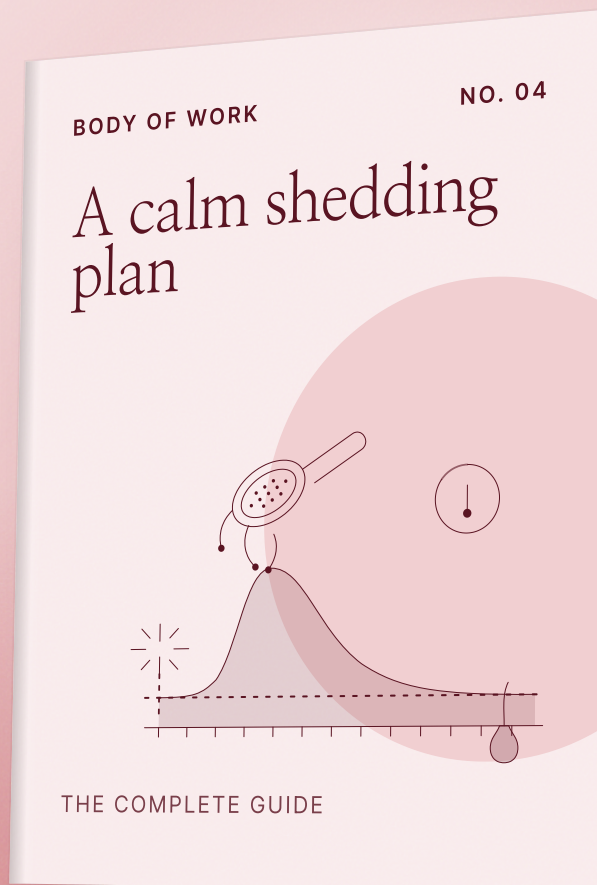




HOW-TO GUIDE • SCALP

Shedding hair without the panic

For anyone seeing more hair in the brush, shower and pillow and fearing the worst. After reading you will be able to read the cycle, track loss calmly, care for scalp and strands, and know when to seek care.



Cycle basics

About 85 percent growing and 15 percent resting explains normal daily loss.



Trigger timeline

Extra fall shows two to four months after the trigger, then settles over months.



Smart tracking

A simple diary plus photos helps you and a dermatologist see the pattern.

By Vanessa Delgado · Updated Jul 26, 2026 · 12 min read

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Extra hair on the pillow can feel alarming, and harsh scrubbing or crash dieting often makes it worse. Once the cycle is clear, the response gets simpler: track what is happening, support the scalp, and get medical input when signs point that way.

01

Understand the hair cycle first

Hair does not fall at random. Each follicle moves through a long growing phase called anagen and a short resting and shedding phase called telogen. In a healthy scalp about 85% of follicles are actively growing and about 15% are resting telogen hair.

A single follicle usually grows anagen hair for about 4 years then rests for about 4 months before a new hair pushes the club hair out. That turnover is why some daily loss is expected. It is normal to lose up to about 100 hairs a day on comb, brush, basin or pillow as part of the normal cycle.

Numbers differ a little between sources, which can confuse. The British Association of Dermatologists states a wider range in its patient leaflet:

“Most people lose between 30 and 150 hairs from their scalp every day”

Use either range as context rather than a strict limit. Washing, brushing habits and hair length change how much loss you notice. Long or dense hair looks like more in the drain without meaning more loss from the scalp.

When shedding becomes telogen effluvium

In telogen effluvium the share in shedding phase rises to 30% or more, with increased fall noticed 2 to 4 months after the trigger. The lag matters. People often search for a cause in the past week when the shift started months earlier.

Acute telogen effluvium can affect up to 50% of scalp hair and recovery tapers back to normal over 6 to 9 months in most cases. Shedding looks diffuse rather than patchy, often all over the crown with more visible scalp at the part. Regrowth usually follows once the trigger eases,

although the wait feels long because hair grows slowly.

