Episode 161 Transcript

00:00:00:00 - 00:00:12:11
Dr. Rubaina Dang
I always tell my patients, don't ever let anyone gaslight you into thinking that you know your symptoms are normal because you know your body better than anybody else. And if you think something is wrong, most oftentimes they're usually as.

00:00:12:12 - 00:00:37:19
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton, Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:37:21 - 00:01:00:02
Dr. Jaclyn Smeaton
The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hi there and welcome to this week's episode of the DUTCH Podcast. On this week's episode, we are going to talk about something that if it's ever happened to you, you know how distressing it can be.

00:01:00:02 - 00:01:19:04
Dr. Jaclyn Smeaton
And that's hair loss for men and for women. Now hair loss. While you might get an initial workup with your primary care doctor or your ob gyn, or even see a dermatologist, the scope of what gets evaluated. Number one is usually pretty narrow, and I find that most patients are sent away saying, everything looks fine, everything's going to be fine.

00:01:19:04 - 00:01:49:22
Dr. Jaclyn Smeaton
This is telogen effluvium or it's temporary. Just let it pass. But it's really hard to sit back and trust that it will pass. And oftentimes it doesn't. And what we really have learned is that a more, narrow range is sometimes required for different labs and a

broader evaluation, things that look not just at your testosterone, but at your testosterone metabolites, or not just at testosterone and androgens, but also at cortisol, estrogen, progesterone, stress levels, nutritional workup, gut health.

00:01:49:22 - 00:02:16:23
Dr. Jaclyn Smeaton
There's so much more to the picture. We are going to get into all of that today. My guest today is Doctor Rubaina Dang. She's a licensed naturopathic doctor, educator, and researcher in the field of integrative medicine. And her whole practice centers on that gut skin hormone connection. She uses functional medicine testing, targeted nutrition, and evidence based supplements to resolve the concerns that are often missed or dismissed in conventional care and workups, just like hair loss.

00:02:17:01 - 00:02:38:04
Dr. Jaclyn Smeaton
Now, in addition to her clinical work, she also actively runs clinical trials and is a contributing author to Continuing Medical Education series, and she speaks at conferences all over the country. Doctor Daines, a recognized voice at the intersection of hormones, gut, skin, and integrative medicine. I think you're going to really appreciate her perspective on the hair loss topic and really take a lot away a lot of learnings.

00:02:38:06 - 00:02:40:02
Dr. Jaclyn Smeaton
Let's go ahead and get started.

00:02:40:04 - 00:02:42:12
Dr. Rubaina Dang
Thank you so much for having me. I'm honored.

00:02:42:14 - 00:03:05:18
Dr. Jaclyn Smeaton
I'm really excited to talk about today's topic, because I think this is something that if you've been in practice and you work with women, it may not be the most medically concerning symptom, but it certainly is up there with the top emotionally concerning symptoms. For women, that's hair loss. I think anyone who's experienced hair loss, even for a period of time, knows just how distressing it can feel.

00:03:05:20 - 00:03:12:23

Dr. Jaclyn Smeaton
Can you talk a little bit about, like, what you hear from patients when they're coming into you with hair loss?

00:03:13:01 - 00:03:34:21
Dr. Rubaina Dang
You know, hair is something that a lot of people, you think it's just, you know, it's vanity. But it usually tells us something is going on even deeper. So most of my patients come to me and like you said, they're they're quite distressed, you know, they're they're seeing their hair in the shower drain. They're seeing it on the pillows all over the floor, and they just don't recognize themselves anymore.

00:03:34:22 - 00:04:01:06
Dr. Rubaina Dang
The biggest thing is they feel like they're losing parts of themselves when they're when they're losing their hair. And most often, women go to their doctors presenting with their concerns around their hair. They maybe get a basic workup like a CBC, you know, a TSR iron, if we're lucky. And then they get dismissed being told that everything's normal and they come to me and they're like, I am going to be bald in just a few months.

00:04:01:06 - 00:04:22:00
Dr. Rubaina Dang
I don't know what to do. And sometimes I get a referral to a dermatologist for, you know, minoxidil. But usually they want to figure out why this is happening because they know you know their hair well, they've lived it and breathed it their entire lives. And so when they're seeing it everywhere, they know something's going on and they just feel like no one's taking them seriously.

00:04:22:02 - 00:04:40:07
Dr. Jaclyn Smeaton
Well, it makes a lot of sense. I mean, it's obviously there's there are times where hair loss can be normal. We have this thing called telogen effluvium that happens like post pregnancy. We'll talk more about that. And even then it's concerning. Even when you reassure women that there's a reason why this is happening that's not health related, it's still very concerning.

00:04:40:08 - 00:04:59:16
Dr. Jaclyn Smeaton

It's like, well, is it going to end because you're right, it is like losing a part of yourself. But then I love the fact that you bring up that sometimes it gets brushed off when it could be a sign of something else that's going on. We're going to dive into a lot of that today. Before we get into the specifics, how would you describe that gap between like, what standard labs catch?

00:04:59:16 - 00:05:09:20
Dr. Jaclyn Smeaton
Like, what do people get, what their doctor and what is actually driving? Hair loss for most of the women that you see, like, what are the key buckets that you think about as naturopathic doctor?

00:05:09:22 - 00:05:32:06
Dr. Rubaina Dang
So usually when individuals, men and women, they go to their doctor presenting with hair loss, they maybe get a TSH, they'll maybe get an iron panel ferritin if they're lucky. Sometimes a vitamin D, and they usually get dismissed being told they're within range. And so as a natural path that doctor, we know that in range doesn't necessarily mean optimal either.

00:05:32:08 - 00:05:52:10
Dr. Rubaina Dang
And so I'm also looking for, you know, what what their actual values are. Is there certain that they they got run. Is it 12. Is it 20. Is it 50. Because that plays a significant role specifically with hair health. Same thing with the TSH. Usually they just get a TSH and they don't get a full thyroid panel done.

00:05:52:12 - 00:06:12:04
Dr. Rubaina Dang
And so I'm also looking for just kind of for upstream and downstream pathways because they tell us a story. And oftentimes we just get single snapshots of the story. And then you know, once we get the little snapshot, usually the patient gets dismissed and then they go home and they tend to do all of the research. And they want more answers to.

00:06:12:05 - 00:06:19:06
Dr. Rubaina Dang
So it's my job to, you know, hear my patients, listen to them and get the full story.

00:06:19:08 - 00:06:39:18
Dr. Jaclyn Smeaton
I want to dive into all of these pieces. I think they're so important. You know, women experiencing hair loss, they're routinely told, like, your thyroid is fine, your iron's fine. But I want where I want to start because I think you've kind of got into this a little bit with ferritin. Is that the standard reference ranges are very broad and panels that are ordered are really narrow.

00:06:39:20 - 00:07:03:05
Dr. Jaclyn Smeaton
But we know that let's take thyroid for instance. Hormones within the normal reference range, like for a thyroid, can still be out of range for a specific patient, particularly with hair loss like compared to controls. And there's nutrient deficiencies like you talked about ferritin as well. So I mean, what we've seen is that this standard workup really just scratches the surface of a much more layered clinical picture.

00:07:03:07 - 00:07:21:06
Dr. Jaclyn Smeaton
So start me off or like help us all understand, when you look at a patient's labs, everything's flagged as normal, but she's still losing hair. Where do you typically start and what are you looking for that maybe that standard panel didn't capture or what elements are you looking at differently?

