
Male Alopecia

Ralph M. Trüeb • Won-Soo Lee

Male Alopecia

Guide to Successful Management

 Springer

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Preface

*Do you not see that I am too tall and comely to look on?
And yet the same fate awaits my hair,
and I bear with resignation the aging of my locks in youth.
Be assured that nothing is more pleasing than beauty,
but nothing shorter-lived.*

*Domitian (51–96 AD) on the condition of his hair.
From: Suetonius, The Lives of the Caesars*

Male alopecia is a common complaint, with androgenetic alopecia representing by far the most frequent cause of hair loss in men. First signs may occur in adolescence, leading to a patterned, non-scarring, age-dependent progressive loss of scalp hair. Due to the frequency and the often significant impairment of life quality perceived by affected individuals, hair loss cures have been experimented on for centuries. What is remarkable about their history is that despite the more recent genuine advances in effective medical treatments, hair cosmetics, and surgical procedures, phony hair loss solutions continue to be marketed today with an amazing success. Therefore, competent diagnosis and treatment are particularly important in dealing with hair loss.

Evidence-based medicine (EBM) aims for the ideal that healthcare professionals should make conscientious, explicit, and judicious use of the best available evidence gained from the scientific method. However, EBM guidelines do not remove the problem of extrapolation to different populations or longer timeframes. Even if top-quality studies are available, questions remain as to how far and to which populations the results may be generalized. Certain patient populations have been under-researched, such as children, the elderly and ethnic minorities. Ultimately, EBM applies to groups of people, and knowledge gained from clinical research does not directly answer the primary clinical question of what is best for the individual patient. The limited success rate of EBM-guided treatments of male alopecia points to a more important complexity of the problem. One must remain open-minded for the possibility of other causes or a multitude of cause relationships underlying the hair loss problem, such as inflammatory phenomena and scarring; external factors, such as smoking and UV radiation, nutritional factors, medications; age-related phenomena; and ultimately the problems of comorbidities and multimorbidity in the elderly. Therefore, EBM should not preclude clinicians from using their personal experience in deciding how to treat each patient in an individual manner.

Good medical practice means integrating expert opinion with the best available external evidence from EBM. While mainstream scientist are working on gene polymorphisms diagnostics for prediction of risk, prevention, diagnosis, and targeted treatment development for male alopecia, on stem cell technologies, and on bioengineering of the hair follicle, health-care providers are becoming increasingly aware of a more holistic approach to the problem of hair loss. Ultimately, combination regimens and adjuvant treatments may act synergistic to enhance hair growth and quality.

The aim of this monograph is to provide specialists as well as primary care physicians with interest in hair with the practical know-how for successful management of male alopecia.

Wallisellen, Switzerland
Wonju, South Korea

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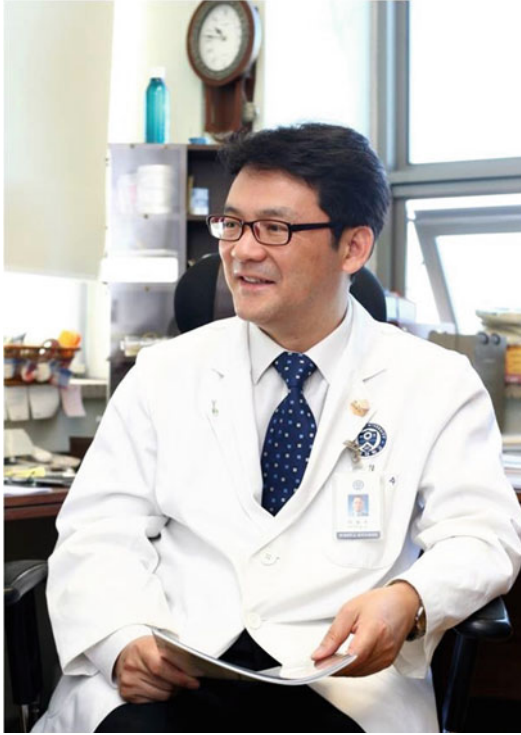
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Ανέγνω, έγνω, κατέγνω

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Acknowledgement

In the sick room, ten cents' worth of human understanding equals ten dollars' worth of medical science.

Martin H. Fischer (1879–1962)

We would like to acknowledge the many patients who over the years have taught us more about their hair loss and its successful management than any academic authority.

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