

NON SURGICAL TREATMENT



MINOXIDIL:

It is for external application on the scalp and stimulates hair growth in adult men and women. Minoxidil (5%) is used in the dosage of 1ml, twice a day. For proper benefits, it has to be used regularly.

FINESTERIDE:

Finasteride is an oral medication and used in a dosage of 1 mg per day. Finasteride is not approved for use in females. Prolonged use of the medicine gives better results and it may be combined with minoxidil and surgical hair restoration for optimum benefits.

LOW LEVEL LASER THERAPY (LLLT):

Low level laser therapy is one of the newer methods to treat hair loss. Hair regrowth is more likely to happen in cases with minimal to moderate hair loss. LLLT is more effective when used in combination with medical treatment (Minoxidil and Finasteride).

PRP (PLATELET RICH PLASMA) TREATMENT

PRP treatment, also known as Platelet-rich plasma therapy is one of the newer techniques in hair restoration. Platelets rich plasma is obtained from the blood of the patient and used in the hair restoration treatment. Platelets contains growth factors, which typically are useful in rejuvenation and activation of the cells in the body. When used for hair restoration, PRP works to stimulate miniaturized and dormant hair follicles.



Doctor's Profile



Dr. M.G. Madhukumar

*MCh (Plastic Surgery), DNB (Plastic Surgery) Consultant
Cosmetic Plastic Surgeon*

Dr. Madhukumar is a Consultant Cosmetic Plastic Surgeon, practicing in Bangalore, with more than 15 years of experience. He received his Super-speciality Plastic Surgery training at J.J. group of hospitals in Mumbai. He also holds the degree of Diplomate of National Board (DNB) in Plastic Surgery. He specializes in Hair Restoration and other Cosmetic Surgical procedures.

Affiliations:


1. Karnataka Medical Council (KMC).
2. The Association of Plastic Surgeons of India (APSI).
3. The Association of Hair Restoration Surgeons of India (AHRSI).
4. Indian Association of Aesthetic Plastic Surgeons (IAAPS).

Clinic Address:

Midas Cosmetic Surgery Clinic
301, 2nd Floor, Esteem Kanaka Plaza, No.652, 11th Main,
4th Block Jayanagar, Bangalore-560011, Karnataka, India.

Contact Details:

 [91 9880316201](tel:919880316201)

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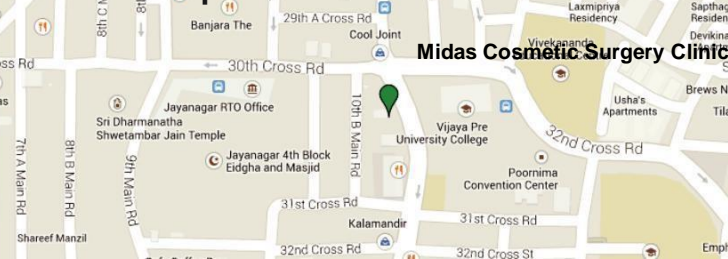
 [91 9620192891](tel:919620192891)

E-mail:

dr.madhu@midascosmetic.com

www.midascosmetic.com | www.midashairclinic.com

Location Map

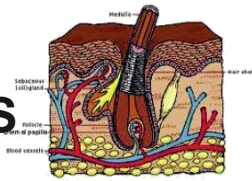


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HAIR LOSS FACTS AND MYTHS



There are many causes for hair loss in men and women. However, in the overwhelming majority of males with hair loss, the cause is Hereditary androgenetic alopecia, more commonly known as Male pattern baldness. Similarly, most females presenting with hair loss have Hereditary Female pattern hair loss. Baldness becomes noticeable when 50% of the hair is lost.

Many MYTHS abound regarding hair loss; hair loss is NOT caused by frequent shampooing, the wearing of hats or helmets, or the presence of mites. Most adults lose approximately 75–125 hairs from their scalps every day due to the natural process whereby some hairs go into a dormant state (telogen), and others come out of this state and begin to sprout a new hair (anagen). As long as the process remains balanced, the number of hairs on the scalp remain constant. One other minor factor in hair loss is stress, which is thought to accelerate already genetically programmed hair loss.

The tendency for male and female pattern hair loss is genetically inherited from either side of the family, and begins to develop after puberty. Hair on the scalp that is genetically susceptible to androgenetic alopecia (generally the front and top of the scalp), starts to shrink in its shaft diameter and potential length during each 3 to 5 year “life cycle,” until it eventually disappears.

