Intro and Guest Background

[music] >> Welcome to the Trip Lab. Kitchen table conversations about integrative medicine and psychedelics. [music] I'm your host and attending physician, Dr. Mariela Wood.

Hi everyone. Welcome back to the Trip Lab. Today, we actually have a special guest on who's going to talk to us about all things integrative dermatology. Dr.

Asmi Berry is a board-certified dermatologist who has also done additional training in integrative dermatology and Ayurvedic culinary medicine. She currently practices at BH Skin Dermatology in Los Angeles and also sees patients virtually through Future Clinic. Her focus is taking a whole person approach to skin health, weaving in hormonal health, the gut-skin axis, nutrition, and Ayurveda alongside conventional dermatology.

I absolutely loved my conversation with Dr. Berry and we covered a lot in a very short amount of time, including integrative approaches to acne, hair loss, postpartum hair loss, pregnancy skin care, anti-aging practices, inflammatory conditions, and a lot more. We also dive deeper into Ayurveda and how understanding your personal doshas can actually help you with your skin care routine. We also talk about the gut-skin axis, hormones, and why an integrative approach in any specialty really truly is about combining the best of both conventional and evidence-based holistic medicine. And if you loved her as much as I did after this episode, I did link all of her contact information in the episode description, including her website, which is drasmi.com, clinic information, Instagram, which is just @drasmi, and her YouTube channel. So, without further ado, here is my conversation with Dr. Asmi Berry. Dr. Asmi Berry, thank you so much for coming on the Trip Lab. Very excited to talk to you about all the things integrative dermatology, Ayurveda. So, thank you so much for coming on.

>> Yeah, thank you for having me. I'm so excited about this podcast. >> Why don't you start by telling us a little bit more about what you do? I know you're board-certified dermatologist, have done training in integrative medicine, Ayurveda. Why don't you just start by telling us a little bit about your journey, how you decided to get into this field and and all the training that you've done. So, yeah, just tell us a little bit about yourself first. >> Yeah, so I I've always known I wanted to go into medicine. My father is a cardiologist trained in in the US, so the traditional Western cardiology. And then my maternal grandparents are both Ayurvedic physicians, so trained in India, but then practicing in the US.

And so I always knew I wanted to go into medicine because of the science and the direct human impact. And I started off the traditional Western way. So, I went to medical school and then I did residency in dermatology. And then I started practicing and I was really excited about putting everything I learned into play and to really make an impact and help my patients. But what I started realizing very early on is Western medicine is amazing.

Acne Root Causes and Diet

They have so much research, a lot of clinical evidence in treating conditions, but what that actually translates to is treating symptoms. So, like the bread and butter of dermatology, acne, rosacea, eczema, psoriasis, pigmentation, hair loss. I had really good tools to help those symptoms. But then as soon as the patient stopped the medication, the conditions would just come back. And and that's where I I had to pause and think, "Something's missing. Like there's there's something that I'm not getting." And that's when I realized the Western framework is just purely focused on symptom control. And so, I started to ask the why. And the why often came down to the same few things: gut, hormones, stress, and sleep. And then I found this fellowship uh integrative dermatology, where I studied the evidence and the the clinical studies behind Eastern philosophies of medicine. So, that included Ayurveda, traditional Chinese medicine, and even Western botanical medicine. And gave me more frameworks to work with. And then after this, I also went to Ayurvedic culinary school, where I learned the science of food as

medicine and more practical ways to help patients beyond just the traditional tools of conventional medicine. So, now I practice using both. So, using the Western tools to help treat the symptoms while simultaneously working with patients to get at the root of what's happening. So, I I essentially became the doctor that I wished my patients could find earlier. >> And I love how you described things like acne and rosacea as symptoms. I remember in medical school we learned that's a diagnosis. We're diagnosing acne. We're diagnosing rosacea. But it really is a symptom of something deeper. What kind of things do you look I guess we can just start off with acne since I'm sure that's going to be a big one for everyone, myself included. What kind of things do you look for when you're digging deeper and trying to find what is the root cause of acne?

