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Speaker: Dr. Ben Johnson

Episode 37: The Ultimate Guide to Skin Self Assessment, Part 2

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.

Hello, everybody, and welcome back to another episode of Ask Dr. Ben. Today, we are doing part two of The Ultimate Guide to Skin Self-assessment, also known as The Ultimate Guide to Professional Skin Analysis. This is where I've been breaking down the thoughts and history of one's skin to understand better how we move forward, what areas might be most compromised from that past exposure. So, in [episode one](#), we talked a lot about the medical and life history of the client or yourself. We talked about the skincare history and the dos and don'ts and what you need to be looking for. On this one, we're going to continue and finish on this guide, starting with asking about the current routine. So, now you've kind of covered what's been done to that skin in the past. You have a pretty good idea by asking about their work, their surgeries, their medicines, their medical conditions, their supplements, their powders, their diet and eating habits, any digestive issues, how much sun are they getting, is it safe sun or is it sun where they're getting burned, do they have a history of sun sensitivity? In the skincare area we were looking at history of lasers, frequency, number of peels total in their lifetime, the types of peels, fillers, Botox, retinols, Retin-A, steroid creams, antibiotic cream, scrubs, and make-up. So, we covered all of that.

Now, when I'm getting into the current routine, obviously there's two types of assessments we're talking about. We're talking about an online assessment or we're talking about an in-person assessment. Obviously, you have an advantage in an in-person assessment and we'll get to that in a bit, but so much can be done with an online assessment. So again, I encourage you to go to [osmosisbeauty.com](https://osmosisbeauty.com), [find an aesthetician](#) near you and even if they're not near you, you can get a remote skin analysis from many of the Osmosis aesthetician who have perfected their skills in learning our holistic philosophy. I think it'll change your life.

We are creating life-changing results because in the holistic view, a lot of skin conditions come from imbalances in the body and are targeted and patented and patent-pending wellness strategies that are like nothing you have ever seen, if you're not familiar with our line and they will change everything about how you feel and how you look and I'm super excited to be part of it. I can tell you I'm very much involved. In fact, I answer personal emails. I answer professional emails. I have a whole thousands of people in a Facebook group where I provide professional analysis and support. So, if your aesthetician needs a backup, I'm backing up in every case and so, I'm here for you guys because I'm excited about what we're doing. I think we're going to change the way that dermatology textbooks are written at some point when people realize our success rate is a proof of that our philosophy is correct and I think we're going to change lives. We have been. Amazing outcomes so far.

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So, on that exciting note, we're taking a look here at how to assess someone's current skin routine and of course, I'm always looking at what ingredients are they using. So, if you're a layperson looking at the back of your bottle or if you are an aesthetician analyzing someone's skin products, the big no-no's are higher strengths of lactic acid. So, I know lactic acid is actually a natural moisturizing factor in the skin and below 5%, it's something that could be used daily and provide a benefit to the skin because it's not exfoliating, and it is not creating a wound at the DEJ level in such a small amount. Now, that being said, as you go higher in percentages and you start working with, I don't believe glycolic is ever an acceptable option. There's no benefit to the skin other than wounding. Salicylic, a very similar situation and people are like, "But it's got that aspirin-like quality to it." No, it's just a wounding agent and I don't think there's any benefit to it.

So those are two big no-nos. Mandelic acid. I'm aware of the research that shows it has some benefit to the skin in low strengths, but a lot of people are using mandelic at above 5% and it's wounding the skin. So, it's really a matter of choice as to percentages and, to some degree, the pH of the product, which is oftentimes influenced by the percentage. But it is true, you could be using a lower-strength acid and, I suppose, and a really acidic formula and maybe it'd cause more harm, but it's such a small percentage of the serums and topicals out there today that we don't really need to address that.

The other thing I look at is of course the retinols, the choice of the retinol they use, the strength of it, the potency of it. As we know in this industry, trans-retinol is the most potent of the irritating retinols as far as causing exfoliation and reaction to the skin. Then you can go down and get to the cis-retinols, which are commonly used in prescription or over-the-counter products. You could just get into regular retinol, which is a combination of trans and cis and that has less potency. Still turns into an irritant, still turns into a free radical promoter and a DNA-damaging agent. Not a fan. I'm only a fan of retinaldehyde.

