

Skull Expansion – True Cause of Genetic Hair Loss
by Paul Taylor
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Introduction

Hi,

Thanks for downloading:

“Skull Expansion – True Cause of Genetic Hair Loss”

I'm Paul Taylor and I wrote this ebook for anyone who's suffering from androgenetic alopecia.

This condition causes male and female pattern baldness, hair loss and diffuse thinning (thinning hair).

It also causes a great deal of distress, frustration and even depression for the millions of men and women who suffer from it.

And, once it starts, it can be notoriously difficult to stop.

So, if androgenetic alopecia affects you, it's about time you learnt the truth!

In the short time it takes to read this ebook, you'll learn:

- Why the current theory for hair loss is **wrong**.
- The **real** reason behind this type of hair loss.
- The **genetic** link to androgenetic alopecia: the baldness genes.
- How dihydrotestosterone (DHT) is connected to both hair loss **and** hair growth.
- Why androgenetic alopecia affects **women** as well as men despite being linked to male reproductive hormones (androgens).
- Why the infamous male pattern (or horseshoe shape) develops for nearly all men suffering this condition.

I've also given information about how I reversed this alarming condition without using drugs and managed to restore healthy hair growth again (as you can see from the photo).

To save a copy of this ebook, simply use:

File / “Save As” (in Firefox it's “Save Page As”) / then select where to save it on your computer.

Ok, let's start...



1. Androgenetic Alopecia

As its name suggests, androgenetic alopecia is a genetic form of hair loss that involves androgens (male reproductive hormones). However, it's also known as androgenic alopecia, AGA, male pattern baldness (MPB) and female pattern baldness. In this ebook, AGA is used. I also use the term "MPB region" - this refers to both male and female pattern baldness because each involves the same region of the scalp.

Whatever you call it (I used to call it "the bane of my life") AGA is a condition, not a disease - even though it might feel like one!

This chapter examines the current theory for AGA and explains why it's wrong!

[1.1 DHT, androgen receptor sites and 5-alpha reductase](#)

[1.2 Female pattern baldness](#)

[1.3 Problems, problems, problems](#)

1.1 DHT, androgen receptor sites and 5-alpha reductase

There's been much debate about the true cause of AGA. Several factors have been linked to it (genetics, hormones, nutrition, etc) and many theories exist that try to explain exactly what mechanism is taking place.

There's no doubt that androgens are the main blame - it's long been known that a derivative of testosterone called dihydrotestosterone (DHT) is directly related to this condition. But, exactly how DHT causes AGA is still unclear to the hair loss industry.

Most hair loss professionals believe that DHT chokes the blood supply to the follicles. (A follicle is basically a pouch through which the hair shaft grows).

Testosterone first gets converted into DHT by 5-alpha reductase (an enzyme produced within the scalp). DHT then attaches to androgen receptor sites in the follicles (a receptor site is an arrangement of molecules that binds to other molecules with a complimentary shape).

If DHT is produced in excess, and attaches to a large number of androgen receptor sites, it may accumulate within a follicle and block its blood supply. This forces it to prematurely enter the resting stage of the hair growth cycle.*

* The hair growth cycle - Anagen (the growth stage) normally lasts 3 to 5 years. Catagen (a 2 week shedding stage) is followed by telogen (the resting stage) lasting 3 to 4 months. Anagen then restarts.

If a follicle enters the resting stage earlier than usual, the time spent in its growth stage will obviously be reduced. This results in hair that becomes both shorter and thinner with each successive growth cycle, and also causes hair follicle miniaturisation. Eventually the follicle shuts down - it becomes dormant and hair growth stops.

If you ask almost any hair loss professional (trichologist, dermatologist, etc) for the mechanism behind AGA, that's what they'll tell you.

Convinced?

You shouldn't be - this theory has its problems!

I'll reveal all these problems shortly, but first of all, you might be wondering how hair loss involving **male** reproductive hormones can also affect women.

1.2 Female pattern baldness

Up to 50% of women will experience AGA to some extent during their lives.

The reason for this is simply because women produce a small amount of testosterone (mostly from their adrenal glands) ¹. Both men and women produce a small quantity of each others' hormones in this way.

For most women, their oestrogen levels are usually high enough to completely overwhelm the quantity of testosterone they produce. And the opposite is true for men.

It's when oestrogen levels become low (e.g., due to the menopause) or there's an increase in androgen production (e.g., by stress, weight training, etc) that AGA can start to show itself on the female body.

In women, AGA usually appears as diffuse thinning (this is evenly distributed hair loss) on the crown of the head (see Figure 1).

The subject of AGA specific to women is further addressed in chapter 2.

Now, let's get back to the current theory for AGA.



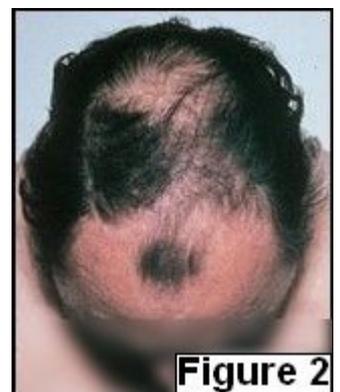
1.3 Problems, problems, problems!

To explain all the problems this current theory has, take a good look at Figure 2.

This photo shows a typical example of a man with severe AGA, and you can clearly see that the familiar MPB region of hair loss has almost fully developed.

This MPB region needs closer examination:

Ok, first of all, notice how his hairline has receded from the left and right temples, but **not entirely** from the center front region. In some cases, this area keeps growing reasonably strong, healthy hair throughout life despite extensive hair loss all around it. I call this, "remnant hair".



You can see more remnant hair trying very hard to grow within the center crown area. And behind it, another significant area of hair loss has developed into a bald patch at the back of the head.

His baldness seems to have developed from the front (both left and right temples) and back of his head **independently** (i.e., two separate areas of hair loss). And, where these two areas of loss meet in the middle, some remnant hair continues to grow.

