Introduction to the episode and guest

Hi, it's Doctor Ken Holter with another episode of the Peptide Summit. Today we have Doctor Amy. Doctor Amy. Piggy. And she's going to talk about peptide therapy to conquer stress and feeling overwhelmed, which I'm sure a lot of you relate to.

Thank you so much for being on the Peptide Summit. Absolutely. Thank you for having me. I'm excited about our conversation today. Yeah, we were talking beforehand.

I'm I'm very excited because this is a problem that so many people have. And I think kind of our culture as it is. Suck it up. Right. Right. So we're going to hear a lot of, new things, new ways to deal with this and underlying physiology to get better.

So I'm looking forward to it. And I'm sure I'm going to learn a lot. And again, so thank you for being on. So a little bit about Doctor Amy. She's fondly called by our patients and clients.

She's a preventive medicine physician. She specializes in trauma and attachment. And during medical school at Loma Linda University in California. And she fostered and then adopted a four year old boy.

That's pretty brave to do that. Medical school, I have to say. Which ultimately changed her life and career. As she continues to struggle with, his emotional behavior issues despite trying everything that conventional medicine and therapy had to offer.

She was committed to finding answers on how to heal from attachment and childhood trauma. Six exhausting years later, pieces came together. Which is awesome for us.

Healing. Start helping other families so that they could get the change and connection much sooner. And I think that's awesome how that works. I think so many doctors that get into this space, whatever we call it, I hate alternative because people think it means no evidence, which is the opposite functional or I think it's really just being a better doctor.

Right? However, then she started to struggle with her own chronic fatigue and autoimmune issues and discovered her own childhood attachment to trauma as that as underlying cause.

She started looking for solutions. And how do we why are these attachment, trauma patterns as an adult? Now she runs an online program and a three day live and intensive for women.

And moms are living with the effects of attachment trauma and want the healing for themselves and their children. And she has written a roadmap to trauma healing.

Accelerated so. Wow.

How childhood trauma shapes adult stress patterns

I think that such a, huge, monumental thing. And I think you got the people that know they need the help, but I think even more is there's so many people out there that don't even know yet that that's a core of their problem.

Absolutely. And that was me, right? Like here, I had adopted a son from the foster care system. So his issues were very clear. And so imagine my shock when I realized that all of the symptoms and issues that I'm having with my health are all associated with early childhood stress.

And I'm like, no, this isn't me, right? Like I'm already a doctor. Like I'm I would never have thought that I had childhood trauma. And so it's been a real eye opener for me in terms of learning the nervous system, the different states of the survival patterns that can be developed and wired into our system and we have these patterns and don't realize the amount that it has affected us.

Yeah, because I imagine it's like you're very successful. Like imagine you've got like a year of achieving, you know, the highest levels of success. Well, what kind of trauma can you have? Give me a break.

Exactly. And and yet I would say that it's usually the higher performers that I am finding have these patterns wired into their nervous system. And part of what they have learned and part of what is their pattern is to push through things, to deny the fact that their body has needs, and to learn how to manage and cope and just get through by working harder.

And what that results, though, is a real lack of true joy in their life. So yes, they're able to manage, they're able to cope, but they're not experiencing the true joy that, you know, I would want to have a part of their life, especially part of everything meaningful that they're doing.

And I think it's really interesting. And I think, like, the people like to vent suicide. It's like you always think, like, why would this person commit suicide?

And just have like, you know, it's amazing. I was watching some of these documentaries on, like, Johnny Depp and other people. I mean, they have everything.

They have power, fame, you know, and all the money they could want. And they talk about committing suicide. And it just like what, you know, so it's it's crazy.

And then you look at, you know, every, every level of so many people going through this. Right. And in fact, like just yesterday, I met with one of the top media people in the United States and very influential in that space.

And again, everybody else looking in on his life would think that he's got it all. He's got it all together and and they're looking up to him for that leadership.

And yet what's going on in his nervous system is a very different story. And he's barely hanging on. And the, the, the picture that he's presenting, the other is of course, is one of, hey, I've, I've got it together.

