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Speaker: Dr. Ben Johnson

Episode: 41 Understanding and Treating Rosacea

Intro: Hello, and welcome to the #ASKDRBEN Podcast. I'm your host, Ben Johnson. As a holistic-minded physician, I've spent the last 20 years looking outside the box and conducting research to find the true causes of skin conditions and other diseases. And while the focus of my work has been on aesthetic medicine and unlocking the secrets to reversing skin damage, this podcast will also include many other exciting revelations pertaining to you and your family's health and wellbeing. So let's get started.

Hey everyone. We are going to talk about rosacea today. Rosacea. This is a rapidly growing concern for many people around the world and it is quite a challenge for a lot of people. I get a lot of emails from people that talk about they're having this problem for over a decade. They can't ever find a solution for it. No medicines ever seem to work. They kind of know what the triggers are, but it's just so frustrating to people when no one seems to know why it's happening. And so once again, here with Osmosis, I will tell you after thousands of cases, we believe we understand the main causes of rosacea and the solutions to those causes. So, let's start with liver rosacea. And first I want you to know that I map rosacea. So, we have this process at Osmosis called [Skin Mapping™](#). And [Skin Mapping™](#) is based on me having viewed thousands of pictures and thousands of medical histories where I could tie their facial rosacea pattern to their medical history and see the consistency of storylines that led me to what I'm about to share with you.

So if you want to know how we got here, we got here by first saying, I don't think this is about the Demodex mite, which still seems to be the prevailing theory amongst dermatologists and researchers, I think, so that they can sell more topical antibiotics or internal anti parasite treatments. And I'm just here to tell you it's just flat out wrong. We do have Demodex mites in our skin. They're random. Some people might have more than less. I don't know if they've done studies to actually quantify the average number of these little parasites in our follicles, but they're pretty innocuous in my opinion. These parasites will show up with what almost looks like a little acne lesion. It doesn't develop a white head, but it's a little red bump because this parasite is putting out toxins in a small circular area. It's nonsensical to think that a parasite putting out toxins in this little area could somehow trigger redness to not only spread in a broader pattern on that cheek or on that upper and lower eyelid or on that forehead pattern or on that neck pattern that this parasite could somehow trigger it on one side. But oh no, it actually gets triggered on both sides of the face because this parasite, apparently when you drink that glass of wine, got drunk and is having such a party, he must have invited all his friends and they're all over your face. It's just a parasite invasion because you had spicy food that day or because you had, like I said, a glass of wine. So nonsensical the parasite story from a just general logical mindset. Like I said, I like to follow a logic train as far as it'll take me. And again, the results have to line up with the stories.

Hey, my rosacea got worse when I did this. Does that make sense to a parasite, the Demodex, I should say a mite in the skin? No, there's the vascular dysregulation theory, but again, that theory is just saying your blood vessels are kind of out of control. We don't know why, but why is it happening in a particular patch and why is the patch symmetrical on the other side of the face? Why are there only two patches on each side of the face that are

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almost identical in shape happening at the same time? If the problem is local to the skin, that makes no sense, right? In theory it should just keep widening. So under that model, in my mind, if there's something going on there and it's getting worse, then why doesn't it just grow? And so rosacea should have presented and under that model as this expanding red spot on one side of your face, that would be the worsening rosacea model. Well, that doesn't happen. So it's not vascular dysregulation. Now, do the blood vessels dilate and constrict in variable patterns? Yes. And that is based on repair. So, this concept I'll get into on occasion this concept of the confusion in the medical world that inflammation is bad.

It's just a mislabeling more than a misunderstanding. If you ask any doctor, why did, after I sprained my knee, why did my knees swell up? The doctor's going to say, oh, because your body is trying to repair the knee. And yet they were so consistently fed this line of, this is the inflammatory prostaglandin cascade. And as a result of this cascade, all kinds of free radical damage happens. Well, that's not actually what happens. The perfect repair effort happens when your body starts to go to work resolving whatever caused the harm in the first place. So when you see rosacea, when you see red skin, yes, that skin might be dilated there because yes, the body's trying to fix something in that dermal area. And so that is true that the vascular system is involved. But what caused that, and I don't have all the answers, I can't explain to you why, because we're starting off with liver rosacea. Boy, I'm doing a great job of going all around it before I get right to it. But with liver rosacea, you'd say, okay, I'll just start off and tell you the number one cause of liver rosacea is medication.

And so why would taking a medication that hurts your liver cause a patch to show up on your cheek and oftentimes on both cheeks, but the liver shows up as liver spots, which is one spot, and it shows up as rosacea, which is typically both sides of the face or neck. And so why would harming the liver cause that? Well, all I can tell you is in our skin mapping analysis, the face seems to be by design. And I'm telling you, the body is a genius system. It is full on artificial intelligence running on the knowledge, and you can call it consciousness, if you want to call it consciousness, I'll call it the Holy Spirit. But just like animals operate in nature with this incredible intuition, your cells use that same intuition to do their second by second analysis, in fact, microsecond-by-microsecond analysis of what's going on.