00:07:21:08 - 00:07:41:20
Dr. Rubaina Dang
So I'll start with a medical workup. I always start there, you know. So I'm looking at your your CBC, your CMP, thyroid panel beyond a t s h. So we're looking at a free T4, free T3, reverse T3, and antibodies. Antibodies get missed all the time. And they're some of the most clinically relevant information that we can get in women.

00:07:41:22 - 00:08:09:16
Dr. Rubaina Dang
And then we're looking at the iron panel iron to ABC ferritin. And then beyond that we're looking at micronutrients. So vitamin D, B12 zinc selenium and a part that gets missed all the time when patients come to me is they don't get their androgens or their hormones evaluated. So it's crazy you know. And we know that androgenic alopecia is so significant, yet no one's ever had a testosterone for your total or DHT, right?

00:08:09:17 - 00:08:34:12
Dr. Rubaina Dang
They've maybe had total testosterone. Same thing if they got lucky. But free usually gets missed and DHT almost never gets run. And then I know we're going to probably dive deeper in this, but serum is so different than you know, looking at urine or salivary hormone testing to. And so because serum tells us more how much is what I like to say is how much is, you know, bound to the protein in blood.

00:08:34:12 - 00:08:51:00
Dr. Rubaina Dang
It doesn't tell us how much is bioavailable and affects our tissues. And when we look at tissue health, specifically hair, we need to know what's happening at the tissue level. And so that's why serum testing isn't preferred for hormones. When we look at hair health.

00:08:51:02 - 00:09:18:13
Dr. Jaclyn Smeaton
I think hair health is probably one of the most valuable times to run a test because of that very reason, I think. I mean, we I've always told Mark, our owner, I'm like the tissue was the issue. Like when it comes to hormones that usually the issues and we think about this with like blood sugar, I think we understand that insulin resistance kind of comes before this elevated blood sugar that we see, or even elevated insulin in the bloodstream.

00:09:18:15 - 00:09:32:21
Dr. Jaclyn Smeaton
The bloodstream is kind of the last place that changes. But the cells, they adapt more quickly. And I love that you're bringing this up with hair health, because I think we've really tried to optimize the DUTCH test to be able to evaluate that, because we have a marker for biotin and things that we can pick up in the urine.

00:09:32:23 - 00:09:48:03
Dr. Jaclyn Smeaton
But can you talk a little bit about androgens? I think this is the genetic alopecia is a huge cause, and I completely agree with you. Running standard bloodwork could probably be missing a huge number of women who are affected by that.

00:09:48:05 - 00:10:07:17
Dr. Rubaina Dang

So androgens is key here because androgens affect both men and women. And first of all, you know, a lot of women don't think that they have androgens. And they're like white women have testosterone. And, you know, testosterone is vital for women. You know, we need it for libido. We need it for energy. We need it for bone density, muscle mass preservation.

00:10:07:17 - 00:10:33:20
Dr. Rubaina Dang
And so some women think testosterone, you know, generally isn't a good thing. So when we run the DUTCH test specifically and we look at their testosterone and the metabolite, specifically DHT, what I let the women know is testosterone is healthy, but we're looking at the downstream pathway. So we're looking at the five alpha reductase pathway. Because when it comes to hair health, we actually have receptors for five alpha reductase in the tissue.

00:10:33:20 - 00:11:02:00
Dr. Rubaina Dang
And in the hair follicles as well. And so what five alpha reductase and DHT does specifically for the hair is it causes miniaturization and makes your hair follicles and your hair strands thinner and thinner over time. And so usually women who, you know, have higher levels of DHT or androgens in their the tissues, specifically in their hair, they, they, you know, remember, and they look at photos from decades ago, like, I used to have such thick hair.

00:11:02:00 - 00:11:18:08
Dr. Rubaina Dang
I don't know what happen. It's thinner. And I just feel like I've I have half the density than what I used to have before. And so that's why androgens play a significant role. And a lot of, you know, individuals also come to me and they're like, oh, yes, I have a family history of hair loss that runs through the family.

00:11:18:08 - 00:11:32:22
Dr. Rubaina Dang
But what that means is we can see these patterns of we could be more genetically predisposed to having higher, you know, DHT and androgens in the tissues. And so the earlier that we recognize it, the earlier that we can start to do something about it as well.

00:11:33:00 - 00:11:51:15

Dr. Jaclyn Smeaton
Yeah. And what that means clinically, for those of you who are listening, who are patients, as you could have the same testosterone free and total testosterone as the person sitting beside you, but have a very different effect at the cell level, at the follicle because of how you metabolize it. And with the DUTCH, as we do, measure that, there's we actually put out a white paper.

00:11:51:15 - 00:12:10:04
Dr. Jaclyn Smeaton
I'll make sure we link to it in the show notes. For those of you who are interested, particularly clinicians, because it is science heavy, but there's a lot of research on a marker called five alpha addressing diol, which is a downstream metabolite of DHT. What doctor Tang's talking about here. And she doesn't leave a cell very efficiently. It kind of stays inside of the cell.

00:12:10:06 - 00:12:32:03
Dr. Jaclyn Smeaton
If it's high in the bloodstream, you know, it's really high in the cells. But if I have alpha, andro does leave and we can measure that in urine. And there's so much research, clinical research on how it can distinguish women who have clinical symptoms that show up due to androgens, not just with hair loss, but acne and PCOS, PMS, and a lot of other things.

00:12:32:03 - 00:12:42:15
Dr. Jaclyn Smeaton
But I love that you explain that because I think it's such an important piece, and it's one of the big reasons why we miss androgen related hair loss in bloodwork.

00:12:42:17 - 00:13:07:02
Dr. Rubaina Dang
Absolutely. I think it goes missed almost always in standard bloodwork. And that's why the importance of DUTCH comes in, because, you know, most women, they've come to me with their labs. And, you know, there are some providers that do run more comprehensive labs, but things do get messed up. And what I think is also very unique about DUTCH, too, is we can look at the metabolites and you can't look at metabolites on standard lab panels.

00:13:07:04 - 00:13:16:10
Dr. Rubaina Dang

And so that's where DUTCH really, you know, I would say is my first my first point of contact when it comes to testing for any of my hair loss patients.

00:13:16:12 - 00:13:34:16
Dr. Jaclyn Smeaton
Well, we love to hear that. Thank you. I want to talk not just about androgens because there's other hormones that can affect hair as well. Let's talk a little bit about cortisol. And the role that cortisol and stress hormones have. What happens when kind of chronic stress triggers your hair shedding. Can you talk a little bit about that.

00:13:34:18 - 00:13:57:00
Dr. Rubaina Dang
Absolutely. So what stress does specifically cortisol is it prematurely shifts your hair from the growing phase, which is called antigen, straight into telogen, which is the active shedding phase. So you can have different types of stress and cortisol. You can have acute stressors. You can have, you know, chronic stressors like acute cortisol versus chronic cortisol. So in more of an acute situation.

00:13:57:00 - 00:14:20:12
Dr. Rubaina Dang
So let's say a trauma, you know, a passing of a loved one, you know, something a breakup, something significant. You know, you can go through an acute, stressful period and that can prematurely shift your hair into telogen face, or you can go through chronic stress for months, for years, for decades. And that can keep the hair in more of that premature telogen phase.

