Beyond Skin Deep: What Your Skin is Trying to Tell You About Your Health Transcript

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Introduction to Autoimmune Detox and Skin as a Signal

Welcome back to the reverse Autoimmune Disease Summit series everybody. Doctor Keesha here and you are joining us for the fourth iteration of the reverse Autoimmune Disease Summit series.

This is the autoimmune detox of course, and we're dealing with you as an individual. Right. Are your own individual puzzle. And each puzzle has four corner pieces that we're working with on reversing autoimmune disease.

You have your own unique genetics. You have your own unique gut health, you have your own unique past trauma and how you manage your stress today. And then you also have your own unique toxic burden and your body's ability to get rid of those toxins.

And all of that stuff is unique to you. So there's no one size fits all. Which is why this summit has really amazing experts coming in to talk about how you can read your body and what it's trying to tell you, and of course, today is no exception.

I'm delighted to introduce you to Doctor Kira Barr. If you haven't met her before, and she is a board certified dermatologist, and we're going to talk a little bit about what your skin is trying to tell you and stead of, oh, my skin's making me look old.

So welcome to the Doctor Bar. Thank you, I love that. Yes, our skin can tell us many things. I always like to say that our skin can be our greatest cheerleader.

So when we're, you know, eating well, moving while sleeping, right, like it's going to glow and we're going to love it, but it can be a really crappy confidante.

It will tell all your secrets, which isn't necessarily a bad thing. So gossip in this case could be really helpful. Gossip is a way of, conveying information.

And so it's, this is exactly what your skin is going to do. And this is one of the things I talk a lot about is the fact that your body, you know, in the middle of an autoimmune crisis is not betraying you.

It's not trying to let you down. It's trying to give you some information about the imbalances that it's experiencing so that you can turn toward it, not away from it, and say, okay, you've been carrying me around all these decades.

How can I support you better? You know, how can how can I be of assistance to help you work the very best that you can? You're an amazing, amazing blessing to me.

And that's a whole different mindset. Then I need to go get fillers and tights to make my skin not look old. Right? Exactly, exactly. And listen, I am not opposed to Botox and fillers.

They have their place. In fact, you know, there's some really good studies looking at Botox and depression and how it can be helpful. And for me, though, it's all about intentionality, you know, from what from what place are we pursuing these therapies from the place of I need to do this so that I can look younger, fitter, prettier, more attractive, feel more worthy versus I'm doing this because I feel good about myself and I want my outside to mirror my inside 100%.

It's from that lens that you'll get your return on your investment, because this stuff is not inexpensive and it's not permanent.

Mindset, Intentionality, and Skin Treatments

You know, Botox is every three months fillers or, you know, once a year, once a year and a half. But when you do it from the other perspective, it's more like window dressing.

And so that trauma, toxicity of our thoughts, perpetuates. And we know that the impact of stress on our skin is significant and it actually has a counter effect.

It can break down the aging, the elastin. Why you're actually putting those fillers in is to kind of prompt, plump that and help, you know, rejuvenate and replace that appearance.

And you might just be breaking it down. So that's really good information. So let's talk about let's back up just a little bit and talk about what are some of the signs that the skin is trying to give you.

Right. What is it trying to convey that we need to be alert to and pay attention to when we're talking about toxicity and maybe aging too quickly and breaking down faster than then maybe we we need to.

Yeah, I love this question. And so, you know, my call to action, you know, my background is that I'm a dermatologist and now the focus of my practice is working with women and going transitioning to menopause and and noticing, you know, as our hormones are diminishing and there's a lot like, naturally declining, but there's a lot of things I can contribute that can create imbalances that exacerbate those symptoms.

So one of the things that I always encourage people to do is I'm always about getting naked, right? We got like party in our birthday suit. And that's actually, you know, how we met I did that that's like the most interesting first date I've ever had.

Think that the Naked spa I will never forget that totally made me walk my walk, get naked. But I bar and I actually met at Naked Spa getting naked. So you reached out to really a new to the area and I said, oh, a halfway point would be this amazing spa, which at a time of Covid, now you look back on and go, what a gift, right?