And then they determine what's best from here. We are here today. They just took a toxic medicine that just hurt their liver. What that by design shows up on the face. I think the reason why the body is designed this way, and yes, I believe this is designed by God in this way, is to tell us something is wrong because the body wants you to know what to take and what not to take because the system is a fully integrated system. And by that I mean every organ, every cell is talking to every other cell. When you take a bite of food, the message is sent out to the body. These are the nutrients coming in everybody. Let's decide as a team where they should be best shared and what systems of the body might best benefit from them. And so it's a really, really remarkable system.

So going back to liver rosacea, why does a red spot show up in your face when your liver is hurt Because your body is trying to tell you something, your skin is a messenger for the other organs and why the face more than any other part of the body? I don't know. Question for God when we get a chance to ask, but I think that, so let's go to deliver rosacea. So here we are, looking at patterns that can influence the entire head and neck, the

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shoulders, the arms, and even other parts of the body. Now where I can tell you I have not gotten enough information to tell you why the patterns are is why do we get other parts of why do the extremities show certain things? And more often than not, it's the face and the neck. Less often is it the arms, hands and extremities, but sometimes it does.

And so I don't fully understand the liver pattern as it presents, but I do have a good broad understanding. And here's what I know, head and neck, shoulders and arms are a good, and the chest down, maybe down towards the areola is the most common areas where liver irritation shows up, when it shows up and it's liver. You can have similar triggers that you can have with the other main cause of rosacea, which is digestive rosacea. So digestive rosacea, and I call it digestive because there are different things in the digestive tract that can cause redness and it might be diagnosed as rosacea. It might not because generally rosacea is diagnosed as persistent redness on the skin, typically the facial skin. So, there are a lot of different digestive causes of redness. The main one is candida, but those same zones on the face that can show digestive rosacea can also show liver rosacea.

So it gets confusing and that's why it's good to go to one of my Osmosis professionals if you're looking for advice, because sometimes these things overlap and I'll try to do my best on a podcast without video and pictures to explain how that works. But liver rosacea never has acne. Now there are people that have liver and digestive rosacea, but it's pretty uncommon. So we're just going to try to go with the distinct versions of rosacea because I would say over 95% of people are going to either have digestive or liver rosacea. Liver rosacea will present in a crossover pattern. So, I advise everyone to go look at my skin mapping. So you can see where the digestion lines up versus where other zones, other organ zones line up. So just describing it over the mic, your upper eyelids are the adrenal zone. So stress shows up there.

Your lower eyelids down another inch from your lower lid that is the kidney zone. And then just below the kidney zone, you get into the digestive zones and that covers the nose, all the cheeks and around the mouth, the forehead, the temples, and all of those areas where you move out of the digestive zone is about an inch outside of the ears. So there's just a line like a sideburn line down your face, your jawline, your neck, none of that is a digestive zone. Okay? So your jawline and your jawline, if you go to the actual mandible, so the bone and you measure up an inch and you go about to, if you can imagine a guy's goatee, there's a zone in a goatee pattern that's digestive. And then just outside of a gentleman's goatee, typical goatee, I know those can be wider and narrower, but think of a narrower goatee, not a little patch, but a narrow goatee.

And again, you can just go look at the image and you'll see exactly what I'm talking about. But for those of you that aren't looking at that, so along the jawline, if you go up an inch and along that jawline all the way back towards the edge of the mandible, that is where the liver zone starts and it goes down the neck. Okay? So that is your liver. And so always front and back of the neck, always liver, always liver. Sometimes it'll spread down to the decollete or the upper chest. Sometimes it'll spread to the shoulders, but almost always, especially medication driven, liver rosacea is going to stay in the head and neck area, okay? That's thing you'll help to identify liver rosacea. The second thing you're using to identify it is the presence of capillaries. So capillaries, so

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like visible blood vessels in your skin that are more pronounced in a certain area, usually more on the apples of the cheeks and that area.

Sometimes though, it'll cover the entire side of the face. And like an alcoholic typically with end stage liver damage, they are going to show up with big capillaries on their face and not always necessarily from alcoholism, sometimes from some other progressive liver disease. And so capillaries are a big part of it. So then you come down from that and what we're trying to do right now in your mind's eye is separate liver rosacea from other redness causes on the face. And so, when I get presented, oh, what I was going to tell you was liver rosacea. If you drink alcohol, well your liver rosacea probably gets more red right now, if you drink alcohol and you have digestive rosacea, you can also get more red. So it's not a tell for alcohol to be a trigger for rosacea because it'll trigger both digestive and or liver rosacea.