>> So, for acne, a lot of it is related to diet, especially for the 20-30-year-old female dealing with acne. Teenage years, it it is mostly the surge of hormones that comes with puberty. And that's something that it's it's more my focus is really treating the symptoms because I know that eventually their hormones are going to kind of level out. But yeah, it's it's primarily for acne, the post-teenage year female patient who's suddenly dealing with cyclic acne that happens like a certain time around her period. So for those patients, I I find out if there's any sign of something undergoing like metabolically like is there PCOS or something internal happening. Um I also ask questions about their lifestyle, stress, and sleep. But diet usually plays the biggest role in this population. And everybody's different, but I would say the two things that come up the most and are the best studied are dairy, especially low-fat dairy, and high glycemic index foods. The mechanism is the insulin-like growth factor one, which eating dairy or consuming high glycemic index foods will spike your insulin and or increase insulin-like growth factor one, which leads to the sebocytes, the cells that create sebum, to go into overdrive, leading to acne.

>> Mhm. You mentioned low-fat dairy. I think this is a big topic that comes up a lot, and not just for acne, but for a lot of things like people think low-fat is healthier. What are your thoughts about in general low-fat versus high-fat dairy if people if people are going to consume dairy at all?

>> So So definitely for everyone I recommend the high-fat dairy um unless somebody is dealing with other conditions like like high cholesterol, then then it's becomes more nuanced, but in general the way that I like to tell patients to think about is low-fat dairy is more processed. So they usually do more work to get rid of the fat to make the food low-fat dairy. But also, the fat that comes with dairy naturally is protective. And when you get rid of that, then your your hormones become more reactive. >> What about non-dairy milks? Because those technically are more processed as well. Do you have any thoughts about those for acne or other skin conditions? >> Yeah, so with non-dairy milk, it all comes down to whether it's high glycemic index or not. So, oat milk tends to be extremely high in sugar. Naturally, like it's not They don't tend to add sugar, but just the way they turn oats into milk, like in that process, the end result has a pretty high amount of sugar. So, there's there's been some studies where patients wore CGMs, and they saw that after drinking oat milk, their blood sugar just would spike just because of how high the milk is in sugar. So, I definitely tell my patients stay away from oat milk. And then in terms of other non-dairy milks like almond milk, soy milk, pea protein milk, just make sure that it's not sweetened. And then it it shouldn't spike your blood sugar as much.

>> So interesting. Yeah, the sugar content or at least the glycemic load of the oat milk really does really does trick people.

Ayurveda and Skin Constitution

My rule of thumb is in moderation, if you're drinking a little bit of oat milk in your latte, probably okay if you have a dairy sensitivity or dairy causes acne. But yeah, oat milk is one of those those tricky ones. What other food recommendations do you give people? Is there any particular conditions that you recommend specific foods? >> Yeah, so so going back to acne, so I tell people to be like careful around the the low-fat dairy and high glycemic index foods. But things to add, so the research has shown that green tea catechins can actually reduce sebum production. So, I always recommend that.

And then zinc-rich foods, and this is like pumpkin seeds, seafood, oysters, is really good for acne. It's has direct antibacterial effects. It helps your body heal. And it also inhibits 5-alpha reductase, which turns testosterone into DHT, which is a very heavy driver of production and hair loss. So, for both my hair loss patients and acne patients, I I recommend zinc.

>> Do you ever recommend spearmint tea? I know that one's talked about as also blocking that conversion of DHT as well. >> Yeah, so for specifically androgen-powered acne, I've seen the studies. They're good, but they haven't looked at a lot of patients. But, it is something I recommend to patients as an adjunct.

It's not a replacement for other acne medications that have more evidence, but it's harmless. So, it's a good thing to try in addition to the rest of your acne management tools. >> Is there anything else specific for acne, like topical for anything Ayurvedic?

