Healthy Skin & Hair from Within | Functional Aesthetics with Dr. Diana Williams Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and functional aesthetics

Well, welcome Diana. I'm so glad to have Well, welcome Diana. I'm so glad to have you here on the Undiminished podcast you here on the Undiminished podcast today, and this is going to be a special today, and this is going to be a special treat for our audience. And before we treat for our audience. And before we get into the topic of functional get into the topic of functional aesthetics today, which I think all aesthetics today, which I think all women want to look vibrant, young, and women want to look vibrant, young, and beautiful. What I would love to know beautiful. What I would love to know from you, I mean, I'm a nurse from you, I mean, I'm a nurse practitioner, you're a nurse practitioner, you're a nurse practitioner. Tell me how you got into practitioner. Tell me how you got into functional medicine as a conventionally functional medicine as a conventionally trained nurse practitioner. So, what trained nurse practitioner. So, what kind of kind of had you see that that was the direction had you see that that was the direction that you wanted to go? And then if you that you wanted to go?

Why functional medicine mattered

And then if you could share a little bit about your could share a little bit about your story around why aesthetics became story around why aesthetics became important to you.

important to you. >> It's a um it's kind of a long story. >> It's a um it's kind of a long story. That that story kind of envelops over That that story kind of envelops over about a decade of my life. Um I, like about a decade of my life. Um I, like you said, was trained very you said, was trained very conventionally. Was in primary care, conventionally. Was in primary care, family medicine. I loved what I was family medicine. I loved what I was doing. I loved seeing generations of doing. I loved seeing generations of women, grandmother, mother, and then women, grandmother, mother, and then even infants in in childhood. That was a even infants in in childhood. That was a really exciting for me. I loved having really exciting for me. I loved having that relationship and developing the that relationship and developing the community with the entire family unit.

community with the entire family unit. However, there was a little bit of a a However, there was a little bit of a a rub, um if you would say, considering rub, um if you would say, considering there conventional medicine is not there conventional medicine is not really addressing root causes. So, if really addressing root causes. So, if grandmother had high blood pressure and grandmother had high blood pressure and diabetes, I'd then diagnose mom with diabetes, I'd then diagnose mom with diabetes and high blood pressure, and diabetes and high blood pressure, and then having to screen young um their you then having to screen young um their you know, their adolescent children for the know, their adolescent children for the same diseases. There became an issue, same diseases. There became an issue, right? I'm like I didn't want to just right? I'm like I didn't want to just treat um symptoms. I didn't want to just treat um symptoms. I didn't want to just treat generational um treat generational um uh problems on chronic conditions. I uh problems on chronic conditions. I wanted to treat the root cause. But wanted to treat the root cause. But really even knowing that there was some really even knowing that there was some a condition that I was not super happy a condition that I was not super happy with the way medicine was being um with the way medicine was being um taught and delivered in my primary taught and delivered in my primary primary care practice, it was really my primary care practice, it was really my own health journey. I, at 30 years old, own health journey. I, at 30 years old, developed three different types of developed three different types of autoimmune conditions.

autoimmune conditions. >> Wow. Were you at 30? That must have >> Wow. Were you at 30? That must have >> I was 30. Yeah. Well, looking back now, >> I was 30. Yeah. Well, looking back now, I mean, I had been dealing with some I mean, I had been dealing with some autoimmune symptoms for at least two autoimmune symptoms for at least two decades previous to that. Even in early decades previous to that. Even in early childhood, I had chronic eczema that was childhood, I had chronic eczema that was horrible, Seeing dermatologist and horrible, Seeing

dermatologist and allergist getting testing at 4 and 5 allergist getting testing at 4 and 5 years old. Um it was pretty traumatic years old. Um it was pretty traumatic for me. I can remember standing up on for me. I can remember standing up on the kitchen table and my dad rubbing me the kitchen table and my dad rubbing me down with lard. My entire body lard.

down with lard. My entire body lard. Lard. Yeah, that was the recommendation Lard. Yeah, that was the recommendation from the dermatologist back then. Yeah.

from the dermatologist back then. Yeah. >> know, I would say at least it was >> know, I would say at least it was something natural. something natural.

>> That's true. Yeah, exactly. Yeah. Yeah, >> That's true. Yeah, exactly. Yeah. Yeah, yeah, we'll give them that. But then it yeah, we'll give them that. But then it being on, you know, uh histamine being on, you know, uh histamine blockers for most of my life and every blockers for most of my life and every single day. And um single day.

Autoimmune struggles and the shift to root-cause care

And um my symptoms like really exacerbated my symptoms like really exacerbated after the birth of my second daughter. after the birth of my second daughter.

Coupled with stress of being a nurse Coupled with stress of being a nurse practitioner and, you know, trying to practitioner and, you know, trying to figure out to navigate the the figure out to navigate the the challenges of early motherhood. Um it challenges of early motherhood. Um it was just a lot. And the stress kind of was just a lot. And the stress kind of brought in. And yes, my gut went bad. My brought in. And yes, my gut went bad. My mood went bad. I was having panic mood went bad. I was having panic attacks in between seeing clients. Um attacks in between seeing clients. Um but it was really my skin that really but it was really my skin that really brought me to say I cannot deal with brought me to say I cannot deal with this anymore.

this anymore. >> So, a couple things I wanted to comment >> So, a couple things I wanted to comment on what you said. So, you talked about on what you said. So, you talked about your family having hypertension, your family having hypertension, diabetes, so high blood pressure. This diabetes, so high blood pressure. This is These are both lifestyle diseases.

is These are both lifestyle diseases. Unless it's type 1 diabetes. Yeah. But Unless it's type 1 diabetes. Yeah. But type 2 diabetes and hypertension both type 2 diabetes and hypertension both complete lifestyle diseases. And here complete lifestyle diseases. And here you were brought up in the western space you were brought up in the western space where we give a medication to solve where we give a medication to solve that. So, take me to the moment where that. So, take me to the moment where you decided I'm not going to practice you decided I'm not going to practice western medicine anymore. It's not western medicine anymore. It's not working for me. It's not working for my working for me. It's not working for my mother, my family. Uh What was that mother, my family. Uh What was that moment for you?

