

The Human Upgrade: Episode 1132

[00:00:00] **Dave:** You are listening to the Human Upgrade with Dave Asprey. This is a live in-person episode from the studios here in Austin, Texas. And our guest today is Dr. Rob Whitfield, who's been on the show before because he's one of the preeminent experts in breast implant illness.

[00:00:20] And I've found he has this incredible deep knowledge of the kind of work that he does. And he comes to this because he used to do reconstructive surgery for women after breast cancer. So he's a plastic surgeon who started listening to patients about breast implants and really went deep on it. And there's an episode you really want to listen to about that.

[00:00:43] But when you're dealing with someone who's a master of their craft, after doing it for 20-plus years, they usually get a sense of what works and what doesn't work. And I've been blessed to know thousands of doctors at this point. And sometimes you meet someone who just knows a lot and is willing to speak the truth, even if it's uncomfortable.

[00:01:06] And the other side of Rob that you don't know about as much is his plastic surgery side. And plastic surgery has the nip and tuck kind of duck lips, and butt implants, and all that kind of stuff. I'm not that interested in butt implants and duck lips, and neither is Rob, but I'm having him on today because we're going to talk about cosmetic treatments for your skin, for your face, for your body, cosmetic stuff, including things that don't require cutting.

[00:01:41] The reason I'm interested in this is, if you're a longtime listener, you know that I used to weigh 300 pounds and I've lost more than a 100 at this point, probably 105, and I'm running around today around 6% body fat, maybe six and a half. And when you lose that much weight and you keep it off, well, you can have excess skin anywhere.

[00:02:04] And I know lots of formerly obese people who went on the Bulletproof Diet and all who just end up having a surgery to cut a lot of skin out. I don't like surgery if I can avoid it. So most of my extra skin was on my low back, so I had folds. I'm almost like a crumpled paper, which I just didn't think was what I wanted for the next 130-plus years of my life.

[00:02:28] So I said, all right, what can I do about this without just cutting into it? And I met Rob and he's like, I got you. What do you mean you got me? So Rob has removed six square inches of skin from my lower back. There are no more folds. It's tight. And he did it without cutting one single thing, which isn't supposed to be possible.

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[00:02:47] And he does something called the no-cut facelift, which removes extra skin from your face, which you need after weight loss. You look at my old pictures, even from when I was in my early 20s that are on my Instagram profile, you see puffy large round face, and some of that was mold inflammation, some of that was extra estrogen and just extra other inflammation, and omega-6, and all kinds of stuff.

[00:03:12] So how do I do that? Well, I saw Rob. And it was about-- was it about a year ago? About a year ago, I had him do this. We tested on my back a few times, and then he did his no-cut facelift on my face. We pulled about two square inches on my face. So I'd probably use another two square inches given where I'm with my weight loss.

[00:03:32] And a lot of people saying, oh, Dave, you look old online. And my first answer to you is, yeah, but you look stupid and I can do Rob's work. Okay, that's not really my answer, but it was funny. So what's going on is as you lose weight, you lose weight in your face first and probably your love handles last. True statement?

[00:03:58] **Rob:** Right, unfortunately.

[00:04:00] **Dave:** So I'm like, how do I solve all this problem? Unlike guys like Bryan Johnson, I haven't had a fat transfer in my face. I'm not opposed to it, just haven't done it. I've had more stem cells in all of my body probably than anyone, including in my face. We're talking, I don't know, billions of stem cells at this point.

[00:04:18] I've shared all those journeys with you guys. So this isn't a stem cell thing because as you age, your skin does stretch, and it's not the most aggressive anti-aging therapies. There's still gravity's effect on a system, even a young system. 18-year-old skin that's exposed to 60 years of gravity is going to behave a certain way.

[00:04:35] So how do we counteract that? So we're going to go deep on everything that you can do to make your skin look better, including things that are non-surgical. And this is going to be a masterclass for you. Rob, welcome.

[00:04:48] **Rob:** Well, thank you so much for having me, and it was a pleasure to help take care of you. With your expertise and your own understanding of biohacking and your own body and

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your own metabolism, it's far easier for someone in my position to help take care of you, but for your listeners, I don't take care of someone for the sake of providing the service.

[00:05:11] We want total body healing and wellness. So we start with things that may seem esoteric, but are the most important in our surgical preparation program. Basically, we want to know your genetics. We want to know your toxicity profile. I'm sure that these are all things that your listeners understand and appreciate, as well as your gut health, your microbiome, sensitivities you may have to foods or other toxins, and your hormonal balance. If these things aren't addressed initially, everything that I have expertise in doing or performing for you will have less than the desired outcome.

[00:05:48] **Dave:** Well said. In fact, guys, if you go to daveasprey.com/heal, you'll see my surgical pre and post things for any surgery that I do. And when you talk with Rob, you'll see he's got a similar view on things. And Rob, some people are already probably asking, is Dr. Rob Whitfield's-- and your clinic is called Aloe Skin + Body. But how do they find you?

[00:06:09] **Rob:** Right. You can go to www.drrobertwhitfield.com and find all of this. And then obviously for our surgical recovery program, it's trademarked Harp.Health.

[00:06:21] **Dave:** harp.health. So Holisticarp.health?

[00:06:24] **Rob:** Yeah.

[00:06:25] **Dave:** That's easy to remember. Okay, guys, harp.health, if you want to connect with them. And I just got to say to, did you really say www? You forgot to say <http://www> before that.

[00:06:37] **Rob:** I'm older than you.

[00:06:39] **Dave:** And it shows. Maybe not in your skin, but certainly in your tech. I apologize on behalf of our guest today for this display of shocking technical incompetence.

[00:06:52] **Rob:** Fair enough.

[00:06:53] **Dave:** Has anyone ever ashamed you for owning an Android too? I'm kidding.

[00:06:56] **Rob:** I don't have an Android.

[00:06:56] **Dave:** I know. You don't say. Okay. There are limits. All right. Let's talk about it. And I just want to be really clear. There are countless people in Hollywood, and there are tens of

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thousands of people listening to the show now who either have had a facelift or are thinking about it at some point.

[00:07:15] My goal is to steer you in other directions because unless there's no other choice, I don't think it's ideal to have incisions and scars on the body because they have an electrical effect on electron flow, and current of injury, and stuff like that. And also, you can see them. Even you look at Tom Cruise, you got a little thing by his ears.

[00:07:32] It's pretty minor, but-- and there's no shame in wanting control of your own biology. And there are people out there going, well, getting a facelift is cheating. I'm like, so is exercise then. So you need to do what our ancestors did, just live in a cave. And by the way, fire is cheating too.

