

Pretty Curious with Jonathan Van Ness & Dr. Ali Shahbaz

JVN: Hey, curious people. Welcome back to Pretty Curious, our podcast on all things beauty - I'm Jonathan Van Ness. This week we're talking to none other than my literal dermatologist in Austin, TX, Dr. Ali Shahbaz, we're talking all about psoriasis, which if you know me and you've been following me for a while, I have psoriasis. It has really impacted my life since I've had it. I got it when I was like 23. But I'm really curious about psoriasis are all the different types of it, all the different treatments and it's not just psoriasis, it's all the common skin conditions that dermatologists typically treat. But I this is kind of like it's going to be giving like a little bit of a Getting Curious, Pretty Curious hybrid because we're going into science. But we're also going into like cosmetics and treatments and all sorts. So this is a really fun episode. I love Doctor Shahbaz. But before he gets that combo, it's time to get ready with me.

I have been bitten by the Lush bug again. So bad. Like I was minding my own business. I left the seafood place where I love crab legs and I keep eating these fucking crab legs from this place. And then I found a Lush and now I got a refrigerator full of Lush masks. I love the matcha one. I love the blue one. I love that good old school oat one. They're really good. Also what else? Just dry as the day is long. Let's - really, it's less less about that. Let's talk about the Met Gala. It was a huge night for JVN Hair. Our friend John D (@hairbyjohnd) who's an incredible hairstylist. He's an incredible artist. He did Greta Gerwig's hair using JVN Hair. It was so major. I loved her look. I loved her fashion. But Zendaya gave us not one but two looks and not to like - and I mean, Law Roach really can do no wrong but I will just say that Zendaya's second look was breathtaking. It was the one that really gave it to me. Ariana Grande and Loewe also gave it to me. Stunning. I also thought Gigi Hadid and Thom Browne loved her look. It was like I just, I thought her look was just stunning. Um Also though I think Tyler stole the show uh Olivier Rousteing for Balmain. Just you probably just heard me watching this video of her that sand crystal body mold just getting carried up the stairs of the Met Gala. I just thought was stunning. I really did think that the fashion was fashioning this year. I just thought it, people looked really great and I also thought like a green carpet was like a welcome change of scenery. And if you didn't see Ariana's performance, you're mistaken. It was stunning. And Ariana Grande and Cynthia Erivo get out of my face. I cannot wait. For Wicked. I just literally cannot wait. Who are your favorite looks from the Met Gala? We wanna know, share it with us. We did a really incredible breakdown of some of our favorite looks over on @CuriousWithJVN. So go over there, follow, engage, you know the drill. And and and actually like, not only that one but like you guys, we're doing some really cute content over on Curious and we're working on some new series. So anytime you see something that you think is interesting or cool on @CuriousWithJVN and stuff, please share, put it on those stories. We see it, it means so much to us and it really helps.

Let's get into a beauty question, a listener question. How can I style my hair for a study session and not look as desperate as I do? I usually just throw my hair up in a ponytail or bun with a scrunchy hair tie, but I feel like I'm missing something because I just don't look as put together as the other girls. Well, you look great. First of all. I think this is a really good question though. A lot of putting your hair up and having it look good is actually about putting product in your hair first so that it can come up and look kind of more put together. So I really like air dry cream by JVN Hair for this. But you could really use like a lot of different hair creams or like finishing creams. You could even do a little bit of a pomade or a gel but on dry hair. Um Also, I think Sophia Richie's like very viral bun that she was posting last year is a good example of this and the how to is kind of similar to that if you look it up but basing your hair with some sort of cream or lightweight gel. I love an Air Dry Cream for this and then putting your part in and then I kind of like to separate like my hairline from the rest so that you can like figure out where you want it to be like, do you want it to be on top of your head? Do you want it to be at the base like at the nape of your neck, your bun or your braid or your ponytail? So it's really about like putting the product in first brushing it into place and kind of sectioning your hair prior to brushing it into place and then obviously like a more messy pull up is better than like a slick one in terms of like forgiving or, you know, being forgiving. If you really wanna snatch the hair, you really need to section it and you really got to use a lot of product. If you do something a little bit more messy, it doesn't have to be so perfect, but it can still be more put together when you like do like a messy do with a little bit of like cream in your hair or gel in your hair first. Also, I feel like another way to kind of dress up something, uh, you know, pulling, pulling your hair back. I'm obsessed with a little claw. I love a little clip. A lot of people are really into ribbons right now. Ribbons just feel fussy and like, I'm not going to take that extra time to put that in my hair, but I love a little claw or a little clip or like a little, um, like a little hairpin that has like a little flower in it or like, I just, I love a little hair accessory like in my bun or like behind the ear. Um, if you wanted to, to kind of dress it up, but I also just think like throwing your hair up with just putting cream in it first and then finishing with like, um, like a Tancho stick or some palmade on your flyaways at the end, you're going to feel so much more. Put together so gorgeous question and thanks for asking it. We love you and thanks for listening to Pretty Curious. We're going to get into our conversation with this week. The one the only Dr. Shahbaz. Dr. Shahbaz received his undergraduate of honors and Bachelor of Medical Science at Western University. He then attended the University of Ottawa School of Medicine in Ottawa Canada where he was also selected to be a varsity competitive rower. Hot. Dr. Shahbaz specializes in medical procedural and cosmetic dermatology. He enjoys treating patients of all ages and all skin types including moa. Welcome to the show, Dr Shahbaz. How are you, honey?