moment for you? >> You know, I was trained about 15 years >> You know, I was trained about 15 years ago, but we were not taught that ago, but we were not taught that diabetes and high blood pressure was a diabetes and high blood pressure was a lifestyle disease, right? You were lifestyle disease, right? You were taught that it was a just a genetic taught that it was a just a genetic predisposition. You're going to develop predisposition. You're going to develop it, but it's just a matter of time. Do it, but it's just a matter of time. Do your screening early and start your your screening early and start your medications early, right? Um medications early, right? Um that that whole concept was never okay that that whole concept was never okay for me personally. I did not want to be for me personally. I did not want to be on medications at age 32. I was on six on medications at age 32. I was on six different prescription medications. Six different prescription medications. Six at one time prescription medications.

at one time prescription medications. Prescribed by multiple specialists, not Prescribed by multiple specialists, not just even a primary care provider, just even a primary care provider, multiple specialists. And most of them multiple

specialists. And most of them even were to address the side effects of even were to address the side effects of the previous medication. That was, you the previous medication. That was, you know, the IBS medication or whatever. Um know, the IBS medication or whatever. Um and so that to me is that I don't want and so that to me is that I don't want to be on medications for the rest of my to be on medications for the rest of my life. I'm not seeing any any progress or life. I'm not seeing any any progress or improvement toward working off of those improvement toward working off of those medication. It was just what's the next medication. It was just what's the next drug are they going to do to treat my drug are they going to do to treat my symptoms. So that was the that was the symptoms. So that was the that was the final straw for me. Um, they actually final straw for me. Um, they actually wanted to prescribe me a biologic, which wanted to prescribe me a biologic, which if you've seen the side effect list or if you've seen the side effect list or the adverse effect list of a biologic the adverse effect list of a biologic and I knew I wanted to have more and I knew I wanted to have more children. So that was not going to be an children.

Hair loss causes and diagnostic approach

So that was not going to be an option for me and I just started asking option for me and I just started asking some questions. I asked the some questions. I asked the dermatologist, you know, I've got all dermatologist, you know, I've got all these symptoms. My skin is horrible. I'm these symptoms. My skin is horrible. I'm super inflamed. I'm living on super inflamed. I'm living on prednisone.

prednisone. prednisone. >> right now. I'm looking at your skin and >> right now. I'm looking at your skin and I can hardly believe that this was you. I can hardly believe that this was you.

>> I am completely unrecognizable to what I >> I am completely unrecognizable to what I look like 10 years ago. Yes. And and look like 10 years ago. Yes. And and that's the power of functional medicine, that's the power of functional medicine, right? Addressing those root causes is right? Addressing those root causes is Yeah.

Yeah. Yeah. >> So So our audience wants to look >> So So our audience wants to look beautiful all the way through life and beautiful all the way through life and they want to unapologetically look good.

they want to unapologetically look good. So I want to know what are your, you So I want to know what are your, you know, top tips for women that are know, top tips for women that are that are wanting to do things that are wanting to do things aesthetically that doesn't aesthetically that doesn't harm their health.

harm their health. >> Yeah. Well, first and foremost, vanity >> Yeah. Well, first and foremost, vanity is not bad, right? We're taught as is not bad, right? We're taught as women, especially in a faith-based women, especially in a faith-based background, is vanity is bad, right?

background, is vanity is bad, right? Like don't don't escalate that. Don't Like don't don't escalate that. Don't invest in your skin or your appearance.

invest in your skin or your appearance. I don't agree with that. I think that, I don't agree with that. I think that, you know, as a woman, I feel good when I you know, as a woman, I feel good when I look good. Um, and I do I have a full look good. Um, and I do I have a full functional medicine practice. We don't functional medicine practice. We don't just specialize in skin. We do just specialize in skin. We do everything from the root up. So I mean, everything from the root up. So I mean, diet, lifestyle, right? And what we put diet, lifestyle, right? And what we put into our bodies and on our skin is going into our bodies and on our skin is going to affect the overall appearance of our to affect the overall appearance of our skin and and and everything. So yeah. It skin and and and everything. So yeah. It matters.

matters. matters. >> So so you're teaching lifestyle in your >> So so you're teaching lifestyle in your practice. Um, what Let's talk a little practice. Um, what Let's talk a little bit about hair loss. And that, you know, bit about hair loss. And that, you know, this is like our women and our hair, this is like our women and our hair, right? Our hair is is powerful. We we right? Our hair is is powerful. We we like to our hair to be beautiful and like to our hair to be beautiful and thick and luxurious and shiny. And um, thick and luxurious and shiny. And um, hair loss is something that I hear a lot hair loss is something that I hear a lot Yeah. in my community. Could you Could Yeah. in my

community. Could you Could you maybe first speak into what could be you maybe first speak into what could be some of the underlying reasons that some of the underlying reasons that people have hair loss? And what we do in people have hair loss? And what we do in Western medicine is, you know, a few Western medicine is, you know, a few different lab tests and then we check a different lab tests and then we check a box and say, "Oh, well, those labs box and say, "Oh, well, those labs checked out fine." But what could really checked out fine." But what could really be underneath?

be underneath? >> Yeah, you're really lucky if you get a >> Yeah, you're really lucky if you get a lab panel when you go to dermatology lab panel when you go to dermatology with with concerns about hair loss. It with with concerns about hair loss. It has become so normal, so or so common has become so normal, so or so common that it's becoming normal, right? Women that it's becoming normal, right? Women are going to lose their hair in are going to lose their hair in menopause. They're going to lose their menopause. They're going to lose their hair when they go through COVID. They're hair when they go through COVID. They're going to lose their hair if they go on a going to lose their hair if they go on a GLP-1. So, that's common, therefore we GLP-1. So, that's common, therefore we accept it as the normality. There might accept it as the normality. There might be some supplements that we can take or be some supplements that we can take or medications, but none of those really medications, but none of those really address the the underlying root causes address the the underlying root causes of why it happens in the first place.

