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Evaluating the effectiveness of Wiesbaden 30ch versus supportive haircare in reducing telogen effluvium: A comparative study

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Abstract

Background: The incidence of telogen effluvium in children to be around 2.7%. Most cases of telogen effluvium are subclinical, therefore: its true incidence is not clearly known. No racial predilection of disease has been recognized but with higher incidence rate in females.

Objectives: Primary objective- To study the effectiveness of Wiesbaden 30CH in reducing telogen effluvium based on monarch criteria and hair pull test. Secondary objective - To study the effectiveness of supportive haircare in reducing telogen effluvium based on hair pull test.

Design: This is a non-randomized control trial where a protocol is drawn and accordingly patients were selected.

Materials and Methods

Study design: A non- randomized controlled trial.

Study setting: A Sample of 30 cases diagnosed with Telogen effluvium visiting the OPD, IPD, rural centers of Dr. Hahnemann Homoeopathy medical college and Hospital. Study duration: 5 months. Eligibility criteria: Inclusion criteria: 1) Both sexes are included. 2) Patients in between 18 - 45 years age groups. 3) Persons suffering from hair fall with nutritional deficiencies, anemia and under chronic medications. 4) Women under postpartum period. 5) Persons with hair fall after acute and chronic infections. Exclusion criteria: 1) Persons below the age group of above 18 and below 45 years. 2) Can exclude people with condition of scarring alopecia, androgenetic alopecia, alopecia areata, anagen effluvium. 3) Persons under medications which can cause hair loss as side effect. 4) Persons with scalp psoriasis and other scalp affections. 5) Patient suffering from other systemic diseases such as thyroid disorders autoimmune diseases [like SLE¹ and infections like syphilis.

Result: As per the study; The cases of Wiesbaden 30 CH, 13.3% (2 cases) shown marked improvement, 53.3% (8 cases) are with moderate improvement, 33.4% (5 cases) with no improvement. In the cases of supportive haircare 26.7% (4 cases) shown marked improvement, 20% (3 cases) are with moderate improvement, 6.7% (1 cases) with mild improvement, 47.6% (7 cases) with no improvement.

Conclusion: In Wiesbaden 30CH out of 15 cases 2 cases with marked improvement, 8 cases with moderate improvement, 5 cases with no improvement. In supportive haircare out of 15 cases 4 cases with marked improvement, 3 cases moderate improvement, 1 case of mild improvement, 7 cases with no improvement. Hence, we concluded that in the comparative study between the medicine Wiesbaden 30CH and Supportive haircare, Wiesbaden 30CH shown the effectiveness and high improvement status out of 30 cases.

Keywords: Telogen effluvium, Wiesbaden, defluvium capillorum

Introduction

Telogen effluvium is a scalp disorder characterized by diffuse, non-scarring shedding of hair. The term telogen effluvium was initially termed as “defluvium capillorum” because of premature termination of anagen follicles^[1]. It is a diffuse form of alopecia falling may be acute or chronic can be occur in both males and females^[2].

Acute telogen effluvium: The hair shedding lasting for less than six months^[2, 3]. Hair loss occurs 2months after trigger exposure. Chronic telogen effluvium: The hair shedding lasting for 6 months^[2]. Aetiology: Drugs, Physiological stress, Emotional stress., Medical condition, Dietary triggers, Ultraviolet light, Major surgery, Hemorrhagic disorders, Nutritional deficiencies, Pregnancy. Intake of oral contraceptives or medications for thyroid disorder, convulsions, high blood pressure^[2].

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Review of literature

Definition: Telogen effluvium is defined as a diffuse non-scarring and reversible type of alopecia due to abnormality of hair cycle, occurring as a reaction pattern to various physical and mental stress. It is characterized by abnormal shift in the hair follicle cycle, which results in more hair follicles being ready to fallout. Telogen effluvium is a result of perturbation of hair cycle that is manifested by increased loss of normal club hairs. Telogen effluvium presents with excessive scalp hair loss, often accompanied by thinning, prompting anxiety and fear of baldness^[1].

Telogen effluvium is caused by an abnormality in the normal hair cycle, which is triggered by numerous factors such as drugs, physiological stress, emotional stress, medical conditions, dietary triggers, ultraviolet light^[2].