00:14:20:12 - 00:14:43:03
Dr. Rubaina Dang
So what that means is your hair doesn't stay in the growing phase very long. It might stay in it for a little bit, but then it'll prematurely shift into telogen. And when that happens, it could be called Telogen. Effluvium. So it's more of the hair shock, the significant hair shedding. But here's the important thing is telogen effluvium usually comes on 2 to 3 months after the stressor.

00:14:43:07 - 00:14:59:14
Dr. Rubaina Dang
So most women, when they're presenting an office are like my hair shattering. But, you know, I don't know what's going on. Like I just quit my job or, you know, I just, you know, I don't have that much going on in my life. And then I ask them the question,

what was going on in your life about 2 to 3 months prior?

00:14:59:16 - 00:15:21:07
Dr. Rubaina Dang
And that's usually when they're like, oh, yeah, I went through this significant thing. And I tell them that there is this, you know, 2 to 3 month waiting period. And in this waiting period, also called corrosion, the transition phase, the hair is getting ready to shed. And so that's why we don't see it directly. And when it comes to stress, you know, we get exposed to stress on our in our in our daily lives.

00:15:21:07 - 00:15:39:16
Dr. Rubaina Dang
And some individuals come to me like, I can't, you know, I can't stop being a mom. I can't stop being stressed. I don't know what to do. But we talk about the importance of how cortisol can directly influence hair health and the importance of supporting their cortisol and supporting their nervous system, and testing it as a, as a big part of that as well.

00:15:39:18 - 00:15:58:20
Dr. Jaclyn Smeaton
Yeah. It's interesting because I think stress is very rarely only one thing. It's like an overflowing bucket. And it's not usually just one drip or one faucet. You can you might not be able to stop being a mom. Yeah, but you can definitely, you know, go for a walk every day or try to get better sleep or things that help you kind of maintain that.

00:15:58:22 - 00:16:28:01
Dr. Jaclyn Smeaton
It's really interesting. I think about, I mean, the times that people have come in my office with hair loss predominantly, it's like that time frame two, three months postpartum is such a big one. Can you talk a little bit about that? Because I think there's so much happening at that time, from the physical exertion of a birth to the stress of becoming a new parent, to take humongous hormone changes with estrogen and progesterone really dropping, that seems to be one that's worth talking about specifically.

00:16:28:03 - 00:16:51:03
Dr. Rubaina Dang
Oh, it's so important. You know, especially postpartum. What happens is your estrogen plummets and estrogen is very protective for her health. So estrogen keeps

our hair in the antigen phase which is a growing phase. So suddenly we deliver allergen plummets compounded by especially first time or not even first time. You know, second, third, fourth time mothers. Just the cortisol, you know, they're they're not sleeping.

00:16:51:03 - 00:17:13:09
Dr. Rubaina Dang
Sleep is disrupted. You know, so the cortisol usually tends to be elevated. Progesterone hasn't fully kicked in. So there tends to be more of a progesterone depletion too. So these women experience a significant rapid shed and a lot of the postpartum women, they notice it in the temples. So they have the postpartum shedding specifically there. And that usually is a sign more of that estrogen drop off, too.

00:17:13:09 - 00:17:32:18
Dr. Rubaina Dang
And it could be compounded with the telogen effluvium. So most of these women, they, you know, they they tell me that I can't change anything. And so that's where we focus more on supporting you know, micronutrients through food. So I said the one thing that we can control is making sure you are well fed and that, you know, you're getting nutrient dense foods.

00:17:32:18 - 00:17:56:19
Dr. Rubaina Dang
And because they're usually breastfeeding and breastfeed, also breastfeeding also is just so, you know, nutrient, nutrient dense for, you know, mothers. And so they need a lot of nutrients to support their babies. And so I say, you know, even if we can add in some breathing exercises, even if we can add in short naps throughout the day walks, like you mentioned, some sunshine, little changes that will help move the needle overall in the long run.

00:17:56:21 - 00:18:21:05
Dr. Jaclyn Smeaton
Yeah, they're little things, but they do make quite a big difference, especially if you do it more regularly. The other thing that I always love to remind my patients of when it comes to that postpartum setting, is that pregnancy keeps your hair in a growth phase with all those hormones. So not only are you losing, but you also almost have more to lose because your body kind of catches up with what would have normally been shed during pregnancy.

00:18:21:05 - 00:18:31:19
Dr. Jaclyn Smeaton
So it can seem even more extreme in that postpartum shed. It's very, unsettling for almost everybody. I think that goes through it absolutely.

00:18:31:21 - 00:19:07:04
DUTCH Podcast
We'll be right back with more. At DUTCH, we empower providers to confidently integrate functional hormone testing into their practice. Registered DUTCH providers gain exclusive access to hormone education courses, including our Mastering Functional Hormone Testing course. This course shows providers how to effectively use DUTCH testing to assess and interpret hormone levels in both male and female patients. You'll learn more about hormone testing basics, including estrogen, progesterone, and androgen levels, as well as adrenal function and HPA axis.

00:19:07:04 - 00:19:18:13
DUTCH Podcast
Health. Register for this course on the home page of your DUTCH provider portal, or become a DUTCH provider today to get access. Welcome back to the DUTCH podcast.

00:19:18:15 - 00:19:39:10
Dr. Jaclyn Smeaton
I want to talk a little bit more about, some of the other hormone factors we talked to briefly about thyroid. And obviously thyroid is a really critical part of the conversation around hair loss. Can you share a little bit about let's talk about testing and ranges when it comes to hair loss? Like what? Because most of you said most people around the age.

00:19:39:10 - 00:20:00:10
Dr. Jaclyn Smeaton
But that can be incomplete. What would you run that's different or expanded beyond age? And then I'd love to hear you talk a little bit about what you view as an optimal range for women, where you can really rule out thyroid is not a piece of this, where there is obviously kind of a squishy zone in normal but not optimal, where you're thinking, okay, I still need to figure out if this could be part of the picture.

00:20:00:12 - 00:20:22:02
Dr. Rubaina Dang

Absolutely. So we always start with a a free T4, a free T3. I like to get a reverse T3 and those antibodies. And so usually the women come in, they have their TSH run maybe a T4. So once we get the whole picture we're looking at the whole pathway from, you know, the brain communicating to the thyroid gland and the output of the thyroid hormone to.

00:20:22:02 - 00:20:44:00
Dr. Rubaina Dang
And if there's any inflammation and autoimmune against the thyroid gland with the antibody. So this is what I usually see in practice. If there's a thyroid related concern these women tend to have TSH values that are either on the upper end of the normal range or slightly out of, you know, the upper threshold of normal. So this can look like a 4.85 or 5.2.

00:20:44:00 - 00:21:06:01
Dr. Rubaina Dang
And they've been told by their doctors, oh, it's normal or you know, your CAC just trending a little bit, but we don't need to do anything about it. And they often can have a normal free T3 and free T4. So this can put them in a subclinical hypothyroidism. And I tell my patients, you know our our hair health is directly connected also to our metabolic and our thyroid health too.

00:21:06:03 - 00:21:28:06
Dr. Rubaina Dang
You know and so that's why it's so important to have our TSH within more of an optimal range. And so I know you asked for just kind of my preference in terms of lab values. I like the TSH to be under 2.5. So let's say like a 0.8 to 2.5 is my preferred range. Anything above that, it's telling me the thyroid definitely does need a little bit more support.

