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Speaker: Dr. Ben Johnson

Episode 30: Rosacea-Powerful Solutions for Permanent Results

Hello, and welcome to the Ask Dr. Ben 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 everybody. And welcome to another episode of Ask Dr. Ben. I'm your host, Dr. Ben Johnson and I appreciate you following along. Today's episode is going to be on rosacea. I went back and looked at my episodes, and I realized that a couple of big skin issues, rosacea included, that I had not yet fully covered in depth. I think it's an important one to understand because a lot of people have what I'll call low-grade rosacea. This is where your skin is red or irritated, but it's just not persistent, it's more of an intermittent presentation. Anyway, I find rosacea fascinating. It's certainly one of the first places where I recognized that skin conditions come from the inside in most cases. And so, let's just dive right in. As you know, or you may know, depending on whether or not you're a professional or just an interested skin aficionado. Rosacea is description of redness on the face, and it can also be redness ocular rosacea, it can be redness of the sclera.

I don't believe it's typically included anywhere else on the body, as far as under the diagnosis. There's different classifications of rosacea. I tend not to first memorize those myself personally. I also tend not to refer to them because they're sort of nonsensical when you realize that essentially rosacea has one cause. It just either presents as more severe or as we get into, there's cases like acne rosacea. And so, touched on these a couple of times when we talk about mapping the face, but let's just dive right in. The first thing you need to know is in my research, I found an article from... and I'm not going to quote this precisely because I didn't save it in my brain or on my files. But I was researching digestive causes for rosacea just to see what Google came up with in a chapter from a 1932 British Journal of Dermatology manual or a magazine or whatever it was at the time.

They were specifically saying, "In that timeframe back in the days, dermatologists were as specifically identifying that rosacea was caused by digestive problems." I thought that was fascinating because, of course, that's nowhere in the literature today. No one references it. And it is what it is. Just want you to know that when big pharma came in and started to take control of medicine and essentially medical education, they eliminated those conversations and that sort of direction in health. They put a kibosh on alternative medicine approaches. So I think that's where it got lost. But I just wanted you to know it's not craziness when I tell you that almost every aspect of a rosacea condition is going to be reflecting a digestive problem. That's why [skin mapping](#) can be so helpful. Now, more recently, there wasn't a research study done, I want to say this was approximately four or five years ago that it was published. Can't recall the specific medical journal it was published in. I also think it actually came out of England, which I love. I love that Europe tends to get stuff published that has a

ask DR. BEN

PODCAST TRANSCRIPT

little less pharmaceutical bias. But in this study, what they identified was that people who have rosacea have a much higher incidence of, “developing digestive concerns”. I thought that was fascinating as well, that they would link somehow that because you have rosacea, you’re more likely to have a digestive problem. When in reality, what the data was showing them was that when you have a digestive problem, it oftentimes shows up as redness on the face, otherwise known as rosacea. So you could see how the data could present both ways, right.

You could go back and look at all the people with rosacea and say, “Huh, look at that. This person had Crohn’s. This person had Ulcerative colitis. This person had some other form of IBS.” When in reality, what they were seeing was what I just told you, which is that these conditions are actually causing rosacea to happen. Now, I have become absolutely convinced of this, even though this industry still today, the vast majority of dermatologists believe that rosacea is caused by a mite. A Demodex mite it’s called that lives in your follicles. The research from the pharmaceutical industry oftentimes seems to isolate as well vascular irregularities, so they know for some reason the skin is flushed, and I’ve seen studies where they suggest that’s because there’s some neurovascular dysregulation of the skin, so the rosacea is actually caused by that. Now, to understand our industry a little bit better and understand how big pharma runs the show, they make it incredibly hard to have FDA approved remedies for rosacea through a cost structure.

They have huge, huge bars that you have to leap over in order to be classified as a true treatment for rosacea, that can be reimbursed by our insurance system. So all of us that offer palliative measures, I would argue curative measures. But let’s just say supplements that seem to help rosacea and we can list off a few of those. But they will never fall under the category of FDA approval. Number one, people wouldn’t spend that kind of money for FDA approval of a traditional supplement because most supplements are not patentable. So there’s no point in spending, let’s say 50 or a hundred million dollars in total to get a “drug approved”, which might be some herbal remedy that soothes the digestive tract when you cannot exclusively be the one to sell it. So in other words, boom, FDA approves it.

