

# What is Trichotillomania (Hair-Pulling) and Can OM Really Help?

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The answer to that question is absolutely! Trichotillomania, also known as trichotillois or "trich" for 'short,' 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-tropic drug therapy and 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 nine 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. 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.

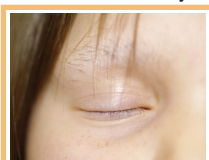
The name TRICHOTILLOMANIA was coined by a famous French dermatologist, Francois Henri Hallopeau, who treated many of these cases. He felt that it was a 'coping mechanism' where people learned to self-sooth in response to high anxiety. Like nail biting and skin-picking, "trich" is often considered to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

In one study, the Trichotillomania Impact Project for Adults, (16 and older [TIP-A]), 1697 people reported mild to moderate impact on their lives. Those who

participated responded from that group, 20% of 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. In addition, most had experienced teasing and some sort of bullying which definitely affected their social interaction but we still are not clear if it might be an inherited trait. I think that much more research is still needed in this area.

Treatment approaches in my practice are similar for all age groups. It does depend 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, whom I am seeing, presently, is forty-six.

Let me share with you a few patient stories of those whom I have seen in my office:



Results in Two Weeks



Some people choose only one section of hair to pull, like Andy. He stated that he had extreme difficulty with relationships at school. He also fought with his brother constantly and was really grouchy much of the time. He was twelve. His father, who is a doctor, had tried everything possible to help him to stop his hair pulling. He had been on every psycho-tropic drug imaginable and nothing had worked until he was referred to my office. He stopped pulling on day ONE and was amazed at the ease of the program which I outlined and he followed.

Kari began to pull her eye lashes and eyebrows at age four. Her parents attempted 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 very few friends. She was referred by her pediatrician who had tried everything he could think of. She stopped pulling on the first day of therapy, as well Everyone was aware of her positive personality change!

Angela, the girl in the next photos, had worn a hat full-time since age seven. She was sixteen when she came to my office and was not referred to me for "trich", but for a severe tongue thrust, by her orthodontist. She was grossly under-weight (anorexic) and again had few friends. She also had been treated with many of the same drugs and psycho-therapies as the other patients; all with no results. That was until I started my OM therapy with her. She stopped pulling her hair and eyelashes on the first day and also corrected her tongue thrust over a few weeks of exercises and OM therapy! The final photo is proof that OM therapy works. This photo is on her recent high school graduation announcement which she just sent to me!

My referral sources are psychiatrists, psychologists, pediatricians, dentists and parents who have heard about OM therapy and the proven success rate I have with my patients.

You are probably asking yourself, what makes my OM program a success for "trich?" For both children and adults, I begin with a behavior modification program using a basic myofunctional therapy structure. I discovered that when the tongue rests in a proper position (up), that the hair pulling just stops. I focus strictly on tongue posture (which is what we, as OM Therapists, work so hard on) and because research shows that when the tongue rests up, the pressure during a swallow can release the 'happy chemicals' endorphins, serotonin and dopamine. This is the same result I see for those people who suck thumbs, fingers and pacifiers. Most hair pullers have a low tongue posture and often an open mouth rest posture. The usual treatment time is eight to twelve visits and the benefits are improved lip competence, closed open-bites and always, always with the pulling stopped...higher self-esteem.

My understanding is that there have been many proposals for a name change for this disorder from trichotillomania to hair pulling disorder which will cause it to be listed as an obsessive-compulsive disorder. This may change the way insurance companies can justify to pay for this type of therapy, but only time will tell if that is true.

As we as OM Therapists work toward meeting the challenges that both the medical profession and those who try to throw drugs at many of the same issues, we treat the same symptoms with non-invasive therapy and with no drugs, working through known successful exercises, accomplishing remarkable success. As we work together to see that more and more patients are treated for this and other disorders, we can truly know that OM therapy can be a lasting cure which changes lives.

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