

## **INTRODUCTION**

It is pertinent to consider why trichology has been so successful over the last 100 years and what trichology offers that cannot be readily offered or obtained elsewhere. This booklet briefly addresses these issues.

## **EXPERTISE AND SPECIALISATION**

First, trichology is a specialism requiring three years of demanding academic study and much clinical observation in order to qualify. The Institute of Trichologists expects its students to complete some 200 hours of clinical observation in approved clinics before taking their final examinations, and many voluntarily continue with this professional development after qualifying. In a busy trichological clinic, a student trichologist could easily see 100 or more scalp and hair patients in one week, of which some will have comparatively rare conditions.

The profession of trichology is, in reality, a specialism within a specialism – a restricted but very specialist area of dermatology. Clinical trichologists see nothing but scalp and hair problems, day in and day out. This contributes enormously to the expertise which Institute members develop. The Institute's clinical tutors have vast experience over many years and have 'seen it all', except, perhaps, for some of the rarer, genetically-acquired conditions such as the ectodermal dysplasias.

The Institute's examiners are scientists, doctors or trichologists of considerable standing who jealously guard the standards which they and the Institute have set over the years.

## **AN HOLISTIC APPROACH**

Trichologists are trained in the science of hairdressing procedures and have a sound knowledge of cosmetic aspects such as shampoos and conditioners. This enables trichologists to offer sound advice in those areas where hair loss results from inadequate or incorrect care, or where inappropriate care or processing exacerbates the existing hair loss, as in hair shaft defects. Often ethnic and cultural practices underlie the problem, and this requires a sound knowledge of different cultures.

Trichologists are not cosmetologists, but nor do they turn up their noses and reject the cosmetic aspects of hair care which enable the trichologist to deliver a comprehensive package of care. In many instances, a review of hair care procedures may minimise the hair loss or increase the ultimate length which the hair may attain. Trichologists are trained in nutrition, and the hair bulb is a very sensitive marker to such things as protein deficiency and low serum ferritin levels, to mention just two dietary factors. In a world where extreme diets or avoidance of certain foods predominate, a nutritional contribution to the problem cannot be disregarded.

Vegetarian diets, now increasingly common, are not necessarily inadequate, but too often they are embarked upon without proper research.

Stress is something of a controversial issue, and while it may not be a common causative factor in hair loss, it certainly exacerbates or accelerates many common causes. A trichological consultation will examine aspects of lifestyle and generally identify such stress if it exists. Often a correlation will be apparent between stressful episodes and the commencement of the problem.

Hair is an incredibly complicated tissue which can be simultaneously influenced, for better or worse, by many factors. In order to achieve maximum improvement, an holistic approach is almost essential, and this trichologists are best equipped to provide.

A blend of knowledge, expertise, sympathy and encouragement is the trichologist's formula for success, which, when combined with the time made available for each patient, ensures a high success rate.

## **CONSULTATION TIME AND TREATMENTS**

An average trichological consultation is likely to take up to one hour on presentation, and it is unlikely that the patient will receive this amount of attention to detail elsewhere. Our medical colleagues, certainly in the NHS sector, will rarely be in a position to offer the same time commitment to a patient.

Trichologists, perhaps more than most, are aware that two simultaneous causes of hair loss can and do sometimes occur. In shorter consultations, this possibility is inclined to be overlooked in the joy of arriving at a quick and obvious diagnosis. Most trichologists will provide in-clinic treatment regimes which, if followed regularly, facilitate a relatively rapid recovery once the problem has been addressed. It should come as no surprise to medical colleagues that even topical treatments tend to work best when applied by a professional rather than taken home.

Hair treatments tend to work satisfactorily only if taken or applied on a regular basis and with thoroughness and enthusiasm. Often the patient will emulate the trichologist, and a treatment thoroughly applied in the clinic will often be thoroughly applied at home. Regular application of topical treatments is absolutely essential to success.

## **REGULAR REVIEW**

Whenever necessary, the trichologist will review progress on a regular basis. Clinic treatments will also generally be performed on these visits, where scalp disorders are the problem.

Regular review not only enables rapid modification of therapeutic regimes, but provides an opportunity for support and encouragement in addition to monitoring progress.

## **TRICHOLOGY TREATMENTS**

Trichologists are well aware that certain aspects of their treatments are relatively unfamiliar to the medical profession today – for example, high frequency electricity; but even this was at one time widely employed by the orthodox medical establishment.

Trichologists are not herbalists (although some may employ some herbal treatments). The therapeutic measures that trichologists employ are orthodox, dermatological preparations which have stood the test of time. Trichologists do not practise witchcraft and the medical profession have no grounds for concern at the trichologist's methods and treatments. Both the methods of diagnosis and the therapeutic measures employed by trichologists are based on orthodox, dermatological practice.