I'm making the decisions. And yet the amount of internal stress and tension that he's experiencing, having to make these decisions, not feeling like he's in a great place, feeling stressed, feeling overwhelmed, feeling insecure.

And and this is how it presents. And even those people who are very high performers or have a lot on their shoulders or are big leaders, these are patterns that most people have, especially those people who have gone to the top.

And and I think that, you know, I've changed to kind of my perception. It's kind of like or, you know, I don't have my own kids, but I kind of got an Insta family with, a girlfriend.

And it's like you said, what do you want for your kids? I want them to be successful. I want them to do this. But now I think I just want them to be happy.

Happy, you know? And it's interesting. And I sign up for a course on, like, basically the science of happiness, you know, and it's it's such a difference and kind of like, I don't care what you do, you know, if you're happy, I don't think you can be happy doing nothing and not achieving anything and just right.

It doesn't go with the human psyche. But being super successful doesn't success or doesn't make you happy either. Exactly. Yeah. And it's often because we're not in a place where we're experiencing that happiness and that joy that pushes people to work harder, achieve more, because it's out of this baseline insecurity rather than coming

from a baseline, just creativity and connection and aliveness.

Same. It can look the same, the outcome can look the same, but the driving force behind it can be very different. And when we're coming from a place of insecurity and needing to accomplish in order to feel worthy, then that is where we can recognize that a person has these patterns, whether or not you want to say that you've had trauma or stress or, you know, childhood stuff, it really doesn't matter, because we really just look at what's happening in your body and reading the message that your body has to tell us, not what your mind and not what your memory has, but what story would your body tell us?

I blame because I think a big problem maker is a guy. Whatever. Blame your parents. You know, and all this and I think to kind of people like, if I just buy this car, I'm going to be happy.

Or if I just get this house and then bam, I didn't work. I need, you know, I need this. So, like, so kind of how does all this start, you know, is it start from, you know, stress does it how they perceive the stress, how they deal with the stress or kind of give it the underlying kind of beginnings of this?

Absolutely. And that's a great place to start is understanding stress and the different types of stress. And when we think of stress it's often outside factors that we think of.

But there can be just as much internal stress. And so people can be born with genetics that create biochemical imbalances that make their nervous system more sensitive, more reactive.

And so that is an internal stress. If people have inflammation in their body, that is an internal biological stress, and the body can only handle so much stress, whether it's inside or outside of us.

And once it reaches its limit of stress, then it goes into a actually a completely different biological state, which is overwhelm. So we can talk about the difference between that, but in terms of just understanding stress on the body and why people have different levels of stress that they can tolerate.

That is why it's because it's a combination of everything in our environment around us, but also what's going on inside of us. That is all a stress on our body and we each have that limit, have that line of where a stress becomes over whelmed.

Gotcha. And I think it matters where you start. Correct. Because I absolutely, you know, studying, showing if the mom is stressed in utero, it turns on yes, same genes in the baby.

And I'm really a stressed out mom can pass those on. Yes. Yeah. But genetically exactly. Not only our kids and kids. Kids. And unless something done to reprogram that.

Absolutely. Yeah. So let's talk about childhood because that is where most of our patterns get started at least. And like you say, there are epigenetics that can set us up for internal stress.

There are genetics that can set us up for internal stress. And so whatever combination of those we come into the world, then whatever the environment influences, and that's the relationships, that's the even the like the air quality, the food quality.

Right. Like all of that is considered environmental. It can be either a resource or a stress. And many people, just the way that we are raised now, many people are not getting the level of emotional connection and what we call regulation that is needed to help the nervous system develop in a healthy, flexible, coherent way.

And so I threw in a big word there regulation. And this is a word that has come out of the attachment work.

Attachment, regulation, and early nervous system development

So John Bowlby started the attachment work and identified along with Mary Ainsworth, the different types of

attachment styles that a person can have. And those styles are actually established already by 12 months of age.