DR. ALI SHAHBAZ: I'm doing well. How are you, Jonathan? Thank you for having me.

JVN: I'm thriving, you know, um you know, I think our listeners know at this point while I'm in Vegas shooting Queer Eye, I am shooting from my closet covered in

hotel blankets. So it's not like as chic is what our Getting Curious universe normally is, but I feel like it's homey and it's fun. So just to give our listeners a little background on your gorgeous self that they didn't already get. I was minding my own business. I had a really bad psoriasis flare up. Then I met Dr. Shahbaz. He totally helped my psoriasis. He also gave me my, this is the man who gave me my first baby Botox that we were talking about. I'm Pretty Curious a few weeks ago. I also - as you also know if you're a listener of the podcast - when I first met Dr. Shahbaz, I was like, "Queen. Let's get all up on that gram. I need to see you on the socials. You are like, go, you're young, you're thriving, get on those fucking socials," and he's slaying the socials if I may add. So we just love Dr Shahbaz in this house. And yeah, that's why you're here. So, thanks for coming, honey.

DR. ALI SHAHBAZ: Thank you. Thank you. I really appreciate it. And it's always a pleasure seeing you in the office. Jonathan. You're such a bright, fresh of air. You're just so lovely. You're amazing. We love you having you here. So thank you. Thank you for letting me treat you. I think you trusted me and I trusted the process and it's been amazing seeing you clear up.

JVN: It's so good and look at my forehead.

DR. ALI SHAHBAZ: It looks amazing. You're rocking it. I know you're rocking the baby Botox. I love it.

JVN: I know. Oh my God. Ok. So I wanted to have you on for a long time because I really wanted to like, I've talked a lot about my having psoriasis. I got it when I was 23. It took me like three different dermatologists to figure out what it was. You know, one said that it was like a bacterial infection. One said it was an allergic reaction. And then on my third time was the charm where I finally got diagnosed with guttate psoriasis. And so I've had it since I was 23 I've had all sorts of different types of flare ups in, in terms of severity. And I've talked a lot about like, the, like, you know, just cosmetic things and also like, like cosmetic things in relation to psoriasis and also like, topicals that have worked for me. But what I haven't really figured out is like, what the fuck it is? So this is kind of a Pretty Curious/Getting Curious cross, we're kind of doing a little bit both on this gorgeous episode of Pretty Curious because I also need to figure out like what the fuck is psoriasis, you know, generally. So what is it? Why is my autoimmune my autoimmune system saying, "no girl?"

DR. ALI SHAHBAZ: Why is this happening? That's a great question. We're still figuring out what is psoriasis and that's why there's so much research and you know, interest in this in this condition because it's not just a condition that we often think about is what the skin and you and I have talked about this in person where, you know, we also want to protect other parts of our body. Often we think psoriasis is just skin, these, these plaques, they're not going to kill you. Let's just leave it. But in reality it's gonna affect your joints, it's gonna affect your mental health, it's gonna affect your heart, it's gonna affect a lot of different parts of your body, which is why we are so interested in this condition. What we know right now is there's an immune,

there's an immune dysfunction, imbalance, excuse me, with with psoriasis. In patients with psoriasis, there's definitely a component that's genetic. So there's a genetic predisposition to someone developing psoriasis. Obviously, we always ask you, you know, did your mom and dad have it? Did grandma and grandpa have it? do siblings have it? And then there's also these triggers that are in the environment. So whether it's stress, whether it's smoking, whether it's pregnancy, these are all things that change your immune system. And for someone who's already predisposed, it's a double whammy that basically will cause you to flare up in your psoriasis. And so there's, there's lots of different factors that are going into it. I often tell my patients it's an autoinflammatory condition, autoimmune dysfunction and it's multisystem. So we're here talking about the skin. I'm a skin doctor, but I'm also worried about your joints, making sure your mental health is good, making sure that you don't - depression or anxiety and your heart's ok as well because those are common comorbidities to this condition.

JVN: Ok. So when I have a flare up and someone's looking at me like I got something on my skin, tell me if this is right or wrong when I'm giving that person my elevator pitch for why they shouldn't be worried. "Queen this is like a noncontagious autoimmune disease where my skin just sheds too much on those spots. And so now it's like all fucking red and patchy." Is that true or is it not really that it's shedding too much? Because I feel like that's what the girls say. But is that really true?