Finally, despite what many may think, finding a 'miracle cure' for androgenetic alopecia is not trichologists' greatest priority. The remit of the trichologist is the diagnosis and treatment of disorders of the scalp and hair. Finding eternal youth is the prerogative of others!

## **LACK OF MEDICAL QUALIFICATION**

Trichologists are not medically qualified and have no wish to give the impression that they are. However, they are taught such medical topics as are necessary for the effective and efficient performance of their role. In some topics, this knowledge is deep and extensive.

Since diagnosis is a process of elimination, it is necessary for trichology students to be taught about many conditions which it is not the trichologist's role to treat. Occasionally, the medical profession may misinterpret this situation. Trichologists are quite clear as to what conditions they should or should not treat. If the knowledge of trichologists extends beyond this remit, it is to everyone's advantage. In many

cases, trichologists are the eyes and ears of the physician, picking up underlying or other medical problems long before they would otherwise present. A patient might seek advice from a trichologist because he or she feels that hair loss or a scalp disorder is cosmetic and not medical, only to discover that the condition has a medical cause.

The Institute of Trichologists encourages its members to try to work closely with medical colleagues. Trichologists are not trying to extend the boundaries of their profession. What trichologists are qualified to diagnose and treat (not always the same thing) has changed little since the Institute was founded in 1902. Indeed many founder members were very worthy members of the medical profession: they helped to establish those boundaries.

Commonly, diagnosis requires pathological investigation, normally blood tests. Whilst some trichologists will write to the patient's GP to request such a test, other Institute members are attached to either private or NHS pathology departments. This obviously speeds up the process of diagnosis.

Most of the trichologist's therapeutic treatments are either bought in from reputable sources or are formulated on the premises under licence by the appropriate government department.

Trichologists do not feel in anyway seriously handicapped by their restricted prescribing rights, and the need for antibiotics or steroids rarely arises. (Such treatments have not always been around, and certainly not as long as the specialism of dermatology!) Occasionally, a medical practitioner is associated with a trichology practice, and in other instances, the problem is readily resolved by the trichologist referring the patient for medical advice or prescribing. When this is not the case and there is a need for 'prescription-only' medication, the problem is usually addressed quickly by a letter of referral to the appropriate medical practitioner.

## **CHARLATANS**

Of course charlatans exist, and of course they delight in calling themselves 'trichologists'. Bona fide trichologists, of course, wish that this were not the case. A qualified member of The Institute of Trichologists uses the qualifications Graduate Member of the Institute of Trichologists, or AIT, MIT or FIT (respectively, Associate, Member and Fellow of the Institute of Trichologists). However, commercial so-called 'clinics', owned and managed by unqualified people, may occasionally employ one or more qualified Institute members in order to give themselves a fig leaf of respectability. The members concerned are invariably attracted by unusually high salaries. Without going into all the legal issues involved, including UK and EU competition law and restraint of trade practices, please accept that the Institute is helpless in this matter, although it may (and does) wish that this situation did not exist.

It is also true that, once in a while, even a qualified member of the Institute may prove less than perfect and damage the image of trichology. However, trichology does not have a monopoly on less than perfect practitioners! Every profession has the odd incompetent or otherwise disreputable practitioner. Amongst registered members of this Institute, such people are thankfully a rarity. Where a breach of the Code of Ethics is alleged and substantiated, the Institute can, and does, apply a range of sanctions, including expulsion from the Institute and removal from the register of practitioners.

## **MEDICAL MEMBERS**

In recent years, an increasing number of medically-qualified people have sought admission to the Institute, but acceptance is not automatic. Many of those accepted will be involved in the field of hair transplantation surgery, but other doctors will be

accepted if they can demonstrate a particular interest or expertise relating to hair. The Institute has special recruitment and admission procedures for medical practitioners seeking membership to the Institute, the precise nature of which will vary according to the applicant's previous and current experience in hair and scalp related conditions. Consultant dermatologists are particularly welcome to the Institute, particularly if they are prepared to offer occasional assistance by way of lecturing or examining.

#### **'THE TRICHOLOGIST'**

The Institute of Trichologists publishes an in-house journal The Trichologist, which is currently published only twice a year. It is available to members and registered students of the Institute and is sent to a number of dermatologists and researchers of standing, both at home and abroad.

Recent papers published have included 'Investigating and managing hair loss in apparently healthy women', 'Topical oestrogens and female androgenetic alopecia', 'Transsexualism: a brief account of trichological implications', 'Fungal infections including changing patterns', 'Allergic and toxic cutaneous reactions', 'Total beard construction – hair transplantation in burn scars', 'Psoriasis (immunology)', 'Shampoos', 'Conditioners' and 'Herpes Zoster'. Most of these papers are not research papers but rather reviews of the current knowledge.

Medical practitioners who do not wish to become members are welcome to subscribe to The Trichologist at a cost of £7.50 per single issue, or £14 per annum (two issues), including postage.