

**DR RAGHDA ELGHAZAWY**

Dr Raghda is a fully qualified GP and advanced aesthetic doctor with over 15 years of medical experience specialising in natural refined results using industry leading technology.

At her practice Dr Raghda created tailored treatment plans that honour her clients' individuality. Working with safe, evidence based techniques delivered in a discreet and welcoming setting.

Managing perimenopausal hair loss

EXPLORING THE HOLISTIC MANAGEMENT OF PERIMENOPAUSAL HAIR LOSS COMPOUNDED BY RAPID WEIGHT LOSS, COMBINING MEDICAL ASSESSMENT WITH EXOSOME-BASED REGENERATIVE THERAPY

Hair loss in midlife women is an increasingly common yet often under-recognised clinical concern. The perimenopausal transition is characterised by fluctuating and ultimately declining oestrogen levels, alongside relative androgen predominance, metabolic change, and heightened physiological stress. Together, these factors can significantly disrupt normal hair follicle cycling, leading to diffuse thinning, reduced hair calibre, and increased shedding.¹⁻³

Unlike scarring alopecias, perimenopausal hair loss is most frequently non-scarring and potentially reversible, particularly when addressed early and through a multifactorial lens. However, it is rarely driven by a single mechanism. Hormonal instability may shorten the anagen phase, while concurrent triggers – such as nutritional depletion, thyroid dysfunction, psychosocial stress, or rapid weight loss – can precipitate or exacerbate telogen effluvium.⁴⁻⁶

In recent years, the use of GLP-1 receptor agonists for weight management has added a further dimension to this clinical picture. Rapid or significant weight loss is a well-documented trigger for telogen effluvium, mediated by abrupt changes in energy balance, micronutrient availability, and systemic stress signalling.^{7,8} When this occurs against a background of perimenopausal hormonal fluctuation, the cumulative impact on hair density and patient wellbeing can be profound.

Beyond the biological effects, hair loss during perimenopause carries a disproportionate psychological burden. For many women, it coincides with broader changes in body composition, skin quality, mood, and identity, amplifying anxiety around ageing and loss of control.⁹ A purely cosmetic or single-modality approach is therefore often insufficient. Instead, a GP-led, holistic management strategy – integrating medical

assessment, lifestyle optimisation, and targeted regenerative support – offers a more appropriate framework.

Emerging regenerative therapies, including exosome-based treatments, aim to support hair recovery by modulating the follicular microenvironment rather than suppressing hormonal pathways. By influencing inflammation, stem cell signalling, and anagen maintenance, these approaches may be particularly suited to hormonally influenced yet non-destructive hair loss patterns seen in perimenopausal women.¹⁰⁻¹²

This case study explores the use of a structured, holistic, GP-led approach incorporating Purasomes HSC50+ Hair and Scalp Complex as part of the management of perimenopausal hair loss compounded by rapid weight loss, highlighting both clinical outcomes and patient-reported impact.

Patient Profile

Age: 40

Gender: Female

Relevant Medical History:

Perimenopausal symptoms which have contributed to hair loss.

Primary concern: Thinning hair around the temples and parting following the pattern of female pattern baldness.

The patient presented with progressive diffuse scalp hair thinning, increased daily shedding, and visible scalp show-through, particularly across the crown and frontal scalp. She reported that hair loss began during perimenopause and accelerated following significant weight loss while using Mounjaro.

She described increased hair fall during washing and brushing, alongside a perceived reduction in hair strength and diameter. These changes caused significant distress and anxiety, with concerns that the hair loss might be permanent.



INITIAL ASSESSMENTS AND CLINICAL FINDINGS



Clinical history and examination were consistent with multifactorial, non-scarring alopecia, driven by perimenopausal hormonal fluctuation and compounded by telogen effluvium secondary to rapid weight loss and metabolic stress.

There were no clinical features suggestive of scarring alopecia, alopecia areata, or inflammatory scalp disease. Follicular ostia were preserved, and the pattern and timeline supported a high likelihood of reversibility with early intervention.^{13,14}

Treatment Planning and rationale

A whole-body, GP-led approach was adopted, recognising the interplay between systemic health and follicular function.

MEDICAL OPTIMISATION

Blood tests were arranged to assess iron/ferritin, vitamin D, vitamin B12, and thyroid function, with correction planned where indicated. No deficiencies were identified.¹⁵⁻¹⁷

ADJUNCTIVE SCALP AND LIFESTYLE MEASURES

- Caffeine-based shampoo to support scalp circulation
- Intermittent ketoconazole shampoo to reduce subclinical scalp inflammation
- Daily multivitamin supplementation during the recovery phase.

MEDICAL OPTIMISATION

Conservative monitoring, topical therapies, microneedling, and regenerative injectables were discussed. Given the patient's preference to avoid hormonal or systemic therapies, a non-hormonal regenerative approach was selected. Exosome therapy was chosen to support follicular signalling while internal contributors were addressed concurrently.