DR. ALI SHAHBAZ: That's absolutely right. What happens is that because it's your, your immune system is almost hyperactive and you're producing so many skin cells that you just basically, they just keep piling on one another. And so when you're shedding, it's not contagious, it's not infectious as you were previously told. There's no, there's nothing that someone can do in touching you that will basically make your skin worse or, you know, if I touch your skin also, now I have psoriasis as well. I think there's lots of these worry, you know, people get worried about this and they start getting really self conscious. It affects people's relationships, it affects how many, how, what kind of friends they make for kids. It affects them going to camp. So it's, I think it's a very good elevator pitch and it's spot on, it's bang on.

JVN: OK. Great. I just want to make sure that I wasn't spreading like medical disinformation. You know, you're, you're completely right. So I had this really bad flare up in like summer of 2023 and it was the first time that I've ever had it on my scalp and seemingly overnight, my scalp just had these huge kind of puzzle piece, like it wasn't dandruff. I've never had anything like it and it was just, and then it was you who was like, oh, yeah, you have it on your scalp now. And then I got that one little steroid topical that did really take care of it, but that one really was super annoying, like, just like having so many flakes. Like, it, it like affected how I wore my hair and it just was like something I had to think about that was, like really annoying. Just for the record, I hated it. So do we know how many people are living with psoriasis in the United States or like globally or like?

DR. ALI SHAHBAZ: So roughly, we think anywhere from 3 to 4% of people in the world have psoriasis and the, the the the incidents in North America. So predominantly in Canada, United States is anywhere between 3 to 6% depending on what part of the literature you read. So it's a significant amount that's millions and millions of people.

JVN: So I learned when I had psoriasis from this nice, like dermatologist in L.A. when I was 23 he was like, this is guttate psoriasis and I was like, oh my God. And then he was- I was like, what is that? Then he was like, guttate is like Latin for "teardrop." And that, and I had all these like little like kind of spots like all over. But then he taught me that there was like other types of psoriasis too. Will you? I can't decide if I want to play this as like, do I know as much as I think? I know and then just tell you what I think actually, I think that is what I want to do. OK. So tell me about missing new types of OK. Ready? Guttate, which is the teardrop like, you know, little patches inversion, which is like is that in the folds of your skin? Like armpits, knees? Inverse, right? Then like plaque is like when it's like big large swaths, it just looks like gigantic swaths of the gut tape look similar, but just like way bigger.

DR. ALI SHAHBAZ: And that's the one you had, we had plaque psoriasis that we treated.

JVN: Oh my God, I had plaque because it was on my knees. I had the stubborn knee plaque. You're right because I, I'd always have that fucking knee plaque. But then I really, oh my God, you're so right. Oh My God. So I had like guttate and plaque. Oh my God. OK. OK. OK. What else is there? So there's a conversion guttate plaque, isn't there? Five? What?

DR. ALI SHAHBAZ: There's more. So there's, you also have special sites. You've got nail psoriasis, right? You have scalp psoriasis.

JVN Oh My God. I have that one too.

DR. ALI SHAHBAZ Yes. You have scalp psoriasis. You've got inverse. You've got guttate, you have the one that pregnant women can often get, which is called impetigo herpetiformis. So a lot of pregnant females will start getting, um, or pregnant women who identify as women [*birthing people*] basically will get these pustules and little they look like teardrops as well during their pregnancy. You also have palmoplantar pustular psoriasis, which is basically on the palms and soles. You get these little pustules, you didn't have that. And then you also have sometimes special categories like drug induced. So certain medications will cause your psoriasis to trigger. And what's interesting is the, the type that you mentioned guttate psoriasis that's actually caused most commonly by some sort of viral illness. So someone gets a cough or a cold, they get a sore throat, they might get strep throat and they actually start developing the guttate psoriasis in their entire body. And so for that specific scenario, some people actually go and get treated and get their tonsils removed because once you get your tonsils removed, you stop flaring up in your guttate psoriasis. So that's kind of a cool little factoid that, that one is a bit different

from the rest of the ones that we have. But we, you had the garden variety kind plaque psoriasis, which is very, very common.

JVN: Do we know about like how psoriasis affects like people from like different places?

DR. ALI SHAHBAZ: So there's certainly a higher, there's certainly a higher incidence in caucasian or, you know, skin types that are considered, you know, more fair skin. But psoriasis, it doesn't, doesn't, um you know, just become a white person's disease. It's everyone's disease. And so I think it's important to know how to diagnose it. And the, the what you're mentioning, the pink red scaly plaques, they look different on your skin, for example. But on my skin type, it would look more kind of like a a ruddier brown, you know, maybe look a little maroon-ish. The scale looks a little bit more silvery on my skin versus on yours, it looks more a little flaky. And then the pigmentation, right? Let's say I you came to me after you've had a flare pigmentation for you look different. If you remember it looked more, you know, reddish or faintly, you know, erythema or red and pink. For me, it would look more, you know, light medium brown and that-

JVN: Dr. Shahbaz don't lay a fucking \$25 word on us like that. And then - aroma, what color is that? Aroma?

