

modified
Banned

Posts: 5,121
Threads: 191
Joined: Jul 2015

05-07-2016, 09:34 PM (This post was last modified: 05-08-2016, 12:00 AM by modified.)

#1

Numerous safe, effective treatments now exist for balding. In most cases, balding can now be completely stopped. In some cases it can be reversed and entirely cured. If you start good treatments for hairloss at an NW1-2, there is no reason in your lifetime to ever end up a NW7. Some of us can likely maintain NW0 for life.

A lot of guys on here seem to still be suffering from balding. I went through a rough patch with it myself, during which I had to spend a lot of time reading and experimenting to find a final solution which has worked for me. I feel like I did enough reading/work I could write a Masters thesis on the subject.

People have asked me a lot on here about hair treatments. So I thought rather than try to answer everyone individually, I would write a single post summarizing everything I think people should know.

The main point that people may find useful is I will explain how I mix and apply my own RU58841/minoxidil solution. It takes a bit of effort though, and there are easier approaches to start with (eg. Fin/dut, rogain foam), so I will talk about all these methods to an extent and that might help people decide what is best for them.

I will also talk a bit about how hair loss happens to begin with.

BASICS OF HAIR LOSS

In order to stop and reverse hair loss, it is important to first have to understand how it happens. Hair on the top of the head in most men is sensitive to androgens. The primary androgens are dihydrotestosterone (DHT) and testosterone. DHT is made from testosterone by an enzyme called 5-alpha reductase. DHT is generally most important in puberty. After that its primary known effects are hair loss and enlarging prostates (why old guys have trouble peeing).

Both DHT and testosterone can bind to hair follicles, but DHT binds much more powerfully. Synthetic androgens like tren and winstrol, etc. can bind as powerfully as DHT or more.

When androgens bind to hair follicles, they trigger the follicles to begin miniaturizing. The average hair cycle is around 5 years. Once they start suffering androgen damage, follicles will start growing for shorter and shorter cycles, and with thinner and thinner diameter, until eventually they stop growing altogether.

How this happens on a biochemical level is still being learned. Newest research shows it is mediated by changes in prostaglandins (messenger molecules) in the scalp. Good prostaglandins which promote hair growth get downregulated. Bad prostaglandins which promote inflammation and hair damage get upregulated. The scalp becomes toxic to the hair follicles, and the follicles die. This is where the 'prostaglandin protocol' comes from.

So in summary:

- Androgens trigger the cascade.
- Good prostaglandins get downregulated.
- Bad prostaglandins get upregulated.
- Inflammation occurs.
- Inflammation and hostile environment causes hair to miniaturize and fall out.
- Hair stem cells go quiet or die off.

Knowing that this is how the process works allows us to understand that there are at least a few levels at which hair loss can be fixed.

ANTI-ANDROGENS

The absolute most important part of any hair loss treatment is anti-androgenic therapy. Androgens are the root cause of hair loss in genetically susceptible men. If you are not doing something effective to block androgens, you are fighting a losing battle.

Finasteride & Dutasteride

Both fin and dut are 5-alpha reductase inhibitors. I.e. They inhibit the enzyme which turns testosterone into DHT. By blocking the production of DHT, they reduce the damage to the hair considerably, and in most people that's actually enough to stabilize the hair for a decade or more. Even with no DHT in your system, plain testosterone can still bind the follicles, which is why hair loss may still very gradually progress with these agents.

Finasteride 1 mg daily usually decreases DHT by 70%. Dutasteride 0.5 mg daily reduces DHT by over 95%. The cheapest way to get finasteride is to buy 5 mg tablets and cut them into quarters (1.25 mg daily).

Studies show significant regrowth on both by 6 months, and max regrowth by 1 year. Dutasteride generally results in 50% greater hair regrowth by one year vs fin. So if you want the best result, try dut, but with slightly higher side effects possibly due to the greater DHT reduction.

Side effects on both according to SCIENTIFIC PLACEBO-CONTROLLED LITERATURE are minimal, mild, and reversible. In studies, both people taking the meds and people taking placebo had sexual side effects. Placebo is strong. Don't underestimate it. I don't have the exact numbers as I am not interested in going back to the studies to find them. But it was roughly only about 2-3% more guys on the meds than on placebos had sexual side effects. So the sexual side effect rate is ~2-3% for both meds i.e. pretty minimal. As I said, in all scientific studies, this has been 100% reversible. One study I read suggested a 1/200 (0.5%) risk of gynecomastia with these meds, but another did not confirm it.

Notice I have specified SCIENTIFIC PLACEBO-CONTROLLED LITERATURE. I have no interest in debating or basing my decisions in life on what people anecdotally say on Internet forums. There are a lot of crazy people in this world. That is why science exists. There is no science to support claims like "I took one pill of finasteride and it ruined my life!" These meds have been tested and studied extensively. Both fin and dut have been prescribed to millions of men for many years for enlarged prostates and still found safe. You can make up your own decision. Like I said, I don't care to debate it.

In my opinion, anyone losing their hair should start by trying fin or dut. They are simple and easy. Finasteride 1-1.25 mg will work for 90% of men. Dutasteride 0.5 mg works for >95% of men.

In my case, these meds didn't work for me for an unknown reason. I tried brand versions of both. I even went up to 2.5 mg daily dutasteride (5x the usual dose) and my DHT levels didn't drop at all. There are a few other people online reporting this. But it seems to be freakishly rare. Some form of genetic resistance to how they work I think. If you want to be sure the med is doing what it is supposed to, check your DHT level before and after starting. You should see a major drop while on the medication.

Then give it a year, and see what your hair looks like. If you're anything like 90-95% of men, it will be the same or better.

RU58841

RU58841 is my favorite hair loss compound in existence. It has been a life saver to me. It worked for me when fin & dut didn't. I have been on it 5 months and it has been incredible for me. I am growing back steadily from a NW2. The entire area of balding at each corner/temple is covered with fuzz, and little by little the hairs there are becoming terminal. My density on top went from ~80% full to back to 95%+ full density (perfect or near perfect to my eyes).

RU58841 has numerous drawbacks however. It is more complicated to use and use safely. If you want to get the best result, you will have to mix it yourself. It takes a bit of work to get all the stuff you need to do this. And there is no long term safety data. This is why I still suggest everyone should start with fin/dut first. However, if you're not afraid of a little learning/work at the start, using RU becomes a pretty simple routine. It takes me 5 minutes a day to mix and apply. And it is absolutely effective.

How RU58841 works:

RU58841 is an experimental anti-androgen developed in the 1990s for anti-acne and anti-hair loss topical applications.

It is one of the most powerful anti-androgen molecules out there. It binds directly to the androgen receptors in the skin and hair and BLOCKS them so that no other androgen can bind. In this way, it can block both testosterone and DHT from damaging hair. It can also theoretically block synthetic androgens like tren/winstrol/etc. though how well it blocks these synthetic androgens has never been studied.

RU58841 is related in structure/function to powerful anti-androgens like flutamide, which are usually used as tablets to fight androgen-sensitive diseases like prostate cancer. A drug like flutamide will functionally neuter you when you take it orally. RU58841 is about as strong, but with unique differences that makes it useful for skin/hair use.

First of all, when used on the skin, very little RU gets absorbed in the body. Second, and most importantly, of what does get absorbed, *99% gets broken down instantly into inert molecules with no effect on the body*. Only 1% of the breakdown product acts as a systemic anti-androgen.

Based on the amount a typical user will apply for the scalp, how little absorbs, and how little of what absorbs has any biological effect, it would be almost impossible to experience any side effects on RU58841. If you do claim to get sides, I'd bet they're placebo effect. I have never noticed any side effects from RU, no matter how much I use.

Why can't I buy RU58841 in stores?

The rights to RU58841 have traded hands between a bunch of pharmaceutical companies over the years. None of them have brought it to market. Over all this time, it has also never had big published human studies. All of this is because RU58841 is not commercially viable.

The first reason it is not commercially viable is it is not stable in solution long term. Once it's mixed into a liquid form, it begins to break down. No one knows how quickly as it was never published. But most say it should be mixed at most 1-3 weeks in advance of use. This means it would go bad too quickly sitting on a shelf in a pharmacy waiting to be sold. Kane says you can go up to a few months but I wouldn't do this.

The second and bigger reason RU58841 will never be commercially viable is it could be theoretically dangerous to pregnant women or children. As a topical anti-androgen, it could be transferred to children or a pregnant woman, ie. if they were running their hands through your hair (or if you did and didn't wash your hands after). Most likely it wouldn't damage a child or baby's development from such small transfers, since anything that gets absorbed into their bodies will also be 99% broken down and inert. But if a wife had a retarded baby, there would be no way to prove it wasn't from the husband's RU, and the company selling it would be sued to oblivion.

So there will never be a commercial form of RU58841. No legit company will take that risk.

To avoid the risk of transfer to others, I never touch my hair once it's in. If I do, I wash my hands with soap and water. No one touches my hair. I'd suggest the same precautions if you're using it. Be extra careful if you're around pregnant women.

As far as your own safety is concerned, like I said, there are no long term studies on RU58841. No safety issues were found in the animal studies or limited human studies that were done that I am aware of. But without proper research, it's technically a gamble. I'm comfortable with that knowing what I know about how it works and what it is. But that's your decision again for you.

Personally, I know I'd fucking kill myself if I went bald, so that's not even an option. Given that fin and dut failed me, and RU is working beautifully, I intend to be on RU for life.

How to use RU58841:

Given the stability concerns about RU58841 when premixed, as well as cost and lack of customizability of solutions when buying premixed, I prefer to make my own solution. However, if you'd like to try it more simply to start, premixed solutions are available from Kane. You'll see as I explain how I mix RU, how I also incorporate minoxidil and azelaic acid. I'll briefly cover the mechanisms of action and rationale for minoxidil and azelaic acid later.

