

Research and Reviews: Journal of Pharmacology and Toxicological Studies

IS TENSION THE REASON FOR HAIR LOSS (OR) BALDNESS

Varsha keerthi Rachcha

M. Pharmacy (Pharmaceutics), Malla Reddy Pharmacy College, Secunderabad, India

Commentary

Received: 06/10/2015
Published: 31/10/2015
Accepted: 25/10/2015

*For Correspondence: Varsha keerthi Rachcha
M. Pharmacy (Pharmaceutics), Malla Reddy Pharmacy College,
Secunderabad, India.
E-mail: varshakeerthi1990@gmail.com

IS TENSION THE REASON FOR HAIR LOSS (OR) BALDNESS

There is worldwide awareness on metastasis diseases, sinus issues and allergies caused by pollution [4]. Currently we've got proof that this could conjointly occur in indoor environments. The skin and hair type the primary barrier exposed to pollution. Giant suspended particle, tiny mobile particles, smoke and vaporific pollution choose the scalp and hair, inflicting irritation and injury Hair loss as a result of pollution (HDP) [2] will exist or mimic steroid hormone phalacrosis rather like diffuse un-patterned hair loss, diffuse alopecia, early cicetritial phalacrosis [3] or chronic telogen discharge will mimic steroid hormone phalacrosis.

Hair loss or hairlessness (technically called alopecia) [4] could be a loss of hair from the pinnacle or body. Hairlessness will visit general hair loss or steroid hormone baldness (male pattern baldness). Some kinds of hairlessness will be caused by alopecia, associate autoimmune disease [5,6]. The acute varieties of alopecia are baldness totalis, that involves the loss of all head hair, and baldness universalis, that involves the loss of all hair from the pinnacle and also the body.

Baldness and hypotrichosis [7] will have several causes, as well as mycosis (tinea capitis), traumatic injury, like by compulsive pull (trichotillomania), as a result of actinotherapy or therapy, and as a result of nutritional deficiencies like Iron deficiency [8,9], and as a results of response phenomena, as well as alopecia and hair loss related to general autoimmune disorder.

Alopecia areata [10] is most typical in individuals younger than twenty, however youngsters and adults of any age is also affected. Girls and men area unit affected equally. Alopecia areata cannot be "cured" however it will be treated. Most of the people have one episode can have additional episodes of hair loss.

Types of alopecia

1. Based on conditions and course of the sickness ^[11]

Atopic type: It begins early in life and principally (30-75%) progresses to phalacrosis totalis.

Autoimmune type: It's seen in old teams and is related to response diseases, and progresses to phalacrosis totalis in 10-50%.

Prehypertensive type: It's seen in young adults whose folks square measure hypertensive and progress speedily to phalacrosis totalis in four-hundredth of cases.

Common type: It affects adults aged 20-40 years and phalacrosis totalis develops in 5-15% of cases.

2. Based on pattern of hair loss ^[12]

Reticular: little distinct patches might merge and kind larger patches.

Ophiasis: May be a band-like AA on the posterior and temporal margins.

Sisaipho: Additionally known as as ophiasis inversus, presents with phalacrosis involving the frontal, temporal, and membrane bone scalp however spares hair on the scalp edge, mimicking parthenogeny phalacrosis.

3. Based on extent of hairloss ^[13]

Patchy phalacrosis areata: it may be single or multiple patches.

Alopecia totalis: Involving the complete scalp hair.

Alopecia universalis: If the overall hair is concerned.

Acute and diffuse total alopecia: It's characterised by feminine preponderance, generalized hair dilution, fast progression, tissue symptom, in depth involvement, temporary clinical course, and favourable prognosis.

Perinaevoid and linear phalacrosis areata: Phalacrosis patches round the nevi and weird shows might occur in linear distribution

Types of Hair Loss

Hair loss is often temporary or long lasting ^[14]. Temporary hair loss is often straightforward to repair once its cause is known and controlled, or troublesome once it's not in real time clear what the cause is. Hair loss that might presumably are temporary, might become long lasting as a results of Associate in incorrect diagnosing. The potential for such misdiagnoses is maybe the foremost frustrating facet of hair loss for ladies.

Diagnosis

Alopecia areata ^[15,16] is diagnosed through a case history and physical examination. Your doctor can raise you questions about your hair loss, check out the pattern of your hair loss, and examine your scalp. And he or she might tug gently on a number of hairs or pull some out.

