taken in a dose of one milligram daily in preventing the progression of hair loss in 90% of cases. It was observed to initiate hairy growth in 3366% of cases. It works by blocking the 5 alpha reductase enzymes, the hair root enzyme responsible for activating male hormones in the bald areas.

In adult females, Clinical exam is crucial before prescribing drugs. In spite of the manufacture recommendations, minoxidil 5% scalp solution can be prescribed to females. It has been noticed that the use of lower percentage of the solution may not work well. Also, it has been observed that some females complaint of Ted facial and beard hair after using this solution to their scalp. Diane 35 is another Agent to treat this condition. It contains 2 mpg of cyproterone acetate, anti-androgen hormone and 35 mg of ethinylestradol. It is effective in young females experiencing this problem is an effective week anti androgen hormone. It is useful in females with this condition. It may help the hirsute facial areas and prevent hair loss in the scalp at the same time. It is suggested to females reaching their menopause.

Conclusion

Alopecia areata has a great impact on the appearance and

psyche of the afflicted individual. Moreover, no uniformly dependable treatment is known. Corticosteroids have shown promising results and are time tested drugs in management over the years. Other treatments that have been used with some success include minoxidil, Anthralin, DNCB, SADBE, PUVA. Cyclosporine with each treatment, side effects and cosmetically acceptable improvement must be considered. Support mechanisms in the form of local support groups should be formed in order to provide counselling for the affected patients and allay their psychiatric comorbidity.

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