[00:07:51] So if that's your mindset, you probably have been programmed with some really toxic beliefs, and I just think you might want to get a therapist or something about that, or maybe work on self-love or something. I don't know. But bottom line is you can do whatever you want to your body because it's your body. And if you need permission from, church, or state, or mom, or whatever, dude, it's your body. You want to grow a third leg? I'm all over it. You grow a third leg with my blessing. Just tell me how you did it because that's cool. Rob, can you implant a third leg?

[00:08:23] **Rob:** No. I've replanted a leg, but--

[00:08:27] **Dave:** Have you really? You've done some advanced surgeries.

[00:08:29] **Rob:** Yeah, I think your point is fair, and my interest has always been to take care of people and keep them looking as natural as possible. So why I developed a no-cut procedure is to avoid what I don't like, which is visible scoring, which is what you described, an unnatural appearance. And we already have enough unnatural appearing people as it is.

[00:08:53] So whatever I could do to add to that, that started in basically 2017 for me, with the addition of different devices that are energy based, like radio frequency devices, and then the evolution with more advanced microneedling devices. And then the combination of devices that can remove skin without a scar led to the development of my no-cut very slow.

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[00:09:18] **Dave:** If you look on Instagram on my page, you'll see there's video of me going in and doing one of the components of this, which we're going to get into later about facial rejuvenation, called soft wave, which is a heating of the tissue underneath. But let's talk about no-cut. How are you removing skin without cutting, Rob? That sounds impossible. And a lot of doctors listening are going, that sounds impossible entirely.

[00:09:41] **Rob:** Well, there's certain aspects of facial aging that everybody needs to understand that can be affected and changed. And just what you see from the outside doesn't declare what's happening on the inside. Some people have bony resorption of their facial skeleton, which leads to a change that if you're not taking care of your gut health and taking D3 K2, you can't really affect that. If you have--

[00:10:04] **Dave:** Saying that they're getting weaker bones so that their facial structure is collapsing.

[00:10:07] **Rob:** Your face will slowly resorp.

[00:10:09] **Dave:** Okay. And that wasn't going on with me.

[00:10:11] **Rob:** No.

[00:10:12] **Dave:** Bone density is off the chart.

[00:10:13] **Rob:** You were taking care of yourself. And then there's fat atrophy, which you were suffering from.

[00:10:20] **Dave:** I just don't have a lot of fat left.

[00:10:21] **Rob:** You lost a lot of weight and I have a ton of people, very high-end clients, who are biohacking their way through life and lowering their body fat pretty aggressively at times, and that leads to a deflated effect and excess skin. And then there's muscular components, typically hypertrophy around the eyes, mouth.

[00:10:41] And then obviously the last, which is what we see, is the skin. So how can we affect the skin? The gold standard has been a facelift because you have so much flexibility when you do that. But once again, like you described, how can we not do that and leave visible scar?

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[00:10:57] So the combination of basically elevating tissue like you would do a facelift, but all through, two to three millimeter openings that won't be visible once they're healed or in the line of sight once they're healed, allows me to basically separate the layers, the skin and fat layers, and then tighten them with the radio frequency treatments we use.

[00:11:18] And then we can do neck lifting or, like you mentioned, soft wave. But the final thing that's helped is using hollowed out microneedling or micro coring devices more accurately to remove skin without a scar.

[00:11:31] **Dave:** So that was the most long medical meandering answer I've ever heard of. Do you need some smart drugs? You can tell we're about it.

[00:11:41] **Rob:** It only took seven years to get there, and that was less than three minutes.

[00:11:45] **Dave:** Can I translate? Here's what he's saying. For the no-cut facelift, what you're doing is you're using tiny hollow needles to suck out little cores of skin, and you do it all over the face. So it's very much the same effect as microneedling, but instead of just poking the skin to make it grow, you're poking the skin and sucking out a tiny, almost like a black head's worth of skin, a tiny little sliver.

[00:12:12] But if you do it all over the face, yeah, you're going to not look so great for the first week or two, which is common in a lot of the facial resculpting things. But what it does then is instead of the skin just healing like it would from microneedling, it's tighter when it heals.

[00:12:26] **Rob:** Right. It's just doing math. So unless you think the world's flat, it'll work. So if we take out 26,000 cores at seven to 8%, typically we're going to remove between one and one and a half square inches of skin.

[00:12:38] **Dave:** And you can do this all the way down to the neck.

[00:12:40] **Rob:** Yeah. What we did for you on your back really highlighted how it's flexible. You can do it on the body and especially all over surface that's more flat. The neck is probably the most complex due to its three-dimensional characters, so the Adam's apple is in the way. And I have to turn your head, if you remember, a certain direction to help get it taken care of. But it was super exciting when this finally got through and FDA approved in Q1 of '22 because now you can take skin out with no scarring.

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[00:13:09] **Dave:** And less downtime than a normal facelift as well, right?

[00:13:12] **Rob:** Yeah, so that's a good point. So with you who detox really well and take care of yourself in a manner that makes it easy for me to then provide the care, if you don't detox well and/or haven't followed a pretty strict diet to eliminate things, that can affect your skin health, maybe lowering sulfur, lowering histamine based on how you eat. You'll get more redness afterwards. So now we prep, unlike what you had, with ionia to really reduce the production of melanin.

[00:13:43] **Dave:** What's ionia?

[00:13:44] **Rob:** So it's from bacillus lysate, the space bacteria. So basically that will down regulate the melanin production, which is part of what we see, if you remember from your treatments. And we can't use it right after the treatment till the skin's healed a little bit more because it's a little bit irritating. But once you can, that's really a game changer in terms of reducing inflammation that you see visibly.

[00:14:06] **Dave:** Ionia is a really interesting topical serum kind of thing. And it comes from a bacteria that they found on the space station or something. And it has really nice clinical effects, except they put a whole bunch of really strongly scented herbs in there, or flowers or something. And it's so strong that I put on, I start sneezing.

[00:14:27] **Rob:** You react to it.

[00:14:28] **Dave:** The plant extracts in it don't need to be there for it to work. I wish they would take those out and make an unscented version. But it is really powerful. I gave away my bottle of it because every time I put it on, I would just start coughing. I'm like, this is no good. But it is really powerful.

[00:14:44] **Rob:** For pigment, I found it to be the most important thing for us right now for this particular procedure because it's so aggressive in treatment, as you've experienced.

[00:14:52] **Dave:** Mm-hmm. So that's one of the things you see, prep with that stuff, and then you come in, they-- I wasn't knocked out. Actually, I'll rephrase that. So you come in, then you give me-- you gave me some kind of anesthesia. I don't remember what. Probably ketamine, whippets, or something.

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[00:15:12] **Rob:** So what we like to use, we do this under local, like I do all facial treatments, including facelift. We use a little bit of Pro-Nox, mixture of oxygen and nitrogen or nitrous. And it's not the concentration you get at the dentist. It's 50-50. Most people get comfortable, and then I numb the whole face. I can do numbing of the whole face. You can't feel anything.