To be able to go spend time with other women in a spa like that, totally getting naked and getting body scrubs, I missed that. Yeah. And that and that was a first for me.

So it was kind of like, where do you put your money? Where your mouth is? Girl, if you're going to talk about getting naked, oh, you're doing it. And the whole point is like when we can get naked physically.

Right. And I was at a party in your birthday suit. You're looking for uninvited guests. Really? A step by step, from top to bottom, palm soles looking at your intimate bit, looking at your skin for anything that's growing or changing.

And that those can be clues that things may be out of balance. But we also need to get naked, you know, on the, the emotional and, the metaphysical level because that is a lot of wear, these things that do show up on our skin, that is the root cause of it.

So things that we're, looking for, especially with regards to connecting the dots to our hormonal health, women in particular, we may notice that our hair is thinning, that our hair, you know, our part is widening.

How to Read Skin and Hair Changes

And that has a lot to do with the imbalance between, the decrease in progesterone and the relative dominance of your androgens, the testosterone and. Not your bar said relative.

Because this is and this is an important word that she just use. You can have really low estrogen and be estrogen dominant because you have no progesterone.

And yeah, you don't have to have super, super high testosterone or DHEA to have this issue. It's the balance and

the ratio that she's talking about when she says relative.

So I think that's a really important word to bring out. Yeah. No, I'm so glad that you said that. And it's true. I mean, starting in our mid to late 30s, our progesterone is really dropping in a precipitous rate in comparison to the estrogens and the androgens.

So again, it's that relative dominance of the other hormones, even though they are diminishing as well. And progesterone plays an important role in modulating the effect that the androgens have on your hair follicles.

So we know on the scalp that androgens can, the dihydrate. So like back up. But testosterone is converted to a more potent form, dihydrotestosterone, by an enzyme, five alpha reductase.

Progesterone. And when it's functioning adequate levels, it inhibits that conversion of the testosterone to its more potent form. I'm going to say DHT because it's a mouthful on the scalp, DHT attaches to the hair follicles and can cause them to miniaturize so that the caliber and the the thickness of the hair becomes smaller.

And so what you notice is hair thinning, a decreased hair density. The opposite effect happens on the face. The DHT can actually stimulate those hair follicles, which is where those, you know, coarse, dark hairs in your chin, chin, chin come from.

So it's all women love the body. And so it's that relative imbalance of like, oh, I'm noticing my hair is thinning. I'm growing a bit of a beard. That's a great clue.

Number one, that there's a relative imbalance. You could be more androgen dominant. Your progesterone levels could be low. Obviously there's a lot of other factors that can go into it, but it's clues like that. You're like, Ding ding ding ding.

Red flag like my my hormones. There's an imbalance there. And so especially these are things that I'm encountering with the women that I'm working with.

And then, you know, thyroid also plays a role in hair. So something about thyroid is lateral. Third of your eyebrows increased hair shedding. Rather than just the hair thinning, women are noticing a dramatic increase in hair care shedding because your hair grows in three phases a growing phase, the wrestling phase of falling out phase.

And when you're low in thyroid hormone, those hairs shift from the growing phase and wrestling phase. More to that falling out phase, what we call a telogen effluvium.

And when we can rebalance the the thyroid hormone and give it the appropriate nutrients. And oftentimes we do need to replenish, women notice that their hair, the shedding stops and then their hair begins to regrow.

Now, granted, it's not immediate. You know, these can take months, and you may not even notice that you're starting to shed for three six months after what would be the inciting event.

So I think, you know, your skin also, it has its own rhythm, just like everything else. And so just to be mindful of that, that it may take a little detective work, you know, you're noticing the changes today, but really it stems back from 3 to 6 months ago when the event happened.

So, you know, the the hormonal discussion that we're having is so important. And it has some more nuances that I, I've seen women that come to me that say, oh my doctor put me on progesterone, I gained 5 pounds in a week and I do not want to be on that.

And you know, when when that happens, when you gain weight, when you're put on something like that, even though your testing is showing you your deficient means, your liver is not clearing it.

Well, it doesn't mean that you don't need the hormone. It means that your organs of detoxification livers hate

hormones. So, you know, it just means your particular liver is more congested.