Things I use for mixing my RU solutions:

- Dipropylene glycol - easy to buy online. You can also use propylene glycol, but dipropylene glycol is gentler on the skin. So that's what I've always used. lotioncrafter.com sells it cheap as do lots of other sites.
- 95% ethanol (eg. Everclear). This will be used with dipropylene glycol to make the solvent. Can be bought from places that sell 95% Everclear. Otherwise can be bought from chemical supply stores. You can say it is for making fragrances.
- A jewelry scale. Available on ebay for \$10.
- RU58841 powder. I buy from Kane. Not cheap but worth every penny. Good customer service so far.
- Minoxidil powder. Can be bought on ebay at \$60 for 50 grams which will last forever. Search 'minoxidil powder'..
- Azelaic acid. Optional. Can also be bought on ebay. Search 'azelaic acid powder'.
- 100 mL tinted glass bottles. Also available on ebay for a few dollars from China. Search '100 mL tinted glass bottle'.
- 1-2 mL eye dropper. I use the eye dropper I got from a bottle of Spectral DNC because it has mL graduations on it. But you can buy plastic/glass ones on ebay again for a few dollars. Search 'eye dropper'.
- Mini Measure shot glass. Search ebay for 'mini measure shot glass'.
- Smidgen measuring spoon. Search ebay for 'smidgen measuring spoon'.
- Mini funnel. Search ebay for 'mini funnel'.

Mixing it up:

The first step is to mix up some solvent. I just do this approximately. It doesn't have to be perfect. Pour 20 mL of dipropylene glycol into the mini measure shot glass. Pour this into your 100 mL tinted glass bottle (using the

funnel). Then measure 30 mL of ethanol in the shot glass, and also pour this also into your 100 mL tinted bottle. You now have 50 mL of 60/40 ethanol/dipropylene-glycol solution. If you want more, repeat this process once more into the same bottle and you have 100 mL which will last almost 2 months.

Use your pipette and draw up ~2 mL of the 60/40 solvent. Put it in the shot glass. You will be mixing your day's application in this shot glass in this way each day.

A dose of 100 mg RU58841 daily works well for me and seems to be generally accepted. You can go as low as 50 mg if you're lucky. I have been going up to around 125-150 mg daily since I got back on roids just to be safe. One flat smidgen spoon of RU58841 works out to almost exactly 50 mg. When I started I would measure by mg on the jewelery scale. Now I just take 2-3 flat smidgens of RU58841 and know that's close enough.

Same goes for measuring the minoxidil. 50-100 mg minoxidil will do the trick. One-two flat smidgens are good enough. Ditto again for azelaic acid if you are using it too.

Dump all those flat smidgen scoops (or measured amounts) of your powders into the shot glass containing 2 mL solvent. Swirl it to mix. Letting it sit 5-10 minutes often helps. You may find with the amounts I listed it doesn't all dissolve and you still have some white powder floating in the shot glass. I do this on purpose. That way it guarantees the solvent is fully saturated, also you can still apply that undissolved powder to your scalp when you apply it, so you're only getting more of everything which is good.

Next once it is fully mixed, use the dropper to draw up ~0.25 mL of solution at a time and apply to scalp, one area at a time. Rub it in each time to spread it around. You'll want to make sure you especially get the frontal hairline, temples, corners, and crown. I find 2 mL is just enough to get a good coverage. If you want to be sure you are covering well enough, 2.5 mL is good too. I am using that more lately on roids.

Wash your hands and you are done.

So on a day to day basis, once you have your stuff set up, it's as simple as:

- Put 2 - 2.5 mL solvent into shot glass
- Add 2 flat smidgens RU, 2 flat smidgens minox, 1-2 flat smidgens azelaic acid.
- Swirl and leave sitting a few minutes.
- Apply to scalp.

As I said, it takes me ~5 minutes per day, and has not only stopped but is reversing my hair loss when dut and fin failed.

(con't)

Find

Reply

05-07-2016, 09:36 PM (This post was last modified: 05-07-2016, 09:48 PM by modified.)

#2

PROSTAGLANDIN ANALOGS

As stated at the beginning of the post, androgens start the cascade, but prostaglandins work as intermediaries to actually cause hair growth or loss. Therefore compounds that work through prostaglandin pathways can complement antiandrogens to get better results. This is the basis for Swiss Temples' now well known "prostaglandin protocol".

Minoxidil

Minoxidil is the most important of the prostaglandin acting compounds. It works by increasing healthy prostaglandins in the scalp. For standard isolated minoxidil use (ie. Over the counter), you want Rogaine foam 5% or a generic form. Applying once or twice a day will do the trick.

Some people say minoxidil causes bloating, wrinkles, and bags under the eyes. I haven't noticed anything of that sort. Before you let fear-mongering scare you off minoxidil, keep in mind minoxidil is the only PROVEN growth stimulant in big trials and in combination with fin/dut, it has been proven to do even better than any of these treatments alone.

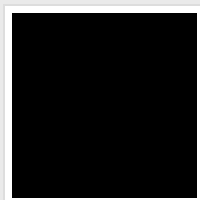
I look at it like this:

- Antiandrogens like fin/dut/RU turn off the red light.
- Minox turns on the green light.

Winning combination.

Castor oil

Castor oil's primary component is ricinoleic acid which activates one prostaglandin receptor favorable for promoting hair growth. So there actually is a basis to suggest castor oil will work. The problem with castor oil is it is slick/sticky as fuck and will make you look like a wet rat. It takes up to 2-3 showers to get out of your hair, so I wouldn't recommend it at all.



modified
Banned

Posts: 5,121
Threads: 191
Joined: Jul 2015

Swiss Temples even takes this shit orally (1/4 teaspoon per day I think) which I tried for a while, but holy shit it gives you diarrhea and cramps. And I didn't notice any hair differences. So I stopped both topically and orally. Give it a try if you like though. In my opinion there are much better options.

Nizoral

Nizoral shampoo is now thought to also work as a mild prostaglandin stimulator. I used it for years and maybe it helped slowing things down. However, I stopped bothering with this shit completely once I started mixing my own stuff. I figure it can't probably be that effective as you only apply it for 5 minutes at a time. I wouldn't bother with it again. Better options exist.

OTHER APPROACHES

Azelaic acid

No one knows exactly how azelaic acid works to promote hair growth. It's not really proven to be too effective either. But it's used as an anti-acne agent and has been known to increase collagen production, so it can't hurt you. Some people say it works as a mild 5-alpha reductase inhibitor. I'm not sure, but I use it anyway in my solution as above. Partly I use it for the pro-collagen effect because I figure if minoxidil truly is bad for my collagen, this should counteract its negative effects and even that out.

Dermneedling

Needling the scalp works to stimulate stem cells and increase hair regeneration. Swiss Temples does this once a week in his protocol with lithium chloride applied after as an adjunct. I have bought the same needler he uses but never used it as I am happy with my results so far without needling, and it seems like a pain in the ass. I will probably try this at some point.

Neogenic

There are other products like Neogenic which are thought to stimulate stem cells. But that shit is expensive and in my opinion unproven. It also can't be bought in powder form, so I don't bother with it, as I am again happy with my own protocol.

PUTTING IT ALL TOGETHER

This is a lot of information. Perhaps it may be overwhelming for some. So to conclude, I will summarize the best ways I think guys should address their hair loss depending on their general circumstances/goals.

Average guy

For the average guy just starting to lose his hair I would suggest either fin or dut combined with over the counter 5% minoxidil once or twice daily. This will solve 90-95%+ of guy's hair loss problems. It is easy, safe, and simple.

Alternative approach would be to use just the topical homebrew RU58841/minox/azelaic acid solution described above. This is the only thing I am using and as stated it is working beautifully for me. I can't predict how well it will work for others though as there isn't enough data.

Lastly, if you want to be hardcore, you could use fin or dut PLUS RU58841/minox/azelaic (home brew as above). If you do this approach as an average guy, I think it would be physically impossible to go bald.

On steroids

For guys going on steroids, I would absolutely recommend using fin/dutasteride WITH an RU58841 solution. RU58841 is critical for guys on steroids because as stated earlier: it is the only agent which can block synthetic androgens and also high levels of plain testosterone from binding to your hair follicles and killing them. Fin/dut won't work against these causes of baldness.

I have done well so far on just on my homebrew RU58841/minox/azelaic solution with up to 380 mg test-e per week. When I went up to 500 mg test-e per week, I felt like I started getting more shedding. So while a topical only approach is probably sufficient for guys on low dose steroids, if you're on the hard stuff, it may still not be completely enough.

CONCLUSION

Well that's it. That's everything I have to say about treating hair loss. I hope it's helpful. I'm impressed if you read this far.

The most important closing thought I'd share is DON'T WAIT TO TREAT. It is way easier to prevent hair loss than it is to grow back lost hair. If you notice your hair falling out, pick a treatment and get on it ASAP.

Good luck and happy non-Norwooding.

05-07-2016, 09:39 PM

#3

move this into the lookmaxing section pls @elm

thread is too good to be just another shitpost under 1000 tbh



paulus
Monster Poster



Posts: 8,289
Threads: 290
Joined: Dec 2015
Reputation: 3,380

1 Head breadth. The maximum transverse breadth of the head, usually above and below the ears.

2 Interpupillary breadth. The distance between the centers of the pupils of the eyes (the eyes are looking straight ahead).

3 Face breadth (bizygomatic). The breadth of the face, measured across the most lateral projections of the cheek bones (zygomatic arches).

4 Face length (menton-sellion). The vertical distance from the top of the chin (menton) to the deepest point of the nasal root depression between the eyes (sellion).

5 Bizocular breadth. The distance from the outer corners of the eyes (right and left) occiput.

6 Stapes breadth. The length of the head from the right stapes to the left. (Stapes is the cartilaginous notch at the front of the ear).

7 Stabella to back of head. The horizontal distance from the most anterior point of the forehead between the brows (right) to the back of the head, measured with a headboard.

8 Menton to back of head. The horizontal distance from the tip of the chin (menton) to the back of the head, measured with a headboard.

