PrimeSpan

Is this normal?

Shedding, thinning, and how to tell which one you are looking at.

Losing 50 to 100 hairs a day is ordinary.[1] Counting hairs is miserable, and it does not work. Two questions are more useful than any count: has the amount changed **for me**, and for **how long**?

Shedding versus thinning

These two words get used as if they meant the same thing. They don't, and the difference decides almost everything that follows.

	Shedding	Thinning
What you notice	More hair in the drain, on the pillow, in the brush. Often quite sudden.	A wider part, a slimmer ponytail, scalp showing under bright light. Usually gradual.
What is happening	More follicles than usual have switched to resting and are letting go together.	Follicles on top of the scalp are slowly shrinking and growing finer, shorter hairs.
Usual name	Telogen effluvium	Female pattern hair loss
Usual course	Often stops on its own. Fullness tends to return within six to nine months once the trigger has passed.[2]	Slowly progressive unless treated.[3]

Three checks you can do tonight

1. The part photo. Stand in the same spot, in the same light, with dry hair parted down the middle. Hold your phone above your head and photograph the part. This is your baseline. You will take the same picture once a month.

2. The ponytail check. Is your ponytail thinner than it used to be? It is a simple question, and a useful one, because women tend to underestimate their own hair loss.[4]

3. The timeline. Think back to the two to four months **before** the shedding began. A fever or illness, an operation, a baby, rapid weight loss, a new medicine, a period of severe stress? Shedding usually trails its trigger by a few months, which is exactly why the cause is so often missed.[2]

Don't wait on these

See a doctor soon, and a dermatologist if you can, when any of these apply.

- Your **hairline is moving back** at the front or the temples, or your **eyebrows are thinning**. This can signal a scarring type of hair loss in which early treatment matters.[5]
- Your scalp **burns, hurts or itches** persistently, or looks red, scaly, shiny or scarred.[5]
- You have **smooth, round bald patches**, or hair is coming out **suddenly and in clumps**.
- Hair loss arrives with **new facial hair, severe acne or periods that have become irregular or stopped**,[3] or with tiredness, weight change, feeling cold or other signs that you are unwell.

What actually works?

Five of the twenty options in the book, rated on the same scale.

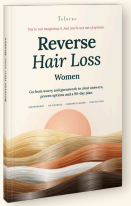
One question: how good is the evidence that it helps **pattern hair loss in women**?

Option	Evidence in women	Who funded the key studies	The bottom line
Minoxidil on the scalp 2% or 5%	●●●● Best proven	Trials · Review	The most-recommended treatment. About 26 in 100 report moderate or better regrowth, against 14 in 100 on placebo.[6] Works only while you use it. Not in pregnancy or breastfeeding.[7]
Low-dose oral minoxidil prescription, off-label	●●●○ Promising	Trial · Safety study	Similar to the lotion in one small trial.[8] Extra facial or body hair is common.[8] A placebo-controlled trial of a new extended-release tablet reports in 2027.[9] Not in pregnancy or breastfeeding.
Finasteride 1 mg	●○○○ Shown not to help	Industry	No better than placebo in postmenopausal women.[10] The NHS says women should not use it.[1] Not in pregnancy.
Laser cap or comb	●●○○ Thin	Trials · Review	Hair counts rose in the makers' trials.[11] By the women's own report, no more effective than a dummy device.[6]
Biotin without a deficiency	●○○○ Unproven	Review · Regulator warning	No trial shows a benefit without a deficiency.[12] High doses interfere with blood tests.[13]

●●●● Best proven ●●●○ Promising ●●○○ Thin ●○○○ Unproven ●○○○ Shown not to help

Your diagnosis. Every rating above assumes pattern hair loss. If your problem is shedding after a trigger, none of these is the treatment. Time, food and fixing the trigger are.

The other 15 are rated in the full guide, among them spironolactone, PRP injections, microneedling, HRT, iron and vitamin D, branded supplement blends, rosemary oil and caffeine shampoo.



You have just read 2 pages of 115.

- The four patterns of hair loss, and how to tell which is yours
- The blood tests to ask for, and what to say at your appointment
- All 20 options rated, with who paid for the proof
- Your first 90 days, step by step, with printable worksheets

Get the full guide at primespan.health/hair

SOURCES FOR THIS EXCERPT, EACH TAGGED BY WHO FUNDED IT

1 NHS. Hair loss. Reviewed January 2024. Official source 2 American Academy of Dermatology. Hair loss or hair shedding? Official source 3 Yip L, Sinclair R. Female pattern hair loss. DermNet. Official source 4 Sinclair R. *Medicine Today* 2012;13(10):53–55. Funding not listed 5 Singh D, Oakley A. Frontal fibrosing alopecia. DermNet. Official source 6 van Zuuren EJ et al. *Cochrane Database Syst Rev* 2016;(5). Independent 7 American Academy of Dermatology. Female pattern hair loss. Official source 8 Ramos PM et al. *J Am Acad Dermatol* 2020;82:252–253. Mixed 9 Veradermics. Second-quarter 2026 results, 11 August 2026. Industry 10 Price VH et al. *J Am Acad Dermatol* 2000;43:768–776. Industry 11 Jimenez JJ et al. *Am J Clin Dermatol* 2014;15:115–127. Industry 12 Guo EL, Katta R. *Dermatol Pract Concept* 2017;7(1):1–10. Independent 13 US FDA. Biotin may interfere with lab tests. Updated 2019. Official source

Excerpt from *Reverse Hair Loss: Women* (PrimeSpan, 2026 edition; 110 sources). This is information, not medical advice. It cannot examine or diagnose you, and you should not start, stop or change a prescribed medicine because of it. Prepared with AI assistance from the published sources listed; not reviewed by a medical professional. © 2026 PrimeSpan. You are welcome to share this excerpt unchanged.