>> Yeah, there's so many things for acne. Some other things for especially hormonal acne, DIM supplements. So, DIM, it's the compound that you can find in cruciferous vegetables, like broccoli, cauliflower, red cabbage. And this is really good in modulating estrogen. So, again, similar to the spearmint tea, not a replacement for acne, especially acne topicals, but something that if it's estrogen-driven, I tell patients to do in addition. And also pumpkin seed oil also helps with that hormonal acne. And then for Ayurvedic, I do recommend a lot of skin oils topically. So, for people who have oily skin, there's a misconception that you can't use oil on oily skin, but you can. You just have to make sure it's a thinner oil, like a thinner consistency. So, I really like a hobart oil for my oily skin patients. And then for patients who have really dry, I really like sesame seed oil. And these are more the Ayurvedic. And then also, I love recommending patients to do some type of facial massage. This can help healing acne scarring, and it's also activates the parasympathetic system, so it just it's overall good in grounding you as well. Maybe we can back up a little bit. I haven't done a full episode on Ayurveda. I've talked about it a couple times in my podcast, but could you just give your perspective or just a brief explanation of what Ayurvedic medicine is? No, so Ayurveda, it's the system of medicine practiced in India for thousands of years. And the whole philosophy is they don't see the skin as a separate organ. They see it as part of the whole picture. And especially for skin is viewed as the external expression of the internal constitution.

So, the doshas, which is how Ayurveda kind of frames different conditions, it gives us a framework for skin patterns that helps predict tendencies before the conditions fully manifest. So, there's three doshas. There's vata, pitta, and kapha. Vata, these are people who have dry, thin skin that's more delicate and fine pored, and they're more prone to dehydration, early signs of aging, eczema, and it gets worse with dry, cold climates and irregular routines.

Hair Loss, Supplements, and Postpartum Shedding

And then pitta, this is people who have like more sensitive, reactive, warm skin. And they're prone to redness, rosacea, inflammatory acne, and also pigmentation, especially like melasma or post-inflammatory hyperpigmentation. Like the classic rosacea patient is almost always Pitta. And then finally, it's Kapha. And Kapha is those who have more oily, thick, congestion-prone skin. And they tend to get things like cystic acne, enlarged pores, sluggish lymphatic flow, milia, those sebaceous hyperplasia, like the thick yellow oil glands. They need stimulation and circulation support. >> One question I always had, cuz it can get confusing thinking about a constitution and then your current presentation. >> Constitution is what you're born with.

>> Okay. >> The Sanskrit word is your Prakriti. >> Mhm. >> So, everybody, for example, I can use myself. For my whole life, I've had Vata-Pitta skin. So, my skin's always been dry and sensitive. And that's that will never change. That's my like baseline throughout the years. But then my Vikruti, which is my current state, that's according to maybe my lifestyle or the environment I'm in, that can change my current to like a newer constitution.

So, for example, if I'm in Florida in the summer and it's super humid, then I'll be more Pitta than usual. So, then I might get like heat rashes or like really sensitive skin. Or if I'm in Chicago in the winter, then my Vata will be activated. So, then my skin issue, my Vikruti at that time would be extreme Vata, very dry skin. Probably my eczema would get flared.

>> And so, you when you're treating, you treat what's going on actively, not necessarily the constitution that you're born with. Is that how it goes? >> Kind of. So, you treat what they're presenting with, but keeping their constitution in mind. So, in the examples I gave, if I'm in Chicago and my skin is super dry, knowing that my constitution is already on the drier side, I'm not going to treat myself with the goal that my skin is super hydrated and ultra plump, because I know that I'm just prone to having dry skin in general. So, I'm going to treat myself, but not in an excessive amount. >> Okay, that makes sense. I guess another big topic that I'm sure you get questions on a lot is

hair thinning, hair loss, hair loss supplements. We can start with top recommendations or any specific nutrition. I'm also very curious about your thoughts on the hair loss supplements and what the evidence shows. If you could talk a little bit more about that. >> Yeah, so this is one of the most common things I see patients for. And I'm always seeing the same thing, unfortunately, with the onset of wellness influencers and people getting their advice from Instagram and TikTok, is there's a massive myth that biotin is the go-to for growing hair. This is definitely over acclaimed. Biotin only works if people are deficient in biotin, and most people aren't. So, I get this patient a lot. They come to me and they're so confused why they're having hair loss.