9 Sellion to top of head. The vertical distance from the nasal root depression between the eyes (sellion) to the level of the top of the head, measured with a headboard.

10 Stapes to top of head. The vertical distance from the midpoint of the stapes (occipital) to the level of the top of the head, measured with a headboard.

11 Sellion to back of head. The horizontal distance from the nasal root depression between the eyes (sellion) to the back of the head, measured with a headboard.

12 Menton to back of head. The horizontal distance from the tip of the chin (menton) to the back of the head, measured with a headboard.

13 Head length. The maximum length of the head; measured from the most anterior point of the forehead between the brows (right) to the back of the head (occiput).

14 Menton to top of head. The vertical distance from the tip of the chin (menton) to the level of the top of the head, measured with a headboard.

15 Menton-occipital length. The vertical distance from the bottom of the chin (menton) to the midpoint of the occipital condyles.

16 Menton-occipital length. The distance from the bottom of the chin (menton) to the base of the most superior occipital condyle.

The bigger the head, the bigger the star...http://youtu.be/qnu_bkvumxU

05-07-2016, 09:41 PM

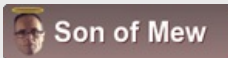
#4

You ever try this pre-made solution?

<https://www.aarc-chems.com/ru58841-liquid-solution>



Vanity
Member



Son of Mew

Posts: 228
Threads: 10
Joined: Aug 2015
Reputation: -5

05-07-2016, 09:42 PM (This post was last modified: 05-07-2016, 09:42 PM by NorwoodingAryan.)

#5

modified Wrote: →

(05-07-2016, 09:34 PM)

Mixing it up:

The first step is to mix up some solvent. I just do this approximately. It doesn't have to be perfect. Pour 20 mL of dipropylene glycol into the mini measure shot glass. Pour this into your 100 mL tinted glass bottle (using the funnel). Then measure 30 mL of ethanol in the shot glass, and also pour this also into your 100 mL tinted bottle. You now have 50 mL of 60/40 ethanol/dipropylene-glycol solution. If you want more, repeat this process once more into the same bottle and you have 100 mL which will last almost 2 months.

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NorwoodingAryan
Mega Super Poster



Posts: 2,937
Threads: 290
Joined: Apr 2016
Reputation: 123

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Wash your hands and you are done.

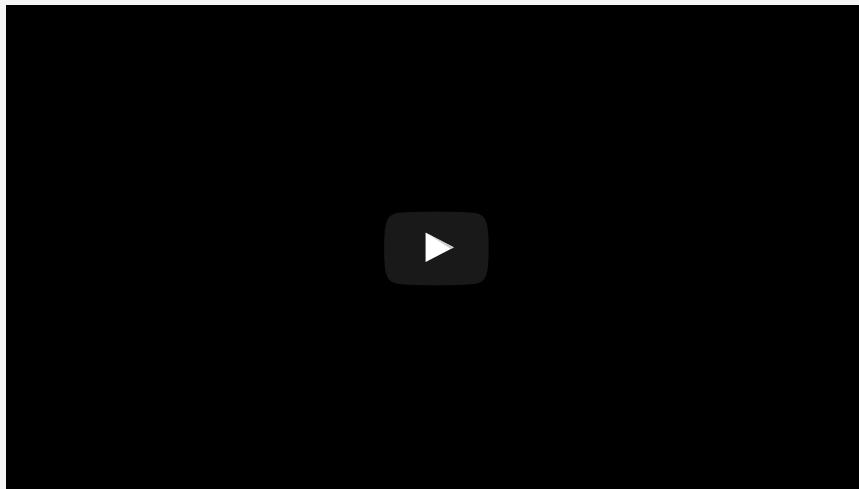
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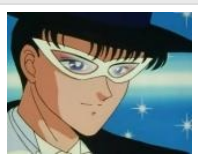
(con't)

What is your opinion on hair transplants like NeoGraft? (doesn't leave a scar)



Find

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TuxedoMask ●
Super Poster



Posts: 1,493
Threads: 20
Joined: Apr 2016
Reputation: **806**

05-07-2016, 09:55 PM

#6



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Reply



Iltvyr
Mega Super Poster



Posts: 2,212
Threads: 364
Joined: Jul 2015
Reputation: 469

05-07-2016, 10:04 PM (This post was last modified: 05-07-2016, 10:05 PM by Iltvyr.)

#7

i think i have never seen a good looking guy with hairloss. how it's even possible for these genes to be around?

Starcrazy Wrote: →

(03-08-2016, 07:05 PM)

you're as old as your hairline

Bukowski Wrote: →

(04-11-2016, 06:48 PM)

You're as pedo as your hairline

"It is not the hair that you have on your head that counts.. It is the hair that you have on your heart.."

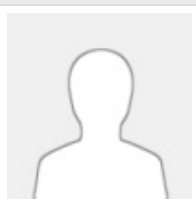
ethnicslayer Wrote: →

(02-04-2017, 04:19 PM)

surgery is the only vitamin

Find

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05-07-2016, 10:17 PM

#8

Put this in legit threads.

Good job OP

improving

Banned

Posts: 167
Threads: 13
Joined: May 2016

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AlwaysLearning

Super Poster



Posts: 1,940
Threads: 162
Joined: Jan 2016
Reputation: **1,196**

Find

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05-07-2016, 11:00 PM

#9

one of the best thread content this year so far imo.

hopefully going to try and stop my nw1.5 to go to nw2 or beyond



paulus

Monster Poster



Posts: 8,289
Threads: 290
Joined: Dec 2015
Reputation: **3,380**

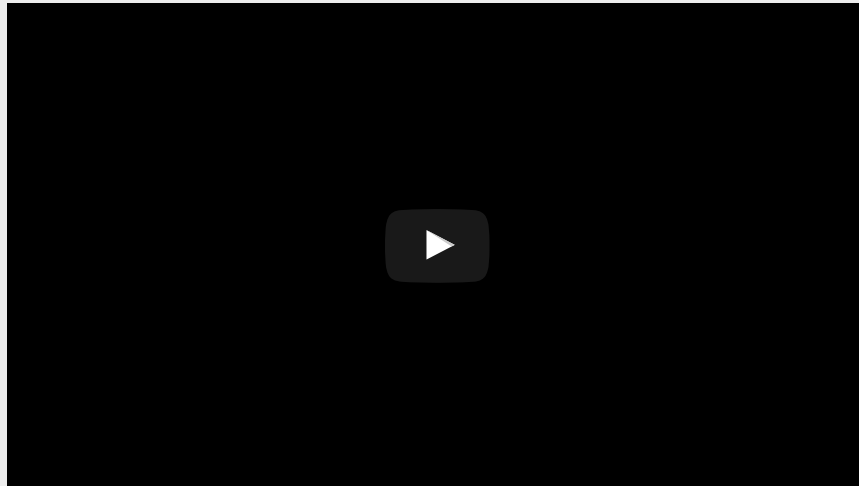
05-07-2016, 11:18 PM

#10

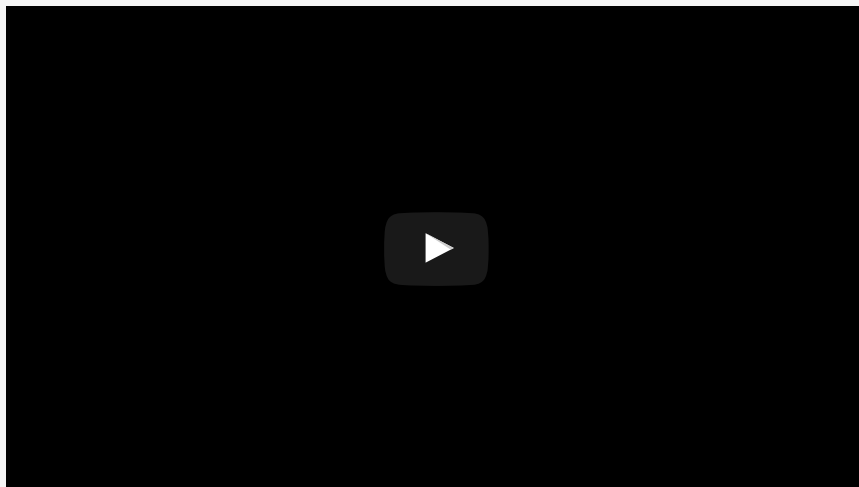
NorwoodingAryan Wrote: →

(05-07-2016, 09:42 PM)

What is your opinion on hair transplants like NeoGraft? (doesn't leave a scar)