Notice how hair continues to grow normally on the sides and lower back of this head. This, of course, gives him that familiar “male pattern” profile, or horseshoe shape, synonymous with this type of hair loss.

Have you ever wondered why this pattern of hair loss always seems to emerge in nearly every severe case of AGA?

It's been observed that both the androgen receptor gene ² and 5-alpha reductase ³ appear to be more active within the MPB region in those who suffer AGA. According to the current theory, this observation indicates that hair follicles within **just the MPB region** must be genetically programmed ⁴ for this to occur.

But this still doesn't explain why only hair follicles in this region should carry the AGA gene(s). In other words, it still doesn't give a reason why hair loss should be confined to the MPB region.

It's been acknowledged by the hair loss profession that the actual mechanism causing hair follicle miniaturisation within just the MPB region is still unclear. Furthermore, they accept that several genes may be involved and that some other mechanism must also be taking place ⁵.

Another problem with this theory is that androgens are hair growth stimulators ⁶.

That's right, androgens cause hair to **grow!**

The most obvious example of this is when pubic, facial and body hair starts growing during puberty, all of which is caused by androgens (especially DHT).

This fact has been pestering trichologists and dermatologists for years – DHT should help hair to grow, not hinder it. So there must be something else going on that's causing the follicles to shrivel.

No explanation has been given by the hair loss industry as to how DHT can cause both hair loss and hair growth.

Finally, DHT will **not** cause AGA in someone **without** the genetic tendency towards it (even in high concentrations).

All of this now raises several questions concerning AGA. Questions that **must** be answered before **any** theory can be recognized as the true underlying mechanism for this type of hair loss. The current theory **cannot answer** these very important questions concerning the hair loss process:

Q1. Why does remnant hair sometimes continue to grow within the MPB region despite extensive hair loss all around it?

Q2. What causes the same male pattern profile (horseshoe shape) to develop in almost all severe cases of AGA?

Q3. How can DHT be linked to both hair loss and hair growth?

Q4. What is the genetic connection to AGA?

Q5. Why does the rate of hair loss vary from person to person? (Up to 20% of men can suffer rapid hair loss starting as early as puberty. But most don't experience AGA until later on in life, and for them, this can be a much more gradual process).

Q6. Why does the location of hair loss vary within the MPB region? (Some people only lose hair from the front (temple recession) or back of the scalp (a bald patch), whilst others lose hair from both these regions simultaneously).

In chapter 2, I'll explain how skull expansion causes AGA, and provides answers to all these questions.

2. Skull Expansion Causes AGA

This chapter explains how skull expansion causes AGA, and by doing so, provides answers to all questions from chapter 1.

[2.1 Bone resorption and remodelling](#)

[2.2 Scalp capillary network](#)

[2.3 Remnant hair and development of the male pattern profile](#)

[2.4 Hormones and hair loss](#)

[2.5 Genetic link to AGA](#)

[2.6 Rate and location of hair loss](#)

[2.7 Re-evaluation of the current theory](#)

[2.8 What skull shapes lead to skull expansion?](#)

2.1 Bone resorption and remodelling

When you're growing up, your skeleton obviously gets bigger and bigger. This, of course, includes your skull, which not only grows in size, but also changes shape.

Once you reach adulthood, bone resorption and remodelling will continue to maintain skeletal integrity.

Together, these two essential processes constantly renew the entire skeleton throughout life. For some, this simply means maintaining the bones – keeping them strong and healthy. But, for those who suffer AGA, certain bones of the skull will continue to grow.

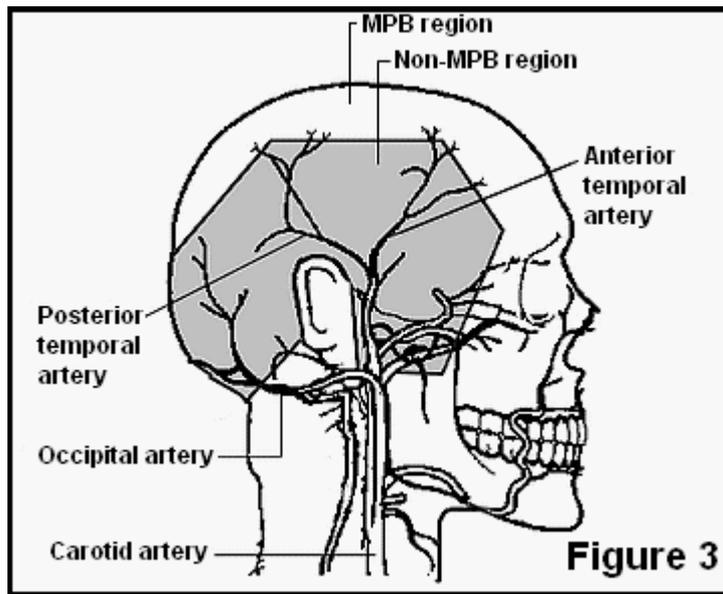
This is skull expansion, and is the direct cause of AGA within the MPB region of the scalp for both men **and** women. It can also be considered as an exaggeration of the bone resorption and remodelling processes.

2.2 Scalp capillary network

For all those with the genetic predisposition towards skull expansion/AGA, this process will progressively stretch and pull tight the scalp tissue that overlies the skull. This constricts the blood vessels which then reduces the blood supply.

Figure 3 shows how the **main arterial network** of the scalp will provide a strong blood supply to the back and sides. But, within the MPB region, the follicles are only served by a much **weaker capillary network** (not shown in the diagram). This illustrates how the MPB region is the most likely area of the scalp to suffer a reduction in blood supply.

Skull expansion will, within the MPB region, reduce the flow of blood and so decrease the supply of nutrients required by follicles to grow hair. In time, hair follicle miniaturisation and hair loss will result.



2.3 Remnant hair and development of the male pattern profile

If you compare [Figure 2](#) from chapter 1 (page 6) with Figure 4 below, you can see that the bones of the skull that underlie the MPB region are the frontal and parietal bones.