That delay is the one fact that changes action. Do not judge a new routine after ten days. Give scalp care and any prescribed treatment weeks to months before you decide whether it supports regrowth.

02

Map triggers and timelines including postpartum

Most triggers push more follicles into rest at the same time. Typical triggers include childbirth, acute or chronic illness with fever, weight loss or unusual diet, iron deficiency, hypothyroidism or hyperthyroidism, and stopping the contraceptive pill. New medicines, major surgery, severe stress and marked diet change are also commonly listed in dermatology reviews.

Postpartum shedding has its own timetable. During pregnancy fewer hairs enter telogen, so hair can feel fuller. After birth the balance resets. Postpartum hair loss occurs about three months after childbirth and can last up to six months, with fullness expected by the time the child turns one.

In postpartum hair loss more than 100 hairs daily may be lost, against a scalp total of 80,000 to 120,000 hairs. Seeing numbers helps here. Even 150 hairs a day is a small share of that total, which is why fullness usually returns even when shedding looks heavy in the shower.

For 1 in 3 people diagnosed with telogen effluvium, no cause can be found. That uncertainty is hard, and it does not mean the loss is imagined. It means the history, examination and tests did not point to one clear driver. Chronic shedding can also continue beyond six months and may later reveal an underlying pattern loss, which is one reason tracking matters.

TRIGGER	WHEN FALL OFTEN STARTS	WHAT RECOVERY CAN LOOK LIKE
Childbirth	About three months after birth	Shedding for months, fullness often by month twelve
Fever illness or surgery	Two to four months after illness	Tapers over six to nine months in most acute cases
Weight loss or unusual diet	Two to four months after change	Settles once nutrition and weight stabilise
Thyroid change or iron deficiency	Gradual, over weeks to months	Improves slowly once the medical cause is managed
Stopping contraceptive pill	A few months after stopping	Often settles, although pattern may persist in some

FROM THE EDITORS

Shedding that follows a clear trigger and then slows is different from smooth bald patches, pain, burning, scaling or scarring. Those signs need prompt dermatology care rather than home tracking alone.

03

Keep a simple shed diary and learn how dermatologists test cause

A diary turns worry into information. It also gives a dermatologist something concrete to read. Keep it simple enough to maintain for eight to twelve weeks.

What to record

Note the date, whether it was a wash day, and a rough count or photo of what collected in the brush, basin or shower catcher. Add pillow loss as light, medium or heavy rather than counting each hair. Once a week take photos in the same light and same part, plus one of each temple and one of the crown. Pull hair back the same way each time so density can be compared.

Record possible context alongside the counts. Illness with fever, childbirth date, diet changes, weight change, new medicines, stopping hormonal contraception, major stress, and scalp symptoms such as itch, pain or flakes all belong in the notes. Add body symptoms too, such as

fatigue, feeling cold or hot, palpitations, bowel change or cycle change, because they help point toward thyroid or iron issues.

Bring the diary to an appointment. Photos of part and temples over time often show change better than memory, and wash day counts show whether shedding clusters around washing or stays steady through the week.

How dermatologists test for cause

An appointment usually starts with history and scalp examination, then simple in clinic checks. During a pull test the dermatologist grasps about 40 strands and if six or more fall out this indicates active hair loss. A card test, sometimes called a wash test or contrast card, holds shed hairs against a background to assess length, breakage and bulb shape.

Magnification adds detail. NYU Langone reports Follicscope magnification by up to 100 times to assess hairs, follicles, coverage and strand diameter. Narrowing diameter along the part can suggest pattern loss alongside or instead of shedding. More than 25% telogen hairs in a trichogram strongly suggests telogen effluvium. That test plucks a small sample, usually about 60 to 100 hairs, and counts growth versus rest under the microscope.

Blood work is guided by symptoms rather than ordered blindly. Dermatologists order ferritin to assess iron stores and thyroid tests including TSH, free T4, free T3 and antibodies when hair loss suggests medical cause. Evidence here is mixed. A small case control study of men with pattern loss found no significant difference in ferritin or TSH versus controls, while dermatology guidance still lists iron deficiency and thyroid disease as causes to exclude. In practice the tests remain useful to rule out a treatable driver, even though a low normal value may not explain shedding in a specific person.