[00:15:34] **Dave:** Yeah. I didn't feel anything at all for it. I will say it was pretty trivial. I felt it afterwards just because-- you're also inflating the face with some saline so that the needles don't go through into the nerves and stuff, so you don't look great that day.

[00:15:51] **Rob:** Yeah, we make a little soft pillow of anesthesia for it. And then we do the treatment process, like we said. And then ultimately, once we get everything removed, including the cords of skin and cleanse it, then we're going to put you in our hyperbaric chamber. If you brought your own stem cells, like you have, we would do your treatment with those. We'd add exosomes, whatever we could do to enhance the delivery that day and treatment that day, and then put you in our hyperbaric chamber in my office.

[00:16:19] **Dave:** Nice. And I didn't have to do that because I have an OxyHealth hard chamber at home. I might drive a 10-year-old Jeep, but I have a hard hyperbaric chamber, so you know where my priorities are. Okay. So this is a possibility. And in terms of cost, this is a little bit more expensive than a normal face cut or facelift?

[00:16:40] **Rob:** Well, their facelift that range from a quarter of a million, probably down to 10,000.

[00:16:45] **Dave:** Wow.

[00:16:46] **Rob:** And so ours really is, in that respect, very economical.

[00:16:52] **Dave:** Okay. Lower end of the range but not \$10,000.

[00:16:57] **Rob:** No.

[00:16:57] **Dave:** And not a quarter of a million either.

[00:16:58] **Rob:** Yeah.

[00:16:59] **Dave:** And it's going to depend on which all treatments a certain person needs. So this is not like a budget thing, but it's not out of range at all.

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[00:17:08] **Rob:** No, I think this is very realistic. And the more important thing is getting yourself prepared because we don't want to react to anything after a treatment that we provide for a patient, whether it's in our office or in the operating room. We want to be proactive and get you on track before you ever see us.

[00:17:23] **Dave:** Yeah. And I wanted to test it on my low back and I wanted to do it on my face and just see how it worked, and then talk about it on the show, which is why our last interview was about breast implant because I think that's just so critically important, and you have more knowledge about that than I've seen.

[00:17:42] So this is almost an unrelated episode about my idea that I like to be the Guinea pig, and I'll talk about anything and I'll do any of the things that I'm capable of doing. So I don't need a breast implant work done. Thank you very much. But other than that, I'm down for whatever.

[00:18:01] So I noticed meaningful results because-- maybe in the video we'll cut in what I used to look like and how big my face was, and I'm not entirely happy. Right here, I used to have a lot of fat out here.

[00:18:15] **Rob:** Yeah. And that's something we discussed.

[00:18:16] **Dave:** It seems like I should do another one.

[00:18:18] **Rob:** You lost so much weight at such an interval. The more rapid you lose weight, the more you deflate in your face. And it can take as little as five pounds to change someone's facial appearance.

[00:18:29] **Dave:** Yeah.

[00:18:29] **Rob:** Not 100.

[00:18:31] **Dave:** And people are asking, Dave, how did you lose the next round of weight? Because I went through a time in life I go from 300 to 250 to 300 to 250 over and over. And that's why the keto diet doesn't work. That's why I wrote the Bulletproof Diet. You need to do cyclical keto with clean fats without the inflammatory stuff, and then you can get past that. And then I've probably lost another 20 pounds of fat while maintaining muscle mass.

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[00:18:54] And the trick on that, I'll get into that in another episode, but I invented a new kind of protein and some thyroid and some other stuff like that. And I'll teach you guys about that when I get around to it. But what I really saw was, dang, my face is not looking good here. So you do something else for people that's part of this where you do radio frequency assisted lipolysis. So this is getting rid of fat.

[00:19:23] **Rob:** So not so much getting rid of as. So the fibro septal network really connects our skin down to the underlying tissues. So if you can shrink that with, in this instance, radio frequency and/or thermal energy, that's what it's about. It's not so much about destroying the facial fat as it is about tightening it down towards where it came from.

[00:19:41] **Dave:** Okay. So little connections get tighter. Okay.

[00:19:44] **Rob:** Especially with you losing, you want to do some of that to help tighten it.

[00:19:49] **Dave:** Okay. So there you go, guys. No-cut facelift. It's, you do the right stuff before, so you don't get inflamed. Then you go in, and instead of slicing bacon slices out and pulling it up and stapling it down, what you're doing is basically a diffuse-- it's almost like getting a tattoo.

[00:20:05] But they're taking it out instead of putting ink in. If you wanted to think about it, it is just taking tiny little bits of skin out that leave no marks. I have about 10 friends who've seen you, and they all look freaking fantastic. It's very noticeable. Things work better. So I'm considering going back in for-- you mentioned I might need two of them because I've had so much skin. So if I went back in, am I going to get less of these?

[00:20:34] **Rob:** I think that's important to point out. So people asked me, can I really do the Benjamin Button deal? So the earlier you start, it's easier, obviously, but in a case where someone's got a pretty large weight loss, like you had, we're going to repeat the procedure over time to help you.

[00:20:50] Because even though you're doing everything you can to build up your collagen, you're doing all the right things from a diet standpoint, you still have laxity. And if we do this and continue to take out those small slivers, you'll have a very natural appearance each time we do.

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[00:21:05] **Dave:** Got it. So I may go back in. It just means that for the next really couple of weeks, I'm going to look a little strange. And if you see some of my videos from a year ago, some of my face is puffy. You're like, Dave, are you wearing makeup? Dude, yeah, you should see it. I'm healing underneath it.

[00:21:20] So there you go. And it's just how it works. And I've been super public with you guys too. I talked about how about four years ago I had 10,000 hair follicles moved from the sides to the front, because I had found when I tried testosterone pellets, my hair started falling out.

[00:21:39] But when I use injectable testosterone, it doesn't happen. So I'm like, oops, well, let's correct that, and soon we'll have stem cells that actually allow me to put more hair follicles that actually grow themselves instead of me having to move them around. We're a year and a half away from that maybe.

[00:21:53] **Rob:** Yeah, we still move them around, but I agree with you. The future is bright.

[00:21:57] **Dave:** Yeah, it's looking good there. All right. Let's talk about other things that either men or women can do to make their face look the way they want. I have one friend in particular who did something that you call the elevate process.

[00:22:11] **Rob:** Yes.

[00:22:12] **Dave:** What does that look like?

[00:22:14] **Rob:** Yeah, so during the pandemic, everybody was on their phones and on their laptops doing calls and doing Zoom, so we affectionately named it the Zoom Lift. So it's a suture suspension, so it does require that I make small openings about two millimeters in strategic areas around and beneath the jawline.

