Check if your trichologist is a doctor: Need for educating the public

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Recently a spate of high-profile advertisements have appeared in the lay press about treatments for hair diseases by "trichologists". This has led to several questions in the minds of the lay public, physicians and even our dermatology colleagues. Many dermatologists have been approached by their patients with the question, "do you treat hair problems also?" as if only trichologists treat hair diseases and dermatologists do not treat hair diseases. Following these developments some dermatologists have even described themselves as "consultant dermatologist and trichologist'. This situation reflects the power of advertisement and propaganda on the one hand and the gullibility of the uninformed, unsuspecting public on the other. It also demonstrates perhaps, the limitation and lack of will on the part of us-, the professionals, to engage in efforts towards public health education. This article seeks to provide information on the evolution of trichology and also confabulates on how we can be in the forefront of public health education on this topic.

The word trichology, as per Wikipedia, the free encyclopedia, is defined as "the branch of medicine that deals with the scientific study of the health of hair and scalp. Trichologists themselves are not normally medically qualified although members of the medical profession can undertake courses and/or careers within trichology.^[1]

However, the fact that one does not need to be a doctor to become a trichologist and most trichologists are not qualified doctors is not common knowledge. In fact many of the trichology courses are distance learning packages, very different and far removed from the intensive clinical training of medical school. The Institute of Trichologists, which was founded in 1902, provides a two-year distance learning package backed by clinical observation. The International Association of Trichologists (IAT), a non-profit corporation, was established in 1974 to promote the study, research and legitimate practice in all aspects pertaining to the treatment and care of the human hair and scalp in health and disease and to supply comprehensive instruction and training in the professional application of this scientific specialty. A trichology course was developed at the University of Southern California during 1974-75.^[2,3]

The trichology courses were established at various centers including in the UK basically because there were too few dermatologists to take care of all the hair patients and because general practitioners did not have adequate knowledge of hair diseases to treat patients with hair problems [Personal e-mail received by one of us (VM) from Mrs. M. C. Sherlock MIT MAE, Chairman of the Institute of Trichologists]. Hence trichologists act as a useful bridge between patients, general practitioners (GP) and the dermatologists.

In a recent article, Mason^[1] sought to remove certain myths about the profession and stated that trichologists are not cosmetologists, nor are they practitioners of alternative medicine. Trichologists are not medically qualified. They cannot issue prescription drugs. Since 1902 (when the profession was established), trichology primarily (but not exclusively) attracted hairdressers, in its initial years and hence the profession has been incorrectly labeled as part of that craft. However, the majority of the Trichological Society's current graduate trichologists are not hairdressers and 94% of

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its current student intake holds degrees in science subjects. There are also a few medical practitioners who have been certified as trichologists. Most of the certified trichologists in the UK practice trichology within the parameters stated above, but many of them work in hair cosmetic industry and wig manufacturing laboratories etc.

A trichologist helps people who have problems with their hair or scalp by careful questioning and microscopic examination of hair. The trichologist must then decide if treatment is necessary and whether the problem is within his or her realm to treat or should be dealt with by a medical doctor. Treatment by the trichologist might consist of the application of a particular cream or lotion to the scalp or the use of nutritional therapy and appropriate counseling. If it needs a prescription drug or a surgical procedure, he then refers the patient to a dermatologist or any other required specialty.

So it is obvious that trichologists are not doctors (unless they have acquired medical qualification as well) and hence do not treat hair problems with prescription drugs, which is the prerogative of the dermatologist. However, in the UK, they do perform a definite and useful role as a bridge between patient, GP and the dermatologist.

However, what has been happening in India in the last couple of years is very different. The advertisements in the Indian media appear to have projected an impression that only trichologists are the real experts to treat all hair diseases. Advertisements with misleading statements about how trichologists can help solve all hair problems appear repeatedly in the press. These trichologists have also advertised about trichoscans or hair scans. The scan is a dermoscopic examination of hair which can give some information about hair density and detect miniaturization of hairs. But these scans are projected as a magic tool to detect the cause of hair loss. Often unproven treatments are offered in the form of packages, costing several thousand Rupees.

Obviously this issue concerns the dermatologists; after all dermatology includes trichology and dermatologists are trichologists too. In order to understand the concerns of our colleagues, one of the authors (VM) circulated the following questionnaire to nearly 50 dermatologists and Heads of Dermatology departments in different parts of India:

- 1. In your postgraduate curriculum, is there a structured teaching program for teaching hair diseases?
- 2. Is there any minimum number of hours of teaching on hair diseases?

- 3. Does MCI or University fix a minimum number of hours for this purpose?
- 4. Does your department perform any of the following investigations as a teaching exercise? Trichogram or trichoscan or scalp biopsies.
- 5. Does your department have a separate hair clinic?
- 6. What treatment procedures apart from prescription of drugs is carried out by the department?
- 7. Do you think our specialty should be called dermatology and trichology?
- 8. Do you think advertisements by trichologists are affecting our profession? If so what should we do about this?

The majority of the replies received stated that adequate time was being spent on learning hair physiology, pathology and treatment of hair diseases. Nearly all said that we should not call ourselves "dermatologists and trichologists". Nearly 90% of replies stated that the advertisements were affecting the profession. However, nearly 50% of the respondents suggested that we should ignore this problem as patients themselves will soon realize the ability of the dermatologists. Others felt that IADVL should do more towards health education of the community.

We as dermatologists have a duty to provide the right information to the public, with respect to the role of trichologists. At the same time, dermatologists should enhance their competence and keep abreast of the latest techniques in management of hair diseases. We should collectively enhance our efforts in health education about the hair diseases and the role of dermatologists. While we may not want to call ourselves "dermatologists and trichologists", we should nevertheless make efforts to inform the public that dermatologists are indeed trichologists. Brochures, public meetings and articles in the lay press are all essential to achieve this. In the recently concluded Cosmecon 2006 at Bangalore (July 2006), an interactive meeting with the public in the presence of celebrities was held, on anti-aging treatments and it was a great success. It is time that we as professionals, probably through our parent body, the IADVL, act in this matter.

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