

Medication in Management of Hair Loss

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Hair loss is a fairly common cosmetic health problem. Men are certainly affected more commonly but women are not immune by any means. The problem can result from extremely varied causes but androgenic baldness, commonly known as male pattern baldness affects the largest number of individuals. Hair loss can be extremely distressing and can hence be complicated frequently by unusual emotional stress. A few cases of anorexia nervosa have been associated with hair loss. There are numerous remedies available but are generally less effective than the expectation of victims. Androgenetic hair loss is generally believed to be related to an excess of male hormones, but has a strong genetic association as well (i.e. runs in families). The cheapest and the easiest of all management strategies would be to learn to live with it, but it is hardly acceptable for most of the affected individuals. The only two drugs that have shown reproducible benefit in hereditary male pattern balding are finasteride and minoxidil, but the former hardly offers any benefit for women even after menopause. It can cause birth defects in addition if used during pregnancy. The choice in women is limited hence only to minoxidil. Oestrogen therapy has also been used in women with androgenetic alopecia, but the results are not very encouraging. Women androgenetic alopecia need also to be discrete in the choice of their contraceptive pill. They should preferably use a combination pill which contains progestogens of low androgenic activity like norgestimate or ethynodiol diacetate. Finasteride is usually more effective in restoring hair and is recommended in males only at a dose of 1 mg daily given by mouth. Minoxidil is applied topically to the scalp in the form of 2 to 5 % solution. Both these drugs increase the size of existing hair and halt the further loss of hair, but they can not restore what has already been lost. Both the drugs need to be used at least for a year before any significant improvement in hair growth can be established. The effect may diminish after withdrawal of medication. Alopecia areata is generally treated with immunomodulating drugs like such as steroid injections, anthralin. Minoxidil may also be useful, and a 5 percent solution is the most effective. Treatment should not be discontinued until acceptable regrowth of hair has been achieved. Local application of immunotherapy is being investigated currently. An allergen to the scalp is applied which induces inflammation, which stimulates hair growth. The exact mechanism of action in this treatment is yet to be understood clearly.