Purasomes HSC50+ Hair and Scalp Complex was selected for its hair-specific

regenerative focus, designed to support follicular recovery in diffuse, non-scarring hair loss where follicles remain viable but functionally impaired. In these cases, hair loss reflects disruption of the follicular microenvironment and signalling rather than irreversible follicular damage.¹⁰⁻¹²

The formulation utilises patented AMPLEX technology, derived from ethically sourced bovine colostrum, and contains bioactive secretomes comprising 20 growth factors, approximately 20 billion exosomes, and more than 250 bioactive elements. Delivered to the scalp, these components are intended to support paracrine signalling, cellular communication, and regulation of the hair growth cycle within the superficial dermal and follicular environment.¹⁰



Clinical research associated with Purasomes HSC50+ reports a 177% increase in proliferation index, 115% increase in IGF-1 production, and 500% increase in miRNA-31 expression, alongside reductions in scalp redness and transepidermal water loss over four weeks. These markers are recognised contributors to follicular activity, hair cycling, and scalp barrier integrity.¹⁰⁻¹²

In this case, Purasomes HSC50+ was delivered via microneedling-assisted application, facilitating uniform scalp distribution and complementing the wider GP-led strategy addressing systemic contributors to hair loss. There were 3 sessions of soft-touch cautery: at week 0, session 1; at week 12, session 2 and at week 18, session 3.

Treatment Protocol

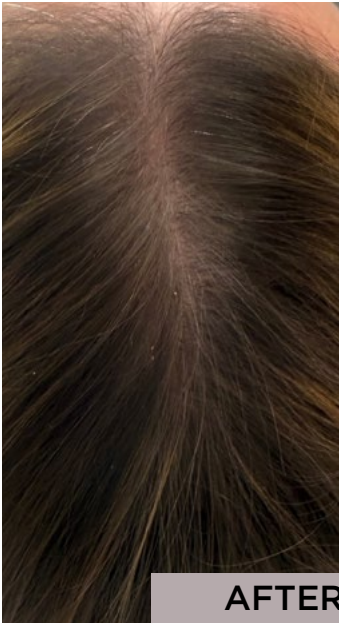
GP LED PLAN

THE PATIENT HAS COMPLETED

- **Number of sessions:** 3
- **Interval:** One session every 3 weeks
- **Treatment area:** Diffuse thinning across the crown and frontal scalp
- **Delivery technique:** microneedling across the affected scalp to create controlled microchannels within the superficial dermal environment. This technique was selected to support local microcirculation, stimulate regenerative signalling pathways, and facilitate even distribution and uptake of exosomal and growth factor components.^{10,17,18}



BEFORE



AFTER



BEFORE



AFTER

All treatments were performed under strict aseptic conditions. Post-treatment advice included avoiding hair washing for 24 hours, avoiding excessive heat, sweating, or scalp irritation for 48 hours, and continuing the recommended scalp care regimen. The patient was also advised to continue multivitamin supplementation.

Reassurance was provided regarding expected timelines, including initial reduction in shedding prior to visible regrowth.

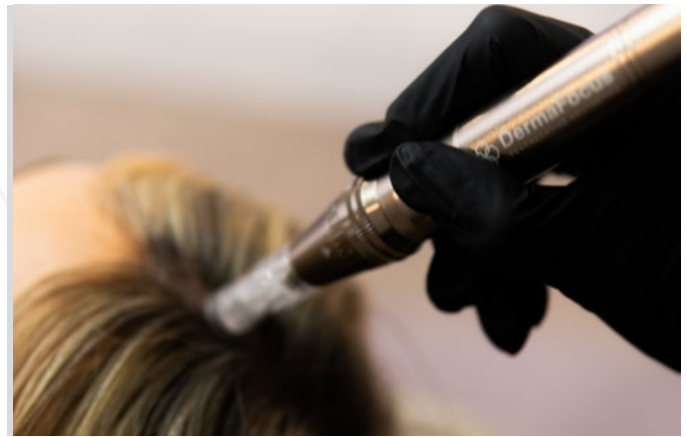
Patient perspective: The patient reported an early reduction in daily hair shedding within the first treatment cycles, followed by gradual improvements in hair strength, texture and perceived density over subsequent months. She noted increased confidence and reduced anxiety around the risk of permanent hair loss.

PATIENT PERSEPCTIVE (CONTINUED)

She said,

“I was really worried that my hair loss was permanent, especially with perimenopause and after losing weight. Having a doctor take a whole-body approach and not just focus on my scalp was very reassuring. The shedding reduced first, and over time my hair has felt stronger and fuller. I finally feel hopeful again.”

Clinical assessment



On review, there was visible improvement in scalp coverage and hair calibre, particularly across the crown and frontal scalp. Findings were consistent with improved follicular activity and re-entry into anagen, progressing in line with normal hair growth physiology rather than acute cosmetic change.

Overall, results were incremental and aligned with the expected timeline for recovery in non-scarring, hormonally and stress-related hair loss.

The patient will continue to be monitored with ongoing assessment of scalp health and hair density. Maintenance treatments may be considered if required. Continued optimisation of nutritional status, hormonal health, and lifestyle factors remains central to long-term management.



Discussion

Perimenopausal hair loss is frequently multifactorial, reflecting the combined effects of hormonal fluctuation, metabolic stress and disruption of follicular signalling rather than irreversible follicular damage. This case illustrates the value of a GP-led, holistic approach, integrating medical assessment and optimisation with targeted regenerative scalp support.

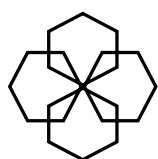
The incorporation of Purasomes HSC50+ Hair and Scalp Complex, delivered via microneedling, formed part of a broader management strategy aimed at restoring the follicular microenvironment and supporting

physiological hair cycling, without reliance on hormonal manipulation or surgical intervention.

Importantly, outcomes in this case were progressive rather than immediate, aligning with normal hair growth biology and reinforcing the importance of expectation management and longitudinal follow-up. For appropriately selected patients, regenerative, non-hormonal therapies may offer a valuable adjunct within comprehensive hair loss management during the perimenopausal transition.

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