Healthy Skin Means Healthy Heart
Guest: Michelle Jeffries

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Dr. Mark Menolascino: Welcome to the Women's Hearth Health Summit. I'm your host, Dr. Mark Menolascino, medical director of the Meno Clinic's center for functional medicine in Jackson Hole, Wyoming. This is your chance to listen to international experts to learn how to achieve optimal health, optimal vitality, and prevent heart disease.

Today we're fortunate to be joined by one of my good friends, Dr. Michelle Jeffries.

Dr. Michelle Jeffries: Thank you. It's nice to be here.

Dr. Mark Menolascino: I've known Michelle for a long time. She's one of the people I respect. She's actually consulting on a family member for me, that's how much I trust her. And I think you'll love what you're going to hear today about how she approaches not just the skin health, but the overall person.

So, Michelle, let me tell our viewers a little bit about you. Dr. Michelle Jeffries is an integrative dermatologist in private practice in Phoenix, Arizona. She is triple board certified in osteopathic medicine, dermatology, pediatric dermatology, and integrative medicine. Dr. Jeffries also has a master's degree in psychology, and is certified through the Institute for Functional medicine as a certified functional medicine practitioner.

Her training and background has led her to a unique, individualized, holistic approach to skin health that really blends the mind, the body, and the spirit with skin care. We're going to talk today about how to put all those together. Michelle, you're really one of those unique physicians that has a little bit of everything in one good spot.

Dr. Michelle Jeffries: Oh, thank you. Yes, it's been a journey to get here. It's been a beautiful journey.

Dr. Mark Menolascino: A lot of our friends that have come to integrative and functional medicine, they seem to come here from a story. Perhaps it's their own health, the health of a loved one. Or some other reason why they got attracted to this kind of medicine. Do you have a story like that, too?

Dr. Michelle Jeffries: I do.

Dr. Mark Menolascino: Do you mind sharing it with us?

Dr. Michelle Jeffries: No, not at all. And you know, its' definitely more of a personal health journey. My interest in medicine started when I was really little. I used to love looking at anatomy books and different things, even to the point where I would sit and watch cartoons. I might be dating myself, but it's when we had the big console TVs, and it would turn the TV. So it would be by the stairs, next to our bookshelf, so I could get that encyclopedia and just page through the pages of the human anatomy.

I just thought for sure I was going to learn how all that worked, and that's what I was going to do with my life. And this was before I was 8 years old. So my journey to medicine definitely started very early.

As the journey unfolded, I thought for sure I'd go to medical school and do all those things. And I got to the point where I was going to college, and sadly enough, my high school sweetheart passed away suddenly, and my grandmother passed away suddenly from breast cancer. So I totally changed gears. I decided medicine may not be for me. I don't think I can handle life and death. I need to help people in some way, but I took a different path.

So I went to psychology, so that's where my psychology degree came up. And I just couldn't resist sitting in anatomy and physiology classes in grad school, in psychology, in my spare time. So kind of nerdy, but couldn't resist it. So I ended up going to med school.

And then when I finished all of my training in medicine, I ran into some health problems. I was young. I had a stress fracture that they couldn't explain. I was exhausted all the time. I had skin rashes. So I started looking outside of all of my traditional training. I felt very unprepared in even healing myself. So I kind of took a mind/body/spirit approach. I stumbled into Dr. Andrew Wiles' program in integrative medicine. And then I came across the institute for functional medicine and had my first year of training of that.

It's been a beautiful journey. I'm grateful for every moment. And now I'm able to blend all of those things. I would have never pieced it all together that I'd be able to do it all and put it all together to help people.

Dr. Mark Menolascino: I really admire that you spark their own personal interests. But you did the work to get the knowledge and training that you did. That's a lot of commitment by a doctor to take on Dr. Wiles' formal integrative training, and to continue pursuing that.

What's motivating you now on a day-to-day basis? To learn more? To be so excited about what you do?

Dr. Michelle Jeffries: I think that thirst for knowledge just must be a part of me, because I was so nerdy, even when I was young, looking at things. But I think just the natural unfolding of finding new layers, and new ways to treat people. New ways to blend things.

Things that benefit as far as prescriptions and traditional medicine, and our technology of imaging that we have, and different ways to put that together. But also all of the ancient knowledge that we have of all of the different supplements, and how everything is connected in the body, and the mind, and the spirit. Herbal supplements, and nutrition, and how to blend all of that together. It's incredibly exciting. There's so much to learn, so much to put together. You and I are just on the cusp, too, of learning and a constant thriving to learn.

