ASCETIC WOMEN

HAIR & SCALP / FIELD GUIDE 01

The Ascetic Women Scalp Reset

A practical, evidence-led guide to understanding your scalp, building a calmer routine and knowing when to seek help.

PATTERNS, ROUTINES, RED FLAGS AND A 14-DAY TRACKER

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READ THIS FIRST

A useful guide needs clear boundaries.

This guide is general education for adults in the UK. It cannot diagnose a condition, interpret your personal blood results or replace a GP, pharmacist, dermatologist, endocrinologist or registered dietitian. Product names and examples are included only to help you ask better questions.

Get urgent help when needed
Call 999 for a life-threatening emergency. Use NHS 111 for urgent advice. Seek prompt clinical help for severe or rapidly worsening symptoms, difficulty breathing, chest pain, fainting, or a fast/irregular heartbeat.

What this guide does

- separates common patterns from medical diagnoses
- turns broad advice into a practical next-step checklist
- flags where supplements and online claims can create risk
- shows when self-care is reasonable and when to speak to a professional

01

MAP

Inside this guide

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Use it actively
Mark the pages that match your situation, complete the trackers and take the final appointment checklist to your GP, pharmacist or relevant specialist.

02

PATTERN, NOT PERSONALITY

Stop trying to name your scalp. Start recording what it does.

Your scalp can be oily at the roots and irritated at the same time. Flaking does not automatically mean dryness, and shedding does not automatically mean a shampoo caused hair loss. Treat labels such as ‘dry scalp’ or ‘oily scalp’ as observations—not diagnoses.

What you notice	What it may mean	Useful first move
Greasy roots within 24 hours	Normal sebum variation, styling build-up or a scalp condition	Wash as often as comfort and oil require; record products and itch
Fine loose flakes without marked redness	Dryness, dandruff or product residue	Simplify the routine; avoid scratching; consider pharmacist advice
Greasy scale + redness/itch	Dandruff or seborrhoeic dermatitis are possibilities	Ask a pharmacist about an appropriate medicated shampoo
Burning after dye or styling product	Irritant or allergic contact dermatitis is possible	Stop the new product and seek advice if persistent or severe
Sudden patches or widening parting	A hair-loss disorder or systemic trigger may be involved	Book a GP assessment rather than adding supplements blindly

A better question
Instead of ‘What scalp type am I?’, ask: when did this start, where is it, what does it feel like, what changed, and is hair density changing?

03

THE MINIMUM EFFECTIVE ROUTINE

Build a routine with fewer variables.

A complicated routine makes it hard to identify triggers. Start with a compatible shampoo, a conditioner for the lengths and a deliberate approach to styling products. Add one change at a time and give it enough time to observe the result.

Wash frequency is not a moral issue

- Wash when oil, sweat, itch or product build-up makes your scalp uncomfortable. Some people need daily washing; others do not.
- Use fingertips rather than nails. Scratching can worsen irritation and create breaks in the skin.
- Rinse thoroughly, especially around the hairline, behind the ears and at the nape.
- Apply conditioner mainly to mid-lengths and ends unless the product is specifically designed for scalp use.
- Clean brushes, pillowcases and close-fitting hats regularly when the scalp is flaring.

What to pause for 14 days

- essential oils or fragrance blends applied directly to the scalp
- harsh scrubs, salt/sugar exfoliants and aggressive scalp brushes
- multiple leave-on serums started at the same time
- tight hairstyles that create repeated tension or pain

Patch testing is not a guarantee
A small-area test may reduce risk but cannot rule out every reaction. Stop a product if you develop burning, swelling, blistering or a spreading rash.

04

FLAKES & INFLAMMATION

Dandruff is common. Persistent inflammation deserves a proper look.

Dandruff can often be managed with an anti-dandruff shampoo. NHS guidance notes that ketoconazole shampoo is commonly used for dandruff and seborrhoeic dermatitis. Follow the product leaflet or a pharmacist’s instructions; using more is not the same as using it better.

Signal	Self-care may be reasonable	Get clinical advice
Flaking	Mild, recent, no pain or hair loss	Persistent despite correct treatment; thick scale or uncertain cause
Redness	Mild and clearly linked to a new product that has been stopped	Spreading, painful, weeping, crusting or involving face/ears
Itch	Intermittent and settles with a simpler routine	Severe, sleep-disrupting or with broken skin
Hair loss	No clear density change	Patchy loss, scarring, broken hairs or rapid shedding

Do not share medicated products
A shampoo that suits one diagnosis may irritate another. Ringworm of the scalp, psoriasis, eczema and contact dermatitis can look similar online but need different management.