So we're talking very early patterns. And your attachment style in a general sense, is whether you feel secure and safe in the world, knowing on a gut level that, hey, things are going to be okay, or if you have an insecure attachment style where you don't know that everything is going to be okay, you don't automatically trust people.

You you have, this idea of perception of the world, that the world is not safe, that you are not inherently lovable. You have, to do something or be something in order to be loved.

That all would fall under an insecure attachment. And now that we understand what attachment is, which is really regulation, then Doctor Allan Shore talks about that connection.

Regulation is all about the nervous system. And a regulated nervous system is one that feels connected. It feels safe, it feels secure. It's fully present in the moment.

It's where we are able to play. It's where we are able to be our best self. And that state of regulation is in contrast to the dysregulated states, which happens as a result of any of the insecure attachment styles.

And so, for whatever reason, and again, we don't need to blame parents. We don't need to blame anybody because there's lots of different factors that go into this.

But for whatever reason, mom does not provide enough of the support that is needed to regulate that child's infant's nervous system. It starts from early childhood, the first few months of life, to already be in that dysregulated state, which is a survival state and feeling unsafe in the world.

And so then and I just think of like, like the very kind of quintessential, you know, exit letter. The example is like, you take a feral cat and if you bring it in right away and treat like it's fine, but if you wait too long, that cat will never feel safe.

Exactly. You know, and it's so hard wired. And you write that with humans, it's it's like, damn, you know. Right. Hard to unwind. Yeah, it is. And many of us can think back in terms of our childhood and say, no, I didn't experience abuse or neglect or trauma, but what was the message that I received, whether it was spoken or not?

Was the message that my needs were okay to be expressed, or were my needs somehow stressful and overwhelming to my parents, who already had so much going on that they just needed me to, you know, do my thing, be quiet, don't bother them because I was too much for them.

So we can all have these messages from our childhood that if they're anything, anything that set us up for feeling insecure or not loved just as we are, or if we're too much, or if we're not enough, if we're not enough to make our parents happy.

That can be another common message that gets imprinted in our nervous system from early childhood. That we carry into life. And we don't realize that it actually is affecting our health, our immune system, our endocrine system, and obviously the nervous system.

And wow. And can I imagine it matters where, you know, you put two kids, the same parents are treated the same. Well, they'll both perceive things very, very differently where one needed something very different than the other one.

Exactly. And even just if you want to make it a contrast between, a healthy infant and one with colic, same parents, same environment, everything is the same.

And yet the colicky baby is experiencing a very different childhood and message than a baby who doesn't have colic. And so a colicky baby is not usually not getting the amount of touch of regulation of support.

They're they're always in pain. And so it's never going to be enough. Whatever is done for them to feel completely safe and secure, it's not their fault.

It's not their parents fault. Right. And so same thing here. You can apply that to really anything else where there's so many other factors involved in this that two children in the same family, same household can walk away with very different nervous systems, very different belief systems, very different insecurities, very different perceptions of themselves and of the world.

Then there are other siblings. Well, and yeah, because I think parents always do the best that they know how. You know, I hope so, yeah. I mean in general.

Yeah, in general, but no one. Yeah. Mind reader, what the right child really needs. Right. Well, and, and part of the part of the problem is that we've been taught to parent in a way that's not really helpful.

And this is part of our society that, you know, teaches well, at least has taught at some point where you let your children cry it out. If they don't fall asleep, you let them cry it out.

Or, you know, meals are only on a schedule. And so here is a very young infant, a very young child. They're experiencing what they feel is hunger. They go and they ask for something to eat.

And the answer is no. Like even those basic, simple type of things that we don't even wouldn't even think of are are important. Yet to a young child who doesn't understand the future is only in the present moment.

They're being told that their needs cannot be met like they should not eat. I need exactly you should not be feeling hungry right now. Well, I am feeling hungry, but you should not be feeling hungry.

Like they don't even know what to do with that. Yeah, they don't have the maturity later. Yeah, right. Or even, you know, having them cry themselves until they fall asleep.

Right. Like that's not going to be restful. Great sleep for them. Their nervous system is going to be in survival mode. And they went to bed feeling unsafe and so small things like that actually end up being pretty big things.