cope once you too far gone this is the only solution



<p>1 Head breadth. The maximum breadth of the head, usually above and behind the ears.</p> <p>Percentiles</p> <table border="1"> <thead> <tr> <th>Sample</th> <th>1st</th> <th>5th</th> <th>50th</th> <th>95th</th> <th>99th</th> </tr> </thead> <tbody> <tr> <td>A Men</td> <td>cm 13.9 (13.1)</td> <td>14.2 (13.5)</td> <td>15.2 (14.1)</td> <td>16.1 (15.3)</td> <td>16.5 (15.6)</td> </tr> <tr> <td>B Women</td> <td>cm 12.3 (11.7)</td> <td>12.7 (12.1)</td> <td>14.4 (13.6)</td> <td>15.8 (15.1)</td> <td>16.7 (16.1)</td> </tr> </tbody> </table> <p>2 Interorbital breadth. The distance between the centers of the pupils of the eyes (the eyes are looking straight ahead).</p> <p>Percentiles</p> <table border="1"> <thead> <tr> <th>Sample</th> <th>1st</th> <th>5th</th> <th>50th</th> <th>95th</th> <th>99th</th> </tr> </thead> <tbody> <tr> <td>A Men</td> <td>cm 8.8 (8.3)</td> <td>9.2 (8.7)</td> <td>10.1 (9.5)</td> <td>11.1 (10.5)</td> <td>11.6 (11.0)</td> </tr> <tr> <td>B Women</td> <td>cm 7.8 (7.4)</td> <td>8.2 (7.8)</td> <td>9.1 (8.7)</td> <td>10.0 (9.6)</td> <td>10.5 (10.1)</td> </tr> </tbody> </table> <p>3 Face breadth (biacromial). The breadth of the face, measured across the most lateral projections of the olecranon epicondylar eminence.</p> <p>Percentiles</p> <table border="1"> <thead> <tr> <th>Sample</th> <th>1st</th> <th>5th</th> <th>50th</th> <th>95th</th> <th>99th</th> </tr> </thead> <tbody> <tr> <td>A Men</td> <td>cm 13.9 (13.2)</td> <td>14.2 (13.5)</td> <td>15.0 (14.0)</td> <td>15.6 (14.6)</td> <td>16.4 (15.4)</td> </tr> <tr> <td>B Women</td> <td>cm 11.9 (11.3)</td> <td>12.3 (11.7)</td> <td>13.0 (12.3)</td> <td>13.8 (13.1)</td> <td>14.5 (13.8)</td> </tr> </tbody> </table> <p>4 Face length (nasion-subnasale). 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Trignon is the cartilaginous notch at the base of the ear.</p> <p>Percentiles</p> <table border="1"> <thead> <tr> <th>Sample</th> <th>1st</th> <th>5th</th> <th>50th</th> <th>95th</th> <th>99th</th> </tr> </thead> <tbody> <tr> <td>A Men</td> <td>cm 12.1 (11.5)</td> <td>12.5 (11.9)</td> <td>13.5 (12.8)</td> <td>14.5 (13.8)</td> <td>15.0 (14.3)</td> </tr> <tr> <td>B Women</td> <td>cm 11.5 (10.9)</td> <td>11.9 (11.3)</td> <td>12.8 (12.2)</td> <td>13.8 (13.2)</td> <td>14.3 (13.7)</td> </tr> </tbody> </table> <p>7 Glabella to back of head. 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B Women	cm 15.2 (14.8)	15.3 (14.9)	15.7 (15.2)	16.3 (15.8)	16.8 (16.3)																																																																																																																																																																																																																																																																																														
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A Men	cm 9.2 (8.7)	10.1 (9.5)	11.2 (10.2)	12.4 (11.6)	12.8 (12.2)																																																																																																																																																																																																																																																																																														
B Women	cm 8.0 (7.5)	8.9 (8.3)	10.0 (9.2)	11.2 (10.4)	11.7 (11.1)																																																																																																																																																																																																																																																																																														
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A Men	cm 10.2 (9.6)	10.6 (10.0)	11.7 (10.7)	12.9 (12.1)	13.4 (12.8)																																																																																																																																																																																																																																																																																														
B Women	cm 9.1 (8.5)	9.5 (8.9)	10.6 (9.7)	11.8 (11.0)	12.3 (11.7)																																																																																																																																																																																																																																																																																														
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A Men	cm 18.0 (17.6)	18.5 (18.0)	19.2 (18.5)	19.9 (19.3)	21.4 (20.8)																																																																																																																																																																																																																																																																																														
B Women	cm 17.4 (17.0)	17.8 (17.3)	18.3 (17.8)	18.9 (18.4)	20.0 (19.4)																																																																																																																																																																																																																																																																																														
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A Men	cm 20.0 (19.6)	20.6 (20.0)	21.0 (20.3)	21.5 (20.8)	22.5 (21.9)																																																																																																																																																																																																																																																																																														
B Women	cm 19.2 (18.7)	19.7 (19.1)	20.2 (19.5)	20.8 (20.2)	21.8 (21.2)																																																																																																																																																																																																																																																																																														
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A Men	cm 15.0 (14.5)	15.2 (14.7)	15.9 (15.2)	16.7 (16.0)	17.1 (16.4)																																																																																																																																																																																																																																																																																														
B Women	cm 14.2 (13.7)	14.5 (14.0)	15.1 (14.4)	15.8 (15.1)	16.2 (15.5)																																																																																																																																																																																																																																																																																														
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A Men	cm 21.2 (20.8)	21.5 (21.0)	22.0 (21.3)	22.7 (22.0)	23.6 (23.0)																																																																																																																																																																																																																																																																																														
B Women	cm 19.8 (19.4)	20.1 (19.6)	20.6 (19.9)	21.2 (20.5)	21.9 (21.3)																																																																																																																																																																																																																																																																																														
Sample	1st	5th	50th	95th	99th																																																																																																																																																																																																																																																																																														
A Men	cm 15.8 (15.4)	16.1 (15.6)	16.5 (15.8)	17.2 (16.5)	17.9 (17.3)																																																																																																																																																																																																																																																																																														
B Women	cm 15.2 (14.8)	15.5 (15.0)	16.0 (15.3)	16.7 (16.0)	17.3 (16.7)																																																																																																																																																																																																																																																																																														
Sample	1st	5th	50th	95th	99th																																																																																																																																																																																																																																																																																														
A Men	cm 6.1 (5.8)	6.3 (6.0)	6.7 (6.3)	7.1 (6.7)	7.5 (7.1)																																																																																																																																																																																																																																																																																														
B Women	cm 5.7 (5.4)	5.9 (5.6)	6.2 (5.8)	6.6 (6.2)	6.9 (6.5)																																																																																																																																																																																																																																																																																														

The bigger the head, the bigger the star...http://youtu.be/qnu_bkvumxU

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Reply



NorwoodingAryan
Mega Super Poster



Posts: 2,937
Threads: 290
Joined: Apr 2016
Reputation: 123

05-07-2016, 11:23 PM

#11

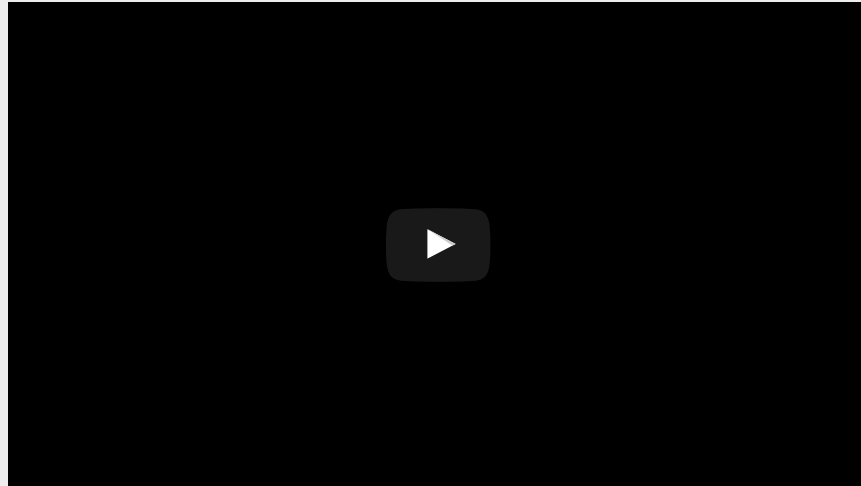
paulus Wrote: →

(05-07-2016, 11:18 PM)

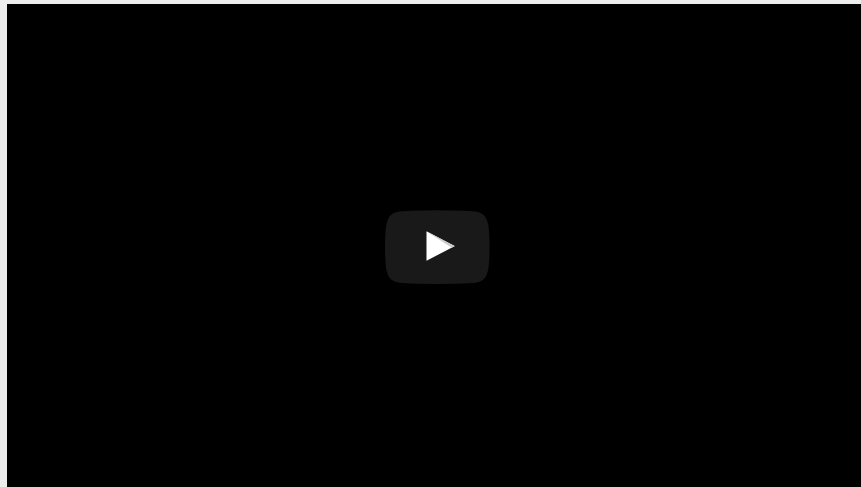
NorwoodingAryan Wrote: →

(05-07-2016, 09:42 PM)

What is your opinion on hair transplants like NeoGraft? (doesn't leave a scar)



cope once you too far gone this is the only solution



I'm not there yet. There's still hope for me to at least go back to NW1.

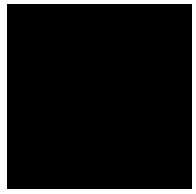


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05-07-2016, 11:56 PM (This post was last modified: 05-07-2016, 11:56 PM by modified.)

#12



modified
Banned

Posts: 5,121
Threads: 191
Joined: Jul 2015

Xander Wrote: →

(05-07-2016, 09:57 PM)

Vanity Wrote: →

(05-07-2016, 09:41 PM)

You ever try this pre-made solution?

<https://www.aarc-chems.com/ru58841-liquid-solution>

Looks like basically the same thing I'm mixing, except I use dipropylene glycol instead of propylene glycol because as I said dipropylene glycol is considered less irritating to the skin.

If it truly has what they say is in there, it would be a decent way to try it out to start. You could add some minoxidil and azelaic acid to it if you wanted as well.

However, also as stated previously, it is unclear how long RU58841 is stable in solution. Kane says I think up to 6 months. I don't know. Most guys that mix their own mix daily or weekly just to be safe. If the guys at AARC Chems are actually doing their own HPLC testing (dubious), maybe they have done stability testing to answer this question.

I wonder how many people who say "RU58841 doesn't work" are buying premixed solutions which are duds either because they've been sitting too long, or there's nothing actually in them and it's a scam.