But when you get that patient that you're able to help, and you're able to really resonate with where they're at and bring them along the healing journey, like you have done. And being able to do in a medically sound way, it's just so rewarding. And there's nothing else like it. I'm sure you can relate.

Dr. Mark Menolascino: I think we're both fortunate that we did the medical doctor training. That really gives us such a solid foundation. I'll be honest with

you, Michelle. Dermatology is one of the hardest specialties for me. I'm an internist, so we're supposed to know a little bit about everything.

Both of my brothers are internists, also. And we were joking the other day, talking together, how when people come in with these weird things on their skin. And everybody has skin issues at some point in their life, it's going to be the number one health issue you have. And for most doctors, it's such a black box. It's so complicated.

I know you don't think about the lotions and potions and just putting you on steroid cream that most doctors do. When a woman comes to you with, say, acne. And she's younger, or older. What's the starting point you're going to look at for her?

Dr. Michelle Jeffries: You know, the starting point is really getting to know them. Where they've been, what they've tried. What they're interested in. Are they on a journey themselves of health and wellness? Do they even have an awareness that nutrition might be a factor, and hormones, and stress, and all of those. So it's starting with getting to know who they are. And then how could I guide them along their journey.

So it's asking a lot of questions of, what have you tried? Where are you at? And go from there. I get a big variety of answers there, for sure.

Dr. Mark Menolascino: Well in medical school, they taught us to give a pill for the ill, and everything you're just kind of putting a Band-Aid on. Whereas I know you dig deep. You look for root cause problems for the skin. It's a lot of work for someone. A lot of times, we just want to put a lotion on it, or take a pill for it. What are some of the things that helps you to get people to be motivated to do the heavy lifting of the journey of optimal skin?

Dr. Michelle Jeffries: I think when you have something on your skin that everybody can see, it's motivation in itself because there's such a self-esteem component to it. When you have a huge pimple on your forehead, or your nose, or you have a rash on your face. You go to shake someone's hand and your hands are peely and dry. It makes my job very easy, because they don't want to have the imperfection.

So when they're able to see, when they make that journey of making nutrition changes or doing supplements or managing their stress and we actually are able to make an impact, then they're all in. It's showing them that there's a lot of things we can do. We can add a pill. We can add a cream. We can do all of

that too. But let's kind of do some inner healing, too, so that we don't have to always rely on the cream, or the pill.

I have it a little easy where the illness you can see when they walk in the disease. With headache, things like that, you can't see it. You don't even know it. It's silent. So I have a great motivating factor in my patients where they just don't want to look the way they're looking, and have the imperfection, as they view it. So it makes my job really easy.

And usually they don't come and see me if they're not motivated. They're not going to come see me if they're not motivated. They're not going to waste their copay on their insurance. It might be out of pocket because they have a deductible. They might just pay in cash. So there's definitely that. I have it a little easy because of the skin, you can see it.

Dr. Mark Menolascino: We're talking with Dr. Alejandro Junger the other day, and he made a great analogy that the outside, the skin. If it had all these holes, and was permeable, we'd have all these scars and all these scabs and all these open wounds. And that our gut is essentially the skin turned inside out.

Dr. Michelle Jeffries: Absolutely.

Dr. Mark Menolascino: And when it's stressed and becomes permeable, it's like as if the skin were to have all those holes in it. Our gut does, and it lets all those inflammatory reactions happen. How do you think about the gut and the skin, and what's their relationship?

Dr. Michelle Jeffries: You know, I'm so glad you asked because when I was in my integrative medicine training, I was invited to go to the first functional medicine meeting. It's a 5-day event. And I was thinking, "oh, I don't have time for this, I'm doing so many things." But I did. And I was kind of skeptical. I'm hearing this stuff about leaky gut, and all this stuff. And I don't know if it's real. I'm already alternative enough, what more could I do?

And literally I was sitting in one of the lectures, and they were talking about leaky gut, and how it works. And the analogy of how the gut cells stick together, and how the immune system plays a role. And when they're separated, the immune system comes in and then there is leakage of material that comes out. And reactions to that. It's literally just like leaky skin, which is like eczema, and psoriasis, and all of those. And literally, it's the same immune factors that are coming in.

