

“Help! I’m Losing My Hair!”

It takes time and patience, but you *can* reverse hair loss. Here, one woman’s diary of success **By Janet Carlson**

It began with an “Oh, no!” moment in the shower: As I squeezed water out of my hair, I detected, to my horror, a skimpier ponytail. I looked down at the drain, and there was the evidence—not the usual minor shedding, but a clump of blond strands. Until then, I had been OK with aging; at 56, I could handle some crow’s feet, splitting nails, and dry skin—but not losing my hair. It was a big part of my identity. Unwilling to watch it slip away, I decided to seek out a pro. →

25%

The amount
of hair women
may lose by
age 60

It's normal to shed hair every day



DECEMBER 2011

I make an appointment with trichologist David Kingsley, Ph.D., a hair and scalp specialist. While dermatologists treat hair loss, too, their expertise is largely in skin, and their treatment styles usually tend toward mainstream medical (i.e., medications). By contrast, trichologists treat hair loss more holistically (diet, stress reduction). Since I've always favored an anything-but-drugs approach, I try Kingsley.

At my initial consult, the root of my hair loss quickly becomes clear: "a perfect storm of stress and hormonal changes," says Kingsley, referring to

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the confluence in recent months of a job loss, menopause, and the death of my stepfather. Stressors, whether emotional ones or physical ones (like menopause), wreak havoc with hormones, and this can shock hair follicles into a resting phase. (For other culprits, see "The Causes of Hair Loss," right.)

As Kingsley discusses my treatment (stress reduction and topical formulations to coax the follicles to grow hair), I begin to feel hopeful. But then comes the difficult part: the hair

exam, in which he zeros in on my scalp, first with gloved hands and then with a digital camera, magnifying it 50 times. Gulp! I reluctantly cast a glance at the image—a sparse "forest" with skinny trees and far too much flat land in between. Kingsley's verdict: thinning, both in the diameter of the strands and in the total number, near my part and at the crown—exactly the same spots where my mother's hair has thinned. Great.

I'll have to see my primary care physician for blood work to rule out medical causes, such as thyroid disease, but in the meantime, Kingsley jots down a hair-care regimen that includes his niacin-based Stimulant Scalp Therapy lotion (\$20; hairandscalp.com for this and other Kingsley products); niacin derivatives promote blood circulation, which stimulates follicles. "And you'll need to relax," he tells me, writing on his pad "Get a weekly massage" (the only one of his "prescriptions" that I will end up

being unable to follow). One thing I'm doing right already: eating well. Strict diets and, in particular, too little protein—fewer than five ounces a day—can cause hair dullness and loss.

Back home, I immediately start the once-a-week treatment that's a Kingsley staple: slathering on his Scalp Mask (\$40) with menthol (another follicle stimulator), then coating my parched strands with his protein-packed Hair Strengthener (\$35) and leaving the mix on for 30 minutes before showering. A decade of blond

highlights had given my hair the look and feel of hay, so a year or so ago I opted for less lightening to minimize the damage. My hair is already feeling smoother, and after this ritual, it is positively silky. I'm still not keen on looking at my hair too closely—but, hey, it feels nice to the touch.

TWO WEEKS LATER

The blood work rules out medical issues like thyroid troubles or anemia, →

THE CAUSES OF HAIR LOSS

Jeanine Downie, M.D., a dermatologist in Montclair, NJ, lists the following factors, from most to least common:

FAMILY HISTORY (GENETICS)

SHIFTING HORMONES (AT ANY LIFE STAGE)

STRESS (PHYSICAL—INCLUDING SURGERY—AND/OR EMOTIONAL)

MEDICATIONS (E.G., SOME BIRTH CONTROL PILLS)
HIGH FEVER (104 DEGREES OR MORE FOR SEVERAL DAYS)

INFECTION

ILLNESS (E.G., LUPUS, THYROID DISEASE, ANEMIA)

LOW PROTEIN IN DIET

LOW IRON

MANY CANCER TREATMENTS

OVERPROCESSING, EXCESSIVE USE OF HOT TOOLS

Photographs, from top: iStockphoto; Getty Images.



but reveals a vitamin D deficiency. It's long been known that D is essential for healthy bones and teeth, but the latest research has suggested a more body-wide role for D, impacting things like cell growth, which could very well affect hair growth. At Kingsley's recommendation, I boost my intake from 1,000 to 2,500 IU.

Kingsley and I discuss systemic medications, which would require a doctor's prescription: I'm not a candidate for hormone-replacement therapy, but many women who take estrogen or phytoestrogens keep more of their hair. Finasteride (brands: Propecia, Proscar), which promotes hair growth in men, is used

off-label by women—in postmenopause, usually, because it can affect fetal development. I had already asked my physician about finasteride, and he nixed it for me. (“Why should you be a guinea pig?” he asked.)

