

Trichoscopic Images Observed in Popular Head Spa Salons: Are We Headed in the Right Direction?

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INTRODUCTION

Recently, a new kind of salon has become popular in many communities throughout the United States. As the popularity of these salons, called head spas, has increased, dermatology patients have begun to report trichologic evaluations in these community salons. Some patients have even brought these images to their dermatology appointments for confirmatory diagnosis. Head spas are spas that focus on services designed to massage and cleanse the scalp, often marketing services that are both spa treatments and potential therapeutic options for common dermatologic scalp conditions, ranging from alopecia to psoriasis. Appointments typically consist of a scalp analysis, followed by scalp cleansing, scalp massage, and finally hair styling. Scalp analysis is not a ubiquitous component of the appointment for each head spa, and the type of trichoscopy device is not uniform amongst facilities.

Treatment and product recommendations are often offered by individuals working at head spas, raising concern that those with medical scalp conditions may be given inappropriate advice from untrained head spa workers rather than seek care from board-certified dermatologists. Head spa technicians may obtain a certificate in trichology through a national or international organization, though this is neither required nor a common practice.¹ Furthermore, products that are recommended by individuals working at head spas can be costly and may facilitate predatory pricing. As accessing care from dermatologists may be limited or delayed, particularly for uninsured and underinsured individuals, this may drive potential patients to seek care in the community for scalp conditions that impact their quality of life.^{2,3}

In order to better understand the prevalence of head spas within major cities and the nature of the scalp photographs being captured by trichologists or head spa technicians, an internet search was conducted using Google.

MATERIALS AND METHODS

The search for head spas was conducted using Google between July 24, 2024, and August 24, 2024. The search strategy targeted 4 major urban areas within the US due to the increased popularity of head spas within these regions: New York, Los Angeles, Miami, and Dallas. The following search terms were utilized in the Google search engine: "head spa Miami, FL"; "head spa Dallas, TX"; "head spa Los Angeles, CA"; "head spa New York, NY." Websites that were listed within the first 10 pages of results were evaluated. Websites that were promoted as "Featured," exclusive hair salons, or located out-of-state from the search city were not evaluated. Additionally, websites marketed as offering autonomous sensory meridian response (ASMR) were excluded, as most do not include the trichoscopic scalp analysis component of the head spa service.

For those head spa websites matching search criteria, screen-captures of scalp photographs were obtained from their website or their Instagram[®] social media page. The research team collected and categorized screen-captured photographs from these websites, as well as from their Instagram[®] posts, stories, and reels. Tagged photographs that were not reposted by head spas were not evaluated. Furthermore, photographs sourced from TikTok[®] or Facebook[®] social media pages associated with websites were not evaluated.

RESULTS

A total of 165 photographs were collected from 30 head spas (Figure 1). The city with the highest number of head spas was Los Angeles (15), and the lowest was Dallas (4). Of the 30 head spas evaluated, 3 of these included personnel described as trichologists. These head spas with at least 1 trichologist listed were located in Los Angeles, CA (2) and Dallas, TX (1). The average lowest to highest price point for head spa services was a range in United States dollars (USD) from \$103 to \$195, respectively. Head spas with trichologist personnel had a higher average cost associated with the highest price point services,

compared to competitors within their regions as well as the combined average.

The most frequently encountered terms associated with the photographs collected included the following: “before” or “after” (n=47), “detox” or “cleaned” or “cleaning” or “clean” or “cleanse” (n=13), and “build up” or “clogged” (n=10) (Table 1).

When evaluating the images collected, the vast majority had lightly pigmented scalps, corresponding with Fitzpatrick Type I to Type III skin types. Further comments on the race or gender of the individuals who were photographed cannot be extrapolated based on these images alone.

TABLE 1.

Characteristics of Photos Captured from Head Spa Websites and Their Instagram					
Name of City	Photos Obtained from Head Spa Search, n	Photo Tagged as “before” or “after”, n	Photo Tagged as “detox” or “cleaned” or “cleaning” or “clean”, n (if double counting image with other tag)	Photo Tagged as “build up” or “clogged”, n	Names of Devices Used to Capture Photos, if Indicated
New York, NY	15	4	1	1	YYITKANG
Los Angeles, CA	106	26	7	5	Scalp Care Instrument
Miami, FL	36	17	3 (4)	4	Unspecified
Dallas, TX	8	0	2	0	Unspecified
Combined	165	47	13 (14)	10	--

FIGURE 1. Search results for head spas by city.



