

UNREGULATED HAIR TRANSPLANT PRACTICES IN INDIA: A CASE SERIES HIGHLIGHTING CLINICAL, ETHICAL, AND REGULATORY CONCERNS

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ABSTRACT

Background: Hair transplantation is a widely performed cosmetic surgical procedure with established safety when conducted by appropriately trained specialists in sterile medical environments. However, the rapid commercialization of aesthetic services in India has been accompanied by a rise in unregulated clinics and cross-practice by inadequately qualified personnel, raising serious patient safety and medicolegal concerns. **Objective:** To highlight the clinical, ethical, and regulatory implications of unregulated hair transplant practices through documentation of recent severe and fatal cases in India. **Materials and Methods:** This case series analyzes four reported instances of major complications following hair transplantation procedures performed in private, non-accredited settings across Delhi, Chennai, Kanpur, and Kochi between 2021 and 2025. Clinical presentation, outcomes, and associated legal proceedings were reviewed using published reports and judicial records. **Results:** Three of the four cases resulted in death due to suspected postoperative infectious complications and systemic deterioration, while one case resulted in severe scalp necrosis requiring multiple reconstructive surgeries. Common factors included questionable practitioner credentials, inadequate infection control practices, lack of emergency preparedness, and regulatory oversight deficiencies. All cases led to police investigation or judicial intervention, with criminal charges invoked under relevant provisions of the Indian Penal Code. **Conclusion:** The findings underscore that hair transplantation, though generally safe, can become life-threatening when performed outside regulated medical frameworks. Strengthening accreditation, clarifying scope of practice, enhancing regulatory coordination, and promoting public awareness are critical to preventing further avoidable harm.

INTRODUCTION

Hair transplantation has evolved into one of the most commonly performed cosmetic surgical procedures worldwide, driven by increasing aesthetic awareness, social media influence, and technological advancements in follicular unit extraction (FUE) techniques. When performed by trained dermatologists or plastic surgeons under sterile conditions, hair transplantation is generally considered safe and effective, with high patient satisfaction rates and low complication profiles.^[1,2] Established clinical practice guidelines emphasize patient selection, perioperative asepsis, anesthesia

safety, and structured postoperative follow-up to minimize adverse events.^[2] Despite this, the rapid commercialization of cosmetic procedures has led to a parallel rise in unregulated and poorly supervised practices, particularly in low- and middle-income countries.

India has witnessed an unprecedented expansion of the cosmetic hair restoration industry over the past decade. While the demand for hair transplantation has increased, regulatory enforcement has struggled to keep pace. Reports from multiple Indian cities have documented severe complications—including septicemia, cerebral edema, toxic shock syndrome, and death—following procedures conducted in

unaccredited clinics or salon-like setups by unqualified personnel.^[3-6] The problem does not lie in the procedure itself but in its performance by inadequately trained individuals lacking surgical expertise, resuscitation preparedness, and infection-control infrastructure.

The National Medical Commission (NMC) and specialty guidelines clearly state that hair transplant surgery is a medical procedure requiring appropriate training in dermatology or plastic surgery.^[2,7] However, regulatory ambiguity and weak enforcement have allowed cross-practice by non-specialists, including dentists, technicians, and other paramedical operators. Medicolegal analyses from Indian High Courts have increasingly addressed fatalities linked to such practices, invoking criminal liability under Sections 304A and 304 of the Indian Penal Code for gross negligence.^[3,4] Similar ethical concerns have been raised internationally, particularly regarding “ghost surgery,” wherein procedures are delegated to unqualified assistants without patient knowledge—an act considered both deceptive and legally punishable.^[8]

Globally, aesthetic medicine regulation varies. In the United States and Europe, certification standards, malpractice liability, and structured accreditation frameworks attempt to ensure practitioner competence and patient safety.^[9-11] The American Board of Hair Restoration Surgery (ABHRS), for example, mandates formal credentialing and continuing medical education for practitioners.^[10] These models highlight the importance of structured oversight in preventing malpractice and safeguarding patient autonomy.

In India, increasing litigation, consumer forum compensation awards, and parliamentary discussions regarding jurisdictional overlap between the Dental Council of India (DCI) and the NMC underscore the urgent need for regulatory clarity and inter-disciplinary coordination.^[12-14] The absence of mandatory accreditation for cosmetic surgery clinics and inadequate monitoring of medical advertising—especially on digital platforms—have further aggravated patient vulnerability.^[15,16]

Given the rising incidence of catastrophic outcomes associated with unregulated hair transplant practices, a systematic examination of documented fatal and severe complication cases is warranted. This case series highlights recent Indian cases to underscore the clinical, ethical, and regulatory dimensions of this emerging public health concern.