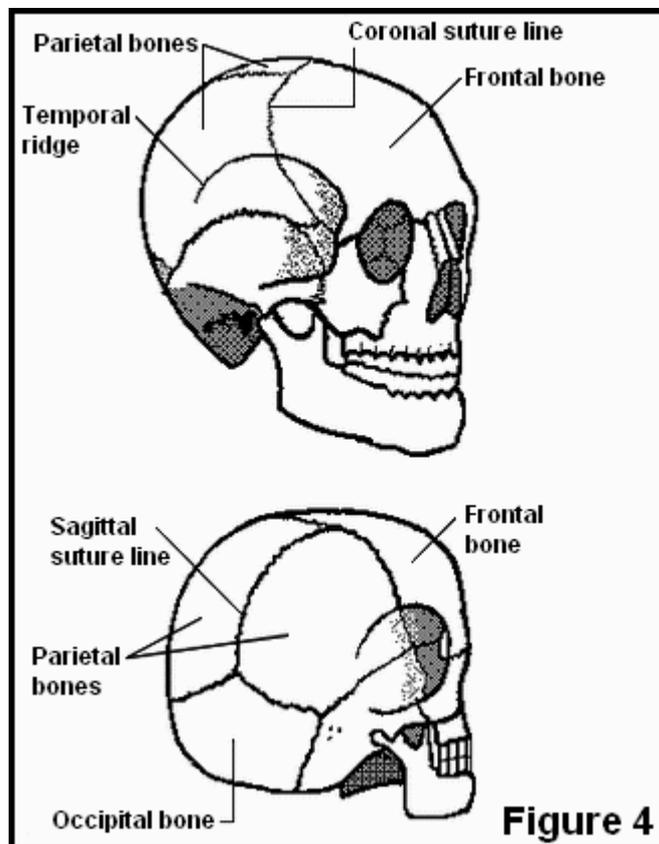
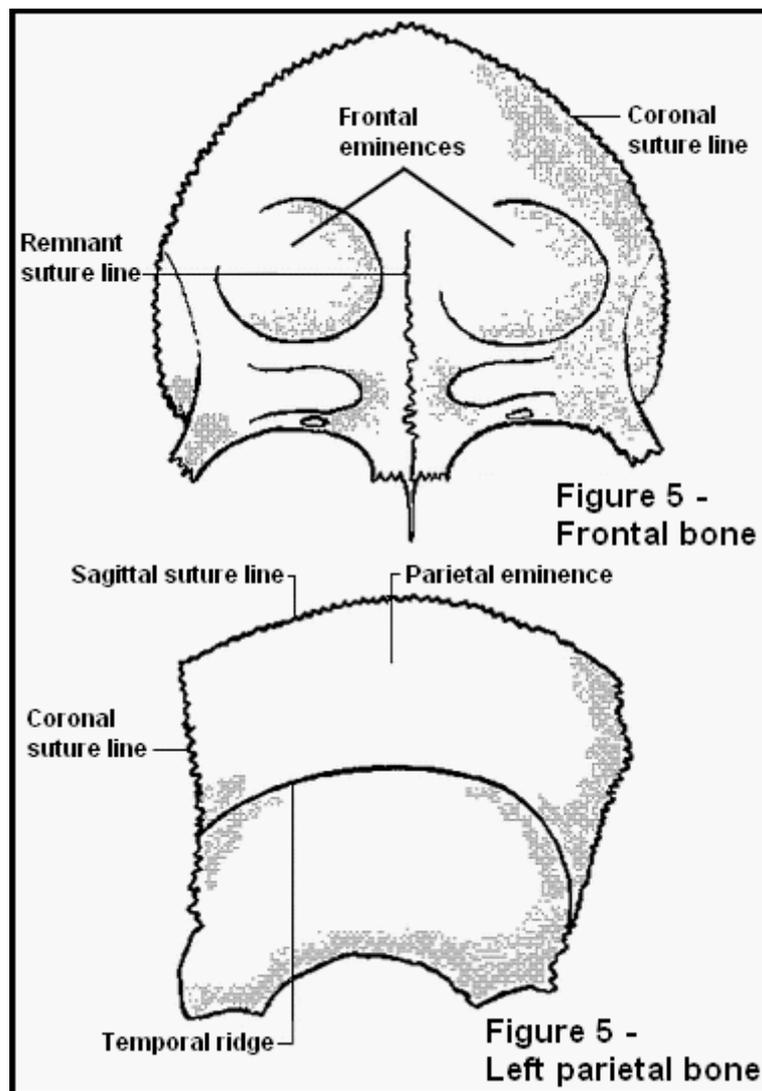


Figure 5 details these two bones. The frontal and parietal eminences represent the areas where ossification commenced (in other words, where bone initially began growing as a foetus within the womb).

From these areas, bone grows outwards, pushing against the surrounding bone tissue and so causing the frontal and parietal bones to grow larger in surface area. It's through this linear growth that the full adult skull size is eventually reached.



There are two parietal bones (left and right) so each one obviously has its own parietal eminence. But, you can also see that there are two frontal eminences as well. That's because the frontal bone actually starts out as two bones within the womb.