When we're talking about the development of the nervous system in a young child. Yeah, and I don't want to get too personal, but I have a brother. And again, what we remember from childhood, it's so different.

And he brings up what you're just saying, the smallest little thing that was so traumatic to him. And I'm like, are you crazy? Like, you know, and, and but it I think it's really messed up, you know, I hope he does watch this.

It's like. Well, yeah, I mean, it sounds like for him they, they were actually big things that that did cause him a sense of overwhelm and feeling unsupported and without the resources that he needed to, to get through for whatever reason, right, for whatever reason.

Know. And it's, it's it's affected him and he's classic and again, same parent, same you know, anything but wow. And like what percent of the population I guess everything's a you know, a is a is a continuum.

But I just see what are the typical characteristics, someone that has this issue. Sure. Well, we can look at two different things to find this out, and we can look at their behaviors and actions, especially in relationships.

But it shows up in absolutely every area of their life because this is how their nervous system is wired. This is how they move through the world. So it shows up in every area of their life, which is why it can be so easy to notice and look for those patterns.

The other place that we can find it is in their health. So there are certain health issues and conditions that they will develop over time. It accumulate.

So it's over time that if they have those, then we're pretty sure that they have these types of patterns in their nervous system. And that is, you know, just kind of as a side note, it's really helpful when we see these patterns because we don't need to understand the story.

We don't need to go into analyzing it like we really don't have to be in, in the head. And, and the logic we get to just understand what is the body seen.

And so how can we work with that, which is obviously what we're going to talk about later. Yeah, right. It's exactly who the heck cares where it came from.

This is where you are, right? I think I really like like that approach. So so like what is what is stress. Do. Yes. So with stress the stress is not always what's bad.

And when we talk about stress, we even know that there are forms of good stress. So it's not that the stress is bad, it's just how is your body equipped to deal with the stress.

And usually with a stress, your body can come back after that period of time and come back to a place of health. So it's not stress per se that's bad.

What is bad is when it becomes overwhelming and when something has become overwhelming, you start to hear words like it's too much, I can't take it anymore.

I'm I'm done with it. I can't do this anymore. Those are words of overwhelm. And that's what really changes are biology. It's not so much the stress, it's the overwhelm.

So there's two reasons for overwhelm.

Stress versus overwhelm and the freeze response

One is that as stress is too much for too long or something happens too fast, it's too much and too fast. So those are the two reasons for overwhelm. And that's what is really going to affect our health and our work, our relationships, our energy.

Because that's when our body starts to shut down. We talk about the the dorsal vagal response. So Doctor Steven Porges, you know, kind of brought this to light where he separated the fight and the and the flight response.

Right. The runaway or fight survival response. And he separated that from the freeze response. They are two completely different biological approaches.

And when we talk about stress, we're talking more about the fight or flight. And when we talk about overwhelm, we're talking about the freeze. Two completely different things.

And the freeze is what has even the most impact and lasting effects on our system. Stress has acute system, acute changes to our system, overwhelm and freeze have lasting effects on our system and on our health.

I know that I get like overwhelm where I can't do anything. I'm like, exactly. I got so much to do, what's right. It's, you know, it's like, right. Yeah. It's too much.

Wow. Yeah. And I think yeah more and more it's just you know it's it's commonplace. It is. And this has become really common. And that's why we do want to bring up these topics about even childhood.

Because when people have this default pattern to overwhelm and they go pretty quickly to overwhelm, we know that that pattern started in early childhood.

In those first 12 months of life, meaning they will not have a memory of this. This is something that that their

nervous system developed already. Having this programed response to overwhelm in it.

And so it's very common, very common. And I think even just this year with everything that's hit our world, we have seen how much, how much fear there is and how much overwhelm there is where people have very little resilience to stress.

They go very quickly into overwhelm and and lashing out and doing very overreactive things in response to overwhelm. Yeah, it's just that everything's piled on.

Exactly. Yeah. When we go, yeah. When we go into overwhelm, we have very, strong reactions that are overreactions. We're not responding to the situation.