So I could have easily sat there and replace everything with the gut with skin, and it would have been the same lecture. And that's when all my lightbulbs went off. That's exactly the moment where I was sold on functional medicine.

So it's basically what you said, it's a matter of everything is related and coordinated. Our body is one big coordinating system, and even though in traditional medicine we're trained that the heart is separate from the gut is separate from the brain separate from the skin, there is a lot of evidence how that everything is kind of integrated together and related.

It's a beautiful thing and it gives us a lot of points where we can intervene and do things and heal things in one area, and also others, which is pretty cool.

Dr. Mark Menolascino: You know, you mentioned psoriasis. One of the treatments I remember in medical school was putting coal tar on it. And now, we use ultraviolet light. And now we're using drugs, which are immune-modifiers. Monoclonal antibody inhibitors.

And I'm not anti-drug. I'm for appropriate use at appropriate times. But it sounds like you have so many more tools and so many more strategies to go through before you would turn to a drug like that. Is that what I'm hearing?

Dr. Michelle Jeffries: Absolutely, especially with psoriasis. When you have skin psoriasis, you're actually at higher risk for high blood pressure, high cholesterol, heart disease. And what's really interesting, in dermatology, we used to think that some of the interventions we were doing were not related to that and it was just incidental. And now within the past several years, there is so much data just showing even some of our medications that we use actually are impacting heart because we're realizing heart is more of an inflammatory condition.

So there are certainly a lot of things you can get at with nutrition in psoriasis, and stopping the inflammation from the inside out. Supplements like turmeric. Other anti-inflammatory things, like CBD and low-dose naltrexone. A lot of other things you can do from the inside out and outside in of calming down inflammation.

And a lot of the drug companies now that are promoting some of the biologics and things like that, they're selling point is that psoriasis isn't just in the skin. That it's more than that. So it's just kind of interesting to me that they're viewing it as a new concept where I'm like, this has always been this way. It's not new, and I'd much rather use nutrition and supplements to heal from the

inside out, and impact them and show them new patterns, rather than taking a medication that's going to suppress them.

But when needed, we do. So absolutely.

Dr. Mark Menolascino: I love your whole person, whole universe view of health because it's really all tied together. You mentioned the cholesterol and heart disease, there is 10 times more risk of heart disease in people with autoimmune disease, like psoriasis. And the latest cholesterol drug is actually the same mechanism, this monoclonal antibody inhibitor, that they're using at high levels for psoriasis.

Dr. Michelle Jeffries: Oh, wow.

Dr. Mark Menolascino: So it's approximate $30,000 a year, versus 1,200. But they're understanding this inflammatory process.

I know one of your personal passions is skin cancer prevention. You're in Phoenix, I'm in Jackson Hole. We both have incredibly high rates of skin cancer because of the intensity of the sun. And the outdoor lifestyle that everyone shares there.

How are you teaching your clients to reduce their individual risk? Who are the canaries in the coal mines? What nutritionally can we do to support skin health? How do you approach that prevention of skin cancer?

Dr. Michelle Jeffries: Yeah. Here in Phoenix, Arizona, we have so much sunshine all the time. So getting enough sun exposure is not the issue here, where some of you listening it might be a huge issue, where you're not even getting enough. Certainly I deal with a patient population that is out golfing all the time, and out at the pool, and everything.

So I'm definitely not one of those dermatologists that's going to promote you living indoors all the time, covering yourself all the time, and living like a vampire. So, there's definitely a balance to getting a little bit of sun exposure. You do need nature to heal your inner mind, body, and spirit. Connecting with that, too. So I definitely don't feel like you have to compromise or take away all of those things 100%.

You can be outside. But one of the things you want to do, you just want to be smart about what you're doing. You want to recognize that the sun can

damage your skin. It can age your skin. It's not always entirely healthy. It can be in moderation, not excessive amounts.

And if you are going to be out there a long time, we have beautiful mountains here. And so do you, especially your background. To go hiking and do different things. The main foundation of protecting your skin would be with clothing. Wearing a big wide-brimmed hat. Sunglasses to protect your eyes. Long sleeves, long pants.

My patients, when it's 100 degrees, they laugh at me. But literally, you're going to be hot even if you're hiking in a bathing suit. You're still going to be hot. Covering yourself with clothing is the best. You don't have to worry chemicals in the sunscreen. You don't have to worry about all those things. You can cover yourself with protective clothing. So that's number one.