of why it happens in the first place. So, I see everything from from stress, So, I see everything from from stress, you know, the high cortisol and its you know, the high cortisol and its effect on the skin, hair, and nails, um effect on the skin, hair, and nails, um vitamin mineral deficiency, right? Our vitamin mineral deficiency, right? Our bodies need so many things in order to bodies need so many things in order to generate that beautiful hair texture and generate that beautiful hair texture and follicle to make sure it's healthy, zinc follicle to make sure it's healthy, zinc and and and vitamins and minerals they're so so vitamins and minerals they're so so necessary for that. Iron deficiency is a necessary for that. Iron deficiency is a huge one. Oxidative stress, right? not huge one. Oxidative stress, right? not just psychological stressors, but having just psychological stressors, but having physical stressors in our body like physical stressors in our body like chronic inflammation, chronic infections chronic inflammation, chronic infections in the gut can all drive those as well.

in the gut can all drive those as well. And and we know the hormonal piece, And and we know the hormonal piece, right? We know the the hypothyroid and right? We know the the hypothyroid and the the estrogen testosterone function.

the the estrogen testosterone function. >> and disregulated testosterone and >> and disregulated testosterone and build-up of DHT. Yes. So, what are some build-up of DHT. Yes. So, what are some of the things that you do? I mean, I'm of the things that you do? I mean, I'm assuming that you're starting You said assuming that you're starting You said you do a lot of root cause.

you do a lot of root cause. So, for root cause we mean what is the So, for root cause we mean what is the real source of the problem? What's real source of the problem? What's underneath?

underneath? underneath? And so, I notice in my programs that And so, I notice in my programs that when we take people through gut when we take people through gut restoration, one of the side effects is restoration, one of the side effects is So, they come to me because they have So, they come to me because they have low energy or brain fog and they get on low energy or brain fog and they get on our programs and they go to their hair our programs and they go to their hair stylist and their hair stylist says, stylist and their hair stylist says, "What's all this new hair growth? Where "What's all this new hair growth? Where is this coming from?" And all we've been is this coming from?" And all we've been doing is working on their guts so that doing is working on their guts so that they can actually extract nutrients from they can actually extract nutrients from the good food that they're eating. So, the good food that they're eating. So, where do you start your women?

where do you start your women? >> Yeah, most women don't come into the >> Yeah, most women don't come into the practice with just hair loss alone, practice with just hair loss alone, right? That's that that is secondary to right? That's that that is secondary to something that's been brewing for years, something that's been brewing for years,

right? The hair, the skin, the nails right? The hair, the skin, the nails will highlight what's underlying in the will highlight what's underlying in the gut, usually the gut.

gut, usually the gut. So, we do advanced gut testing. We do So, we do advanced gut testing. We do obviously a full comprehensive thyroid obviously a full comprehensive thyroid panel. We know a TSH and a T4 is not panel. We know a TSH and a T4 is not enough to really understand what's going enough to really understand what's going on at the thyroid level. Vitamin and on at the thyroid level. Vitamin and mineral assessments. We can test for mineral assessments. We can test for these things, zinc deficiency, iron these things, zinc deficiency, iron deficiency, copper deficiency that can deficiency, copper deficiency that can drive these as well. We do cortisol drive these as well. We do cortisol testing in our office and on all of our testing in our office and on all of our clients who come in. Um, cortisol is clients who come in. Um, cortisol is going to affect the hair follicles. It's going to affect the hair follicles.

Regenerative treatments for hair and skin

It's going to check the the growth cycles and going to check the the growth cycles and obviously they can accelerate growth obviously they can accelerate growth hair loss as well. Um, hair loss as well. Um, uh, hormone testing, estrogen, uh, hormone testing, estrogen, progesterone. You said DHT, that's a big progesterone. You said DHT, that's a big one for women, too. Insulin resistance one for women, too. Insulin resistance is probably the even a bigger driver is probably the even a bigger driver than DHT. Yep.

than DHT. Yep. Yep. Absolutely. And then of course we Yep. Absolutely. And then of course we work on, you know, all the the all the work on, you know, all the the all the interventions necessary after we do the interventions necessary after we do the initial testing.

initial testing. >> And then, um, you know, I want to I know >> And then, um, you know, I want to I know that everybody's got they're selling that everybody's got they're selling gadgets out there. So when you're when gadgets out there. So when you're when my gosh, you know, you're like doom my gosh, you know, you're like doom scrolling on Instagram, right? Like we scrolling on Instagram, right? Like we all do it every once in a while, myself all do it every once in a while, myself included. And, you know, ads will come included. And, you know, ads will come up for hair growth serums and for red up for hair growth serums and for red light caps and light caps and is there any truth that any of that's is there any truth that any of that's going to work or is this really an going to work or is this really an inside job?

inside job? >> Well, it's both, right? Now, we do offer >> Well, it's both, right? Now, we do offer a lot of interventions that we we call a lot of interventions that we we call that under our umbrella of, you know, that under our umbrella of, you know, functional aesthetics tells us what the functional aesthetics tells us what the root cause is, right? Once we find the root cause is, right? Once we find the root, we can address that. But there are root, we can address that. But there are principles to regenerative aesthetics principles to regenerative aesthetics where we can actually have tools that we where we can actually have tools that we can use to actually help the the can use to actually help the the follicle follicle follicle um, grow faster, right? We want to have um, grow faster, right? We want to have have um, a lot of success fast. The have um, a lot of success fast. The thing is with hair, I mean it's going to thing is with hair, I mean it's going to take 6 weeks on for you to see any take 6 weeks on for you to see any improvement.

improvement. improvement. >> really important for people to know. >> really important for people to know. Like you're in it like this isn't going Like you're in it like this isn't going to be a three-day or five-day or a to be a three-day or five-day or a one-week there's time involved.