So that's an important little aside. Same thing would be true for the sun. If you go out in the sun and your skin's inflamed and the sun wounds and causes well over time, especially in immunocompromised skin, I mean I'm still a proponent we'll get into sun exposure in another podcast, but the sun is going to heat the skin and when it heats the skin, what does the skin do to release heat? Because the skin's already red. Well, it dilates the blood vessel, so it'll make you more red. So, alcohol making you more red, the sun making you more red. Those are examples of things that don't tell you and don't give you diagnostic help. Now, spicy food making you more red, that starts to tell you, oh, digestive is the situation here. The other big distinguisher is acne. So, if you have acne or little bumps, because a lot of people don't even know how to define acne.

They're like, well, I have rashy skin, but it's not acne in my definition. Rashy skin is smaller bumps, right? Just smaller bumps might not have white heads on it. That's fine. Just smaller bumps on your face. That is in my definition, acne, rosacea. So I call that candida acne rosacea. So that's how you distinguish. If you have acne and redness, you already can be 90% confident that your problem is a digestive rosacea. Now, what's important to note here is if you don't have acne and you have redness on the cheeks, now the cheeks are sort of the right in the zone between small and large intestine, depending where on the cheeks you identify. Again, pull up my skin mapping map, and you can see it clearly, but right next to the nose is the stomach zone. And one of the interesting things I've found is you will not see liver rosacea affect the stomach zone.

So if you notice people's skin is not red right next to their nostrils, but it is red on the cheeks, well, how do I want to say that? If you notice that your skin is not red in the nostrils, that doesn't actually really help you. So do not track... the zone around the nostrils is actually very specific to H. Pylori or at least that is the problem presenting. Now, if you have gastritis, let's say you take let ibuprofen every day, that area certainly can be red. So irritated stomach can show as red, but h pylori will show as red and often show as acne. So anybody who has redness or acne or peeling skin, when it gets pretty severe in that zone right next to the nostril, that's a whole separate type of, I guess we could call it rosacea since some doctors might classify it as that.

And that is its own protocol. And in many cases I find people that have digestive rosacea and they have that

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stomach problem H. Pylori. So that's its own zone. Back to liver rosacea. The next step you have to consider if you're doing your own analysis listening to this, or if you're a professional learning about how to diagnose your patients or clients, you go to the medical history and you find out what medication they're on. Now, if they are not on medication, then the next step is to try to figure out if they have an infection of the liver. I have seen in these last few years the most common infections, of course, viral, viral hepatitis, well-known hepatitis A, B, and C, I have seen fungal infections of the liver where they got exposed. And I sort of make, I know there's actually a classification between yeast, fungi and mold, and I can't remember the specifics of it.

It's something to do with the complexity of the cellular structure. I think mold is a more advanced cell fungi or more advanced cell than a yeast cell, but they're in a broader family class. But I'm going to distinguish them. So I've seen people that have candida in their liver that, can be confusing. I've seen people that can have fungus in their liver from some sort of, and fungus mold is sort of basically the same category. And so having a fungi in your liver is either from food, cause you ate something like let's say you ate some grapes and you were just grabbing a handful of grapes and you didn't catch that there was this white glob on one of those grapes from mold that had started and you swallowed it, your stomach acid didn't kill it. Now it's in your system. Sometimes in the system, it grows in the liver, sometimes it grows in the gut.

I don't really know all the different places mold finds a home in the body, but we all know how pervasive it is right now in America. So that can cause liver rosacea, right? An infection of mold. And then there's bacterial infections of the liver. So those are the main sources. Again, medication, way more common than any other form. And so one of my goals when people have liver rosacea is to try to figure out can we get you off that medicine? And a lot of times it's a medicine they're taking for an autoimmune condition. So yes, we have protocols for most autoimmune conditions, which most of the time are caused by viruses.

And, so we treat that and then we can get 'em off the medication and then their liver gets better and we give them [Regenerate](#), which helps repair their liver. So that's generally the protocol is [Regenerate](#). Sometimes the livers compromised in a different way and we'll give them our [Immune Activator](#), which repairs oxidative damage in the liver, and that's usually caused by hormones. So, there is various medications and we're going to try to come up with a comprehensive list that we can share with everybody of the most common medications to cause liver rosacea. But it can be statins, it can be metformin, it can be immunomodulators like hydroxychloroquine, it can be... um, let's see if there's any other class that I'm commonly, I can't off the top of my head think of another class of medicines that cause it anxiety. Anxiety medicines can cause a rosacea or just cause melasma and we'll get into that.