[00:22:34] **Dave:** Okay.

[00:22:34] **Rob:** Yeah, it's underneath the jawline. So when you tighten, it'll pull everything inward towards the jawline and snatch the jawline. The anchor points are behind the ears, and basically it's creating a little bow tie underneath the skin. And when you tie it taut, it holds the tissue and lets it heal.

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[00:22:51] **Dave:** So it's going to stretch the skin back like a neck lift, but it's underneath the skin.

[00:22:56] **Rob:** Yeah. It's not visible. Once it heals, it allows you, for really the first time non-surgically, divide the platysmal bands, which are what affect our profile. And so once you do that, you can take a neck that's got laxity or it's appearing older and change it and make it look more youthful.

[00:23:15] **Dave:** I have a about story about the platysmals. Are you ready for this? Right. So when my son was little, I don't know, six or seven, we would do this nightly routine, and I was teaching him the names of the muscle groups and bones and organs in the body. So it'd be like, start at the toes and do a massage going up. And you know six, 7-year-old senses of humor. And we get up to his neck, and I've talked about thyroid, but I can't remember the word platysmus.

[00:23:41] **Rob:** Platysma.

[00:23:42] **Dave:** Platysma. And I go, that's your scrotum.

[00:23:50] **Rob:** Okay.

[00:23:51] **Dave:** And he looks at me.

[00:23:52] **Rob:** I see that can become a problem.

[00:23:53] **Dave:** And he gets the biggest smile and just starts laughing and laughing. And he goes, mommy, mommy, look at my scrotum. Look at my scrotum. He is pointing at his neck. So yeah, that was awesome that you did that. And that was totally my sense of humor, which has been de-aged entirely. So that was one of my favorite fathering moments ever. So the platysma, if you're wondering, those are the muscles on the middle of your neck in the front. So I will not forget that word again.

[00:24:20] **Rob:** I won't either now.

[00:24:22] **Dave:** So you can tighten that up. And I've also seen a process where you do something similar on the forehead. I don't know if you do that procedure. A friend of mine had it done, and it was like a brow lift from the inside. What's going on with that?

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[00:24:35] **Rob:** Yeah, I used to do a lot of brow lifts with cameras and other suture suspension brow lifts, and now I feel better doing the core removals because I feel, especially brow stabilization for males and females, without making it look unnatural is the most important thing.

[00:24:52] So I concentrate on doing that with the skin removal because the laxity is what you're seeing on the forehead. And usually we have very strong attachments there and it doesn't take a significant number of sessions to get a good stabilization procedure and to reduce the actual transverse lines that you see.

[00:25:09] **Dave:** Okay. So you just find that the no-cut works better than the--

[00:25:13] **Rob:** I like it for that. And there's no foreign body left. There's nothing else really to deal with in that sense.

[00:25:19] **Dave:** The friend who did that, I think she had to lay on her back for a week or something after the forehead went-- there was a lot of--

[00:25:25] **Rob:** Yeah, you can reduce it because some of them are like little carpet tuckers. And if you break the tuck or dislodge it, then you lose the effect.

[00:25:33] **Dave:** Okay.

[00:25:33] **Rob:** Or threading effect.

[00:25:34] **Dave:** So you don't want to do that. Okay. What about threading? Is that worth doing?

[00:25:37] **Rob:** I have colleagues that do it. They really like the results. I think I don't like it because you get a lot of uneven scarring in the subdermal plane, meaning if you were to go do another treatment like my no-cut, it would be more difficult to do it.

[00:25:51] **Dave:** So with threading, I don't even understand what they do, that they--

[00:25:54] **Rob:** So it's reverse barbs. So the sutures have a bidirectional component normally, and whether it's a traffic cone configuration, they're catching the skin and pulling it up and hooking it.

[00:26:05] **Dave:** Obviously, you stick it in and you just pull through and it just scars up underneath the skin?

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[00:26:09] **Rob:** Yeah.

[00:26:09] **Dave:** That seems not so good.

[00:26:12] **Rob:** Well, people, honestly, they want a means to the end. They want to get an effect. They want to do it quickly. I don't really personally like the threading, and that's an old technique. It's been around forever. It keeps reinventing itself. But I think the things like we're talking about with chlorine, are the next level if we're talking about non-invasive things, minimally invasive things, and then facelift. We're already up towards the end of the curve towards facelift. We're getting very close to the change and the effect that we want to see without that kind of uneven distribution of scarring.

[00:26:56] **Dave:** All right. So that's the sutures. I didn't do that, but you do that. That's something that people can do that's minimally invasive. What's the downtime on that?

[00:27:03] **Rob:** Oh, not even a week.

[00:27:07] **Dave:** And then you also do adipose cell therapy, which is basically stem cells.

[00:27:12] **Rob:** Right. You can take fat out, and my fat was taken out and banked, and I get stem cell therapy every quarter myself.

[00:27:20] **Dave:** So just inject it into your face or IV?

[00:27:22] **Rob:** I do IV.

[00:27:23] **Dave:** Okay. Got it. I should be doing that, but it's been a year since I had--, no, that's not true. I went down to Costa Rica and did RMI.

[00:27:30] **Rob:** Yeah, me too.

[00:27:31] **Dave:** You went to Costa Rica.

[00:27:32] **Rob:** Yeah.

[00:27:32] **Dave:** And I'm highly skeptical of umbilical cells at this point. I feel like doing your own cells is so much safer. And I know all these horror stories from umbilical cells where they work great for a lot of people, but the people where they don't work, there can be unforeseen consequences.

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[00:27:52] **Rob:** Sure. And I've done thousands of fat transfers all over the body, mostly to the breast.

[00:27:56] **Dave:** Because the fat's full of stem cells.

[00:27:57] **Rob:** Because the fat's full of its own stem cells. And people ask why it works. That would be your own genetic material, and that's why it works.

[00:28:04] **Dave:** Got it. So I'm a fan of that, and I think there's some people who are, I hate to say it, economically lazy. Like, well, it's a lot less work if I just buy some stem cells from eight women's umbilical cords and spin them down. I know I'm pissing off half the stem cell people.

[00:28:22] The other half are cheering right now. And this is my own experience, and you got to do what you're going to do, but I would choose to have my own fat or even marrow, which I've done a couple of times, versus, oh look, it's cheap. I'll just get some random person's cells because who knows what's going on there? All right, soft wave. That's another thing you can do for your face. Tell me about soft wave. This is the one I did on Instagram.

[00:28:46] **Rob:** Yeah. So this uses ultrasound to work in the first couple of millimeters, and you're really stimulating through the ultrasound technology, more collagen production. So the audience knows that collagen is this huge molecule. The fibroblasts are the cells that make it in our body, and it's going down, we'll say, after our late 20, early 30s.