DR. ALI SHAHBAZ: Erythema is basically a fancy way of saying redness, erythema or erythema. Yeah, it's just a fancy way of saying erythema.

JVN: Bitch! That's a tweetable moment. Chris, we got to put that on the socials. Erythema honey, that's a good vocabulary word. I like that. So let's talk about treatment options. So like and also let's talk about diagnosis. So if you get a bunch of fucking red shit all over your body. Like how would you, if you were not a dermatologist, how would you vet a dermatologist for some unknown skin condition? You're like, oh my God, I don't want to do. It's fucking shit on my body.

DR. ALI SHAHBAZ: So I think first and foremost, I think credentialing and finding the right doctor in your neighborhood and your neck of the woods is important. So looking for someone who is board certified, double board certified, someone who practices and is well versed in medical as well as cosmetic and procedural dermatology. I think that's the core once, you know, someone's board certified and a dermatologist, physician, healthcare professional, you know, you're getting someone who is a true skin expert as someone who actually knows how to diagnose and treat psoriasis effectively so vet your doctors make sure that they are up to date, um with their current literature reading, they know what the new treatments are so they can provide the best evidence based care for you. And you know that you're getting the best care out there, that's the safest. So that's how I would vet. And obviously, asking family and friends if they've had a positive experience. One that is versed in all different skin types as well as important because psoriasis, we know can look different on someone who is darker skin, like myself or someone who is fairer skin

looks different. So having someone who is comfortable in that is super important because that's when you can get misdiagnosed and delayed in diagnosis.

JVN: So that's interesting. So it does look different on different skin types. So we need to make sure that any dermatologist that you're vetting is good with all skin types, which I know in the hair care industry, that's like an issue. Not everyone knows how to do all types of hair. Is that a big issue in the dermatological industry as well?

DR. ALI SHAHBAZ: Yes. Unfortunately, we're not always all equally trained, depending on the demographics of where we're trained at. I was fortunate enough that the demographics where I was trained at was very multicultural in Canada. So you need to be comfortable in looking at, you know, um straight thin hair as you know, probably. But there's also different types of kinky or Afrocentric hair as well. Looks a bit different, the the texture, the quality, the hair diseases are different in certain skin types as well. So knowing how to be culturally competent, but also culturally verse and respectful that some people based on their skin type and hair type will wash their hair once a week, some of them will wash their hair every day. Those are all little nuances that affect people's, you know, hair care practices, but also how their hair and their scalp is, you know, taken care of. Those are all very, very good points.

JVN: Now, it's far as psoriasis- back to back to that tricky old thing. I got it when I was 23. Is there like a common time for it to typically, like onset in people? Like, can people get it when they're young? Get it when they're old? Is it all different ages when you can first get?

DR. ALI SHAHBAZ: It doesn't discriminate based on ages. I think there's definitely a bimodal peak, meaning that some kids get it earlier on and then there's a phase in between where you don't see it uptick as much. But then as well as, as soon as you're in your young adulthood life, like yourself in your twenties and thirties and so on. It can come and show up though. Most people will show up as in the pediatric population as well, which is under 12 and you know, and also in the adult population equally, but there's no discrimination based on age.

JVN: And then is it - ok- now, back to quiz time of me. Is there any treatments that I'm missing? Oils, foams, oils, foams, like lotion injections? Is there pills?

DR. ALI SHAHBAZ: There are pills? Yeah, you're right. And then there's also light, right? So let's, let's break it down to our treatment. We've got topical treatments which can be in the steroid world and the non steroid world and the topical treatments in the steroid world have been around for decades. That's what we normally rely on, right. For anything that's inflammatory in the skin.

JVN That's what I was using.

DR. ALI SHAHBAZ You were using lots of topical steroids as we know, long term, you know, chronic use of topical steroids, um, can have some side effects, not when they're administered by a dermatologist in a safe way. They are totally safe to use.

But when they're inappropriate use, they can have some side effects. Now in the world of topicals, we've started to do no.

JVN Such as?

DR. ALI SHAHBAZ We can get, we can get atrophy, which is basically thinning of the skin. We can start getting the erythema that we just learned the redness. We can start getting, um, uh, changes in, in the overall skin quality and getting striae or stretch marks in areas where you put too much of it. And then long term chronic use, you can get what people often say is TSW which is topical steroid withdrawal, which is becoming a trendy topic these days on tiktok and Instagram, et cetera. But those ones that is when it's inappropriate use for decades or years and years and years. So it's not something that we normally see.

JVN: Cause sometimes when I used to use, it didn't happen with like the foam as much, but sometimes when I used to use oil and get it, get the flare up under control and I would stop using it. It would just come back with a vengeance, not that much longer later. And sometimes in different spots, like I used to say it was, it felt like whack a mole like I would get it under control one spot but then it would just come up on my other leg or come up on my back or just, or my wrists or arms or wherever. But then the thumb, it kind of, it was, I don't know if it was just because it was easier for me to treat with the foam because it, like, stuck on me easier. But then this injection, honey, like, I just really haven't even needed to use a topical for like a year, which is like amazing.