But melasma again is a liver damage condition. So that's liver rosacea. Where you can help diagnose it as well is if you have redness in your upper lid, which is adrenal zone normally, or lower lid, which is kidney zone normally. If you have inflammation in both zones, that is a big tell for liver rosacea. So let's say your redness is not only on your cheeks, but it extends into your eye and maybe even up past your eyebrow, then that is an indicator for liver rosacea. Another example is you have redness on your cheeks. So again, could be digestive or liver, but the redness extends over the jawline and down into the neck. Then it's liver. So those are the indicators of liver

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rosacea is when you look at the [Skin Mapping™](#) and it's in a digestive zone, but it's also in the kidney zone or it's in the digestive zone, but it's also in the adrenal or the liver zones down the jawline and neck.

That is when you know that you have liver involvement. So now let's move over to, and again, it's usually really red. Your skin is oftentimes really sensitive depending on the severity of the liver rosacea, how long you've been on this medicine, and usually the indications of severity are the size of the area of redness and the amount of capillaries, that kind of gives you an indication. So usually, the people that have more visible capillaries have more damage and as a result, their skin is more sensitive. And so again, the goal here is to try to get people off these harmful medicines to teach them what is causing it. Sometimes we tell people this is the cause, and they don't really have a good way to get off that medicine, or they're in some kind of protocol like maybe they're on a low-dose chemotherapy medicine for past cancer diagnosis that isn't curable, but it's manageable. And those are things obviously where it's going to just be hard to manage that liver rosacea and treat it and remove it.

Alright, so now we're over into the digestive side of rosacea. This is far more common, and unlike liver rosacea, digestive rosacea, oh by the way, I guess let me finish on liver rosacea. The neck is a very common pattern. So if you have a patch on your neck that just won't heal or if you've got flushing of your neck, front or back, then you should be thinking the same pattern and looking for the same problems. So with digestive rosacea, the digestive zones are very specific. You can see them, it's not around the eye at all. It's not, like I said, right next to the ear. It's not along the jaw liner below the jawline. It is around the mouth, the cheeks, the temples, and the forehead in between the brows and that is the digestive zones. And as I mentioned, the stomach zone is right there next to the nostrils and it's kind of this little wedge that you can't believe how often it distinguishes itself in its own unique pattern. So, the digestive cause of acne can be, I'm sorry, the digestive cause of rosacea can be IBS, right? So, if we fall under that class, if we're talking about ulcerative colitis or Crohn's celiac disease, by the way, our protocols for all three of those are off the charts. It's successful off the chart, successful. It's life changing.

If people with this condition know it's very scary diagnosis to get because you may end up doing multiple abdominal surgeries, have a colostomy bag, like the end stages of ulcerative colitis and Crohn's are awful and a little bit less severe obviously with celiac. But those can cause digestive rosacea. And lo and behold, that's what the study showed. Don't forget that there was a British Journal of Dermatology study that showed a high correlation between rosacea and digestive problems. So the nose is the esophagus. So, if you're getting redness or capillaries along the sides of your nostrils, again, now I'm talking about not the zone next to the nostril, but the nostril itself, if you get redness or capillaries in that area, then there's a good chance you have acid reflux or something else is causing irritation of your esophagus. Acid reflux is by far the most common.

The second most common is candida. The third most common is hard alcohol. But once again, and I should have brought this up with liver rosacea, the liver can show up on the nose. So once again, if you have nose redness, don't automatically think, oh, this must be digestive rosacea because nose redness can be incorporated. And that's when you're like, well, where else is there redness? Is it just the nose? If it's just the nose, it's almost for sure not liver. But if it's the nose and the cheeks and the cheeks kind of drop down onto the jawline or the redness moves up into the eye zone, then you know that the nose is probably part of this liver picture. But if the nose is part of redness that goes along the sides of the nose and on the forehead, then you can start thinking candida amongst other things.

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As I mentioned in my first podcast this year, if you have acne and rosacea, then at least in the areas of your digestive zones, your rosacea is being caused by candida. Candida is the only cause of acne in those digestive zones. And you say, well wait, I have a yeast infection on my face. No, that's where it gets confusing. When I say candida, I mean you have candida in your intestine and you don't get candida in your stomach because it doesn't survive in the stomach acidity, but you get it everywhere else. So the esophagus, the small intestine, the large intestine and the end of the line or the end of the colon, which is still large intestine that is around the mouth. So if you're getting peri oral dermatitis, a lot of times that is candida at the end of the colon if you have blackheads that is actually from mucus excess mucus in the small intestine more often than anywhere.