Number two would be sunscreen, and using more of the zinc oxide based natural sunscreen, ideally, and then reapplying every couple of hours, because it does break down. And then also, you can definitely, from the inside out, eat healthy. Make sure you're getting those phytonutrients from every single color of every fruit and vegetables every day to get all those phytonutrients.

There are also some supplements that have been researched to help. One of them is called Heliocare, which is a derivative of a fern plant that gives you an internal antioxidant. Niacinamide is a B-vitamin that's also been researched. None of these will prevent skin cancer, but they'll help protect you a little bit more.

And then the other caveat to it is that skin cancer is not all sun exposure. It's one thing that we can modify. It's one thing we know is a big trigger. But it's not all of the story. I can't tell you how many patients I see that have skin cancer in areas where they don't get a lot of sun, and areas where they do protect with clothing.

So the part about nutrition and eating healthy. How are you fueling those cells? Are you giving your cells the right resources if they make a mistake when you get a new skin layer in, can they correct it? Because it happens a lot. So that's where the nutrition and supplements come in.

And stress, too. Stress management. People that are under chronic stress, their body is not focused on their skin. It's focused on other things. So we can

definitely dive deep into any one of those, if you like. But that's the quick version.

Dr. Mark Menolascino: Well that was all great. And it's really this whole body approach you keep coming back to. I love so much about how you practice. It's an integrative model. It's a whole person approach.

Are there some kind of food rules that Dr. Jeffries follows? What are some of the things that you eat, besides the color foods? Anything in particular that can really be skin supportive, and skin protective.

Dr. Michelle Jeffries: Right. So number one for me is absolutely the rainbow of fruits and vegetables every single day. Above and beyond anything else, making sure you eat something red, orange, yellow, green, blue, purple, every day. Yes, I said every day.

Dr. Mark Menolascino: Are you able to do that, yourself?

Dr. Michelle Jeffries: Yes. So I make a rainbow salad is what I call it. When I go to the store once a week, I go and I look at the produce. I go to the organic aisle, and I just pick. Sometimes it's the carrots that have the multiple colors. And the radishes have multiple colors. And peppers. It depends on what's in season.

But you certainly also can take a multivitamin and a supplement and things like that, too.

Dr. Mark Menolascino: I love your idea, Michelle, if I may interrupt you. I love your idea what you're really talking about are these multiple colors. And I do the same thing you do, if you go to the store once a week to get your lunch set up. But it's not that hard to get six colors to get the rainbow. A tomato, a carrot, zucchini or pepper, and there's three different colors of peppers. Or carrots, and there's five different colors of carrots, now, in some of the organic aisles.

So you really can get those multiple colors really quite easily, can't you?

Dr. Michelle Jeffries: Yeah. It's very easy. And you can batch your meals, too. That's what's beautiful. You can prep everything. You can chop everything. Take a day to do that. And then you just mix and match, and throw it together as the week goes on.

You can also do meal delivery if you can find a local company that will deliver. You can also, we don't have a lot of this in Arizona, but I know up in the Northwest they have the farmers deliver foods directly to your doorstep. I don't know if you have that there.

So there are so many little things you can do. So it's a commitment to, I'm just going to do this, and making those choices, for sure.

Dr. Mark Menolascino: And it doesn't have to be expensive or hard. We have a farmer market spring through the fall. It's my favorite place to go every Saturday. They are in most cities. But it doesn't take that much work, and it doesn't have to be expensive to be able to eat healthy like that.

Dr. Michelle Jeffries: Absolutely.

Dr. Mark Menolascino: Are there rules that you have for your clients to check themselves? Is it monthly in the shower, or checking your partner? How do you keep self-vigilant? Especially areas that you can see.

Dr. Michelle Jeffries: Absolutely. They actually came out with a research article showing that married couples, people that are in a living co-habitation relationship actually have lower rates of skin cancer because they do check each other. Basically, when someone comes in, there are a couple of guidelines for what to look for.

Most people know that if they have a funny looking mole, or a spot that has kind of changed, they come in. But some of the other things that they may not realize to look for is a pimple bump that doesn't go away. You think you have a pimple on your face, around the nose or the temple or different areas. And it just doesn't behave like a regular pimple, it doesn't go away. So that's something that I definitely recommend just coming in and having it evaluated.