Now all of a sudden, a hundred or a thousand companies are making a product to be offered as a prescription by their physician. So the system already is sort of broken when it comes to helping people find the easiest and most cost-effective way to treat rosacea. What is most often prescribed for rosacea are antibiotics and both internally and topically steroids to calm the redness, both internally and topically. Then if they have acne rosacea, maybe something like azelaic acid in combination with some other already proven, already FDA approved anti-acne medicine. So it might be some combination thereof. Now, the reason why these medications can work in some, and I say work, meaning it diminished the redness in some, is because they’re immunosuppressing. Remember that in most cases, when a dermatologist sees redness, they are going to prescribe some sort of an antibiotic out of the gate.

Oftentimes, it is topical. There’s these handful of already proven and... not proven, well, I guess proven in some way, shape or form, antibiotic or anti-inflammatory, quote-unquote, for their treatment. But remember, if I put a steroid on the skin, the way that it causes a reduction in inflammation is it suppresses the immune system. It’s not addressing the source of the problem. It’s also hurting the skin at the same time. So skin is severely affected by the

ask DR. BEN

PODCAST TRANSCRIPT

chronic use of steroids topically. It causes them to scar down and age rapidly. It's just not something that should be a long-term plan, but it always ends up being that. I can't tell you how many patients I come across who have been on antibiotics or steroids for years because they're worried that it'll only get worse, even though their rosacea is not being significantly improved by the medication.

That's always an issue, but yes, as far as anti-mite medication, that becomes a pretty questionable remedy. First of all, I don't even know how to describe the lack of evidence for that. It's shocking to me. I think what they did is if you go in and look at anybody's skin, we all have these Demodex mites here, or there in a follicle or two, we usually don't have a significant population. They're not riddled with 50 or a hundred different mites in their skin, but they might find that a rosacea skin type has an increased presence of a mite or two. And I would believe that primarily has to do with their barrier being compromised. We can get into sort of how the skin operates and why they would have a barrier disruption. But my belief is that if you do see an increased number of Demodex mites in rosacea skin, which I do believe I've come across studies that support that, the primary reason is more to do with their barrier being disrupted by the inflammation rather than the mite itself being the cause.

There are also mites found in the scalp. Of course, those don't cause rosacea of the scalp, but I think they sort of ignore that fact. There are very few mites overall. The mite issue is not an overwhelming issue on anyone's skin. The challenge I always have with the Demodex mite story is, how the heck does a single mite or even let's just say random collection of mites, maybe there's five mites in their face, or let's give him 10, they have 10 mites in their face. Now we have, easily a thousand follicles, and these are small vellus hair follicles typically. You can barely even see the hair, if at all, but they're follicles on our face. I don't know if there's anyone's ever done a count. I'm just trying to imagine how many there are. There's probably closer to 5,000 follicles on the face if I just were to try to put a number on it. Okay. So you have 5,000 follicles, and you have, let's say, 10 mites randomly located throughout your face. If that mite was actually causing significant inflammation, what you might imagine seeing is almost a pimple-like formation where you have this raised red follicle because the mite is aggravating the skin. And so, that mite aggravating the skin is not going to present as redness everywhere.

It would present as redness in an individual follicle, at least at first, because when push back to dermatologists, aestheticians, and skin experts around the world, whenever I pushed back on this mite theory, I always ask them, "What exactly... how is this mite that's in one follicle causing redness of the entire cheek?" And they say, "Oh, well, it expands, the irritation expands." I'm like, "Well, if that were true, then shouldn't it be more red where the mite is and less red the farther away from the mite you get, number one? Number two, how exactly is it that when... pick an example, somebody who drinks wine develops rosacea? Is it that the mite is getting drunk and having a party. And that party just leads to wild levels of inflammation outside of the follicle, all around, let's say the mite is in the cheek, and so the forehead gets red."

It's like, "How does it reach the forehead? Well, that mite is super irritated by the wine. And that's clearly what's causing it or that you had chili and chili for a lot of people might trigger rosacea and or worsen their rosacea. I'm like, "How is that chili affecting this mite and then

ask DR. BEN

PODCAST TRANSCRIPT

causing such a dramatic increase in redness on the whole face or in significant areas of the face?" Then you have to look at the different areas that are impacted. So we are going to get into here in a second, a little bit to the mapping of rosacea, so you have a better understanding of it. But it really is nonsensical to think that when we know, 90% of the triggers of rosacea are internally derived.