I doubt there will ever be another retinol. You'll see other retinols where they say, "Well, this is stabilized." That's great if it's stabilized, but here's my point. Retinols are not targeted for collagen production. That is a misunderstanding of the skin. The only retinol that turns into collagen production, and it does so by converting itself to retinoic acid in a one-by-one effort, not in a massive effort, one by one, as the skin is ready for it, the skin will convert it on its own, and that's retinaldehyde also known as retinal. So retinal is the only option that I found to be holistic. It's the only strategy I would do and the best way to do retinal is to liposome-deliver it so there's less than your epidermis, because it can still be an irritant in the epidermis, but because it's a thousand times more potent than retinol, you can use a thousand times less and get a similar sort of irritancy. Well, no, I'm sorry. So that's why you keep it as a non-irritant, but since it's a one-step conversion to Retin-A, the skin easily converts it to Retin-A on a capacity basis.

So, I'm a big believer in feeding that process. In other words, if retinaldehyde is going to be converted to make collagen, which the skin does want to do, it will only do so with increased circulation presence. So, we always add niacinamide to those formulas to feed the process of collagen manufacturing, or we use something like our C Serum, which has a bunch of what are called hydroxylated amino acids, which are also superfood for collagen and elastin manufacturing. All right. So other things in the medical history, I'm looking at exfoliants. So, do they use scrubs? Are they using an acid wash? Are they using lipid-stripping agents like

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alcohols? Now, it's a misunderstanding that if you have a little bit of alcohol in your product, it's going to remove the fats in your skin. That is not true. It is a high percentage of alcohol as a wipe that is traditionally going to be the cause of losing lipids.

The other problem is sodium lauryl sulfate and some aggressive surfactants that steal lipids from your skin every time you wash. A lot of people think it's so critical that they wash their face and then they go in with that pad and they're like, "The pad still shows dirt. Oh my God, I got to wash better." No, you don't. You are not going to get all the dirt off of your lipids and it's much more important for you to have a good lipid base on your skin than to have no bits of dirt in there. Bits of dirt do not cause aging. I promise you. Bits of dirt are not free radical promoting. They're sitting in your fat on the surface of your skin. They have no influence at all. So, some people get obsessive about that, but I'm here to tell you don't be an aggressive cleanser of the skin. It's not necessary. I do think the Osmosis cleansers are awesome and they're just the right amount of cleaning power.

So, I'm also looking at if they're using an oxide like benzoyl peroxide, hydrogen peroxide or if they're using oxygen in some form or another in their treatments. That gives me pause. All of those are free radical promoting, DNA-damaging and so, I want to know about that in their routine. Other harmful ingredients, obviously there's a long list that I don't have. I didn't take a note to talk about all the potential damaging ingredients. A lot of times it depends on the source, but it might be propylene glycol or artificial fragrance. There's such a long list there. Some people think, well, should I find out if they're using comedogenic ingredients? I don't believe in that. I don't believe in the idea that ingredients feed acne bacteria. Acne is a toxin purge. So, if something's comedogenic, it's simply trying to detox the skin. So that coconut oil doesn't feed bacteria. Coconut oil provides a means for which the skin has toxins pull through it. Kind of like oil pulling in your mouth.

You also want to know that their active ingredients, what kind of active ingredients they're using on their skin. So, a lot of active ingredients are peptides. Those are just plumpers. Very rarely does a peptide have physiologic effect on the skin. So, you're looking at that. You're looking at home needling, other devices at home. Are they using LED? Just to kind of get that history of what devices do they use; how much do they abuse their skin? And then that leads us into, now let's look at your skin and see what we have going on. So, this aspect of the self-assessment or skin analysis guide is the facial assessment and what I call the [Osmosis Skin Mapping](#) strategy. Well, what is skin mapping? So, you've heard of face mapping. It turns out that got trademarked, so we had to go with skin mapping, but skin mapping is looking at the whole body, the skin, where reactions are happening and mapping it to organs that we are familiar with that show up on the skin.

Now, when I look at 5,000-year-old Chinese face mapping, I see things that don't apply. So, for example, in Chinese face mapping, I believe the heart is either at the tip of the nose or between the brows. One or the other. You see them in different places and what I would tell you is, that isn't showing up as rosacea, that is not showing up as acne. It's not like you're broken-hearted so you broke out between your brows. That doesn't happen. So, we focus on the organs that are creating a visible change. So that's not the gallbladder, that's not the pancreas. Well, to some degree, the lungs are, of course the entire digestive tract is, the liver is for sure. Those are the main ones. The kidneys, the adrenals to some degree, but it's really stress. We call it adrenals, but it's really about an emotion as opposed to adrenal damage,

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although I think I've seen a few cases where people have, it's rare to have adrenal damage, where their upper lids are impacted by that.