Spiroglactone (Aldactone), a diuretic prescribed for patients with heart, liver, or kidney disease, is also

This hair business is a big time commitment. Occasionally I feel silly spending so much time trying to wake up my sleepy follicles

prescribed off-label for hair loss. The big downside of all the medicines, including minoxidil (Rogaine), is that if you stop using them, they stop working. I can't see making a lifetime commitment to any of these drugs. Still, Kingsley suggests minoxidil at the 5% concentration, which is FDA-approved for men (2% is approved for women) and is available over the counter. I had already tried the 5% version earlier in the year—the heftier

concentration can give better results, though it can also cause facial-hair growth in some women—and I stopped using it because it irritated my scalp (a not-uncommon side effect). “Use it once a day instead of twice,” Kingsley advises. On my dermatologist's advice, I increase my daily dose of biotin (vitamin B₇) to 10 grams, up from the 5 I've been taking for my brittle nails.

JANUARY 2012

I've agreed to twice-monthly scalp treatments in Kingsley's office, and

my first one-hour appointment (\$95) includes a mask, a scalp-and-neck massage, and laser sessions. The low-level laser therapy gaining popularity in trichologists' and dermatologists' offices is FDA-cleared for safety and company studies show that it works. I'm eager to try this new-frontier technology, which claims to stimulate hair follicles. Suzanna, one of Kingsley's two cosmetologists, lulls me nearly to sleep sitting up as she

massages my head, gooey with product; it feels divine. After shampooing and conditioning, she wields the LaserComb over my scalp, moving it in half-inch increments. No sensation. *Can it really have any benefit?* I wonder. But I don't let a little healthy skepticism stop me from showing up every two weeks for another appointment, just in case.

Kingsley has told me to use the same little handheld device (HairMax LaserComb, \$295 to \$545; hairmax.com) at home three times per week. I do 10 minutes while watching TV with my daughter, who thinks I'm ridiculous. The only precaution is not to shine it in your eyes—or in your children's or pets'—as it can cause temporary irritation.

ONE-MONTH REVIEW

This hair business is a big time commitment, I realize, between all the washing, topical products, Rogaine, the LaserCombing, the trips to New York City from my home in the suburbs. I accept the trial-and-error nature of treating hair loss, but occasionally I feel silly spending so much time and energy on trying to wake up my sleepy follicles.

Soon after I start treatment, I →



I make a conscious choice now: happiness about the quality of my hair over depression about its quantity

have breakfast with a friend I haven't seen in a year—let's call her Dee—and by sheer coincidence she tells me she's been seeing a dermatologist for hair loss for the past two months. I check out her hair and don't notice any thinning, which reassures me that people likely don't notice mine. But if I had a perfect storm, Dee, in her mid-40s, is on storm watch: working-mom stress and perimenopause led to the first signs of loss on her hairline, which is receding as men's often do. Her doctor has her using men's Rogaine foam three times a week. (Sadly, I've had to stop using it again; the itching and flaking came back.) This process is a lonely one, and I am thrilled to be in a little support group of two—and maybe a tad jealous that she tolerates 5% minoxidil without a hitch.

A few weeks later, she e-mails me: "There's a ton of new growth on the front sides, where I've been applying the Rogaine." *Wow—that's fast, I think. Kingsley did say it usually takes up to six months.* I justify my slow results: *Maybe it's because she's younger and sought treatment right away, while I delayed for months....* Suffice it to say I eagerly agree to Kingsley's suggestion to add his Hair Supplement (\$30), containing saw palmetto, to my arsenal, despite the mixed research on the herb's effectiveness for hair loss. At least it can't hurt.

LATE FEBRUARY

Kingsley examines my scalp during a laser treatment and announces, "I see many new hairs, about a quarter-inch

long. I'll take credit for all of them." *Yessss!* I wish I could see them. My ponytail still feels tiny. It's taking a lot of self-discipline to be patient at this stage.

MAY DAYS

I return for my four-month checkup. Hair grows about half an inch a month, so I still can't see a difference. But already I detect an important change: I feel better about my hair because all the nurturing is restoring its silkiness, and I'm no longer directing all my anxiety about aging toward it. I make a conscious choice now: happiness about the quality of my hair over depression about its quantity.



The writer, post-treatment

I open an e-mail from Kingsley with before-and-after photos, feeling squeamish about seeing my scalp under the microscope and a little afraid to get bad news. I read a short message: "I see a 15% to 20% improvement. Do you agree?" There are photos of the same spot on my scalp in late December and in early May. In the May snapshot, I see thicker hairs, and possibly more of them. There is a distinct difference, and I'm sure it isn't just in my head—but on it. ■

THROUGH THICK AND THIN

- It's normal to shed **50 to 100 hairs a day**, says Dr. Downie.
- Contrary to a popular misconception, **there's no need to cut back on shampooing**, says Kingsley. "You wash your face every day, and your eyebrows don't fall out."
- Don't obsess about hairs in the drain. **If you shampoo daily, you might find 10 hairs; if you shampoo every other day, you could see 20.**
- **Exercise can only help**, notes Dr. Downie. "It boosts circulation, and it decreases stress—both of which help hair."
- Look at one or two of your shorter hairs. If the end is blunt, that's a broken or cut hair. **If it's tapered, that's a new hair.** See? You *do* have new growth!
- Don't stop styling or coloring. **Feeling and looking your best helps with stress reduction.** Go ahead with your normal routine as long as it's moderate (no backcombing!). Use alcohol-free products to keep from dehydrating your hair and silicone-based products to make it nice and slippery—so it's less prone to tangling and snagging.