one-week there's time involved. >> Yeah, which means you're going to be >> Yeah, which means you're going to be patient with the process, right? Trust patient with the process, right? Trust the process. Um, you know, working with the process. Um, you know, working with someone who just can't help you someone who just can't help you understand what's going on. Knowledge is understand what's going on. Knowledge is power. Once you understand what the root power. Once you understand what the root cause is, then you're more apt to to do cause is, then you're more apt to to do all the lifestyle the harder lifestyle all the lifestyle the harder lifestyle modifications that

need to be done. But modifications that need to be done. But yeah, I mean that the red light therapy yeah, I mean that the red light therapy is fantastic as an anti-inflammatory.

is fantastic as an anti-inflammatory. We're really working on different We're really working on different components of addressing inflammation in components of addressing inflammation in the scalp and bringing better blood flow the scalp and bringing better blood flow and healing products to that. We do a and healing products to that. We do a ton of PRP injections in our practice.

ton of PRP injections in our practice. >> Let's explain to people what this is >> Let's explain to people what this is because you've got to They're going to because you've got to They're going to You're going to draw their blood and You're going to draw their blood and spin it down.

spin it down. >> Yeah, cuz the PRP has been around for >> Yeah, cuz the PRP has been around for quite a while. It's actually developed quite a while. It's actually developed in the orthopedic space. It's been used in the orthopedic space. It's been used for bone and joint injections as a for bone and joint injections as a regenerative therapy for decades now.

regenerative therapy for decades now. It's kind of found accidentally. I don't It's kind of found accidentally. I don't know if you know the process of how PRP know if you know the process of how PRP was found.

was found. >> I I do not. I'd love to >> I I do not. I'd love to >> know. Orthopedic doctors were actually >> know. Orthopedic doctors were actually using it to stimulate growth using it to stimulate growth recovery after a total knee transplant.

recovery after a total knee transplant. And the the patients were coming in, And the the patients were coming in, yes, my knees are feeling better. I only yes, my knees are feeling better. I only have one complaint. There's a patch of have one complaint. There's a patch of hair growing on my knee. And so the hair growing on my knee. And so the doctors were like, wow, this is doctors were like, wow, this is wonderful. And of course the athletic wonderful. And of course the athletic industry is like, yay, we can make some industry is like, yay, we can make some money off of this. So it turned it money off of this. So it turned it turned into aesthetic.

turned into aesthetic. >> I got to go look at my daughter's >> I got to go look at my daughter's shoulders. She had a major She had PRP shoulders. She had a major She had PRP and my husband, well, he's hairy anyway, and my husband, well, he's hairy anyway, but my but my husband had PRP and my but my but my husband had PRP and my daughter had PRP. Both of them had daughter had PRP. Both of them had shoulder injuries. And they saw a shoulder injuries. And they saw a regenerative orthopedic doctor. Did not regenerative orthopedic doctor. Did not do surgery, but I got to go check out my do surgery, but I got to go check out my daughter's head.

daughter's head. >> Say, "Honey, did you grow any hair >> Say, "Honey, did you grow any hair there?" That's right. Now, PRP is only there?" That's right. Now, PRP is only going to work in areas that are normally going to work in areas that are normally hairy. That's it. She probably wouldn't hairy. That's it. She probably wouldn't see see see >> No, and then put it in your head, right?

>> No, and then put it in your head, right? That was the thing. That was the thing. Okay, so you use this in the scalp and Okay, so you use this in the scalp and makes hair grow.

makes hair grow. >> It makes hair grow. >> It makes hair grow. >> This is amazing. >> This is amazing. >> Great science behind it. >> Great science behind it.

>> Yeah, so what I'm hearing from you is >> Yeah, so what I'm hearing from you is red light's great. red light's great. There are probably serums that are There are probably serums that are really great that stimulate hair growth, really great that stimulate hair growth, but if you're missing the inside what but if you're missing the inside what I'm calling the inside job, if you're I'm calling the inside job, if you're not working on your gut, if you're not not working on your gut, if you're not working on lowering inflammation, working on lowering inflammation, getting antioxidants, and what I always getting antioxidants, and what I always say too is it's not just gut, it's say too is it's

not just gut, it's digestion. If you can't extract the digestion. If you can't extract the amino acids and the antioxidants and all amino acids and the antioxidants and all the vitamins and minerals that's in the the vitamins and minerals that's in the food, you're not going to have a prayer food, you're not going to have a prayer to actually regenerate any part of your to actually regenerate any part of your body. Okay, so hair I want to go to body. Okay, so hair I want to go to face. So people ask me all the time, I'm face. So people ask me all the time, I'm 53 years old and they're like, what are 53 years old and they're like, what are you doing? And I said, well, it's really you doing? And I said, well, it's really good genetics. I never smoked and I good genetics. I never smoked and I really hated laying out in the sun when really hated laying out in the sun when I was a kid cuz it was really boring and I was a kid cuz it was really boring and I didn't like to be hot and sweaty. So, I didn't like to be hot and sweaty. So, I didn't do all of that. Although, I I didn't do all of that. Although, I definitely had my share of sunburns and definitely had my share of sunburns and and all the thing. But, I always say and all the thing. But, I always say it's good genetics, but I've also had a it's good genetics, but I've also had a regimen on my skin my whole life. Um regimen on my skin my whole life. Um I've never had Botox. Everybody thinks I've never had Botox. Everybody thinks I've had Botox cuz this all moves. But, I've had Botox cuz this all moves. But, what I have done is lasers. So, I've what I have done is lasers. So, I've done lasers that resurface. I've done done lasers that resurface. I've done lasers that build collagen. And I I I lasers that build collagen. And I I I classify those lasers in the natural classify those lasers in the natural realm, right? They're not So, what do realm, right? They're not So, what do you use in your clinic?