[00:29:07] And through diet, through just its production in the skin, you want to do what you can to stimulate it. So basically, all the tech I have, the millions of dollars of tech we have in the office that you've been to in Westlake Hills is all meant to stimulate that in a way to get a response for skin tightening, more production. And this is another non-invasive way to do that. So there's really no downtime with it as you experienced.

[00:29:37] **Dave:** Yeah, it was actually really cool. I went in in the afternoon and you smeared some numbing stuff on and went to town, and it felt hot, not unbearable. It was noticeable, but it was well within intolerances. And then the next day, maybe a little bit puffy, and then after that it was nothing.

[00:29:57] **Rob:** Yeah. Super low downtime with something like that. And that's another non-invasive way to get an improvement. And for everybody listening, these are ways to just help

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yourself. They're not meant to be completely standalone draw line in the sand therapies because it's not like that.

[00:30:15] **Dave:** Mm-hmm.

[00:30:16] **Rob:** Nothing's going to do that.

[00:30:18] **Dave:** You can't just go in one time and everything's done. It's a composition, like, I want to play music, so I just have drums. It is not going to work.

[00:30:27] **Rob:** No.

[00:30:28] **Dave:** That's way more involved.

[00:30:29] **Rob:** Yeah.

[00:30:30] **Dave:** There's also other technologies that people use similar to soft wave. I don't know, compare it with lasers or IPL.

[00:30:43] **Rob:** Oh, I'm glad you brought up lasers. So lasers have been around forever. So there's IPL, which is really meant to manage, we'll say, pigment.

[00:30:52] **Dave:** Yeah. I've used IPL.

[00:30:53] **Rob:** Right. So I like IPL, and we've used it for you. I think I've steered away from ablative lasers for the listeners because those damage the skin. The target is the water, basically, the chromo force water for a CO2 laser. So that's an ablative laser. Other lasers work in microns, so one millimeters a 1,000 microns.

[00:31:20] And just like pages of the book, you can dial up how many microns you can take away. But that's really damaging. You're doing a controlled burn. So I'm not a huge fan of controlled burns or anybody burning me, so I've steered away.

[00:31:35] **Dave:** I've seen people who look great a year after a laser and then five years after things are not good. I've also done laser microneedling where using a laser to heat up tiny little spots, and that seemed to be effective without causing a lot of damage to the skin.

[00:31:51] **Rob:** Yeah, that's better than a global just--

[00:31:53] **Dave:** Potato peeler laser.

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[00:31:55] **Rob:** Yeah. Because you create fragility over time in the skin when you do something like that.

[00:32:01] **Dave:** And that's with laser ablation. IPL is different. That targets just the red stuff. And I needed IPL because actually a while ago, you know those vibrating facial brush things like a Clarisonic? One of the early Clarisonic employees worked for me when I was running Bulletproof, and she was such a fan. And now she runs Thrive Causemetics.

[00:32:27] And she's just a great employee. I remember she came, when she decided to go, she's like, Dave, this is the best job I've had, but now's my time. I just got on Good Morning America or something. I think right now Thrive is probably bigger than Bulletproof, so congratulations, Carissa. That's awesome.

[00:32:43] And what you're going to find is if you do that exfoliation stuff, that's awesome. But I was just doing it every day because I thought my skin looks good, and after a while I got redness. And so the IPL got rid of the redness from me over exfoliating because I had a cool brush from Clarisonic. Yeah.

[00:33:01] **Rob:** Right. So you have to, with exfoliates, especially like retinols and things like that, be judicious based on their strengths because you will build up-- you're basically burning yourself over time.

[00:33:13] **Dave:** Should I be using Retin-A cream?

[00:33:16] **Rob:** You can. I like things that are going to increase the barrier, hydrate the skin. Ectoins are really popular right now, some of the C60, things that are going to help the skin.

[00:33:29] **Dave:** C60 topically?

[00:33:30] **Rob:** It's a lipo C variant. It's like C60 but for the skin topically.

[00:33:35] **Dave:** Oh, interesting.

[00:33:36] **Rob:** Yeah. I have to get you the right name, but those products are coming more and more online now, and all the biohacking for skincare is much, much more advanced now. So I see a lot of runway for that, for both preparatory and just for longevity treatment of the skin.

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[00:33:55] **Dave:** Okay. I do believe there's a lot we can do topically, including the OneSkin stuff. I had them on the show a couple of times talking about the science of that one peptide, OS-01. I think that stuff works pretty well. What do you think about that?

[00:34:11] **Rob:** Yeah, I agree. I think those are the most exciting things. And I always, like you understand about me, I remain curious about anything that's going to help our clients have longevity and their skin have longevity. So we look at those and try to get the best in class, if you will, for our treatments, for preparation, and then certainly for post therapy.

[00:34:32] **Dave:** Cool. Morpheus8. Good or bad?

[00:34:36] **Rob:** So anything that creates an injury, it opens the skin, allows you to deliver molecules effectively.

[00:34:45] **Dave:** What is it?

[00:34:46] **Rob:** So it's a microneedling device that uses radio frequency.

[00:34:49] **Dave:** So a needle goes in and then a little radio frequency comes through the end of the needle, essentially, like an antenna?

[00:34:54] **Rob:** Yeah. And pops back towards the face plate. So it's bipolar radio frequency. I've used that since 2018. I think I was the first person on Austin to have it. And I do like it. I think it's good for texture, pore size, things like the acne scarring.

[00:35:11] **Dave:** I haven't done any of that, that I'm aware of.

[00:35:13] **Rob:** No, that's what is part of a treatment plan that you know makes sense. Anytime you poke a hole in skin anywhere on the body, it's going to stimulate the response to heal and promote more collagen synthesis. If you want to make a baseline, that's what it's really there for. And then when you open the skin, you can add more molecules, and biohacking molecules are all over the place that we can add.

[00:35:38] **Dave:** No kidding, right? Okay. I have a lot of listeners of the show who have lost weight like I have, and I sometimes they stop me in the street, like, Dave, I lost 50 pounds. I lost a 100 pounds. Because I always appreciate it when you even just see me and it's like, tell me my

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work helped you because it makes me happy. But they ask about loose skin all the time. And right now, no-cut facelift or, I guess you call mine a no-cut butt lift.

[00:36:03] **Rob:** That's right.

[00:36:04] **Dave:** I think I still have a little extra skin back there. It seems like it would take a lot of treatments to get rid of the amount of skin that-- I probably have, what, 16 square inches of extra skin from being as obese as I was? I'm a 33-inch waist. I was a 46.

[00:36:19] **Rob:** Yeah, it's amazing what you did with your abdomen, and then the laxity really appeared in your love handle area.

[00:36:26] **Dave:** I'm lucky. I didn't all hang down upfront. I'd rather have a spoiler than a front spoiler, we'll put it that way.