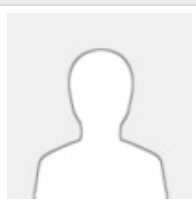
At least when I add the powder myself, I know how much I'm putting in and I know it's fresh.

Find

Reply

05-08-2016, 01:10 AM (This post was last modified: 05-08-2016, 01:12 AM by Amud.)

#13



Amud
Banned

Posts: 514
Threads: 30
Joined: Jun 2015

I see Kane is charging \$130 for 10 grams. How long would that last if you apply it every day?

I've been noticing some thinning at my temples lately as well as a decent amount of hairs in the shower drain, no real recession yet but it has got me a bit worried. I'm very hesitant to try fin because I am the type of person with presumably low natural DHT (no body hair, very lean and skinny), so it seems like lowering DHT wouldn't help me and if anything, I'd be at a higher risk for side effects.

I own a 1mm dermastamp and I've tried it on my face and hairline a few times. I went with the stamp instead of the roller because I was afraid the roller would get caught in my hair. The stamp is very so it's a long and tedious process to do an area of any size. It might be too early to tell, but I don't think it has made any difference on my hair or skin.

Microneedling is advertised as being painless, but in my experience it does cause some pain. It's bearable but unpleasant and you really have to force yourself to do it.

Find

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05-08-2016, 01:38 AM

#14



I have a question. If I have a NW0, like a perfect hairline, can it still do this to prevent from balding later?

It's fucking over.



Gonzalitos Member



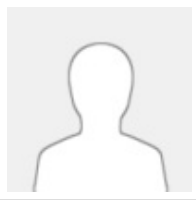
Posts: 58
Threads: 10
Joined: Jun 2015
Reputation: 0

Find

Reply

05-08-2016, 01:44 AM

#15



Amud Banned

Posts: 514
Threads: 30
Joined: Jun 2015

Find

Reply

Gonzalitos Wrote: →

(05-08-2016, 01:38 AM)

I have a question. If I have a NW0, like a perfect hairline, can it still do this to prevent from balding later?

If you're Hispanic (ie. Native admixed) it's very unlikely that you will ever go bald. Native Americans just don't seem to get the balding gene. Seems like whites and Middle Easterners are the most likely to go bald, blacks and Asians less likely, and Native Americans the least likely of all.

Reply

05-08-2016, 02:22 AM

#16



modified Banned

Posts: 5,121
Threads: 191
Joined: Jul 2015

Find

Reply

Amud Wrote: →

(05-08-2016, 01:10 AM)

I see Kane is charging \$130 for 10 grams. How long would that last if you apply it every day?

I've been noticing some thinning at my temples lately as well as a decent amount of hairs in the shower drain, no real recession yet but it has got me a bit worried. I'm very hesitant to try fin because I am the type of person with presumably low natural DHT (no body hair, very lean and skinny), so it seems like lowering DHT wouldn't help me and if anything, I'd be at a higher risk for side effects.

I have been applying 100 mg daily RU58841 with good results. I went up to the 120-150 mg per day range on roids to be safe. But 100 mg daily should probably be plenty for most guys, if you are going to respond to it.

At that rate, 10 grams will last ~100 days. This is a daily cost of \$1.30. I think that's a pretty good price for saving your hair.

Add the minoxidil powder if you can at least until the area thickens up. If you just want to maintain on RU that would be reasonable, but I'd suggest using it with minox for the first 6 months or year to get maximum results.

You should notice the shedding stop within ~1 months of starting RU.

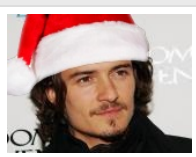
If the shedding doesn't stop within a few months or you're not seeing results by ~6 months (or it's worsening), I'd suggest giving fin/dut a try at that stage.

Probably RU will do the trick for you.

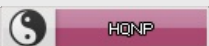
Reply

05-08-2016, 02:52 AM

#17



Scar Tissue Super Poster



Posts: 1,753

modified Wrote: →

(05-08-2016, 02:22 AM)

Amud Wrote: →

(05-08-2016, 01:10 AM)

I see Kane is charging \$130 for 10 grams. How long would that last if you apply it every day?

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Threads: 128
Joined: Jul 2015
Reputation: **900**

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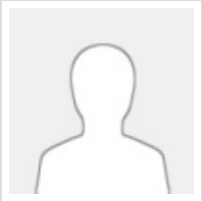
If the shedding doesn't stop within a few months or you're not seeing results by ~6 months (or it's worsening), I'd suggest giving fin/dut a try at that stage.

Probably RU will do the trick for you.

Do you buy your RU from Kane?

Find

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cherubicCheeksofChrist

Member



Posts: 51
Threads: 3
Joined: Jan 2016
Reputation: **20**

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05-08-2016, 06:25 AM (This post was last modified: 05-08-2016, 06:26 AM by cherubicCheeksofChrist.)

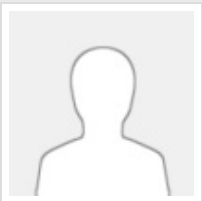
#18

is it possible to make a 5% minoxidil solution yourself? rogain is pretty fucking expensive. generic brands are less so but still

Not an RU solution. just something that imitates the exact rogain product

thanks man

Reply



improving
Banned

Posts: 167
Threads: 13
Joined: May 2016

Find

05-08-2016, 09:19 AM

#19

cherubicCheeksofChrist Wrote: →

(05-08-2016, 06:25 AM)

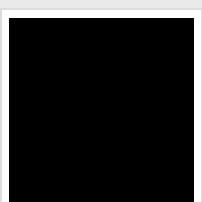
is it possible to make a 5% minoxidil solution yourself? rogain is pretty fucking expensive. generic brands are less so but still

Not an RU solution. just something that imitates the exact rogain product

thanks man

bumping that , minoxidil powder is cheap as fuck

Reply



modified
Banned

Posts: 5,121
Threads: 191
Joined: Jul 2015

05-08-2016, 03:31 PM

#20

Scar Tissue Wrote: →

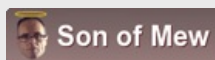
(05-08-2016, 02:52 AM)

Do you buy your RU from Kane?

Yes.



Vanity ●
Member



Son of Mew

Posts: 228
Threads: 10
Joined: Aug 2015
Reputation: **-5**

05-08-2016, 03:44 PM

#21

modified Wrote: →

(05-07-2016, 11:56 PM)

Looks like basically the same thing I'm mixing, except I use dipropylene glycol instead of propylene glycol because as I said dipropylene glycol is considered less irritating to the skin.

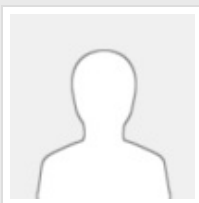
If it truly has what they say is in there, it would be a decent way to try it out to start. You could add some minoxidil and azelaic acid to it if you wanted as well.

However, also as stated previously, it is unclear how long RU58841 is stable in solution. Kane says I think up to 6 months. I don't know. Most guys that mix their own mix daily or weekly just to be safe. If the guys at AARC Chems are actually doing their own HPLC testing (dubious), maybe they have done stability testing to answer this question.

I wonder how many people who say "RU58841 doesn't work" are buying premixed solutions which are duds either because they've been sitting too long, or there's nothing actually in them and it's a scam.

At least when I add the powder myself, I know how much I'm putting in and I know it's fresh.

I found the source on goodlookingloser. Chris wrote a guide on how to mix it as well and recommended this for people who couldn't be bothered to mix their own solution. I actually think he switched over to it, but I can't be to sure.



phonecel ●
Newbie

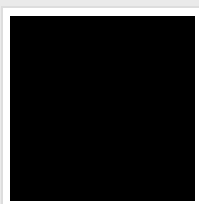
Posts: 49
Threads: 2
Joined: May 2016
Reputation: **106**

05-08-2016, 04:23 PM

#22

few questions/thoughts/experiences

1. in my experience, ketoconazole (nizoral) alone worked better than minoxidil alone
2. how about getting bimatoprost (latisse) powder? should be way cheaper than using latisse on scalp and it has great results
3. azelaic acid inhibits the production of melanin (pigment) and is commonly used in skin whitening products because of this, won't it make hair appear less coloured/invisible?



modified ●
Banned

Posts: 5,121
Threads: 191
Joined: Jul 2015

05-08-2016, 05:02 PM (This post was last modified: 05-08-2016, 05:11 PM by modified.)

#23

improving Wrote: →

(05-08-2016, 09:19 AM)

cherubicCheeksofChrist Wrote: →

(05-08-2016, 06:25 AM)

is it possible to make a 5% minoxidil solution yourself? rogain is pretty fucking expensive. generic brands are less so but still

Not an RU solution. just something that imitates the exact rogain product

thanks man

bumping that , minoxidil powder is cheap as fuck

Yes, it is absolutely possible. Part of why brand name Rogaine foam is so expensive is the foam delivery system. If you want to imitate this foam delivery system, that will be impossible. However, it's really not necessary. As long as the minoxidil is dissolved in a solvent, and the solvent gets to your scalp, that is all that matters.

To mix a purely minoxidil solution, follow the same directions I suggested under how to mix a RU58841 solution, but exclude the RU58841 and azelaic acid.

If you want to mix it in bulk (easier, since minoxidil IS stable in solution long term, unlike RU), you can mix up about 80 mL solvent into your 100 mL glass bottle, and then dump 4 grams of minoxidil into that. That will give a 5% solution.

However, you may not find all the minoxidil completely dissolves at this concentration using a 60/40 ethanol/dipropylene-glycol solution. That's fine to be honest. Anywhere between 3-5% minoxidil concentration is going to do what you need.

But if you're interested in maximizing the minoxidil concentration, I am writing up a brief addendum to my original post which will explain a bit more about tweaking the solvent parameters to your needs.

phonecel Wrote: →

(05-08-2016, 04:23 PM)

few questions/thoughts/experiences

1. in my experience, ketoconazole (nizoral) alone worked better than minoxidil alone
2. how about getting bimatoprost (latisse) powder? should be way cheaper than using latisse on scalp and it has great results
3. azelaic acid inhibits the production of melanin (pigment) and is commonly used in skin whitening products because of this, won't it make hair appear less coloured/invisible?