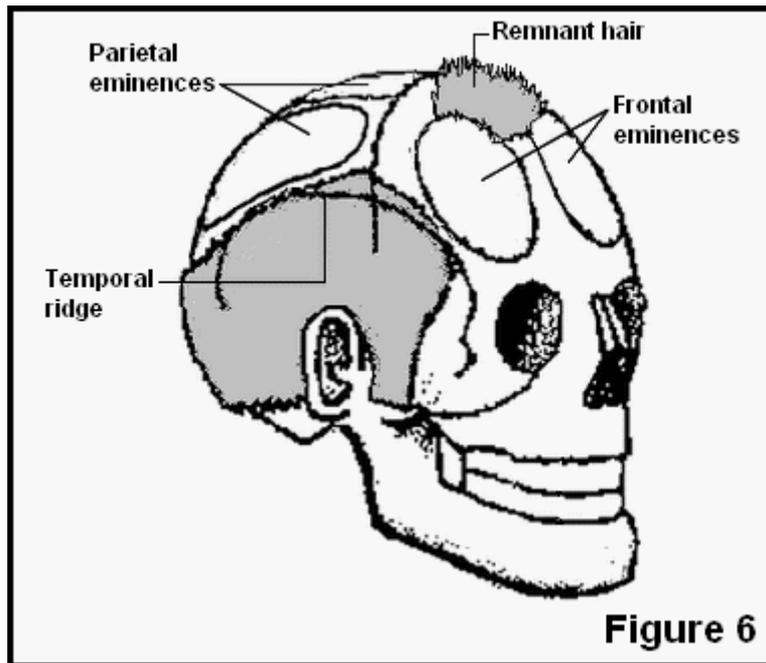
As these develop, they gradually fuse together and can leave a remnant suture line* (as shown in Figure 5). This will usually disappear as a baby grows into a child, but the two frontal eminences remain.

* Suture lines mark the connection between the bones of the skull.

Skull expansion of these two frontal eminences (left and right) will cause hair loss at the front hairline. This explains why, in most cases, hair recedes at the left and right temples and **not** across the entire front hairline.

It also explains why some remnant hair often continues to grow at the front - you can see this in [Figure 2](#) and Figure 6 below. (Basically, remnant hair will continue to grow wherever there is no, or little, skull expansion).

This provides the answer to [question 1](#) in chapter 1.



In Figure 6 you can see how the frontal and parietal bones of the skull relate to the pattern of hair loss for someone with severe AGA.

Now, can you see how the temporal ridge seems to coincide with hair loss along the sides of the head?

Well, this is **no** coincidence!

Within each parietal bone, the parietal eminence (that causes skull expansion) only lies **above** the temporal ridge. So, it logically follows that hair loss can also only occur above this line. And, as a result, the temporal ridge marks an approximate boundary between hair loss and hair growth on the sides of the head.

Hair will always continue to grow at the lower back of the head because here, the occipital bone largely remains unaffected by parietal bone expansion. You can clearly see the occipital bone in [Figure 4](#).

By analysing of the structure of the skull (specifically the frontal eminences, temporal ridge and occipital bone), the familiar male pattern profile of hair loss can be explained. This provides the answer to [question 2](#) in chapter 1.

2.4 Hormones and hair loss

Androgens, like DHT, can be linked to both hair loss **and** hair growth. DHT causes facial, body and pubic hair to grow in men during puberty, but it also has a direct connection with AGA.

How can this be?

DHT is a steroid hormone which means that, whilst it stimulates new hair growth, it also has an anabolic effect on bone formation ⁷. In other words, it makes bone grow! And it's through this continued bone growth (skull expansion) that overwhelms the hair growth promoting effects of DHT.

This provides the answer to [question 3](#) in chapter 1.

For men at puberty, steroid hormones are responsible for the rapid increase in bone growth (and muscle development) they experience. This also explains the connection that exists between bodybuilding and AGA - bodybuilders often suffer hair loss because intense weight training will increase testosterone and DHT levels (as do anabolic steroids).

2.4.1 Sebum

Sebum is a waxy, oily substance secreted by the sebaceous glands within hair follicles. Its production is governed by androgens (including DHT) so it's easy to see the connection between DHT and sebum. As well as stimulating the skull expansion process, DHT can also contribute to hair loss locally (i.e., within hair follicles) through excessive sebum production. However, this is very much secondary to the skull expansion process.

2.4.2 Female hormones

Women generally experience AGA to a much lesser extent than men due to their much higher oestrogen and lower testosterone levels.

Whereas steroid hormones like testosterone and its derivatives have an anabolic effect on bone growth, oestrogen decreases the bone resorption process ⁸. Since the oestrogen levels in a healthy pre-menopausal woman's body greatly exceed those of testosterone, there will be a reduced tendency towards skull expansion.

However, low (post-menopausal) oestrogen levels can often lead to AGA. That's because testosterone levels will be higher (relative to the lower oestrogen levels) and so the bone resorption, remodelling and skull expansion processes will all increase for those women with the genetic predisposition towards AGA.

So, for all those men and women with this genetic predisposition, DHT will cause the frontal and parietal eminences to grow during adulthood. This is the true underlying mechanism behind AGA.

But, why do some have the genetic predisposition towards skull expansion/AGA whilst others do not?

2.5 Genetic link to AGA

It's long been known that a genetic link to AGA exists.

Most research currently places focus on the 5-alpha reductase and androgen receptor genes. However, it's the genes that determine skull **shape** and **size** that are responsible for AGA.

2.5.1 Sexual dimorphism

Sexual dimorphism ⁹ means that the form (shape, size, etc) can vary between the two sexes. For example, women usually have wider hips, whilst men are generally taller and heavier (due to bigger bones and greater muscle development).

Skull expansion is a largely sexually dimorphic characteristic, affecting men much more so than women. Men will, quite simply, grow a bigger skull than most women. (This reflects the higher androgen levels men have, as well as differences in genetic inheritance). More specifically to AGA, this means that, for most women, the frontal and parietal bones will be proportionately smaller than in the majority of men.

2.5.2 Growth potential

Associated with skull shape and size is its growth potential. This simply means that some skull shapes are more likely to grow than others.

For example, someone whose skull shape has a high growth potential will be especially prone to skull expansion, and so invariably develop severe AGA. And it follows that, anyone else with a **very similar** skull shape and growth potential will most likely develop AGA to the same extent.

Of course, very similar skull shapes often run in families, and you may already be aware that, if your mother or father lost their hair, you too have a very high chance of losing yours as well. (This explains the strong genetic connection that AGA can have within a family, especially between fathers and their sons).