Case Descriptions

Case 1: Fatal Acute Complication Following Hair Transplant – Delhi (2021)

A 35-year-old male underwent a hair transplantation procedure at a private establishment identified as United Hair Studio, Rohini, New Delhi. The procedure was reportedly conducted in a non-accredited facility where the surgical team’s qualifications were later questioned. Shortly after returning home, the patient developed severe scalp pain followed by progressive facial and shoulder

swelling. His condition deteriorated rapidly, necessitating admission to Escorts Heart Institute and Research Centre. Despite intensive care, he succumbed during treatment on 26 June 2021.

Judicial review by the Delhi High Court (Azhar Rasheed vs State NCT of Delhi & Ors.) highlighted allegations of gross negligence and absence of appropriate medical oversight. Criminal proceedings were initiated under Sections 304 and 34 of the Indian Penal Code. The court emphasized the urgent need for regulatory oversight of “mushrooming salons” performing surgical procedures without statutory authorization.^[3] This case underscored the potentially fatal consequences of performing invasive cosmetic surgery outside recognized medical infrastructure.

Case 2: Death of Medical Student after Hair Transplant – Chennai

A young medical student underwent a hair transplant procedure at a private clinic in Tamil Nadu. Postoperatively, the patient developed severe complications suspected to be related to infection control lapses and inadequate perioperative monitoring. Investigations raised concerns regarding sterilization standards and the credentials of the practitioner performing the procedure. The patient subsequently died.

The matter reached the Madras High Court, which refused to quash criminal proceedings against the practitioner, who was charged under Section 304 (Part II) IPC for culpable homicide not amounting to murder. The court observed that cosmetic procedures involving anesthesia and surgical manipulation demand recognized medical training and cannot be trivialized as salon services.^[4] This case reinforced judicial intolerance toward negligent cross-practice in aesthetic surgery.

Case 3: Post-Transplant Sepsis and Death – Kanpur (2025)

A 37-year-old male assistant engineer underwent a hair transplant procedure at a private clinic in Kanpur in March 2025. Within days, he developed high-grade fever, extensive facial swelling, and signs of systemic infection. His clinical condition worsened rapidly despite hospitalization, and he subsequently died.

A police complaint was filed by the patient’s spouse alleging medical negligence. Reports indicated that the practitioner’s qualifications and clinic standards were under scrutiny. Criminal proceedings were initiated, and the case gained national attention as an example of unregulated cosmetic surgical practice leading to fatal outcomes.^[5] This incident highlighted the risk of postoperative septic complications when aseptic protocols and emergency preparedness are inadequate.

Case 4: Severe Bacterial Infection and Scalp Necrosis – Kochi (2025)

A middle-aged male underwent a hair transplant procedure at a private clinic in Kochi, Kerala. Shortly after the surgery, he developed severe scalp infection characterized by purulent discharge, tissue

necrosis, and progressive destruction of scalp skin. The infection advanced to the extent of exposing underlying tissues, requiring multiple hospital admissions and reconstructive interventions. As of May 2025, the patient had undergone approximately 13 surgical procedures, including debridement, skin grafting, and reconstructive surgery.

Police investigation cited unhygienic conditions and negligent clinical practices at the facility. Criminal cases were registered against the clinic owner and associated personnel.^[6] Unlike the previous fatal cases, this case illustrates catastrophic morbidity and long-term disfigurement resulting from inadequate infection control and lack of qualified surgical oversight.

RESULTS

This case series documents four recent instances of severe and fatal complications following hair transplantation procedures performed in unregulated or inadequately supervised clinical settings across India (Delhi, Chennai, Kanpur, and Kochi). The patients were males aged between 35 and 37 years in three cases, while one case involved a middle-aged adult. All procedures were conducted in private establishments whose accreditation status and practitioner qualifications were subsequently questioned.

Clinical Outcomes

Of the four cases, three resulted in death (Cases 1–3), representing a case-fatality proportion of 75% within this series. The remaining case (Case 4) resulted in severe morbidity characterized by scalp necrosis requiring extensive reconstructive management. The dominant clinical presentation across fatal cases was early postoperative deterioration marked by severe scalp pain, progressive facial swelling, fever, and systemic features suggestive of sepsis. In Case 3 (Kanpur), rapid onset of high-grade fever and facial edema indicated systemic infectious progression. In Case 4 (Kochi), localized infection progressed to tissue necrosis necessitating multiple surgical interventions (approximately 13 procedures), including debridement and skin grafting.