And then there's rough, scaly spots on the skin. You might get dry skin patches and little things like that, but they should go away with moisturizer over time. If you get one that doesn't go away, that could also be a skin cancer. So in addition to looking for moles and brown spots that change, rough scaly spots that don't go away, and pimple bumps that don't go away. So those are all things that, where your skin cell, as it came in, it made a mistake and it created something different than what your normal skin does.

You also don't have to be right or wrong about what it is. Your dermatologist is going to want to see it, and either reassure you or educate you on what it is,

or say, oh my goodness, I'm so glad you came in. Let's address this right away. So we can take care of this, and you'll have minimal scarring or less scarring as if you ignored it.

So there's no wrong answer when you come in. It's either you feel better that it was healthy and you don't have to worry about it. Or, I'm so glad I came in because I can get it addressed now.

Dr. Mark Menolascino: One of my favorite things to do is to talk to people smarter than me, like you, about client cases. Can I run one by you?

Dr. Michelle Jeffries: Sure.

Dr. Mark Menolascino: So I had a woman come in today, actually. She's 36, homeschools her 3 kids. Her husband is a high-power CEO, gone a lot. Not present a lot. They've had a recent death in the family, high stress. She's a little, what we call type A. She's on it. She's one of those super moms who really wants everything perfect in her life. And she works very hard. She's conscious about food. One of her children has a little ADD, not medicated, and she's worried about him.

She comes in at age 35, normal menstrual cycles, and she's developed acne over the last few years. She doesn't take any supplements. She thinks she might be dairy sensitive. She wonders about gluten, because bread makes her bloated. She's never been tested. But she's asking me, what do I do about this acne? Where is it coming from? How should I address it?

Do you have kind of a framework of how you would approach someone like that?

Dr. Michelle Jeffries: Yeah. So I think definitely picking up on her intuition of some food sensitivities are probably key. So the dairy and gluten are something I see a lot, sugar as well. I don't know if she even mentioned if she has a sweet tooth or not.

Dr. Mark Menolascino: She does. And she gets low blood sugars, as well.

Dr. Michelle Jeffries: Oh, yeah. So certainly one of the biggest food triggers of acne is dairy and sugar in processed foods. So taking an approach of finding out, is that related to her acne or not, would be eliminating that for about 3 weeks to just see, are we sensitive to it?

Some people can do just one food at a time, so just eliminate dairy. Dairy is a big category. Some people are surprised by how many foods actually constitute dairy. It's not just milk and cheese. It's your yogurts, it's your sour cream, it's your cottage cheese, it's your cream cheese, it's your coffee creamer sometimes. It's your whipped cream you get on your Starbucks coffee. It also can be your whey protein that you might be thinking is good for you, because you're trying to build muscle and be healthy.

Dr. Mark Menolascino: That's great that you said that, because what she said to me was, "I'm totally dairy free for the last month." Well, what did you have for breakfast? "I had my whey protein shake and a had a Greek yogurt. But that doesn't really count as dairy, right?"

Dr. Michelle Jeffries: That's a very good point. You always want to ask people, what do you consider dairy? What are you eating? Dairy is a huge category. There are a lot of misconceptions about it, for sure.

Dr. Mark Menolascino: What do you see as the difference, people will say, "I have some dairy and I get bloated and crampy and diarrhea, just a short time after." Is that truly dairy sensitivity, or is that lactose intolerance? And how are they different?

Dr. Michelle Jeffries: Usually lactose intolerance will not necessarily create a lot of acne. It can create a lot more gut issues. Bloating, flatulence, some diarrhea right after. So some people just do lactaid type of milks, and things like that.

Now, those might have more sugar in them, and then we're looking at a sugar sensitivity type of thing, too. So like, oh, I had the lactaid, I'm fine. But then they find out it's more the sugary things.

The dairy sensitivity is kind of, you can do blood tests to see if you're sensitive to dairy. You also can do an elimination diet where you eliminate it. And you want to be very mindful about how you reintroduce it. You don't want to just reintroduce a whole bunch all at once. A bunch of different types. I've had individuals that are sensitive to milk, but not yogurt. Or things like that. And if you really want to get to the bottom of, is there a certain type of dairy, you could do that too.