00:21:28:08 - 00:21:54:00
Dr. Rubaina Dang
And for the cases of individuals that have a completely normal TSH, a completely normal free T3, free T4, reverse T3, but elevated antibodies, I also take that very seriously because for me, elevated antibodies is a warning sign. There's definitely some inflammation, autoimmunity against the thyroid gland, and that can directly impact hair health too. And so we want to support and understand why are the antibodies elevated.

00:21:54:02 - 00:22:15:13
Dr. Rubaina Dang
And and that can sometimes just be you know, what hits the nail on the head is once we get the antibodies under control, the hair, you know, usually is reflective of that too. So sometimes thyroid health goes missed when it comes to hair health. But just looking at things from more of an optimal range and getting the full picture moves the needle significantly.

00:22:15:15 - 00:22:30:10
Dr. Jaclyn Smeaton
Now let's talk a little bit about fair too. Now it's another marker that you had raised, really the first question that I asked you for listeners who might be new, can you talk a little bit about what ferritin is and why it's important to measure for hair evaluation?

00:22:30:12 - 00:22:52:14
Dr. Rubaina Dang
So ferritin is our iron storage and it directly supports hair health and and hair you know I call it it's it's nutrients for our hair. And so usually if women get their certain measured you know the range the reference ranges can be different depending on different lab testing. Some consider for to normal at 12 to 15, you know, nanograms per milliliter.

00:22:52:14 - 00:23:07:17
Dr. Rubaina Dang
And so they go to their doctors, they get their first in their fresh hands, maybe 15, maybe 12, maybe 20. And they'll go, my doctor said, I don't have anemia. I'm okay. And I specifically asked for the number. I said, what's the number? And they you know, usually tell me their number. It's on the lower end of the range.

00:23:07:22 - 00:23:39:04
Dr. Rubaina Dang
And I let them know that ferritin is what, you know, our hair follicles need. And so they're directly pulling iron from our ferritin. And for our hair health we need it to be at a bare minimum of 50 minimum, but ideally closer to 70 to 80 for optimal hair health. And in reproductive age women. Most of these women are walking around with ferritin, you know, under ten, under 20 and wondering same thing, why they're exhausted, why their hair is falling out.

00:23:39:04 - 00:23:53:11

Dr. Rubaina Dang
And once we focus on increasing iron range foods, potentially, you know, focusing on supplementation and getting that ferritin up, they noticed so much more stability in their hair health. And so ferritin is one of the markers that is is directly supportive for our hair.

00:23:53:13 - 00:24:12:06
Dr. Jaclyn Smeaton
It's so important to be thinking about that. And actually this has been really in the news lately because they're looking at raising the, bottom end of the normal range for ferritin to be a bit higher. What do you consider to be like problematic or like low, low, normal, where you start to say, okay, I'm actually a little worried about this.

00:24:12:07 - 00:24:13:17
Dr. Rubaina Dang
Anything below 30?

00:24:13:22 - 00:24:55:16
Dr. Jaclyn Smeaton
Yeah, I'm about the same, I think 31 other consideration that I think is really interesting is, hzgp has a relationship with ferritin as well. Like when there's inflammation, it basically your ferritin can go up with inflammation. And so it can look okay when it's really not. And there was a study I'll send the link to in the show notes here, like a pooled analysis of about 25,000 women when they found that iron deficiency was dramatically underestimated when ferritin wasn't corrected for inflammation as CRP went up, the like relative prevalence of depleted iron stores dropped from about 29% in this population to only 6%.

00:24:55:16 - 00:25:18:13
Dr. Jaclyn Smeaton
So that wasn't because iron status improved. It was because inflammation was raising the ferritin falsely. So that's another thing. Just for clinicians to be thinking about, is if CRP is elevated, you have to be concerned that the ferritin might look higher than it is, and you might actually still be dealing with iron deficiency. A lot of people are running boats, so I love to always throw that in there.

00:25:18:15 - 00:25:32:01
Dr. Jaclyn Smeaton
That's good. Good to know about. Now, are there anything else you'd mentioned? A

lot of the nutrients as well that you like to check on. Are those ones that you measure directly in the blood, or do you measure them through a different means?

00:25:32:03 - 00:25:51:11
Dr. Rubaina Dang
So this is where I talk to my patients about their means to, you know, I want to always meet the patient where they're at in terms of testing. So I'll start with serum testing vitamin D, B12, zinc, magnesium. I'm trying to get, you know, as much information I can, but it's not always accurate and reflective. What's happening intracellular.

00:25:51:12 - 00:26:09:09
Dr. Rubaina Dang
And so I tell them you know we can get a serum level. But it doesn't mean what's happening, you know in the cells at the tissues. And so if we're going beyond that, other things that I'd like to evaluate is micronutrient testing. So with micronutrients we can get a much better idea of, you know, their overall status of their nutrient health.

00:26:09:09 - 00:26:30:15
Dr. Rubaina Dang
And then I also sometimes run organic acids, in certain individuals too, because it can also tell us about our, you know, amino acid profile. It can also tell us so much more about other things that are impacting our tissues. You know, we can see in in certain organic acids or heavy metal testing if there's any heavy metal interference, if there's any mycotoxins interference too.

00:26:30:17 - 00:27:01:12
Dr. Rubaina Dang
And so once we get a much better idea, I've had many cases actually, where where individuals have come in with, you know, beautiful test results, nothing significant or minor tweaks to focus on serum testing. Normal. And we do an organic acid test or a heavy metal test and we see significant disruption there. And so what I usually tell individuals in those cases is basically, you know, nutrients or fighting, for in the, in the hair follicle, they're basically fighting for their spot there.

00:27:01:12 - 00:27:12:00
Dr. Rubaina Dang
And oftentimes heavy metals and mycotoxins can block absorption of nutrients coming in to. So once we eradicate those and get those out of the tissues as one, we

can finally absorb and support our hair health.

00:27:12:02 - 00:27:24:00
Dr. Jaclyn Smeaton
It's such an interesting thing for you to bring up, particularly with the toxin side, because, you know, is there a lot of data on whether toxin exposure affects hair growth and hair loss? That's not something that really looked into.

00:27:24:02 - 00:27:42:12
Dr. Rubaina Dang
I wouldn't say there's a lot of data, but there is some data out there. And so, you know, the main data that we look at is aluminum and mercury. And those too, those can interfere with absorption. And so we look at are they intracellular or are they, you know, basically preventing absorption. Are they you know, systemic.

00:27:42:14 - 00:28:01:15
Dr. Rubaina Dang
So that being said, you want to just support. That's where I said, let's get the liver support. Let's remove the source of where you're getting the exposure from. And some people, you know, they have, you know, dental work done and or they have, you know, certain implants and then they can't remove it. So we talk about how do we support just overall detoxification of the body.

00:28:01:17 - 00:28:23:07
Dr. Jaclyn Smeaton
That's great to know. One of the things I've thought about a lot lately, and this is I don't know if you've seen this in your own practice, but a lot of patients who go on GLP one medications and they have this great weight loss, which is what they're looking for. They're seeing that essentially a telogen Effluvium a few months later and or hair loss, you know, a few months later.

00:28:23:07 - 00:28:46:22
Dr. Jaclyn Smeaton
And it's really interesting to think about the mechanisms that are driving that, because you have rapid weight loss, which in and of itself could be a stressor or the caloric restriction associated with, you know, just eating less food and a reduced appetite could be a trigger, stressor or it could cause nutritional deficiencies. And, you know, we store our toxins predominantly in our adipose tissue.