WHO Classification of telogen effluvium

- Premature teloptosis is caused by proteolysis, the proteolytic factors may be endogenous or exogenous they are capable of breaking cadherins and may induce premature hair shedding^[4].
- Collective teloptosis consist of neonatal hair loss, postpartum hair loss^[4].
- Premature entry into the telogen phase with drug induced hair loss, hair loss due to dietary deficiency, lymphocytotoxicity^[4].

Objectives

- Primary objective:** To study the effectiveness of Wiesbaden 30CH in reducing telogen effluvium based on monarch criteria and hair pull test.
- Secondary objective:** To study the effectiveness of supportive haircare in reducing telogen effluvium based on hair pull test.

Methodology

- Study design:** A Non- Randomized control trial.
- Study setting:** A Sample of 30 cases diagnosed with Telogen effluvium visiting the OPD, IPD, rural centers of Dr. Hahnemann Homoeopathy medical college and Hospital.
- Study duration:** 5 months.

Method of selection of study subject:-(eligibility criteria)

a) Inclusion criteria

- Both sexes are included.
- Patients in between 18 - 45 years age groups.
- Persons suffering from hair fall with nutritional deficiencies, anemia and under chronic medications.
- Women under postpartum period.
- Persons with hair fall after acute and chronic infections.

b) Exclusion criteria

- Persons below the age group of 18 and above 45.
- Can exclude people with condition of scarring alopecia, androgenetic alopecia, alopecia areata, anagen effluvium.
- Persons under medications which can cause hair loss as side effect.
- Persons with scalp psoriasis and other scalp affections.
- Patient suffering from other systemic diseases such as thyroid disorders autoimmune diseases [like SLE]. and infections like syphilis.

Withdrawal criteria

If patient is irregular for follow-ups.

Methods of selection of comparison groups: Non randomized control trial, the patients suffering from hair loss more than 100 per day for at least 2-6 months associated with symptoms of trichodynia, dry lusterless hair, losing hair which has a white bulb and lack of shiny sheath, hair color changes from dark to brown to red, brown to red.

Specification of instruments and related measurements:

- Based on Modified Niranzo Criteria (Monarch), hair pull test.

Methodology Specified and Explained for Data Collection

- Target sample size:** 30 cases.
- Sampling technique:** Non randomized sampling technique.

Study procedure

According to the comparative study, 30 patients was screened and selected through inclusion and exclusion criteria. Consent was taken from patients followed by case taking. Examination done and proper history were collected. Analysis and evaluation of cases were done. 15 patients were prescribed with Wiesbaden 30 CH and 15 patients were prescribed with supportive haircare. And after took 6th follow up at the interval of 15 days and then conclusion was made. This study was to identify the effectiveness of Wiesbaden and supportive haircare in reducing telogen effluvium.

Intervention

Wiesbaden and supportive haircare were prescribed to the cases diagnosed with Wiesbaden and supportive haircare. The repetition of the dose done according to the condition during follow up time, if the patient was improving or as the same even though the dose was repeated.

Statistical analysis

We have taken before and after value of hair pull test during examination for both study groups and monarch criteria for the patients under the study group of Wiesbaden. In the cases of Wiesbaden 30 CH, 13.3% (2 cases) shown marked improvement, 53.3% (8 cases) are with moderate improvement, 33.4% (5 cases) with no improvement. In cases of supportive haircare 26.7% (4 cases) shown marked improvement, 20% (3 cases) are with moderate improvement, 6.7% (1cases) with mild improvement, 46.6% (7 cases) with no improvement. Hence the effectiveness of Wiesbaden in reducing telogen effluvium is proved.