DR. ALI SHAHBAZ: And that's the goal, right is eventually getting to the condition under control where you don't have to be relying on your topicals or your creams or lotions or your oils at all. And that's the ideal situation which you, you've become a perfect candidate for, I will say in the topical world, we've come a long way to finding ways to not do steroids as well. So we have newer topicals, but even then, and remember you and I, we tried those as well because we wanted to, let's talk about before we forget pills and injections. So that's where you went on to. So pills are the new, um, you know, um, treatment options that we have. They're great to use. They are also very safe. They're in a different inhibitor world of ill and il which you were talking about A seven. Yes, there's the il 17. There are the 23 or the il 23. Um, depending on talking to your board, certified dermatologist. You will find out what is the best one for you based on your past medical history, based on what else you are treating and what medications you take. Um, and then there's also, you know, pills that can block PDE four, which is a inflammatory pathway with psoriasis. So there's lots of, there's lots of treatments out there that are very safe and you're on one of the safest treatments as well.

JVN: I know for me, like scratches can start a little flare up, stress too much heat, like hot yoga, like started like flaring it up really bad when I got into it.

DR. ALI SHAHBAZ: We know, we know there's, we were studying the pathway. So we know something sets off this pathway to go on. You're absolutely right. Stress is a

very common trigger for a lot of people or any sort of viral illnesses can be your trigger if you're in um if you're pregnant, that can be a trigger some actually metabolic abnormalities. So if your calcium level actually changes, if it goes lower, that can be a trigger for your psoriasis. Certain drugs like medications can actually cause your psoriasis. And then what's interesting is you brought a very cool phenomenon of the one where you scrapped yourself. Remember when you and I talked about that, that's called, there's a name for that and that's called Koebners phenomenon um named after the, the individual who actually um discovered it. But Koebner is basically any sort of trauma to the skin will cause your, your skin is, it's a really smart organ and it will basically say let's just put the psoriasis all there, there's trauma on Jonathan's back. Let me just put psoriasis there and it does that repeatedly. So anytime you have a scar, a burn, a scratch, psoriasis will form there because of the Koebner phenomenon, which is a very interesting feature.

JVN: What are like the top three skin conditions that dermatologists treat?

DR. ALI SHAHBAZ: Probably would be acne- acne/rosacea, eczema and psoriasis. Those are the top three that we all see day in day out. If

JVN: you had to give it bronze, silver, gold, like for most common.

DR. ALI SHAHBAZ: The most common would probably be acne/rosacea that's gold. Um bronze is going to be- or silver is going to be eczema or eczema. And then finally, Psoriasis,

JVN: What is leprosy? Was that real? And is it true that people like historically conflated it with psoriasis? And like we need to do an episode on like leprosy in the past and is it actually the real?

DR. ALI SHAHBAZ: Yeah. And I think, I think that's a, that's a great point because historically, psoriasis was misdiagnosed as leprosy and there was lots of cultural and even religious. If you could remember a context to that, we could always peel that off that there was, you know, some certain people in the church or in the, in the, in the Catholic church that just would not, you know, go to certain people or they would go because they think they had leprosy. It was contagious. And I think that dogma in that belief system, unfortunately kind of carried on even to contemporary day where people sometimes think psoriasis is contagious. It comes from that era when leprosy was very contagious and leprosy, we know it's an infection, it's a mycobacterial infection. It's uncommon, you can get it, even in Texas, in southern Texas you can get it from, you can get it from armadillos. That's there a common-

JVN Oh my God, there was one in my front yard.

DR. ALI SHAHBAZ Armadillos can commonly be a vector for leprosy up till this day. So don't go petting armadillos but you should be fine. It's a treatable.

JVN The babies are so cute, though.

DR. ALI SHAHBAZ They are cute. Just don't, I don't want to be treating leprosy. A.

JVN: Have you ever seen leprosy IRL? Were you ever like, girl, you got to go to the, er, because that's that

DR. ALI SHAHBAZ: I have, I have, there's, there's, you know, there's um a primary, secondary tertiary, um also leprosy and there's leprosy that can be on for years and years and years. So definitely is it fatal? It can be, it can be fatal depending on if it reactivates and in, in the, in the patient that hasn't been treated.

JVN: What about like ringworm and like, what's like the most, like contagious skin disease? Like what's the thing that if someone come to the office, you see, you're like, fuck like I fuck. Shit.

DR. ALI SHAHBAZ: I think, I think for me, one of the ones that you'd be careful about, especially if you're around is around pregnant women is going to be shingles or HSV or herpes. Um That can be very contagious very quickly. Um We obviously see lots of warts that they can be contagious, you know, they're very common. Um For kids, we see molluscum a lot, the little, you know, the little tiny little moles, white papules, but generally I would say, you know, HSV or herpes or auster shingles, things like that are very infectious. You to be very careful touching those.