We are reacting. We are overreacting. And in fact, because of these patterns in our nervous system. Gotcha. And so do you work on recovering from the past stress or managing current stress?

Both. Both. Both both. Yeah. So we want to definitely stop the progression of accumulating more stress and more overwhelm in our body. And and this is stored in our body.

Right. And we want to stop accumulating more. But we also need to rewire via our nervous system so that it has more capacity for stress and doesn't go into that overwhelm and reactive and just shutting it all down.

In order to get through, we need to rewire that in order to really arrive to a place of full health, because otherwise we continue to live with that wired into our system.

And it it compromises our health. It compromises our physical health by causing more inflammation and oxidative damage and stress. It causes compromise to our mental health.

So we're struggling with insecurities that may even lead to depression or anxiety. And then along with that, it's compromising our emotional health and our ability to handle stress and respond, be able to, you know, interact with other people and, and not lash out, not get triggered by what they're doing.

And so all of our relationships are compromised in some degree. If we don't go back and process and rewire what has already been accumulated. Yeah. And I and I just think, you know, so many stress related illnesses and I think gets discounted by physicians.

You say, oh, is it stressed out? Well then, you know, it's like and especially with like, you know, chronic Lyme disease and fibromyalgia, it's stress plays such a huge part, huge part of stress.

They probably won't get these other things. Exactly. And it but it sets so many things into this vicious cycle. Yes, yes. And and you can't really say okay, just don't be stressed, all right?

Stay out of a stressful situation where they all have kids. Look at this like what do you do. Lock yourself up. And that's pretty stressful itself. I mean, right, how they deal with that stress or able to deal.

Exactly. And even when a person has these types of patterns in their nervous system, these insecurities that lead to overwhelm, we create stress, right?

So, you know, even even just a recent example for me, right. Like I've done a lot of work on myself and I'm in such a better place. But even just this week where I was feeling insecure in a relationship and there was no need to, but I had created it in my head of why didn't they call me back right away?

Why aren't they, you know, responding to my text, there must be something wrong. They they must have found out something about me. Like they must write.

Like we create, we create the stress based off of our insecurities. And so until we actually rewire those insecurities,

we're going to have, we're going to be constantly living in that.

You know, when we've had these, yes, we'll always have that tendency to go back to those. And we need to maintain maintain a place of health, which, you know, that was my work to do this week.

But but without doing that work, we're constantly living in those insecurities and second guessing everything. You know why? Why is my boss calling me into his office?

I must have done something wrong. Or, you know, they. I wonder how long I'm going to be on my work. They must be, you know, thinking of firing me or if I'm running my own business, you know something's going to happen.

What? What's the next thing that's going to happen? Is someone going to sue me, right? Like we create our own stress from our insecurities. And so we really need to work with our nervous system, optimize it, and, and rewire way to live and when exactly it's become our way to live, you kind of are, you know.

Yeah. Yeah. Right. And I see that in myself and we just the same our mom was not happy unless she was worried about something, you know. Right. Right.

And yeah, we don't think of this being stress and trauma. But that's what it is. It's stress and overwhelm that is, patterned into our nervous system.

And so we recreate that constantly in our life without even realizing it. Wow. That's that's fascinating stuff. And so. Yeah. So how do you address this? You say, you know, peptides.

So what are the things do you do when. Yeah, we recognize this pattern. Do you look at their immune system? Do you, what type of things do you do to evaluate treat.

Yeah. So as as simple as it is, it's a big integrative and simple. You made it sound very simple. You broken it down, but it's. Yeah. I mean, it's so complex, but you it's awesome how you can make it be very understandable. Yeah, yeah.

And and what we're doing is literally just rewiring the nervous system. So if you keep that in mind, that is our end goal. And so everything that will help us rewire the nervous system, help it to feel a sense of safety, security, what I call a calm, alive ness.

And, you know, when we go into the overwhelm, oftentimes we get to a place where it's like life has been so much, we don't want to really be alive. There's a part of us that just wants to go lay in our bed, pull a blanket over our head, do not get up in the morning.