You probably need to do a little detox. That's a sign. Does it mean that you know your data says you're low in progesterone, but you gain weight that you don't need?

The progesterone means that you need to figure out a way to work with it, with your body in the form that you're taking it in. And the amount that you're taking it in so your body can actually work with you.

I love that, and I think that's so important. I hear that a lot too, that, you know, they started their bioidentical hormones and they gain weight and they're so frustrated. And again, we need to look at the whole picture that it's not likely the hormones in and of themselves.

It's the environment in which we're putting those hormones in and really addressing the whole the whole picture. And gut and liver health are so important and key part of that as well, for sure.

Interesting that weight gain and hair loss are two of the primary things that women will sit up and pay attention to and be like, okay, what are you trying to tell me here?

You know, I need to really, really focus and so, you know, they're both just pieces of information that your body's trying to give you, that, you know, you're not failing.

It's just. Oh, yeah, it is good to sit up and ask questions and, you know, not so much. How do I lose this immediately? But why is this happening? And how can I assist you? Right?

Hormones, Detoxification, and Weight Gain Clues

I love that, and I think unfortunately, because our skin and hair are the most visible and society, you know, it's a $500 billion plus, beauty. And yeah, this may not be popular opinion, but their marketing to us saying that we're broken, that there's something wrong with us, that it's it's called, you know, like cover up, make up.

We are we are made to feel as though there is something wrong. And so when we see these signs, you know, we interpret it as there's something wrong with us for doing something wrong that we're maybe unlovable, unworthy, not attractive.

And it can be incredibly damaging. So not only is your body giving you clues that it needs some support, maybe some liver support or, you know, stress management and especially when you're carrying weight around the middle, but it's also now creating some toxicity in your mindset, in your thoughts.

And it becomes a perpetual cycle. And it's something that I personally struggle with. You know, I was made fun of as a kid for what was on my skin and had a lot of skin shame and a lot of body shame and all the things because I thought, well, if people didn't like what was on my skin, then they don't like me.

And if they think that what's on my skin is not pleasing, then I must not be pleasing. So I spent so much of my life trying to be a people pleaser. And it wound me in a position of having to diagnose myself with melanoma as a skin cancer specialist at the time, which is devastating and hormonal, complete hormonal imbalances that led to, you know, bloating and anxiety and migraines ultimately leading to a hysterectomy.

Because my doctors never looked at my whole picture and said, hey, you have a hormone imbalance, let's help you and replenish and support. And that's why I'm so committed to talking about this.

I'm so grateful for this opportunity because, you know, my mess has become my mission to help other women understand that what is showing up on their skin are truly opportunities to help support our body and how you know what's showing up on our skin says a lot about how we are showing up in it.

From a place of lack of, you know, self-worth, self-esteem, and that's going to show up in, in a myriad of different

ways. So it's so vital. And I'm just so grateful that you have created this, because there are many facets to, autoimmunity and toxicity.

Right? It's not just what we put on our plate. It's not just what we put on our body with our skincare products. A lot of it has to do with like what is happening up here, and that can play out on our skin significantly.

It's so true. And since we're on the subject, I had a basal cell carcinoma several, I think 25 years ago at this point. And, you know, I found it and went in and had it checked.

Let's talk about the staging of what that means. What what someone like you is looking for when you go in for your yearly. And I hope all of you are doing this, going in for your yearly skin exam so that you know you're going head to the bottoms of your feet to make sure that there's not something going on with your skin that is trying to tell you.

So can we talk a little bit about skin cancer? Yeah, absolutely. So in full disclosure now my practice is 100% virtual dealing with, menopause and I did.

Yeah. So I'm not. So I'm referring to my colleagues, but it's something I'm so passionate about because skin cancer is the most prevalent cancer in the United States and in other countries around the world.

So it's the most prevalent, the most preventable, and among the least talked about and the least talked about. And so there's so much that we can do. So that's why I always say on the date of your birthday, right.

It's easy to remember once a month you're getting naked and you're checking your skin, looking for uninvited guests. And when it comes to skin cancer, there are two types.