JVN: This fucking one time when I was 19 at my first salon, our front desk girl was like, oh my God, there's these pimples on my neck and we were all looking at these fucking ulcers on her neck and I was like, oh my God, that looks crazy. I was like, let me try to pop it. So then with no, nothing on, I was like fucking popping this thing and like touching it and stuff. And then like two days later, I woke up with what looked like someone had put a pack of cigarettes out on my side because I didn't really have chickenpox as a kid. And so I just had this like huge, like 20 little burns in this huge circle and then she had texted me and she was like, "Oh my God girl, I have shingles and then I was like, I fucking have shingles now."

DR. ALI SHAHBAZ: Jonathan don't go popping people's pimples. Just let them be. I know. I know. And that

JVN: That shit looked like pimples on her, on our front desk person. It looked like fucking pimples. And then I- ugh! is there any, like, is there any um like, dermatologists or skinfluencers are like, trends that you're obsessed with right now or that you think are like, actually not even that trendy because they're actually really classic and fierce and like perfect?

DR. ALI SHAHBAZ: So OK, so a trend right now when people talk about, you know, using a topical retinol 100% here for that, I think it's important to start using as early as your mid twenties. Sunscreen will never go out of style and usually using sunscreens that have um iron oxides mixed inside them, they prevent your skin from visible sun damage. So that's also a cool tip that I always tell patients.

JVN: Is that another machine like a, that's a mineral sunscreen versus a chemical one.

DR. ALI SHAHBAZ: So there's mineral and chemical sunscreens and then there's um do you know how you look in the back? And you see like all the medical ingredients in them? You see like zinc and titanium and then word words like oxybenzone or Avobenzone. But then if you look at the big paragraph, you're going to see something called iron oxide. Those are, that's a trending topic because for skin color, skin types like myself, it helps with pigmentation and it actually prevents people to get brown spots and dark spots to begin with. So that's a, you know, a good fad that people should be doing. Another big one is LED lights. I, I like them. I think they're, they're great. Um I think everyone should be wearing an LED mask if they can, they can buy one. That's good. Um Those are all -

JVN: Because what does that do for your face? I see those people on social media with like the red mask.

DR. ALI SHAHBAZ: The red mask that's going to boost Collagen, it's gonna boost Elastin. It's gonna remove some fine lines and wrinkles and overall. Yeah. And overall it does um prevent some um some aging. It kind of slows down the aging process. So it has-

JVN: You guys we have to order one, we have to update that. I'm pretty curious. Must order one, you know, we have to order Julia, by the way, just while we're thinking about it, a dry brush because I really want to start dry brush exfoliating doctor. I haven't had psoriasis flare ups for so long that I think I can get to exfoliate. I like, I like, I just, I haven't even fucked with any sort of exfoliation for so long as it can trigger, but I feel like my shit's kind of giving stability and health now.

DR. ALI SHAHBAZ: Yeah. Yeah. Yeah. And you know what I will say Jonathan, I prefer when in the exfoliation world, there's two types of physical which is like your dry brush, like scrubbing and like the little beads and then there's chemical exfoliation. So alpha hydroxy acids, beta hydroxy acids. I usually prefer the chemical exfoliation but things like on your scalp, you can totally dry-dry brush and get a level of exfoliation.

JVN: Do you like any? Is there any body washes that have like a AHAs or anything?

DR. ALI SHAHBAZ: I really like the best skincare brand that's, you know, drugstore level as well. Naturium or Naturium, they make a great um salicylic acid and glycolic acid wash not to drop names right now. But I think I'm more about affordability and practicality in addition to, you know, ingredients such as work, right? Why do we need to upsell and over price things that just don't need to be.

JVN: Dr Shahbaz - Were you just like minding your own business one day? And you were like, oh, I want to be a dermatologist. Like, how did you become a dermatologist and realize that you wanted to? And was it like so hard?

DR. ALI SHAHBAZ: So it, it's funny there's, there's when I started medical. Well, I didn't know what I wanted to be. I thought I would get, I would, you know, I was a competitive rower. I was a varsity athlete. I always liked being around athletic kind of

people and I thought that would be the patient population that I would treat. So I actually started going into thinking that I'd want to be a physiatrist or a PMR doctor, which helps rehab and rehab athletes. And I realized after when I was, you know, going through my rotations and elected, I said, you know, I think I really enjoy the rashes on these athletes, than athletes themselves. And so I think I'm going to go down that road and that's how I ended up in dermatology. I loved that it was the balance of art and science. You get to use your artistic eye to do cosmetic dermatology and facial aesthetics. You have science and we, like we talked about, you can treat, you know, and save people's lives with psoriasis, eczema vitiligo, um you know, treat some really, really severe rashes and ultimately, you can treat anyone from as young as a baby to as someone as old as your grandparents. And so it kind of gave me the full family patient experience and that's what I really got me into dermatology. One day I can wake up and be injecting filler and Botox the other day, I can be cutting out skin cancers. And then the other day I could be doing skin checks and helping people with acne. So it's a, it's a very rewarding multifaceted specialty, which is why I'm in dermatology.

