

Alopecia and COVID 19 have a Direct Correlation. Look at this for a Second

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Abstract

About 1.230 million people have died as a result of coronavirus disease 2019 (COVID-19), which has been confirmed in around 50 million people. Until December 2019, the SARS-CoV-2 virus from Wuhan, China, had been the primary cause of COVID-19 disease. According to surveys, COVID-19 patients are more likely to suffer from pattern hair loss than their age-matched, non-infected counterparts. It suggests that the coronavirus-CoV-2 infection causes diffuse baldness. COVID-19 patients in remission frequently complained of alopecia. SARS-CoV-2 infection caused hair loss in about half of the female participants, whereas no such hair loss occurred in the control group. Hypoxemia, which causes cutaneous ischemia, is another probable pathogenetic factor.

Keywords: Hair Loss; Oral Hair Growth Supplements; COVID 19; Mesotherapy

Introduction

SARS-CoV-2 (SARS-CoV-2) has been responsible for roughly 1.230 million deaths and 50 million confirmed cases of coronavirus disease 2019 (COVID-19) worldwide. COVID-19 has become a global health crisis because of its growing incidence and death rate. A recent study indicated that 20% of COVID-19 hospitalizations and critical care unit admissions were severe (ICU), with a 10% death rate for those with comorbidities.

COVID-19 illness, a worldwide pandemic of an infectious disease, has been caused since December 2019 by the new severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) from Wuhan, China. An androgen-dependent condition, androgenetic alopecia (AGA), is the most common type of alopecia. The major androgen responsible for follicular pathology is dihydrotestosterone. Numerous alopecias, including androgenetic (AGA), areata (AA), telogen effluvium (TE) and pressure-induced (PIA) alopecias, have been linked to COVID-19 in recent observational studies (PA). Hair loss can be linked to a variety of virus-induced or infection-delayed immunological responses, just like other cutaneous indications of COVID-19.

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Patients with COVID-19 have a higher incidence of pattern hair loss