I am not sure about your experience with nizoral. I did not notice any major difference starting or stopping it. I used it for years. As I said, it may have slowed down my loss, but it didn't cause any massive effects. By contrast when I started the RU, that was a game changer.

By virtue of the fact that nizoral is only on your scalp 5 minutes a day, while minoxidil can be on your scalp 24 hours a day, I would tend to believe that minoxidil should be more effective. The only exception would be if you had some scalp irritation that nizoral treated better. Nizoral certainly can't hurt, so if you want to keep using it, I'd say go for it. I stopped because it wasn't doing anything dramatic, and I feel like I have a winning solution already without it.

The reason I do not use or suggest bimatoprost (latisse) in any form is it can cause terrible facial side effects. Bimatoprost and others like it are classified as Prostaglandin F2 alpha (PGF2α) analogues. Stimulation of this type of prostaglandin receptor is associated with awful cosmetic side effects. In particular, it causes fat atrophy. Perhaps this could be favorable in some places (guys trying to kill their facial fat pads). But if you want to see what this looks like when bimatoprost is used as eyedrops, see:

http://eyewiki.aao.org/Prostaglandin_Ass...rbitopathy

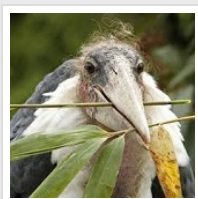
It's horrible, and even though we're applying to our scalps, I can't be certain some wouldn't get absorbed or drain in some way through the skin to affect the face. Facial fat is what keeps your face looking young. That's why when guys roid down to 5-8% body fat they look gaunt like old men. I like my facial fat where it is, so no PGF2α analogs for me. Otherwise it is a good idea and if you don't mind that risk of becoming gaunt from it, go for it.

When you are looking for chemicals as powders and can't find them on ebay, search Alibaba. I have bought some chemicals like adapalene powder from suppliers on there. They have numerous selling bimatoprost powder, but I don't know how much it will work out to. Probably it will still be expensive.

Lastly, regarding azelaic acid, that is an interesting point. Quite possibly, I suppose it could cause some lightening of the hair over time. I have dark Asian hair. I have not noticed any change. If you had lighter brown hair, though, it's possible you could see a slight lightening from it. I think azelaic acid is pretty weak as a lightening agent though, even on the skin, so it is doubtful it would have a major effect. If you were worried about this, you could always sub it for tretinoin or adapalene powder, as both will still stimulate collagen and hair growth (though in a probably slightly different way) with less theoretical lightening. You'd have to work out a safe concentration though and source the powder. Azelaic acid by contrast is pretty easy to get (ebay) and pretty safe in any concentration, so I am happy with it. As I've said, I've used it at least 3 months now with no change in hair color.

Find

Reply



paulus
Monster Poster



Posts: 8,289

05-08-2016, 05:08 PM

#24

what is your opinion on niacin (vitamin b3) op?

ThatDude Wrote: →

(10-24-2015, 01:51 PM)

Maybe some of you have read the benefits of taking niacin and getting the "**niacin flush**" effect to boost your HGH and possibly grow a few CMs or increase your muscle size.

There is a **huge** side effect to this:

Quote:

Research carried out in 1989[3] found PGD2 is the primary mediator of vasodilation (the "niacin flush") after ingestion of **niacin** (nicotinic acid).

PGD2 is a prostaglandin that increases **hair loss**. This is what PGD2 causes to your scalp.

This is your scalp with PGD2



This is your scalp with PGD2 blocked



This is your scalp with progenitor cells



This is your scalp with PGE2



And this is your scalp with wounding



So what you are effectively doing when taking Niacin, is increasing your **HAIR LOSS!**

(I did take niacin for 2 months every 2 weeks, and I did have noticeable hair loss in that time, though I didn't know where it was coming from, luckily I am still NW 1.5)

Studies:

Morrow, JD; Parsons Wg, 3rd; Roberts Lj, 2nd (August 1989). "Release of markedly increased quantities of prostaglandin D2 in vivo in humans following the administration of nicotinic acid". *Prostaglandins* **38** (2): 263-74. doi:10.1016/0090-6980(89)90088-9. PMID 2475889.

<http://lookism.net/Thread-Do-not-take-Ni...R-EVERYONE>

Sample	1st	5th	50th	90th	95th
1 Head breadth. The maximum breadth of the head, usually above and behind the ears.					
A Men	cm 13.9	14.2	15.2	16.1	16.5
(in)	(5.5)	(5.6)	(6.0)	(6.3)	(6.5)
B Women	cm 13.3	13.7	14.4	15.2	15.7
(in)	(5.2)	(5.4)	(5.7)	(6.0)	(6.2)
2 Interorbital breadth. The distance between the centers of the pupils of the eyes (the eyes are looking straight ahead).					
A Men	cm 6.7	6.9	6.5	7.1	7.4
(in)	(2.6)	(2.7)	(2.5)	(2.8)	(2.9)
B Women	cm 5.5	5.7	6.0	6.8	7.0
(in)	(2.2)	(2.3)	(2.4)	(2.7)	(2.8)
3 Face breadth (biacromial). The breadth of the face, measured across the most lateral projections of the cheek bones (zygomatic arches).					
A Men	cm 12.8	13.2	14.0	15.0	15.4
(in)	(5.0)	(5.2)	(5.5)	(6.0)	(6.1)
B Women	cm 12.1	12.3	12.8	14.0	14.4
(in)	(4.8)	(4.9)	(5.1)	(5.6)	(5.7)
4 Face length (menton-sellion). The vertical distance from the tip of the chin (menton) to the deepest point of the nasal root depression between the eyes.					
A Men	cm 10.8	11.2	12.2	13.3	13.7
(in)	(4.3)	(4.4)	(4.8)	(5.2)	(5.4)
B Women	cm 10.1	10.4	11.2	12.4	12.8
(in)	(4.0)	(4.1)	(4.5)	(4.9)	(5.1)
5 Bizygomatic breadth. The distance from the outer corners of the eyes (zygion) and left ectocanthus.					
A Men	cm 11.0	11.2	12.2	13.3	13.6
(in)	(4.3)	(4.4)	(4.8)	(5.2)	(5.4)
B Women	cm 10.8	11.1	11.8	12.9	13.2
(in)	(4.2)	(4.4)	(4.7)	(5.1)	(5.2)
6 Bregion breadth. The breadth of the head from the right trignon to the left. (Trignon is the cartilaginous notch at the base of the ear).					
A Men	cm 13.1	13.5	14.8	15.5	15.9
(in)	(5.2)	(5.3)	(5.9)	(6.1)	(6.2)
B Women	cm 12.6	12.8	13.3	14.2	14.5
(in)	(5.0)	(5.1)	(5.3)	(5.6)	(5.7)
7 Glabella to back of head. The horizontal distance from the most anterior point of the forehead between the brow ridges (glabella) to the back of the head, measured with a headboard.					
A Men	cm 18.3	18.8	20.0	21.1	21.7
(in)	(7.2)	(7.4)	(7.9)	(8.3)	(8.6)
B Women	cm 17.5	18.0	19.1	20.2	20.7
(in)	(6.9)	(7.1)	(7.5)	(8.0)	(8.1)
8 Menton to back of head. The horizontal distance from the tip of the chin (menton) to the back of the head, measured with a headboard.					
A Men	cm 18.7	19.1	20.2	21.3	21.9
(in)	(7.4)	(7.5)	(8.0)	(8.4)	(8.6)
B Women	cm 18.2	18.6	19.7	20.8	21.3
(in)	(7.2)	(7.3)	(7.8)	(8.2)	(8.4)
9 Sellion to top of head. The vertical distance from the nasal root depression between the eyes (sellion) to the level of the top of the head, measured with a headboard.					
A Men	cm 8.7	10.1	11.2	12.4	12.9
(in)	(3.4)	(4.0)	(4.4)	(4.9)	(5.1)
B Women	cm 8.0	9.5	10.5	11.7	12.2
(in)	(3.1)	(3.8)	(4.1)	(4.6)	(4.8)
10 Skinion to top of head. The vertical distance from the midpoint of the lips (skinion) to the level of the top of the head, measured with a headboard.					
A Men	cm 16.9	17.4	18.6	19.9	20.6
(in)	(6.7)	(6.8)	(7.4)	(7.8)	(8.1)
B Women	cm 15.7	16.3	17.5	18.8	19.4
(in)	(6.2)	(6.4)	(6.9)	(7.4)	(7.6)
11 Sellion to back of head. The horizontal distance from the nasal root depression between the eyes (sellion) to the back of the head, measured with a headboard.					
A Men	cm 19.0	19.5	19.7	20.9	21.4
(in)	(7.5)	(7.7)	(7.8)	(8.2)	(8.4)
B Women	cm 17.4	17.8	18.9	20.0	20.5
(in)	(6.9)	(7.0)	(7.5)	(7.9)	(8.1)
12 Pterion to back of head. The horizontal distance from the tip of the nose (pterion) to the back of the head, measured with a headboard.					
A Men	cm 20.0	20.5	22.0	23.2	23.8
(in)	(7.9)	(8.1)	(8.7)	(9.1)	(9.4)
B Women	cm 19.2	19.7	21.0	22.2	22.8
(in)	(7.6)	(7.8)	(8.3)	(8.7)	(9.0)
13 Head length. The maximum length of the head, measured from the most anterior point of the forehead between the brow-ridges (labeled) to the back of the head (labeled).					
A Men	cm 19.0	19.5	19.7	20.9	21.3
(in)	(7.5)	(7.7)	(7.8)	(8.2)	(8.4)
B Women	cm 17.2	17.6	17.7	18.8	19.2
(in)	(6.8)	(7.0)	(7.0)	(7.4)	(7.6)
14 Menton to top of head. The vertical distance from the tip of the chin (menton) to the level of the top of the head, measured with a headboard.					
A Men	cm 21.2	21.8	23.2	24.7	25.5
(in)	(8.4)	(8.6)	(9.2)	(9.7)	(10.1)
B Women	cm 19.8	20.4	21.8	23.2	23.8
(in)	(7.8)	(8.0)	(8.6)	(9.1)	(9.4)
15 Menton-orbitale length. The vertical distance from the bottom of the chin (menton) to the midpoint of the nostril (orbitale).					
A Men	cm 16.6	17.4	19.1	20.9	21.6
(in)	(6.5)	(6.8)	(7.5)	(8.2)	(8.5)
B Women	cm 15.5	16.1	17.2	18.2	18.9
(in)	(6.1)	(6.3)	(6.7)	(7.2)	(7.4)
16 Menton-subnasale length. The distance from the bottom of the chin (menton) to the base of the nasal tip (subnasale).					
A Men	cm 6.1	6.5	7.3	8.3	8.7
(in)	(2.4)	(2.6)	(2.9)	(3.3)	(3.4)
B Women	cm 5.7	6.0	6.5	7.6	8.1
(in)	(2.2)	(2.4)	(2.6)	(3.0)	(3.2)



The bigger the head, the bigger the star...http://youtu.be/qnu_bkvumxU

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05-08-2016, 05:10 PM (This post was last modified: 05-08-2016, 09:19 PM by modified.)