They're either food or beverage derived like spices, chili, alcohol. It's almost always seems to be food-derived. And yet, they're trying to identify the source of the problem on the skin itself. It doesn't quite add up from a logic perspective, and this is how I chased it down when I was trying to figure out how to best help heal rosacea was, why are these triggers causing this problem? So you have that, then you have the mapping itself. A lot of people don't associate redness of the nasal flares as rosacea, but I don't know why not. They have chronic redness of a part of their face. The nasal flares are frequently red in a lot of people. As you probably heard me say, I believe this is from acid reflux. So let's quickly just run through skin mapping, so you have a better understanding of that.

[Skin mapping](#) starts on the tip of the nose. And Oh, by the way, the rosacea people who are alcoholics, why do alcoholics have redness on the tip of their nose? Like W.C. Fields and so many classic images of alcoholics, you might imagine or seen over the years where their nose gets really red. In fact, they get Rhinophyma, which is when their nose not only gets red, but it gets all scarred and rough presenting. You get the scar tissue buildup in their skin. Why does that happen at the nose? Well, that happens at the nose because when you drink hard alcohol, the hard alcohol splashes off the back of the throat before it goes anywhere.

That back of the throat zone by my mapping is the tip of the nose. I have a perfectly good explanation of why the tip of the nose gets red. You might notice the tip of your nose gets red if you smoke marijuana from a metal pipe because the oxidation of metal can cause redness on the nose, or you might get redness on your nose because you smoke cigarettes. You might get redness on your nose because you have acid reflux, and the acid damage is working its way up your esophagus to the back of your throat. But typically, if it's acid reflux, it's the sides of the nose to get red first because I don't know if you recall from my skin mapping, but the esophagus starts where your stomach ends, right. And so, and I can go backwards.

Let's start at the top. Your mouth doesn't seem to really have mapping. The mapping starts on the back of the throat, so the esophagus. So that's the tip of the nose. As you go down the esophagus towards the stomach, that starts to go down the nose towards the end of the nasal flare, so your nostrils. Your nostrils are where your Esophageal sphincter lies. I see usually the redness start at the beginning of your nostrils at the base on the sides. A lot of people will develop capillaries if they get enough damage from acid reflux and their Esophageal sphincter, and that region at the base of their esophagus is super red and irritated. We know this can lead to something called Barrett's esophagus. So you can have really bad esophageal damage. This is because either people aren't managing their acid reflux, or they don't know they have it. Remember, about a third of people don't know they have acid reflux because they don't have enough sensation of the damage happening at that low-level esophagus. I'm not sure why that is.

ask DR. BEN

PODCAST TRANSCRIPT

Okay. So that damage can show up and down the sides of the nose to the tip of the nose and then up the nose itself. So all of that is your esophageal area, the whole nose region. And, of course, it connects to the stomach. Another zone of rosacea is rosacea of the area right below the nostrils. You have to go to my [map](#) to see it. But we're talking about basically this sort of half-moon shaped region right below where you breathe out of your nose and then right to the side of your nostrils in a kind of a wedge pattern. You have to go to [osmosisbeauty.com](#) and check out my [Skin Map](#) to see how that specifically lines up. And you can find pictures of this. And I see H. pylori a lot in my mastermind group as redness on that area.

So that's from the stomach, that's your stomach zone. You can get rosacea from damage to the stomach. And the number one, cause these days is H. pylori. Although there's a secondary cause in theory, which might be gastritis from, say, taking Motrin or ibuprofen or some kind of anti-inflammatory like aspirin that might hurt the stomach over time, so that causes redness there. Now, when you start to see redness a little further outside of the nose, you might imagine... I don't know if you've seen... well, actually, you probably haven't seen a butterfly rash in lupus. But lupus is a great example of the small intestine being affected by, in that case, I think a bacteria. But in other cases, the small intestine is most often the source of either ulcers, right. Peptic ulcers can occur in the small intestine or IBS. So inflammatory bowel disease can affect the small intestine only.

So that's that strip that runs along the side of your nose and down your cheek towards your mouth in sort of this, I don't know how to best describe the shape of it. But it's just called... let's call it an oblong pattern area. And that's your small intestine. If that gets red, think rosacea, of course, and think IBS. Then you move a little bit farther outside of that to the mid-cheek, outer cheek region, and that'll stretch all the way from your orbital rim, roughly down to about an inch above your jawline. That whole region is large intestine and go up the temple. That's also large intestine and go into the forehead, and in between the brows right along the brows, all of that is large intestine zone. That, again, can get red in rosacea. It's nice to have this mapping in your brain because it's so easy to identify what the problem is.

