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JULY/AUGUST 1995

# Men's Health

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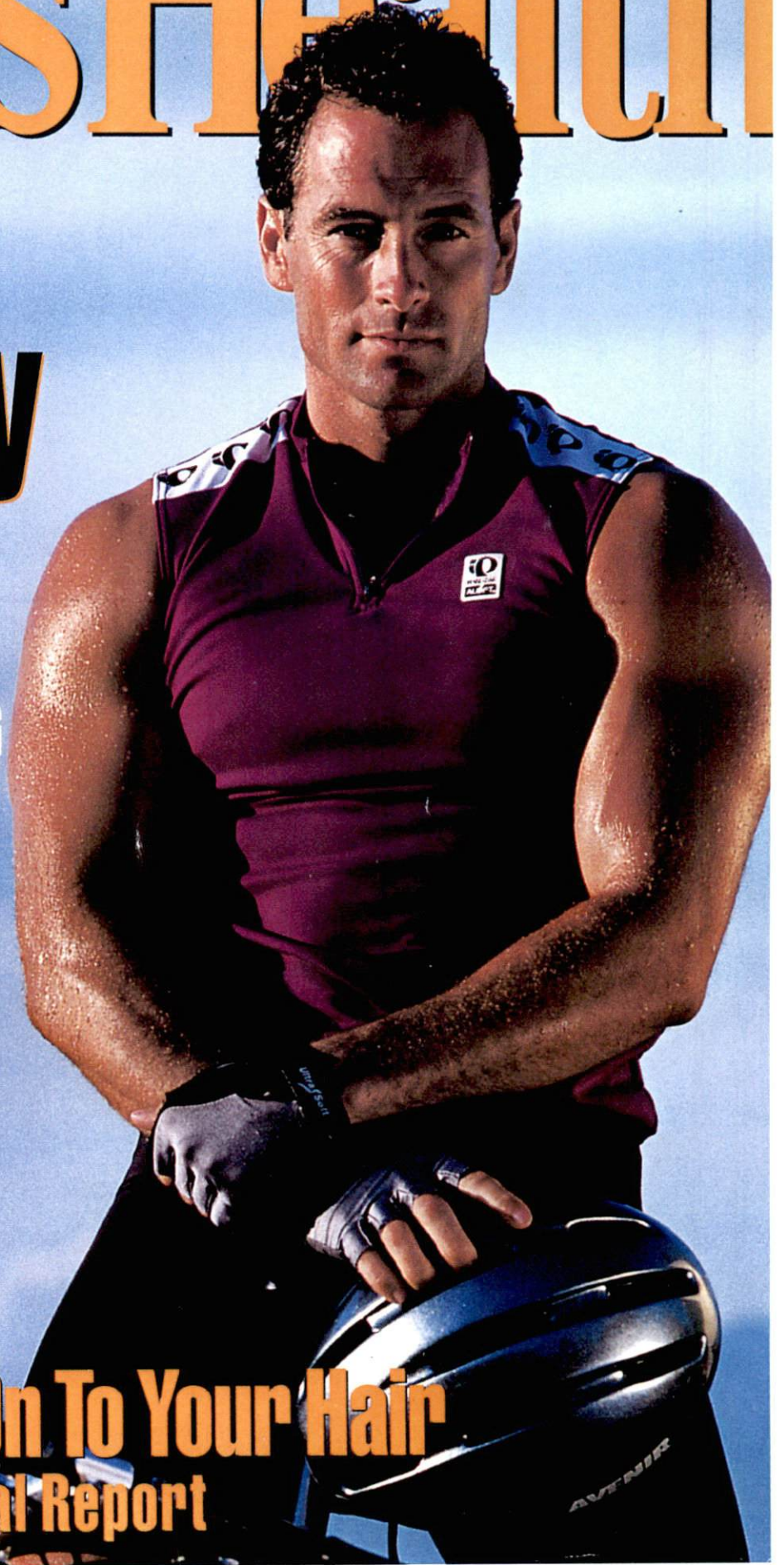
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MEN'S HEALTH  
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## Hold On To Your Hair

### A Special Report

*They say you've got a problem. They say they've got a cure. But before you risk your looks and your savings account on a hair transplant, read this. By Chris Byron*

IMAGINE UNDERGOING SURGERY AT THE HANDS OF A physician who practiced his technique by carving up fruit in a hotel room. Or paying up to \$100,000 for a medically dangerous procedure that involves implanting other people's hair into your scalp. Or going the cheap route, maybe \$3,500 or less, and having your scalp cut open in the back room of a beauty salon by a doctor who's not even licensed to practice medicine in your state.