You now know that the genetically determined characteristics of skull shape and size form the genetic link to AGA.

This provides the answer to [question 4](#) in chapter 1.

2.6 Rate and location of hair loss

Skull shape and its growth potential can account for the different rates of hair loss, and the location (within the MPB region) in which it occurs.

2.6.1 Rate

The rate at which you lose hair is directly related to the extent of your skull expansion. This, quite obviously means that, the more your skull expands, the more hair you're likely to lose.

For the 20% of men whose skull shape has a **high** growth potential, this explains why AGA will rapidly start developing from puberty and can lead to extensive hair loss by the age of thirty. However, in most cases, AGA won't start until later on in life and will be a much more gradual process - these skull shapes have a **low** growth potential.

Growth potential can, therefore, account for the variations that exist in the rate of hair loss. This answers [question 5](#) in chapter 1.

2.6.2 Location

Within the MPB region, the location in which AGA develops can vary.

For some, hair loss develops at the front (temple recession) or back of the scalp (a bald patch). For others, AGA will affect both these areas simultaneously and will cause either diffuse thinning throughout the MPB region, or more concentrated hair loss (a bald patch at the back together with receding temples at the front).

Skull expansion of the frontal bone will form a receding hairline from the temples. Skull expansion of the parietal bones will cause hair loss at the back of the scalp. And skull expansion of the frontal and parietal bones simultaneously will create hair loss in the front and back of the scalp at the same time.

This answers [question 6](#) from chapter 1.

Convinced?

You should be!

Skull expansion is the true underlying mechanism behind AGA. It has explained how, for those with the genetically determined characteristics of skull shape and size, DHT will cause the frontal and parietal eminences to grow during adulthood. It has also explained how DHT can be associated with both hair loss and hair growth, and provided answers to all six questions from chapter 1 (something the current theory cannot do).

And, if you're in any doubt about skull expansion, why not simply contact a hair loss specialist and ask those six questions – I guarantee they will not know the answers!

2.7 Re-evaluation of the current theory

Although the current theory for AGA could not answer those questions, it did nevertheless, raise some issues that now need to be addressed.

Referring back to chapter 1, these involve the following –

1. Androgen receptor sites, 5-alpha reductase and DHT all appear to be more abundant in the MPB region of the scalp than in non-MPB regions for those with the genetic predisposition towards AGA.

2. A gene (or possibly several) may make **follicles genetically programmed towards hair loss** (but only in the MPB region).

Ok, we've already looked at this before, but let's examine these two fundamental parts to this theory in more detail –

1. First of all, let me make this perfectly clear: 5-alpha reductase, androgen receptor sites and DHT all exist in hair follicles for hair growth, not hair loss – your body does not want to lose something that insulates and protects your scalp from the sun, rain, cold, bugs, etc.

The current theory does not explain how and why any such proliferation of androgen receptor sites, 5-alpha reductase and DHT should occur within just the MPB region and nowhere else. In my view, any proliferation of androgen receptor sites is due to upregulation, also known as reflex hyperandrogenicity ¹⁰.

What this basically means is that the body tries (unsuccessfully) to grow more hair (i.e., to offset skull expansion) by producing more DHT. It creates an increased expression of the androgen receptor gene within the area of weak hair growth which then causes receptor site proliferation to occur. (Once again, remember, that's what androgens like DHT do - they stimulate bone, muscle and hair growth, not hair loss).

Furthermore, 5-alpha reductase, androgen receptor sites and DHT also occur in bone tissue ⁷.

Coincidence?

No way!

To me, it seems crystal clear that DHT accumulation within the frontal and parietal bones cause these bones of the skull to continue growing – i.e., skull expansion.

2. The current theory has identified a number of genes that may be involved in AGA. These include: the androgen receptor or AR gene (STU1), 5a-reductase genes (SRD5A1 and SRD5A2), CYP17, etc. But, once again, no reason has been given why follicles in just one (MPB) region of the scalp should suffer hair loss, but not in any other. This theory simply states that each follicle must be genetically programmed for hair loss and that they appear to have a greater number of androgen receptor sites ¹¹.

As you now know, it's the genes responsible for skull growth (i.e., shape and size) that cause AGA. And, it's this genetic connection that explains how AGA occurs within just the MPB region. Through the upregulation of DHT (hyperandrogenicity, as described above) the increased expression of the androgen receptor gene within the MPB region can be accounted for.

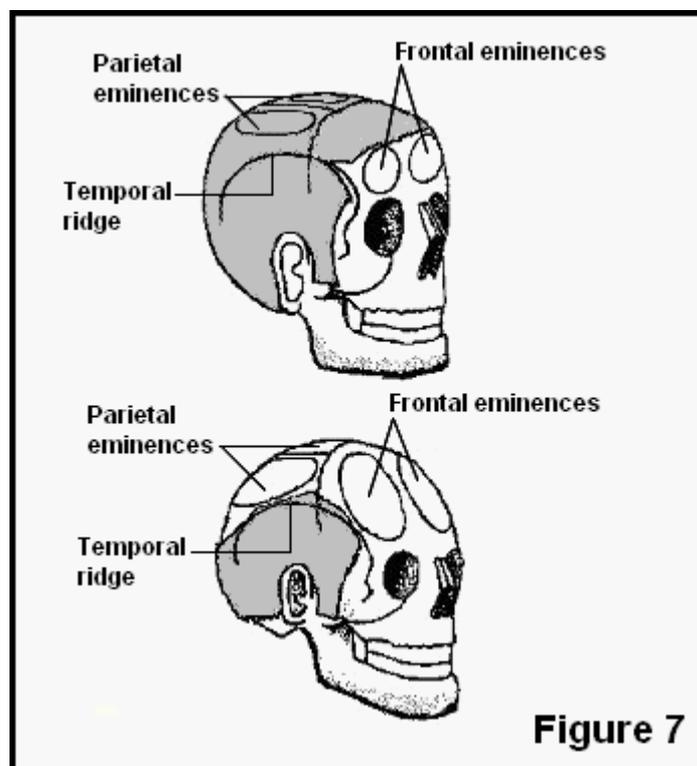
Now you know that skull expansion is the true cause of AGA, there is a new question that needs to be asked...