You'll see people who walk around, and they have really significant redness of their face and you just know that their digestive tract is really inflamed. That's typically where we see rosacea. Ocular rosacea, I do believe, is a reflection of some aspect of the digestive tract. I'm not sure what zone it is. Is it small or large intestine, or if it has to do with impacting a deeper level of lining within the mucosa itself because there's different layers of your digestive tract wall. So maybe it has to do with inflammation of a deeper part of the digestive tract wall, or maybe it's a specific zone in digestive tract. This is stuff I'm still trying to get my hands around because not a lot of people get ocular rosacea. I still treated it the same way, by the way.

Rosacea, like I said, has a lot of food triggers, and that has to do with the fact that you have a compromised intestinal lining. The number one cause of rosacea if I had to identify it, I think, well, honestly, maybe the number one cause is acid reflux and the sides of the nose getting red by the pictures I see. But a close second would be Candida. Candida is a yeast that naturally grows in your microbiome. It's supposed to be a small part of it for most of us. It gets overgrown and becomes a dominant player and that's when our digestive lining

ask DR. BEN

PODCAST TRANSCRIPT

becomes irritated by Candida toxins, and we can get red. Now, depending on the strain of Candida and there's 56 known strains of Candida. One of those strains, I believe, causes traditional acne of the mid and upper face. Another strain causes gut irritation that's just plain old rosacea by appearance. But it might also cause bloating or digestive malaise, or constipation, or some other symptoms related to that overgrowth. Then, different other strains can cause eczema, psoriasis, and a whole variety of skin conditions.

So I really have linked Candida to a lot of different skin conditions. Syringoma, Sebaceous hyperplasia, Seborrheic dermatitis, there's a whole range. Again, because there's different strains, they produce different proteins. I'm calling those proteins toxins because they are irritating to the gut lining, and the body wants to get rid of them. I believe that it likely sends them up to the skin to be dealt with. But there's also the possibility that the skin is simply red because it's reflecting the redness of the digestive tract. And it's not about the skin having to detox that zone. I think for acne, it is definitely a toxin purge effect. But for just plain redness, I think the jury is still out on that. All this should be studied in greater depth. I hope someday that our success rate and the amount of people that we reach eventually hits a threshold where dermatologists give it a serious look because we are killing it when it comes to our success rate with rosacea.

My whole goal again is to get your digestive tract back to whole. But there's no question that serious diseases like Crohn's and Ulcerative colitis show redness on the face in most cases. That should be no surprise because the link is there. What else do you need to know about that? So Candida is a big one. Now, you can have IBS caused by a virus. I haven't quite identified one or all of the viruses that are at play, but I have set up a protocol, and I can tell you, the average person does need three doses of [Immune Defense](#). This is our antiviral elixir. Three doses, doses by weight, so it's one bottle for every hundred pounds. Three doses, each dose taken 12 hours apart over a day and a half. That should kill off the viral cause. Now, how do you know if you have a viral cause or a Candida cause of your rosacea?

It's not always easy to know. I use muscle testing to help me make that call. But I can tell you this if you have acne rosacea. So you have redness and acne lesions, then you have a pretty good tell for yourself that the cause is Candida. Candida is causing your acne rosacea. In those cases, you need to be thinking about [Skin Clarifier](#) to help get rid of the mucus involved in that. I would say two-thirds of the time, people with acne rosacea need at least one round of [Skin Clarifier](#), which again, is the 10-day mucus cleanse. If you need more than that, then you might need two rounds. In some severe cases, three rounds of [Skin Clarifier](#). So that's another cause of rosacea that we deal with. You would also take three to five months of [Skin Perfection](#). The anti-candida elixir that we offer, and you should take [Recovery](#), our prebiotic, to treat the microbiome for usually three months.

The more severe your rosacea, the more likely you might need four months. But, again, follow your skin and let your skin be the guide. I think there's actually purpose to the skin presenting redness the way that it does. It actually is a tell for you to know, "Hey, there's something wrong going on below." Now, if you have redness of the upper lids, I believe that's stress-based and emotional in most cases, and that's not a form of rosacea. There are rare cases of people that I've come across that are presenting with what looks like rosacea. And really, by definition, is rosacea. It's persistent redness of the skin, right, so it's by

ask DR. BEN

PODCAST TRANSCRIPT

definition that. But sometimes it's a liver pattern. What helps me know that is medical history. So did you take Accutane, or have you taken or a medication that could be significantly impacting your liver health?

