

AGELESS SOLUTIONS APPROACH TO HAIR LOSS

Your Weekly Newsletter

by Dr. Nick Sieveking

April 13, 2026



The Reality of Hair Loss

Hair loss is not just a cosmetic issue—it is a biological signal. Thinning hair, widening part lines, and receding hairlines often reflect underlying changes in hormones, inflammation, nutrient status, and overall health.

For many, hair loss carries a real psychological weight. It affects identity, confidence, and often leads to years of frustration—along with significant financial investment in procedures, products and devices that simply do not deliver results.

The good news is this: our understanding of hair loss has advanced significantly. We now recognize that most cases are not random—they are diagnosable, and in many cases, reversible when approached correctly.

At [***The Clinic of Ageless Solutions***](#), we focus on identifying the root cause. Through advanced testing and targeted therapies, we aim not just to slow hair loss—but to restore healthy, sustainable hair growth while overall better health and longevity!

Before

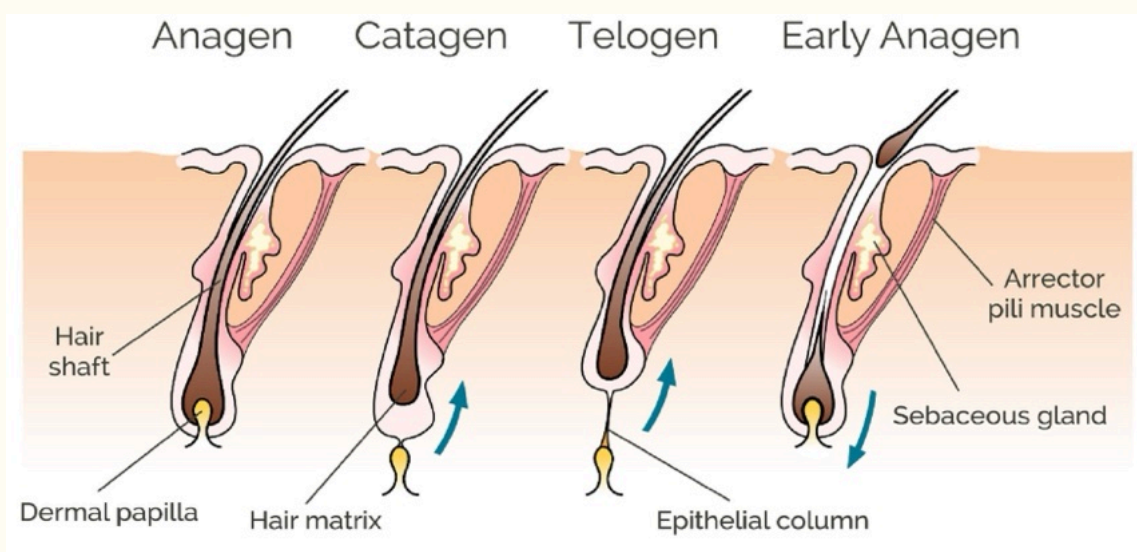
After



The Hair Growth Cycle

Hair grows in three repeating phases. Understanding this cycle is essential to understanding why hair is lost—and how it can be restored.

1. **Anagen (Growth Phase)** –The follicle is fully active; matrix cells divide rapidly and the hairshaft elongates. This phase lasts for years and determines maximum hair length.
2. **Catagen (Transition Phase)** – A brief few-week period when growth stops, the follicle shrinks, detaches from its blood supply, and forms a club hair as it regresses.
3. **Telogen (Resting Phase)** – A several-month resting period where the club hair sits in the follicle without growing, until it is shed and replaced by a new anagen hair. Most hair-loss therapies work by prolonging anagen, shortening telogen, or preventing premature follicle miniaturization.



Hair Loss: A Symptom, Not a Diagnosis

The Big Picture

- Hair loss is often a biologic signal, not an isolated issue
- Especially in women, it commonly reflects systemic dysfunction
- Frequently associated with:
 - Irregular menstrual cycles
 - Infertility
 - Weight gain or metabolic changes
 - Fatigue or low energy

Ask Yourself:

Not: "How do I stop hair loss?"

But: "What is my body trying to tell me?"



Is hair loss the big problem here?

