

# **The TR1 Study (2007–2008):**

Trichological Revolution—Identification and Validation of a Botanical Extract Facilitating Hair Growth

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2007–2008 (Retrospective Scientific Documentation)

## **Abstract**

The TR1 Study (2007–2008) was conducted under the Trichological Revolution initiative to identify and validate natural candidates capable of facilitating hair growth. A structured screening pipeline was employed, integrating botanical prioritization, fractionation, human hair follicle explant growth assays, dermal papilla cell viability assessment, and longitudinal phototrichographic and clinical documentation. The most biologically active botanical fraction was advanced as TR1. Results demonstrate increased follicle explant growth relative to control and growth factor mixtures, preserved dermal papilla cell viability, early follicular changes within four weeks of topical application, and sustained macroscopic improvement over 6–12 months. These findings support the feasibility of systematically identifying biologically active botanical extracts with translational relevance to hair growth.

## **1 Introduction**

Hair follicle biology is governed by complex epithelial–mesenchymal interactions involving stem cell populations, dermal papilla signaling, and tightly regulated molecular pathways [1, 4]. Dysregulation of these processes underlies common forms of hair loss, including androgenetic alopecia, motivating continued exploration of interventions capable of modulating follicular activity [2].

While pharmaceutical agents have historically dominated therapeutic development, ethnobotanical and plant-derived compounds represent a largely underexplored reservoir of biologically active molecules. Prior work has demonstrated that plant extracts and callus cultures can exert measurable effects on cellular viability, oxidative balance, and growth-related signaling [3, 5, 7]. In parallel, advances in plant stem cell biology have highlighted conserved regulatory mechanisms capable of influencing tissue regeneration and cellular differentiation [6].

The Trichological Revolution (TR) initiative was established to systematically evaluate botanical candidates using biologically relevant assays rather than anecdotal or cosmetic endpoints alone. The TR1 Study represents an early implementation of this approach, employing a screening-to-validation pipeline designed to identify natural compounds capable of influencing hair follicle growth dynamics across ex vivo, cellular, and clinical domains.

## 2 Study Design Overview

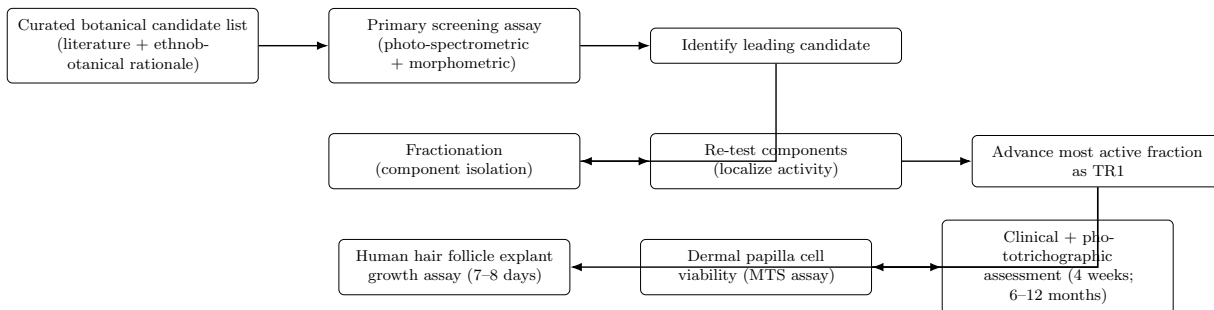


Figure 1: Screening-to-validation workflow implemented in the TR1 Study.

## 3 Materials and Methods

### 3.1 Botanical Screening and Fractionation

Botanical candidates were prioritized based on documented traditional use, reported biological activity, and relevance to growth and regenerative pathways [3, 5]. Following initial screening, the leading candidate was fractionated and re-tested to identify the most biologically active component, designated TR1.

### 3.2 Hair Follicle Explant Assay

Human hair follicles were obtained as surgical remnants and cultured in Williams’ E medium supplemented with L-glutamine, hydrocortisone, and antibiotics. Follicle length was measured before treatment and after 7–8 days of incubation at 37°C and 5% CO<sub>2</sub>. Growth was expressed as percent change from baseline. Each experimental point represents 3–4 independent experiments across different patients, with results reported as mean  $\pm$  SEM from at least four individuals.