05

SHEDDING DECODED

Hair shedding is a symptom. The timeline is the clue.

Hair loss may be temporary or permanent, localised or diffuse. The NHS lists illness, stress, weight loss and iron deficiency among possible temporary triggers. A major event can precede visible shedding by weeks or months, so the product used yesterday is not always the cause.

Write down the last six months

- fever, infection, surgery or a significant illness
- childbirth, stopping or changing hormonal contraception, or menstrual changes
- rapid weight loss, low energy intake or a major dietary restriction
- new medicines or dose changes
- high stress, disrupted sleep or a major life event
- tight hairstyles, extensions, bleach, relaxers or repeated heat damage

When not to wait

- smooth bald patches, broken hairs or loss of eyebrows/eyelashes
- scalp pain, pus, crusting, scarring or a shiny area with missing follicle openings
- rapidly widening parting or obvious loss of density
- hair loss with fatigue, weight change, heavy periods, palpitations or other systemic symptoms

Supplements are not a diagnostic test
High-dose ‘hair vitamins’ can waste money, interact with medicines and sometimes interfere with blood tests. Ask whether a deficiency is plausible before treating one.

06

PRODUCT FILTER

Buy for a job, not for a story.

Product	Reasonable role	Marketing claim to question
Gentle shampoo	Routine cleansing	‘Detoxes follicles’ or ‘balances hormones’
Anti-dandruff shampoo	Targeted use for dandruff/seborrhoeic dermatitis when appropriate	‘Permanent cure’
Conditioner	Reduces friction and breakage on hair lengths	‘Repairs follicles from the inside’
Scalp serum	May add comfort if well tolerated	‘Clinically reverses all hair loss’ without a named trial/product
Biotin supplement	Useful only in specific circumstances	‘Everyone is deficient’ or guaranteed regrowth
Collagen supplement	Optional food supplement; evidence for scalp disease is limited	Treatment claims for alopecia, psoriasis or thyroid-related loss

The five-point label check

- What exact problem is this meant to address?
- Is the claim cosmetic, nutritional or medical—and is the product regulated for that role?
- Are full ingredients and directions visible before purchase?
- Does it ask you to stop prescribed treatment or avoid a clinician? Walk away.
- Can you identify the seller, UK contact details and returns process?

07

14-DAY RESET

Change less. Measure more.

Use the first week to establish a baseline and the second to test one carefully chosen change. Photograph the same parting in the same light only if density is your concern; daily photographs usually create noise rather than insight.

Day	Wash / product	Oil 0–3	Itch 0–3	Flake 0–3	Notes / trigger
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Score consistently
0 = none, 1 = mild, 2 = noticeable, 3 = severe or disruptive. Look for a trend across several days, not a single perfect morning.

08

APPOINTMENT PREP

Bring a clean timeline, not a shopping bag of guesses.

Take this information

- when the problem started and whether it is stable, intermittent or worsening
- areas involved and symptoms: itch, pain, burning, scale, spots, shedding or breakage
- all medicines and supplements, including hair/skin gummies and biotin
- recent illness, pregnancy/postpartum status, menstrual changes, weight loss and dietary restrictions
- photos from before the change, if available, plus your 14-day tracker

Ask these questions

- What diagnoses are you considering, and what would distinguish them?
- Do I need a pharmacist-led treatment, GP blood tests, dermatology or trichology referral?
- How long should I use the treatment before judging it?
- Which side effects or changes should make me stop and seek help?
- Could any medicine, supplement or recent health event be relevant?

Final rule
A calm routine is useful. A correct diagnosis is more useful. If your scalp or hair is changing quickly, do not let a cosmetic routine delay assessment.

09

REFERENCES

Primary UK sources used for this edition

Accessed August 2026. Guidance can change; use the live links for the latest version.

NHS — Dandruff
https://www.nhs.uk/conditions/dandruff/

NHS — Hair loss
https://www.nhs.uk/symptoms/hair-loss/

NHS — Women and hair loss: coping tips
https://www.nhs.uk/symptoms/hair-loss/coping-tips-for-women/

NHS — How and when to use ketoconazole
https://www.nhs.uk/medicines/ketoconazole/how-and-when-to-use-ketoconazole/

Gloucestershire Hospitals NHS — Good hair care advice
https://www.gloshospitals.nhs.uk/your-visit/patient-information-leaflets/good-hair-care-advice/

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