A FREE GUIDE

Hair Loss & Your Scalp

Why the fix starts with your foundation, not a serum

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Hair loss isn't one problem

Before any treatment, get the right diagnosis, because hair loss isn't one condition but four families, each treated differently. Diagnosis combines history, labs, trichoscopy, and sometimes a scalp biopsy.

PATTERNED

- **Androgenetic alopecia.** Gradual thinning over the crown and part in women, bitemporal and vertex in men, usually with a family history. The most common type.

DIFFUSE

- **Telogen effluvium.** Diffuse shedding two to three months after a stress, illness, nutrient gap, or postpartum. Usually self-limited once the trigger is fixed.
- **Anagen effluvium.** Rapid, diffuse loss within days to weeks, classically after chemotherapy; resolves once the agent stops.

FOCAL

- **Alopecia areata.** Smooth round patches with exclamation-point hairs; autoimmune, with a high rate of spontaneous regrowth.
- **Tinea capitis.** Patchy loss with scaling; a fungal infection that needs oral antifungals.
- **Traction alopecia.** From chronic tension like tight styles; trichotillomania (pulling) is related. Reversible if caught early.

SCARRING — URGENT, SEE A DERMATOLOGIST

- **Cicatricial alopecias.** Frontal fibrosing, lichen planopilaris, discoid lupus, CCCA: lost follicular openings, perifollicular redness or scale. Irreversible if missed; needs biopsy and referral.

Foundation first: feed the follicle

A hair follicle is one of the most metabolically demanding structures in your body, so it's the first thing to suffer when something is off internally. No topical, injection, or laser works fully on an unaddressed deficiency, so fix the system first.

- **Protein.** Hair is keratin, which is protein. Under-eating it, common with age and dieting, starves the follicle. Adequate daily protein comes first.
- **Ferritin (iron stores).** The single most missed driver. The lab 'normal' floor is around 15, but for active hair growth you want at least 60, often 70 to 80. Ask for the exact number, not just 'normal.'
- **Vitamin D, zinc, selenium.** All support the hair cycle, yet rarely appear on a standard panel. Correct true deficiencies, but don't megadose, since too much selenium or vitamin A can itself cause shedding.
- **Stress management.** Chronic stress and high cortisol push follicles into the shedding phase, the engine behind telogen effluvium, and worsen autoimmune flares. Sleep and real stress reduction are follicle care, not extras.

GET THE FULL LABS, NOT JUST "NORMAL"

A proper workup includes ferritin, vitamin D, a full thyroid panel (free T3, free T4, and antibodies, not TSH alone), markers of insulin resistance, zinc and selenium, and a medication review, since some progestins, beta-blockers, and antidepressants quietly shed hair.

Foundation first: the hormone layer

Hormones shape the hair cycle as much as they shape skin, and this is where hair loss is most often won or lost. It belongs in the foundation, not as an afterthought.

- **Your own hormones (endogenous).** Perimenopause and menopause shift the estrogen-to-androgen balance, which is why thinning often accelerates in midlife. Thyroid disease and chronically high cortisol also drive shedding, and insulin resistance pushes the ovaries and adrenals to make more androgens, shrinking follicles by the same mechanism as pattern loss.
- **Hormone therapy (exogenous), and its forms.** For the right person, estrogen support can help, and the form matters: systemic estrogen, and anti-androgen options like spironolactone or, in select cases, low-dose oral minoxidil, are decisions to make with your physician based on your full picture, never a one-size protocol.

This is an individualized, whole-body conversation. The point is simply that the hormone layer is part of the foundation you build before reaching for treatments.

Then, and only then: treatment beyond the foundation

With the diagnosis clear and the foundation addressed, targeted treatment finally works, matched to your type, and always as support, never a replacement for the basics.

- **Prescription hormone modulators.** For pattern loss, anti-androgens like spironolactone, and in select cases oral minoxidil or finasteride, modulate the hormonal drivers, chosen with your physician.
- **Anti-inflammatories.** For autoimmune and scarring types (alopecia areata, lichen planopilaris, frontal fibrosing alopecia), prescription anti-inflammatory and immune-modulating treatments are the mainstay, and starting early protects follicles.
- **Injections & energy: PRP, exosomes, red light.** PRP (your own platelet growth factors) and exosomes deliver follicle-stimulating signals, and low-level red-light therapy adds support. Best for pattern and hormonal thinning, in a series with maintenance, and only on an optimized foundation.

None of these replace the foundation; they amplify it. Layered on top of unaddressed deficiency, stress, or hormone imbalance, every one of them underperforms.

The bottom line

Diagnose precisely (history, labs, trichoscopy, sometimes biopsy), fix the foundation (nutrition, iron, vitamin D, stress, hormones), then add targeted treatment matched to your type. In that order.

