



MAGNOLIA FUNCTIONAL WELLNESS

PRP Hair Restoration in DFW

What Works After Finasteride and Minoxidil Stop Being Enough

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TL;DR PRP hair restoration works through a fundamentally different mechanism than finasteride or minoxidil — delivering concentrated growth factors that directly activate dormant follicles rather than blocking DHT or extending the anagen phase. For patients who've stabilized their loss on medication but aren't seeing the regrowth they hoped for, PRP is the biologically rational next step. At Magnolia, every treatment uses the EmCyte PurePRP SP system (90% platelet recovery, 8-16x concentration) combined with microneedling — the protocol the evidence supports — plus a baseline evaluation for hormonal and nutritional contributors that most hair restoration clinics never run. Dr. Abdullah evaluates every patient personally and performs or directly supervises every treatment.

The Patient PRP Is Actually Best Suited For

The patients I see most often for PRP hair restoration aren't people who've tried nothing. They're people who've been on finasteride or minoxidil — sometimes both — for a year or two, stabilized their loss, but aren't seeing the regrowth they hoped for. They're doing everything right pharmacologically and they want to know what's next.

That's the patient PRP is best suited for: someone who's addressed the hormonal driver of hair loss with medication and wants to add a regenerative stimulus that works through a completely different mechanism. PRP doesn't block DHT or extend the anagen phase — it delivers concentrated growth factors that directly activate dormant follicles. The mechanisms are additive. Combining PRP with medication consistently produces better outcomes than either alone.

The second patient I see regularly is someone in early to moderate androgenetic alopecia who wants to be proactive before the loss becomes significant. PRP is substantially more effective at stimulating follicles that still have biological activity than at recovering follicles that have been dormant for years. Starting earlier produces better outcomes — and that's worth knowing before someone waits until the loss is advanced to ask about options.

PRP works through a different mechanism than finasteride or minoxidil — and the effects are additive.

Finasteride blocks DHT. Minoxidil extends the anagen phase. PRP delivers concentrated growth factors that directly stimulate follicular stem cells through pathways neither medication engages. Multiple clinical studies show combination therapy producing superior outcomes to medication alone. If you've stabilized your loss but aren't seeing regrowth, PRP addresses a different part of the biology.

Why Magnolia Combines PRP With Microneedling

PRP for hair restoration can be delivered as scalp injections alone, or combined with microneedling. At Magnolia, we use the combined protocol on every treatment — not as an upgrade, as the standard. The specific clinical rationale:

Microneedling creates controlled microchannels in the scalp dermis that do two things simultaneously: they trigger the body's wound healing response — independently stimulating growth factor release and follicular activity — and they dramatically improve PRP distribution through the scalp tissue. Multiple comparative studies show the combined protocol producing superior outcomes to PRP injection alone in both hair count and hair thickness measures.

Microneedling also activates Wnt/ β -catenin signaling in follicular stem cells — a pathway implicated in follicle regeneration that PRP alone doesn't fully engage. The combined protocol is more biologically comprehensive. It's included at Magnolia because the evidence supports it, not because it adds to the invoice.

Why Most PRP Hair Restoration in DFW Underperforms

Failure 1: Subtherapeutic concentration from standard medspa systems

Standard centrifuge systems produce 3-5x platelet concentration. The clinical literature on PRP for hair restoration is largely built on preparations achieving 5x or higher, with better outcomes consistently associated with higher concentrations. Magnolia uses EmCyte PurePRP SP: 90% recovery, 8-16x concentration, ~11 billion platelets per treatment. When a patient says PRP didn't work at another clinic, that's the first question — and most of the time, neither patient nor clinic knows what system was used.

Failure 2: PRP without microneedling

PRP injection alone is the standard protocol at most hair restoration clinics. The combined PRP plus microneedling protocol produces superior outcomes in comparative studies — more hair growth, greater density, more durable results. At Magnolia, microneedling is included in every treatment.

Failure 3: No evaluation of hormonal and nutritional contributors

Hair loss in women is frequently multifactorial. Thyroid dysfunction, iron deficiency, low ferritin, zinc deficiency, and hormonal imbalance all contribute independently of DHT. A clinic that administers PRP without evaluating whether a treatable underlying contributor is driving the loss is treating the symptom without asking about the cause. At Magnolia, new patients receive a baseline evaluation including thyroid panel, ferritin, iron studies, zinc, and hormonal assessment where appropriate.

