

Orofacial Myology Can Provide Help for Trichotillomania

Sandra R Coulson*

Clinical Professor of Orofacial Myology, University of Behavioral Health Sciences, USA

***Corresponding Author:** Sandra R Coulson, Clinical Professor of Orofacial Myology, University of Behavioral Health Sciences, USA.

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Trichotillomania, also known as trichotillois, is a hair pulling disorder. It is described as the compulsive urge to pull out and sometimes eat one's own hair. It has been treated mainly by psychiatrists and physicians by prescribing psycho-trophic drug therapy. At the present time, it is classified as an impulse control disorder.

This disorder can be present in children as infants, but it usually begins between the ages of seven and thirteen. Often parents do not report it to their doctors and the vacant patches are sometimes not visible, so accurate statistics are not available, but it is estimated that about 1.5% of males and 3.4% of females pull hair from their scalp, eyebrows, eyelashes, arms, legs and any other area of hair on their body.

The name trichotillomania was coined by a famous French dermatologist, Francois Henri Hallopeau, who treated many cases. He felt that it was a coping mechanism where people learned to self-sooth in response to high anxiety. Like nail biting and skin-picking, "trich" is often considered to be a compulsive behavior. I feel that it is more related to tongue posture since I see a quick 'turn-around' as soon as we establish where the tongue should rest and how easy it is to find the tongue "spot" when they feel the urge to pull.

Causes and pathophysiology - People who pull their hair often have anxiety, depression and obsessive-compulsive disorders. They might also have post-traumatic stress disorders. One study has shown that these patients have reduced cerebellar volume and more gray matter than people who do not suffer from this disorder. There is much more research needed to determine if it might be gene-related.

In one study, the Trichotillomania Impact Project for Adults (TIP-A), 1697 people reported mild to moderate impact on their lives. 20% said that they avoided vacations, 23% said that it interfered with their jobs and 24% said that they had missed school because of their pulling. Most had experienced teasing and some sort of bullying. It definitely affected their social interaction. It is still not clear if it might be an inherited trait.

Much more research is needed.

Treatment approaches in my practice are similar for all age groups. It depends on whether the trich is "automatic" or "focused." Children are more in the "automatic" mode where it is simply an unconscious habit. However, teens and adults tend to be more in the "focused" mode as they often have rituals associated with their hair pulling which might include specific hairs or types of hairs to pull or the times that they pull. My youngest case was two and my oldest, who is an attractive, bright attorney, is forty-six.

Results



Figure 1

Some people who pull choose only one area of their hair like Cindy (#1). She is twelve and has had extreme difficulty with relationships at school. Her father, who is a doctor, has tried everything possible to help her to stop pulling. She has been on every psycho-tropic drug imaginable. Nothing worked until she was referred to my office by her orthodontist for tongue thrusting. She stopped pulling on day one.

The girl in photo # 2, Kari, began to pull her hair at age four. Her parents too, tried everything to get her to stop pulling by using punishment which did not work; and then rewards, which also did not work. She was reclusive and had few friends. She was referred by her pediatrician who had heard of my success with cases such as hers. She also stopped pulling on the first day of therapy. She had worn a hat full-time since age seven. She was sixteen when she first came to my office. She was anorexic, grossly under-weight and had few friends. She had been treated with many drug and psycho-therapies, all with no results. She stopped pulling her hair and eyelashes on the first day and she also corrected her tongue thrust, which pleased her orthodontist! Photo #3 is for her high school graduation.

My referral sources are psychiatrists, psychologists, pediatricians, dentists and parents who have heard about the successes of my patients and how the program stops the habit on the first day.

For both children and adults, I begin with a behavior modification program using a basic Orofacial Myology structure. I discovered that when the tongue rests in a proper position, the hair pulling just stops. I focus on tongue posture because of the research that shows that when the tongue rests in the palate, the pressure during a swallow can release the 'happy chemicals' endorphins, serotonin and dopamine. This is what happens when people of all ages suck thumbs, fingers and pacifiers.

Most hair pullers have a low tongue posture

There is proposal for a name change for this disorder from trichotillomania to 'hair pulling disorder' which causes it to be listed as an obsessive-compulsive disorder in psychiatry. This may change the way insurance companies pay for therapy. We will just have to wait and see. But the successes are very exciting and rewarding [1-8].

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