Result

In Wiesbaden 30CH

Table 1: Distribution of cases according to improvement

Improvement	No of Cases	Percentage
Marked Improvement	2	13.3%
Moderate Improvement	8	53.3%
Mild Improvement	0	0%
No Improvement	5	33.4%

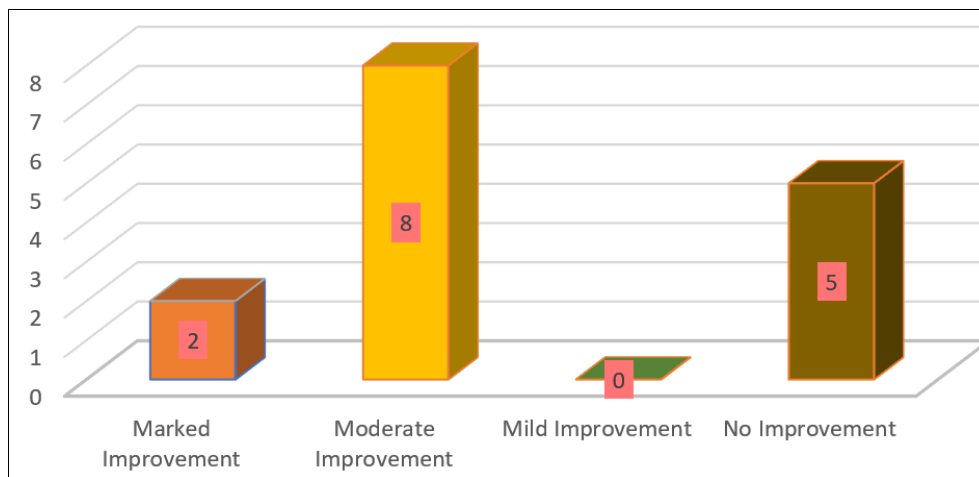


Chart 1: Distribution according to the improvement in the cases of Wiesbaden 30CH

In the cases of Wiesbaden 30 CH, 13.3% (2 cases) shown marked improvement, 53.3% (8 cases) are with moderate improvement, 33.4% (5 cases) with no improvement.

In supportive haircare

Table 2: Distribution of cases according to improvement

Improvement	No of Cases	Percentage
Marked Improvement	4	26.7%
Moderate Improvement	3	20%
Mild Improvement	1	6.7%
No Improvement	7	46.6%

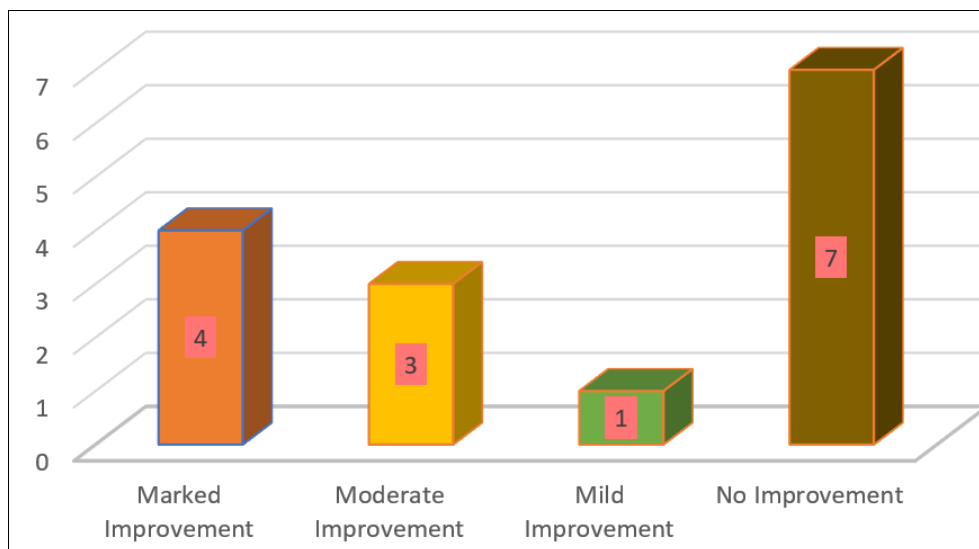


Chart 2: Distribution according to the improvement in the cases of supportive haircare

In cases of supportive haircare 26.7% (4 cases) shown marked improvement, 20% (3 cases) are with moderate improvement, 6.7% (1cases) with mild improvement, 46.6% (7 cases) with no improvement.