So more often than not, when I see upper lid changes, it's related to liver. So, the thing about skin mapping is the liver is actually the whole body. The liver maps out to the whole body. That's why you see liver spots more commonly on the arms and hands, that's liver. You'll see liver spots, of course, on the face. Sometimes there's liver spots on the shoulders and occasionally there's liver reactions happening in the extremities. So, what are liver reactions when you're mapping? So, if you're looking at their skin and you're looking at their whole body, you're looking for cherry angiomas, that's a sign that their liver is being influenced by, typically, inhaled toxins, like a nail salon, or they work at a plant, maybe they work in a garage and so, carbon monoxide, other fumes seem to be the cause of cherry angiomas.

So, you're looking for that, you're looking for actinic keratosis. So AKs or precancerous lesions are like little red peeling things. That's a sign of liver damage. So, you'll see those show up. So, if someone has recurring actinic keratosis, then you know they've got some liver stuff going on. You're looking for liver spots, of course that's liver. You're looking at melasma, which is also liver and then there's liver redness. So, this is where it just takes experience and your intuition to figure out sometimes if someone with rosacea has liver-based rosacea or if they have digestive rosacea. Digestive is far more common. Liver rosacea tends to have more capillaries and no acne. If there's no acne, there's redness all the time and there's a fair amount of capillaries, you can lean pretty heavy into the fact that you have liver rosacea. So, what causes that? It can be a virus, it can be a medication. I would say more often than not it's medication. I've seen it with Metformin. Not a fan at all, of Metformin. I've seen it with statin drugs for cholesterol and those are the two main ones I see when it's not a pathogen. Then you have digestive inflammation showing up on the skin in the digestive zone.

So, if you're not familiar with our skin mapping, you should go to [osmosisbeauty.com](https://osmosisbeauty.com) and dig up the [skin map](#) where we highlight that, say for example, the nose is the esophagus, the small intestines are on each side of the nose, but the ring underneath the nostrils, that's your stomach. So, there we see H. pylori showing up, sometimes redness from says, taking pain meds, sometimes redness from doing alkalized water too much. Remember, that's too hard on the digestive tract to do alkalized water every day. It's okay to do alkaline water, which is naturally-sourced spring water from some Arctic source. In fact, that's amazing, but it's not great to do while you're eating because you need an acid pit and your stomach wants an acid pit. So, look under the nose for that. Then the large intestine sort of starts mid-cheek and goes around the temples and up to the forehead and actually finishes between the brows and around the mouth. There's kind of a dual path of reflection. So, when you see people with perioral dermatitis or redness around the mouth, that is lower colon and then sort of the mid-colon near the temples. So that's when you see kids who are breaking out there. You're looking at the analysis, you're looking for places where there's acne. Almost always acne in the cheeks and forehead, always in my opinion, actually, is candida-based.

So, there's candida releasing the toxins into the gut, the gut reabsorbs those toxins and dumps them out of the skin into their sister location on the skin. Why does that happen that way? I don't know. Maybe by design it was meant to be an indicator, "Hey, you have and imbalance." So, it's letting you know something you're doing is causing your system to go



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out of balance and so maybe we could think of it as a positive. Same with rosacea. On the nose we mentioned that was the esophagus. So, a lot of people have acid reflux causing redness on the nose, little red spots on the nose or if it's chronic, you get capillaries on the sides of your nose. So, we're looking at that. We're looking for oily skin. If they're oily all over, oily all the time, that means they have an estrogen toxin-generated testosterone imbalance. So, you're going back to their diet to see do they eat a lot of preserved foods. Number one cause of estrogen toxins are preserved foods like store-bought cookies, crackers and frozen food. Those are the most common sources of preserved foods.