### 3.3 Dermal Papilla Cell Viability

Dermal papilla cells were isolated and assessed using an MTS assay, with optical density measured at 490 nm. Viability was determined spectrophotometrically by measuring OD at 490 nm. Comparator conditions included media-only control and a defined multi-growth factor cocktail commonly associated with follicular growth as a positive control, enhancing the quality of the assay [2].

### 3.4 Clinical Mapping and Phototrichography

The scalp was mapped into standardized zones (frontal, mid-scalp, and vertex/crown). Phototrichographic measurements were obtained at baseline and at defined intervals using validated imaging systems. Hair shaft diameter thresholds were used to distinguish vellus/miniaturized hairs from terminal hairs.

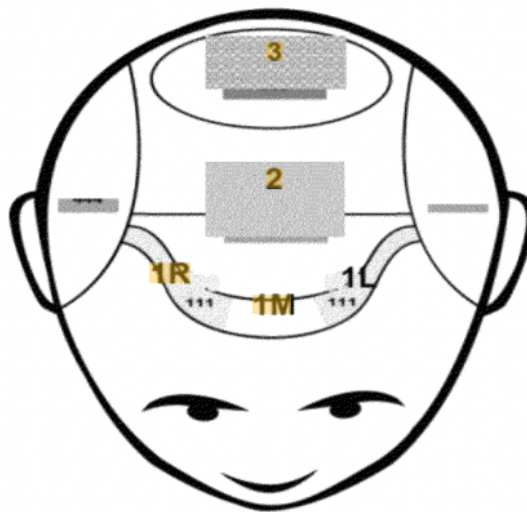


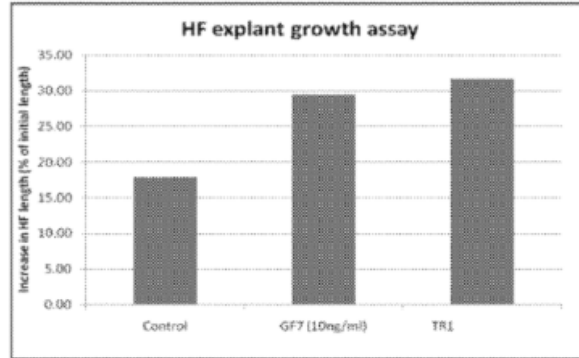
Figure 2: Standardized scalp zone mapping used for topical evaluation.

## 4 Results

### 4.1 Hair Follicle Explant Growth

TR1 significantly increased human hair follicle explant growth relative to media-only control, while it was not significantly different from the 7x growth factor cocktail positive control (Figure 3) ( $p < 0.05$ ). This 7x growth factor cocktail was previously optimized for hair follicle growth, suggesting the potency of TR1 activity and its biological relevance.

The magnitude of follicular elongation observed under TR1 treatment was comparable to or greater than that achieved using optimized concentrations of canonical growth factors, supporting engagement of biologically relevant signaling mechanisms.

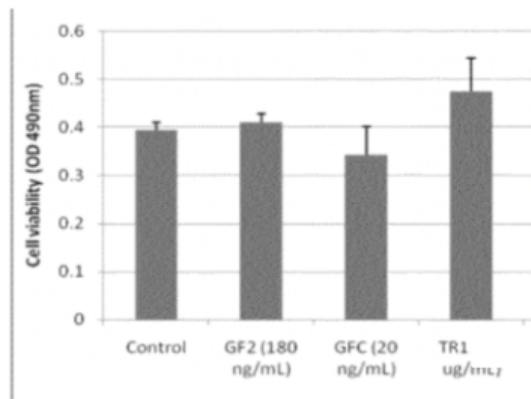


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Figure 3: TR1 increases hair follicle explant growth expressed as percent increase over initial length (mean  $\pm$  SEM).

## 4.2 Dermal Papilla Cell Viability

Incubation with TR1 increased dermal papilla cell viability relative to control and growth factor cocktail conditions (Figure 4). Given the central role of dermal papilla cells in follicle cycling, hair follicle growth, and regeneration [4], these findings support a positive impact of TR1 on such activity.