00:28:46:22 - 00:29:05:16
Dr. Jaclyn Smeaton
So I've thought a lot about that too, where as you're losing weight, all of those stored toxins become mobilized again. And it's gotten me thinking about how complex it must be to try to unravel the cause of that hair loss that's associated with GLP one use. Is that something that you've seen in practice or worked with patients on recently?

00:29:05:18 - 00:29:08:18
Dr. Rubaina Dang
So much, I can't even begin to tell you how much.

00:29:08:18 - 00:29:09:20
Dr. Jaclyn Smeaton
Okay, let's talk more about this.

00:29:09:20 - 00:29:29:21
Dr. Rubaina Dang
This is yeah. This is a this is the great one. So usually what I see is individuals and it's not initially when they start a gel one, it's usually three, six, nine months in. And so they've gotten to a point where they're happy with their weight. Their weight has plateaued, but they're like, oh my gosh, my hair will not stop coming out of my head.

00:29:29:21 - 00:29:44:19
Dr. Rubaina Dang
And and so what I tell them, you know, we go through, a full 24 hour diet recall, what are you eating? And at this point, you know, they tell me, okay, maybe a protein bar for breakfast or protein shake, a salad with a little bit of protein and, you know, maybe some pasta or I don't know, something for dinner.

00:29:44:21 - 00:30:03:06
Dr. Rubaina Dang
And I tell them, you know, while you're losing weight, you know, we're also losing muscle. So we need to support, you know, that protein consumption and they're they're missing out on a lot of key micronutrients on GLP ones. And when the body goes through significant weight loss, that is very stressful. So in a way it's contributing to surge in effluvium.

00:30:03:10 - 00:30:23:12

Dr. Rubaina Dang
Then we're compounding that with potential micronutrient and protein deficiencies. And when the body goes through, you know, significant weight loss, it is alarming for the body. And so that can contribute to the body's trying to recalibrate. And it's not going to focus on, you know, creating new hair when it's trying to survive and trying to understand what's going on with the rapid weight loss.

00:30:23:12 - 00:30:49:23
Dr. Rubaina Dang
And so the hair gets pushed to the side. And so there's a cortisol component there. There's a micronutrient component there. There's potentially like you said, you know, the toxin mobilization component. So I said we have to address it. You know, focusing on diet first, making sure you are, you know, nutrient dense and then focusing on, you know, supporting, reducing cortisol, even though these individuals are like, I actually feel like I'm less stressed now that I'm not having that food noise.

00:30:50:01 - 00:31:10:15
Dr. Rubaina Dang
And so we that's when the DUTCH can come in handy too, is we can look at their diurnal cortisol, and see what's going on. And usually in these cases they either have elevated cortisol, elevated 24 hour cortisol and difficulty with metabolizing it. And that's something that I always point out when people have, you know, lower just kind of metabolized.

00:31:10:15 - 00:31:25:10
Dr. Rubaina Dang
Cortisol is the cortisol has nowhere else to go. So it's going to stay metabolically active in the tissue. And so that's why it's important to add on the adaptogens and adrenal support, to help with, you know, mobilizing and supporting, you know, just regulation of cortisol.

00:31:25:12 - 00:31:42:22
Dr. Jaclyn Smeaton
It's I love that you're looking at this so comprehensively. Let's talk a little bit more specifically about drug testing. So you've brought this up a couple of times when you're looking at a DUTCH report for a patient with hair loss. Can you walk me through what areas of the report you really like hone in on? First, second, third?

00:31:43:00 - 00:32:09:07

Dr. Rubaina Dang
Yes. So the main areas that I focus are cortisol. So I want to see what is their diurnal pattern look like. And is it elevated. Is it flat lined. Because those two have very different approaches. And like I mentioned there like metabolic you know, activity of how well are they metabolizing their cortisol. The reason I start with cortisol is because cortisol really is the trigger for the rest of the pathway.

00:32:09:13 - 00:32:35:15
Dr. Rubaina Dang
And so if your cortisol is dysregulated, your hormones are going to be dysregulated. Most likely to. So we start there. The second place that I look at is the androgens. And so just like how we've been discussing today, androgen activity is so prevalent. The hair tissue, and just at the follicle level. And so I want to see what is their five alpha reductase pathway, you know, encouraging in terms of the metabolites of DHT.

00:32:35:17 - 00:32:53:10
Dr. Rubaina Dang
And also just kind of, you know, is there just more just do we need to support that pathway more generally, too? And so we can talk about that with patients. And then I look at their estrogen levels and their acid and metabolites. And so I want to see is there any, you know, any concerns around low estrogen.

00:32:53:10 - 00:33:14:13
Dr. Rubaina Dang
And some women can have, you know, lower estradiol but have higher metabolites. So we can talk about, you know, are we detoxifying them. Are we, you know, supporting just overall, are we supporting their estrogen levels in, in more of an optimal way? And then I also go ahead and look at progesterone, because we look at the ratio of estrogen to progesterone.

00:33:14:13 - 00:33:35:04
Dr. Rubaina Dang
And see are they aligned. Is someone, you know having more estrogen dominance due to progesterone insufficiency. Then we kind of go down into more of the organic assets that are run. You know, I like looking at that bias and I like looking at their neurotransmitters. I like looking at, you know, glutathione, support to so I'd say all of it plays a role.

00:33:35:05 - 00:33:51:23

Dr. Rubaina Dang
But sometimes, let's say a patient comes in with a report that everything's off. You know, their cortisol is all over the place or estrogen is higher, progesterone is low, DHT, you know, androgens are elevated. They feel overwhelmed. They're like, I, you know, are we focusing on all of it? You know.

00:33:52:01 - 00:34:00:15
Dr. Jaclyn Smeaton
We call that hot mess, right? Well, I'll call it to myself when I'm if my report looks like that, I and it has, that's when I say I'm a hot mess.

00:34:00:17 - 00:34:17:23
Dr. Rubaina Dang
And it happens. And it happens all the time. It happens. Yeah. And I say it's so important to go in a step by step fashion because it can be really overwhelming for a patient when we start to focus on everything. So I say let's start with what's most concerning. And it's usually cortisol because that impacts the whole pathway.

00:34:17:23 - 00:34:40:02
Dr. Rubaina Dang
And then I start with androgens because androgens they move slowly. You know they it takes at least bare minimum 3 to 6 months to start to see changes. When it comes to androgens, especially at the scalp level. So I will almost always start there. And then we'll move to supporting estrogen and progesterone as needed. Same thing with detoxification.

00:34:40:04 - 00:34:48:05
Dr. Rubaina Dang
If we need to add on that support to same thing with micronutrients. So it kind of goes in a stepwise fashion. And people usually don't feel overwhelmed when I do that.

00:34:48:07 - 00:35:08:10
Dr. Jaclyn Smeaton
I really like that approach because you're right, you can't just throw everything. You also then don't know what's working or not working. And if the patient is spending money on things, they don't need to yet. But we think about that a lot like cortisol is if you think about all of our hormone systems, cortisol. And then I would say glucose like our just base metabolism.