#25



modified

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Posts: 5,121
Threads: 191
Joined: Jul 2015

ADDENDUM ON TOPICAL SOLUTIONS

I had a couple further thoughts to my original posts that I wanted to share regarding topical solutions, so I have just written this as an addendum. These are my remaining thoughts that I would like to leave here on topical treatment of hair loss.

Eyebrows

If you pay attention to most heavy Norwooders, you may notice that their eyebrows start to thin out over time. For example, Jason Statham has pretty much no eyebrows left. This indicates that in some men, eyebrows are sensitive to androgens as well.

I therefore suggest that if you are using a topical solution, you apply some to your eyebrows daily just to be safe. I do this at the end of my application. When I've finished applying my daily mixed solution with the dropper, I just stick my finger in the shot glass to pick up some of the residual solution, and trace my finger over each eyebrow one at a time to apply to them.

Thick eyebrows are important. Applying your solution to them will help ensure they are the thickest and healthiest they can be.

Sourcing 95% Ethanol

Funnily, of all the components needed to mix solutions like described in this thread, 95% ethanol may be the hardest for some people to buy. It MUST be drinking grade pure alcohol (undenatured). You can't use alcohol bought from a hardware store (denatured), as that has toxic additives to prevent human use which will irritate the skin. A bottle of this stuff is expensive but will last you ~1 year or more for hair use as suggested.

If you're an American, and your state allows it, pure ethanol is freely available to buy as Everclear 95%. However, some states don't allow sale of Everclear 95%. If you are in one of those states, it might be easiest to drive to a neighboring state that does sell it and buy a few bottles. If you buy a few bottles, you'll be stocked for years.

In Canada, 94% ethanol is apparently available through the LCBO, but you have to request permission to buy it (<http://hellolcbo.com/app/answers/detail/...ohol-94%25>). You can say it is for the personal production of niche perfume or skin products, since 94-95% ethanol is needed for this. However, I can't say for sure they'll let you buy. If they won't, I'd say do a road trip to the US and buy Everclear.

In Australia, look for Spirytus 96%. It is also available online (http://www.jimscellars.com.au/_product/v...ikowany-95)

In the UK, you can get Navimer Alcool Pur 94%, again available online (<http://www.beersofeurope.co.uk/alcool-pur>)

Outside of that, I haven't looked. You'll have to do your own homework.

If you absolutely can't get the ~95% ethanol you need, or want to avoid long road trips to try to get it, there is one last option, which might be easier overall in any case. You could buy a premixed solvent from a compounding pharmacy. Compounding pharmacies are pharmacies that make custom medications/solutions. If you say you want to buy 1 litre of 60/40 by volume solution of ethanol/dipropylene-glycol or ethanol/propylene-glycol, they should be able to mix this up for you for dirt cheap. You could tell them it's for mixing up your own home minoxidil solutions because you have sensitive skin and find the commercial ones have too many things that bother your skin. You could even let them put the minoxidil in for you (though they will probably charge a lot more than doing it yourself).

Tweaking the Solvent

One of the reasons I like mixing my own solutions is it lets you tweak the recipe over time. Some of what I'm going to say about this is probably more detail than necessary for almost anyone, and not relevant to the average person. But I will not be staying here forever, and this information may be useful to someone in the future, so I figure I will share it now, while I still can.

Percentage balance of solvent components

In my original post, I suggested a 60/40 blend of ethanol/dipropylene glycol or 60/40 ethanol/propylene glycol. I would like to explain how I came to this percentage balance. For simplicity, I will abbreviate dipropylene glycol to DPG and propylene glycol to PG.

When I first began doing this, I started with a 70/30 of ethanol/DPG, which is what most people suggest online

for RU. However, I found it wasn't dissolving as much minoxidil as I liked. Minoxidil as I found out is generally the hardest component of a hair serum to get to dissolve well.

I eventually found out that minoxidil is more soluble in PG (and presumably DPG) than it is in ethanol. So if you want to maximize the minoxidil content, you must increase the amount of propylene glycol (PG) or dipropylene glycol (DPG) and reduce the amount of ethanol. If you want to do the math yourself, minoxidil has a solubility of 90 mg/mL in PG (<https://deepblue.lib.umich.edu/bitstream...sequence=1>) and 29 mg/mL in ethanol (<http://www.scbt.com/datasheet-200984-min...10858.html>).

This means a 70/30 solution of ethanol/PG will dissolve 47.3 mg/mL minoxidil (4.7%). A 60/40 solution of ethanol/PG should dissolve 53.4 mg/mL (5.3%). A 50/50 solution of ethanol/PG should dissolve 59.5 mg/mL (5.9%). So you can get slightly higher % minoxidil solutions by going up on the PG component, though with diminishing returns. As a side note, this is why I'm highly sceptical of online generic minoxidils that claim up to 15% strength. Chemically, unless they're using a very amazing/special solvent, it's impossible.

Overall, so far, I have found a 60/40 ethanol/DPG (or ethanol/PG) composition works best, so that is what I would suggest. 2.5 mL of 60/40 DPG will dissolve ~100 mg RU, ~100 mg minox, and ~100 mg azelaic acid almost perfectly, and that is what I'm using daily at this stage with good results.

Propylene glycol (PG) vs. Dipropylene glycol (DPG)

I use DPG over PG as stated because from what I have read, DPG is supposed to be gentler on the skin. However, I am speculate that minoxidil may dissolves slightly better in PG than DPG. I am thinking this because I can't get quite as much minoxidil into my DPG solutions as I would expect from calculating based on PG solubility (about 1% lower solubility i would guess).

I might try switching to PG in the future even just to compare. But as stated, I'm pretty happy with things as they are now though on DPG. Whether it is precisely a 4% solution of minoxidil or 5% almost certainly doesn't matter. Since you're applying this stuff every day for life, it's probably more important it be gentle on the skin, which DPG should be moreso.

Once or Twice a Day Application

I have stuck to once a day application for a few reasons. (1) All the RU studies were on once a day application with good results. (2) Applying twice a day is a pain in the ass. When I'm rushing in the morning, I don't have time for anything. (3) I'm getting good results on once a day application. (4) On a personal level, I shower and apply at night, so adding another application in the morning would make my hair look horrible and greasy all day at work.

All that said, however, minoxidil is generally intended to be applied twice daily. And there can be no harm from applying RU twice daily except added cost. So if you want maximum results, twice a day application will probably work best.

Picking the Best Dropper

Lastly, I'm going to talk in fine detail about various dropper types that are available. This may seem strange. But the truth is, if you're measuring this stuff and applying it every day for the rest of your life, the type of dropper you're using really matters. And there are a lot of different droppers out there. Search 'eye dropper' or 'dropper bottle'on ebay and you will see a variety of types.

Glass vs Plastic

In choosing a dropper to apply solution to your scalp, I very strongly recommend you get one made from glass rather than plastic. This is because the glass pipette/dropper will be more rigid. You will be better able to keep it pressed to the scalp, so most of your solution ends up on your scalp and not on your hair.

A plastic pipette (eg. http://2.wlimg.com/product_images/bc-ful...223364.jpg) may be okay for measuring your quantities of liquid, as most glass droppers don't have graduations for measuring, but it won't work as well for applying to the scalp. It will bend and flex all over. It also won't slide/glide over your scalp as well as a glass one. You'll want to keep the dropper moving as you empty it over your scalp to spread it around. Glass ones do this beautifully. Plastic not so much.

One Piece vs Two Piece

You will also want to get a dropper that is solidly put together in one piece. Some of the ones online are two pieces with a glass body and rubber bulb that come apart (eg. <http://aroma2go.com/images/ac%20Eye%20Dropper-2.jpg>). This is no good. It will fall apart as you try to apply the solution to your scalp.

The best droppers for applying to the scalp are ones that are intended to as lids for bottles (eg. <http://www.bristolbotanicals.co.uk/image...BOT029.jpg>). They are made of glass, and are one-piece designed (can't fall apart). Notice that the picture I just said was good has a nice rounded tip as well. This will slide over your scalp perfectly. You don't want one with a sharp tip (eg. https://www.kingarthurflour.com/item-img..._10_50_456) as it will dig into your skin and not slide.

The Ideal Dropper

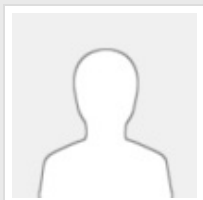
The absolute perfect dropper out there is the one they used to include with a bottle of Spectral DNC. It is

single piece (lid style), glass, and has mL graduations on it already. I can't find anything that has all those features on ebay. If I lose mine, I will probably just buy another bottle of Spectral DNC just to get a new one. It's \$40 for a bottle of Spectral, and I have been using the dropper every day for 5 months now. Worth it IMO for the money. But I'd suggest you contact Spectral first make sure the bottle you buy still has the dropper in it. They are always changing their packaging and have so many products now it's hard to keep track.

