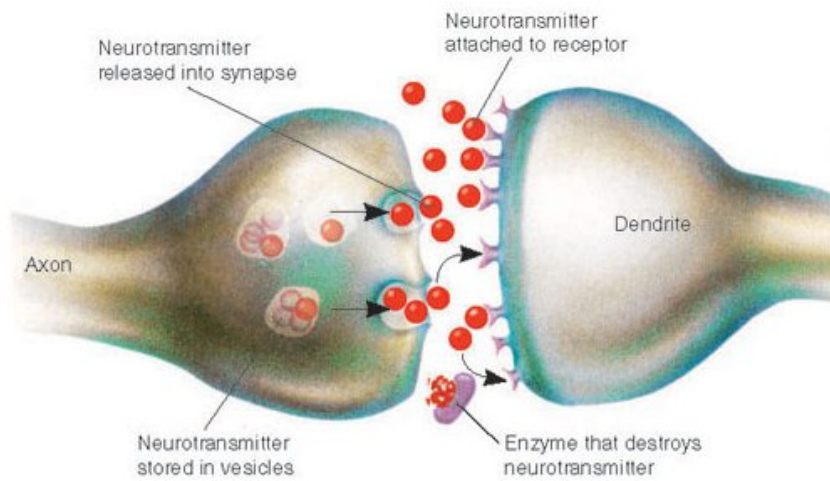


Why You Can't Stop Pulling Hair Out



A report from Dr. Chad Oler of the Natural Path Health Center

Trichotillomania (trick-o-tio-MAY-nee-ah), as defined by the Trichotillomania Learning Center, “is a disorder that causes people to pull out the hair from their scalp, eyelashes, eyebrows, pubic area, underarms, beard, chest legs or other parts of the body, resulting in noticeable bald patches.”

Defining the condition is relatively easy. The hard part is understanding why trich makes you pull. What is the underlying reason why people with trichotillomania feel compelled to pull? Is it genetic? Is a mental illness? Is it environmental?

This report will answer the question, and in doing so, will also provide you with the first critical steps toward overcoming trichotillomania.

Even though we’re going to discuss the body’s biology, we’ve tried to make this report as non-technical as possible.

Our goal is not to confuse you, it’s to provide you with knowledge; an understanding of how trich works. When you have the knowledge, you then have the power to stop pulling hair out.

Inside the report you’ll discover:

- What causes the urge to pull your hair out
- Why antidepressant drugs work initially, but eventually fail
- What constitutes an effective long-term approach

Why trichotillomania creates the urge to pull

One of the more prevalent symptoms of trichotillomania is the inability to stop pulling hair out.

This urge can cause extreme cases of tension before the pulling actually begins. After someone has been pulling hair out, they may experience relief, or some type of gratification and relaxation. That's on the inside. On the outside, they'll experience noticeable hair loss.

Eventually, trichotillomania interferes with day-to-day life. Sufferers may experience feelings of intense shame and humiliation. This, coupled by the fact that the condition is not well known or understood by the public or many medical practitioners, only worsens the overall effect. Shamed into seclusion, an individual may stop working, withdraw from events, from family and friends, and even avoid medical care.

The stress on a family unit can be intense. Parents, frustrated by a lack of clear-cut answers, often incur great expense to discover a treatment. A child may withdraw from medical treatment, only heightening the difficulty.

These are the symptoms of trichotillomania, and the devastating impact they can have upon a family. Among trich sufferers, this is common knowledge.

But what isn't known is the root problem of trichotillomania: A depletion or imbalance of critical neurotransmitters.

The chemical signals known as "neurotransmitters"

To explain why a depletion or imbalance of critical neurotransmitters causes the urge to pull, we need to delve into your body's biology.

Let's start by defining a synapse. A synapse is the small gap between two nerve cells that allows for the first cell (the pre-synaptic cell) to communicate with the second cell (the post-synaptic cell) through a chemical signal.

Those chemical signals are the neurotransmitters.

There are two main types of neurotransmitters – inhibitory and excitatory. In the case of trichotillomania, there are usually more excitatory and less inhibitory neurotransmitters. This imbalance often creates an obsessive-compulsive state and the urge to pull.

There are cases, however, where there are too little excitatory neurotransmitters, and trich can ensue as well. The bottom line is that when imbalances in neurotransmitters occur, information is not relayed optimally in the brain creating symptoms that include the urge to pull. These neurotransmitter imbalances can also cause many other symptoms, including migraines, depression, anxiety, insomnia or sleep disturbances, increased pain, increased food cravings and weight gain.