Failure 4: Treating advanced loss where follicular activity is insufficient

PRP stimulates follicles that still have biological activity. It can't recover follicles replaced by scar tissue. A clinic that offers PRP to a patient with advanced alopecia without assessing follicular viability is setting the patient up for wasted investment. At Magnolia, the initial evaluation includes hair loss staging and realistic outcome expectations before any treatment is scheduled.

Failure 5: No physician involved in evaluation or treatment

Hair loss evaluation requires ruling out medical causes — thyroid disease, anemia, nutritional deficiency, hormonal imbalance — before attributing loss to androgenetic alopecia. That's a physician-level evaluation. At Magnolia, Dr. Abdullah evaluates every patient and performs or directly supervises every treatment.

The Magnolia PRP Hair Restoration Protocol: Specifically What We Do

Baseline evaluation before treatment. Thyroid panel, ferritin, iron studies, zinc, and hormonal assessment where indicated. Treating a contributing deficiency is part of a complete protocol — not optional.

EmCyte PurePRP SP system exclusively. 90% platelet recovery, 8-16x concentration, ~11 billion platelets per treatment.

PRP plus microneedling on every treatment. The combined protocol. Included as standard — not an upgrade.

Standard series of 3 treatments spaced 4-6 weeks apart. Evidence-based induction protocol. Maintenance every 4-6 months to sustain results.

Coordination with existing medical therapy. For patients on finasteride or minoxidil, PRP is additive. For appropriate new patients, Dr. Abdullah discusses whether pharmacological management makes sense as part of a comprehensive approach.

Dr. Abdullah performs or directly supervises every treatment. Physician-level evaluation and treatment decision. Treated that way at Magnolia.

Frequently Asked Questions

I'm already on finasteride and minoxidil. Will PRP actually add anything?

Yes — this is the patient PRP is best suited for. The mechanisms are additive. Multiple studies show combination therapy producing superior outcomes to medication alone. If you've stabilized your loss but aren't seeing the regrowth you hoped for, PRP addresses a different part of the biology.

How many treatments will I need?

Standard induction is 3 treatments spaced 4-6 weeks apart. Most patients notice reduced shedding and improved texture after the first or second treatment, with visible density improvement over 3-6 months. Maintenance every 4-6 months to sustain results.

How long before I see results?

Most patients notice reduced shedding within 4-6 weeks. Visible density improvement typically develops over 3-6 months, with peak results at 6-12 months after completing the series. Patience is required — this is a biological process, not a cosmetic procedure with immediate results.

I had PRP at another clinic and it didn't work. Why would Magnolia be different?

The most common reasons: subtherapeutic concentration from a standard system, no microneedling, no evaluation of underlying contributors, or starting at a stage where follicular activity was insufficient. The evaluation at Magnolia identifies which factors apply before any treatment is administered.

Does PRP work for women's hair loss as well as men's?

Yes — and the comprehensive evaluation approach is particularly valuable for women, whose hair loss is more frequently multifactorial. Women with hair loss driven by hormonal imbalance, thyroid dysfunction, or nutritional deficiency who receive PRP alongside treatment of the underlying cause see substantially better outcomes.

References & Further Reading

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2. Gupta AK, Carviel JL. Meta-Analytical Comparison of PRP With 5% Minoxidil and Dutasteride for Androgenetic Alopecia. *J Am Acad Dermatol.* 2019;81(5):1261-1263. PMID 31059734
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4. Shah KB, et al. Microneedling with PRP Plus Topical Minoxidil Versus Topical Minoxidil Alone in Androgenetic Alopecia. *Int J Trichology.* 2017;9(1):14-18. PMID 28442874
5. Magnolia Functional Wellness — PRP Hair Restoration: magnoliafunctionalwellness.com/services/prp-hair-restoration-southlake-tx

Medication stabilized your loss. PRP can help take it further.

PRP Hair Restoration at Magnolia Functional Wellness — Southlake, TX

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