00:35:08:14 - 00:35:38:06
Dr. Jaclyn Smeaton
They are the base of that like endocrinology pyramid because they affect everything upstream. If your cortisol is off it changes the way you metabolize androgens. It affects production of progesterone and estrogen. And even at the tissue level it changes how your cells use hormones. So I love that you tackle that first. It sometimes feels like it can be one of the hardest things to help patients fix, particularly when they come in saying things like you mentioned before, like, I can't stop my I can't quit my job.

00:35:38:06 - 00:35:57:13
Dr. Jaclyn Smeaton
I can't, you know, move to Bali. We all wish we could be great. There's of course, other stresses associated with that, but it's so important to try to get a hold of it any way that you can, because then you're not just chasing, you know, it's like whack a mole where you have a hormonal issue that pops up, like cortisol is actually fixing the root problem.

00:35:57:15 - 00:36:20:03
Dr. Rubaina Dang
You bring up a really interesting point that almost nobody's talking about to you is the importance of blood sugar regulation, hair health. And so, yeah, so this is something, you know, we can actually evaluate to see if there's any sort of insulin resistance and how our blood sugar impacts our hair health. So if we're going through periods of crashes in terms of our blood sugar, that can spike and elevate cortisol too.

00:36:20:03 - 00:36:40:21
Dr. Rubaina Dang
And so for instance, individuals, let's say they're they're snacking all day or they're eating just more carb rich foods or, you know, not getting adequate amount of protein. The continuous blood sugar spikes and crashes can signal to the body that, you know, it can increase cortisol, and it can just overall lead to more of that chronic elevated cortisol picture, too.

00:36:41:02 - 00:36:51:20
Dr. Rubaina Dang
And so in doing so, that can trigger the hair to go into telogen effluvium as well. And so just like you mentioned, there is such a strong component between blood sugar

and cortisol that gets missed all the time.

00:36:51:22 - 00:37:22:08
Dr. Jaclyn Smeaton
It's important to be thinking about. And we know also that when there's metabolic dysfunction, we see changes in how the cells utilize hormones as well, like including the five alpha reductase. Enzyme and how well that works. So we it's really important to make sure that that is a good foundational baseline. So definitely it's super important. I want to talk about another area that I love that you, I've heard you talk about, and I love that you bring this into the picture.

00:37:22:10 - 00:37:45:02
Dr. Jaclyn Smeaton
And that's like that gut skin, hair connection. And I you've talked about that being almost like a missing piece. And of course, we know, like, our hair follicles need a steady supply of nutrients. And those nutrients come by absorption from our food. And so if there's gut dysbiosis it could impair that, that absorption but also probably GI of inflammation.

00:37:45:08 - 00:38:08:00
Dr. Jaclyn Smeaton
So can you talk a little bit about obviously this is a whole world of like microbiome health and how the impact of the microbiome is affecting I mean, I can't think of a bodily system that it's not affecting. Tell us more about, like, what do we know about the microbiome and gut health and hair? And obviously, I'm sure there's still some gaps of research that you wish we could figure out more quickly.

00:38:08:02 - 00:38:37:05
Dr. Rubaina Dang
Absolutely. You know, this is an area that almost nobody's talking about the importance of gut health and hair health. And what we don't realize is, is our gut health is a central it's crucial because our our hair is one of the most nutrient demanding tissues in our body. And if something's going on in our gut, let's say there's inflammation or dysbiosis, dysbiosis, meaning overgrowth of harmful bacteria, we're not going to be absorbing our nutrients as effectively as we should be.

00:38:37:07 - 00:39:05:09
Dr. Rubaina Dang
And so in doing so, you know, you could be eating the most nutrient dense, let's say,

your grass fed meats and all of your, you know, local produce. And you could be eating really wonderful nutrients, but you might not be absorbing them if something's going on, you know, in the gut. Same thing. We have our digestive enzymes and so many individuals have, you know, just insufficiency, an enzyme activity, meaning they don't have enough support of breaking down fats or proteins or carbohydrates.

00:39:05:09 - 00:39:30:09
Dr. Rubaina Dang
And this I see in store tests all the time. And so they're eating thing. They're eating all of this you know great food that is very nutrient dense. But they're not breaking it down and absorbing it correctly. And so because our hair is, you know, so nutrient dense and needs a lot of nutrients to help to support it, it specifically amino acids, if something's going on in our gut, then we're not getting, you know, everything that we're consuming.

00:39:30:09 - 00:39:51:02
Dr. Rubaina Dang
So I say, you know, for the individuals who we've done the work, you know, we've we've looked at, you know, their micronutrients, we've looked at their hormones, we've done the standard medical workup. And, you know, they still feel like, you know, they can't really move the needle or if they're also presenting with bloating with, you know, changeable bowel habits, with abdominal pain.

00:39:51:02 - 00:40:15:15
Dr. Rubaina Dang
I always add on comprehensive testing, and gut microbiome testing to, to those patients in those workups because it can tell us so much. And something that you mentioned is the word inflammation. So we can have inflammation and that can contribute to intestinal permeability and intestinal permeability. Basically what's happening is you're eating a food, you're mounting an inflammatory response in the gut and in in intestinal permeability.

00:40:15:15 - 00:40:35:12
Dr. Rubaina Dang
You're having a little bit of a leaky gut. It's passing through the bloodstream. It's going to the stomach. And then where does it go? It can contribute to inflammation directly at the hair follicle. And that leads to something called alopecia a specifically alopecia areata. And so you know, we're having this, you know, systemic inflammatory reaction from something that's, you know, potentially starting in the gut.

00:40:35:12 - 00:40:55:18
Dr. Rubaina Dang
So people don't make this connection often. And so that's why it's important to, you know, also evaluate for other symptoms. You know, fatigue, joint pain digestive you know, digestive health bloating conservation diarrhea and getting a much closer evaluation because, you know, sometimes dysbiosis could be the thing that's impairing the absorption of nutrients.

00:40:55:20 - 00:41:16:09
Dr. Jaclyn Smeaton
Yeah, I love the approach that you take. And I think this is like one of the reasons why it's so great to see a naturopathic doctor when you have a symptom like hair loss, which might seem straightforward or might seem like I'll just go to the dermatologist or I'll just get on minoxidil. But usually these types of symptoms are reflective of something happening internally, like skin and hair are just such a big what is the data like?

00:41:16:09 - 00:41:36:08
Dr. Jaclyn Smeaton
The window to the gut, right. That's giving the hair. So, but it's just a window to what's happening inside. So I love the fact that you take such a comprehensive look at a symptom like this, because I think ultimately, and this is I guess, what's the difference of this type of approach is that you're not just trying to stop the hair loss, you're trying to get to the reason why it's happening.

00:41:36:10 - 00:41:45:06
Dr. Jaclyn Smeaton
Because, you know, as we know, symptoms start to whisper. But then if you don't listen, they get louder and louder and louder and a little bit more dramatic. And that's what we want to try to avoid.

00:41:45:08 - 00:42:06:17
Dr. Rubaina Dang
And that's that's a great point because with our hair, it's usually with it's like a very quiet whisper initially. And then the whisper grows and then it becomes a yell and a scream and people really start paying attention. You know, when it's that yell and that scream. So I'd say with our hair, it's important because it tells us our hair is a reflection of so much that's happening, as we've seen in this conversation.

00:42:06:19 - 00:42:28:16
Dr. Rubaina Dang
It can tell us about, you know, hormones. It can tell us about our gut health. It cannot tell us about, you know, our our stress. It can tell us about so many different things. And so that's why, especially for a practitioners and providers who are listening to really take patients seriously when they're presenting with this, because it is extremely distressing and it tells us so much about, you know, where to look next.