Why antidepressant drugs fail to restore neurotransmitter balance

Knowledge of neurotransmitters is nothing new. It's been the foundation of how many physicians treat trichotillomania through antidepressant drugs. However, antidepressant drugs fail to restore the correct neurotransmitter balance, because they "trick" the body, instead of working to heal it.

The most common antidepressant drugs used to treat compulsive disorders like trichotillomania are serotonin-norepinephrine reuptake inhibitors. They block the "reuptake" (we'll define that in a moment) of those neurotransmitters in an attempt to restore balance to the trichotillomania sufferer's neurotransmitters.

Here's how it works:

Neurotransmitters are sent from the pre-synaptic nerve cell to the post-synaptic nerve cell. At that point, the neurotransmitter acts upon the post-synaptic nerve. The neurotransmitter relays information to the post-synaptic nerve. The post-synaptic nerve either accepts the neurotransmitter's impulse, or sends it back into the synapse, the equivalent of saying, "Okay, I've had enough."

Those additional neurotransmitters are then released back into the synapse, where they head back to the pre-synaptic nerve cell for "reuptake".

"Reuptake" is generally defined as the re-absorption of a neurotransmitter by a pre-synaptic nerve cell after the neurotransmitter has performed its function of transmitting a neural impulse.

Use of reuptake inhibitors strands the neurotransmitters in the synapse with nowhere to go. It blocks reuptake to the pre-synaptic nerve cell, where the neurotransmitter could be either recycled or stored. And the post-synaptic nerve cell won't accept them, so the neurotransmitter is left stranded in the synapse.

The body's next reaction is the reason why reuptake inhibitors eventually do more harm than good.

Enzymes release, neurotransmitters deplete

Remember, at this point, the neurotransmitter is trapped in the synapse.

The body produces a constant supply of enzymes. These break down neurotransmitters in the synapse to keep equilibrium.

The longer a neurotransmitter stays in the synapse the greater chance there is that it will be destroyed by these enzymes.

The body, at this point, senses the presence of extra neurotransmitters in the synapse. It knows it has enough neurotransmitters in the post-synaptic nerve cell, and it thinks it has enough neurotransmitters in the pre-synaptic nerve cell, after being unwittingly duped by the reuptake inhibitor.

It thus sends out enzymes to destroy the neurotransmitters.

Therefore, the reuptake inhibitors not only cause a depletion of neurotransmitters, they are causing a relative imbalance in neurotransmitters as well. (All will be destroyed, only some will be destroyed in higher quantities because there are more of them in the synapse.)

Eventually, the neurotransmitters in the synapse run low, and the reuptake inhibitor is no longer effective. The inhibitor is designed to work on neurotransmitters, but it can't if there are no longer any neurotransmitters to work on.

At this point, the body won't help. Duped by the reuptake inhibitors, it's lowered its supply. There's nothing more for it to send.

This is why reuptake inhibitors work for some people, but only for a short time. Eventually, they will cause the neurotransmitter supply to dwindle, and the current medication level becomes ineffective. That's when problems like trichotillomania (or depression, anxiety or other disorders related to neurotransmitter balance) return.

Unfortunately, at this point, the medication dose is either increased or additional medications are recommended. It's a long-term exercise in futility.

Using supplements to eliminate trichotillomania

A different approach is to rebuild the natural supply of neurotransmitters, and then eventually work to achieve a better balance of excitatory and inhibitor neurotransmitters.

To do this, amino acid supplements are used to supply the necessary amino acids and precursors (other nutrients involved in the biochemical formation of neurotransmitters) for the body to make the necessary neurotransmitters naturally. These help restore proper neurotransmitter levels over time, eliminating the symptoms that the imbalance produced.

Instead of trying to trick the body, this approach looks to replenish it.

The Natural Path Health Center has used this approach to achieve dramatic results in the battle against trichotillomania. If you would like to sign up for a 30-minute consultation that would, call 866-888-6721.

This report was prepared by Dr. Chad Oler of the Natural Path Health Center. “Dr. Chad” has been studying natural health and healing for most of his life with extensive experience researching and consulting on nutrition and exercise. He is recognized by the American Naturopathic Medical Association, is a member of the Wisconsin Naturopathic Physician’s Association and has been in naturopathic practice since December 2000. He co-founded the Natural Path Health Center in Madison, Wisconsin.

Dr. Chad has studied, lectured and taught throughout the United States, Canada, Great Britain, Germany, Peru and southern Africa. He is very active in teaching natural healing techniques and has given presentations to thousands of people worldwide. He is a faculty member at the University of Natural Medicine where he teaches doctors and other health care practitioners the value of alternative testing techniques in the healing process.

Additional information for this report was provided by Marty L. Hinz, MD, President of Clinical Research at NeuroResearch Clinics, Inc. in Cape Coral, Florida.