You also want to make sure when you reintroduce, you do it for a couple of days, and then you take a break again to see your reaction. And so you don't miss that reaction that you might get. It might be delayed. It might be that you

just don’t think clearly. You're kind of foggy, before the pimples start breaking out again.

Certainly, her food sensitivities, back to your case, would definitely be a trial of elimination of those. And it sounds like there’s a stress component there, too, which I think a lot of us women deal with. We’re taking care of our kids, and everybody else. You're not getting that self-care time. That time for yourself.

So doing maybe even a natural skincare ritual where she takes care of her skin by herself, and she’s doing that. She’s cleansing and moisturizing and doing things. And hopefully the kids aren’t pulling at her leg or in the bathroom with her. All of those things that can happen.

I also have recommended to some really busy moms that are basically chauffeurs and taking their kids everywhere to different things that there’s actually time you can use in the car. So I recommend some women sometimes to put on a podcast that’s inspirational to them. And the kids are hearing it, too.

Also, when they’re waiting for their child to get out of school, and they're in that line of cars, they can listen o meditation music while they’re in park. They also before they go to pick up their child, they can sit in the car for minute. Close their eyes before they actually leave the driveway, when they're alone and just take that minute for themselves.

There are a lot of little moments that you may not realize, and they add up. They’re cumulative.

Another little trick is setting alarms on your phone of inspirational messages. A lot of phones you can set a timer, set an alarm at 9 o’clock in the morning and you have an option to put a text message in there. And you can just put an inspirational message, and just automatically send yourself those throughout the day. Maybe it’s a reminder to breathe. Maybe it’s a reminder, close your eyes. Look outside. Look at a tree for a little bit. There are so many things. Everybody is going to be different.

Dr. Mark Menolascino: I love all these pearls you just shared. And the fact that you know them, and can verbalize them, and actually teach your clients these. Not a lot of doctors are doing that. It’s so good to hear.

You were talking about sunblock. There's a lot of misunderstanding about the SPF and what the number really mean. What you should look for. Nd then the other ingredients that are in cosmetics, beauty products, sunblock. What's your advice about SPF, as well as looking at the inactives or other ingredients inside of the products?

Dr. Michelle Jeffries: Right. So the SPF is basically based on sunburn. And minutes to sunburn. Basically, it's not 100% protective. And actually, as a community of dermatologist, we recommended that the FDA contacts the companies that makes sunscreen and get rid of the word sunblock because it's not really a block, it's a screen.

Dr. Mark Menolascino: I didn't know that. The number is how many minutes it takes until you're burned?

Dr. Michelle Jeffries: That's what it's based on.

Dr. Mark Menolascino: I had no idea.

Dr. Michelle Jeffries: It's definitely not as blocking as you would think. It's more about sunburn. There is still some damage that happens. So this is where it gets really complicated. You're trying to rely on a product to protect you, and you might even be getting some misinformation about what it does or doesn't do.

So that's where some of the data came out of, sunscreen actually creates skin cancer because it's giving people a false sense of security. They're feeling like they can be out there for a very long time, and they're protected. It's honestly just a screen. It's supposed to help with sun burn. It doesn't 100% protect you. There's definitely a half life to it, where it wears off over time. People aren't reapplying.

And they actually came out with studies where we found out people aren't even applying enough. Some people have one big bottle of sunscreen that they've had all summer. That should last maybe a couple of times outside.

So there are all these different caveats to how you're supposed to use it, and what it's good for. SPF of between 30 and 50 is what we aim for. There's a debate about whether or not SPF above 50 is ok or not ok, as far as protecting and helping. Reapplying it is key.

Most women have a hard time with the reapplication because we get ready in the morning. We apply all of our sunscreen and our make up and we're good to go. We have SPF in our makeup, too, which sometimes isn't enough, by the way. You usually need a sunscreen with it. You're out in the sun all day, you're driving in your car. You're getting the suns radiation through your car window. And you're not reapplying. And so you say you're wearing sunscreen, but it's breaking down as the day goes on.

So one of the little pearls that I recommend to my female patients is to get a powdered sunscreen and then you just powder throughout the day, which you're going to probably powder your makeup anyway. But you might as well have some SPF in it. So I carry those in my car.

The other trick is when you're driving, the back of your hands are going to get a lot of sun. So using a little sun stick on the back of your hands so you don't get sunscreen on your palms, so your steering wheel doesn't get all greasy, could be very key. Just with the sticks, if you miss a stripe, you miss a stripe. So you have to be careful of that.