00:42:28:18 - 00:42:49:07
Dr. Jaclyn Smeaton
I want to shift gears a little bit to talk about what do you do about it. So obviously it depends upon the root cause. Like if it's hypothyroidism, you would get the patient on thyroid medication or you know, you have to address whatever root cause comes up. Can you share some of your top support that you utilize for hair loss or hair growth.

00:42:49:09 - 00:42:58:03
Dr. Jaclyn Smeaton
And I want to then kind of give you that ping fast. Like, what would you rate it on a 1 to 10 scale? For a lot of the things that I'm seeing promoted online.

00:42:58:05 - 00:42:59:19
Dr. Rubaina Dang
Yo, I love that question. Okay, okay.

00:42:59:19 - 00:43:01:00
Dr. Jaclyn Smeaton
All right. Have some fun.

00:43:01:02 - 00:43:20:18
Dr. Rubaina Dang
Yeah. So I'll start with just overall let's start with just medical. You know we'll make sure optimize the thyroid health. Let's say they have you know a sluggish thyroid output. We can support it with nutrients. Selenium is great Brazil nuts I love to use the same thing with ferritin. If they an individual has a ferritin below 30.

00:43:20:18 - 00:43:43:05
Dr. Rubaina Dang
We are absolutely supporting through food, but we're definitely supplementing as

well. And then beyond that I love to for cortisol. It depends if it's more of an adrenal like, you know, mounting excess cortisol. I love holy basil to just really help to down regulate that. And then for those who are having more of a flatline cortisol, they're just chronically exhausted, wired but tired at night.

00:43:43:07 - 00:44:08:16
Dr. Rubaina Dang
I love to add on rhodiola. Just, you know, you like throw magnesium just to really help to support. Just overall the cortisol rhythm as well as if there's any concerns around insomnia. Magnesium is my go to, and then let's move to androgens. So let's say someone has higher androgen activity at the scalp. What, that DHT five alpha reductase saw Palmettos great Pumpkin I love pumpkin seeds and spearmint tea is foods to incorporate.

00:44:08:18 - 00:44:29:11
Dr. Rubaina Dang
Because I think foods are fabulous to add in. And then let's say, you know, there's concerns around estrogen detoxification, low estrogen. We can add on some phyto estrogen such as mocha black cohosh. In my reproductive age group, I love to add on shot Avari as a great phyto estrogen, supportive agent. Same thing as progesterone is a little bit lower.

00:44:29:11 - 00:44:52:02
Dr. Rubaina Dang
Vtx B6 are wonderful. And then let's say we're kind of continuing to move along to gut health, you know, for gut microbiome and inflammation. I like to make sure we eradicate any dysbiosis. And this is something that goes missed often is healing in the gut after, you know, reducing the inflammation. So going on I got healing protocol with is Encarnacion potentially some aloe al glutamine.

00:44:52:04 - 00:45:11:03
Dr. Rubaina Dang
You know just really helping you know I love immunoglobulins colostrum to help to support gut health. And then same thing micronutrients making sure vitamin D is optimized. We haven't really talked too much about that, but vitamin D plays a significant role. B12 plays a significant role, especially for those who follow more of a plant based diet and then a non-negotiable.

00:45:11:03 - 00:45:29:09

Dr. Rubaina Dang
In all of my patients who are coming in with hair loss is making sure they're eating enough protein. I would say you cannot. You know, amino acids are the building blocks of our hair. And so if you're not getting enough protein, you're not going to be creating new hair. So you need to get at least bare minimum, if you're not an active individual, half of your body weight in grams of protein.

00:45:29:13 - 00:45:34:00
Dr. Rubaina Dang
But we're looking closer to 100 plus grams in most cases.

00:45:34:02 - 00:45:51:13
Dr. Jaclyn Smeaton
That's such important advice. You need the building blocks and hair. I mean, I'm sure people have noticed times in their life where they're eating healthier versus not. The quality of your hair changes as well, not just whether it stays attached to your head. So it's definitely such an important thing. All right. Let's go through I want to talk about some of the things that I'm seeing.

00:45:51:13 - 00:46:05:01
Dr. Jaclyn Smeaton
This is on the spot too I'm putting you on the spot here. But I want you to rate them, like, 1 to 10 and then tell me why. Okay. So I have a whole list. So I would say protein powder number one. These are all the things I'm seeing. Market online for hair loss protein powder.

00:46:05:03 - 00:46:08:08
Dr. Rubaina Dang
All right. So my question for you are we doing whey. Are we doing plant or both.

00:46:08:09 - 00:46:10:10
Dr. Jaclyn Smeaton
You tell me is there a difference?

00:46:10:12 - 00:46:29:00
Dr. Rubaina Dang
I would say so. There is a difference and I want to go through it. So whey has a higher concentration of proline leucine and lysine over plant. But here's a caveat is it's much more inflammatory. So you know it could be supporting hair health in some

individuals, but it could be contributing to more of an inflammatory load in others.

00:46:29:05 - 00:46:45:03
Dr. Rubaina Dang
So usually what I do is I do like protein powders, but I like them when they're usually plant based pea protein. And then they add on amino acids to it for a full profile. So if I can right it, I would say it's not my first go to you, but to help with incorporating more protein, I give it a eight out of ten.

00:46:45:05 - 00:46:54:07
Dr. Jaclyn Smeaton
Eight out of ten. Perfect. How about collagen? I mean, I see some collagen. See that are so expensive. But women report that it really helps with hair loss. So how would you rate collagen.

00:46:54:09 - 00:47:15:01
Dr. Rubaina Dang
Cauldrons a good one. So collagen there's two you know there's different types of collagen. We have our bovine versus our marine collagen. And for hair and skin health you actually want marine collagen that has that higher concentration of that. You know that leucine lysine protein that I mentioned over the bovine. So I said collagen is great, but it's not going to it's going to help with supporting new hair growth.

00:47:15:01 - 00:47:32:22
Dr. Rubaina Dang
It's not going to get to the root cause of why you're usually why your hair is shutting in the first place. Caveat especially for those who are over the age of 50 gone through menopause, you know, we have that whole estrogen component too. But there is that significant collagen decline as well. So in that population, I'd say 50 and up, collagen is essential.

00:47:32:22 - 00:47:35:08
Dr. Rubaina Dang
That same thing I'm going to give it a good eight out of ten.

00:47:35:10 - 00:47:44:09
Dr. Jaclyn Smeaton
Cool. I've also seen that Amino Mar marine complex. I think it's under the brand Vivid Skull. It's not something that is at a collagen base. Is that a marine collagen?

00:47:44:11 - 00:47:46:18
Dr. Rubaina Dang
You know, I don't think I'm familiar with it. Okay.

00:47:46:18 - 00:47:50:15
Dr. Jaclyn Smeaton
All right, well, we'll skip that one. How about a multivitamin?

00:47:50:17 - 00:48:05:13
Dr. Rubaina Dang
I think multivitamins are great, but I think we should be really focusing on getting our nutrients from food. So I'd say a multivitamin. I'm going to give it a good five out of ten. But I like to look at specific nutrients that people need and replenish specifically what they're deficient in.

00:48:05:15 - 00:48:09:11
Dr. Jaclyn Smeaton
Awesome. How about biotin?