They're like, "I take so much biotin every day." I'm like, that's that's not treating the condition. >> Yeah. >> So, for my hair loss patient, usually the first thing I do is try to identify a nutritional deficiency, because that is the most common reason. So, typically, it's it's iron or vitamin D. Those are the two most common things I see in my clinic. With iron, it's a little bit confusing because when you get a lab, it says ferritin, which stores iron, it says it's normal if it's between 18 and 280, something like that. But for healthy hair growth, it has to be 70 or above. >> That's a lot higher.

>> Yeah, it's a lot higher. So, the lab would say, for example, 30, and then patients are like, "Oh, it's normal cuz it's within the range." But for hair loss specifically, that's not considered normal. It does It does need to be above 70. So, for that patient, they would benefit a lot from iron supplements.

And then vitamin D, kind of similar. Vitamin D should be 60 or above for good hair growth. And I think I want to say the lab says it should be like 30 or above. >> Yeah, I think it's 30 to 100, which Yeah, I find that even besides hair growth, I find 30 is just way too low for a lot of different conditions. >> And so So, I always check these, and also B12, zinc, thyroid. These are all things that can lead to to hair loss. So then, once these nutritional deficiencies are addressed, then I do I do like specifically Nutrafol or Viviscal to be used on top of that. Um but if you're not correcting the deficiency, you're kind of just wasting your money. With Nutrafol, some of the ingredients that I really like are saw palmetto. This helps with that DHT inhibition. Ashwagandha, which there's so many studies now showing that it's really good for cortisol modulation because stress-driven hair loss is extremely common. And then also collagen. Marine collagen is stronger than bovine collagen, so it's just something to to know. And Nutrafol does use the marine collagen. >> That does make it kind of a nice package. I always think you can do the saw palmetto or this one, but if it is including everything, it probably is one of the better ones.

>> Yeah, so it's it's really good especially for postpartum patients because it's addressing like just like you said multiple pathways. >> Is there anything else for postpartum hair loss specifically? I certainly had that when I was postpartum and I did a lot of things and I think it worked, but I'm curious what your recommendations are for patients.

>> So if postpartum, when your body's under a lot of stress with the delivery, then your hair is shifted into the telogen stage, which is the resting stage and 3 months after that it goes into the shedding phase. So a whole bunch of your hair starts shedding after about 3 months. It can be scary, but it is temporary. Your hair will get back to how it was after a year. You have to be careful because a lot of women if they're breastfeeding, they have to be careful about what type of topicals and medications they use. But the safe ones are Nutrafol is really good. And I also really like and there has been a lot of evidence behind hair massage. >> Like that's part of Ayurveda, too? Cool, yeah, tell us a little bit more about that. If someone wanted to incorporate that either in pregnancy or postpartum, what would that look like? Any certain oils? How often? >> So you have to be careful with oils. If you get coconut oil for example, it's really good at strengthening your hair, but you don't want to get it onto your scalp. You want to get it like mid-shaft and lower because it gets onto your scalp and I've seen this so many times in clinic, it can clog your pores because it's a very thick oil. So a lot of patients complain of folliculitis on their scalp after using coconut oil. But you can use thinner oils. I know there's this study about rosemary oil. In the clinical trials, it showed to be comparable to minoxidil 2.5% which honestly for my patients whenever I I minoxidil, I go 5% or higher.

Pregnancy Skin Care and Safe Actives

So, it's not comparable to rosemary oil, but post-pregnancy, rosemary oil is totally fine as just a small way to increase hair growth. And then red light therapy is also a really good way, a safe and pregnancy safe and breastfeeding to help stimulate new hair growth. And a lot of evidence for it, it activates the mitochondria, which

increases ATP production. So, that's another thing that I recommend. And with hair loss in general, like any type of hair loss, you really get the best benefit by using multiple modalities. So, if somebody is concerned about postpartum hair loss, I say like number one, watch your diet, make sure you're getting enough protein because that that is what creates your hair follicles. But then also, think about supplementing with things like Nutrafol, think about hair massage, thinking about red light therapy, and maybe incorporating rosemary oil, doing all the things.