Then, I look for patterns where the redness crosses over outside of the digestion pattern. So it's redness of the face, but it doesn't seem to follow any obvious digestive pattern. In fact, it crosses over, and they might have redness on their jawline or something like that. That is a tell for me that there's something else going on here. Again, I do default to muscle testing when the pattern seems somewhat confusing. Now, there's also redness of the neck. This is typically coined as a poikiloderma. That's the definition of the skin condition, I should say that is what they call redness in some capillaries and oftentimes some staining and some pigmentation of the neck. That is increasingly common.

Poikiloderma is classified under its own classification, but it might as well be called a rosacea. I guess I'll say it this way. A lot of people come to me with redness of the neck that has yet to be diagnosed. If they'd gone to a physician, he might've called it poikiloderma. They're just calling it redness of the neck, which could fall under a classification of rosacea. But I'm just telling you the cause is typically pesticide poisoning. So, there's different types of pesticides. Some resemble estrogen, and others don't. I think a lot of times pesticides are stored in the neck. So I've identified that neck enlargement. In other words, people who get fatty neck are, oftentimes, that is their fat cells being swollen by pesticides. Of course, you could be obese and have fatty neck. People who are relatively thin whose neck seems unusually enlarged, I do believe that's related to pesticide. With a chronic exposure and enough exposure, I think the skin starts to react to all the toxins in the fat cells, and it starts to increase the new blood vessel formation, also called Telangiectasia formation in the neck.

So you get all these little capillaries showing up, and then because the skin is inflamed and you're going in the sun, it tends to hyper pigment to try to protect itself. So you get Post-inflammatory Hyperpigmentation or PIH, and that overlaps the redness, the chronic redness. When it comes to the neck, yes, there are people who get stressed, and that sort of shows in the middle of the neck, and poikiloderma tends to show more in the outer segment of the neck. In other words, not where your trachea sits, but rather outside of that zone to the sides. In fact, that can go all the way up the neck, really close to the jawline.

That's typically how I see poikiloderma present. There is just another aspect of redness that you would want to treat by taking [Skin Defense](#). And when you have that much pesticide exposure, you're going to want to take three caps a day of Skin Defense, probably for at least six months. And then, topically, people have found success with long-term use, and I emphasize it takes a while. Long-term use of [Catalyst](#) at the same time. That's the best combo. Catalyst, which is also great to firm the neck, by the way. Catalyst and Skin Defense for that problem. So back going up above the jawline to the face and rosacea of the face, I pretty much try to get everybody off of their antibiotic or their steroid or whatever other angelic acid or what have you. They have an inflamed face and if you have an inflamed face, it's going to be sensitive.

Now, why do rosacea people struggle with a barrier problem? Well, the answer is that when your skin is chronically inflamed, it's going to use up a lot of nutrients. So you end up having a shortage of lipids to complete a barrier, or your skin is inflamed enough that it really just

ask DR. BEN

PODCAST TRANSCRIPT

can't create enough cell division and or activity to maintain a healthy barrier. So, a barrier problem is very common. We try to deal with this by, of course, shrinking the inflammation by addressing the source. So what are the different ways we address the source? Well, we have our [Skin Perfection](#), which is designed to calm the digestive tract and shrink the Candida population. The more severe their digestive condition. The less likely they are to need a mucus cleanse, [Skin Clarifier](#). So we usually put them on Skin Perfection.

If it's an acid reflux problem, we're oftentimes putting them on our [Digestive Support](#) because I've found that when you aid the digestive process with enzymes, then your body won't make extra acid. I tend to find that excess acid production is directly associated with reduced enzyme production. So your pancreas enzyme pathway is not working properly. We offer [Digestive Support](#) to add to the enzymes to reduce your acid production. And yes, it's true that not everybody has a high acid production when it comes to acid reflux. But even if you have a low acid production, it speaks to an issue with... I don't like giving people extra acid, I guess is what I'm saying. And so, I would be more inclined to use digestive enzymes. Now, the other thing you're going to want to take is our [Recovery](#) because when Recovery restores the microbiome, there seems to be an improvement in your acid production and a reduction in acid reflux, plus restoring your microbiome and your esophagus helps you prevent Candida from being overgrown.