Welcome to the booming new field—or maybe we should say *minefield*—of hair transplants for men, perhaps the fastest-growing area in all of cosmetic surgery. More than 50,000 transplants will be performed this year, a fourfold increase since 1985. The procedures generally involve moving parts of a man's scalp, sometimes in tiny, single-hair pieces, sometimes in big chunks, from one part of his head to another in order to hide his balding areas. With the first advance scouts of America's 35 million baby-boom males now at or ap-

proaching 50 years of age, demand for hair transplants is expected to soar in the years ahead. And as a result, the quacks and charlatans have come calling.

transplant. They're just there for a weekend of superficial learning, then it's off to start performing transplants. The work some of these people do is just frightful."

You can see a bad hair transplant almost anywhere you look these days. It only slightly overstates the case to say that you can spot some of the bungled jobs from the Hubble Space Telescope. You know the kind: the one on the head of the poor chump who stood in front of you on the elevator the other day with tufts of hair sticking out through scabby welts on his head. Or the man with the crisscross scarring plainly visible through the hair-depleted "donor" area at the back of the head. Or the 50-year-old guy with the unnaturally straight, doll-like hairline.

Yet as common as these procedures are, the topic of hair transplants is almost entirely missing from the American discourse on medicine. While the consequences of botched breast enhancements and liposuction for women are splashed all over the media (along with the requisite tracts on how these debacles are all the fault of male-dominated society), there isn't any national outcry over what's happening to the heads of balding men. The reason is that when it comes to male taboos, hair transplants are right up there with impotence and wives with eyes for other guys. Frankly, a man has to be rather insecure to allow someone to surgically alter his scalp to add a little hair; he's not going to want to compound his humiliation and embarrassment by making a public commotion over the fact that the job turned out to be a mess.

Instead, the hapless victim of a mangled transplant is more likely to respond by beginning a silent and desperate search for cosmetic surgery's answer to Dr. Goodbar—that elusive transplant surgeon able to "naturalize" a corn-row hairline or remove the

scarring from a badly executed scalp reduction.

One such pilgrim, a Hollywood movie executive who agreed to be interviewed for this story if we didn't identify him—we'll call him Alan Smithee—recounts a nearly decade-long saga of stumbling from one transplant surgeon to the next in hopes of finding someone able to reverse the scarring created by each previous doctor. "It's a vicious circle," he says. "Once you start, you can't stop."

Smithee's troubles began in the mid-1980s: "I was 28 and starting to lose my hair. I was very concerned about it." He decided to consult with a Beverly Hills hair clinic operated by a prominent transplant surgeon. "I went to see them and they told me about all these stars who come in there, and they said I'd need about \$1,500 and that we should start right away. I really didn't understand it, but I figured if I did this I wouldn't have to worry about losing my hair anymore. It was like preventive medicine."

Unfortunately, says Smithee, after the bandages came off and the

# Hair Raising

proaching 50 years of age, demand for hair transplants is expected to soar in the years ahead. And as a result, the quacks and charlatans have come calling.

"This is an extremely lucrative area of medicine," says S. Randolph Waldman, M.D., who heads the Center for Facial Plastic and Reconstructive Surgery in Lexington, Kentucky. "Profits aren't hampered by health-insurance cost controls, since insurance doesn't cover transplants anyway. All sorts of physicians from fields that *are* being squeezed are rushing into the business, and most of them don't know the first thing about any surgery, let alone transplant surgery."

Adds Gary Hitzig, M.D., a New York surgeon who has been performing hair transplants since 1975, "I've been going to conferences on transplants for nearly 20 years. Five years ago, it was normal to see 20 or 30 people turn up for one. These days it's not uncommon to see 400 to 500 other physicians show up. The trouble is, two-thirds of them don't have the slightest idea in the world how to perform a

scabs fell away, he started to develop what's called *cobblestoning*, permanent bumps under the skin that result when grafts aren't placed deeply enough. Soon his frontal hairline looked like two rows of bumps out of which were growing two rows of corn. So what did Smithee do? He started going to *other* hair-transplant clinics, looking for ways to hide or obscure the damage that had already been done. Finally he found a doctor who offered to

longer than the hair on the top of the head. Move it to the top and it will take root and grow there, too.

