
Subject: Studie über L-carnitin L-tartrate für den Haarwuchs (OTOS)

Posted by [tricospanish](#) on Sat, 14 Jan 2012 19:27:33 GMT

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Hier gibt es eine Studie über L-carnitin L-tartrate für die Haarwuchs. Das wurde in Deutschland gemacht.

Indications that topical L-carnitin-Ltartrate promotes human hair growth in vivo

L-Carnitine is essential for the intramitochondrial transport of long-chain fatty acids for b-oxidation [1--3]. Recently, we have shown that L-carnitine-Ltartrate (CT) is able to increase hair shaft elongation and prolong anagen by upregulation of proliferation and downregulation of apoptosis in organ-cultured human scalp hair follicles [4].

In order to test whether CT is also able to stimulate hair growth in human scalp hair follicles (HF) in vivo, we have performed a small, double-blind, randomised, placebo- controlled observational study of topical CT administration over 6 months twice a day. Penetration of CT into the skin, employing a liposomal hair tonic (Henkel, Du"sseldorf, Germany) versus a conventional hair tonic was investigated, using the BUS (bovine udder model).

For the penetration study, we performed a one time, open application of the formulas in udder skin (1 g/100 cm²) [5]. Using 2% CT, the applied quantity corresponds to 200 mg/cm² of skin.

The 2% CT was solved in a proprietary liposomal (water, allantoin, ceteareth-25, perfume, ethanol 96%, Soy lecithin) or conventional hair tonic. The liposomal or conventional hair tonic alone served as vehicle control.

The minimum separation between the application areas was 2 cm. Skin samples were taken after 1.0 and 5.0 h. The skin of the lateral udderwall with HFs was prepared in four layers parallel to the skin surface. Level I: epidermo-dermal:0--150 mm (incl. stratum corneum), level II: sebaceous glands: 400--600 mm, level III: hair bulbs: 800--1000 mm, level IV: subcutis:>1100 mm. The quantitative analysis

of the CT was performed using high-pressureliquid- chromatography/mass-spectroscopy (HPLC/MS).

For the prospective, double-blind, randomised, placebo-controlled observational study of topical CT administration, 60 healthy volunteers (age 21--60 years, 19 males, 32 females) with clinically diagnosed mild to moderate androgenetic alopecia (inclusion criteria were: androgenetic hair loss (i.e. anagen status <80%, telogen status >20%), and/or thin and diffuse hair (total amount of hairs/test area <270 h) received either CT 2% solution (n = 25) or a placebo (the vehicle only: water, allantoin, Ceteareth- 25, perfume, ethanol 96%) (n = 26) locally twice a day for 6 months.

Before treatment as well as after 4, 12 and 24 weeks of treatment, the anagen/telogen ratio and the number of terminal hair shafts were assessed by phototrichogram, using the trichoscan technique and by surface evaluation of living skin (SELS) technique [6,7]. For the phototrichogram, a defined reference area of the scalp was shaved and photographed [8]. After 3 days, the same area was measured again and the percentage of hairs was calculated.

For a specific area of 1 cm² scalp hairs are shortened. After 3 days these hairs get coloured and photodocumented. The trichoscan video software assumes that anagen HFs grow 0.3 mm/day, while telogen hairs do not grow at all. Using this trichoscan software, the total number of terminal hair shafts/0.65 cm² and the anagen/ telogen ratio is calculated.

The sequential photodocumentation before and after therapy allows comparison of hair growth and density with statistical calculation after external treatment [6,7]. Statistical significance was calculated using the Wilcoxon test. Clinical checks were performed at all examination time points.

Five hours after the application of the liposomal hair tonic in the BUS model, the quantity of CT at the level of the hair papillae was approximately eight times as high as that in the untreated skin, as measured HPLC/MS of appropriate dermatome transsections (Fig. 1). With the conventional hair tonic, an increase in the CT concentration at the level of the hair bulb was also observed; however, it was substantially lower (0.013 ng/mg skin) than when CT had been encapsulated in the liposomal hair tonic (0.05 ng/mg skin).

This demonstrates that the employed liposomal preparation is very effective to promote skin penetration of CT and its delivery to the hair bulb level.

After 6 months, the observational study had been successfully completed by 51/60 volunteers, 26 in the CT 2% treated group, and 25 in the vehicle control group. Nine volunteers dropped out after 3 months due to noncompliance or personal reasons (e.g. change of residence to a distant town). Only two volunteers in the test group reported mild, one volunteer reported strong itching (occurrence of reddish papules or a light burning sensation; two test subjects in the CT 2%-treated group reported increased dandruff).

Evaluation of hair growth, using the trichoscan technique, showed a significant increase (13.5%, p < 0.05) in the total number of terminal scalp hair shafts, comparing volunteers before (170 hairs/cm²) and after 24 weeks of treatment with CT 2% solution (197 hairs/cm²) (Fig. 2A--C).