you use in your clinic? >> Yeah, no, that's that's fantastic. They >> Yeah, no, that's that's fantastic. They are and most of the lasers that we have are and most of the lasers that we have on the market are regenerative on the market are regenerative aesthetics. They're working on a aesthetics. They're working on a cellular level to actually regenerate cellular level to actually regenerate better tissue healing and you know, and better tissue healing and you know, and and you get better results uh from an and you get better results uh from an anti-inflammatory perspective um and for anti-inflammatory perspective um and for wound healing as well. Um wound healing as well. Um I again was trained very conventional I again was trained very conventional for my functional medicine um for my functional medicine um background, but I also was trained very background, but I also was trained very conventional for my aesthetics conventional for my aesthetics background, which I've been doing longer background, which I've been doing longer than you know, medicine.

than you know, medicine. >> Yeah. >> Yeah. >> Yeah. >> Um and we were trained in that way, >> Um and we were trained in that way, right? You people you just want to put right? You people you just want to put more things into the body, right? You more things into the body, right? You want to put more filler in or more Botox want to put more filler in or more Botox and those things have their purpose.

and those things have their purpose. Yes, but you know, we we all know those Yes, but you know, we we all know those those women who look a little bit those women who look a little bit unnatural after years and years of unnatural after years and years of accumulation of these products in their accumulation of these products in their face. Uh they're really not still not face.

Peptides, exosomes, and regenerative tools

Uh they're really not still not addressing the root causes. So, yes, we addressing the root causes. So, yes, we do a ton of lasers in the practice. do a ton of lasers in the practice.

>> I got it. >> I got it. >> Yeah. Exosomes are big right now as >> Yeah. Exosomes are big right now as well. Similar to what people are doing. well. Similar to what people are doing.

>> topical exosomes or are you doing >> topical exosomes or are you doing injectable exosomes? injectable exosomes? >> We do both. We do >> We do both. We do >> topical ones right now and I've been >> topical ones right now and I've been doing it for about doing it for about um maybe 6 weeks and I'm seeing a um maybe 6 weeks and I'm seeing a difference.

difference. difference. >> Yeah. Yeah, it's topical exosomes are >> Yeah. Yeah, it's topical exosomes are fantastic. You're not going to really fantastic. You're not going to really want to do a a ton of topical PRP. It's want to do a a ton of topical PRP. It's too large of a product. It's a platelet too large of a product. It's a platelet derived um so, it's

larger. You're going derived um so, it's larger. You're going to want to microneedle that in or get to want to microneedle that in or get that or injectable into the scalp. But, that or injectable into the scalp. But, yeah, exosomes can be put on topically.

yeah, exosomes can be put on topically. We do both. We microneedle them in and We do both. We microneedle them in and we'll do some follow-up for topical. I'm we'll do some follow-up for topical. I'm really starting to get um more into the really starting to get um more into the peptides um for cosmetic and so, that peptides um for cosmetic and so, that are purposes are purposes >> or >> or >> or >> injectable or topical?

>> injectable or topical? >> Both. >> Both. >> Both. >> the above. >> the above. >> Okay, so what's your favorite skin >> Okay, so what's your favorite skin peptide? I'm using copper peptide.

peptide? I'm using copper peptide. >> which is a copper type peptide, is >> which is a copper type peptide, is amazing for skin, hair, and nails. I amazing for skin, hair, and nails. I personally do both. I inject it. Unlike personally do both. I inject it. Unlike you, I did not grow up taking care of my you, I did not grow up taking care of my skin. I did the sunbathing. I did not skin. I did the sunbathing. I did not wash my face for the majority of my wash my face for the majority of my life. Um so, not even the basic skin life. Um so, not even the basic skin care did I learn um until I was in my care did I learn um until I was in my 20s.

20s. 20s. >> gosh, so funny. My mom took me to the >> gosh, so funny. My mom took me to the Clinique counter when I was a teenager. Clinique counter when I was a teenager.

And she said, "I know you're going to go And she said, "I know you're going to go to the drugstore and buy drugstore to the drugstore and buy drugstore makeup, but I'm going to start you out makeup, but I'm going to start you out right, right?" And that was back in the right, right?" And that was back in the '80s. Uh Clinique was the best stuff out '80s. Uh Clinique was the best stuff out there, right?

there, right? >> It's still around. >> It's still around. >> I know it is. I don't know if it's as >> I know it is. I don't know if it's as good as it was back in the '80s, but good as it was back in the '80s, but that's like, "You're going to start that's like, "You're going to start right now with this, right?" Every good right now with this, right?" Every good company like ends up selling uh private company like ends up selling uh private equity and then equity and then >> Yeah, they change it.

>> Yeah, they change it. >> Yes, and then public traded and and it's >> Yes, and then public traded and and it's done hot work. Right. So, I started out done hot work. Right. So, I started out using good products, not using good products, not >> Yeah.

>> Yeah. >> Yeah. >> not uh What was that name of that uh >> not uh What was that name of that uh that brand? Was Wet n Wild the brand of that brand? Was Wet n Wild the brand of a makeup?

a makeup? >> Oh, yeah. >> Oh, yeah. >> Oh, yeah. >> Yeah, no, I I was not allowed to use >> Yeah, no, I I was not allowed to use that. Okay, yeah, no.

that. Okay, yeah, no. >> Oh, I was on a budget, so that that is >> Oh, I was on a budget, so that that is what I used. Yeah, when I started what I used. Yeah, when I started washing my face, it was Wet n Wild. It washing my face, it was Wet n Wild. It was cheap stuff, and was cheap stuff, and >> My mom was like, "You're going to do >> My mom was like, "You're going to do this right." So, at least I had a mom this right." So, at least I had a mom who looked out who looked out for me.

who looked out who looked out for me. But, okay, so But, okay, so is there anything from an esthe- from a is there anything from an esthe- from a functional aesthetics, what do you not functional aesthetics, what do you not like to see women doing? Like, what's like to see women doing? Like, what's out there in the conventional world?