There's the melanoma and then the non-melanoma basal cell carcinoma, squamous cell carcinoma. And there's a few more like merkel cell carcinoma which is more rare, but also, more dangerous, but squamous and basal cell.

Most common. What you're looking for, there are spots that are, you know, growing, changing. It's that pimple that just won't go away. You try and squeeze it.

Nothing comes out and it has maybe oftentimes like a little translucent kind of a pearly pabulum. Or it can be red and scaly and you keep trying to scrape it off.

It may go away, but then it comes back. So though, and something that bleeds, you know, spontaneously bleeds. Those are clues.

Skin Cancer Awareness and Self-Exams

Not necessarily an automatic diagnosis that something is wrong. But those are the kinds of red flags right time bring to your dermatologist to have them check you.

I had, a woman, she snapped a photo. She's like, I got this rash and it just won't go away. I'm like, girlfriend, that is not a rash. It's been there for over a year.

That's a basal cell carcinoma. And the good news is basal cell carcinomas are the most common type of skin cancer, and they are the most easily treated.

There are different patterns underneath the microscope. So my subspecialty was, dramatic pathology. So I looked at skin on the surface and below it, which I think is why I'm so fascinated now with, you know, metaphors physically, emotionally, like what is on the surface.

I'm and I never connected the dots before, but, but so there are different modalities for treating it. Sometimes it can be we do something called scraping and burning or electro desiccation and curettage.

Or or surgery or their staged surgery called nose surgery, all done under local anesthetic so your dermatologist can walk you through those options. But the key thing is getting to know your skin inside and out.

So when it comes to melanoma, a type of skin cancer which is the most deadly, this is where we're talking about the pigmented lesion. Like the moles, that are on your skin.

Sometimes they can be pink, what we call a melancholic melanoma. And really what you're looking for is, you know, going back to, you know, your kindergarten days, your Abcde F's, so things that are asymmetric.

So if you were to cut a spot down the middle, it should be the same on both sides. You want something that has a discrete distinct border sharp edges C is for color.

You want it uniform in color. Your red flags are when something is multiple colors or changing in color, with the caveat that knowing your skin. Some of us have signature nevi where like I have they're they're smooth brown.

And then at the periphery I have like a little dot. And so I have multiple that look like that. So for me that's like my, like my normal. Right. So it's getting to know your own skin D is for diameter.

And so we always talk about smaller than a pencil eraser. But that's a really soft call because melanomas can be very small. So it's it's there if you've got one that's bigger than a pencil eraser when all your others are tiny.

Obviously that's the one that you want to, get checked out is for evolving something that is changing over time, which is like getting naked every single month consistently is so important.

And F stands for funny looking. It's really that ugly duckling, the one that stands out from your crowd, which is why it's so important to get to know your skin.

And when I say get to know your skin, I mean all of it. Recruit your hairdresser to look in your scalp. Recruit your optometrist, ophthalmologist to look in your eyes because melanoma can occur there in your mouth.

Get your dentist. Have your manicures. When you get your mani pedi. I know it's maybe not as common now in in Covid, but but I know that I've seen so many women who are still, going to the nail salon.

Before you get that polish change, check your fingernails and your toenails because melanoma can occur there too. And then your intimate bits. How many women do I know who've never looked at their vulva like ladies get familiar for so many reasons for, vaginal atrophy and looking for signs of change as we transition to menopause.

But I just had two skin tags cut out from my goal that that I found when I was washing in the shower and said, oh, these are new. And they started they were growing over months and I thought, okay, it's time.

And I went in and I had them cut. And you know, pathology looked at them and said, oh, you have this ancient form of HPV on this one. You know, that that's like primordial is what they called it.

It that's important to know. That's really important to know. Right? So, you know, don't ignore these things. Don't ignore them. And as we mature, you know, we've had more life lived there, just went through menopause.

So. Yeah, that's that's all since then. Yep. Yeah. And between your fingers, bottoms of your feet, you know, no, no stone unturned. Look at every inch of your skin.

And especially as we mature, there's so many changes that happen as our hormones decline. You know, certainly estrogen. You know, your facial skin, you may notice more fine lines and, skin sagging because aspirin plays a significant role in collagen formation and production of that. How you running acid?

