Dermatologic conditions are gratifying for diagnosis. One has but to look and recognise, since everything to be named is in full view. Looking would seem to be the simplest of diagnostic skills, and yet its simplicity lures one into neglect. To reach the level of artistry, looking must be a skilful active undertaking. The skill comes in making sense out of what is seen, and it comes within the quest for the underlying cause, once the disorder has been named. The diagnostic process may be one of instantaneous recognition. The informed look is the one most practised by the knowledgeable dermatologist; it comes from understanding, experience and visual memory. Where the diagnosis doesn’t come from a glance, the diagnostic tests come in, i.e. the dermatological techniques of examination, and the laboratory evaluation. The dermatologic patient expects more than just standing there and looking. These principles apply particularly to problems related to the condition of the hair.

Few dermatologic problems carry as many emotional overtones as the complaint of hair loss. In general, the best way to alleviate
the emotional distress related to hair loss is to effectively treat it. In fact, one of the oldest medical professions, according to Greek historian Herodotus, was the Egyptian “Physician of the Head” who specialised in disorders of the scalp. From the 4,000 year-old medical papyri of the ancient Egyptians down to modern times, human hair has been the object of cosmetic and medical interest, but more so of superstition and mystery. For prevention or treatment of hair loss, countless herbal solutions, oils, lotions, magic pills, and even spiritual invocations have been advocated, and with the advance of medical technologies, ultraviolet light-emitting lamps, electrical scalp simulators, and vacuum-cap machines have been alleged to help stimulate the follicles to grow hair. Most lack scientifically measurable efficacy in preventing hair loss or promoting hair growth. With the same tenacity as these questionable hair remedies have dominated the markets, age-old myths regarding hair growth and loss continue to exist up to this day.

It is only with the emergence of topical minoxidil and oral finasteride that the standards have been set for the scientific evidence for safety and efficacy of hair growth promoting agents. Topical minoxidil was introduced early onto the Swiss market for the treatment of pattern hair loss, and the Department of Dermatology at the University Hospital in Zurich was one of the centres participating in a multicentre study on using oral finasteride for the treatment of male pattern hair loss. It is the introduction of these drugs into the treatment of hair loss that has heralded the emancipation of the treatment of hair loss from its age-old tradition of quackery. And it was the advertisement of oral finasteride on the Swiss market that triggered a small group of Swiss dermatologists with common interests to gather and promote clinical trichology as a science. The Swiss Trichology Study Group was launched in 1999. The founding members (in alphabetical order) were: Anita Bon, Pierre de Viragh, Stefano Gilardi, Peter Itin, Ralph M. Trüeb (founding President), and Myriam Wyss. The objectives of the Swiss Trichology Study Group are listed in Table 1.

Anita Bon had “introduced topical immunotherapy with diphenylcyclopropenon (DCP) of alopecia areata early on in the Department of Dermatology, at the University Hospital in Zurich; Pierre de Viragh had co-authored with Bernard Ackerman a seminal textbook on neoplasms with follicular differentiation;
Table 1.
Objectives of the Swiss Trichology Study Group

- To understand the hair patient on an emotional level and his/her medical problem on a technical level.
- To deliver sound patient education and effective trichologic therapy.
- To represent trichology as a discipline based on evidence (EBM) from science, engineering, and statistics.
- To set standards of good medical practice (GMP) in trichology.
- To support progress in trichology through continuous medical education (CME).
- To abolish quackery in trichology.

Stefano Gilardi was the representative for southern Switzerland (Tessin); Peter Itin had contributed to the genetics of hair diseases, and particularly to a deeper understanding of trichothiodystrophy; and Myriam Wyss had supervised the Hair Clinic at the University Hospital in Zurich *ad interim* during Ralph M. Trüeb’s research fellowship at the University of Texas South Western Medical School in Dallas in 1994/95. The first joint publications of the study group are listed in Table 2.

Since then, the Swiss Trichology Study Group has not only annually organised cutting-edge trichology workshops for Swiss dermatologists with an interest in hair on the occasion of the annual meetings of the Swiss Society of Dermatology and Venereology (SGDV), but some of its members have joined the European Hair Research Society (EHRS) and advanced into the arena of international trichology, with active participation at major international meetings, and the publication of a significant number of peer-reviewed papers relevant to hair.

Not that the contribution of Swiss dermatology to the advance of trichology was something new, no, in as early as 1915 Lassueur from Lausanne sent the indicator case of lichen planopilaris to Graham Little in London, who has the merit of being the original describer of the (Lassueur-) Graham Little syndrome, but since then Swiss
Table 2.
Joint publications of the Swiss Trichology Study Group (2001-4)


Table 3.
Textbooks on hair of Swiss origin or with Swiss contribution (in German and English language)


trichology has made its appearance on the international stage more recognisable. Ralph M. Trüeb was President of the EHRS from 2008 to 11, and since then he has remained an internationally invited lecturer on hair. Ultimately, he is author and editor or co-editor of a number of textbooks on hair, both in German and English (Table 3).
A characteristic of Swiss trichology is its more critical approach to age-old claims repeated over and over again, and at the same time a very practical and open-minded approach to the hair patient and his/her concern.

Among the most prevalent physician’s misconceptions that have been recognised as standing in the way of the successful management of hair loss are the seven listed in Table 4. Through continuous observation and study these have been refuted as myths.

Finally, while mainstream scientists are working on gene polymorphisms diagnostics for the prediction of risk, prevention, diagnosis, and targeted treatment development on stem cell technology, and on bioengineering for the reconstruction of the hair follicles, we have become aware that a multitude of causal relationships underlie hair loss, and that there is a need for a more holistic approach for the successful management of the problem. New insights have focused on the role of internal and external factors such as: nutrition (proteins, energy, vitamins, and trace metals), hormones, aging, seasonality of hair growth and shedding, cigarette smoking, UV radiation, and hair care. A number of publications, partly of studies conducted by

<table>
<thead>
<tr>
<th>Table 4. Physician’s myths on hair (from: Trüeb RM, Female Alopecia. Guide to Successful Management, Springer 2013)</th>
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<tbody>
<tr>
<td>• The majority of women complaining of hair loss are suffering from imaginary hair loss.</td>
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<td>• Losing 100 strands of hair per day is normal.</td>
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<td>• The most frequent disorder associated with hair loss in women is iron deficiency.</td>
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<tr>
<td>• The first line therapy for androgenetic alopecia in women are antiandrogens.</td>
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<tr>
<td>• Nutritional supplements have no significant effect on hair growth and shedding.</td>
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<tr>
<td>• Aging of hair and androgenetic alopecia are basically the same.</td>
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<tr>
<td>• Androgenetic alopecia is an exclusively non-inflammatory and non-fibrosing alopecia.</td>
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</table>
Table 5.
Studies and inaugural dissertations (University of Zurich) conducted by Swiss scientists on clinical trichology (publications in order of chronology)


young and astute Swiss scientists, have addressed exactly these questions, and more. Among these, some have been inaugural dissertations at the University of Zurich (Table 5).

The future of Swiss trichology remains bright. Despite globalisation with substantial shifts occurring also within international hair research societies, and the option of joining in with rivalry between the continents, Switzerland does not remain a small island within the remoteness of Alpine Europe, but is making an effort to partake in the global changes through continuous presence and active participation (Figures 1, 2).

Wallisellen December 30, 2012
Professor Ralph M. Trüeb, M.D. Founding President of the Swiss Trichology Study Group, Past President of the European Hair Research Society (2008-11)
Figure 1.
Ralph M. Trüeb (center) and international faculty on the occasion of Hair India 2012, in Chennai, India.

Figure 2.