JVN: Wait, Dr Shahbaz, so does that mean when you were like learning how to inject like you like watch like your teacher do like the lips and like you watch it a lot and then like, and then like, do you remember like the first time you did someone's lips? Were you like, fuck me? I'm about to do with these fucking lips. Like, were you nervous?

DR. ALI SHAHBAZ: Yeah - We often would often would as dermatology residents in training, we would practice on each other because we're the best guinea pigs on each other. So you practice on each other, you learn, you, sometimes some people go do fellowships as well to do extra training to really get that perfection down before we start treating our patients. And I think that's where you can feel confident that, you know, when you go to someone who is, who's board certified, they have done all their, they've crossed their Ts dotted of their Is that you're getting the best job done.

JVN: And then if someone's been listening to this, they're like, bitch, I'm not going to school for 12 years, but they're like, I love dermatology. Like what are other cool, like how long does it take to be like a dermatological nurse? What about like a medical aesthetician? What about like front desk people or something? Like what are all the things that you could do to get involved if you want to?

DR. ALI SHAHBAZ: So there's, there's many ways to get involved in dermatology. I think when you want to work in a practice, you can be a dermatology nurse. You go to school for four years and become an RN LPN um etcetera and you can work in that field. Um You can also be sometimes a physician assistant. So physician assistants, you know, can go and train under and follow a dermatologist well and work under their practice as well. You also have other midlevels like nurse practitioners or um uh nurses that want to do more training in dermatology and be in that scope of field. If you want to be involved in the patient, you know, care involvement, you can do the be a patient care coordinator, you can be a front desk,

you can be a medical aesthetician, you know, that does facials and laser hair removal. There's lots of ways to get involved in dermatology. And I think finding out and seeking what's available at your local dermatologist practice would be a good start and then seeing how you can train to be in that practice.

JVN: Dr. Shahbaz, we're going into our last segment, which is our rapid fire round, which is one of my favorite rounds. But before we get there, just random question, have you ever had a patient who had like a cheek implant or like cheek implants or like a chin implant? And it was like an implant, not filler. And you were just, and they were like, oh I want to do this and that and you were like this implant is not sitting girl like we got to go back or honey. So this is not, this is they no filler going to fix this. Have you ever had to be the one to break that news or would you never say that?

DR. ALI SHAHBAZ: Unfortunately I have because in my practice, I think it's important to be transparent and honest with your patients. But I think it has to be discussed in a very respectful way - discussing it only if the patient brings it up though is my motto. So if the patient doesn't bring it up, then I will never bring it up though. But if a patient says, you know, what do you think about my chin, what do you think about my chin implants, then we can have a conversation about the facial aesthetics and symmetry and what would look good on them - customizable. Um And in a very respectful way, but yes, I've had to do it and it's not fun because you never want to hurt your patient's feelings, but you also want them to feel comfortable to be able to bring it up to you, right? So I think that's a, it's a, it's a very, it's a great area.

JVN: Dr. Shahbaz, I don't envy you there. OK. You ready for a rapid fire round?

DR. ALI SHAHBAZ: I'm ready. Let's do it.

JVN: it. What is your budget, beauty recommendation under 10 bucks,

DR. ALI SHAHBAZ: Budget beauty recommendation under 10 bucks. Um I would probably say an over the counter uh retinol that you can use. Now do you want a product or do you want a topical product?

JVN: It's just any budget beauty recommendation under \$10. So, if it's an over the counter retinol, I think there's lots of those that are under \$10. But if there's one that you like specifically, then give us the one.

DR. ALI SHAHBAZ: So like um I think you can never go wrong with Adapalene - 100% under \$10. It'll be anywhere from 8 to \$10 that will help with acne scarring pigmentation. It's your go to.

JVN: What about a splurge recommendation? Treating yourself.

DR. ALI SHAHBAZ: Treating yourself to a vitamin C. A vitamin C, 100%. A vitamin C protects yourself from air pollution and aging. A splurge splurge with one that is over \$100 or \$200 but it's definitely worth it because vitamin C is a very unstable

molecule. Usually the more expensive ones are a little bit more, sometimes more stable. So you get more longevity out of it.

JVN: What's a product? You never leave home without?

DR. ALI SHAHBAZ: My sunscreen. I never leave without my sunscreen.

JVN And which one do you use?

DR. ALI SHAHBAZ So I am, I'm, I'm bias to Isdin. I like Isdin's Eryfotona Actinica, which is it has DNA repair enzymes. So it reverses aging. I love um a tinted mineral sunscreen and I love um using a combination of sun sticks, as a guy with hair on my arms as well as foams. So I will use all formulations as long as it's, uh, it sits well on my skin type and for me being skin of color, making sure that it sits well with my skin type.

JVN: Honey. What is one of your, like- It's a look. What's your favorite vintage beauty look or like something that you saw growing up where you're like, oh my God, that's major?