1. Hormones and Endocrine Drivers

- One of the most common root causes of hair loss
- Hormonal imbalance leads to increased androgen (Testosterone) activity and follicle miniaturization

PCOS (Polycystic Ovary Syndrome)

- Elevated insulin increases androgen production (including Dihydrotestosterone)
- Leads to:
 - Scalp hair loss
 - Increased facial/body hair growth

Other Endocrine Contributors

- Thyroid dysfunction (hypothyroidism and hyperthyroidism)
- Elevated DHEA (Dehydroepiandrosterone)
- Menopause-related hormonal shifts

2. Thyroid Health and Hair

- Commonly overlooked cause of hair thinning

Signs:

- Diffuse thinning
- Dry, brittle hair
- Thinning outer eyebrows

Clinical Insight:

- Up to 50% of thyroid dysfunction is undiagnosed
- Proper function requires normal TSH, T4, and T4 to T3 conversion

Key Nutrients essential for thyroid function:

- Selenium
- Iodine
- Zinc and boron
- Vitamins A and D

3. Gut Health, Nutrients, and Absorption

- Hair depends on nutrient status and absorption

An unhealthy (“Leaky”) Gut leads to impaired utilization of:

- Protein
- Iron
- Amino acids
- B vitamins (biotin)
- other key nutrients

Mechanisms:

- “Leaky Gut” and inflammation → malabsorption of Nutrients

Therapeutic Insight:

- Amino acid therapy may improve hair growth
- A healthy gut Microbiome produces Biotin
- Biotin Deficiency leads to hair loss

Iron and Hair Loss

- Hair follicles are among the most metabolically active cells in the body. They require:

- Oxygen

- Energy (ATP)
- Rapid cell division

Iron is central to all three.

- Very common cause of hair loss, especially in women
- Even low-normal Ferritin can cause shedding
- Hair follicles depend on oxygen delivery
- Iron Deficiency Anemia leads to hair loss

4. Gluten and Inflammation

- Can trigger systemic inflammation in susceptible individuals
- Gluten → gut barrier disruption → immune activation → nutrient issues + inflammation → hair cycle disruption

Relevant Conditions:

- Celiac disease
- Non-celiac gluten sensitivity
- Autoimmune conditions

5. Autoimmune Hair Loss

- Alopecia Areata: immune attack on follicles → patchy loss
- Linked to gut health and immune triggers



6. Stress and Telogen Effluvium

- Stress pushes hair into resting phase → shedding of hair without “regrowth”

Triggers:

- Illness
- Surgery
- Emotional stress
- Rapid weight loss

Telogen effluvium



7. Environmental and Lifestyle Factors

- Toxins and pollution
- Harsh hair treatments
- Tight hairstyles (traction alopecia)
- Medications (retinoids, antidepressants, beta-blockers)

The Bigger Picture

- Hair loss is multifactorial:
 - Hormonal imbalances
 - Nutrient deficiencies
 - Gut dysfunction
 - Immune activation
 - Chronic stress

Bottom Line

- Hair is a biological indicator of internal health
- Proper evaluation often reveals deeper systemic imbalance

Primary Causes of Hair Loss Summarized

1. Androgen-Driven Hair Loss (Most Common)

- DHT (a powerful form of testosterone) binds to hair follicles
- Causes miniaturization → thinner, weaker hair



2. Hormonal Imbalance

- Low or High testosterone (men)
- Estrogen/progesterone imbalance (women)
- Thyroid dysfunction

- Elevated cortisol

3. Nutrient Deficiencies

- Iron / Ferritin
- Vitamin D
- B12 / Folate (esp. Biotin)
- Zinc
- Protein deficiency

4. Inflammation & Gut Dysfunction

- Elevated LPS
- Increased intestinal permeability => "Leaky Gut"

5. Autoimmune Conditions

- Alopecia areata

6. Metabolic Dysfunction

- Insulin resistance

Insulin resistance → chronically elevated insulin → downstream hormonal and inflammatory effects → follicle miniaturization and shedding

7. Telogen Effluvium

- Stress, illness, surgery, rapid weight loss

8. Medications

- Antidepressants, contraceptives, blood pressure meds

Medications → physiologic stress / hormonal shifts / nutrient effects → hair cycle disruption → shedding (usually telogen effluvium)

The Workup: What You Should Test

Hormones:

- Total Testosterone
- Free Testosterone
- DHT
- Estradiol
- Progesterone
- SHBG
- DHEA-S

Clinical Note: balancing hormone levels has a direct effect on health of hair follicles, and also on reducing systemic inflammation that can interfere with the natural hair cycle.

Thyroid:

- TSH
- Free T3

- Free T4
- Reverse T3
- TPO, TgAb

Clinical Note: Hypothyroidism causes hair loss by slowing down the entire metabolic machinery of the hair follicle. Hair is a high-turnover tissue—when thyroid hormone drops, the follicle simply can't keep up

Nutrients:

- Ferritin
- Iron / TIBC
- Vitamin D
- B12
- Folate
- Zinc

Clinical Note: Hair follicles are high-turnover, energy-intensive mini-organs. When key nutrients are low, the body triages—hair growth is one of the first things it shuts down. The result is usually telogen effluvium (shedding) and/or poor-quality regrowth.