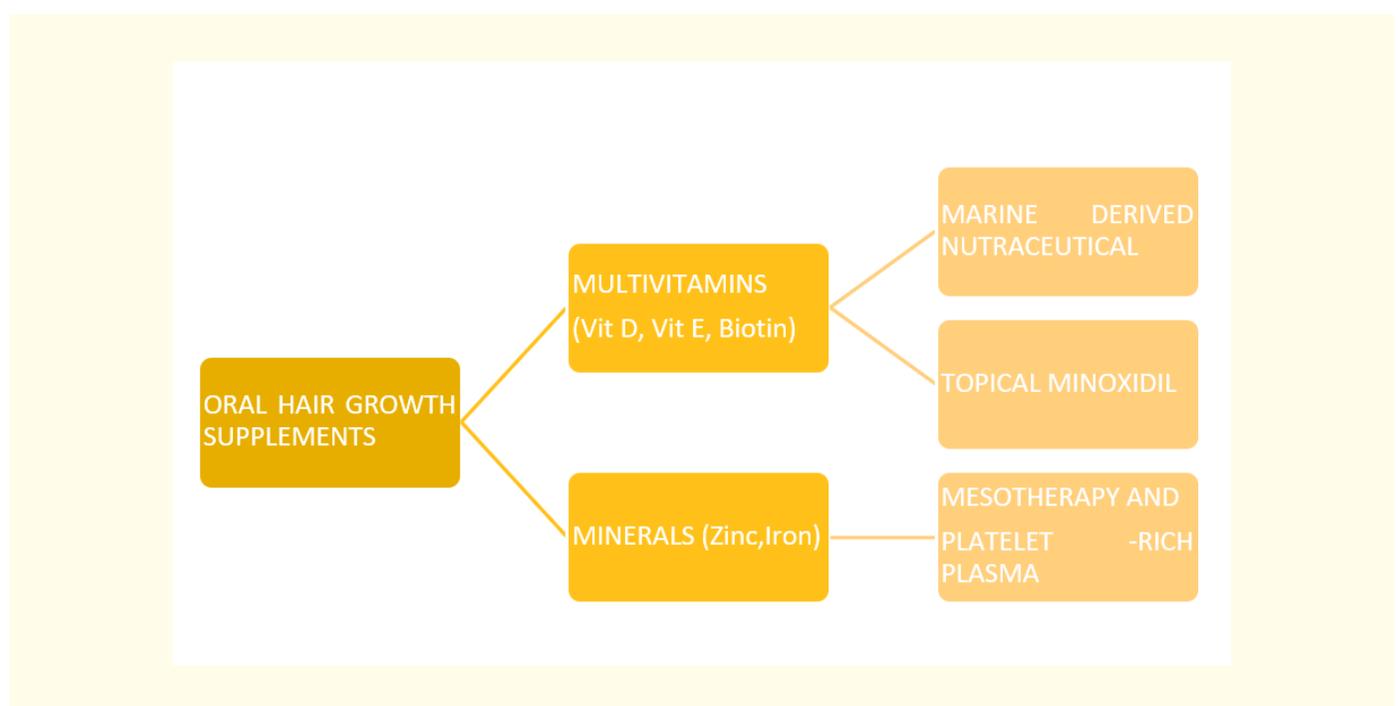
Pattern hair loss (PHL) was more common and more severe in hospitalised COVID-19 patients than in non-infected people of the same age in Spain and India. A descriptive study of 41 Caucasian males (mean age = 58 years) admitted to Spanish hospitals with a diagnosis of bilateral SARS-CoV-2 pneumonia was the first known preliminary inquiry. An estimated 71% of those tested had moderate to severe male pattern hair loss (MPHL), while 39% had severe MPHL. Men had 79 percent (95 percent confidence interval: 70 - 85 percent) and women had 42 percent (95 percent confidence interval: 29 - 55%) of considerable PHL in a follow-up, multicenter examination of 175 confirmed COVID-19 patients, according to the study. Prevalence estimates for people of the same age and race show far lower numbers. It is expected that male pattern hair loss (MPHL) will affect 31% to 53% of the white population, while female pattern hair loss (FPHL) will affect 38% of the white population. With the SARS-CoV-2 relationship, widespread baldness is another possible side effect of COVID-19 infection. A longitudinal research of 538 COVID-19 survivors and 184 healthy controls was carried out in Wuhan, China, to investigate the prevalence and drivers of COVID-19 clinical sequelae. Alopecia was a prevalent complaint among convalescent COVID-19 patients three to four months after discharge, with women reporting it more frequently. Over half of the female participants in the SARS-CoV-2 study lost their hair after infection, whereas no one in the control group did. Wambier, *et al.* have shown that patients with severe COVID-19 have higher levels of hair loss because of this crucial component. SARS-caused lung damage may also produce skin ischemia as a result of hypoxemia, a possible pathogenetic pathway. CoV-2 infection has been linked to a reduction in hair growth. Anagen hairs exposed to ischemia show significant declines in growth rate, hair shaft size and colour, according to *ex vivo* and *in vivo* investigations by Kato and colleagues [1,2].

COVID’s most common skin symptom is alopecia, which can lead to hair loss

An estimated 83% of patients who had been on long-term COVID experienced hair loss. Lesion types that were detected were pernio-like (4.2 percent), maculopharyngeal (1.7 percent), vesicular (0.8 percent), papulosquamous (0.4 percent) and purpuric (0.4%), among others (2.6 percent; 1 Kawasaki-like, 1 cheilitis, 1 sarcoid granuloma, 1 onychomadesis, and 1 orange nail lesion). 1826 patients with alopecia and COVID-19 were studied separately by Nguyen B, *et al.* in the present study (mean age, 54.5 years; 54.3 percent male). AGA (30.7 percent, 86.4 percent men) was the most common type of alopecia, followed by TE (19.8 percent, 19.3 percent men), and then AA (7.8 percent, 40.0 percent male). Before the onset of COVID-19 symptoms, there was AGA. The most common cause of TE was COVID-19 (93.6 percent). In most cases, AA afflicted those who already had a health issue (95.1 percent) [3-6].