The number of anagen HFs increased (75%) and the number of telogen HFs was significantly downregulated (25%) in volunteers receiving topical CT 2% solution twice daily (Fig. 2A, B, D, E) compared to the placebo group (38% telogen HF, 62% anagen HF) after 24 weeks. Thus, local treatment with CT 2% solution showed a significant hair growth-stimulating effect, while vehicle-treated volunteers did not show any significant changes in the number of terminal hairs or in the anagen/telogen ratio during the study.

The use of the skin surface evaluation of living skin (SELS) technique [8] confirmed that the percentage of a specific measured reference area of scalp skin covered with hair was significantly higher in the CT-treated group compared to the placebo group (mean: CT, 8.1; placebo, 4.7; S.E.M.: TCT, 3.6; placebo, 3.1; p < 0.05).

In this prospective, double-blind, randomised, placebo-controlled observational study, topical treatment of volunteers with moderate-level androgenetic alopecia with a 2% CTsolution increased the total number of terminal scalp hairs/cm² and the anagen/telogen ratio after 6 months of treatment.

This small pilot study, evidently, requires repetition with a much larger n of volunteers and a

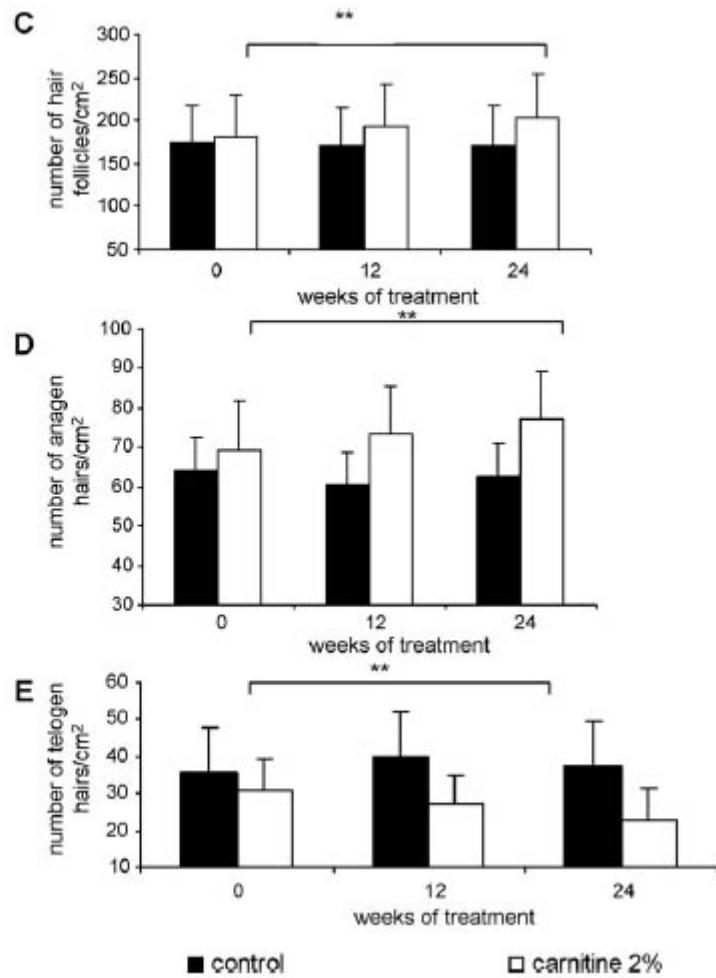
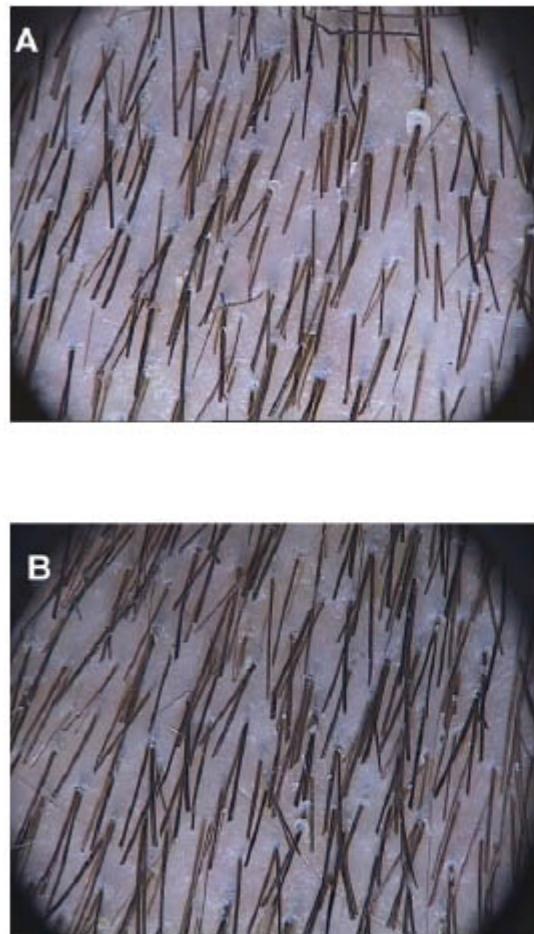
prolonged observational period. However, the currently available data confirm our in vitro data with organcultured human scalp hair follicles [4], and further support the concept that CT is able to promote human hair growth at a favourable ratio of benefits to risks/undesired effects.

