

# New Hair Institute News

## Your Hair & Your Heart

The greater the hair loss on the top of a man's head, the higher his risk of having heart problems, according to researchers who have confirmed previous studies linking baldness with heart disease.

The new report, published in January 2000, says men who are losing hair on the crown of their heads have up to 36 percent greater risk of heart problems, including heart attacks and bypass surgery. Study findings when comparing men with hair loss to men with no hair loss are as follows:

1. Men whose crowns were completely bald had a 36 percent greater risk of having a coronary event, such as a

heart attack, angina, or heart surgery including angioplasty or bypass surgery.

2. Men with frontal baldness had a 9 percent greater risk of coronary heart disease.

3. Men with mild balding of the crown were at 23 percent higher risk.

4. Men with moderate crown balding had a 32 percent greater risk.

Balding men with high cholesterol levels had almost three times the risk for heart disease when compared to men with a full head of hair who also had high cholesterol. Men with receding hairlines are not at increased risk.

Of course, hair transplants into the balding area do not

change a patient's risk factors for heart disease, but those going bald in the crown should pay special attention to their blood pressure and cholesterol levels and should lead healthy lifestyles.

"It's similar to having a family history for a disease. You can't alter your family history or your baldness, but

there are many ways to modify your risk factors," said JoAnn Manson, one of the study's authors and chief of preventive medicine at Women's Hospital in Boston.

Manson's study appears in the Archives of Internal Medicine, a publication of Chicago-based American

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"Don't take chances with your hair transplant!"  
says Dr. William Rassman as he jumps off a mountain in



## Propecia, Viagra, Your Hair & Your...

When Merck's drug Propecia was introduced two years ago for the prevention and treatment of hair loss, many of our patients were aware of possible side effects of Propecia, that it might reduce the sexual drive in some men. We frequently prescribe Propecia for the treatment of hair loss. Therefore, patients commonly discuss sexual issues with us.

During the consultation, it is helpful to explain the difference between sex drive

(desire) and sexual ability (to achieve and sustain an erect penis). Viagra works when three factors are in play:

1. A man is sexually underperforming relative to his desire;
2. his libido is strong and;
3. he is involved in thoughts or actions involving sex or sex play.

Without desire, Viagra will fail to work. It also will have little or no effect on 20% of the men who can sustain repeated erections and repeat performances, without assis-

tance.

Viagra has some drawbacks. It was originally developed as a treatment for high blood pressure; therefore, it may drop one's blood pressure a few notches. For individuals with heart disease or clogged arteries, a lower blood pressure may reduce the blood flow to vital organs like the heart and brain, increasing the risk of stroke, heart attacks or sudden death. Viagra requires a doctor's prescription so that risk of such side effects will be assessed.

Propecia may increase the

sexual drive in up to 10% of men (it actually increases the testosterone level by 9%). However, even though a man's interest in sex increases, the penis may be incapable of keeping up with the man's libido (desire). That is where Viagra may help. It may bring the body to the level where the brain wants it to perform.

On the other hand, Propecia is also known to reduce the sexual desire in 1-2% of men. In this situation, without the drive, an erection will not occur, even with the use

## Propecia

of Viagra. If sex drive is reduced by Propecia, the drug can be stopped, or the dosage reduced, and the sexual desire will return to its original level within a few weeks.

Early results of clinical research in progress suggest that Viagra may have value in women who have problems with lubrication or in achieving orgasms. Your family doctor or gynecologist can best address these issues with you.

### Your Hair

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Medical Association. The study, co-authored by several doctors in Boston, analyzed baldness patterns of 22,000 male doctors who were 40 to 84 years old when enrolled in the Physician's Health Study.

The Associated Press and Reuters contributed to this report.

A test exists which can accurately determine if you have heart disease well before an electrocardiogram: Ultrafast CT. If you would like more information or to speak with a consultant, call Heart Check America at 800-NEW-TEST. An information package including a video will be sent to you. Heart Check America will extend a \$50 discount on your test with this newsletter.

Heart Check America has test sites in Los Angeles, CA, Pittsburg, PA, and Chicago, IL.

Dr. Rassman has a financial interest in Heart Check America.

## The NHI Experience

### *Art & Science*

Jeremy visited our office last week after attending one of our educational seminars. He was concerned that he did not really understand what he would look like after a hair transplant. He had been bald for years and could not imagine what the man in the mirror that he saw every morning would look like with hair. He had done extensive analysis of our articles and brought with him a mathematical model in a valiant attempt to solve this problem. He asked me to help him put the mathematics into a picture defining what he would look like.

I smiled and responded: "The math is important, but you still need to do more!" At the seminar, he met 10 patients with New Hair Institute's follicular unit transplantats who had been relatively bald before their respective procedures. The results looked good to him and made him comfortable – at least with the concept of getting a hair transplant.

"Now go back and imagine yourself in your bathroom, looking at the man in the mirror," I said. "What you see is a canvas, waiting to be painted with hair. It is the artist who paints on that canvas and evolves it into what you want. The artist, the surgeon, first envisions and then outlines what he is going to do - and then does it."

With spontaneous emotion he interrupted me. "And he

better not mess it up because you can't throw my canvas out if he screws it up!"

"Precisely," I said. "There is only one shot to do it right!"

In our publications, we discuss the science of repairs and the advantage of getting it right the first time. Although grafts can be removed, redistributed and camouflaged, one's head cannot be returned to "normal" when the hair transplant is done improperly. Every bit as important is that donor hair is wasted when put in the wrong place, so even when corrected the total amount of hair is less than if it were done properly to begin with. And there is additional wasting of hair when surgery is done without microscopic dissection. To successfully camouflage improper work, it takes more hair, more surgeries and more expense than if the transplant were done right the first time.

I then asked: "What did you think of the results of the patients you met at the seminar?"

He responded: "Yes, they all looked great, but my concern is that they are not me. I am having a problem seeing myself at the end of the process. Can you help me a bit more?"

I replied: "Think of the artist Rembrandt, the great portrait painter of the 1600's. What would you do to make the decision as to who would

paint your portrait? Would you go to him and ask him for a mathematical analysis of his proposed portrait of you? No, you would ask him to show you the last 10 paintings he did. It is highly likely that the quality of those paintings will be the quality of your portrait. If you did not like what you saw, you would go to another painter, but if you did like the work, then you would have reasonable confidence in his skills and be comfortable to precede."

I ended saying: "You saw 10 patients at our open house last week. If you like the doctor on a personal level, if you feel that he is honest, if you believe that he understands your goals and is clear in how he will go about achieving them, then the decision is easier. Few patients want surprises - that is the point of our open house process."

Perhaps we should be known as the No Surprise Institute!

This article is based upon an actual conversation between Dr. Rassman and a prospective patient. Names have been changed to respect confidentiality.

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new  
web-site!**

**newhair.com**

*updated monthly*