

Health: Hope Sprouts Eternal

A guide to what's available now to cure baldness—and what's on the horizon

By Karen Springen
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Feb. 9 issue - Ken Washenik, 44, uses every available weapon in his battle against baldness. More than 15 years ago he started rubbing Rogaine onto his scalp twice a day. Five years ago he added the pill Propecia to his daily regimen. And over the last two years he's relocated 2,200 follicles from the back of his head to the sparser region on top. His next step? Washenik, a New York University dermatologist who recently took over as medical director of the hair-transplant company Bosley, is tackling the holy grail of hair loss: trying to figure out how to clone the cells responsible for hair growth.

OK, so curing baldness won't save lives. But it will undoubtedly ease the emotional suffering of millions. Each year, those 80 million follicularly challenged men and women pour \$2 billion into the quest for the magic pill, medical procedure—or at least the perfect wig, says Chris Webb, editor of *The National Hair Journal*. Tip Sheet offers a guide to what's available now—and what's on the horizon:

MEDICATIONS. Buyer beware: so far, the FDA has approved only two antibaldness medications: minoxidil, sold over the counter as Rogaine, for both men and women, and finasteride, a prescription pill sold as Propecia, for men only. Both drugs are pricey: a year's supply of Rogaine costs about \$200, Propecia about \$720—and, like other baldness treatments, they're not covered by insurance. For best results, many men have combined both drugs. Check the North American Hair Research Society's Web site (nahrs.org) for more information.

TRANSPLANTS. The good news is that surgery no longer means obvious plugs: clumps of 15 to 20 hairs replanted like a cabbage patch. Today doctors can move hairs like blades of grass—one to four follicles at a time. Each year 100,000 Americans opt for the procedure, which typically costs about \$6,000 and requires a local anesthetic. But don't expect miracles: you'll probably still look as if you have thinning hair. "There's no way we can create a hairline like when [you] were 12," says Robert Leonard, past president of the International Society of Hair Restoration Surgery (ishrs.org).

CLONING. For patients with truly shiny pates, there may not be enough hair on the sides of their heads to cover what they've lost up top. "It's basically taking from Peter to pay Paul," says Duke University dermatologist Elise Olsen. With cloning, there would be an unlimited supply. Even the genetically blessed could thicken their tresses with regenerated cells—a surgical alternative to hair extensions. "There would not be a theoretical limit other than space on your scalp," says Washenik, who hopes to clone follicles within five years, though other doctors say the technology is farther away. Hurdles include making sure the cloned hairs match the originals in color, texture and direction of growth.

GENE THERAPY. No one knows how long it will take, but someday doctors hope to be able to manipulate the genes that cause hair loss. Unfortunately, there's more than one gene involved. "Male-pattern hair loss is what we call a complex-trait disease," says Columbia University geneticist Angela Christiano, who has discovered three baldness genes so far.

COVER-UPS. Americans still spend about \$600 million on semipermanent hairpieces that bind to your natural hair and need to be adjusted every three to six weeks as your own hair grows. In the meantime, men might consider simply accepting their fate. As celebrities like Vin Diesel and Michael Jordan have shown, bald can be beautiful.

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