00:48:09:12 - 00:48:12:02
Dr. Rubaina Dang
Honestly, I don't like biotin. I don't think.

00:48:12:02 - 00:48:15:18
Dr. Jaclyn Smeaton
This is why we're asking. We're asking the experts. Okay, let's talk about a hot take.

00:48:15:20 - 00:48:37:09
Dr. Rubaina Dang
I'm going to give a biotin a good two out of ten. And the reason, and the evidence only shows that biotin supplementation helps for those who are biotin deficient. Yet we're pumping all of these hair growth supplements with biotin when most individuals aren't deficient. And then it interferes with thyroid testing. And so I would say, you know, biotin doesn't harm you in terms of taking it.

00:48:37:09 - 00:48:39:18
Dr. Rubaina Dang
But it's definitely not going to move the needle.

00:48:39:20 - 00:48:57:23
Dr. Jaclyn Smeaton
I like I'm glad that you bring that up because biotin does interfere with some lab tests. Vitamin D is another one. You mentioned thyroid. There can be interference with other hormones too. So if you take biotin, especially higher doses, like in a hair support product, you want to stop it a few days before you get any blood work done, just to make sure it doesn't interfere.

00:48:58:01 - 00:49:07:10
Dr. Jaclyn Smeaton
And the last thing I would ask about minoxidil, because a lot of women want they want that instant effect. Do you ever use that in practice? How would you rate it topical or oral?

00:49:07:12 - 00:49:22:06
Dr. Rubaina Dang
I rarely use it. And the reason why is I tell my patients, once you start minoxidil, it is a lifetime sentence. You are not stopping it. And like you know, consider that like are you willing to add in minoxidil? Like you brush your teeth every day for the rest of your life? If you start it, it is great.

00:49:22:06 - 00:49:39:06
Dr. Rubaina Dang
You know, what it does is it keeps the hair in the antigen growing phase, but the moment that you stop it, the hair is going to revert back to what it was before you started it. So it's really up to the patient on can they commit for the rest of their life if they can. Really great, you know, wonderful research, wonderful benefit.

00:49:39:07 - 00:49:56:22
Dr. Rubaina Dang
But most of the times I'm going to say maybe 90% of the time they don't want to take something that's going to impact them for life or that they'll have to take for life. So I would say it has the ability to be a ten out of ten if you want to commit to it. But the realistic part is most people don't.

00:49:56:22 - 00:50:04:00
Dr. Rubaina Dang
And so it's just kind of a temporary Band-Aid and they want to get to the root cause of

it. So I'm going to put it out a good six out of ten.

00:50:04:02 - 00:50:14:01
Dr. Jaclyn Smeaton
Okay. I love that. I've learned a lot. It's been super helpful to go through those. And is there anything else that you're seeing marketing online that you would just say, like, if you're listening, don't waste your time with this?

00:50:14:03 - 00:50:30:11
Dr. Rubaina Dang
I mean, there's just so many, like there's so many companies out there that are just kind of marketing as hair growth. Hair support is that they haven't done the research. Can I talk about a company that has done research, sir? Great. I'm pro nutrafol. And so the reason I'm pro nutrafol is because they have put their products in clinical trials.

00:50:30:11 - 00:50:51:14
Dr. Rubaina Dang
They do have different supplements for different, you know, individuals, meaning there's a postpartum formula. There's a, you know, a women's menopause formula. There's a vegan formula. They have formulas for men too. And so the reason I like them is because they target the key root causes as to why most individuals do experience hair loss. Not all, but they have been shown to be clinically safe and effective.

00:50:51:14 - 00:51:10:23
Dr. Rubaina Dang
And they actually have a study coming out very soon talking about GLP one use and the use of, huge fall concurrently. So that's something that's really exciting coming up. So I would say, you know, look into products that have clinical research and studies behind it too, and that just aren't making these, you know, claims based off of, you know, a few individuals who have tried it.

00:51:11:01 - 00:51:19:12
Dr. Rubaina Dang
And definitely look at the safety profile because sometimes it's really just biotin and maybe like a vitamin D, maybe it's just like a very expensive multivitamin.

00:51:19:14 - 00:51:42:05
Dr. Jaclyn Smeaton

With a different branding. I mean, that's so good to look at. I think it can be so tricky to for someone who's new to using dietary supplements to read a label to understand, like, is there value in this or not? And I think as NDEs, like, we could walk through Whole Foods and tell you there's like probably 30 products that are all substantially the same that have different branding ones for focus, one's for relaxation and one's for hair.

00:51:42:05 - 00:51:49:02
Dr. Jaclyn Smeaton
They're in there. Like, fundamentally, the ingredients are not different enough to really make a difference. You have to really know what you're looking for.

00:51:49:04 - 00:52:08:23
Dr. Rubaina Dang
And then lastly, therapeutic dosages. You know, sometimes some formulas can have great nutrients, but the dosages are, you know, you know, just so minuscule. It can be like, you know, let's say we're getting zinc in there. It could be like two milligrams of zinc or let's say there's a little bit of vitamin D in there. You're hardly getting 500 IU, you know, if minute.

00:52:09:00 - 00:52:10:04
Dr. Rubaina Dang
So that 50mg.

00:52:10:04 - 00:52:34:04
Dr. Jaclyn Smeaton
Of vitamin C, you're like, okay. Yeah. You know that's not enough too. It's like walking by an orange. You know, it's not even consuming like that. There's so little in there. Yeah I love that you bring that up. Well this has been so helpful. I think it's really important. And my takeaway, my biggest takeaway is that having a good evaluation is really critical in order to understand what's behind hair loss and to make sure that you're treating the root cause.

00:52:34:04 - 00:52:51:06
Dr. Jaclyn Smeaton
And secondly, my other big takeaway is that if you've been told everything's normal, everything's fine, you might want to work with someone like you who has a lot more of a depth and understanding that normal is not always fine. Normal at a lab is not always fine.

00:52:51:08 - 00:53:04:15
Dr. Rubaina Dang
Yeah, I always tell my patients, don't ever let anyone gaslight you into thinking that, you know, your symptoms are normal. Because, yeah, you know your body better than anybody else. And if you think something is wrong, most oftentimes there usually is.

00:53:04:17 - 00:53:11:09
Dr. Jaclyn Smeaton
Definitely. Well, I really appreciate you joining us today. If listeners want to learn more about you, what are the best places for them to connect with you?

00:53:11:11 - 00:53:17:16
Dr. Rubaina Dang
So I have a website Heal With Dr Dang.com. And then social media is here with Doctor Dang as well.

00:53:17:18 - 00:53:37:06
Dr. Jaclyn Smeaton
Fabulous. Well, thank you so much for joining us today. And thank you listeners for joining us today to. Hopefully you learned as much as I did from Doctor Dang about hair and about really the best way that we can better understand what's happening for each individual person. If you love work like this, you love podcast like this. You want to learn more about hormones and health.

00:53:37:10 - 00:53:49:09
Dr. Jaclyn Smeaton
Just a reminder that we release a new podcast every Tuesday. You can subscribe anywhere that you're streaming us right now and make sure you follow us @DUTCHTest on all the socials as well. I will see you next Tuesday.

00:53:49:11 - 00:54:02:03
DUTCH Podcast
Thanks for joining us on the DUTCH podcast. Join us every Tuesday for new conversations with leading functional health experts. If you like what you've heard, be sure to like, follow, and subscribe wherever you get your podcasts.