If the explanations for your hair loss isn't clear, your doctor might do tests to ascertain for a malady that might be inflicting your hair loss. Tests include:

- Hair analysis. Your doctor can take a sample of your hair and examine it below a magnifier. A scalp sample is additionally generally taken.
- Blood tests, as well as testing for a selected condition, like associate active or inactive thyroid (hyperthyroidism or hypothyroidism) ^[17].

Signs and Symptoms

Symptoms of phalacrosis ^[18] embrace hair loss in patches sometimes in circular patterns, dandruff, skin lesions, and scarring. alopecia (mild - medium level) sometimes shows in uncommon hair loss areas e.g. eyebrows, backside of the pinnacle or higher than the ears wherever sometimes the male pattern hairlessness doesn't have an effect on. In male-pattern hair loss, loss and dilution begin at the temples and therefore the crown and either thins out or falls out. Female-pattern hair loss happens at the frontal and membrane bone.

Excessive daily hair loss ^[19]: This is first sign of hair loss usually we notice after hair brushing or combing or shampooing.

Skin condition: It may be due to some hormonal imbalance ^[20].

Psychological stress ^[21].

Causes of Alopecia

1. May be due to poor nutrition ^[22], limited food intake, and deficiencies in certain nutrients ^[23] can cause thinning.
2. May be due to infections like Dissecting cellulitis Fungal infections ^[23,24], Tinea capitis ^[25,26], olliculitis ^[27].

3. May be drugs or by several medications [28].
4. It may be due to air, dust or water pollutant [29].

Treatment

If the affected region is tiny, it's cheap to solely observe the progression of the unwellness [30], because the drawback usually regresses and also the hair might grow back.

The cream but isn't as effective and it takes longer so as to ascertain results. Steroid injections [31] square measure usually utilized in sites Topical corticosteroids oft fail to enter the skin deeply enough to have an effect on the hair bulbs, that square measure the treatment target, and little lesions generally additionally get ad libitum. Oral corticosteroids [32] decrease the hair loss, however just for the amount throughout that they're taken, and these medicine have serious adverse facet effects.

Conclusion

In our daily life hair loss is most common effect which may be due dirt, air and water pollutant, trauma, in pregnant and many other psychological problem.

The only reason for this is often Hair transplantation is typically distributed below topical anesthetic. A surgeon can move healthy hair from the rear and sides of the pinnacle to areas of cutting. The procedure will take between four and eight hours, and extra sessions may be distributed to create hair even thicker. Transplanted hair falls out at intervals a couple of weeks, however regrows for good at intervals months. Hair transplants, takes small plugs of skin every that contains a couple of hairs, and implants the plugs into bald sections.

REFERENCES

1. Marcovici G. Hair Loss Treatment Shows Anti-inflammatory Activity in vitro. Hair : Therap Transplantat. 2012; 2:103.
2. Chairerg P, et al. The Use of Sulfasalazine in Severe Types of Alopecia Areata. Hair : Therap Transplantat. 2011; 1:102.
3. Shapiro LJ and Shapiro DB. Low Anabolic Profile in Assessing a Patient's Overall Hair Loss. Hair Ther Transplant. 2015; 5:130.
4. Piraccini BM and Alessandrini A. Diffuse Hair Loss in a Young Female. Hair Ther Transplant. 2014; 4:122.
5. Bhat YJ, et al. Etiopathogenesis of Alopecia Areata. Hair Ther Transplant. 2014; 4:123.
6. Tas B, et al. Neonatal Occipito-Linear and Temporo-Fronto-Parietal Alopecia: Can Non-Marginal and Marginal forms of the Transient Neonatal Hair Loss be Found Together? Hair Ther Transplant. 2014; 4:119.
7. Perera E, et al. Alopecia Areata. Hair Ther Transplant. 2014; 4:118.

