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INTERVIEW

Dr. Proctor Has Achieved an Unprecedented 80% Success Rate in Balding Patients with this Unique, Patented Hair Growth Formula!

Life Extension Magazine (LEM) recently asked Dr. Proctor to answer some frequently asked questions about hair loss, baldness and the treatment of these conditions. Here are his answers.

LEM: Who should be concerned about hair loss and balding?

Dr. P: Many people over the age of 40 has already suffered significant hair loss caused by aging or disease, even if they think they still have a full head of hair. Persons below 30 should be especially concerned with hair loss if baldness runs in their family, or if they begin to notice the signs of Male Pattern Baldness.

LEM: What are the signs of Male Pattern Baldness?

Dr. P: Hair loss in a "pattern" typically beginning with recession in front and a bald patch in the back.

LEM: When is the best time to start treatment for hair loss or baldness?

Dr. P: The best time is as soon as possible after you notice any of the signs of hair loss. Before you notice any signs of hair loss, you might want to use shampoo that contains Polysorbate 60 and Polysorbate 80. If you're really concerned about preventing hair loss, you should use our single-agent Hair Regrowth Formula.

LEM: Have your formulas proved successful in totally bald persons?

Dr. P: No. With the partial exception of Alopecia Areata, where we have sometimes gotten pretty substantial regrowth of hair.

LEM: How important are anti-androgens in the treatment of the balding process?

Dr. P: Anti-androgens prevent the action of the hormones which initiate the balding process. Apparently, we were the first to use antiandrogens with hair growth stimulators and so can speak with some authority. For example, the Upjohn Corporation had a European patent (WO 92/0959) turned down in this area because of our "prior art" (WO A8700427) patent.

Every five years or so, some new anti-androgen will be touted as the "ultimate solution for balding". Unfortunately, these never seem to work out. Thus, clinical trials with Cyoctal, a potent topical anti-androgen, were terminated because of poor effectiveness.

Apparently, balding is only partly an androgen problem. In fact, the primary follicle damage may be immunologically-mediated. Thus, anti-androgens work very poorly alone. However, they do make hair-growth-stimulators work much better and may prevent tolerance.

Researchers developed the most recent anti-androgen, Proscar, because more powerful agents such as spironolactone (the one we use) are too potent to use orally. The idea is that the most important androgen for balding and prostate enlargement is DHT, while such side effects as breast growth are due to blockage of other androgens. Block DHT production alone and you might minimize the side-effects. This does work some, but Proscar is not entirely free of side-effects, nor does it work very well. Also, it is not topically effective. Currently, I prefer to use topical spironolactone because of its minimal side-effects and better effectiveness.

LEM: What evidence is there that balding is immunologically-mediated?

Dr. P: First, organ transplant drugs like cyclosporine reverse balding. They are too toxic for cosmetic purposes, but some new



ones have just been patented listing hair loss as one application.

Second, under the microscope the balding hair follicle looks like organ rejection. Finally, researchers have discovered antibodies to the hair follicle.

LEM: How do you keep current in hair-loss treatment research?

Dr. P: Because of the commercial applications, most new agents show up in the patent literature years before the medical literature. At last count, there were over forty U.S. patents and several hundred foreign patents covering hair-loss. Because of the expense and hassle of a patent, you can reasonably assume that it must work...at least in some young people. We're always being asked about this or that agent. If it is in the medical or patent literature, we probably know about it. We are always trying out new things.

LEM: How does your research program compare to those of the major drug companies?

Dr. P: Patent application dates, which have great legal importance, indicate we are several years ahead. Similarly, patents filed on our discoveries by later inventors have reaffirmed them. For example-to our dismay-the large Japanese drug company recently got a Japanese hair-growth patent using phenytoin, our invention. Likewise, the U.S. patent office just issued patents for hair growth using peptides with superoxide dismutase (SODase)/radical scavenging activity to the Procyte Corp. and to Proctor and Gamble. In the late 70s, we discovered this effect, using SODase to treat diabetic rats at Baylor College of Medicine. In fact, well before anyone else we applied for patents covering essentially all agents with this and related activity.

European patents (e.g. EPO 89300785.6) have been granted allowing these broad claims. Conversely, the U.S. patent office originally thought our claims too broad for a single patent. But when we reapplied for patents on every compound, they were granted.

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