But I shouldn't say that more often. Esophagus and small intestine are the two most common places for blackheads. And that makes sense because the mucus forms on the tip of the nose from acid reflux and then that is the number one cause. And then the mucus forms in the small intestine because it's the drop zone for your stomach. And if your stomach isn't digesting foods well, which our diet habits make it less likely that we're digesting food, well that leads to mucus forming in your small intestine, which is why that's the number one spot for blackheads in that zone. So, when you're looking at digestive rosacea, you move, it's less commonly related to medicine and much more commonly related to diet and supplements. And I am shocked by the trend that is rapidly gaining steam of supplements being the cause of digestive rosacea. So, can you have capillaries with digestive rosacea?

Yes, it's less common, but absolutely can you have digestive rosacea and not have acne? Yes, because acne is actually specific to a few strains of candida and your microbiome might not have those strains. That's why some people can have severe candida problems, but never develop eczema which is caused by candida or never develop facial acne, which is often caused by candida because their strain of candida is one of the 56 strains identified that produces toxins that do something different than purge out of your face. And that's ultimately what I want to explain to you is it's not a yeast infection of your face, it's a yeast infection of the gut and it's really probably not best termed as a yeast infection. Yes, the candida can increase and often does increase in number, but the worst part about candida is not necessarily the overgrowth as much as it is again one of these shifts in their behavior patterns.

Remember this goes back to a battle of Louis Pasteur and the gentleman, I can't remember his name and I feel so bad, he should get the credit. He was one of the first people to ever talk about the fact that most infections of the body like a strep infection is not because some new strep passed through the air from a schoolmate, but because your strep changed into a bad behaving streptococcus. And that's called again, a phenotypic change of behavior. And that's environmental. So, your diet, literally what you say, I do think lying, believe it or not, has an energetic impact on a zone like the throat.

But again, it gets a little woo woo when you start going that way. But it's there, I'm telling you. But then also mainly the environment of supplements, probiotics, foods, all those things have an influence on behavior patterns of candida and it changes them. And in fact, what I learned is over the pandemic is covid changed the

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behavior of our candida and the vaccine changed the behavior of our candida. So, some people would all of a sudden their eczema that had been at bay since they were a child is full blown after being vaccinated or is full blown after being infected by covid. And I don't know exactly how the two pathways are similar, although I do believe there are viruses in the vaccines. It's not just denatured particles, but the candida is still the cause and it's a change in the behavior of that candida.

So the goal of the Osmosis [Skin Perfection Elixir](#), which is a frequency medicine supplement, is to change that candida back to its original form. But also, there is some die off of candida that forms an excess because of mucus. So mucus, you can't talk about digestive rosacea without talking about mucus because it's such a big player these days. Almost everybody has a mucus component. For example, if they have eczema, almost everybody has a mucus component if they have candida, acne, rosacea. And what is it about mucus? Well, mucus is if you think of mucus, let's start by the mucus that you've seen in action. If you scrape your knee on the cement within 24 hours, you will see the body form this mucus layer over that wound as... why does it do that? It does that to prevent the wound from drying out while it is repairing the skin underneath.

And so as it's building that skin now, now pretty quickly after the mucus layer forms, there's a hardening of it. Okay, so we'll call that, we'll call the scab a mucus plaque. It is mucus that sat around exposed to the air and it hardened on the outside. Is that an advantage? Yes and no, right? We know that scabs provide a nice resistance to gentle rubs against your jeans or accidental abrasion across furniture, whatever the downside of a scab is that it is immobile. So if you move a lot and that wound is in the wrong area of your body where there's a lot of movement, then the scab can break off because it's sort of torn off by movement. But I don't want to get too far in the weeds on that. I'm trying to show you. So, in your gut mucus forms from a wound as well, but what wounds mucus?

Well, what wounds the gut? Well, the bad fats that are created by frying food cause a wound to the gut that forms mucus. The pasteurized dairy components just about all the dairy that you have the access to is pasteurized. This causes a denaturing. And so, milk causes a mucus reaction. And then the other one that causes a mucus reaction is citric acid. Citric acid wounds the gut. And so that's why taking magnesium citrate is a mucus forming and causes skin conditions like digestive rosacea and or drinking orange juice every day thinking that's so good for me. No, drinking orange juice every day is not good for you. The story for another podcast, but sour drinks, lemonades anything, citric acid, citric acid in like seven up or sour drinks, all that will cause mucus. Okay, so dairy sour things, fried food, citric acid in supplements, too much vitamin C. So, if you take more than 250 milligrams of oral vitamin C, that will create mucus in your gut.

Yeah, I will stop there. So, digestive rosacea is in those patterns. And again, go to my [Skin Mapping™](#). So you can do your own mapping. Some people go to the SKIN QUIZ on Osmosis Beauty and it's pretty darn cool, but it is not perfect by any stretch, right? It is doing some broad analytics of the image and the answers you give to provide you the best protocol without having to go to a professional. But if you have a complicated condition, go to a professional near you if you don't have one, and by the way, we have a whole section where you can type in the zip code and find an esthetician near you or practitioner near you, or you reach out to me, and I will do my

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best to respond in a timely manner. I usually don't ever go out more than a week, but don't be frustrated if I don't respond within the first 24 hours, it's hit or miss because I pick my days sometimes.