>> Speaking of pregnancy, congratulations. She's actually pregnant. So, I'd love to hear a little bit about how your journey has been, if you've been doing any of your integrative Ayurvedic practices, what you've like noticed about pregnancy or or any insights. I'd love to talk to you a little bit more about that if you're open to it. >> Yeah, thank you. Thank you. We're really excited. So, prior to pregnancy, I'm I am very prone to acne and melasma and rosacea. So, going into pregnancy, I knew that these were things that I needed to watch out for. For some people, you get the pregnancy glow and your skin is amazing, but for others, pregnancy, because of the shifts in hormone, you can get acne flares. And then with the increase in estrogen, what estrogen does is it increases a specific receptor on your melanocytes or pigment producing cells so that they're more sensitive than usual to things like inflammation and UV. So, that's why they call melasma the mask of pregnancy because it tends to be found more commonly in those who are pregnant. So, I do use uh throughout my pregnancy I've been using prescription topicals to help prevent these from flaring and affecting my skin. So, for acne, the two prescriptions that are safe are topical antibiotics like clindamycin and azelaic acid. And then for melasma, azelaic acid as well. Azelaic acid, I would say that's my pregnancy workhorse. It's anti-inflammatory, it's anti-pigment, and it's anti-acne, and completely safe. Other topicals that I've been using beyond this are tranexamic acid, which is really good for post-inflammatory erythema and for hyperpigmentation of all types. And this is something that I just used over the counter. And then vitamin C, everybody should be using it especially if you live in the city because it helps not only stimulate new collagen because vitamin C is a cofactor for collagen synthesis, but it also helps it's an antioxidant so it helps protect your skin from pollution and environmental toxins, which living in any city you're much more exposed to. It also helps your sunscreen work better.

I use vitamin C for antioxidant protection and brightness. And then the non-negotiable is sunscreen. So, throughout my pregnancy I used a mineral sunscreen with iron oxides every single day. And this is the biggest factor in protecting against melasma. And then diet, dietary changes during pregnancy really important for your for your baby, growing baby, for your health, but then also for your skin. >> Mhm.

>> Um so the three things I the really the four things I focused on nutritionally is number one is protein for growing baby, but also like protect your hair, skin, and nails. Omega-3s for the skin barrier integrity, and also they're anti-inflammation. Zinc, which we talked about before, and then also vitamin C orally. So a lot of fresh fruits and vegetables. >> I love that. And there's actually a lot of evidence that vitamin D deficiency is associated with preeclampsia, and omega-3s may help with pregnancy brain fog. So it kind of all ties together.

The skin health, the baby, the mom, all all the things you can do. >> Yeah, for sure. Vitamin D is also one of the biggest um >> [clears throat] >> factors for hair loss.

>> Mhm. Oh yeah, I'm sure that would help, too. And I feel like most prenatals don't contain enough vitamin D, in my opinion. Most almost always I find that people still have vitamin D deficiency with that. So I almost always recommend an additional vitamin D supplement. >> Yeah, and it's it's unfortunate that prenatals aren't standardized.

>> Mhm. Yeah, to really and I think about this with multivitamins, too. So to actually fit all of the ingredients that you need, there's no way you can pack all that powder into one tiny little capsule. So I mean, the one that I took in in pregnancy is needed, and it requires eight capsules a day.

Which was hard to do when you're really nauseous in pregnancy, but to actually get all the stuff that you need, it needs to be more than just one tiny little thing. Just so interesting. >> Yeah. My prenatal has two capsules, but then I supplement. So in total, I think I had take 12 pills a day.

>> Oh my gosh. Are you able to tolerate that? Did you get any pregnancy nausea, or were you able to tolerate the supplements? >> So I did in the very beginning, but then I started incorporating more protein, and the nausea just

disappeared, which was amazing. And then second trimester, I started getting nausea but because of GERD.