8. Rajput R. Understanding Hair Loss due to Air Pollution and the Approach to Management. *Hair Ther Transplant*. 2015; 5:133.
9. Mansilla E, et al. Building Small Spheroids/Regenerative Units for Hair Loss Treatment: Just Imitating Nature in an Industrialized Manner. *Hair : Therap Transplantat*. 2011; 1:e101.
10. Cakir E. The Association between Metabolic Syndrome Components and Hair Loss both Male and Female Individuals. *Hair Ther Transplant*. 2013; 3:110.
11. Thuangtong R, et al. A Pilot Study of the Efficacy in Treatment of Female Pattern Hair Loss using 5% Minoxidil Solution Combined with Oral Chelated Zinc Supplement. *Hair Ther Transplant*. 2013; 4:113.
12. Andre MC and Soares RO. Effective Treatment of Folliculitis Decalvans: Azithromycin in Monotherapy. *Hair Ther Transplant*. 2015; 5:131.
13. Shigeki Inui. A New Era of 5 α -Reductase Inhibitors for Androgenetic Alopecia. *Hair Ther Transplant*. 2015; 5:e105.
14. Ibrahim T, et al. Efficacy of a Silicon Based Continuous Scalp Cooling System with Thermostat on Chemotherapy Induced Alopecia. *J Palliat Care Med*. 2015; 5:209.
15. Abe K, et al. Changes in the Hydrophobic Proteins in Response to Biotin Administration in Serum of Infant Patients with Alopecia as Assessed by the Protein Micro-Sequencing Method. *J Microb Biochem Technol*. 2015; 7:039-046.
16. Sheikh S, et al. A New Topical Formulation of Minoxidil and Finasteride Improves Hair Growth in Men with Androgenetic Alopecia. *J Clin Exp Dermatol Res*. 2015; 6:253.
17. Coelho TOA, et al. Vitiligo-Like Patches due to Epidermal Interface Changes in Frontal Fibrosing Alopecia: Further Evidence of Non-Follicular Involvement. *Pigmentary Disorders*. 2014; 2:153.
18. Sahiner IV, et al. The Impact Role of Childhood Traumas and Life Events in Patients with Alopecia Aerata and Psoriasis. *J Psychiatry*. 2014; 17:162.
19. Melnick L, et al. Coexistent Sarcoidosis and Alopecia Areata or Vitiligo: A Case Series and Review of the Literature. *J Clin Exp Dermatol Res*. 2014; 5:236.
20. Zelenková H, et al. Conclusions of the Multicentre International Trial to Assess Topical Application of a Preparation Containing Capixil BG and Poliplant Capillar Complex in Patients with Alopecia Areata. *Hair Ther Transplant*. 2014; 4:128.
21. Türker K, et al. Widespread Dystrophic-Anagen Alopecia and Drug Eruption due to Usage of PEG-IFN α -2a / Ribavirin Combination Therapy. *Hair Ther Transplant*. 2014; 4:129.
22. Ankad B, et al. Trichoscopy of Alopecia Areata: A Diagnostic Aide. *Hair Ther Transplant*. 2014; 4:126.
23. Redondo L, et al. Raltegravir-Induced Alopecia in an HIV+ Patient. *J AIDS Clin Res*. 2014; 5:346.
24. Romanelli C, et al. "Overnight Graying" Phenomenon: A case of Widespread Non-Pigmented Hair Regrowth in Diffuse Alopecia Areata. *Pigmentary Disorders*. 2014; 1:117.
25. Tas B, et al. Congenital Stigmatic Alopecias Associated with Occult Spinal Dysraphism. *Hair Ther Transplant*. 2014; 4:124.
26. Bhat YJ, et al. Etiopathogenesis of Alopecia Areata. *Hair Ther Transplant*. 2014; 4:123.

27. Pathomvanich D, et al. When is the Appropriate Time to do Hair Transplantation in Recalcitrant Alopecia Areata, or Never? *Hair Ther Transplant*. 2014; 4:121.
28. Perera E, et al. Alopecia Areata. *Hair Ther Transplant*. 2014; 4:118.
29. Khamaganova I, et al. Alopecia in Lymphomas. *Hair Ther Transplant*. 2014; 4:117.
30. de Sousa ICVD. Simultaneous Primary and Secondary Syphilis Associated with Syphilitic Alopecia and Folliculitis in an HIV Positive Patient. *Hair Ther Transplant*. 2013; 3:108.
31. Takeda A, et al. CG210 Enables Finasteride 1mg Users to Further Improve Hair Pattern: A Randomized, Double-Blind, Placebo-Controlled Pilot Study of a Novel Product. *Hair Ther Transplant*. 2013; 3:107.
32. Ovidio RD and Prima TD. A Possible Continuum from Reversible to Irreversible forms of Alopecia. *Hair Ther Transplant*. 2013; 3:106.