A scalp biopsy is less common and is used when the diagnosis is unclear or when scarring, patchy loss or inflammation needs closer study. Ask for clear next steps before leaving, including when to repeat photos or labs and what change should prompt a return visit. For ongoing fatigue, weight change, heavy periods, gut symptoms or mood change, primary care can help alongside dermatology. For a baby or child with scalp or skin flares, check with a pediatrician.

04

What to try at home while shedding settles

Home care cannot change the cycle clock, but it supports the scalp environment and reduces breakage that makes thinning look worse. Think gentle, regular and patient.

Wash on a steady rhythm that suits oil level and texture, often two to four times weekly for straight to wavy hair and weekly to every two weeks for coils and tight curls, with adjustments for exercise and scalp itch. Massage shampoo into the scalp with fingertips rather than nails,

then rinse fully with lukewarm water. Follow with conditioner from mid length to ends, detangle with a wide tooth comb on conditioned hair, and work in small sections for textured hair to limit tugging.

Style for volume without traction. A side part change, soft layers, a shorter cut or a root lifting product can make regrowth less visible while density returns. Avoid tight ponytails, braids, extensions and edge pulling during heavy shedding, and give bleach, high heat and harsh brushing a rest. Pat hair with a towel instead of rubbing, sleep on a smooth pillowcase, and keep hot tools lower and less frequent.

Food supports growth over months rather than days. Aim for enough protein across the day, iron rich foods where suitable, plus fruit and vegetables for vitamin C, folate and other micronutrients. Very low calorie diets and rapid weight loss are known triggers for shedding, so steady nourishment matters more than any single food. Where periods are heavy, fatigue persists or diet is very restricted, speak with a clinician about testing rather than guessing with high dose products.

Track tolerance as well as shedding. Note itch, flakes, pain or extra breakage after a new shampoo, oil or styling product, and pause one product at a time to see what changes. Keep receipts and photos so a return visit has dates rather than impressions.

FROM THE EDITORS

Tight styles, heavy oiling with vigorous scrubbing, daily high heat and repeated bleach can add breakage on top of shedding. Loosen styles, lower heat, space chemical services and handle wet hair with care.

05

Treatments and supplements and what trials show

It helps to separate pattern loss from temporary shedding. Much of the strongest trial evidence concerns androgenetic alopecia, which is pattern thinning with miniaturisation, rather than telogen effluvium alone. Evidence suggests some options may help density, but how much regrowth they give for shedding is less certain.

Topical minoxidil has the longest record. The 2% minoxidil solution launched in 1986 followed by the 5% solution in 1993, and trials showed superior growth with the 5% formulation. It is applied to the scalp, usually once or twice daily depending on formulation and medical advice, and needs continued use to maintain any gain. Termination of minoxidil results in progressive hair loss within 12 and 24 weeks. Early shedding after starting can occur as cycles synchronise, which a prescriber can explain in context.

Absorption through intact scalp is low. Approximately 1.4% of topical minoxidil is absorbed through normal scalp, with about 95% of absorbed drug excreted via kidney within 4 days. Local irritation, unwanted facial hair and shedding on stopping are known issues, and people with heart, kidney or blood pressure concerns, those who are pregnant or breastfeeding, and anyone using other scalp medicines should seek medical advice before use.

Low level light devices use red light combs, caps or clinic panels to support follicle activity. Home devices vary widely in dose and schedule, and clinic plans vary too. Controlled data exist mainly for pattern loss, with modest gains in some trials and mixed methods across studies. Evidence does not show a clear dose or timeline for telogen effluvium, so treat claims with care and keep photos if you trial a device.