>> Okay. >> And I'm not a snacker, so I had to learn how to like stop eating three meals and start like eating six small ones, which is so hard, and I I kind of started relating to my patients is like the lifestyle change when you're so used to eating a certain way and then like have to change. It is It's really hard. >> It's hard. Yeah, there's so many things in pregnancy and postpartum that I mean, I've always I was always in women's health and thought about going to OBGYN route at one point and was so passionate about it, but now that I've been through it, I feel just so much more passionate about whatever women are going through in pregnancy, fertility, postpartum. I just want to support them in every way that I can. >> That's great. Yeah. Women's health, I'm so glad that it's becoming a hot topic now, and we're learning so much more.

>> I'm curious to your thoughts. So, I know topical retinol not supposed to use in pregnancy. I did some research myself. Again, just when I was pregnant, like, can I really not use my retinol? Ultimately, no, I did not use the retinol. But it's interesting. I found some studies that there actually is no systemic absorption of topical retinol. Have you done any research about this or looked into it or any thoughts about that about, you know, potentially the non-absorption of topical retinol during pregnancy?

>> Yeah, I actually did a lot of research on this because my retinol, I use a prescription Arazlo. It's my favorite skincare product. It has been If I would say one thing that's completely changed my skin through the years, it's that.

So, I was really sad about dropping that during pregnancy. But the the studies that are used is because retinol is the topical form of Accutane. They're both vitamin A. Topical is like topical vitamin A, and Accutane is just a very high dose of oral vitamin A. And there's countless evidence and studies and the anecdotal reports that we know for sure that Accutane, taking a high dose of vitamin A, or even just taking a high dose of vitamin A supplements, >> [clears throat] >> um can have profound effects on the neural development of of the growing fetus. And so, it was kind of more of a we know that oral is bad, so let's just be safe and say don't do topical. And there's been When I was doing my research, there's been a couple of studies showing that there's some I think it was more in the context of breastfeeding that there may be like a little bit of systemic absorption, but there also were a lot of studies that say there aren't.

Anti-Aging Skincare and Gua Sha

So, it's one of those things that I I've noticed that there's a lot of this in the women's health and pregnancy space where we don't know the answer, so we just pick the safest option. And then, once we do know the the guidelines change, which can be a lot very confusing for a lot of people, but it's just because we're we want to be safer rather than sorry. So, I I did not use my retinol throughout pregnancy just just in case. Cuz I just feel like we don't have enough evidence, but you're right. It it does seem like it may be safe, but I just I don't want to take that chance. And I I tell my patients not to take that chance as well.

>> Mhm. Yeah, I was of the same notion. It may be okay, but no one wants to risk that for their unborn child and the pregnancy anxiety really gets to you too, and so it's just better to be on the safe side. That goes for a lot of herbal supplements too with pregnancy, unfortunately.

>> Yeah, I will add there is there is a lot of evidence about the retinol substitute to use during pregnancy. Bakuchiol, it's a plant-based retinol alternative, and it has a lot of the same benefits of retinol in terms of anti-aging, but it's not as powerful as retinol. So, for my patients who are very sad about coming off of the um retinol, I I do recommend that they start using bakuchiol with the understanding that one, it is natural, it is completely safe in pregnancy, but also they won't get the same level of effects as retinol. But, for those who are sad about giving it up, this is a good alternative.

>> Yeah, I I use that one, actually. I think it made some kind of a difference. >> [laughter] >> I guess kind of along those lines, do you have any recommendations, I guess, either pregnancy, when you can't use the retinol, or just aside of pregnancy, like what are your top go-to for improving skin elasticity, reducing wrinkles, reducing risk of wrinkles? What are your top nutrition, topicals, or what's something big that people think works that doesn't work? Just curious your thoughts on all that. >> Yeah, so number one, I would say is 100% sunscreen, non-negotiable.

It's the single most evidence-supported anti-aging and anti-pigmentation intervention that exists.

Specifically, I like the tinted mineral sunscreen with iron oxides, especially if you have pigmentation, because iron oxide is the only ingredient that's been shown to block visible light, which comes from like laptops and screens.