2.8 What skull shapes lead to skull expansion?

Figure 7 (below) shows two different skull shapes: one with no hair loss at all (i.e., a skull shape that did **not** experience **any** skull expansion), and one with severe hair loss (i.e., the eventual skull shape reached after, perhaps, many years of skull expansion).

You can see that, for those who suffer no hair loss at all, they'll generally have a slightly more square shape to the skull. But, for those who suffer severe AGA, the skull expansion process will often create a somewhat rounded skull shape. (This rounded shape can also appear in both front and side profiles).

This is only a very simple explanation, but it does nevertheless reveal the skull shapes that generally correlate to the two extreme examples shown in Figure 7.



Other skull shape variations exist, and these determine **where** within the MPB region skull expansion/AGA develops (front, back or both), and the **rate** at which this will happen. There are also several skull shape characteristics that can be recognized and used to accurately predict whether someone is likely to experience future hair loss and to what **extent**.

To learn about these skull shape characteristics and find out what skull shapes cause hair loss at the front, back or both regions of the scalp, you'll need to read chapters 6 and 7 of Here Today, Hair Tomorrow. (You'll learn more about Here Today, Hair Tomorrow in [chapter 4](#) of this ebook).

In chapter 3 you can find out how I overcame my own horrendous experience of AGA.

3. My Story

When I first noticed that I was suffering hair loss, it frustrated and annoyed me. But, before long, I really started to worry! So much so in fact that, before I realized skull expansion caused AGA, my typical day would look like this:

Get up, check the pillow for hair (and maybe even count them!) Look in the mirror – “How’s my hair looking?”

So, in other words, as soon as I woke up, the **first thing** I thought about was my hair!

I would shower and wash my hair with some kind of fancy “this-will-definitely-grow-your-hair-back” type of shampoo. I tried all sorts of different brands and formulations and also used the sink so that I could check the plug hole for hairs. If you wash your hair as you shower, it may be quicker and more convenient, but your body hair (and I have a **lot** of body hair) will mix in with your scalp hair. This means that you won’t really know how much hair you’ve just washed away.*

* **Note:** you can’t actually wash your hair away. The truth is, only hair that’s weak and ready to fall out anyway will do so.

Anyway, I had one of those plug hole protectors that collect all the hair and stop it from clogging up (a pretty neat gadget by the way). As my hair loss developed, I began losing dozens of hairs every day when I washed it. And when it was at its worst, I lost as many as **300** hairs in a single wash!

This was something that put me into a state of shock!

My day would then continue in much the same, almost neurotic way - that’s how much it tormented me!

Frankly, I’m embarrassed to drag you through the entire day I used to have. But you get the point, right? I had become obsessed by this insidious “disease”. Pretty sad, I know, but that’s just how much it affected me (and I’m pretty sure hair loss affects many others in exactly the same way).

Now, compare that day to this next one **after** I had started using specific techniques designed to grow back hair:

Get up, immediately think about my hair again (nothing new there then!) But, I then performed a few simple techniques which **I knew were helping me to restore strong hair growth again.**

I would then shower (and wash my hair at the same time), towel dry my hair, flick a comb through it, and that’s it. **All done!** I’d then simply get on with my life, secure in the knowledge that I was doing something extremely positive at last, and so didn’t need to give my hair any more thought.

Basically, what I'm saying here is that, whilst my hair loss used to pester me throughout each and every day, suddenly I found myself living my life like I used to before hair loss had first "infected" me. I could even concentrate better – I'd be thinking more clearly, whereas before, thoughts about hair loss would keep popping up and dwell on my mind.

I know all this must sound pretty pathetic, but it's just the way it was!

Even though I'd only just started using these techniques, they had already changed my mindset from being negative to positive.

Very soon, I noticed a decrease in the rate of hair loss. And within a few months, I realized that **my hair was also getting thicker and starting to grow in previous areas of loss** (which was basically everywhere by that stage).

Recovery of my hair continued and as a result, today I enjoy a **healthy head of hair again** (as you can see from this photo). I'm also completely free from the stress that hair loss and skull expansion had, quite obviously, caused me.



Make no mistake, hair loss is a horrible condition to have. It just seems to keep getting relentlessly worse and worse!

For me, hair loss drugs and transplants were never an option – I've always believed that a natural problem must have a natural solution.

That's why I spent **seven years** studying AGA and working on a solution.

Eventually, of course, I managed to find the answers I was looking for. The techniques I used were developed from the skull expansion theory. And by using them, I managed to completely reverse my hair loss, regrow strong, healthy hair and I've kept it ever since.

For both men and women, hair loss caused by AGA can now be stopped. The effects of skull expansion **can** be reversed. By applying these techniques you can now keep the hair you have and regrow hair you've lost!

You'll learn all about these techniques in chapter 4.

4. How To Grow Your Hair Back!

Now you know what causes AGA, this chapter lets you know what to do about it. I developed techniques based on the skull expansion process and used them to successfully reverse my own hair loss and restore healthy hair growth again following seven years of AGA.

“Here Today, Hair Tomorrow” is the ebook that reveals exactly what these techniques are, how they helped me, and how they can benefit anyone else suffering most types of hair loss.

The ebook has two parts:

Part 1 answers any question you have about hair, its structure and growth cycle. It also explains the entire skull expansion process, which includes the following:

Chapter 6 shows you how to spot whether someone will suffer skull expansion/AGA before it even starts. (This means that, if you’ve not yet suffered any hair loss, and can accurately confirm that you’re highly likely to do so, then these techniques can be used as a preventative measure - to stop it before it even starts).

Chapter 7 reveals the different skull shapes that develop AGA at the front (temple recession), back (a bald patch) or both these regions simultaneously (hair thinning throughout the scalp).