Then the other estrogen toxin that's really common is pesticides. So now you're asking, well, do you live on a farm? Do you live near a farm? Are you somehow being exposed? Are you a gardener? These are different ways people can get pesticide toxicity, which can distort their estrogen levels. So, if you're like, why does an estrogen toxin cause oily skin? I thought it was testosterone. Well, the answer is, estrogen toxins lower your natural estrogen. Your body actually reacts to the poison by suppressing its own estrogen production and depending on the poison, it suppresses one of the three or all of the three of estradiol, estradiol and estrogen. So, as a result, when your estrogen is low, then your progesterone is abnormally out of balance and your testosterone is out of balance. So, progesterone out of balance presents, and I should have mentioned this in the medical history, the menstrual cycle. Do you have cramps? Are you irregular? Do you have cysts on your ovaries? PCOS? Do you have fibroids? Do you have endometriosis? All these things are things that we have a holistic protocol for and are things that you need to know because it gives you a clue.

A lot of people who have PCOS have jawline acne and are overweight. Overweight people who have trouble losing the weight even though they diet, that's toxin fat. Toxin fat is a huge problem in the U.S. I estimate most of the fat in the U.S. today, is toxin fat. We talk about the U.S.A. has gone nuts with obesity. Well, that's because all our foods suck and there are toxins everywhere. Our water sucks, our preservatives, our pesticides, we're being forced to eat GMO food, we're being forced to eat the worst quality food because of the way they enforce the laws for organic foods and make it so expensive. It's just awful. So, you're looking at the skin for trends to see where you need to address these issues. You're looking for enlarged pores. So, I found yogurt and emulsified fats that are pasteurized, like to some degree milk, certainly ice cream, but ice cream and yogurt are the biggest causes of enlarged pores. So, you'll see people and you're like, "Wait, Dr. Johnson, I thought enlarged pores were just a part of aging." No. Why do they just show up next to the nose? Or why do they show up on the nose? Because that's your esophagus and your small intestine. Those are the two areas hit most by these emulsified fats that distort and cause gap junctions in the gut, and that reflects as enlarged pores on the skin. I know. It's true.

Now, there is some sun damage-related enlargement of pores, potentially. Some people think the sebaceous gland enlargement can do it. Yes, it's true, I guess, if you have chronic oily skin because of estrogen toxicity, but typically you're going to see pores on more of the face than just in those critical zones. Notice where are most of the pores showing up. They're showing up on the chin, which is at the end of the colon and the small intestine, which is the first place to be hit by the toxic foods coming out of the stomach and the esophagus, which is obviously the first place that these emulsified fats go next to on their way down to the stomach.

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Let's see what else we'll look at in the assessment. You're looking for growths like dermatosis papulosa nigra, which are these little brown growths that look like freckles. They tend to show up in the cheeks. I found that to be sort of a fungal infection of the skin. So, we treat it topically with [Rescue](#) and [Catalyst](#), but also you want to address the gut. We have a great antifungal and [immune defense](#), so you might be doing a protocol of that. Skin tags are a viral infection. So, you're looking to see a sign that their barrier is damaged, that viruses are allowed to reach the DEJ and trigger that. Of course, where is their acne. Mapping the acne. I'm not going into the details as much as you might normally see. So today you can definitely go back to my podcast about acne if you want the real deep dive, but all bumps are acne. All bumps on the face are acne, unless it's a cyst or something like a fatty cyst. Syringoma is, I guess, bumps that aren't acne, but they're still related to candida.

So just think most bumps is acne. So, you're looking for diet habits that would suggest that you're looking for blackheads to see if they have mucus anywhere, because blackheads are a sign that your gut is overloaded in mucus. By the way, so is a stuffy nose. If you feel like on your throat all the time, that's a sign that you're full of mucus and you need to do our [Skin Clarifier](#) mucus cleanse. You're looking at their fat pads to see how much atrophy has occurred under the eyes. Take a look at our fat pad chart. It's fascinating where the fat pads are. They're the whole forehead, right into between the brows. So, everyone thinks, oh, it's because I found a lot that I have a line or 11s between my eyes. Most of the reason you have 11s is your fat pad losses. So, we address that with [Recovery](#) in our fat pad protocol. You're looking at fat pads around the mouth and we talked about it, on the neck and it's really exciting what's happening with the fat pad recovery. The effects are really reducing the look of your face by years.