Transplant technology has come a long way since it was first used. As recently as 15 to 20 years ago, the standard transplant technique was to extract dime-sized plugs of hair from the back of the scalp, then insert the plugs into cored-out openings in the balding area. These days, physicians use far more precision, sometimes even employing the microsurgical tools that were originally developed to reat-

**T**here are good doctors out there," says S. Randolph Waldman, M.D., head of the Center for Facial Plastic and Reconstructive Surgery in Lexington, Kentucky. "But the public needs to determine who is bad and who is good. And we haven't given them the tools to do that."

tach tiny veins in severed limbs. They are transplanting minute grafts—some only a single hair follicle—to create a somewhat less artificial hairline.

But because the grafts are so small, the surgeon performing the transplant needs more artistic skill and hand-eye coordination than ever to achieve even passable results.

Even in the hands of the best transplant surgeons, the immediate aftermath of an operation is enough to send a man hat-shopping. For starters, after being transplanted, the hairs go into shock and fall out, leaving only the root behind—each root covered over by an ugly brown scab. After a week or two, the scabs fall off, and after about a month more, a new hair starts to grow. Know how a newly seeded lawn looks—with that green fuzz starting to stick out through the dirt? That's sort of what your head will look like for quite a while following a transplant session: scabs to fuzz.

And one session is rarely the end of it. Responsible surgeons will tell you that no more than 250 or so grafts should be transplanted in a typical two- to three-hour session, but even a moderately balding man may need as many as 1,000 grafts. In other words, he'll be going back every three months for as long as a year, sometimes more, before the job is finished. And during the whole of that time, he'll either be wearing baseball caps a lot or the whole world is going to know that he's had a transplant—which sort of defeats the original idea.

There are several other transplant techniques also in current use, but all have potentially greater drawbacks. There's the so-called *scalp reduction*, which basically consists of a face-lift for the top of your head. A patch of bald skin is cut from the crown of the head, then the edges are sewn together—a procedure that in effect "lifts" the hairy sides and back of the scalp higher on the head, reducing the bald area

take all the transplants out . . . for \$3,500. Says Smithee, "I'm, like, 35 hundred bucks? Gimme the damn scalpel, I'll do it myself."

As a result of his attempts to reverse his disfigurement, the big bumps on Smithee's scalp are now accompanied by a matching series of little bumps. "I've got this whole constellation of bumps on my head," he says. "I look like Elmer Fudd after Bugs Bunny hit him."

If he shaved his head today, Smithee's naked scalp would be a road map of scar tracings, as if he'd been in some ghastly auto accident. "I was just so stupid," he laments. "Why didn't I just leave things as they were?" So what's he doing now? What else—being stupid some more. "My wife said, 'Oh, God, not again,'" says Smithee. "But I told her, 'I've got to. I don't have a choice.'"

**C**LOSE TO 60 YEARS HAVE now passed since the invention of the transplant. Until the 1950s, the process was used mainly by physicians in Japan, who found that women could improve the line of their eyebrows with hair transplanted from the back of their heads. In the 1950s, the technique of transplanting hair follicles was adopted and modified by American physicians who saw it as a way to camouflage male-pattern-baldness problems. By the late 1970s, the hair transplant was being promoted as the cosmetic surgery "breakthrough" that would eradicate baldness.

The theory of this entire procedure is that the hair on the back of the head is genetically programmed to stay healthy and alive far

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**If you suffer from hair loss, Joe Weider has one word of advice...**

**"Bosley"**

Joe Weider is the founder of Bosley Medical Institute, a leading hair restoration center. He has helped thousands of men and women regain their hair.

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**CARVING A NICHE:** A physician practices his surgical technique on a honeydew melon during a one-day seminar on hair transplants. Surgery and salesmanship often go together at such events; one prominent surgeon's "school" offers doctors tips from his "accomplished marketing team."

accordingly. Of course, when the sides of the scalp are lifted, everything else is, too; that can leave a man looking as though he's had an indiscriminate, all-over face-lift.

It gets worse. Unfortunately, skin has a tendency to stretch, says **Ivan Cohen, M.D., a Fairfield, Connecticut, transplant surgeon and assistant clinical instructor of dermatology at Yale.** In time it can sag back to where it once was, and could leave the man bald again or facing a surgical redo.