>> Ah. >> A lot of people don't realize. And then, if you aren't pregnant or breastfeeding, then retinols. And number three would be vitamin C because of the how it's a collagen cofactor, and also inhibits tyrosinase, which is the enzyme that can create pigmentation. Niacinamide is also something I highly recommend.

>> Mhm. >> It's one of those jack-of-all-trades. It does a lot of things. So, it helps support the skin barrier, helps regulate oil production, it's anti-inflammatory, it's brightening, and it's one of the small number of ingredients that is uniquely well tolerated across every skin type. >> Mhm.

>> So love a good niacinamide. There most people's moisturizers have niacinamide in them. But if yours doesn't, then definitely recommend topical niacinamide. Then azelaic acid comes in prescription like what I'm using, but it also comes in a lot of skin care products. And then tranexamic acid is also a great one that I recommend to patients because of its effect on melasma. Peptides, this is one of the the newer medication I'm sorry, the newer active ingredients in skin care. It does have a a solid mechanism and there's early evidence that helps with collagen and barrier support. And there's bakuchiol like we talked about. And then another one that's fairly new is polyglutamic acid. This is a humectant, so similar to hyaluronic acid, but actually significantly more powerful. Some ingredients that are a little bit more overhyped, I would say snail mucin. This is good for like younger kids. It's got a nice texture, but it's got minimal clinical evidence.

It's more good for a hydration. But if somebody's looking for actual hydration because their skin is dry, then there are much better ingredients. >> What about facial gua sha? I know that has become popular. Do you have any thoughts about that?

>> So yeah, facial gua sha, it's traditional Chinese medicine at home device. Um and the lymphatic drainage and circulation benefits, these mechanisms are like biologically plausible and anecdotal reports are consistent enough that I do recommend patients to like do it if they're currently doing it. It makes sense that doing like a facial massage would help with blood flow. But there is a lot of again like wellness influencers like a lot of overhyping of the effects of lymphatic drainage and detoxing, which the evidence doesn't really support. So, if one of my patients is doing it, I would say like continue doing it, but it's not something that's going to give you a massive difference. >> Mhm.

>> But it's safe and it's low risk. Except I I have seen some patients who were a little bit aggressive with their gua sha, especially if it's over someone who has like a lot of acne or rosacea, then you don't want to be aggressive and you want to be a little bit more careful because doing gua sha, you're just going to be stimulating blood flow into already overreactive tissue.

>> Mhm. Yeah, that's a good point. One thing that I think is interesting the traditional Chinese medicine gua sha that's done on the body, it's supposed to cause petechiae or the little blood vessel ruptures. That's how it works for healing the muscles and things like that, which I'm assuming you don't want to do on the face. >> Exactly. [laughter] Yeah.

>> Okay. Very gentle if if you're going to do it. Kind of pivoting a little bit talking a little bit more about nutrition. Hear a lot of people using probiotics for skin. Do you have any thoughts about gut health, the connection with gut health and skin, or use of probiotics or other things? Any thoughts about that? >> Yeah, so the evidence for the gut-skin axis is now there's so much evidence.

Gut-Skin Axis and Probiotics

So, it's no longer considered fringe medicine. It's showing up in all the mainstream journal literature. This gut talks to your skin, it talks to your nervous system. It can help topically in terms of especially if somebody's been on a lot of topical or oral antibiotics and they want to rebalance their skin's microbiome. But I do recommend and there's a

lot of research in using probiotics for specific skin conditions.

For acne, for example, there's a lot of data around two specific probiotics. So, it's lactobacillus acidophilus and lactobacillus rhamnosus. And the study shows that incorporating these probiotics will actually reduce the number of acne lesions and the gut skin barrier markers.

Um and then for eczema, especially my um like my younger population, there's a lot of research on specifically it's called lactobacillus rhamnosus GG. It's a specific strain that has been shown to decrease the severity of eczema. You can buy this online. There's a lot of supplements made meant for kids that have this probiotic in it. >> I loved all the the microbiome research and we're finding out it's connecting to everything like mental health, skin, lots of different things. Are there any foods you recommend for gut health as it relates to skin health or just gut health in general that are your go-to for patients? >> Yes, so going back a little bit, something that cuz we've mentioned Ayurveda, I do want to say Ayurveda has been talking about the gut for since at the beginning. So over thousands of years they've mentioned there's this gut bacteria, which is really fascinating because I feel like in the West, it's like a relatively new discovery. So I found that to be really cool.