We were talking about fillers. Well, estrogen is plays a large role in producing that naturally for us. So as estrogen declines you're not going to have that plump and supple appearance.

You're going to notice the skin sag. But your vaginal skin, that vaginal dryness, that pain during intercourse, that why am I getting so many more UTIs?

Because the vaginal tissue is atrophying, and then there can create some irritation with the urethra and, so all of this, all of these are just clues that, hey, I need a little support, you know, and, and and the amazing thing is that we have the power to take control of our health and do something about it.

So what about the skin? The skin? Things like actinic keratosis. You know, I noticed that a lot of women come to me after while they're in the middle of menopause, perimenopause, menopausal.

They're saying, I have these weird things that are happening on my skin. We mentioned skin tags, but what about, some of, like, hard bumps and things like that?

Why are those occurring now? What can people do? Yeah, absolutely. This is a great question. So actinic keratosis is a precursor to the type of skin cancer called squamous cell carcinoma.

So just because you have an actinic keratosis does not mean you automatically will develop skin cancer. But it's evidence that you've had enough sun exposure over your lifetime to to create the damage to the skin, the DNA damage to generate these rough spots.

They feel like sandpaper. Sometimes you can feel them better than you can see them. And so why does this happen? Well, we know it's it's cumulative exposure over your lifetime.

90% of visible signs of aging are from sun exposure. So baby oil and aluminum foil and sun in in the hair. Go back to my younger self and say stuff that I don't like to me to.

I mean, I'm a brunet, but my dad's a redhead and I just fried. And I lived on the East coast, so, we would just go down to Florida. My grandparents lived down.

I would just fry from. Yeah. And I'm always turned into a beautiful tan, so why not hurry it up with the rag first? I don't like I. Oh, my gosh. We are wiser now.

And we can. And it's never too late. So what can you do? So many things. So, you know, I always say that sunscreen should be one of your friends, but it is not your BFF.

So SPF is not your BFF, but it can be part of your inner circle. And it's something that we should use on a daily basis. I mean, I'm indoors, right?

Actinic Keratosis, Sun Damage, and Prevention

Where most of us are working at home, with Covid, but I'm sitting in front of a window and UV light is made up of UVA, UVB, UVC, UVC is the most dangerous, but it doesn't really penetrate the stratosphere, so we don't have to worry about as much UV a is along as wavelength.

We call it the aging ray and it can penetrate a window glass. So even if you're working at home and you're working indoors, having some layer of some protection is important because you are getting exposure if you're sitting in front of the window.

Not only that, we're sitting in front of our devices. And so recent studies have shown that blue light can also impact our collagen and elastin and may contribute to pigmentation.

So using a tinted moisturizer. But iron oxides. Yeah. So so, so protecting your skin from the outside is important. But really nourishing yourself in inside out is where it's at.

Because what creates the damage? It's oxidative stress. It's stress, it's stress a it doesn't know how to, deal with

when it's overwhelmed. I mean, your skin has its own antioxidant system built in, but because we're exposed to the sun every day, air pollution every day, those resources get used up pretty quick so we can replenish them.

Yes, they're topical antioxidants, but also how what you put on your plate is really important. So eating a diet that's plant forward, rich in phytonutrients, you know, some of the great ones that have gotten, a lot of good research behind them.

Pomegranate, you know, are mega three fatty acids, you know, green leafy veggies, like all the things to make your plate as colorful as possible actually benefit your skin quite a bit.

And then there are I've just, like going off. I just love some protection, but are actually some curated, supplements that can be helpful. Like niacinamide is one.

Vitamin B3, has been shown in the literature for those individuals who've had a history of skin cancer, skin cell carcinoma 500mg twice a day actually can decrease the risk of, future, but only in those individuals who've had a history.

So yeah, that will also interfere with methylation if you're on a methylated form of B12. Fully. So that's interesting. You're going to have to also, get your methyl Melnick acid checked when you're doing niacin, you know, niacinamide because then you want to make sure you're getting both.

So that interaction that's 500mg is what we did a treat you if you're over methylated. So yeah it's an intern right. It's it's delicate balance and it it's it's it's knowing your body and tuning in.