This is what real-estate mogul Donald Trump could well face at some point in the future. According to the biography *Lost Tycoon*, by Harry Hurt III, Trump underwent a scalp reduction as part of a transplant operation a couple of years back and almost immediately seemed to sense that he had made a mistake. He came home in a rage and screamed at his then-wife, Ivana, "Your f---ing doctor has ruined me!"

Finding someone to perform a transplant is as simple as responding to an advertisement in the back of a magazine. The United States has no federal laws governing the nationwide licensing of physicians, and in general, any M.D. can legally proclaim himself a specialist in almost anything he wants. This is clearly an area where the law has not kept pace with actual practice.

**T**HE RULES AND REGULATIONS set by the medical establishment aren't much better. Hair transplantation is not a board-certified specialty, which means there are no specific qualifications within the field to determine whether a physician is competent in transplant techniques or not.

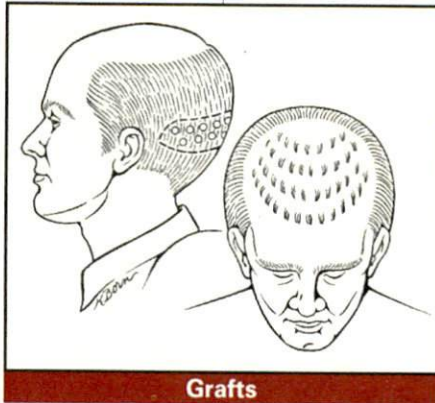
The American Society for Dermatologic Surgery, the American Academy of Facial Plastic and Reconstructive Surgery and the American Society of Plastic and Reconstructive Surgeons all have seats in the AMA's prestigious House of Delegates—and all list hair transplants as being something their members do. But only the AAFPRS has developed guidelines requiring physicians to have specific skills in transplantation. Dr. Waldman is concerned about this lack of quality control in the field. "There are good doctors out there," he says. "But the public needs to determine who is bad and who is good. And we haven't given them the tools to do that."

Some doctors have been learning transplant techniques in the most bizarre ways imaginable. In 1993, 35 physicians from around the country gathered at a Pittsburgh hotel to take a one-day "seminar" in transplant techniques from a Pennsylvania physician named Dominic Brandy. The workshop consisted of lessons on how to

# Graft and Coverups

*They claim transplants can restore your hair to its youthful glory. But what, exactly, are they planning to do to you?*

There are three basic procedures currently used to try to create the illusion of a full head of hair; most transplants involve a combination of two or more of these methods. For a man in the advanced stages of balding, nothing worthwhile at all can be accomplished in a single session. You're looking at two, three, or more procedures, each with its own risks, from infection to an unsatisfactory aesthetic result. Here is exactly what transplant techniques involve.



Grafts

**Grafts.** This is the least risky procedure, with complications arising in less than 1 percent of patients. In the operation, extremely small grafts—ranging from eight hairs (mini-grafts) down to one hair (micros)—are transplanted from the donor area on the back of the scalp to the balding area.

The price of both procedures is basically the same, anywhere from \$10 to \$30 per graft. But since micros have only a fraction as many hairs in them as do minis, they're more expensive on a per-hair basis, so their use is usually restricted to the frontal half-inch or so of a person's hairline, where a natural appearance is most important. Mini-grafts can be used to fill in the area behind the micros. Three or four sessions, over 18 months, can cost anywhere from \$10,000 to \$30,000. These procedures, however, cannot restore your original hairline and thickness. With luck, you'll instead look like a person with merely thinning hair instead of someone who is already bald.

**Flaps.** There are two basic types of flap surgeries. One involves cutting out a chunk of scalp from each side of the head behind the temples, suturing the wounds, then rotating the flaps forward to create a new frontal hairline. The second, called a "free flap," requires the surgeon to remove entirely a section of scalp from the back or side of your head and replant it on top. Both methods allow for hundreds of follicles to be relocated at once.

