



**Andrea F Patterson, M.S. – Owner, Trichologist**

*Address: 104 W. Main Street, 4A, Middletown, DE 19709*

*PH: 302-449-2677 / [www.XanaduHairLossandScalpClinic.com](http://www.XanaduHairLossandScalpClinic.com)*

*[andrea@XanaduHairLossandScalpClinic.com](mailto:andrea@XanaduHairLossandScalpClinic.com)*

*15 Years Experience in the hair industry / 2 Affiliate Clinics in the US*

## **Mechanisms of Actions of Saw Palmetto**

1. Inhibition 5-alpha-reductase, thereby
  - a. inhibiting conversion of testosterone to DHT;
  - b. this in turn reduces the level of DHT in the bloodstream.
2. Inhibition of aromatase, which stimulates the conversion of testosterone to estradiol; this lowers the levels of DHT in the prostate.
3. Decrease in the activity of estrogen receptors in the prostate.
4. Inhibition of phospholipase A2,
  - a. which inhibits free arachadonic acid, which reduces inflammation.
5. Inhibition of 5-lipoxygenase enzymes,
  - a. which inhibits arachadonic acid, which reduces inflammation.
6. Inhibition of cyclooxygenase pathways,
  - a. which inhibits arachadonic acid, which reduces inflammation.
7. Spasmolytic activity,
  - a. which increases prostate muscle tone and reduces atonic tissue.
8. Inhibition of fibroblastic growth factor (FGF) and epithelium growth factor (EFG),
  - a. which would reduce prostate growth and inflammation.
9. Inhibition of the prostate's uptake of the hormone prolactin,
  - a. which may inhibit prolactin-induced prostate growth.

Beyond the facts noted above, studies show that the extract of Saw Palmetto appears to lack any direct estrogenic activity, effect on the pituitary or progestational effects.



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## **SUMMARY STUDY #1**

Twenty patients with alopecia areata (mean duration 9 years) and 20 patients with alopecia totalis (mean duration of 7 years) were treated with 2 pills of Viviscal® Liniment once daily and Viviscal® shampoo 2-3 times/week for eight months. **Viviscal® is a preparation containing mainly compound of marine extract and colloidal silicic acid (also in XTC XTREME DHT INHIBITOR).** Both groups included 10 females and 10 males.

**Nineteen of the patients with alopecia areata treated with Viviscal showed significant improvement in terms of hair loss and hair regrowth.** And from the alopecia totalis group, nine patients treated with Viviscal showed significant improvement, while 11 patients developed only minimal vellus hair. This promising study showed that Viviscal® is a further complement to the rather short list of remedies which alter the clinical course of alopecia areata and alopecia totalis.

Treatment of Alopecia Areata and Alopecia Totalis With Viviscal® (Special Marine Extract Compound) A. Lassus\*, J. Santalahti\*, M. Sellmann\*\* \*Helsinki Research Centre-Stora Roberts-Gatan 8 A 1, SF-00120 **Helsinki, Finland** \*\*Dermatological Clinic - Freidrich-Ebert -Platz 17, 51373 **Leverkusen, Germany**

## **SUMMARY STUDY #2**

**Comments on study – Note the great results on people who not only have common hair loss but also those who have very tough hair issues - alopecia areata, alopecia totalis and alopecia universalis.** Alopecia totalis and universalis – are immune sensitivity to a substance other than DHT that causes hair loss. The XTC XTREME DHT INHIBITOR has the active ingredients of Viviscal® in similar quantities along with it 8 DHT blocker and Complete Hair Nutrition.

Altogether 97 members of the Swedish Alopecia Association (RFH) with either alopecia areata, alopecia totalis or alopecia universalis volunteered to participate in a 12 months study to evaluate the effect of oral Viviscal® on regrowth of scalp hair. Thirteen patients withdrew after 3 - 4 months because of lack of effect of the treatment. The remaining 84 patients fulfilled the treatment and were therefore evaluable. Fifty of these had alopecia areata, 12 alopecia totalis and 22 alopecia universalis. They all took two tablets of Viviscal® daily for 12 months. They each filled out a questionnaire regarding the start of regrowth of scalp hair and the estimated area of the scalp with regrowth of permanent hair, once before the study began, again 6 months into the study and finally after 12 months at the end of the study.

In the areata group regrowth of permanent hair started to appear after approximately 6 months in 46 patients, in the totalis group after 4 months in 10 patients and in the universalis group after 5 months in 7 patients.

**After 12 months 7 patients in the areata group (14%) showed complete regrowth of hair, 27 patients estimated a regrowth of 70 - 95%, 10 a regrowth of 50 - 65% and 6 a regrowth less than 50%.** In the totalis group 3 patients had a complete hair regrowth, 3 a regrowth of 70 - 95%, 4 a regrowth of 50 - 65% and 3 a regrowth of hair less than 50%. In the alopecia universalis group one of the patients reported complete regrowth of hair, 4 had a regrowth of 70 -95% and one a regrowth of 50 - 65%, while 16 had less than 50% regrowth of scalp hair. **Better nail growth was also reported by all patients with weak nails prior to the study.**



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Overall 34 patients **(68%) in the alopecia areata group, 6 of the patients (50%) in the alopecia totalis group and 5 patients (23%) in the alopecia universalis group were highly satisfied** with the treatment results, while 10 (20%), 4 (33%) and 1 (5%), respectively estimated the end result as good.

There was a significant correlation between the treatment results and the type of alopecia, but no significant correlation between the sex and age of the patients or duration of hair loss could be observed. No adverse reactions or unexpected events were reported by the patients.

M. Majass, MD, and O. Puuste, MD, Department of Dermatology, University Central Hospital, **Tallinn, Estonia.**

B. Prästbacka, Chairman, and Patricia Brorsdotter-Johansson, Secretary, The Swedish Association for Alopecia, **Mölndal, Sweden.**

Address for correspondence M. Majass, MD Tallinn Hospital of Skin Diseases, Hiiu 39, Tallinn, EE 16, **Estonia.**

### **SUMMARY STUDY #3**

A group of 200 patients received an oral dose of marine-based extract mixture of proteins and polysaccharides daily (Viviscal®, like in XTC XTREME DHT INHIBITOR) for six months as treatment for androgenetic alopecia. 178 patients completed the treatment. **A significant decrease of hair loss was observed by 75.3% of the patients** and 14.6% of the patients showed partial regrowth of hair.

In less severe cases, independently of the duration of hair loss and age of the patients the result of the treatment was significantly superior as compared with patients with long-term severe baldness.

Jose Marcos Pereira Senior lecturer in Dermatology, Faculty of Medicine of **Santa Casa, Sao Paulo**