Complication Pattern

Infective complications were the predominant adverse event in this series (3/4 cases), either culminating in systemic sepsis and death or resulting in extensive local tissue destruction. No documentation indicated structured perioperative monitoring, intensive postoperative follow-up, or emergency preparedness within the primary operating facilities. The absence of documented infection control protocols was noted in investigative reports in Cases 2–4.

Regulatory and Legal Outcomes

All four cases triggered legal scrutiny. In Case 1 (Delhi), criminal proceedings were initiated under Sections 304 and 34 IPC following High Court

review.^[3] Case 2 (Chennai) involved prosecution under Section 304 (Part II) IPC, with the Madras High Court refusing to quash proceedings.^[4] Case 3 (Kanpur) resulted in registration of a criminal complaint alleging medical negligence leading to death.^[5] Case 4 (Kochi) led to police action against clinic personnel for negligent and unhygienic practices.^[6] Thus, 100% of cases in this series resulted in criminal or police investigation.

Practice Characteristics

Common features identified across cases included:

- Procedures performed in private, non-tertiary facilities
- Allegations of inadequate sterilization and infection control
- Questionable practitioner credentials or cross-practice concerns
- Lack of documented emergency response capability

Overall Observations

This series demonstrates a consistent pattern of severe postoperative infectious complications associated with hair transplantation performed outside accredited medical environments. Mortality occurred rapidly following onset of systemic symptoms, highlighting the critical importance of surgical asepsis, qualified anesthetic supervision, and immediate access to advanced medical care. The uniform involvement of legal authorities underscores the growing medicolegal implications of unregulated cosmetic surgical practice in India.

DISCUSSION

Hair transplantation, when performed according to established clinical standards, is regarded as a safe and effective surgical procedure. The Hair Transplant Practice Guidelines clearly emphasize appropriate patient selection, strict asepsis, qualified surgical teams, anesthesia safety, and structured postoperative follow-up to minimize complications.^[1,2] The procedure itself is not inherently dangerous; rather, adverse outcomes arise when these standards are compromised. The cases presented in this series demonstrate that deviation from accepted protocols—particularly in unregulated settings—can lead to catastrophic consequences, including death.

Three of the four cases resulted in mortality, most plausibly due to severe postoperative infections progressing to systemic complications. Infective sequelae such as septicemia, toxic shock, and multiorgan dysfunction are rare when procedures are conducted under proper sterile conditions in accredited facilities.^[1,2] However, inadequate sterilization, improper graft handling, and absence of emergency preparedness significantly elevate risk. The Kochi case, which resulted in scalp necrosis requiring multiple reconstructive surgeries, highlights the profound morbidity associated with infection control lapses.^[6] These findings reinforce

that hair transplantation must be regarded as a medical surgical intervention rather than a cosmetic salon service.

The regulatory framework in India recognizes this distinction. The National Medical Commission (NMC) Act, 2019, and related professional conduct regulations mandate that invasive procedures be performed by appropriately trained registered medical practitioners.^[7,14] Specialty guidelines further clarify that hair transplant surgery requires formal training in dermatology or plastic surgery.^[2] Despite this, enforcement gaps have permitted cross-practice and unauthorized performance of such procedures. Judicial interventions in the Delhi and Chennai cases invoked Sections 304 and 304A of the Indian Penal Code, reflecting recognition that gross deviation from standard care may attract criminal liability.^[3,4] The Kanpur case similarly underscores how postoperative sepsis in inadequately equipped facilities can rapidly become fatal.^[5]

Ethical concerns further complicate the issue. The phenomenon of “ghost surgery,” wherein operative tasks are delegated to unqualified personnel without patient knowledge, represents a breach of informed consent and professional integrity.^[8] Misleading advertising and exaggerated claims—often disseminated through digital platforms—compound patient vulnerability. Under the Consumer Protection Act, 2019, such misrepresentation constitutes actionable deficiency in service.^[13] Literature on cosmetic malpractice emphasizes that procedural complexity, not marketing terminology, determines legal responsibility.^[9,11]

Internationally, structured accreditation models such as those implemented by the American Board of Hair Restoration Surgery mandate credential verification and continuing education, promoting patient safety and accountability.^[10] In contrast, India lacks a uniform national accreditation system for cosmetic surgery clinics. Parliamentary discussions regarding jurisdictional overlap between the DCI and NMC reflect ongoing regulatory ambiguity,^[12] underscoring the need for coordinated oversight.