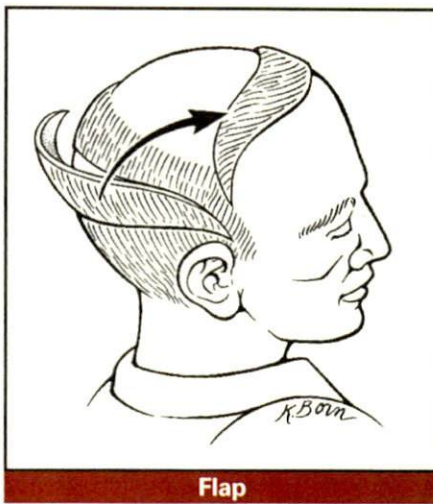
However, the flap doesn't always take root; you may end up with scars at the temples and a big ugly mess on your forehead. Even if the procedure does work, you'll still need grafts to hide the scarring along the hairline, and maybe at the temples as well. **Transplant surgeon Ivan Cohen, M.D., cautions that flaps are a higher-risk procedure than grafts.** An official at the Dr. Dominic Brandy group in Pittsburgh, which performs rotational flap surgery, says that 1 in 20 patients undergoing flap

transplants winds up with necrosis, or dead skin areas within the flaps.

## Scalp Reductions and Hair-Lifts.

These two procedures attempt to reduce the balding area by literally cutting out some of the bald skin and throwing it away. After that, the wound is sutured closed—a step that automatically pulls the fringe of existing hair on the sides and rear of the scalp higher on the head.

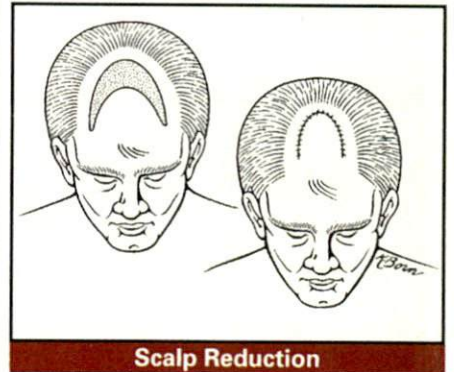
A scalp reduction is the smaller-scale procedure, normally used to reduce yarmulke-sized (or smaller) bald spots. Such a procedure might typically last 30 minutes. Afterward, mini-grafts can be used to fill in any existing bald areas. The Bosley Medical Institute performs scalp reductions—which



Flap

it terms Male Pattern Reductions—on large numbers of the patients who visit the clinic. It charges \$2,100 for each session, not counting the additional grafts.

By contrast, a hair-lift is a mega-scalp-reduction that's designed to reduce the balding region for men who are almost totally bald on top by moving the entire scalp up and forward. A hair-lift operation can take two to three hours and require the patient to avoid exercise or other vigorous activity for several weeks thereafter. The Brandy group charges \$5,000 to \$7,500 for each hair-lift session, and patients may require several sessions, spread over three to six months. After



Scalp Reduction

all that, they'll still need some flap surgery or grafting for a hairline.

As you can imagine, there are dangers inherent in these surgeries. By stretching the scalp in the fringe and donor areas, both hair-lifts and scalp reductions inevitably have the effect of thinning out the density of the hair itself. Many transplant physicians warn that scalp reductions lead to a phenomenon known as *stretch back*, in which scar tissue widens at the point of the wound's closure, eventually creating a new bald spot that can't be covered. The Brandy group says it avoids this problem with hair-lifts by literally tying the two sides of the scalp together with long sutures under the scalp that stay in the head for several months until the healing is complete.

But there's another problem: As you continue to age, you continue to bald. So while you may have filled in your original bald spot, it continues to expand, potentially leaving you with a tuft of hair at the top of your head and a ring of bald scalp around it.

make scalpel incisions in the tops of honeydew melons with faces drawn on them. The *Pittsburgh Post-Gazette* quoted a San Diego dermatologist as saying of his melon's rind, "It actually feels like a scalp."

Look at any major men's magazine in America today and you'll probably find advertisements for hair-transplant clinics. (This magazine is an exception. We do not accept them.) Many of the doctors who advertise identify themselves as the founders or heads of this or that "institute." There's the Beverly Hills Institute of Aesthetic and Reconstructive Surgery; the Peterson Medical Institute in Santa Monica; the Texas Hair Institute in Dallas and Houston; and many others.

But before you consider responding to an ad, be aware that many centers are little more than hair-transplant mills, profiting from a volume business that turns invasive surgery into what amounts to an assembly-line consumer product. In many of them, you'll first talk to a member of their sales team, who'll extol the virtues of their technique and urge you to sign up for surgery, *before you've even met with a physician.*

The Chicago-based American Hair Loss Council, a trade group that represents both hair-transplant surgeons and the cosmetic-products side of the industry, cautions would-be customers to be wary of such an approach. "Consult with the physician, *not a salesman,*" advises one of the group's publications.