The zinc oxide sunscreens are the ones that I typically recommend. There's a huge debate going on about the other ingredients, like avobenzone, octinoxate, and all of these other ingredients and their safety. So this is where it goes back to the foundation of some protective clothing is above and beyond the best thing. Sunscreen in moderation, and just areas where you can't protect. Zinc oxide sunscreens are a little bit safer, as far as we know now. It may change. And we're all just doing the best that we can to protect ourselves.

So, those are kind of my quick little pearls.

Dr. Mark Menolascino: What about Titanium dioxide?

Dr. Michelle Jeffries: Titanian dioxide, too, would be an ok one as well.

Dr. Mark Menolascino: It sounds bad.

Dr. Michelle Jeffries: It sounds bad. But it's in a lot of our makeup, too. It's in a lot of the natural and organic sunscreens. On the safety profiles of research it's still been safer than some of the other ingredients.

Dr. Mark Menolascino: Like the parabens and phthalates and things like that.

Dr. Michelle Jeffries: Exactly. Yeah. And that's also, to answer your question about the other skin care products. Trying to keep them as natural and chemical free as you possibly can. There is such a huge movement right now in natural skincare products. There's actually so many to choose from, it's overwhelming. It's overwhelming for me, of which ones to use.

So it's the ones where you can recognize the ingredient names. They sound kind of plant based for the most part. There's not some chemicals in it that it's all chemicals.

Most of my patients are really surprised when they bring in their products, and we actually turn them together to look at the ingredients of what's in it, and go through them.

There's also a lot of allergens in a lot of skin care products, and people may not recognize that. And if you don't have sensitive skin, it's probably ok. But I've had people that are sensitive to lavender, or sensitive to shea. Some of the botanicals, which is kind of hard. But yeah, that's kind of the quick version of the products, too.

Dr. Mark Menolascino: So Dr. Jeffries, what's this whole Vitamin D myth that's going around?

Dr. Michelle Jeffries: Oh, there's so much to vitamin D.

Dr. Mark Menolascino: So much controversy about vitamin D.

Dr. Michelle Jeffries: We could probably spend the whole day talking about it.

Dr. Mark Menolascino: So are you checking it in all your patients?

Dr. Michelle Jeffries: I do.

Dr. Mark Menolascino: What goal do you shoot for? How do you like to replenish it? Is it as important as we think it is?

Dr. Michelle Jeffries: So good of a question. All of these things are coming up. I do check it. I do see a lot of inflammatory skin diseases like vitiligo, psoriasis, things like that. Even my skin cancer patients, too tend to be low.

I do aim for an optimum range of 40 to 60. We definitely have a huge

population of patients here that get a lot of sun exposure, come in with very tan skin, and their vitamin D is bottomed out. So there is something called your vitamin D receptor in your skin. And we can have genetic abnormalities of that that we were just born with, that we're not processing the vitamin D in our skin and transferring it into the hormone that we need internally.

Dr. Mark Menolascino: I have that.

Dr. Michelle Jeffries: Me too.

Dr. Mark Menolascino: It's surprising because my vitamin D levels were great. Now it makes me want to rethink what level I need, and how often. So I take it every day, even though I live here.

Dr. Michelle Jeffries: Right. And I do too, as well. So you probably eat healthy, and probably get your vitamin D through a lot of foods, as well, and through supplements.

There is a debate now, there's a lot of information that came out several years ago that vitamin D was related to everything under the sun. And now we're finding out maybe it's not. But I think it's one of those things where, especially in medicine. And this is probably good for anybody watching this. When you hear about a trend, and it's a cure-all for everything, just have a little grain of salt that it may not be.

Dr. Mark Menolascino: That's great. I think vitamin D, like a lot of things, I'm sure your clients do the same thing I do. They go to Dr. Google, they read things in the paper. And the media only does the one little snip that they want to try to promote that gets all the headlines, the highlights. They don't really look at the data. So many of these studies are hard for even us to try to sort out.

Do you have rules that you use for your clients about sources of information they should go to? Or sources they should avoid?

Dr. Michelle Jeffries: You know, Dr. Google is usually where they end up. It's hard to discourage them, and anybody, to go there. There's just so much information there. I really just prefer that they come in and ask and just get their levels checked, and us have an individualized discussion about where their vitamin D is at. Is it related to their skin issue that their coming in for?