The World Health Organization has identified unsafe surgical care as a significant contributor to preventable morbidity and mortality globally.^[16]

The cases in this series illustrate how gaps in regulation, enforcement, and infection control can transform a generally safe procedure into a source of preventable tragedy. Strengthening inter-regulatory coordination, enforcing accreditation standards, and enhancing public awareness that hair transplantation is a surgical medical procedure are essential steps toward safeguarding patient safety.

CONCLUSION

This case series underscores a significant and preventable public health concern associated with

unregulated hair transplantation practices in India. While hair transplant surgery is generally safe when performed by appropriately trained specialists in sterile, accredited medical settings, the cases presented demonstrate that deviation from established clinical standards can lead to severe morbidity and mortality. Inadequate infection control, lack of perioperative monitoring, absence of emergency preparedness, and performance by unqualified or cross-practicing individuals were common contributory factors.

The recurrence of fatal outcomes and subsequent criminal proceedings highlights that hair transplantation cannot be regarded as a simple cosmetic service. It is a surgical medical procedure involving anesthesia and invasive techniques, requiring specialized training and infrastructure. Regulatory ambiguities and enforcement gaps have enabled unauthorized clinics to operate with minimal oversight, compromising patient safety.

There is an urgent need for stronger inter-regulatory coordination, mandatory accreditation of cosmetic surgery facilities, transparent disclosure of practitioner credentials, and stricter control of misleading medical advertisements. Public awareness must also be strengthened to reinforce that hair transplantation should be undertaken only in properly equipped medical establishments. Proactive regulatory reform is essential to prevent further avoidable harm and to safeguard the integrity of aesthetic surgical practice.

REFERENCES

1. Rajput RS, Sattur S, Singh S. Hair transplant practice guidelines. *J Cutan Aesthet Surg.* 2021;14(3):265-284.
2. Mysore V, Kumaresan M, Garg A, Dua A, Venkatram A, Dua K, Singh M, Madura C, Chandran R, Rajput RS, Sattur S. Hair transplant practice guidelines. *Journal of Cutaneous and Aesthetic Surgery.* 2021 Jul 1;14(3):265-84.
3. Yadav M, Bansal MK. Need for Regulation of Medical Practice (Hair Transplantation) in India: Delhi High Court. *Indian Congress Of Forensic Medicine & Toxicology.*
4. Yadav M. Hair transplant centre vs hair saloon: medicolegal issues. *Madras High Court refused to quash proceedings U/S 304 (Part II).* 2023.
5. Rajput K. Botched hair transplant deaths: Kanpur dentist surrenders before court. 27 May 2025.
6. Hair transplant clinic owner, two others booked after man complains of bacterial infection in Kochi. *The Hindu.* 21 May 2025.
7. Saxena OP, Dubey G. National Medical Commission: new trends in medical field. *Research Ambition: An International Multidisciplinary e-Journal.* 2022;6(IV):6-8.
8. Kweon YD. Ghost surgeries must be eradicated. *Archives of Plastic Surgery.* 2016 Jul;43(04):309-10.
9. Sirur SP. Malpractice and related issues. In: *Essentials of Practice Management in Dermatology & Plastic Surgery.* New Delhi: Jaypee; 2020. p.158-172.
10. American Board of Hair Restoration Surgery. *Certification standards and guidelines.* Chicago: ABHRS; 2023.
11. Bhoosreddy AR, Bhoosreddy S, Deshmukh SV, Bhoosreddy J, Giri P, Bhoosreddy A. The dentist's handbook: exploring the emerging domain of dental negligence. *J Int Clin Dent Res Organ.* 2022;14(2):101-109.
12. Ministry of Health and Family Welfare. *Rajya Sabha Unstarred Question on jurisdictional overlap between DCI and NMC.* New Delhi; 2025.

13. Consumer Protection Act, 2019. Government of India.
14. National Medical Commission Act, 2019. Government of India.
15. Penzer-Hick R, Copperwheat S, Moorhead L, Reeken S, Sutherland M, Wheeler J, et al. Fast Facts: Dermatological Nursing. Basel: Karger; 2022.
16. World Health Organization. Patient safety: global action on patient safety. Geneva: WHO; 2019.