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. As EBM guidelines on hair loss are rare, a European consensus group was recently constituted to develop guidelines for treatment of androgenetic alopecia. The European consensus group conducted a systematic literature review in Medline, Embase and Cochrane databases. The guideline revealed excellent evidence levels for the therapeutic use of topical minoxidil and oral finasteride, low evidence levels for hormonal treatments (in women), and insufficient respectively lacking evidence for a broad panel of miscellaneous treatments available claiming effectiveness for treatment of male or female androgenetic alopecia. Although EBM is becoming regarded as the gold standard for clinical practice, there are a number of limitations of its use. The limited success of evidence based therapies points to a more important complexity of hair loss. Moreover, EBM guidelines do not remove the problem of extrapolation to different patient populations or longer timeframes, and certain groups have been under-researched, such as people with co-morbid diseases. Therefore, one must remain open-minded for the possibility of a multitude of cause-relationships underlying hair loss, and for the possibility of combined treatments and multitargeted approaches to enhance hair growth and quality. The scientific rationale for such an approach is given, but there is a need for studies to establish increase of efficacy of combination regimens for treatment of hair loss. Finally, 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. Ultimately, 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. Thus, good medical practice means integrating individual clinical expertise with the best available external clinical evidence from EBM.