Otherwise, buy a plastic 2-3 mL pipette with graduations for measuring quantities on ebay, and a second glass lid one with a round tip like suggested for applying to the scalp. Search 'plastic 3 mL pipette' for the plastic ones. The glass lid droppers with round tips are available commonly if you search for 'dropper bottle' (eg. <http://www.emptycosmeticbottles.com/phot...roduct.jpg>).

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phonecel
Newbie

Posts: 49
Threads: 2
Joined: May 2016
Reputation: **106**

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05-08-2016, 05:14 PM

#26

Thanks modified.
I used nizoral in a cream, not a shampoo. Maybe it makes a difference bigger than expected.

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Iltvyr
Mega Super Poster

Posts: 2,212
Threads: 364
Joined: Jul 2015
Reputation: **469**



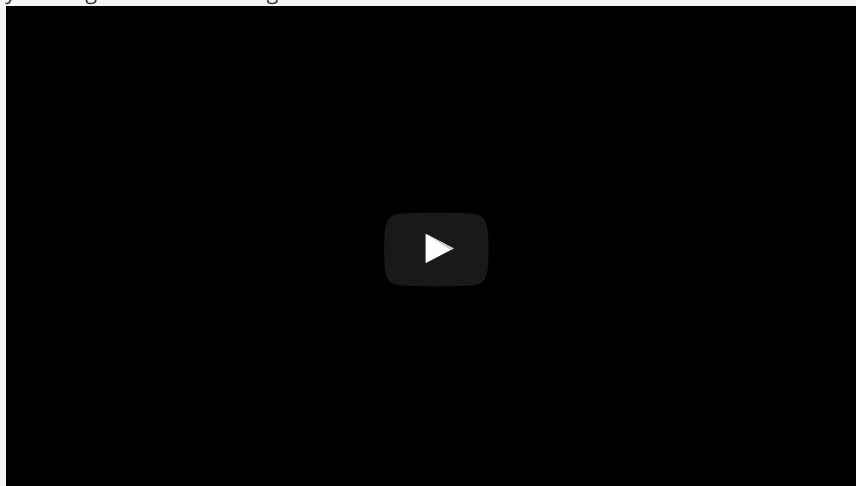
05-08-2016, 07:50 PM (This post was last modified: 05-08-2016, 07:52 PM by Iltvyr.)

#27

<http://www.hairdirect.com/store/ghost-bo...1-3oz.aspx>

what about this product's toxicity? can acrylic polymers absorb through the skin and cause health damage? can polymers break down and then absorb through the skin? i wrote them and they told me it atleast doesn't contain any methacrylate which is certainly toxic.

i'm using this solution right now because i see no other way to look perfect. very often you can't even make your original hair look as good as this.



Starcrazy Wrote: →

(03-08-2016, 07:05 PM)

you're as old as your hairline

Bukowski Wrote: →

(04-11-2016, 06:48 PM)

You're as pedo as your hairline

"It is not the hair that you have on your head that counts.. It is the hair that you have on your heart.."

ethnicslayer Wrote: →

(02-04-2017, 04:19 PM)

surgery is the only vitamin



modified ●
Banned

Posts: 5,121
Threads: 191
Joined: Jul 2015

05-08-2016, 09:24 PM (This post was last modified: 05-08-2016, 09:33 PM by modified.)

#28

lltvyr Wrote: →

(05-08-2016, 07:50 PM)

<http://www.hairdirect.com/store/ghost-bo...1-3oz.aspx>

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For many years I expected to go bald based on my genetics and was at peace with it knowing that hairpieces can look incredible. So I agree that's a valid option if your hair is already too far gone or can't be saved. People highly underrate the value of a good hairpiece.

I've wondered about your questions as well regarding the glues they use. That's one of the reasons I'm actually comfortable with the unknown safety of RU. If I wasn't using RU, I'd be wearing chemical glues on my scalp for life. So what's the difference?

I don't know if that glue would be safe or not. I'm guessing it would be. But I think you'd have to get a list of the ingredients in the glue and then Google each one to see how toxic they are. I'm sure that some glues have better ingredients than others. Sounds like you've already figured out one to avoid.



lltvyr ●
Mega Super Poster



Posts: 2,212
Threads: 364
Joined: Jul 2015
Reputation: **469**

05-08-2016, 09:36 PM (This post was last modified: 05-08-2016, 09:38 PM by lltvyr.)

#29

modified Wrote: →

(05-08-2016, 09:24 PM)

lltvyr Wrote: →

(05-08-2016, 07:50 PM)

<http://www.hairdirect.com/store/ghost-bo...1-3oz.aspx>

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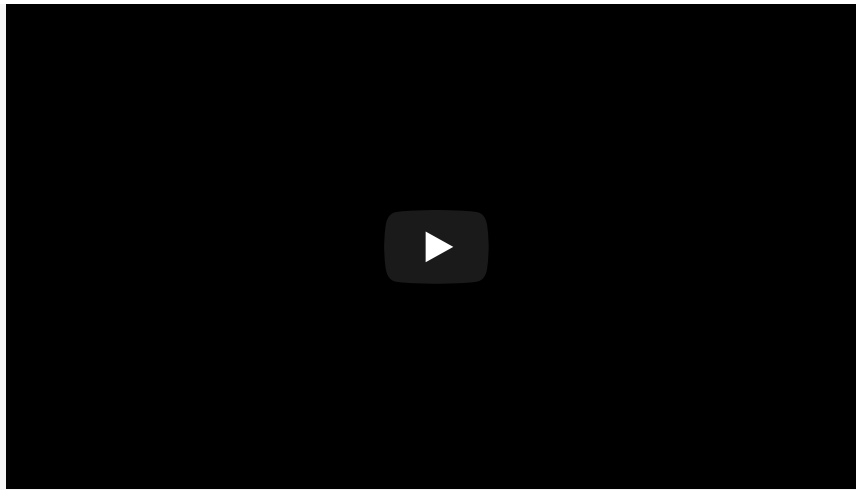
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this one is the safest i've seen and it's very effective as well. it seems like it can hold forever. the ingredients are only: water, acrylic copolymer. so there's not much to google. it doesn't atleast look very harmful, but i'm still worried, because i'm going to depend on it 24/7 my whole life. it's white, turns invinsible and doesn't smell



Starcrazy Wrote: →

(03-08-2016, 07:05 PM)

you're as old as your hairline

Bukowski Wrote: →

(04-11-2016, 06:48 PM)

You're as pedo as your hairline

"It is not the hair that you have on your head that counts.. It is the hair that you have on your heart.."

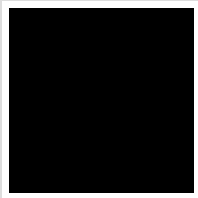
ethnicslayer Wrote: →

(02-04-2017, 04:19 PM)

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Posts: 5,121
Threads: 191
Joined: Jul 2015

05-08-2016, 09:41 PM (This post was last modified: 05-09-2016, 05:24 AM by modified.)

#30

paulus Wrote: →

(05-08-2016, 05:08 PM)

what is your opinion on niacin (vitamin b3) op?

ThatDude Wrote: →

(10-24-2015, 01:51 PM)

Maybe some of you have read the benefits of taking niacin and getting the "**niacin flush**" effect to boost your HGH and possibly grow a few CMs or increase your muscle size.

There is a **huge** side effect to this:

PGD₂ is a prostaglandin that increases **hair loss**. This is what PGD₂ causes to your scalp.

So what you are effectively doing when taking Niacin, is increasing your **HAIR LOSS!**

(I did take niacin for 2 months every 2 weeks, and I did have noticeable hair loss in that time, though I didn't know where it was coming from, luckily I am still NW 1.5)

Studies:

Morrow, JD; Parsons Wg, 3rd; Roberts Lj, 2nd (August 1989). "Release of markedly increased quantities of prostaglandin D₂ in vivo in humans following the administration of nicotinic acid". *Prostaglandins* **38** (2): 263–74. doi:10.1016/0090-6980(89)90088-9. PMID 2475889.

<http://lookism.net/Thread-Do-not-take-Ni...R-EVERYONE>

I will actually be starting taking niacin orally soon to keep my HDL cholesterol up while on steroids. So I will let you know in a few weeks once I'm on it if my hair starts shedding or not.

From what I can find from searching the subject, I do not think niacin will cause hair loss.

First of all, niacin has been available as Niaspan for many years as a cholesterol treatment. Millions of men have taken it. If you review its published side effects, hair loss is not included as a risk. So probably taking niacin orally doesn't cause or worsen hair loss. If it did, someone would have noticed already.

Niacin induces PGD2 which has been found in higher concentrations in the bald scalp. But that's all still new research and no one really knows how it all fits together. In fact, if you search for 'niacin hair' you'll find far more people claiming niacin HELPS their hair than hinders it.

Niacin probably has lots of other biological effects besides the PGD2 effect. We probably don't understand all of it on enough of a level to be certain. But I bet overall it is hair neutral or even hair beneficial.

Furthermore, according to one quote I found:

Quote:

There are two types of PGD2 receptors, DP1 and DP2 (DP2 is also known as 'GPR44' and 'CRTH2'). The PD2 receptor (and not PD1) is involved in hair growth downregulation. Niacin produces flushing via the PD1 receptor - the PD2 receptor is not involved in the flushing at all.

So in other words, niacin possibly doesn't trigger the type of PGD2 receptor that causes hair loss.

Like I said I'll let you know what I experience once I start taking it. I doubt it will have a negative effect at all.

Refs:

<https://baldingblog.com/2012/04/05/niaci...ases-pgd2/>
<http://www.hairlosshelp.com/forums/messa...TMP=Linear>
<http://www.drugs.com/sfx/niaspan-side-effects.html>

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