So like if you're entered you're feeling great energetic and all of a sudden, you know, things are shifting and you start to take a supplement, you know, so but nice I mean could also be used topically.

But the studies have shown and again this is traditional medicine. So they weren't looking at methylation or anything like that. So they were looking but the studies were promising.

Yeah. And, and the other thing about using anything topically, you know, is both of us are here to say you're eating it. So that's another as we're talking about detoxification, if you can't eat what is on your label, then it's actually going into you.

So we give hormones, you know, topically we give scopolamine patches. We, you know, pain medication as patches, which means that your skin absorbs it and you're eating it.

So, that off bug spray, you know, may as well just open your mouth. Yeah. And, you know, in there. And the other thing that spray sunscreens. I'm not a big fan of spray sunscreens either.

Number one, because of the crystallization. Like who knows? Yeah. But you're also, you still have to rub it in, so you might as well just use one that, Yeah.

Yeah, yeah. And then, so there's also that dance between sunscreen and vitamin D, right. Because we live in an area in the Pacific Northwest where people are chronically low.

And although that's showing up in Key West, Florida, because we're such indoor creatures now, especially with Covid, so making sure that you're keeping your vitamin D levels between 75 and 90 as you're using your skin sunscreen.

So you're you're supplementing with as much as you need to keep that level where it needs to be. Yeah. While you're also, you know, screening your skin from harmful UV rays that can cause cancer.

So yeah. Yeah, same one with vitamin D just because, most people they've done surveys, most people don't put on the recommended amount of sunscreen. So the the amount that sunscreen may be interfering with vitamin D is

probably overestimated because the vast majority of us are not putting on the recommended amount.

So, I think it may. And now they're actually looking at creating sunscreens and how kind of have a vitamin D filter. So hopefully we we won't worry about that as much.

But that being said, to your point, I think no matter where you live in the world, it's always important to check your vitamin D levels. And they're gonna have to supplement.

Yeah, yeah, yeah. And I have to say, I am guilty. I am and under sunscreen or I, I make it myself. And when I know, I mean, I got fried three years ago going skiing in Utah, and I forgot my sunscreen, and I was just toast, you know, I mean, just crispy lobster red and just kind.

Oh, my God, you know, I know better than this, right? And so it's, I think the, I don't wear foundation. And so I think that some of the makeups these days, like there's mineral makeup with sunscreen in it, you can get all kinds of formulated things that have got the sunscreen in it that if you're wearing that kind of thing, it's so helpful to just have it on as a matter of, you know, you're it's just there.

You don't have to think about it right? Yeah, exactly. I think I'm all about simplicity. I am probably the least compliant physician I am. I keep it simple.

My skincare routine is like three steps. And if you can multitask, that would be great. And to your point about, you know, skiing now, the sun is reflecting off the snow.

And at elevation, the intensity increases by a percentage for every thousand feet of elevation. So it's kind of like this double whammy. So for sure when you go skiing, or when you're on the water and we are blessed to be in the Pacific Northwest where we have water all around, but you will get, more sun exposure.

So it's just something to keep in mind. I was just sick.

Sunscreen, Vitamin D, and Skin Protection

I mean, my 16 year old would have been so happy, but my, you know, my, my 53 year old was just like, oh, no, you know, and I remember falling asleep after I took a group to Peru and we were on Lake Titicaca, you know, highest lake in the world fell asleep on a boat.

We're going to another island with my face up and again, tomato burn, you know. So it's just being really conscientious and mindful. And I am probably the least when it comes to that.

I mean, I've demonstrated that over and over again. So I would just say to everybody, please make it one of the things that you carry with you, like your phone, you know, that you just have it.

Yeah. And I think, you know, it just it gets harder as, as we mature as well because we've had, a lot of exposure. Our skin may not be as resilient, especially as our hormones are diminishing.

We, you know, the pH of our skin changes, and it makes us more vulnerable to sensitive sensitivity, irritation and stuff. So, whatever we can do to bolster that.

Yeah. This is our ultimate barrier, both physically as well as, you know, it's our boundary. It's I always like to, you know, it's a metaphor for everything.