And so I might take three, four or five days off in a row depending on my mood, just to be perfectly honest. So digestive rosacea in the digestive zones, separate the stomach out. The stomach is its own separate protocol for H. Pylori. The digestive rosacea involves [Skin Perfection](#), it involves [Skin Clarifier](#). So [Skin Perfection](#) shrinks candida. [Skin Clarifier](#) is the one that melts mucus out of the body. [Skin Perfection](#) was clinically studied and showed to reduce acne by 60% in four weeks on its own. No other component in a double blind placebo controlled trial. And that's our frequency elixir as well. Now if you have Crohn's or ulcerative colitis, you have to then partake in our [Immune Defense](#) protocol for that condition. And just as an example, Crohn's is five doses of [Immune Defense](#) and ulcerative colitis is six doses of [Immune Defense](#). And then you go on [Recovery](#), which is our microbiome repair oil, and you're done with a condition. But yeah, so if you have rosacea and you've already been diagnosed with a digestive problem, then go look up the protocol or reach out to a professional for the protocol.

If you have known IBS... IBS can be caused by candida, can be caused by a virus. There's certainly many cases of IBS that are not Crohn's or ulcerative colitis. Yeah, so sometimes you might be a more challenging case, but that's okay because here's the good news, if you're working through a professional and they're struggling, they're going to reach out to me. If that professional doesn't say, hey, you know what, let me go to Dr. Johnson. You can go to Dr. Johnson, and get the answers for why the protocol was struggling or why you got some good results and then it slowed down or whatever it is in the case. So, I always look to the medicines for example, if you are on an allergy over the counter medicine, an antihistamine, or other, you are hurting your digestive process and you are going to form more mucus. So the irony, and I think intentional irony if you go back to my first podcast is that allergy medicines actually make you get more mucousy.

And I have found that allergies mainly, and this is for allergies that present as respiratory in nature, those allergies are caused by mucus. The mucus traps, the allergen. The allergen causes more inflammation and more mucus and that cycle goes on. But if you melt out that mucus from your system, the excess mucus because you don't get rid of all your mucus, mucus is actually a positive when it's not in excess. But if you melt out the excess, then your allergies get better. It's a pretty remarkable discovery that we learned over the years when we, there's so many things I learned just simply by observing, whoa, what happens when you take that? So, I speak with confidence, just there's so many hundreds if not thousands of cases of each example that I'm talking about. Okay, so we were talking about, mucus digestive rosacea. What's another one?

So H. Pylori, getting H. Pylori, you might be taking a probiotic. That probiotic promotes either H. Pylori, which can lead to digestive problems or the probiotic promotes a worsening of candida, which would cause digestive rosacea. A lot of people are on a probiotic and magnesium because those are the most recommended supplements out there. And boy, that combination is a nasty combo. And a lot of people who eat really clean and don't eat any of the fried foods stop dairy years ago, they can't understand why they're not getting better, even though they've cut out that food that may have got them to get digestive rosacea.

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And the answer is the hardening of the mucus, it sets in, it locks down just like a scab gets hard over time in your gut, even though it's not exposed to the oxygen that the exterior skin is exposed to. It does tend to harden over time. And that's why I add, and we're just bringing out now [Skin Aid](#), which is our cilium husk, tpha betacarotene supplement, which is meant to be taken with [Skin Clarifier](#) for people who have digestive rosacea for more than a year. So I find if you have candida based skin condition for over a year, you need to add [Skin Aid](#). Or in the past what I recommended was just cilium husk to your protocol with [Skin Clarifier](#) in order to get that stuff gone. So once you clear out that maybe mucus that may have been there for 15 years and remember mucus on its own has nothing to do with candida, but in its presence in excess in the gut, it creates a sort of environment, just like how mold grows in damp environments, it's like, it creates its own protected damp environment.

And from what I can tell, candida feeds on mucus. So it literally lives on the mucus itself, this excess mucus that your body forms in these patches. So you might be like, well, why is it showing up on my cheek? Well, your cheek is in, just imagine it's the small intestine, okay? And that's the cheek, that's the part of your cheek about an inch away from your nostril going down in sort of a long oblong circle down that your face out to the outside of your mouth, down to close to your jaw. And so that is your small intestine. So, the mucus starts building up there, let's say, because for any of the reasons we just talked about, you're not digesting well or you're eating the foods I just described to cause mucus. So now this mucus is building up. Now that is a setup for candida and it will promote candida if you add candida stimulants to your diet. And the candida stimulants is primarily sugar. One of the medicines that is a stimulant of candida is progesterone. So if you're taking a progesterone heavy birth control or if you're taking progesterone on its own, or if you're taking some sort of a, I don't know, a bioidentical patch and it's too heavy in progesterone, it can cause the imbalance... when progesterone peaks during your menstrual cycle, that's why you'll see candida acne accelerate during that time. That's one of the causes of hormonal acne we'll get to in another podcast.

