

# MYTHS & FACTS ABOUT HAIR LOSS TREATMENTS

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# HAIR LOSS MYTHS

- Millennia of ignorance about the causes of hair loss and progressively thinning hair have allowed enduring myths to dominate the marketplace
- Myths re causes of Hair Loss and thinning hair:
  - tight hats
  - lack of hair hygiene
  - poor diet

# Hair Loss Treatments based around Myths

- Tight hats = poor circulation
- **Treatment = stimulate circulation**
- Lack of hair Hygiene
- **Treatment = improved cleansing/conditioning**
- Poor diet
- **Treatment = nutritional supplementation**

# Hair Loss Treatments based around misrepresented facts

- Improving the efficiency of topical minoxidil
  - Addition of retinol
  - Pin-rolling
  - Addition of LLLT
  - Nano technology
- “Natural DHT blockade”
  - Blocks  $5\alpha R$  without affecting T
  - (e.g. saw palmetto)

# Non-pharmaceutical treatments

- Nutritional: Vit H (Biotin), gengko bilboa, ginseng, muco-polysaccharides, amino acids
- Cosmeceuticals: Aminexil SP94 (Kopexil), botanicals, glyco-proteins
- LLLT

Main advantage = no regulatory control re scientific testing & claims

# Pharmaceutical hair regrowth and hair loss treatments

- 5 $\alpha$ R blockers: finasteride  
dutasteride
- Non-specific hair stimulation: minoxidil  
estrogen
- Androgen Receptor Blockade: spironolactone  
cyproterone
- Androgen Blockade: flutamide

# “Treatment programs”

- Based around treating MPB or FPHL
- Combine non-pharmaceutical and some pharmaceutical components
- High cost of readily available ingredients
- Exaggerated claims regarding results
- High pressure sales techniques to vulnerable consumers (especially young men and women)
- “Churn” operation- i.e. 12 months compliance is a great result for the clinic

# Treatment Programs

- Pander to popular public beliefs:
  - Natural = better
  - Laser = sexy technology = successful therapy
  - Higher dosage = greater effects
- Require patented, unique combinations of “improved” therapies
- Rely upon consumer endorsements rather than scientific evidence

# Facts

- MPB is the commonest male cause of hair loss
- FPHL is the commonest cause of female hair loss
- Stress can cause accelerated hair loss and thinning hair by shortening the anagen phase **BUT not all hair loss is stress related or aggravated**
- Patients confuse daily **hair shedding** with **hair loss**
- **Patients often have exaggerated fears about side effects of pharmaceutical treatments**

# Facts

- Finasteride side effects are dose related and can be significantly reduced by interval dosing without loss of efficacy
- Minoxidil initiated effluviums are self –limiting, rarely last beyond 6 weeks and only require patient support by the physician
- Cost and complicated therapy regimes reduce patient compliance and therefore efficacy

# LASER Therapy

- Lets All Salons Expand Revenue
- Current evidence suggests a general stimulatory effect upon follicles ? Via cytochrome 4 oxidase → oxygen consumption, nitric oxide release, reactive oxygen species, calcium mobilisation, decreased apoptosis, reduction of inflammation, ? ATP-sensitive potassium channel effects (similar to minoxidil)

# Laser Therapy

- The current marketing greatly exceeds published scientific results
- Optimal fluence, dosing schedules, coherence, pulse structure etc yet to be agreed upon
- LLLT is non-coherent, easy to use in the home environment and will remain the cornerstone of future laser therapies

# Dangers of “compounded unique topical therapy”

- Male 62 years
- Treated with chemist compounded “minoxidil lotion”
- Second degree burns to scalp creating hypopigmentation
- ? Inadvertent use of acid instead of alcohol



# Future Therapy

- Knudsen Clinic  
Proprietary Topical  
Therapy
- 110% effective
- No side effects
- Can be used in pregnant  
women