Das Resümee

- Stoff: L.carnitina.l-tartrato 2% liposomada
- Leute: 26 mit carnitin - 25 mit placebo
- Andauern: 6 Monate
- 2 mal täglich
- Ergebnis: Inkrement 13,5 % Haarwuchs, 75% anagen

File Attachments

1) [l-carnitin.jpg](#), downloaded 374 times



Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by [tricospanish](#) on Sat, 14 Jan 2012 19:30:21 GMT

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File Attachments

1) [Topikal%20L-carnitine.pdf](#), downloaded 950 times

Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by [pilos](#) on Sat, 14 Jan 2012 21:38:10 GMT

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tricospanish schrieb am Sat, 14 January 2012 21:27

-Ergebnis: Inkrement 13,5 % Haarwuchs, 75% anagen

control 62% anagen

vergleichbar mit aminexil...und andere wässerchen die auch im +10% bereich liegen

haben wir schon längst diskutiert 2006

http://www.alopezie.de/fud/index.php?SQ=71012130aeac04dbde4b1d7fb1395dee&t=search&src=h=l-carnitin&btn_submit=Suche&field=all&forum_limiter=&attach=0&search_logic=AND&sort_order=DESC&author=pilos

Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by [mike.](#) on Sat, 14 Jan 2012 22:17:17 GMT

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http://www.alopezie.de/fud/index.php/m/197849/?srch=l-carnitin#msg_197849

Danke Pilos...

Man könnte es in Kombination mit Minoxidil vllt. potenter machen ?

Man müsste wissen .. welche WF die HF benötigen und welche man hemmen müsste (tgf-b) .. dann könnten wir so ein Topical erstellen das das regelt .. und man ist unabhängig von der exprimierung vom Zellkern ins Zytoplasma+Zellmembran ... (theoretisch .. ev. mit Flutamid topical um weitere Schäden abzufangen...)

Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by Legende **on** Sat, 14 Jan 2012 23:23:12 GMT

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Ist das jetzt eine neue studie ?

Ich glaube jemand hatte das auch mal topisch benutzt und hatte kein erfolg, vielleicht lag es daran das er keine 6 monate benutzt hatte?

Ist es denn möglich das wenn man nach 3 monate kein erfolg sieht, aber nach 6 monate plötzlich doch

und ist egal ob man es nur 1x am tag aufn kopf schmirst oder 2x macht das ein unterschied aus ?

Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by mike. **on** Sat, 14 Jan 2012 23:30:26 GMT

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kimimaro schrieb am Sun, 15 January 2012 00:23

Ist es denn möglich das wenn man nach 3 monate kein erfolg sieht, aber nach 6 monate plötzlich doch

Ja.

Ich hatte 6 Monate Minox 2% ... nichts hat sich getan ..

dann ab 7. Monat kamen sehr viele Haare zurück .. alle gleichzeitig

Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by Sinner85 **on** Sun, 15 Jan 2012 21:01:42 GMT

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mike. schrieb am Sun, 15 January 2012 00:30kimimaro schrieb am Sun, 15 January 2012 00:23

Ist es denn möglich das wenn man nach 3 monate kein erfolg sieht, aber nach 6 monate plötzlich doch

Ja.

Ich hatte 6 Monate Minox 2% ... nichts hat sich getan ..

dann ab 7. Monat kamen sehr viele Haare zurück .. alle gleichzeitig

Hattest du das Minox dazwischen abgesetzt oder durchgehend (inkl. 7tem Monat) genommen!??

Und weist du schon überhaupt ob du jetzt sicher AGA hast!?? LG

Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by [mike.](#) on Sun, 15 Jan 2012 21:24:10 GMT

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Hallo Sinner,

durchgehend genommen ohne Pause...

Ich bin am Di.+Mi. im Krankenhaus .. dann weiß ich hoffentlich was los ist.

It. Pilos habe ich u.a. eine Form der seborrhea ... (Genetische Disposition wie AGA)... und weiß jetzt ein paar Dinge .. die ich im KH ansprechen kann ...

LG
Mike

PS: Ich melde mich dann wieder ...

Subject: Aw: Studie über L-cartinin L-tartrate für den Haarwuchs (OTOS)

Posted by [Sinner85](#) on Sun, 15 Jan 2012 22:15:17 GMT

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danke mike!! und Fin nimmst du auch noch!? ich glaube mittlerweile das es soviel verschiedene "Arten" von "AGA" gibt und das auch deshalb paar Sachen eben helfen können, paar es verschlechtern, usw.....

habe mittlerweile schon die unglaublichesten Fälle gesehen/gehört!! bei einem zB.: wachsen die Haare aufeinmal wieder ohne FIN oder sonst was (obwohl er typisches AGA Muster hatte), bei einem anderen fallen alle Haare innerhalb von nem Jahr aus und das wars.....usw..... deshalb wäre ich für jede Info die du bekommst im Krankenhaus dankbar!!

LG