So, this digestive rosacea, again, the most common cause of rosacea is dealt with by getting rid of the mucus with [Skin Clarifier](#) and [Skin Aid](#) and by shrinking candida over time. And that usually takes three to four months and that's twice a day. The frequency medicine, most of it needs twice a day. And there's a deeper explanation. I'll probably do a podcast on elixirs again, but if this intrigues you and you don't want to wait for my podcast to show up in 24, I definitely have a lot of good information on all my older podcasts, the Ask Dr. Ben series, and you can look up the frequency elixirs being discussed and so forth. So, lemme check my time here. Oh my gosh, I did not mean as we keep talking for an hour at a time, these should be half hour segments.

And so forgive me, I have rolled on, but rosacea is somewhat complicated. It is very challenging. You go to the doctor, you show them your rosacea, they'll never associate it with dietary habits, they'll never associate it with medicines. They'll never associate it with mucus. They will tell you that it's a Demodex mite, and here is this topical antibiotic or here's this internal antibiotic, or here's a steroid, which is simply an immunosuppressant, and that hurts the skin tremendously over time. Steroids are not a good option, yet that seems to be the number two option coming out of the dermatology office after antibiotics. And so there, there's a lot of frustrated people out there, and I hear from people that... and the reviews are in, I don't know where all these sites that review Osmosis are, but I think we must have quite a bit of positive reviews out there because all the time I get people, Hey, I saw Osmosis mentioned several times when I was reading about rosacea on this one forum, and

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the people seem to be really happy with their results. Can you help me? So, just know that you might explain what I'm saying to you to a doctor. He will scoff and tell you that's not in the medical literature, that's just crazy.

But, let the fruits of your work be the evidence that what you're saying has validity. And like I said, our success rate for rosacea is in the upper 90 percentile. And so, I stand with tremendous confidence in telling you everything we're talking about today and going forward and in the past has been validated over and over again, both from a logic philosophic perspective, from a, oh wow, this is a new one, I didn't even realize that this also causes mucus or this also promotes candida. I learn new things all the time, but it always fits into the same philosophy I'm sharing with you. That everything in the skin is caused by either a toxin pathogen or a motion problem. And so, the trick is just finding out which are involved and how do you get rid of it. Let's see, anything else in digestive rosacea?

So I've told you that if there's acne, it's candida and you're on the [Skin Perfection](#) for four months. But one of the big things to know and to remember here is there's a lot of supplements you can't take. So, I mentioned probiotics, stop it. All forms of magnesium except for magnesium, chelate have negative effects on the body. Not all of them are mucus forming, but for sure mag citrate, magnesium oxide are no-nos. Collagen drinks. I have found pretty much all of the collagen supplements and drinks out there cause either mucus or candida or both. So avoid collagen drinks. What else do I see? Anything with sea moss, sea kelp that tends to promote candida mineral drinks. So, anything where you think your body is short of minerals and you're taking some mineral supplement that promotes candida, probiotics promote candida.

What else in the supplement categories? B12, vitamin B12 promotes candida. It's pretty wild. I talked about progesterone. Let's see if there's anything else that comes to mind. Multivitamins, like so often multivitamins are either causing the shift of H. Pylori in the stomach or a shift of candida performance. And these multivitamins that try to do everything, they're oftentimes have at least two or three ingredients that cause harm. Oh, I know, all the vitamin A except for betacarotene, cause candida. So, ascorbyl palmitate, ascorbyl.. I'm sorry, not ascorbyl, but, what am I trying to say here? Retinol, retinol acetate. Oh yeah, I'm in the skincare business. Retinol acetate, retinol palmitate as a ingestible. Uhuh, don't do it. No vitamin A except for betacarotene. Trust me, they don't even make retinol anymore. Retinol actually was okay, but you can't even get retinol as a raw material except for retinal plummeted retinal acetate.

Not really any of the other Bs I told you about. Vitamin C over 250 milligrams causes mucus and that can lead and oftentimes does lead to the mucus candida combo. And we'll stop there. I'll do a whole supplement series where we'll probably repeat some of this and you can feel good about it. Topically we're giving people our **RESCUE** product, which is our patented trioxolane molecule. We're the only ones in the world that make it. It's unbelievable for detoxing and calming inflammation in the skin. And so, that is good. Other people do like **STEMFACTOR** topically for it, but I'm just going to tell you, if you have digestive rosacea, topical alones are not going to cut it. Topical alones are not going to cut it. This is your skin showing an internal imbalance. You've got to go inside. And I find most of the candida supplements ineffective.