DR. ALI SHAHBAZ: I think. I, I've always been partial to the classic old money aesthetic of um when you just had very simple, natural healthy skin, not, not overdone. You know, the men had the pompadour or the, the, the side parts, but it was just basically just a very clean aesthetic. I'm always partial to that because for me, that means that their skin is so healthy that they don't need to cover up with anything else. It glows and radiates. So I'm partial to that aesthetic.

JVN: Oh, it's a pretty aesthetic. Ok. Meh or Major: skin cycling.

DR. ALI SHAHBAZ: Let's go, let's go with major because I think there's, there's, there's some parts of it that I can agree with, but generally speaking, I don't necessarily think you need to skin.

JVN: And skin cycling just to make sure that I know what that is. That's just like when you like, it's like doing like a retinol for a phase and then doing like a different thing for a phase, like just like phasing through your skincare based on what your skin's needs are.

DR. ALI SHAHBAZ: Exactly. And I think we we normally counsel our patients to not do your retinol every single night, we'll do it like, you know, do it two times a week. So you're already skin cycling in the counseling. So I'm, I'm ok with skin cycling if it's done responsibly.

JVN What about skin fasting?

DR. SHAHBAZ I think skin fasting is, is a new term. That's "meh" because really you don't really need, if you're doing something, well, you don't, you shouldn't need to stop it. So, um, I think skin fasting, stopping your, you know, serums and moisturizers. If it's causing you to break out, then you shouldn't be using it in the first place.

JVN LED light therapy.

DR. SHAHBAZ We talked about this. So I think it's major. I think it's good, especially if it's from a reputable source.

JVN: What about those face massages instead of like Juvederm and like fillers in your parentheses. But when they do like the, or like those major internal mouth massages?

DR. ALI SHAHBAZ: Meh. They don't work. There's no studies that prove them.

JVN: What about gua sha?

DR. ALI SHAHBAZ: That one I think it's a, if you would like to do it, go do it. It's more of a want than a need.

JVN: Jade rollers?

DR. ALI SHAHBAZ Meh.

JVN Neuropeptides?

DR. ALI SHAHBAZ: Uh, I, I, I'm gonna say major for that one. That one I'm gonna believe in it's actually showing to be useful.

JVN Parasols?

DR. ALI SHAHBAZ I don't know what that is. What's a parasol?

JVN: Honey is an umbrella for the sun.

DR. ALI SHAHBAZ: Parasol. Yes. The major, the 100% anything that protects you from the sun.

JVN: Jojo Siwa, Karma?

DR. ALI SHAHBAZ: I don't know what that is.

JVN: What- Karma's a bitch you should have known better. You have not heard Jojo Siwa new song? You've been literally helping people with their skin so much in Austin

DR. ALI SHAHBAZ. Apparently!

JVN Jesus Christ. That is crazy. Jojo Siwa of dance moms fame. No, she's, she literally girl, you really have not been on the same algorithm as me for the last month because you need to ask you got to get this Jojo Siwa together in your life, honey, because Karma is a bitch.

DR. ALI SHAHBAZ: I need to watch her. Oh my God,

JVN: what's next for you? What's next on the horizon for you? Where can people follow along? Are you getting into the TikTok yet? Are you still more all up on the Instagram? Where can people follow you?

DR. ALI SHAHBAZ: So I'm still on Instagram. It's @AliShahbazMD_ and I'm sure you'll link it. It basically is my way, my social media, maybe TikTok one day. You'll never find me dancing though, but you'll definitely see me um posting and teaching all things dermatology. What's next on the horizon? I think some big things when it comes to clinical trials, traveling around and giving some speeches on dermatology. I do a lot of cosmetic dermatology so just seeing the world in that sense and then traveling. So you might see me around if you have anyone ever sees me come say hi to me. I'm friendly. I'm not scary by any means.

JVN: Well honey, I follow you. I love, I love, it's a great follow you guys. I can't wait to see you when I get back home to Austin. Thank you so much for coming. I'm Pretty Curious Dr Shahbaz. We appreciate you so much.

DR. ALI SHAHBAZ: Of course. Thank you for having me in and looking forward to being back here again. Have a wonderful day.

JVN: You've been listening to. Pretty Curious with me, Jonathan Van Ness. You can learn more about this week's guest in the episode description and follow us on Instagram and TikTok @CuriousWithJVN. Pretty Curious drops every Monday wherever you get your podcasts and make sure to tune in every Wednesday for Getting Curious. Still can't get enough, honey. You're insatiable. Subscribe to Extra Curious on Apple podcasts for commercial free listening and our subscription only show Ask JVN where we're talking all about sex relationships or really just whatever's on my mind. That week, our theme music is composed by Nathnael McClure. Come on Nathnael. Our editor and engineer is also Nathnael McClure. Yes. Getting Curious is produced by me Chris McClure and Julia Melfi with production support from Julie Carrillo, Anne Currie and Chad Hall.