It also helps you to repair the damage of acid reflux, but it's true that I also recommend [Immune Activator](#). So Immune Activator is the oil, with our trioxolane in it. I have people let that trioxolane sort of dribble down the back of their throat to sort of isolate it best in the esophageal tissue. It helps repair damaged from the acid reflux, and that can help. So, some combination between [Immune Activator](#), [Recovery](#), and [Digestive Support](#) is best for the rosacea associated around the nose and the nose. Now, if you're a drinker of hard alcohol and you have rosacea, or your client does, then the question is, are you going to give that up? Which is probably less likely than we might imagine. But I do tell them if they drink wine or beer, which are marginally better, wine better than beer, marginally better.

But at least it won't burn the back of your throat and cause the redness on your nose as much, it can still be a little irritating, but in general, you're going to be able to heal better with Immune Activator if you switch to wine or even abstain. I don't know, pick a different way to feel better or relax. So that's how we deal with the esophageal redness on the nose. When it comes to the small intestine, if you see people with really inflamed regions of their small intestine, by my map, remember that's that oblong circle that runs along your nose, just outside your nose, really, then you want to do a rule out for lupus because you can certainly see a butterfly rash, which is caused by lupus. We have a protocol for that, so you can see our [protocols](#).

Essentially, it's actually just one dose of [Immune Defense](#). Then we also usually put them on [Recovery](#). But a lot of times, you're going to have people with small intestine inflammation by mapping that you just want to treat for Candida or for a virus, and do your best to diagnose those and separate those out. And then you have the large intestine, same thing. And so, for all of those cases, we're talking about [Skin Perfection](#). We're talking about Immune Defense. If they need to kill a virus and we're talking about Recovery to restore their microbiome. Now, remember with Recovery, it's a three-month process to restore the

ask DR. BEN

PODCAST TRANSCRIPT

microbiome. Then, it's another two months of healing that can happen. So if someone's had rosacea for a long time or when someone has a severe rosacea, then they should give it a little extra time.

Now topically, [Rescue](#) has been amazing to help the skin. I don't know exactly the mechanisms that it's working. We talk about it strengthening the skin's immunity so it can handle inflammation better. But one of the things Rescue does is detox. Another thing Rescue does is it helps to fight pathogens. So I don't think pathogens are a big concern when it comes to addressing deep redness, dermal redness, rosacea.

I do think it has more to do with detox. Of course, the other thing it does is repair. There's an acceleration of repair of the oxidative damage. Remember, Rescue's strength is an oxidative damage repair. So, that's the protocol for most rosacea. [Rescue](#) is on the surface in the early phases, [Recovery](#), [Skin Perfection](#), and then the other wellness products based on what you see, remember if it's acne rosacea, a lot of times they do need that [Skin Clarifier](#), and they definitely need Skin Perfection as part of their protocol. I think that pretty much covers it. Just know if your client or you are being told that an antibiotic is necessary, it is not. And it is going to harm them, and it definitely harms their microbiome. So there's a lot of people where they say, "Hey, I take an oral antibiotic, and my rosacea is better."

Well, that's because you're hurting your digestive tract and suppressing immunity. The trauma that the antibiotic is causing is actually suppressing redness because the entire system is being compromised and weakened. In some cases, some people might take an antibiotic, and it makes the rosacea worse. Well, that is explained by an increase in the Candida population that oftentimes antibiotics result in. So as usual, go to our [before and afters](#), check out how incredibly well we do with rosacea to know we're killing it. We're certain it is caused by digestive problem. We can help. We have some really, really powerful digestive aids to get people through this. They have to live their life being miserable. We believe we can treat the source of this, and we would love to help. So, on that note. I will leave you for this week. Thanks again for joining me.

And again, check out [osmosisbeauty.com](#), to do our [Skin Quiz](#). I just found out recently how many of you are doing that every month. And it's fantastic. Also, you can read all about our wellness on that site. Then, of course, I do my Insta'Lives every Thursday on our Osmosis Beauty Instagram page. So you can check me out there as well. Have a great holiday because I'm doing this right before Thanksgiving. But if I don't talk to you again before Thanksgiving, which I don't know that I will, enjoy that holiday. And if you have rosacea and your Thanksgiving meal causes you to get red, just do your best to get through it and know we have the solution for you on the other side. Thanks again. Take care.

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