[00:36:34] **Rob:** And to Dave's credit, he did not want me to do a open procedure and excise that tissue and make a mustache incision on his backside basically and give him a butt lift. But you can repeat the procedure I'm describing because it works and it takes skin without leaving a scar.

[00:36:53] Now, it takes longer to get to the end point, obviously, but it doesn't disrupt his blood flow, really his lymphatic drainage and leave a visible scar that then creates problems with energy in his body. So anything that I can do to help somebody get to that endpoint without visible scarring I will do.

[00:37:12] **Dave:** Should I get a BBL? Talk to me about BBLs.

[00:37:17] **Rob:** Oh, Jesus. Oh, the BBL. We have the BBL King in town. It's not me. I'm the Brazilian breast lift guy, so I take out old implants and I put the fat there.

[00:37:27] **Dave:** Oh, okay. Got it.

[00:37:29] But talk to me about BBLs. I know they're the most dangerous procedure. That's not something you do.

[00:37:34] **Rob:** Oh, right.

[00:37:35] **Dave:** Not something you'd recommend.

[00:37:36] **Rob:** Yeah, so it's funny.

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[00:37:38] **Dave:** I wouldn't get one, obviously.

[00:37:39] **Rob:** So it's been around for ages. And many years ago, when I was working in one of the societies, there were deaths, and they found deaths in Miami and LA, and it was basically from, we'll say fat being injected in the wrong areas. It was getting into the bloodstream via the veins and going to the heart, and people were dying.

[00:38:03] So we wrote a safety paper about how to do it safely and the instrumentation. And it's been much, much more advanced now to where you just are putting fat in the fatty layer and not in the muscle layer, and obviously avoiding the large blood vessels around the buttocks. And it's not a complicated or unsafe procedure to have performed. It needs to be done in the proper setting by the properly credentialed providers.

[00:38:30] **Dave:** So I have not researched BBLs. You see all this stuff on TikTok. And so where do they get the fat for that?

[00:38:40] **Rob:** Yeah. So when I take fat out to do the breast, it's the same as when we take it out to do the buttocks.

[00:38:45] **Dave:** Where do you find it?

[00:38:46] **Rob:** Inner, outer thighs, love handle areas, abdomens. So when you're doing a buttock treatment, you start with the patient laying flat on their back and do their abdomen and/or other spots that you get to if you're doing anterior thighs or something like that. And then you turn them over because the patient has to be in the position on their tummy because you're going to finish by injecting the fat in the buttocks.

[00:39:10] So then you're going to contour the entire waistline. Where were we taking skin out of yours, you had already lost the fat, but there you would take out all the fat, so you'd already give the impression that the buttocks has a better contour.

[00:39:21] **Dave:** So you'd pull the fat out of the low back and stick it in the butt.

[00:39:23] **Rob:** Yeah.

[00:39:24] **Dave:** Got it. So that would have a corset kind of effect. And you're saying that when it's done properly today, it's not unsafe. So women, if that's what you want to do, you could.

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[00:39:34] **Rob:** Yeah.

[00:39:34] **Dave:** What are the downsides to that?

[00:39:36] **Rob:** I think the recovery period is always the thing that bugs everybody. You really can't sit on it for the first several months.

[00:39:42] **Dave:** Wow. It's just lay your--

[00:39:43] **Rob:** So they sit on their stomach or they have-- I was given a talk at a meeting in Cali, Columbia, and they had a pool toy that had your butt cut out of it and you would sit at it like you were sitting in the floaty at the pool.

[00:40:00] **Dave:** It might just be more biologically useful to do your squats. I don't want to sound judgy here, but if you eat enough--

[00:40:07] **Rob:** Well, I do surgery a reason.

[00:40:08] **Dave:** If you eat enough steak, not plant protein, sorry, and then you do a meaningful amount of targeted work on your butt, you can generally grow a butt

[00:40:18] **Rob:** For sure. Everybody should understand you're going to lose muscle mass over time. I think Dave's already talked about it in the show many times. You want to eat a lot of protein and lift heavy things.

[00:40:28] **Dave:** There you go. And now you just put the king of BBL out of business. All right. Have you ever had someone get a no-cut facelift who just hated the results?

[00:40:42] **Rob:** I have had folks who I've told that a traditional facelift or a no-cut facelift would not give them the amount of change over time they wanted because their skin is already aging at a more rapid rate than anybody can deal with.

[00:40:59] So if you did a facelift, that person would age out of a facelift within two to three years probably. And a no-cut really is a much less aggressive treatment, obviously. So the appearance change is not going to satisfy that person specifically. But I would give them the concept you're trying to remove, like we discussed in your case, skin over a period of time to keep up with what's happening.

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[00:41:23] Because aging's a dynamic process, it's not going to stop. And if someone's aging at a much more accelerated rate, maybe their telomere length is not good, maybe their epigenetics is poor, maybe they didn't pick their parents, right, maybe they eat a terrible diet, they live in a place with mold, all these different factors contribute to how they age more rapidly.

[00:41:42] **Dave:** So I'm aging at around 79% of the normal rate. I'm somewhere around nine to 11 years younger on my epigenetic aging score. There's these things called biological clocks that have years and years of really advanced science behind them. I've talked with Steve Horvath, who's one of the creators of this, and these are so important because if you know how fast you're aging, having a clock and seeing how fast it moves, works, otherwise there is no longevity industry.

[00:42:11] And recently, some people have said, well, it's not scientific. And it's one of the most scientific things I've ever seen in terms of its use of big data, 800,000 markers against populations, and it can predict with 90% accuracy within 10 years of when you're going to die. So it's actually really one of the breakthroughs in longevity science in the last 25 years that I've been in the field.

[00:42:33] So I'm a fan of that, and you can take that and apply it to your overall body, but can you apply something like a biological clock just to the skin or just the skin on your face to see like, is my skin aging more quickly or less quickly than my liver or something like that?

[00:42:48] **Rob:** It's not dialed into that point yet. I would really like that because I'm very blunt when I see somebody and tell them what I think, as you know. So if I feel like you're going to age rapidly, I think we have the tools to take care of you, but it really is a collective effort to take care of you until such a time where we can really walk back skin aging and give you a more aggressive, treatment if you will from a whole person protocol. As you know, if you drink a bunch of collagen, I can tell you you don't absorb most of it.

[00:43:25] **Dave:** Yeah. You absorb some of it according to the studies, but a lot of it you just break down and then the di and tripeptides have a signaling effect on your skin. And yeah, it would be nice if you could just mix collagen in your Danger Coffee and paint it on your face, and it would absorb into your face and then you would magically get a facelift and look like you're 12.