Metabolic:

- Fasting insulin
- Fasting glucose
- HbA1c

Clinical Note: Metabolic disease (insulin resistance, hyperinsulinemia, and hyperglycemia) drives hair loss through a three-pronged hit: hormonal shifts (↑androgens/DHT), vascular injury (poor follicle perfusion), and chronic inflammation/oxidative stress. The end result is miniaturization + shedding.

Inflammation / Gut:

- hs-CRP
- LPS / antibodies
- Zonulin

Clinical Note: Increased intestinal permeability (↑ zonulin) → translocation of antigens (LPS, food proteins) → systemic inflammation (↑ CRP, cytokines) → hair cycle disruption + follicle stress and Hair Loss

Treatment Options

1. Identify & Correct “Leaky Gut” (click here to view Gut Biomarker Newsletter)

2. Identify Other Sources of Inflammation (click here to view “Are You Inflamed” Newsletter Part 1)

3. Treat “Downstream” Effects of “Unidentified” Inflammatory Disorders (click here to view “Are You Inflamed” Newsletter Part 2)

4. Topical Therapies:

- Minoxidil-- Direct arteriolar vasodilator
- Topical Finasteride-- lowers local DHT
- Compounded combinations



5. Oral Medications:

- Finasteride-- lowers systemic DHT**
- Dutasteride—stronger than Finasteride**
- Spironolactone-- reduces DHT signaling at the hair follicle
- Low-dose oral Minoxidil—more blood/oxygen/ nutrients to follicle

6. Regenerative Therapies:

- PRP-- Delivers concentrated platelet-derived growth factors; extends Anagen phase
- Stem cells / Exosomes-- Activates hair-follicle stem cells; improves blood flow

7. Light-Based Therapy:

- Red light therapy (LLLT)-- Improved microcirculation, reduced inflammation, prolonged anagen phase



8. Microneedling:

- Stimulates growth factors and improves absorption
- Combine microneedling with PRP or stem cells

MICRONEEDLING
Creates tiny micro-channels to stimulate collagen and enhance absorption

PRP APPLICATION
Platelet-rich plasma is applied to the scalp to promote healing and hair growth

THE PROCESS

1. Microneedling creates controlled micro-injuries in the scalp.
2. PRP (from your own blood) is applied to the treated area.
3. Growth factors in PRP are absorbed through the micro-channels, stimulating hair follicles and supporting new growth.

PLATELET-RICH PLASMA (PRP)
BUFFY COAT
RED BLOOD CELLS

Micro-needles 0.5-2.5 mm depth

Stimulates follicles for thicker, stronger hair

9. Internal Optimization:

- Correct deficiencies
- Improve diet and protein intake
- Address gut health

10. Hormone Optimization:

- Normalize testosterone
- Balance female hormones
- Optimize thyroid

** Finasteride & Dutasteride will block healthy and normal testosterone action in the body leading to symptoms of “Low T”. Question: “Is regrowing hair worth having the plethora of symptoms of living with “Low T” => Just know that there are other options to reverse hair loss.

Bottom Line

Hair loss is rarely just genetics. It reflects underlying biology. As you can see from this newsletter, Hair Loss has many etiologies with many overlapping causes. Extensive Laboratory testing and multi-modality therapies are needed to regrow and re-establish more youthful hair.

When you address the root cause and combine therapies, outcomes are significantly improved.

Other Cause of Hair Loss

1. Alopecia Areata (most common)



- Autoimmune condition where the body attacks hair follicles
- Causes round, smooth bald patches
- Steroids injections into the scalp suppress the immune attack locally
- Often leads to regrowth within weeks to months

2. Scarring (Cicatricial) Alopecia



Examples:

- Lichen planopilaris
- Frontal fibrosing alopecia
- These involve inflammation that permanently destroys follicles
- Steroid injections into the scalp help reduce inflammation and slow progression
- Goal = preserve remaining hair, not regrow lost hair

1. Infections causing hair loss

- Fungal (most common)
- Bacterial
- Viral



Treatment- Topical and Or Anti-Fungals, Antibiotics, and Antivirals

SPECIAL PROMO:

--Through April 24, 2026--

Reference this newsletter to receive a **FREE hair loss consultation with Dr. Sieveking** so that he can determine the best treatment plan for you.

Schedule FREE Consult

STAY TUNED!

Be on the lookout for next week's newsletter, "*Protect Your Power: The Role of Mitochondria in Health and Longevity.*"

[Newsletter Archives](#)



**Sieveling Plastic Surgery &
MoreGlow Med Spa**

1200 Old Hillsboro Rd., B2,
Franklin, TN 37069
info@sievelingplasticsurgery.co
m
615-321-1010

Ageless Solutions
615-678-7784

[Unsubscribe](#)