Chapter 8 gives the fascinating reason why skull expansion happens in the first place! In other words, how this genetic condition evolved - the answer will amaze you!

Part 2 concentrates on the techniques. These involve a three-pronged approach:

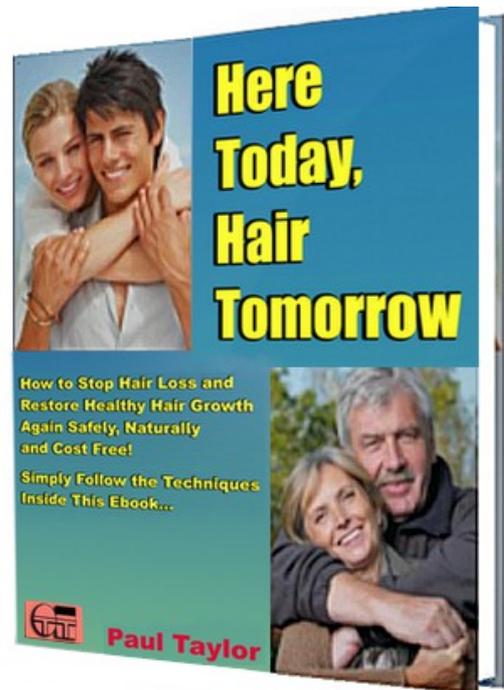
Chapter 12 explains the first approach. This is divided into five different techniques (all of which are specific to AGA).

Chapter 13 details the second approach which is split into three separate techniques. (These can be used with AGA and most other types of hair loss too).

Chapter 14 covers the third approach. (This is additional to the first two approaches and is applied at the same time).

If all this seems a bit complicated, don’t worry, learning these techniques and applying them is actually very easy. Also, you won’t necessarily need to use every single technique: it all depends upon your own personal circumstances (i.e., the extent and location of your hair loss).

You focus on those techniques that are relevant to you, and will benefit you the most.



Chapter 15 explains how you can easily do this. Whether your hair loss is at the front, the back or both these regions, you can adjust the techniques to suit your own individual needs.

There are eight techniques in total: four relate directly to the temple region and four to the crown/back of the head.

“Here Today, Hair Tomorrow” also explores **lifestyle factors** that can make your hair loss worse (and what you need to do about it) and contains many more fascinating facts.

Step-by-step instructions clearly explain what you need to do to stop your hair loss and restore healthy scalp hair growth. **Examples** are included to help you, and it’s fully **illustrated** to show you exactly how to apply these very special techniques.

It took **seven years** to discover the true cause of AGA and develop these techniques. But you can learn all this in just a few hours!

Other types of hair loss?

Whilst developed for AGA, the techniques can be used with other types of hair loss too (including postpartum hair loss, menopause hair loss, thyroid disorders, etc). If applicable, it’s recommended that any underlying condition (e.g., nutritional deficiency caused by Chronic Telogen Effluvium) is first identified and rectified. These techniques will then be able to kick-start normal, healthy hair growth much, much faster than if you do nothing at all.

Other hair loss products?

There are millions of people suffering from AGA, and if you’re one of them, you might have already tried one or more hair loss products.

Some products encourage hair to grow by stimulating scalp circulation/dilating the blood vessels. These include drugs like minoxidil (Rogaine in the US, Regaine in the UK), superoxide dismutase (SOD) and SOD mimetics such as copper peptides (Tricomin and Folligen). Other products focus on blocking 5-alpha reductase and DHT production. These include drugs such as finasteride (Propecia and Proscar) and dutasteride (Avodart), and natural substances such as saw palmetto, nettle, green tea, etc.

Many of these hair loss products and treatments may work to some extent. Some will slow or even stop hair loss. Others might even produce some hair regrowth. Generally, however, their effects are very limited, and results can be quite inconsistent – helping some people, but not others. They also rely on continuous use, so if you stop using them, your hair loss will quickly return. Results vary from product to product, so it’s only by trying one or more of these long term (at least 3 months) that you’ll know whether or not they’re of any benefit.

And if you do decide to keep using them, **the cost involved can become a big issue**. Some people choose to use an entire suite of different products in a “throw everything at it” approach to the problem. But, the ongoing cost of using even just one or two hair loss products will rapidly accumulate.

With **“Here Today, Hair Tomorrow”** there are **no additional costs** – no hair loss products

need to be purchased. So, given that the cost of other products will mount up indefinitely, this means “***Here Today, Hair Tomorrow***” can save you an awful lot of money!

AGA will affect up to **80%** of men and **50%** of women at some point in their lives. And for many of those affected, it is a thoroughly miserable, depressing condition.

**Hair loss can ruin lives...
...but it doesn't have to ruin yours!**

You can now remove this condition from your life using these techniques. This is very much a hands-on approach to hair loss using techniques that are safe, natural and easy to apply yourself.

This extraordinary new approach to AGA completely reversed my own hair loss. It helped me grow back strong, healthy hair throughout my scalp (not simply tiny “vellus” hair) and is now helping many other men and women to do the same:

You can read testimonials here: <https://www.hairgrowthsos.com/hair-loss-testimonials.html>

To sum up...

Here's what you get from “*Here Today, Hair Tomorrow*”...

- Discover special techniques developed from the **true** cause of genetic hair loss: skull expansion.
- Your hair loss will stop, thinning hair will thicken and healthy hair growth will be restored.
- Start growing new hair within months - and then keep it for life.
- Stop future hair loss - you can use these techniques as a preventative measure too.
- Free yourself from the stress and depression hair loss can cause, and restore your self-confidence.
- Techniques you can do at home - you don't need to visit a clinic for treatment.
- You don't need any other hair loss products - save your hair, save your money.
- Quick to read, easy to learn - you can start using these techniques as soon as you've finished reading.