out there in the conventional world? What is What would you not use on What is What would you not use on somebody's face that is causes damage in somebody's face that is causes damage in the long run? Like, maybe it

looks good the long run? Like, maybe it looks good in the short term, but could cause in the short term, but could cause >> I'm super controversial here, and I know >> I'm super controversial here, and I know that I'm on an island when I say this, that I'm on an island when I say this, but I don't love retinoid products. I but I don't love retinoid products. I don't use Retin-A on my skin. I don't don't use Retin-A on my skin. I don't encourage it for my clients.

encourage it for my clients. >> I never did. I never have. I well, I've >> I never did. I never have. I well, I've tried it, and I was like, uh like I tried it, and I was like, uh like I energetically was like, "I don't want energetically was like, "I don't want this." So, why don't you like retinoids?

this." So, why don't you like retinoids? >> Honestly, there's not a lot There's tons >> Honestly, there's not a lot There's tons of science as far as benefits to the of science as far as benefits to the skin on the cellular level, yes. High skin on the cellular level, yes. High dose vitamin A is great for if you're dose vitamin A is great for if you're only looking at skin deep what it's only looking at skin deep what it's doing as far as is an exfoliating effect doing as far as is an exfoliating effect to the skin.

to the skin. Anti-wrinkles, those kind of things. Anti-wrinkles, those kind of things. However, we do not have the studies, the However, we do not have the studies, the data that for safety. It's not out data that for safety. It's not out there. There you you there. There you you >> Even have decades. This is >> Even have decades. This is >> Decades.

>> Decades. >> Decades. >> This has been prescribed for decades. >> This has been prescribed for decades. >> but we know the high dose oral vitamin A >> but we know the high dose oral vitamin A retinoids like Accutane are extremely retinoids like Accutane are extremely toxic to the body. So, I don't toxic to the body. So, I don't understand if we are so afraid like understand if we are so afraid like category X on a on a pregnancy and category X on a on a pregnancy and lactation level for for putting it on lactation level for for putting it on the skin.

the skin. >> Why isn't it okay for us to put it on >> Why isn't it okay for us to put it on the skin first? the skin first? >> Because the skin just absorbs it right >> Because the skin just absorbs it right in.

in. in. >> And we we do. We get that in our >> And we we do. We get that in our bloodstream. So, it's not going to just bloodstream. So, it's not going to just stay on the skin level. So, that that stay on the skin level. So, that that that's a just a personal philosophy for that's a just a personal philosophy for me. I just don't understand it. I ask a me. I just don't understand it. I ask a lot of questions. I'm a scientist, not lot of questions. I'm a scientist, not just a you know, clinician. Ask the just a you know, clinician. Ask the questions, find the research. If it's questions, find the research. If it's not there, if there's a gut feeling, not there, if there's a gut feeling, um I'm just going to I'm going to um I'm just going to I'm going to question it before question it before >> And what else would you not use? I mean >> And what else would you not use? I mean I mean there's all kinds of discussion I mean there's all kinds of discussion about to use fillers, to not use about to use fillers, to not use fillers. Are they Are they fillers. Are they Are they Are they helpful? Do they create harm in Are they helpful? Do they create harm in the long run?

the long run? >> Yeah, so they're they're synthetic forms >> Yeah, so they're they're synthetic forms of hyaluronic acids, your traditional of hyaluronic acids, your traditional filler. We make hyaluronic acid. We filler. We make hyaluronic acid. We start losing um HA at start losing um HA at our bodies make it.

our bodies make it. This is a synthetic form of that, too. This is a synthetic form of that, too. Unfortunately, the way it's formulated, Unfortunately, the way it's formulated, it doesn't really All these companies it doesn't really All these companies are are trying to reformulate it so it are are trying to reformulate it so it lasts longer, right? Because a client lasts longer, right? Because a client comes in, they spend a thousand dollars comes in, they spend a thousand dollars on one filler, they want it to last, you on one filler, they want it to last, you know, a year to two years.

know, a year to two years. >> Yeah. >> Yeah. >> Yeah. >> Which is great if that's all you're >> Which is great if that's all you're looking for. The problem is is that looking for. The problem is is that filler has been studied to migrate. It filler has been studied to migrate. It never stays in the place that we put it.

never stays in the place that we put it. Our Our faces are not static. We move Our Our faces are not static. We move them. We're talking. We're smiling. We them. We're talking. We're smiling. We sleep on our faces all day long. It's sleep on our faces all day long. It's one of those things that it's going to one of those things that it's going to move and migrate. So, I'm not a huge fan move and migrate. So, I'm not a huge fan of fillers. I will use them in in of fillers. I will use them in in specific populations.

specific populations. Um but I I Um but I I The biostimulators are out there. We've The biostimulators are out there. We've got things like Sculptra that we use a got things like Sculptra that we use a lot more. But again, like you said, like lot more.

Avoiding harmful aesthetic shortcuts

But again, like you said, like why would we spend all this money on why would we spend all this money on putting things into our body, the putting things into our body, the peptides, the exosomes, the PRP, if peptides, the exosomes, the PRP, if you're not uh addressing the underlying you're not uh addressing the underlying root cause of why the skin is aging in root cause of why the skin is aging in the first place.

the first place. >> I want to go back to peptides for 1 >> I want to go back to peptides for 1 second. Um I did have a burning question second. Um I did have a burning question there. So, topical peptides, we can get there. So, topical peptides, we can get those over the counter. You don't need a those over the counter. You don't need a prescription for topical.

prescription for topical. Um are you using injectable or Um are you using injectable or prescription peptides to help the skin? prescription peptides to help the skin?