WANT THE WHOLE MAP?

The Inside-Out Method

This guide is one piece of a much bigger picture. The Inside-Out Method is my complete course on building skin that stays resilient for decades — not skin that imitates 25. It's everything I teach my patients, in the order that actually works:

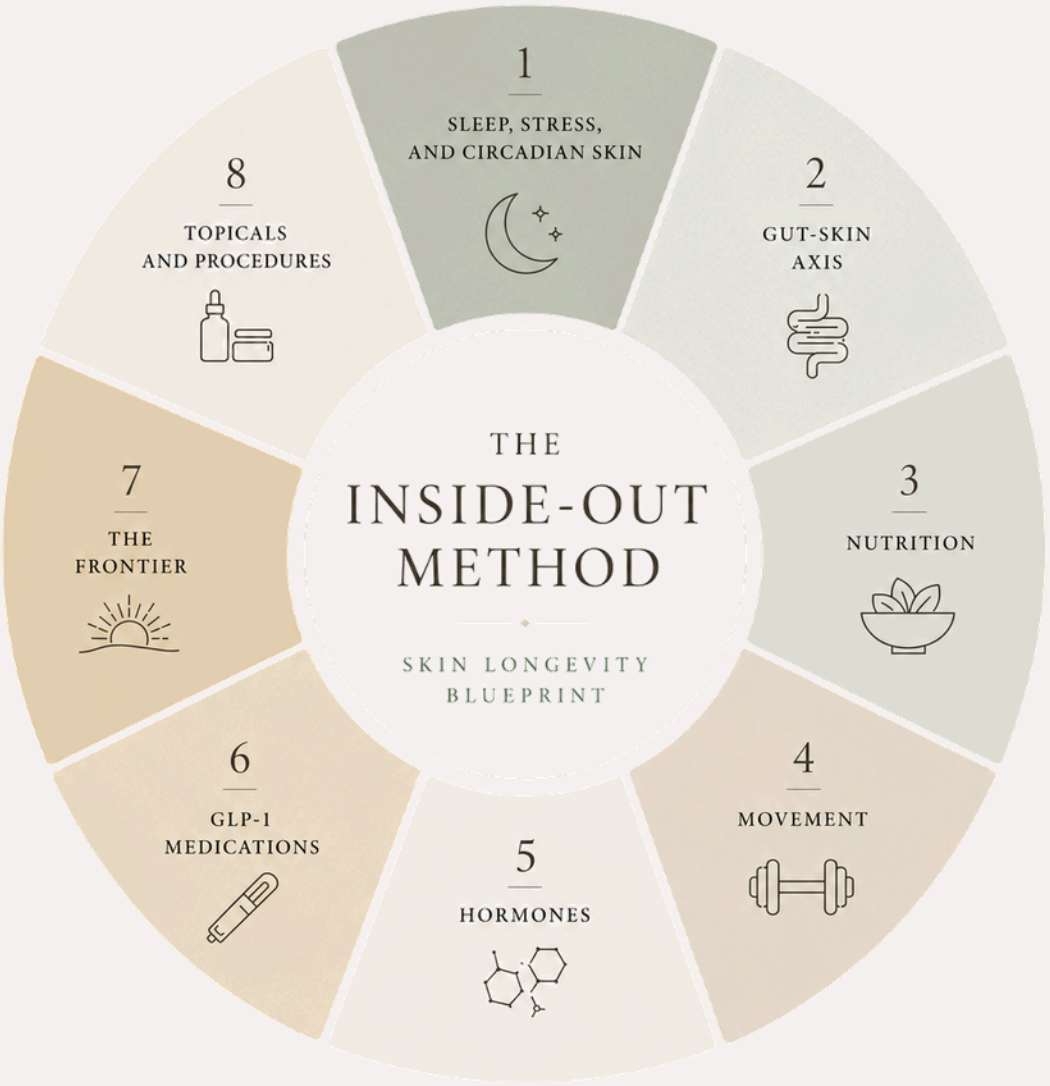
1. **Sleep, stress & circadian skin**
2. **The gut–skin axis**
3. **Nutrition for collagen**
4. **Movement & muscle**
5. **Hormones**
6. **GLP-1 medications & skin**
7. **The frontier**
8. **Topicals & procedures**

What you just read is a fraction of a single section. Each module breaks into short, digestible lessons you can do on your own schedule, with a workbook to make it stick and weekly live Q&A with me, over 8 to 10 weeks in a small cohort. It's the whole system, in the order that actually works.

Ready when you are

Join the next cohort → **insideoutmethod.co**

Dr. Jennifer Herrmann — double board-certified dermatologist with functional medicine training.



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