**B**UT SALES IS WHERE THE EMPHASIS LIES. Take for example one of the largest of these transplant mills, the Bosley Medical Group. Its headquarters occupies the top three floors of an office building in Beverly Hills; in addition, there are 20 regional offices from Seattle to Atlanta.

Anyone who answers a Bosley ad gets deluged with sales material. For starters, there's a glossy, four-color promotional kit featuring lots of before-and-after pictures of hairlines, along with snippets of advice on the shortcomings of toupees, hair weaves and products such as Rogaine. Then there's the slickly produced videotape that extols the wonders of Bosley transplants.

The 15-minute video is called *The Thinking Man's Guide to Hair Restoration*. In fact, the tape is more like a cable-TV infomercial, offering little solid medical information but lots of testimonials from men who say their lives were turned around after they discovered Dr. Bosley.

Although the beginning of the video carries a disclaimer and does admit that "results may vary," the rest of the tape is designed to get you to forget that caution as you're swept away by the thought of growing a new head of permanent hair—just like the guys on the tape. "Here at Bosley Medical Group, we've developed techniques so that we're able to restore a head of hair that is virtually impossible to detect," says Dr. Bosley.

Wherever you are in America, the name of the game at Bosley is to get you to one of the group's offices for a free consultation—conducted not by a doctor, as the video promises, but by a "senior medical assistant" who, by the way, has no medical training. "The term is a little bit deceiving," concedes one spokesperson from Bosley's Beverly

Hills office. To help potential clients over the tough spots (like, say, money) the institute even includes a 15 percent discount on its eventual fees to help offset the cost of your airfare. After you receive your package of information in the mail, there will be weeks and even months of phone calls from salesmen urging you to book a date for that free consultation and come on out.

The institute's big selling point in its ads and promotional packet is, of course, L. Lee Bosley, M.D., himself, who is described as a pioneer of hair transplant science. On the tape, Bosley lays claim to the invention of Micrografts. (The Bosley Medical Group even holds a registered Service Mark on the word. But the folks over at Dominic A. Brandy, M.D. & Associates say that a Finnish doctor by the name of Nordström was the first to use this term.) Among Bosley's other listed credits: invention of the so-called scalp-reduction technique.

But with so many offices in the group, and transplant operations going on constantly, the chances are indeed slim that a patient at the institute will ever even meet Dr. Bosley, let alone have him perform the actual transplant. A representative in the Minneapolis office, who would give his name only as "John," said that a patient could get Dr. Bosley himself to do the job—but it would cost "three times as much." The work of performing transplants is mostly left to a staff of underlings, called "Group Associated Physicians." To Bosley's credit, he employs experienced doctors with specialties in either surgery or dermatology. But in a field where individual skill is paramount, this would seem the bare minimum acceptable credential for Dr. Bosley's stand-ins.

And just how good your particular surgeon will be is difficult to tell. You can look at photos of hair transplants performed by the Bosley group, but the organization won't show you exactly which ones were done by your doctor. "[We] don't keep portfolios of any work a particular doctor does," said the spokesperson from the Beverly Hills office. "That's because each doctor does literally thousands of these in a year." A Bosley doctor will perform five or six of these procedures in a typical day, the spokesperson said. (Remember, the surgeons we spoke to said that two to three hours was the time needed to do just a minimal transplant correctly.)

Dr. Bosley advertises a lot and runs a high-overhead operation, which may explain why his patients pay about \$2,100 for a plain vanilla scalp reduction and \$32 per graft for actual transplants. For a man in his mid-40s with significantly thinning hair, a complete transplant can easily run to well over \$20,000.

The Dominic Brandy organization charges less—roughly \$10 to \$15 per graft, according to a spokesperson—but Dr. Brandy has only one office, so his expenses are lower. However, he also sends out a four-color brochure to those who phone the 800 number in his ads, and even throws in his own slickly produced videotape. You'd be wise to double-check the information in the mailing, though. His literature touts Dr. Brandy as having "bylined" numerous articles for magazines such as *Men's Health*, even enclosing a photo of the magazine's cover. In reality, his involvement with *Men's Health* amounts to three brief quotes in a 1989 article on baldness—a rather

(continued on page 112)

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