Are people actually ingesting it or Are people actually ingesting it or injecting? injecting? injecting? >> I don't do a ton of oral peptides. My >> I don't do a ton of oral peptides. My philosophy is, you know, the peptides, philosophy is, you know, the peptides, they're all peptides are is it basically they're all peptides are is it basically a very tiny protein. It's just a string a very tiny protein. It's just a string of amino acids. We eat them, and like of amino acids. We eat them, and like you said, we have to be able to you said, we have to be able to digest them. So, fairly enough, some digest them. So, fairly enough, some people may not get the amount of amino people may not get the amount of amino acid chains to make the peptides to keep acid chains to make the peptides to keep them their skin nice and young because them their skin nice and young because their guts are not healthy enough to do their guts are not healthy enough to do that. But yes, I don't love swallowing that. But yes, I don't love swallowing them. The acid in the gut in a healthy them. The acid in the gut in a healthy gut is intended to break down protein gut is intended to break down protein and peptide acid peptide peptide chains.

and peptide acid peptide peptide chains. So, I don't think the science is there So, I don't think the science is there to say that we really want to promote to say that we really want to promote that that route of therapy for most of that that route of therapy for most of our anti-aging peptides, um injectables, our anti-aging peptides, um injectables, you know, although we unfortunately you know, although we unfortunately don't have a ton of data for safety on don't have a ton of data for safety on those things yet either. Um those things yet either. Um >> Any other topicals you like besides >> Any other topicals you like besides copper? Um copper? Um >> I do I do exosomes. We um we use >> I do I do exosomes. We um we use >> Could you tell Could you tell our >> Could you tell Could you tell our audience what an exosome is?

audience what an exosome is? >> Exosomes are similar. They're basically >> Exosomes are similar. They're basically just carriers of like healing um just carriers of like healing um potentials. They're similar to PRP. So, potentials. They're similar to PRP. So, if you wanted to kind of describe them if you wanted to kind of describe them in in each of you know, to try to you in in each of you know, to try to you know, categorize each and one of them, know, categorize each and one of them, um the the peptides are are going to be um the the peptides are are going to be um um um like your your um like your your um uh your locksmith. Okay, so a locksmith uh your locksmith. Okay, so a locksmith comes in, you're looking for a specific comes in, you're looking for a specific key to activate a specific lock, right?

key to activate a specific lock, right? So, that is a locksmith. He's got one So, that is a locksmith. He's got one key, and he has one purpose in the body.

key, and he has one purpose in the body. And that could be an antioxidant for the And that could be an antioxidant for the skin or healing for the skin. Your skin or healing for the skin. Your exosomes are basically like a um an exosomes are basically like a um an ambulance, right? The ambulance has tons ambulance, right? The ambulance has tons of different resources in that capacity of different resources in that capacity um to to treat wound healing on a tissue um to to treat wound healing on a tissue level and sometimes a cellular level as level and sometimes a cellular level as well. And then your peptides, think well. And then your peptides, think about that is a pit crew. It's your pit about that is a pit crew. It's your pit crew, right? You've designed it, you've crew, right? You've designed it, you've trained it, it's your body's own PRP and trained it, it's your body's own PRP and it has a specific purpose in the body.

it has a specific purpose in the body. So So So >> I love this description. I think when I >> I love this description. I think when I think of an ambulance, I think like think of an ambulance, I think like there's a lot of resources on that there's a lot of resources on that ambulance. Like it could solve a lot of ambulance. Like it could solve a lot of problems. It could solve a lot of problems. It could solve a lot of problems. So where do exosomes come problems. So where do exosomes come from? How do we get them?

from? How do we get them? >> Yeah, there's there's different >> Yeah, there's there's different resources out there and you have to be resources out there and you have to be super careful with what you know, super careful with what you know, sometimes the resource or sourcing these sometimes the resource or sourcing these things. I use plant-based because I I things. I use plant-based because I I feel like you know, plant-based is is feel like you know, plant-based is is easy. Um easy. Um we are not a plant. We're you know, DNA we are not a plant. We're you know, DNA is very different from the plant.

is very different from the plant. Because you said that the ambulance is Because you said that the ambulance is very um there's just a lot of different very um there's just a lot of different options in that ambulance. So we can use options in that ambulance. So we can use a lot of different purposes. So we can a lot of different purposes. So we can use plant-based. I don't use use plant-based. I don't use human-based.

human-based. human-based. >> I understand you can get human-based >> I understand you can get human-based like amniotic, yeah. Yes. Okay, so lots like amniotic, yeah. Yes. Okay, so lots of different uses on exosomes. Okay. Um of different uses on exosomes. Okay. Um we've got about 5 minutes left and I we've got about 5 minutes left and I want to make sure we pack in as much as want to make sure we pack in as much as we can in our time together. What have I we can in our time together. What have I not asked you about that is really not asked you about that is really important for our women to know from a important for our women to know from a functional aesthetic?

functional aesthetic? >> Um I think you've you've hit the >> Um I think you've you've hit the highlights. The thing is for you know, highlights. The thing is for you know, don't spend a ton of money in these don't spend a ton of money in these uh regenerative aesthetic tools in the uh regenerative aesthetic tools in the toolkit without doing the underlying toolkit without doing the underlying root cause first. Really important, root cause first. Really important, right? share a really good case study right? share a really good case study with you though like what this would with you though like what this would actually looks like in clinical actually looks like in clinical practice. Uh this was about a year ago.

practice. Uh this was about a year ago. I had a 65-year-old woman come in. She I had a 65-year-old woman come in. She wanted to book an appointment for wanted to book an appointment for fillers, like traditional HA fillers. Um fillers, like traditional HA fillers. Um and so I'm like I'm looking at her face.

and so I'm like I'm looking at her face. I'm like, "Tell me a little bit about I'm like, "Tell me a little bit about your skin." She had um a horrible viral your skin." She had um a horrible viral infection. She had mono at 65 years old.

infection. She had mono at 65 years old. She'd never had been exposed to She'd never had been exposed to

Epstein-Barr before. Epstein-Barr is a Epstein-Barr before. Epstein-Barr is a viral infection that affects everything, viral infection that affects everything, right? Got really inflamed, right? Got really inflamed, very stressed out, very dehydrated for very stressed out, very dehydrated for about 3 months. She lost 20-something about 3 months. She lost 20-something pounds and her skin, she aged about 10 pounds and her skin, she aged about 10 years in that 3-month time period. So years in that 3-month time period. So she's thinking, "Hey, fillers are going she's thinking, "Hey, fillers are going to revolumize my face." I'm like, "No, to revolumize my face." I'm like, "No, fillers aren't going to do anything for fillers aren't going to do anything for you. We've got to do the underlying root you. We've got to do the underlying root causes." Did some testing for her. The causes." Did some testing for her.