These techniques are:

- **Natural** - no drugs, lotions or surgery.
- For both **men and women**.
- **Safe** and easy to apply yourself.
- **Guaranteed** - If you're not convinced these techniques will help, simply email me within 30 days for a full refund. No questions asked.

These techniques were developed for androgenetic alopecia (AGA), but can also be used with other types of hair loss.

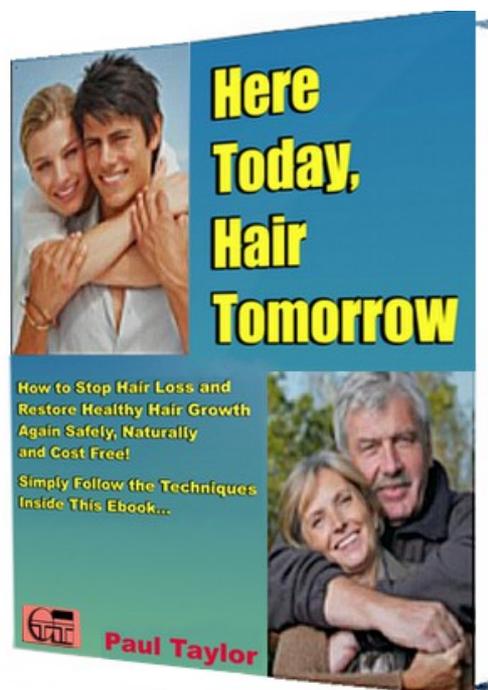
"Here Today, Hair Tomorrow" is **essential** reading for anyone suffering any type of hair loss.

They helped me end my own hair loss... **and they can help you too!**

You can purchase your copy and start reading **right now...**

Special Offer - You can save \$5 by purchasing ***"Here Today, Hair Tomorrow"*** using the following link:

[Click here to purchase "Here Today, Hair Tomorrow" \(Special Offer\)](#)



Remember, to get your \$5 discount, you **must** use the special offer link in this ebook.

5. Summary

Having read this ebook, you should now know the following:

1. AGA is caused by skull expansion of the left and right parietal bones, and the frontal bone.
2. For each parietal bone, expansion originates from the parietal eminence, and causes hair loss at the back and crown of the head. The parietal eminence is located only above the temporal ridge. This explains why hair growth below the temporal ridge (on the sides of the head) is largely unaffected by AGA.
3. The occipital bone lies at the lower rear part of the skull, and is less likely to be affected by parietal bone expansion. This explains why hair continues to grow low down at the back of the head.
4. Frontal bone expansion causes hair loss at the front (receding temples) and crown of the head. Frontal bone expansion originates from the frontal eminences. There are two frontal eminences located on the left and right sides of the frontal bone. This explains why both temples will recede but the center front hairline can often continue to grow hair.
5. The skull shape, and associated growth potential, that you inherit determines whether or not your skull will expand, so causing AGA. This explains the genetic link to AGA and why some people suffer AGA whilst others do not.
6. Skull shape and size is a largely sexually dimorphic characteristic. This, alongside DHT levels, explains why men experience AGA much more so than women.
7. Your skull shape also determines where (within the MPB region) and extent to which you'll lose hair, as well as what stage in your life skull expansion/AGA is likely to start, and the rate at which it happens. This explains why some people suffer AGA more so than others.
8. DHT causes facial, body and pubic hair to grow at puberty, and skull expansion/AGA (in those with the genetic predisposition towards it). DHT is a steroid hormone which causes bone growth. This explains why DHT has been associated with both hair loss and hair growth, and, alongside sexual dimorphism, why men experience AGA much more so than women.
9. DHT production increases with weight training. This explains why bodybuilding has been linked to AGA.
10. ***"Here Today, Hair Tomorrow"*** is the ebook you need to read to discover the techniques that can restore healthy scalp hair growth.

You can purchase ***"Here Today, Hair Tomorrow"*** and save \$5 using the following link:

[Click here to purchase "Here Today, Hair Tomorrow" \(Special Offer\)](#)

I've raised and answered many questions in this ebook - you now know more about the **true** cause of AGA than most people on the planet!

And so, if you're one of the millions of men and women suffering hair loss, the only question that remains for you is this:

What are you going to do about it?

Thanks for reading.

Best wishes,

A handwritten signature in black ink, appearing to read "Paul Taylor". The signature is stylized and cursive, with a long horizontal stroke at the bottom.

Paul Taylor, B.Sc.

P.S. You are welcome to send this ebook to anyone you want - simply attach it to your emails.

References

Various sources of reference material were used in writing this ebook. Only those that are most relevant to the current theory for AGA are listed below.

All references are to online sources of information only. This means that, to examine any reference further, all you need to do is click on the link. This will take you straight to the relevant website page. You should have no problems doing this. However, since these are all external links, it's possible that some links may change or become unavailable through server/technical issues over time.

1. Section 1.2 - <https://www.livestrong.com/article/222621-adrenal-glands-testosterone>
2. Section 1.3 - <https://www.ncbi.nlm.nih.gov/pubmed/11231320>
3. Section 1.3 - <https://www.ncbi.nlm.nih.gov/pubmed/9620288>
4. Section 1.3 - <https://www.hairdoc.com/hair-loss-answers/chapter-3-the-cause-of-most-hair-loss/>
5. Section 1.3 - <https://ghr.nlm.nih.gov/condition/androgenetic-alopecia#genes>
6. Section 1.3 - https://en.wikipedia.org/wiki/Body_hair
7. Sections 2.4 and 2.7 - <https://academic.oup.com/jcem/article/87/12/5401/2823579>
8. Section 2.4 - <https://www.ncbi.nlm.nih.gov/pubmed/15845915>
9. Section 2.5.1 - https://en.wikipedia.org/wiki/Sexual_dimorphism#Humans
10. Section 2.7 - https://hairlosshelp.com/hair_loss_research/hyperandrogenicity.cfm
11. Section 2.7 - https://www.hairlosshelp.com/hair_loss_research/hairloss_causes.cfm