Evidence-based medicine (EBM) aims to apply the best available evidence gained from the scientific method to clinical decision making. It seeks to assess the strength of the evidence of risks and benefits of treatments and diagnostic tests. Using techniques from science, engineering and statistics, such as the systematic review of medical literature, meta-analysis, risk-benefit analysis, and randomized controlled trials (RCTs), EBM aims for the ideal that healthcare professionals should make conscientious, explicit, and judicious use of current best evidence in their everyday practice. EBM recognizes that many aspects of health care depend on individual factors such as quality- and value-of-life judgments, which are only partially subject to scientific methods. EBP, however, seeks to clarify those parts of medical practice that are in principle subject to scientific methods and to apply these methods to ensure the best prediction of outcomes in medical treatment, even as debate continues about which outcomes are desirable. Although EBM is becoming regarded as the gold standard for clinical practice, there are a number of limitations of its use. EBM guidelines do not remove the problem of extrapolation to different populations or longer timeframes. Even if several top-quality studies are available, questions always remain about how far, and to which populations, their results may be generalized. Certain groups have been historically under-researched, such as racial minorities and people with many co-morbid diseases, and thus the literature is sparse in areas that do not allow for generalizing. EBM applies to groups of people, but this does not preclude clinicians from using their personal experience in deciding how to treat each patient. Ex cathedra statements by the medical expert are considered to be the least valid form of evidence. Nevertheless, knowledge gained from clinical research does not directly answer the primary clinical question of what is best for the patient at hand and suggests that EBM should not discount the value of clinical experience. Good medical practice means integrating individual clinical expertise with the best available external clinical evidence from EBM. A liaison with patients, respect for their individuality, and professional expertise, are preliminary to creating the atmosphere of mutual trust, which on the one side, enables the physician’s professional contribution to the healing process, and on the other side, assists patients to draw also from their own mental self-healing capacities. This is where, at times, success in treating hair loss disorders may supersede EBM. The trichological patient expects more than a 63% chance of success with topical minoxidil in treatment of female androgenetic alopecia, more than temporary success in alopecia areata, and more than merely halting the disease process in the inflammatory scarring alopecias. It is that difference which has to be found out and cultivated that determines whether or not the patient will belong to the 63% responders to minoxidil, whether or not treatment of alopecia will be successful and long lasting, and whether or not regrowth of hair may be seen in the inflammatory scarring alopecias.