This is our boundary for our relationships, our communication, all the things. And so we have to protect it. We have to reinforce that. Thank you so much, Doctor Barr.

Is there something that we didn't talk about when it comes to autoimmunity, detoxification in the skin that you wish we had talked about that you want to say as we end, I think, well, there's so many things, especially with certain

autoimmune conditions, there's, there's rosacea and and and lupus and things.

But I think the most important thing is just get familiar with yourself. And, you know, I'd love to help women just reframe what they're seeing as information and as a way for you to be able to support yourself rather than something's going wrong or, to not view your, your skin from a, point of criticism or contempt.

Rather, it's a gratitude of, oh, wow, I see this now. It's an opportunity to ask, like, what do I need right now? What do I need the most right now? How can I support myself?

And from a place of self-compassion and self-love? Because I'm a long way, I know with my women that I'm, you know, helping with their transition to menopause.

Like, there's a lot of stuff to unpack. And we've we've gone through a lot. And, I think that's one of the biggest things is how we see ourselves. And, you know, I actually came up with, in my last question, and that was rosacea.

Why does minocycline work? And is it the right choice? So that's really interesting. So again like put putting on my dermatology hat back on. Now this is I'm not actively managing, you know, rosacea and such, but minocycline works and we use it and oftentimes lower doses then for to infection because there's an anti inflammatory component.

So we know that rosacea you know is an inflammatory skin condition. And the more that we look into it looking for a more integrative approach. There's a gut component.

So that gut skin connection is is key. So looking at gut health but from but for the minocycline it has a lot to do with its ability to modulate the inflammatory response okay.

And that's why it's used. So and there are other things that you can do to reduce inflammation, you know, because at the end of the day, it's not that you're deficient in an antibiotic, you know?

Correct. Yeah. It's hard when things like Accutane work so well for acne or minocycline works so well for rosacea to not be seduced by that, you know, instant.

It is kind of instant gratification. It clears up pretty quickly. But at the, you know, when the whole story is told and and you finally look at the entire picture, those things are doing a tremendous amount of damage in the process.

So yeah, I yeah, it's it's interesting.

Autoimmunity, Rosacea, and Closing Takeaways

You know, I know that there's a camp that's very anti accutane. But I can tell you when I was treating especially teenagers, yeah it was life. I took two rounds of it you know 18 and 19.

And when I look back I go, oh now I know why. What my body was trying to tell me and why I had acne, and, and Accutane was like, oh, wow. And that's why I did it again.

But I have a feeling it contributed to some of the toxic burden that my liver had to deal with later when I was diagnosed with rheumatoid arthritis. You know, it's just like, okay, that acne was one of the steps along the path to RA that was trying to give me information.

And I just went and covered it up, you know, and it did make a big difference. And it was life changing for my self-confidence in that moment in time.

So yeah, I'm definitely not coming down on any camp that like, this is bad and this is good. It's just looking at that entire dynamic and the whole picture and having compassionate curiosity for what's going on and what the body is trying to say.

So, yeah, absolutely. And it's so interesting connecting the dots going backwards. Right. Like those words. Yeah. So much easier. Okay. I mean, I was the same way.

I was just masking stuff up left and right. And thankfully in many ways, like, thankfully I was diagnosed with getting cancer. It's not what a dermatologist want, but that was like the tip of the iceberg for all the other stuff happening.

And it was just a wake up call like for me, it was stress. It was the physical stress of over exercising, of, not giving my body the nourishment that it needed, thinking I was eating healthy, but that really wasn't healthy food.

And then, you know, the emotional drain for me, that was a lot of my past childhood trauma, you know, which I would have never investigated had that not happened, ever.

No. So again, it's it's painful sometimes. But like their gifts, they are gifts. Thank you so much. Yeah. Thank you. Super cool. Have Doctor Byers, information.

And I believe you have a free gift for viewers. Yes. In terms of helping to bolster your skin from the inside out and help you fight off some of that UV damage.

There's a glowing skin guide. So all all the all the nourishment that you could, think of to help make your skin more resilient. Beautiful. Thank you so much for spending this time with us and sharing just even a fraction of your wisdom.

It's it's deeply appreciated. All right, everybody, until next time, be well.