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Category: (Select relevant category)

Public awareness/ Continuing medical education/

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TRANSCRIPT

Hello everyone, Welcome to this Podcast on hair care practices for public health awareness. I'm Dr Suganya, Assistant Professor in the Department of Dermatology at Sri Manakula Vinayagar Medical College and Hospital. With my years of clinical experience in managing hair and scalp disorders, I'm excited to share practical, evidence-based insights with you all. Whether you're counselling patients or spotting early signs of systemic issues, understanding hair care is key to preventive dermatology.

Today, we'll cover daily routines, myths, cultural practices in India, and when to refer patients for hair concerns Let's dive in!

First, let's understand the hair basics. Hair is made of keratin, with the follicle as the growth engine. The anagen phase (growth) lasts 2-7 years, catagen (transition) 2-3 weeks, and telogen (rest) 3 months. On average, we lose 50-100 hairs daily – normal shedding. But public health matters when poor care leads to telogen effluvium, androgenetic alopecia, or infections of the scalp.

Key Hair Care Routine: The ABCs

Assessment. Advise patients to evaluate their hair type: oily, dry, curly, straight. In humid Indian climates like Tamil Nadu, oily scalps thrive on frequent washing.

Basics of Cleansing. Shampoo 3-4 times weekly with mild, sulfate-free formulas (pH 5.5). Lather once, massage gently for 1-2 minutes to remove sebum and pollutants. Over-shampooing strips natural oils, leading to dandruff (pityriasis capitis). Conditioner? Yes, but only on lengths, not scalp, to avoid folliculitis.

Combing and Drying. Use wide-tooth combs on wet hair to prevent breakage – traction alopecia is common in tight ponytails. Air-dry when possible; heat tools under 180°C with protectants.

Nutrition which promotes hair growth: Protein (eggs, lentils), iron (spinach, especially for anaemic females), biotin (nuts), and omega-3s (fish). Deficiencies cause diffuse loss – screen with ferritin levels below 40 ng/mL.

Common Myths Busted

Myth 1: "Oil daily for thick hair." Truth: Overnight oiling clogs pores, worsening seborrheic dermatitis. Apply 1-2 times weekly, warm coconut, massage, then shampoo out after 1 hour. Evidence from a 2022 Indian Journal of Dermatology study shows it hydrates the hair strands without buildup.

Myth 2: "Frequent trims prevent loss." Nope – trims shape, don't grow hair. Growth is always at the level of follicles

Myth 3: "Herbal shampoos are always safe." Many have unlisted steroids or PPD allergens – patch test first.

Regional Practices and Hair Disorders:

- **Excessive oil causes** folliculitis and seborrheic dermatitis. In Tamil Nadu pityriasis capitis surges 30% post-monsoon (per local studies).
- **Tight Hairstyles and Accessories:** Use of tight braids (jaadai), or metal hairpins during festivals pull roots, leading to traction alopecia. Chronic cases scar – A 2024 IADVL survey found 15% prevalence in South Indian females.
- **Chemical Treatments and Parlour Products:** Most commercially available hair dyes contain PPD, which causes severe allergic contact dermatitis and even anaphylaxis. Relaxers/ straighteners (popular for straight hair trends) contain thioglycolates, burning scalps and inducing telogen effluvium.
- **Household Practices:** Shared combs in joint families spread pediculosis capitis – school epidemics in rural areas.

Special consideration: Postpartum telogen effluvium peaks at 3 months – reassure and monitor thyroid.

Red Flags: When to Act

- ✓ Patchy loss? Think alopecia areata (autoimmune; 20% familial).
- ✓ Diffuse thinning? Check for thyroid, PCOS, stress (post-COVID spikes noted in Indian data).
- ✓ Itchy, scaly scalp? Seborrheic dermatitis (use ketoconazole + salicylic acid).
- ✓ Pus, crusts? Bacterial folliculitis or pediculosis – lice infestations surge in schools.

Refer such patients to dermatologists, use the pull test (6+ hairs abnormal) and trichoscopy to rule out scarring alopecia (e.g., lichen planopilaris).

In closing, hair care isn't vanity – it's a window to health. Small habits prevent big burdens on our healthcare system.

Thank you for joining!

Signature of the Resource Person

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