FOLLICULAR UNIT HAIR TRANSPLANT (FUT) :

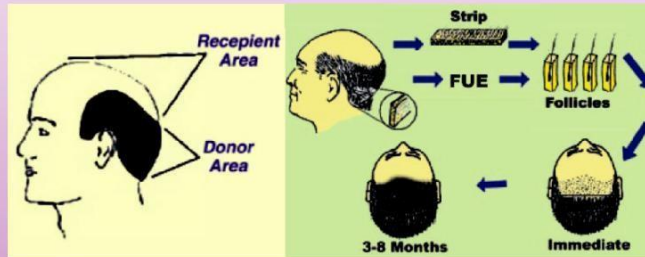
Principle:

Hair transplantation surgery is based on the principle of ‘Donor Dominance’. Hair at the back and sides of the scalp continue to grow throughout the life of a person, even in a man with severe hair loss (Norwood grade 7). These hairs are resistant to the hormonal influence. When the hair is transplanted to the bald area, it continues to grow naturally, and can be washed, trimmed and styled as one wants to. This donor area will permit harvesting of 4,000-5,000 or more grafts in most people, planned in one or multiple sessions. Future sessions

of hair transplant may be needed, as the person ages and balding progresses. Though the actual pattern of hair loss is difficult to predict, it is important to remember that further hair loss is likely.

CANDIDATES FOR SURGERY:

1. Men with male pattern baldness.
2. Women with female pattern hair loss.
3. People who want to restore or thicken moustache, beard, eyebrows and eyelashes.
4. People who want to restore or advance their hairline.
5. People with hair loss due to burn scars, injuries or skin diseases.



STRIP METHOD:

Hair transplant is considered to be ‘minor out-patient surgery’, can take 4–8 hours and is usually performed using local anaesthesia on an out-patient basis, occasionally with some supplemental oral or IV medication. Patients are awake as usually no sedation is used. A narrow, long strip of skin is harvested from the donor areas and closed with sutures or staples. These are usually removed in 10–14 days. Dissolvable sutures may occasionally be used in order to eliminate the need for you to return for stitch removal. Using ‘Trichophytic Closure’, the scar will be better concealed, as some hair will grow through the scar. The hairs surrounding the scar will conceal it, as long as they are not too short. The harvested hairs are then cut into follicular unit micro-grafts (1-4 hair) under magnification. These grafts are then placed in the areas of hair loss (recipient area) with small, superficial needle holes or slits in the skin of the scalp. Breaks are allowed during the surgery, for refreshments and visit to the rest room. At the end of the procedure, the donor site will have a small dressing and the transplanted area has no dressing.

FOLLICULAR UNIT EXTRACTION (FUE):

The FUE method of Hair transplantation varies from the ‘Strip method’ in the way the follicular grafts are harvested from the donor area. In FUE method, the follicular units are extracted one by one, using micro-punches of 0.8 and 1.0 mm diameter. There is no requirement for stitches as the donor area heals in a few days. FUE method is useful for people who want to keep the hair at the back very short (Buzz cut), as there is no visible linear scar. Other benefits include the ability to resume strenuous activities almost immediately after the procedure and its use in corrective procedures. The main limitation of FUE compared to ‘Strip method’ is that it is less efficient in harvesting hair from the permanent zone. In cases where large sessions are planned, the entire donor area needs to be shaved leading to a significant short term cosmetic problem for many people. In contrast, in the ‘Strip method’, the incision site is covered by the surrounding hair and is invisible. The cost of FUE method is more than the Strip method, per follicular graft.

BODY HAIR TRANSPLANT (BHT):

In Body hair transplant method, hair roots from beard, chest, back and limbs can be extracted (similar to FUE) and transplanted on the scalp. It is particularly useful for people with limited donor hair over the scalp. The yield and re-growth after the procedure is much less (except beard) than the hair taken from the scalp.

After Care:

- Go home on the same day with a small dressing in the donor area and a cap.
- Application of ice over forehead and massage with fingers to reduce swelling
- Avoid lying in face down position for 2-3 days
- Shampooing gently after 48 hours
- Wear a loose cap to cover the grafts from dust and sunlight
- Dry scabs will shed by 10-14 days
- New hair growth starts at 10-12 weeks
- Transplanted hair continues to grow at about 1 cm every month
- Final result may take 10-12 months.