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So like caprylic acid has modest candida benefits. In my experience, it does not, I don't know if candida sort of figures it out over time. You know how your microbiome, if you take an antibiotic over a period of about, I think, well, they clinically proved that after 90 days your skin acclimated to the antibiotic. In other words, it figured out how to work around it. So never be on a long-term antibiotic. Never, never, never. The long-term effects of that are leaky gut. And it could lead to IBS and enlarged pores and other deficiencies in the body.

So that is digestive rosacea. People ask me, well, do I have to stop eating dairy? No. In fact, coming from a dairy lover, you're lucky. The formulator is a dairy lover. So he figured out a way to make sure you keep dairy in your diet. And so, what I would tell you is try to do grass fed, try to do a two cows, try to do organic and ideally a lower pasteurized, lower shelf life, dairy, raw milk from those farms. I didn't personally like the taste enough to really stick with it, but that is even better. But dairy tolerance is fine. You might in the first phases of the cleanse, really limit those things and then just see how well you tolerate them. But the body is designed to be able to digest dairy. For most people, it's just mildly mucus forming. And so the more dairy you do, the more mucus accumulates.

So I'll just give you an example. I do dairy pretty much every day. I'm half and half in my three cups of coffee, two to three cups of coffee. I'm a cheese whenever I can find it. And creamy tomato soup and four cheese, grilled cheese sandwich last night. And a creamy cheese spinach dip. So just to give you an example of my diet. And so, I do have to do a skin clarifier cleanse, which is one bottle, one 10 day cleanse about every three to four months. And ice cream is even worse for as far as dairy focus. So you try to do less ice cream, although that's also hard for me. And then the sour drink stuff, right? If you do two, do glass of lemonade every day, you're going to need a mucus cleanse and you do dairy shoot, you're going to need a mucus cleanse every two months.

Some people actually take my [Skin Clarifier](#) as a maintenance every day just to keep their allergies away and to keep their skin clear. And so what else would you need to know about it? Sometimes taking my digestive enzyme [Digestive Support](#) is the name of it, is really helpful because it helps you break down dairy better. So, it could reduce the mucus formation by taking a digestive enzyme if you get your gut healthy. So taking our [Recovery](#), which is our prebiotic, a tablespoon a day for three months restores your microbiome if you're not taking those supplements I mentioned earlier. And so, when your microbiome is healthy, it's less prone to form mucus. One of the interesting things I learned about mucus formation is it almost never happens in 12 and under children. Something about the 13-year-old, I don't know if it's a hormonal shift, I don't know if it's a toxic load number, but something about turning 13 starts the mucus formation process in children. And so that just was evidence to me that it has something to do with health of the microbiome. Anything else in this category? Let me think. So again, you might have cases where you treat liver rosacea. You might have cases where you're treating digestive and liver rosacea together. And so, keep an open mind as you're tracking the progress. Remember the cilium. Remember to add [Skin Aid](#) to your protocols if you've had it for longer in a year. This is the number one reason why people are getting slow results is they do a [Skin Clarifier](#). And because this mucus had hardened, it melted a lot of it, but it didn't get rid of it.

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It had to be broken up by the structural fiber of cilium husk. Could be another fiber, but that's my favorite. Alright, I think we'll leave rosacea there. Yeah, I don't think generally anybody who has redness on their upper lids or their lower lids is getting diagnosed as rosacea. So we'll leave that for more discussions and skin mapping. So, there you have it. Podcast number two for 2024. I hope this was helpful to you. And as always, if you're struggling and you need help, you can contact me, drben@osmosisbeauty.com, and I'm happy to get involved. But I'd prefer if you went to a professional near you. This is why we have this network to help me manage my caseload and not really help me. We go through the network because that has been the best way for Osmosis, which is, as you can hear, it requires a level of knowledge to be able to know how to work this Osmosis system. We have this network so we can get the word out faster to more people, spread it across the world as it should be spread based on, again, us having what I would argue is a 98%, 99% success rate in treating all forms of rosacea. So, take that to the bank, thousands of cases. I hope this helped. Talk soon.

End: I hope you've enjoyed this episode of #ASKDRBEN, please leave a review if you can, and subscribe to the show on Apple podcasts, to get access to all of my upcoming episodes. My website is, osmosisbeauty.com and you can find me on Facebook @Osmosis beauty, and you can also follow me on Instagram, @Osmosis_beauty. Thanks for listening.