ISSN: 2471-9323 Open Access

An Overview of Hair loss

Shanker Kumar*

Department of Dermatology, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India

Editorial

Hair loss, often known as baldness or alopecia, is the loss of hair on one's head or body. The head is usually engaged at the very least. Hair loss can range in intensity from a small patch to the entire body. There is usually no inflammation or scarring. As a result of hair loss, some people develop psychological distress. Alopecia areata, male or female pattern hair loss, and telogen effluvium, or hair thinning, are all common kinds. Male-pattern hair loss is caused by a mix of heredity and male hormones; female-pattern hair loss is unknown; alopecia areata is caused by an autoimmune reaction; and telogen effluvium is caused by a physically or mentally stressful event. Following pregnancy, telogen effluvium is fairly common. Hair tugging, certain drugs such as chemotherapy, AIDS, hypothyroidism, and malnutrition, including iron deficiency, are all less prevalent causes of hair loss without inflammation or scarring. Fungal infection, lupus erythematosus. therapy, and sarcoidosis are all causes of hair loss associated with scarring or inflammation. Hair loss is diagnosed in part based on the afflicted areas. Accepting the condition and shaving one's head may be all that is required to treat pattern hair loss. The drugs minoxidil and hair transplant surgery are two options to consider. Steroid injections in the affected area can help with alopecia areata, but they must be repeated regularly to be effective. Hair loss is a very prevalent issue. Hair loss affects roughly half of males and a quarter of women by the age of 50. Alopecia areata affects about 2% of people at some point in their lives. Hair loss is characterised by patches of hair loss, commonly in circular patterns, dandruff, skin problems, and scars. Alopecia areata (mild to moderate) frequently manifests itself in unexpected hair loss regions, such as the eyebrows, backside of the

head, or above the ears, which are usually unaffected by male pattern baldness. Hair loss and thinning begin in the temples and crown in male-pattern hair loss, and hair thins out or falls out. Female-pattern hair loss affects the frontal and parietal hair follicles.

Cystic acne can be identified by a heavily blemished face, back, and limbs. Cystic acne, the most severe type of the disorder, is caused by the same hormonal abnormalities that cause hair loss and is linked to the creation of dihydrotestosterone. An abnormally oily or dry scalp, as well as seborrheic dermatitis, a condition in which an excessive quantity of sebum is produced and builds up on the scalp (appearing like adult cradle cap), are also symptoms of hormone imbalances. Both of these factors can contribute to hair thinning. Because of its impact on appearance, hair thinning and baldness induce psychological stress. Although societal interest in beauty has a long history, this field of psychology rose to prominence in the 1960s and has since gained traction as messages equating physical attractiveness with success and happiness have been more common. Hair thinning psychology is a complicated topic. Hair is regarded as an important element of one's total identity, particularly among women, who see it as a symbol of femininity and attractiveness. A full head of hair is often associated with youth and vigour in men. Even if they are aware of pattern baldness in their family, many people are hesitant to discuss it. Hair thinning is thus a sensitive topic for both men and women

How to cite this article: Kumar Shanker. "An Overview of Hair loss ." J Cosmo Trichol 8 (2022): 179.

*Address to Correspondence: Shanker Kumar, Department of Dermatology, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India; E-mail: kumar567@gmail.com

Copyright: © 2022 Kumar S. This is an open-access article distributed under the terms of the creative commons attribution license which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Received: 24-Dec-2021, Manuscript No. JCTT-21-46795; Editor assigned: 27-Dec-2021, PreQC No. P-46795; Reviewed: 10-Jan-2022, QC No. Q-46795;

Revised: 21-Feb-2022, Manuscript No. R-46795; Published: 2-Mar-2022, DOI: 10.4172/2471-9323.22.8.179