Comparison of improvement in Wiesbaden and supportive haircare

Table 3: Distribution of cases according to improvement in comparison

Improvement	No of Cases in Wiesbaden	No of Cases in Supportive Haircare
Marked	2	4
Moderate	8	3
Mild	0	1
No	5	7

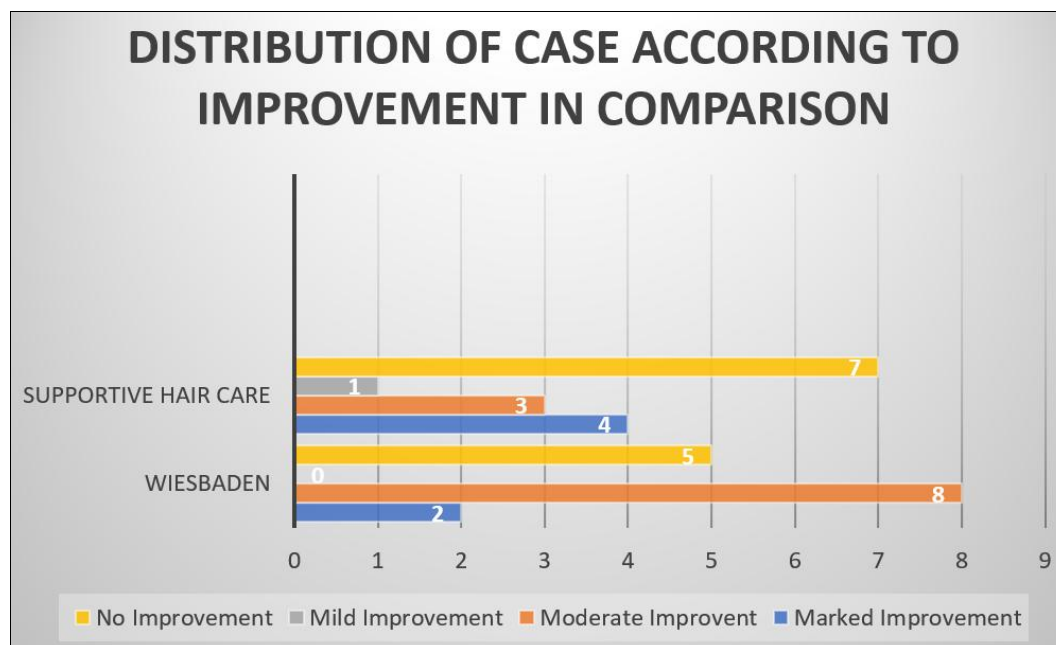


Chart 3: Distribution of cases according to improvement in comparison

The shown chart revealing that 13.3% of marked improvement (2 cases), 53.3% with moderate improvement (8 cases), 33.4% with no improvement (5 cases) and there is no mild improvement cases in Wiesbaden 30CH, 26.7% of marked improvement (4 cases), 20% of moderate improvement (3 cases), 6.7% of mild improvement (1 case) and there is no improvement 46.6% (7 cases) in supportive haircare.

As per the comparative study done so far Wiesbaden 30 CH cases has got high improvement status than that of supportive hair care cases.

Discussion

30 patients was screened and selected through inclusion and exclusion criterisia. Consent was taken from patients followed by case taking. Examination done and proper history were collected. Analysis and evaluation of cases were done. 15 patients were prescribed with Wiesbaden 30 CH and 15 patients were prescribed with supportive haircare. And after took 6th follow up at the interval of 15 days and then conclusion was made.

The result were procured based on the observation and discussion of comparative study on each 15 cases for Wiesbaden 30CH and Supportive haircare and interpretation were done based on statistics. The following findings been drawn from the study.

- Maximum prevalence of Telogen effluvium were present prominently in between the age group of 18- 25 years.
- Females were affected with Telogen effluvium more than males.
- Maximum prevalence of Telogen effluvium were noted among students.
- Among two groups, the group treated with medicine Wiesbaden 30CH, out of 15 cases, 2 cases shown marked improvement and 8 cases with moderate improvement. In Supportive hair care out of 15 cases, 4 cases shown marked improvement, 3 cases shown moderate improvement, and 1 case of mild improvement.

Conclusion

By comparing both Wiesbaden 30H and supportive haircare group. Hence, we concluded that both groups are effective in reducing telogen effluvium. But Wiesbaden 30CH is more effective than supportive haircare in reducing telogen effluvium.

Conflict of Interest

Not available.

Financial Support

Not available.

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