>> Mhm. >> But yeah, for cuz a lot of dermatology conditions are inflammatory and balancing your gut microbiome can make a significant difference in calming down that inflammation. So I would say fundamentally across pretty much most dermatology conditions, kind of food guidelines, I would say low glycemic index foods, but also adequate protein, omega-3s, antioxidant-rich vegetables, and a variety of different types of fiber. So you have the soluble, the insoluble. And there's a lot of evidence that eating prebiotic foods, so this is things like garlic, leeks, bananas. When you consume these, your gut microbiome ferments it and creates these short-chain fatty acids like butyrate, which are very healing, healing the gut barrier. So, it helps fight that leaky gut, but also it's strongly anti-inflammatory. And also, like you said, it's been shown to help with mental health conditions, which is pretty cool.

>> It is cool, and I I love that you brought up that yes, Ayurveda has been talking about this way long ago. It's It's just so interesting that there's a lot of things in Ayurveda and traditional Chinese medicine, like around longevity and and all all the things that are now popular that they've been talking about for thousands of years, and now we're finally catching up to some of that ancient wisdom. So cool. Well, as we close out here, a couple questions. I guess first question, biggest misconception or biggest wellness trend that you find people are trying that are just has no evidence, and if you could leave everyone with one lasting recommendation as it relates to integrative dermatology.

Personalization and Integrative Dermatology Takeaways

>> Yeah, so for the first one, I would say the biggest thing, and this is something I >> [clears throat] >> feel like I'm repeating to patients over and over again, is when they see something online or they hear about anecdotally that something helped for somebody, you have to realize that everybody's different. And this this is one of the cores of Ayurvedic medicine, but also one of the cores of integrative medicine and functional medicine, is the personalization. Everybody's different. So, I see a lot of patients saying, "Oh, but this thing worked for this person, why isn't it working for me?" Or they come to me and say, "I want this prescription because I think this will help." when something else will. So, I would say that's the biggest thing I want people to leave with is everybody's different. Everyone has their unique makeup and their unique way that their body responds to things in the environment and things that they do. So, don't do something expecting, "Oh, it worked for this person. Why isn't it working for me?" Because everybody is different. >> I love that way, and that one is so hard to explain to people because that's kind of what social media is now. It's one person sharing their story, sometimes sponsored by a product, but then everyone thinks it's going to work for them. So, I think that is such an important thing for people to realize, especially in our field in integrative medicine. >> Yeah, for sure. And then, the piece about integrative medicine is dermatology and integrative medicine are not opposites. The conventional tools that we have, like the retinoids, the sunscreen, even the procedures, they're great, and I use all of them. But, I want to use them as part of the complete picture, not the entire answer. And that's where combining the dermatology with integrative medicine comes into play. >> And I think every specialty of medicine, like even cardiology, that's what integrative is. It's not, you know, herbs or drugs or herbs or procedures. It's combining both and just looking at what is the evidence for everything and what can we do from all aspects of health that can help the patients sitting in front of us.

>> I love that. >> Exactly. And I feel like another way to think about it is and Western medicine works well. That's why it's been used for so many years. And Eastern medicine works well because it's been used for so many years. So, why not use the best of both?

>> I love that. Perfect thing to end on cuz that's that's exactly how I would explain it to you. Well, thank you so much for coming on the podcast. I loved learning about your background, learning about everything that you do, and I got a lot of tips, and I hope everyone learned a lot, too.

And I loved all the explanations for everything that you gave. So, thank you so much, and I really appreciated this conversation. >> Thank you. Yeah, so excited to be on this, and thank you for having me.

>> Thanks for listening to the Trip Lab. If you liked this episode, please subscribe and share so we can get the conversation started about integrative medicine and psychedelics to destigmatize it and fully explore what this could mean in the world. >> [music]