So many people are so sad because when they finally start to get healthy, suddenly, they notice when they lose the fat in their face and remember fat in your face from being overweight is not your fat pads, it's a layer above it so it's hiding the loss of your fat pads. So, as you lose weight, you're like, "Oh, my God, why do I look so bad when I lose weight?" Well, it's because your fat pads are missing, or they're declined by a significant percentage and so you need to get those restored. You're looking at capillaries. What might be the cause of capillaries? Is it sun? Is it from the liver? Is it from the digestive tract? That's not always easy to know. It's always on the nose, it's always acid reflux, but on the cheeks it can either be digestive or liver. So, in-person, once you have an opportunity to go in and see somebody or if you're an aesthetician and you're looking at the stuff that you might not pick up on images or on video, like the level of dryness in the skin or areas of flakiness, subtle changes and discoloration.

Remember that liver spots start as red spots. So, if you have a red spot that kind of persists, that's just destined to become brown eventually. Looking at elasticity and firmness and trying to see the quality of their skin. Sometimes their wrinkle, it doesn't look that bad, but when you get up close to it and you see it on the skin, their skin has lost a lot of its elasticity. Try saying that 10 times fast. Lost a lot of its elasticity. A lot of people call that glycation. I don't buy that glycation is a major aspect of aging. It just is a pattern of very highly textured fine lines that we call glycation. Really, it's just severe elastosis or loss of elasticity in the skin. You're looking at sagging and whether the volume is causing that sagging. Maybe it's a history of Botox causing that sagging. Then finally, how reactionary is their skin? That's

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something you can't always tell from images. They might express that to you in their skin history. But when you touch their skin, does it get red right away? Do they have a history of what's called dermatographism, which just means when you scratch your skin, it gets kind of swollen and red for a while. That's a sign your immune system is stressed.

If their skin's barrier is of poor quality, which is easier to identify in-person, you're going to know that, first of all, if they tell you when they put products on their skin it burns. That means their barrier is significantly compromised, but also, their turnover rate. How much color do they have in their skin? That is a signifier of how much circulation is flowing through the skin, and that can be either through significant aging, significant sun damage or medications, stress can reduce blood flow through the face, but also just snap-back quality of the skin. So, all those things are good things to look at in-person and then you get back down to goals.

So now the next question in the intake and if you're asking yourself, what bothers me the most? Is it my sallowness under my eyes? Is it the wrinkles around my mouth? Is it the discoloration spots everywhere? Remember, spots can be age spots or liver spots or melasma. Two of them are caused by liver, so that's where we'll get into some of the strategy, but if it's age spots, those are caused by the sun and that means you had a lot of sunburns in your life. Those are easily treated. Rescue topically. Boom. It will clear those age spots over a period of three months, 80% of them at least, and if they don't clear, almost always they're a liver spot. So, we're looking at that. So, is it spots? Is it redness? Is it, we call it, even skin tone? I have been amazed, as I have been on the [Regenerate](#) protocol for seven months as of the recording of this video, at the transformation of my own skin tone.

During the process of Regenerate, you're going to be more red and that's because your liver is under repair, but just watching it even out and the liver spots, fade away has me so excited for all of you and the results that will be flowing in as these kinds of changes, where normally people might say, "I'm on lighteners for life. On hydroquinone, tyrosinase inhibitors twice a day, go out with an umbrella on your face." That is not what you need to do. You want the sun. If you heal the liver spots by healing the liver, the liver spots don't come out when you go on the beach. You can enjoy sun again. I think that, to me, is one of the joys of life is being out in the sun and not worrying about you're losing your two years of peels and lighteners to keep your melasma or liver spots at bay and only to find them shoot right back with the first experience of significant sunlight. That doesn't happen anymore. So, you're checking on goals of pigment, you're checking on goals of discoloration, wrinkles, sagging, elasticity. You have to set realistic goals when it comes to the neck and really, though, everywhere you want to be realistic.

The amount of change you can do with the [Osmosis philosophy](#), I promise you, is so dramatic and so exciting and literally what I call semi-permanent, meaning it's not something that goes away when you stop the stuff. Because when you refill your fat pads, it's going to take you, in most cases, 10 to 20 years to lose all that you gained. If you stay on maintenance, you won't, and Regenerate. You're going to heal your liver. The liver spots are going to go away, and then only with years of poisoning your liver and not being on maintenance Regenerate, would you see them come back. These are super exciting. We're rebuilding the dermis, the dermal collagen with our [Correct](#) or [Renew](#) and our Catalyst and Rescue for the epidermal repair. All of that is permanent. Now you can go out and get a

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sunburn and maybe start to see the remnants of an age spot come back, but it disappears in two weeks on Rescue again. It's just that easy to keep up with this new, rejuvenated you. I haven't even talked about the new product coming out that I haven't named yet, that is going to be, essentially, a holistic alternative to human growth hormone, and I'm super excited about that. That's going to create a whole another layer of rejuvenation.