Avg, average; USD, United States dollars

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TABLE 2.

Trichology Education Specifications and Certificates		
Trichology Association offering Education	Specifics about Coursework and Timeline	Certificate Earned
The Institute of Trichologists ⁴	The Institute of Trichologists Course: Three levels—Foundation, Intermediate, Final (30 months)	The Level Five Diploma in Clinical Trichology
The World Trichology Society ⁵	Trichology Certification Course: Academic section (28 chapters) Clinical Training section (5 days with board-certified Trichologist)	Trichology Certification
	Trichology Certification for Medical Professionals: Three Segments A, B, C (Remote modules plus 5 days with board-certified Trichologist)	Full Trichology Certification
International Association of Trichologists ⁶	Course Curriculum (13 modules and 19 video lectures) Clinical training (5 days; 2 online and 3 at authorized trichology clinic)	Advanced Diploma in Trichology
United States Trichology Institute ⁷	Associate Trichologist Course: Live virtual class (3 days)	Associate Trichologist Certificate of Completion
	Intro to Trichology: Course covering 14 topics (1 day)	Hair Loss Specialist Certification

DISCUSSION

Although head spas are frequently marketed based on the expertise of the personnel providing the service, the level of training varies considerably. The most advanced training among personnel in our sample was held by individuals identified as trichologists. Trichologists are non-medical personnel who have received training on human hair and scalp health and disease, either through an online course or a supervised externship affiliated with a professional trichological society (Table 2).⁴ The amount of training varies drastically between the trichological societies, from a 1-day intro to Trichology course offered through the United States Trichology Institute to a 2.5-year Institute of Trichologists Course offered through The Institute of Trichologists.⁵⁻⁸ The diplomas and certifications obtained by head spa personnel may impart confidence on the part of individuals seeking care for dermatologic scalp concerns at a head spa. However, this term may be misconstrued by individuals with scalp conditions as implying a higher level of medical expertise. The evaluation of dermatologic conditions affecting the scalp is often complex, even for board-certified dermatologists, and may require clinicopathologic correlation for accurate diagnosis. Trichology is a relatively recent development within the field of dermatology. When trichoscopy is performed by individuals without adequate training, there is a significantly increased risk of delayed diagnosis and prolonged patient morbidity.

When a dermatologist encounters a patient who has brought trichologic photographs taken in the community to their clinic appointment, these photographs can be reviewed, but a discussion of what the findings actually mean should be offered in addition to repeat trichoscopy photos if indicated. Trichoscopic photographs obtained in the community are often not at the quality level needed to make a diagnosis by dermatologists for certain dermatologic conditions. Furthermore, unless the images are appropriately labeled, it would be unclear exactly which

area of the scalp was imaged. Two members of the research team, both board-certified dermatologists with expertise in hair disorders, evaluated the 165 photographs included in this study and determined that they were inappropriate for use as the sole diagnostic criterion.

Hair salons and spas are often the first points of contact for patients to receive heralding information regarding signs of scalp disease. Recommendations for head spa personnel include training in medical photography if the trichoscopic photographs are going to be used in the salon. If there is a concern regarding scalp health, clinical and trichoscopic photographs can be taken and provided to the client for them to subsequently incorporate these photographs into their medical record. Many trichoscopic devices aid in providing detailed information, such as follicular density, and this information should be documented as well. Liaison with dermatologists is important, so that both hair stylists and trichologists can have increased awareness of the ominous signs and symptoms associated with scalp disease. Increasing scalp and hair health education in head spas can help bridge the gap between diagnosis and presentation to the dermatologist, so that the time from symptom onset to formal diagnosis is expedited.

CONCLUSION

In summary, the use of trichoscopic imaging in head spas has potential in detecting early signs of disease. However, clients should be aware that head spa personnel, including trichologists, do not have standardized certifications and are not recognized as medical professionals. Nonetheless, the personnel administering the devices can be trained to recognize when a referral to a dermatologist for formal consultation may be warranted. Furthermore, personnel should receive training on how these signs and symptoms may present on deeply pigmented scalps, which were not represented within the

scalp photographs available on the websites or Instagram® social media pages of the head spas assessed in this research. Lastly, the importance of liaisons with dermatologists and the community is emphasized to increase community awareness of scalp disease.

DISCLOSURES

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