That is not the question. as modern advances point to hair transplant as the real answer to hair loss.

Stories by PATSY KAM

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T'S mystifying how hair - something that doesn't have any real biological function, save perhaps to act as a filter for parts of the human body – can affect a person so emotionally and mentally.

Too much hair or the lack of it, can be a real cause for concern. Imagine hair growing in all the wrong places (hypertrichosis: a condition with abnormal hair growth on the body and face, sometimes dubbed the Werewolf Syndrome); women with beards (think: circus act) or just basically too hairy legs or

Conversely, a thinning pate, though hardly a debilitating problem, can deliver a severe blow to one's self-esteem. Not every man can take going bald gracefully, and certainly, no woman can live it down.

"Imagine the psychological toll on a person experiencing hair loss. As genetic hair loss often occurs in the young who are just developing their social skills, and unfortunately, very dependent on physical appearance, this can result in irreparable harm to the development of the person as a whole. Health is not only physical but also a mental state," says consultant dermatologist and hair transplant surgeon Dr Ruban Nathan.

Therein lies the reason why there's a thriving industry offering herbal, traditional or chemical cures and treatments for hair loss. The word "cure", however, could be misleading, as some experts say that once the death knell has sounded for your hairy fate, there may be no redemption.

Ancient Egyptian cures involved rubbing animal fat from lions, ibex, crocodiles, serpents and geese onto the scalp. Some have gone as far as to include recipes that had toes of a dog and hoof of an ass!

More recent remedies for hair loss in the 1800s ranged from the use of "snake oil" to hair tonics like Barry's Tricopherus, which sometimes turned out to have more alcohol than tonic. Nowadays, the potions of hope are more sophisticated, appearing in the form of tonics such as Helsinki formula, Nioxin and Revivogen.

Hair loss can be due to various factors such as genetics, stress, use of medication, environmental pollution, poor diet and an unhealthy lifestyle. Sometimes, a lifestyle change or stopping a medication can slow down or even stop the hair loss.

Given advances in modern medicine today, it's possible to halt the very early onset of hair loss with the right topical lotions (minoxidil)

"Oral medicine such as finasteride can be used to treat male pattern baldness. This communicates a pause button to the scalp and some patients do experience hair regrowth. Normally, the doctor would have to assess the (hair) condition, and this can work even for those who are genetically predisposed to hair loss," says Dr Ruban.

The real question at hand is, how do you ensure, nay, guarantee, a solution for hair

The answer points to hair transplant, a

Toupee or not toupee







Hairy procedure: Hair transplant surgery isn't as complex as it is tedious. It takes time to transplant so many grafts and for hair to regrow (left).

Below: 'We have a permanent solution for hair loss,' says Dr Ruban Nathan.

How testosterone metabolism affects hair loss Long, thick pigmented terminal Short, fine scalp hair hypopigmented miniaturised hair



relatively new field of expertise which has grown in leaps and bounds in the last couple of decades.

How it all took root

The idea of a hair transplant was first mooted in 1939 when Japanese dermatologist Dr Sheiji Okuda developed a breakthrough process to restore hair loss caused by scalp injuries and for burn victims.

Known as the Punch Technique, small sections of hair-bearing skin were extracted and grafted into damaged skin. A few years later, another Japanese dermatologist, Dr Hajime Tamura, improved upon the method by minimising the size of the grafts.

In the early 50s, New York dermatologist Dr Norman Orentreich carried out the first hair transplant using the Punch Technique on genetically balding patients in the United States. By the 60s, hair transplants became a widely sought-after procedure. The results were not as attractive or natural-looking then, but the technique has since been improved upon and evolved into what is known today

as Follicular Unit Transplantion. (http://blog. americanhairloss.org/hair-loss/history-hairtransplant-surgery/)

Dr Ruban was trained in Single Follicular Unit Grafting by Dr Dow Stough, one of its chief proponents and the founder of the International Society of Hair Restoration

This important forum has been an essential catalyst in the development of hair restoration surgery, including refinements in hair graft preparation and donor area harvesting,'

Making an informed decision

Outside the United States where a hair transplant is already a common option, it remains less well-known to the rest of the world where non-medical hair treatment centres are more popular.

'Surgery is the 'silent' solution to genetic hair loss and scarred scalps, and we can safely say, we have a permanent solution for hair loss," affirms Dr Ruban.

"We've come a long way from the early days of punch-grafted 'doll hair-like' results. As important as the doctor is in determining a successful outcome, the role of the nurse assistant is also crucial. The dexterity, skill and experience in slivering, dissecting and inserting the donor hair is absolutely crucial in achieving 100% regrowth of the transplanted follicles. If it isn't done correctly, insertion at the wrong angle or if the follicle is sliced, then the graft will not survive.

"Furthermore, patients' demand now warrants the ability of the transplant team to perform graft transplants by the thousands. Essentially, grafts of 2,000 to 3,000 would be sufficient to moderately cover the top of the head and fashion a new hairline," he contin-

In order for such a large session to be performed, a surgeon would need a team of at least four to 10 nurse assistants. Growth of new hair should follow nature's direction, according to the natural swirl of the crown.

"The creation of a natural hairline remains a vital goal of all transplant surgeons. The art of mimicking nature in this respect can be claimed with pride by an adept and properly trained surgeon who has kept abreast of the latest medical innovations to achieve this.'

Beyond the concept of Follicular Unit transplants has emerged the idea of single Follicular Unit Extraction (FUE) and immediate implantation.

"This has become popular with physicans over the last five years as it allows for less surgical training time, driven by the companies that sell extraction drills. In reality, the skill of extracting the follicles is very labour intensive (3,000 grafts can take the whole day), with a higher transection rate or death of the follicle in inexperienced hands.

'The added advantage would be the need for fewer nurse assistants to help reinsert the follicles, which remains a deft and difficult technique," concludes Dr Ruban.

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