Platelet rich plasma, often called PRP, uses a sample of your blood spun to concentrate platelets, then injected into scalp skin. As one review author notes, "platelets are generally about five times more concentrated in PRP than in regular blood". PRP platelet concentration is generally about five times higher than regular blood and is injected to reach the bottom of the hair follicle. The usual plan is demanding. "The usual treatment plan involves three sessions, approximately one month apart, followed by maintenance sessions every three to six months to keep up the results".

PRP usual plan involves three sessions about one month apart followed by maintenance every three to six months, with one session costing around 1,000 dollars. Methods and platelet levels vary between clinics, and evidence is strongest for androgenetic alopecia and not enough for telogen effluvium. Pain, bruising, headache and cost without assured regrowth make a careful consult important. Ask what diagnosis is being treated, what photos and follow up are included, and what would count as success.

Supplements deserve the same clear eyed view. Biotin is popular but a 2024 review in the Journal of Clinical and Aesthetic Dermatology found only three human studies of biotin monotherapy for hair growth and no high quality support for general use. Benefit appears mainly in deficiency or niche groups, and high dose biotin can interfere with some lab tests, so tell the clinic about any supplement before blood work. Iron, vitamin D and zinc are sometimes discussed, yet routine high doses without deficiency have weak support and can cause harm. Food first, test where indicated, and keep any supplement plan time limited and clinician guided.

06

When to book a dermatologist

Home tracking suits diffuse shedding after a clear trigger that starts to ease within months. Book sooner when shedding lasts beyond 6 to 12 months without slowing, when the part visibly widens or temples thin in a patterned way, or when short regrowth fails to appear along the part after several months. Bare patches, scaling, redness, pain, burning, pustules or scarring also need in person care.

Body symptoms change the urgency. Book promptly for fatigue that limits daily life, unexplained weight change, feeling very cold or hot, racing heart, heavy periods, gut symptoms, joint pain or mood change alongside hair loss. Bring a list of medicines and supplements, recent illnesses, diet changes, contraception changes, pregnancy history and family history of thinning. Ask whether ferritin and thyroid testing fit your picture and whether photos should be repeated at a set interval.

For postpartum shedding, many families can watch and support regrowth at home when shedding starts around month three and trends down by month six. Seek care earlier if loss feels severe, if patches appear, if scalp hurts or scars, or if fatigue, low mood, heavy bleeding or thyroid symptoms persist after birth. A dermatologist can clarify whether shedding masks pattern loss and what, if anything, needs treatment now.

07

The checklist

- ☐ Photograph part, temples and crown in same light once weekly
 - ☐ Log wash days, rough shed counts and pillow loss as light medium heavy
 - ☐ Note illness, diet change, weight change, new drugs and stress dates
 - ☐ Record scalp itch, pain, flakes and body symptoms like fatigue
 - ☐ Wash scalp regularly, massage with fingertips and rinse fully
 - ☐ Condition mid length to ends and detangle gently in sections
 - ☐ Loosen tight styles and pause bleach and high heat while shedding
 - ☐ Eat steady protein plus iron rich foods, fruit and vegetables
 - ☐ List all medicines and supplements for the appointment
 - ☐ Book dermatology if shedding passes 6 to 12 months or part widens
 - ☐ Seek prompt care for patches, pain, scaling or scarring
 - ☐ Tell the lab about biotin before thyroid or other blood tests
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Sources and further reading

- Telogen effluvium (hair shedding) · dermnetnz.org
- Minoxidil and its use in hair disorders: a review · pmc.ncbi.nlm.nih.gov
- Telogen effluvium · bad.org.uk
- Postpartum Hair Loss: Causes, Treatment & What to Expect · my.clevelandclinic.org
- Diagnosing Hair Loss · nyulangone.org
- Biotin for Hair Loss: Teasing Out the Evidence · jcadonline.com
- Platelet-rich plasma: Does the cure for hair loss lie within our blood? · health.harvard.edu

For information only, not medical advice. Hair loss, a scalp that will not settle, eczema flares and anything on a baby's skin belong with a dermatologist or a pediatrician.



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