What undiminished means and where to find the practice

The Epstein-Barr had shifted her into an Epstein-Barr had shifted her into an autoimmune state, affecting her thyroid autoimmune state, affecting her thyroid a diagnosis. So she wasn't going to get a diagnosis. So she wasn't going to get better. She was going to look better better. She was going to look better unless she wasted thousands of ten unless she wasted thousands of ten thousands of dollars on her face without thousands of dollars on her face without addressing root causes. So we got her addressing root causes. So we got her feeling better without having to use a feeling better without having to use a lot of those modalities.

lot of those modalities. >> Such a good story. I want everybody here >> Such a good story. I want everybody here to remember that. This is an inside job.

to remember that. This is an inside job. >> It's an inside job. >> It's an inside job. >> And it's not just that. It's sleeping. >> And it's not just that. It's sleeping.

It's getting It's getting real sunlight. It's getting It's getting real sunlight. It's fixing your circadian rhythm. It's It's fixing your circadian rhythm. It's eating real whole food the way it comes eating real whole food the way it comes from the earth with minimal processing.

from the earth with minimal processing. >> Hydration. >> Hydration. >> Hydration. >> It is >> It is drinking clean water, purified water, drinking clean water, purified water, purified air. All of this is really purified air. All of this is really important.

important. important. >> Right. >> Right. >> Right. >> I have one final question for you as we >> I have one final question for you as we wrap up here. The whole premise of this wrap up here. The whole premise of this podcast is based on one word and that podcast is based on one word and that word is undiminished. And the reason word is undiminished. And the reason that I came up with that word is because that I came up with that word is because as I age and I look at my mortality as I age and I look at my mortality ahead of me, I don't want to diminish in ahead of me, I don't want to diminish in any way. I want to be the most powerful, any way. I want to be the most powerful, the most vibrant, the most amazing the most vibrant, the most amazing version of myself. I mean, I've got a version of myself. I mean, I've got a lot of wisdom now after, you know, a few lot of wisdom now after, you know, a few decades on the planet. So for you and decades on the planet. So for you and your practice and how you help women, your practice and how you help women, what does undiminished mean to you?

what does undiminished mean to you? >> Yeah, I mean, I could take that, you >> Yeah, I mean, I could take that, you know, ten different ways, but know, ten different ways, but we all anticipate the aging process is we all anticipate the aging process is to make our bodies look different, make to make our bodies look different, make our skin look different. We can look as our skin look different. We can look as aged, aged, aged, more wrinkles, more sunspots and that is more wrinkles, more sunspots and that is a diminished version of what we were in a diminished version of what we were in our youth, right?

our youth, right? Um I think that there are abilities for Um I think that there are abilities for us to intervene early, be proactive with us to intervene early, be proactive with their skin health and again going back their skin health and again going back to full body holistic healing to really to full body holistic healing to really get us to better to the better best get us to better to the better best version of ourselves and fight that version of ourselves and fight that diminishing, right? Fight that aging and diminishing, right? Fight that aging and aging on the skin. There's nothing

wrong aging on the skin. There's nothing wrong with that. You can't change the with that. You can't change the biological clock, you know, of our age, biological clock, you know, of our age, but we can absolutely slow down the way but we can absolutely slow down the way our body diminishes as we age.

our body diminishes as we age. >> Diana, you are a wealth of knowledge. >> Diana, you are a wealth of knowledge. It's so been so wonderful to talk to you It's so been so wonderful to talk to you today. Where can our audience find you?

today. Where can our audience find you? Talk about your practice. You have a Talk about your practice. You have a practice where people can come to you.

practice where people can come to you. So where would they find you? So where would they find you? >> We actually have a brick and mortar in a >> We actually have a brick and mortar in a small town called Hickory, North small town called Hickory, North Carolina. We're about an hour north of Carolina. We're about an hour north of Charlotte. We're definitely the largest Charlotte. We're definitely the largest functional medicine functional medicine practitioners in in our area. We have a practitioners in in our area. We have a team of 10 providers right now. We are team of 10 providers right now. We are doing a little bit of telemedicine, too.

doing a little bit of telemedicine, too. So, if nothing else, we can do consults So, if nothing else, we can do consults consults over the phone and letting consults over the phone and letting people know or at least do zoom. Let me people know or at least do zoom. Let me look at your skin. Let me look at, you look at your skin. Let me look at, you know, overall laboratory assessment and know, overall laboratory assessment and give you a second opinion. So.

give you a second opinion. So. >> And what's your website? >> And what's your website? >> strategicwellnesscenter.com >> strategicwellnesscenter.com >> strategicwellnesscenter.com >> That's amazing. I have a big community.

>> That's amazing. I have a big community. I have a lot of people from North I have a lot of people from North Carolina. Carolina. Carolina. >> Yes. >> Yes.

>> Yes. >> So, I will definitely be saying when >> So, I will definitely be saying when they're asking me, "Do you have a local they're asking me, "Do you have a local a local provider? Is there somebody I a local provider? Is there somebody I can go to?" Now I know where to send my can go to?" Now I know where to send my North Carolina folks, at least near you.

North Carolina folks, at least near you. >> Right, exactly. >> Right, exactly. >> Well, thank you so much for being such a >> Well, thank you so much for being such a beautiful contributor to our discussion beautiful contributor to our discussion today. It's been wonderful.

today. It's been wonderful. >> Thank you. >> Thank you. >> Until next time, everybody. Take good >> Until next time, everybody. Take good care.