I feel like it's just one component of a health issue. I feel like if we looked at

other inflammatory markers or other hormones, we might find that there's other things related, too. So I don't think you can look at vitamin D in isolation. I feel like it really has to be in context.

So, there maybe sites out there that aren't as good as others, as good of a resource. But just bring them to your trusted physician, and go over the information. And it would be a physician that's willing to take the time to look at those things and go over them with you and take the time to talk to you about those.

Sometimes, you may not get to everything else that you needed to in that visit, because that is more of a priority at that moment. But it's really important that you're able to get the information that's best for you, rather than what you read and rather what the media is promoting. And really find out how it impacts you as an individual.

Dr. Mark Menolascino: I think one of the things of the kind of medicine you and I do is that we're very thorough. We're complete. We turn over every stone. And as I mentioned earlier, as an internist dermatology, when I find these unique skin issues, lesions, or other things, they're difficult for me. And I think there's a lot of misinformation about skin out there.

Can I just ask you if you have, off the top of your head, what are some of the myths about skin health that you see in your clinic? Or people come and think is true that really isn't true?

Dr. Michelle Jeffries: Let me think about that.

Dr. Mark Menolascino: I know I'm putting you on the spot. It's a tough question.

Dr. Michelle Jeffries: Yeah. I would say the things we just talked about, skin cancer, sun exposure, vitamin D. That's a discussion I hold every day, with multiple patients. So the vitamin D, that I need enough. I need to be out there all the time. I'm going to get enough through that. That's one of the biggest myths that I see. It just depends. It depends on everybody.

One of the other things I run into, sometimes with my acne patients, is the whole issue about coconut oil and using coconut oil on their skin. I see actually a lot of flareups of acne of coconut oil used on the face, versus on the body. The body it tends to be a great moisturizer. But we have so many oil

glands on the face it tends to be not the right consistency for if you're prone to acne breakouts.

One of the other things, I have a lot of women that come in for antiaging treatments. As far as what skincare products can I use on my skin to help me stay looking the way I am, or preserve, or do things. A lot of women are using vitamin C serums, which are absolutely wonderful. But some population of patients that tend to break out, they actually can make you break out a little bit. So that's one of the things where they may be using a product and think it's fine, but they're actually breaking out from it.

So those would kind of be the top things I could think of to the top of my head. Do you have any that you run into, as well?

Dr. Mark Menolascino: I think a lot of what you mentioned. I was just thinking to myself how probably the most money misspent in medicine is on diets and weight loss. And probably the second might be to treating acne.

Dr. Michelle Jeffries: Yes.

Dr. Mark Menolascino: There are so many things out there. You see them at the mall, you see them on the internet, you see our clients bring them in, you see our kids using them. It's hard. And it's hard for me, as a physician. I really empathize with all of our viewers who are dealing with acne and skin conditions. It's really hard.

If you're lucking enough to have someone like Dr. Jeffries in your community, go see them. Find someone who can do this whole person approach, integrative approach, a functional root cause approach.

Michelle, if people wanted to reach out and find you, to learn more about you, and the work that you're doing, how do they find you? How do they connect with you?

Dr. Michelle Jeffries: The best way is on my website. I have a website, it's my name. DrMichelleJeffries.com. My website is based on being beautiful inside and out, and I take a mind/body/spirit and skin care approach. So it's blending all of those together.

So I have a welcome kit that you can download for free. And it will talk about some of these pearls of different foods to help with your body. To nourish from the inside out. Some mindfulness practices to help with your mind. Some

spiritual guidance to help connect with spirit. And skincare products, as well. It's a great resource. It's free. You can signup for that.

I am on Facebook and Instagram. Dr. Michelle Jeffries is my Instagram. And just my name, Michelle Jeffries, and Integrative Dermatologist are my two Facebook pages. But I think you get the most resources out of the website.

Dr. Mark Menolascino: Well, I'm going to go get that welcome package right now.

Dr. Michelle Jeffries: Awesome.

Dr. Mark Menolascino: That sounds fantastic. And the fact you have a degree in psychology and are a physician and a dermatologist, triple-board certified, I think you bring a unique skillset to everyone of your clients. Thank you so much for being here today.

Dr. Michelle Jeffries: Thank you so much. It was an honor to be here.