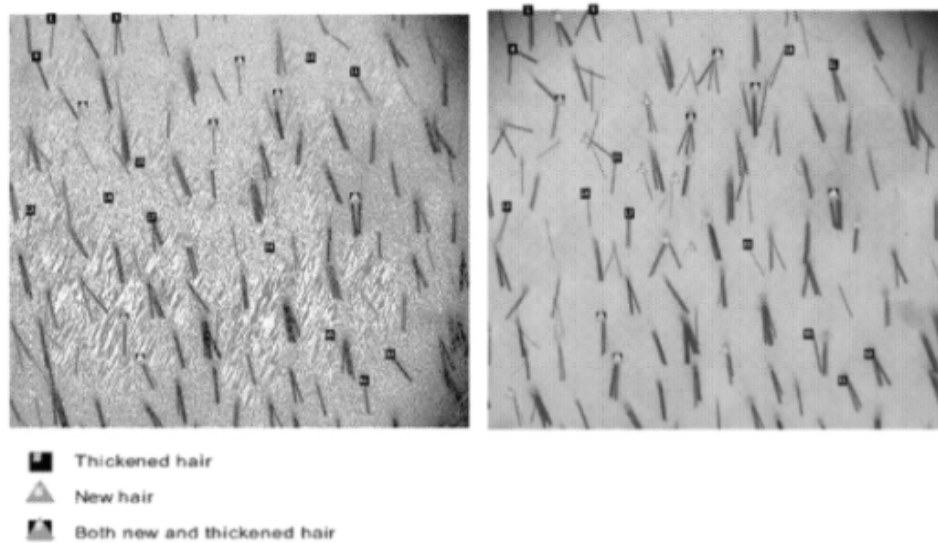


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Figure 4: Dermal papilla cell viability assessed by MTS assay (OD 490 nm).

### 4.3 Early Follicular Changes at Four Weeks

Phototrichographic analysis four weeks after topical TR1 application demonstrated early follicular responses (Figure 5). Manual enumeration revealed that approximately 9% of follicles exhibited increased shaft thickness and 10% demonstrated newly emerging hairs. These changes are consistent with early follicular activation and remodeling processes.

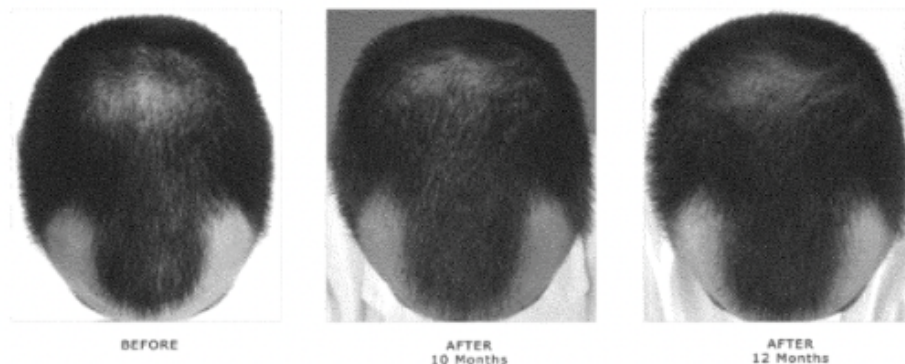


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Figure 5: Phototrichographic analysis four weeks after topical TR1 treatment.

#### 4.4 Longitudinal Clinical Outcomes

Representative clinical photography demonstrated progressive improvement in scalp coverage at 10 and 12 months of continued topical TR1 application (Figure 6). Improvements included increased apparent density and reduced scalp visibility, consistent with sustained follicular engagement.



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Figure 6: Representative longitudinal clinical response following topical TR1 treatment.

## 5 Discussion

The TR1 Study demonstrates that a structured botanical screening and validation pipeline can yield a natural extract capable of influencing hair follicle biology across multiple experimental levels. Enhanced explant growth, preserved dermal papilla cell viability, early phototrichographic changes, and sustained clinical improvement collectively support the biological relevance of TR1.

Ex vivo explant assays provide a stringent test of follicular responsiveness, preserving key epithelial–mesenchymal interactions [1]. The ability of TR1 to match or exceed growth factor–driven elongation suggests engagement of endogenous regulatory pathways rather than reliance on isolated supraphysiologic stimuli.

Early follicular changes observed within four weeks likely represent shifts in follicular cycling or miniaturization dynamics, while longer-term clinical improvements suggest durability with continued use. While the study was observational and limited in scale, the convergence of findings across independent systems strengthens confidence in the observed effects.

## Ethics Statement

Hair follicles were obtained as surgical remnants during routine clinical procedures. Clinical photography and phototrichographic assessments were performed with patient consent and de-identification, consistent with ethical standards and internal clinical research practices in place during the study period (2007–2008). No invasive experimental procedures were performed beyond topical application.

## Data Availability

Original measurements, imaging archives, and protocol notes remain on file within internal research records.

## References

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