Recovery methods for alopecia following Covid 19

One of the authors, Otsuka and his colleagues Alopecia areata can be reversed and is expected to improve without therapy despite the fact that our patient requested medication for the condition. Supplements for iron and zinc can be used to remedy deficits. Medical professionals must provide comprehensive care to patients who are suffering from hair loss even while the condition is not life-threatening. As part of their care, doctors must also help their patients feel more at ease by explaining their conditions, providing relevant medical information, and managing a variety of systemic concerns. Hair regrowth has only been successful in a small number of cases, including ours. Our research is expected to help doctors motivate COVID-19 patients with hair loss [7,8].



Nutrition

In order to counteract the effects of COVID-19 on hair follicles, appropriate nutrition must be taken into consideration. Also keep in mind that anosmia/ageusia, which are common symptoms of COVID-19, can lead to a decreased appetite and nutritional deficiencies, which can cause or exacerbate hair loss. In order to maintain good nutritional status and a well-functioning immune system, consuming nutritious foods should be the first goal. Micronutrients such as vitamins A, B complex, C, D and E and minerals (iron, zinc) have been shown to improve health outcomes and increase the immune system. Some of the most important micronutrients for a healthy immune system can be found in fresh foods (citrus fruits and vegetables), whole grain meals (brown rice, oat), lean meat, fish and low-fat dairy products (nuts, seeds, olive oil and fish oil). Chronic inflammation and decreased immunity are the results of a diet high in sweets, saturated fats (fatty acids), and refined carbohydrates (white bread, pastries).

Covid-19-induced alopecia was studied by Nguyen B and colleagues in 2022 [9]. AGA may increase the severity of COVID-19, while TE is a symptom of COVID-19. People with a history of alopecia areata may experience a recurrence of the condition.

It was conducted in 2021 by Gheisari M., *et al.* [10] to assess the course and outcomes of patients with AA during this challenging time. As a result, severe AA patients have a moderate level of concern about COVID-19; nonetheless, many patients have reported worsening hair loss as a result of lowering their medication dosage.

In 2022, Guarnieri G., *et al.* [11] will publish as a follow-up for patients who have recovered from COVID-19 pneumonia, this study will investigate the occurrence of telogen effluvium (TE) and its relationship to clinical and immunologic indicators. Hair loss may be more directly linked to the severity of the COVID-19 condition and the underlying inflammation than to the hormonal status of patients, according to this preliminary analysis.

Using nationally representative data, Kim J., *et al.* 2021 [12] study proposes to investigate the risk of obtaining AA among COVID-19-positive patients in South Korea.

AA was not a significant predictor of COVID-19 diagnosis, even after adjusting for potential confounding variables.

Garren Researchers in 2021 [13] found that the long-term effects of COVID on male and female patients were notably different, with hair loss predominating in females, while thromboembolism was more common in male patients. These findings demand more investigation into the long-term effects of SARS-CoV-2 infection on the skin, heart, and blood vessels, as well as coagulopathy.

A study by Veskovic D., *et al.* in 2022 [14] sought to determine whether the severity of SARS-CoV-2 infection is influenced by androgen receptor gene expression. COVID-19 has a bad prognosis if you have the Gabrin sign or hypertension, according to the findings.

SARS-CoV-2 infection was found to be associated with the start of new alopecia areata or exacerbation of pre-existing alopecia areata in clinical investigations and reports in 2022 by Christensen R E., *et al* [15]. Therefore, it was found that Alopecia areata may be a dermatological manifestation of COVID-19, with patients commonly appearing 1 to 2 months after infection. Additional research is needed to better understand the relationship and arrive at a conclusion.

Conclusion

Wuhan, China's SARS-CoV-2 virus is the primary cause of Coavid-19 illness. COVID-19 patients in remission frequently complained of alopecia. Hypoxemia, which causes cutaneous ischemia, is another probable pathogenetic factor.

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