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[00:43:47] It doesn't work like that because collagen doesn't absorb that way. And if you eat it, most of it breaks down and some of it comes in as peptides, the very small peptides, and then they tell the body, grow more skin, and then the raw ingredients are there. And you have the glycine, which is anti-aging, which is like collagen, 20 grams a day is pretty likely to be a good strategy.

[00:44:05] **Rob:** Right. But you can imagine what I get every day.

[00:44:07] **Dave:** Yeah, yeah.

[00:44:08] **Rob:** Right.

[00:44:09] **Dave:** There's also an argument against excess collagen. I see some people saying, well, I'm just going to use that as my only protein. Guys, it's not a complete protein. And the hydroxyproline in it, if you're taking huge amounts of it, can actually drive up oxalate in the tissues.

[00:44:23] **Rob:** Which you don't want.

[00:44:24] **Dave:** Yeah. If you're one of these-- I know a bunch of vegans now, like, I'm vegan, and I use collagen. I'm like, dude, you're eating cow skin. You're not a vegan anymore. You don't have to pretend. If you want to feel shame, it should be about the fact that by choosing a vegan diet, you're killing so many animals more than people who eat grass-fed cows.

[00:44:41] So you've got a lot of penance to do for that. But if you're doing the vegan foods, spinach, kale, beets, almonds, let's see, dates, even red raspberries, those are all very high in oxalate. So then you're getting that and you're saying, I got collagen, and maybe you're doing, more than 20. You're doing 50, 60, 80, 100 grams. Look at all my protein. That's not really how you do it because then you're going to end up having rapid calcification of tissues, which is bad for you. What are the foods that are worse for the skin that you know of?

[00:45:18] **Rob:** It's a great question, and I think I'll answer it this way. When I look at someone's genetics and when I look at what they're doing, I think just like you mentioned oxalate metabolism, collagen, sulfur, I think those things, you have to look at and try to individualize it. So for everybody, if I eat eggs, I get worse.

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[00:45:42] **Dave:** You're not alone. And I struggled a lot with this. Back when I came up with the Bulletproof Diet Roadmap, and by the way, guys, daveasprey.com/roadmap is my latest fasting and nutritional things from the book. The problem there is eggs are full of really good stuff, like biotin, and a lot of important saturated fats and less than. So raw egg yolks are provably good for you unless you're allergic.

[00:46:13] So I'm like, do I put them in the Bulletproof zone? Because they're so good for you, do I put them in the questionable zone? I put them in the Bulletproof zone, but you going 12, 14 years later, there's a good argument for putting them up high in the questionable zone because so many people like you and me-- when I was testing the Bulletproof Diet, I did carnivore with eggs, and we didn't call it carnivore back then.

[00:46:34] I was just testing the edges of my recommendations, and after three or four months on that, I gave myself an egg allergy. This is why I tell you to cycle in and out of carnivore. And it's okay to eat herbs, and it's okay to have something to feed your gut bacteria on occasion. Just don't eat it every day.

[00:46:47] And it's funny, a lot of the carnivore community is now saying, well, I should have some carbs. I'm like, exactly, just not the toxic ones. So the whole point of all that stuff is eggs. In fact, who else? JJ Virgin, who's a good friend from more than 10 years, she's been on the show a few times.

[00:47:03] She's talking about how her husband, Tim, put on 20 pounds of muscle by increasing his protein to one gram of animal protein per day and cutting out eggs because they were causing inflammation. So they do it for you. They do it for me and others. They're probably magical, but if you're having weird issues, cut out eggs for a month and see if they go away. You might be surprised.

[00:47:21] **Rob:** So one of the main things we try to really discuss because if you, from a skin health standpoint, can't get nutrients because either you have leaky gut or you're eating things that really stimulate you to create more inflammation or swelling and then they don't really absorb the nutrients, as know, that you're just doing a pass through. You're trying to do this really healthy eating and everything you're learning, but nothing's perfect.

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[00:47:51] I do my food sensitivity testing every four to six months so I can see if I need to take something in and out, just like you're describing, so that I'm not creating more inflammation in my system.

[00:48:02] **Dave:** Mm. Topical peptides for the skin. Best ones?

[00:48:07] **Rob:** Oh God. I think the one promoted with GHK, with copper. I think it's hard for these because you're looking at vectoring, so you want to get in the skin at a certain depth, and I don't feel like that's quite-- the code has not been cracked on that. Yeah.

[00:48:26] **Dave:** Yeah, I think you're right. I'm a fan of it. I will use it topically, but I've been injecting GHK for years. We've probably all seen the studies. In fact, I wrote about them in my longevity book, and if you guys haven't read that, it's got everything you need to know on the longevity fields, and it's very relevant today. It's called Superhuman.

[00:48:49] And I wrote about GHK, which is copper peptide. And when you're young, you have high levels in your blood. When you're old, it goes down over time. So you could say, I need to smear it on my face. Or you could say, I need to shoot it into my blood. Now, I'm not telling you you're supposed to do this, but if you were going to get, say, young plasma, the argument for young plasma is it's full of exosomes, so maybe it's good for you.

[00:49:10] Bryan Johnson didn't see results. Dan Stickler gets results. So I think the question is out around young plasma, but maybe GHK is part of it. So a while back, I would just inject GHK into my blood, but couldn't really figure out exactly how much I needed to put into an IV to dilute it. And I don't know anyone who does GHK IVs, but you probably should. So some doctor out there DM me and tell me what to do if anyone's actually doing that. In the meantime, what I do now is I just inject it subcutaneously.

[00:49:38] **Rob:** Right.

[00:49:39] **Dave:** Good idea?

[00:49:39] **Rob:** That's where we've seen the most positive effect. I think, just like we're describing about the skin, you can't outsmart your skin very well. You have to understand that the vectors that are needed and the depth of penetration needed dictates the effect, and that's a much more challenging topic.

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[00:50:01] **Dave:** Sunshine, good or bad?

[00:50:06] **Rob:** I love the sunshine. I just don't get much with my work. If you want to--

[00:50:11] **Dave:** Surgeons are as surgeons do.

[00:50:12] **Rob:** Right. So if you want to be really super protective, use a micronized zinc oxide for your skin. I don't mind that you get sun like Dr. Mercola. And I don't mind if you don't get sun like someone as pale as me because I work all the time. You got to activate your D2 to D3 if you can, genetically. Otherwise you got to take a supplement.

[00:50:35] **Dave:** I went to Hawaii a while ago when kids were young. All right. I've been writing about vitamin D actually even before I started in my blog. I've been sharing it in the longevity nonprofit field about how important it was when almost no one was taking it. And so I said, all right, I'm just going to do this.

[00:50:50] And I was in the sun for three hours a day. Never wore sunglasses. I did everything possible. I got a nice tan, got sun damage on my arms. My vitamin D levels went all the way up to 30. I'm eating saturated fat. I'm just doing everything right. And eventually, I look at my genetics and I've got vitamin D, I don't synthesize it very quickly, and I use it really quickly.

