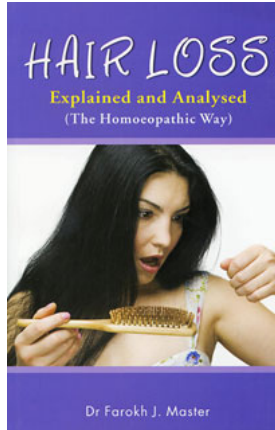


# Farokh J. Master Hair Loss

Leseprobe

[Hair Loss](#)

von [Farokh J. Master](#)



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# 1

## DISEASES OF THE SKIN APPENDAGES

### DISEASES OF THE HAIR

Normal human hairs can be classified according to cyclical phases of growth. Anagen hairs are growing hairs, catagen hairs are those undergoing transition from the growing to the resting stage, and telogen hairs are resting hairs, which remain in the follicles for variable lengths of time before they fall out.

Anagen hairs grow for some three years (1000 days - Orentreich), with the limits generally set between two and six years. The follicular cells grow, divide, and become keratinized to form growing hairs. The base of the hair shaft is soft and moist. A darkly pigmented portion is evident just above the hair bulb.

Catagen hairs are in a transitional phase, lasting a week or two, in which all growth activity ceases, with formation of the "club" hair.

Telogen hairs, also known as club hairs, are resting hairs, which continue in this state some three to four months (100 days - Orentreich) before they are pushed out of the hair follicle by the hairs growing underneath them, or pulled out by a hair brush or other mechanical means.

Among human hairs plucked from normal scalp, 90 percent are anagen hairs and 10 per cent catagen or telogen hairs. It has been estimated that the scalp normally contains 100,000 hairs, therefore the average number of hairs shed daily is 100. Contrary to popular belief, neither shaving nor menstruation has any effect upon hair growth rate.

Human hair is also designated as lanugo, vellus, or terminal hair. Lanugo hair is the fine hair present on the body of the

**ETIOLOGY.** Although Celsus described and named alopecia areata some 20 centuries ago, its cause is still unknown. Most evidence points toward its being an autoimmune disease modified by genetic factors and aggravated by emotional stress.

Many studies have documented abnormal cell-mediated immune factors in alopecia areata. There is an increased suppressor T-cell function in patients experiencing regrowth. In the inflammatory perifollicular infiltrate seen in active cases, helper cells predominate. Stress has been regarded for years as a possible initiator, and if it does play a role, it may be as an instigator of an immune mechanism.

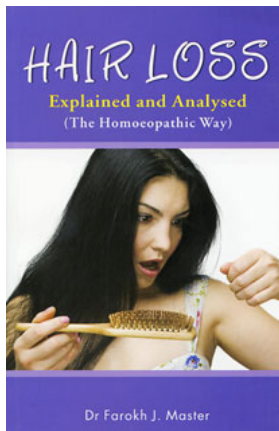
Genetic susceptibility appears to be a factor, as suggested by a possible HLA association. Nearly 25 per cent of patients have a positive family history; there are reports of twins with alopecia areata; and certain populations may be at higher risk. Hordinsky et al reported a white American family in which three members from two generations had alopecia, areata in one and universalis in two.

Alopecia areata has been associated with several autoimmune diseases, including chronic lymphocytic thyroiditis (Hashimoto's disease), pernicious anemia, Addison's disease, vitiligo, and several of the connective tissue diseases. The presence of antibodies against thyroglobulin, parietal cells, adrenal cells, and thyroid cells has been demonstrated.

### **TELOGEN EFFLUVIUM**

Kligman has defined telogen effluvium as the early and excessive loss of normal club hairs from resting follicles in the scalp. This excessive hair loss results from the traumatization of the normal hair by some stimulus (e.g., surgery, parturition, fever, drugs, traction) which precipitates the anagen phase into catagen and telogen phases in short order. Kligman points out that during this process the follicle itself is not diseased, and inflammation is absent.

Whatever the cause, telogen effluvium usually has a latent period of from two to four months; the hair loss is noted by the



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Explained and analysed (from  
homoeopathic viewpoint)

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