So, you're getting the goals, making sure they're realistic in their expectations. If someone has a lot of folds in the eyelids, then they need an upper blepharoplasty. There's no amount of Catalyst, even though it's clinically proven to tighten the eyelids by 15%, 15% isn't enough. If you have a lot of laxity in the eyelids and some of that is genetic, in my case I had genetic and I did, in Seattle when I was sun-deprived, some tanning beds in my youth without eye protection, nuts as that was, and so I needed an upper blepharoplasty, but my lids have tightened since then on the product. So, you have to set realistic goals. Sometimes the neck laxity is so significant. Sometimes they've gained a lot of weight and then they lose the weight. So, you have to deal with laxity related to that. So, there's a certain level that you have to go. So, you go through the goals and then you go to targeted strategies.

And this is where we come to the end of this. You've seen my other podcasts, you've heard me talk a lot about it here, the targeted strategies, everything we try to do with topical skincare, the big four serums, which are Rescue Catalyst, Renew/Correct or [StemFactor](#). The big four serums are all designed to have semi-permanent changes in the skin, to rebuild the collagen layer, to repair texture damage from repeated chemical peels or sun exposure with Rescue, to rebuild the growth factor population with StemFactor and to repair wounds like capillaries, clinically proven to do so, and firm and tighten the skin, clinically proven to do so with Catalyst. So, there's a lot of topical strategies, but then when it comes to restoring your skin tone and removing spots on your face, that's Regenerate and it can take up to eight months, but oh my gosh, it's so worth it and then it also rebuilds collagen. I've seen tremendous improvements in my lines and wrinkles as a result of being on Regenerate. Most of that happens in the first six months of being on it.

Then you would get to the fat pads, which I've just been so pleased with my personal restoration of my fat pad volume under my eyes, my forehead. I didn't really have lines around my mouth, but everybody loses their fat pads in a different way. So, your first place where you're bothered could be around your mouth. Well, we can get to that. We're not going to get a hundred percent of these losses, but it's pretty darn remarkable. So those are the internal strategies and then you have our elixirs. So, if you have sensitive skin or sometimes that your redness is related to a pathogen like candida or a virus, we have protocols that have been working at over 95% success rate, with me following right along to make sure you get better. It's remarkable. These are the elixirs, the frequency elixirs. They're all frequency elixirs. The immune defense is for more serious conditions like fungal exposure. Tons of mold exposure happening around this country right now with all the water damage and lack of remediation, if you will, and then we address that. If you have a chronic condition, some autoimmune disease that's causing you to take medicines that make your skin look worse, even cholesterol is linked. By the way, all those, we usually do protocols for immune defense. See our protocol page on immune defense. If you have cholesterol issues, believe it or not, cholesterol and diabetes are linked to the microbiome.



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So, we take an approach of restoring your microbiome health, and usually you have to get off all your digestive aids to do that, to restore that microbiome health, and you will watch your cholesterol naturally drop. Although, I also have a product that's clinically proven to reduce cholesterol holistically by increasing ATP production in the body and the level of your mitochondria and that's called [Elevate](#) and that's an awesome product. It also burns 1.5 pounds of fat a month, in the clinical trials, that formula did. So, we have specific targeted strategies because every time I ran into a wall, I was like, "Why can't I get this better? What do I need? What's missing in my regimen?" And I don't make everything we need. Like I said, I'm going to do a podcast on what I think are the core things we need and I'm not going to make all the things I think we need. The list isn't that big, but we're going to address the things that address skin health and beauty and youthfulness in every way. Youthful energy, youthful athletic performance, youthful cognitive abilities, youthful appearance, of course. So, all of that's there for you. I hope you've enjoyed this guide to self-assessment. Sorry, I'll try not to make my podcasts too far in between next time but thank you again for joining me today and we'll see you next time.

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](https://osmosisbeauty.com) and you can find me on Facebook @Osmosis beauty, and you can also follow me on Instagram, @Osmosis\_beauty. Thanks for listening.