[00:51:12] So for me, with my genetics, I don't think any amount of sun's going to work because if I had dark skin and I lived on an Equator, I'd probably pull it off because I could be in the sun all day. But I don't have dark skin. So what I do now is I inject melanotan, which causes me to get a tan without sun damage in one day. Plus, it makes you really horny. That's the side effect. True?

[00:51:35] **Rob:** I don't have any melanotan for the audience.

[00:51:38] **Dave:** Yeah. Do you have PT-141?

[00:51:41] **Rob:** No. My wife won't let me.

[00:51:43] **Dave:** PT-141 is a side molecule from melanotan that is just the horny without the tan. So yeah, if you're having issues, you might want to try PT-141. It is ridiculous. It's also an anti-aging for prostate and stuff like that for guys. And PT-141 works for women as well. Just they don't have prostates, obviously.

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[00:51:59] **Rob:** Right.

[00:52:00] **Dave:** So what we have going on there is I was going back to the vitamin D thing. So sun exposure is good, and I've seen lots of studies. In fact, I wrote about them in, I believe it was in that book even, that show that ultraviolet A and B increase collagen and thickness. So the dose makes the poison. Go outside for 20 minutes and get real sun on your face. And you'll look healthier. Your skin will probably be healthier. And if you're going to be out in the sun more, then get a hat or put on the micronized zinc.

[00:52:33] **Rob:** Yeah, I mean you got to use common sense.

[00:52:35] **Dave:** Yeah. And that's just face and maybe back of hands. The rest of you probably doesn't get enough sun and it probably needs a lot more than 20 minutes. That's where I ended up--

[00:52:43] **Rob:** Especially the belly.

[00:52:43] **Dave:** Yeah, the belly. And so I get, during summer, probably 40 minutes of sun a day, 20 in the front, 20 in the back, just laying out in the sun. But I don't put my face in the sun all the time because it's going to get aged. But I do my face enough that it's going to feel good. So you're one of the few skin guys who's like, you can get a little bit of sun, you'll be all right. So many of them are like, never. One ounce of sunlight, unless you're covered in this chemical concoction. I'm like, guys, that's not right.

[00:53:07] **Rob:** Yeah. And for our patients that we do treatment plans for, we just utilize C3 K2 so that, I'm taking some of that out the equation because I want you to absorb-- it's an oral liposomal formulation, and we guide them on what to do. But depending on where you live and the time of the year, now I got people coming in from out of the country. It's a little bit more challenging for them.

[00:53:29] **Dave:** Yeah, it is. And also depends on where you live. When I'm up in Canada, the rules are different. All right. Any other final thoughts for people who want to have skin-- maybe you're younger and like, I don't want to deal with all this crap when I'm old. What would you do when you're 25 to have skin that's epic and amazing when you're 80?

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[00:53:49] **Rob:** I think it's like we talked about. You can outrun a bad diet and you can't pick your parents. So understand your genetics and how you detoxify, better control your air quality, water quality, food quality.

[00:54:01] **Dave:** So you're recommending biohacking. It's almost like, change the environment around you and inside you to have control of your own biology, the definition of the biohacking movement. And what do you do for longevity? You start there, and then you do the interventions. What do you do for your skin? You start at biohacking and you do the interventions we just covered today.

[00:54:17] **Rob:** It was almost like we should have met.

[00:54:20] **Dave:** And thank you for coming on the show again. And just full respect for your work with breast implant illness. You've been one of the most vocal people out there, a man or a woman, talking about the real genetic and cognitive and immune effects of this and what to do with it. And on your Instagram page, you're talking about it really straightforward, so just kudos.

[00:54:42] I know that's not professionally easy for you because a lot of people make a lot of money putting things in women that aren't good for them. And so just a lot of respect. And then the innovation on the skin front. You invented the no-cut facelift, and I'm grateful I don't have little crinkly folds on my low back. And it probably doesn't matter that much.

[00:54:59] It's not going to change my life if I do or don't. But some people like to paint their car or something, and I'm like, I don't know. I hack my body for fun. And so making my skin look the way I want it to look, for me, it's part of playing, it's part of curiosity. So thanks for being an innovator in the field.

[00:55:16] **Rob:** Thank you so much, Dave.

[00:55:18] **Dave:** And you said the URL and I forgot it already.

[00:55:21] **Rob:** Oh, drrobertwhitfield.com.

[00:55:25] **Dave:** So D-Rrobertwhitfield.com And the other one was?

[00:55:29] **Rob:** Breastimplantillnessexpert.com.

[00:55:31] **Dave:** There's another one you gave me, something.health.

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[00:55:32] **Rob:** harp.health.

[00:55:33] **Dave:** Okay. So we're going to tell people the easiest thing to remember. Got this? Harp, like, I'm going to play a harp.health. So if you want to talk to Dr. Rob, that's the best place to go, is harp.health. And if you're not in Austin or something like that, there Isn't anyone else doing the no-cut facelift that I'm aware of, but are you training people now?

[00:55:53] **Rob:** I think in '24, as we discussed offline before we started talking, that's the next thing I need to be doing to help doctors.

[00:56:00] **Dave:** Do you want doctors who are listening who want to learn how to do it to drop you a note?

[00:56:04] **Rob:** You can inquire with us. We'd be happy to help set you up.

[00:56:08] **Dave:** There you go. So it's my job to curate awesome people, to find innovators who think differently and maybe are teaching us some good stuff. So Rob, you definitely fit the bill here. You're a bit of a maverick in the best possible way because you're willing to speak the truth and do new stuff. And I don't think you give two shits about whether people like it or not, as long as it's real, so true respect.

[00:56:32] If you like this episode, you know what to do. Smear a bunch of expensive peptides on your face and live forever. Okay, not really. You don't have to do that. But you might want to consider this if you were saying I was going to get a cut in my face. Go see Dr. Rob. And if you're saying, oh, maybe I'm finally going to take my vitamin DAKE, it's vitaminD-A-K-E.com. You can get that stuff. You got to get your minerals and the detox pathway stuff. We've talked about that in all of these different episodes.

[00:57:02] So your job is to just say, huh, where do I start? And maybe you take some collagen. There's a bunch of good brands out there. Collagen peptides are good. And maybe you stop eating French fries, maybe you stop vaping. But every one of these things, it's either additive or subtractive.

[00:57:18] So your job is to not be perfect, not do everything, not feel like you need to have a million dollars to look a certain way, because you don't. Just make each decision of your day in the best way you can. If there's two paths, choose the path that has less damage and is equally

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fun or equally tasty, and you might be surprised that over time it adds up. So thanks for listening, and I'll see you on the next episode.