I'm done. I'm done. Right. And so it's this aliveness.

Rewiring the nervous system with body-based therapy

It's this calm aliveness that we want to be living from. And so we just need to rewire the nervous system for that. And like you say, just exactly. Yeah, yeah.

So okay, everything that I'm going to talk about is for optimizing the nervous system to rewire it. So yes, there's a lot of different pieces that I'm going to talk about.

But the big picture is it all comes together to help rewire the nervous system from these patterns. These insecurities stress and overwhelm. So one of the big things that I like to start with is, hey, let's talk about the therapies, because when we're talking about, you know, stress and overwhelm and, and insecurities, people naturally just think, oh, I need to go see a therapist for that.

So let's talk about therapies and let's just get that out there. There are many therapies that do not work for this type

of thing. And the reason is because this has become our survival system.

And when we talk about something, it's really only in our frontal cortex. It's not reaching the brainstem, the limbic system, the autonomic nervous system where our body turns on these survival responses.

And once our body turns on a survival response, it overrides, overrules any thought, any logic it's going to survive, which is the beauty of our body, right?

Like it knows how to survive the hell out of here. Yes, exactly. Exactly. So. So what we really have to do is work directly with the nervous system and with these survival systems.

So talk therapy is number one on the therapies that don't even bother because it's not going to work. What therapies work. So there are specific body based neurological based therapies that are very effective.

Somatic experiencing is one category of them that has been extremely useful in my life. And now I use it with all of my patients. And I've got, you know, a course that will that will teach people the basics for that.

So somatic experiencing is a trauma therapy where we're working directly with the nervous system and letting it process and resolve, the stored stress, stored patterns.

Now, what can happen is that even if a person goes to these types of body based therapies, you describe that therapy, what that entails. Sure. And for people who want more information, Doctor Peter Levine is the one who founded this form of therapy.

And so it's a two year training program that I completed. And now I'm in the advanced training. I'm working with Doctor Aileen Lapp here for Neuro affective Touch now.

So there's just so much depth and richness here for what you can actually learn to do with the body. But what it is is that you are, you're not going into this story, so there's not as much talking you're experiencing, actually, what's happening in your body and letting your body complete the survival cycle of whatever you're working on in the moment.

So, for example, people who've been over in the military and in a place where they have seen seen somebody get killed, right, like that, is that is a trauma that is a shock to the body.

Yeah. And and that gets stored in their body unless, unless we process it. And so how we would address that in somatic experiencing is that we would have them just think of that time they don't need to tell us about it.

They don't need to tell any of the details about it. In fact. And immediately you see them start to sweat, they start to breathe faster. Their, their feet start to move because they're getting restless.

They're just by thinking about that situation, their body goes back into that moment and the emotional state and the survival state. Well, let me think. I'm thinking of my ex-wife. No, I'm I'm getting it right.

Like, I mean, there's so there's so many different things. But we start with something. We start with something concrete. And then we see what the body does.

And usually what the body does is it is it starts to bring in everything from the past. It's also correlated and part of that, and that's where a lot of the childhood stuff can come into the middle of therapy, because we thought we were working with, you know, when your dog died and now all of a sudden we're working with when you felt abandoned by your mom or, you know, some something that's somehow your body equated to a past experience, but it's not something where you have to figure it out.

It's, you know, exactly or you know, or they may not even know, but they go to that place. Yes. And that's really the cool thing about this, is that you don't even have to have memory of what we're working with.

Therapy. Yeah. Yes. Like we are just seeing what's in your nervous system. What's in your body that needs to be resolved and letting it resolve and complete the survival cycle.

So that's that's somatic experiencing. And in a little nutshell. Yeah. In there. So now there in that what what do you do. Yeah. So what we do is that the body has a natural response a cycle of survival.

And that cycle is that we get activated. Right. We see a threat. A oh my goodness. Like a car is coming towards me. It may hit me. It hasn't hit me yet, but it's a threat.

And so we go into the sympathetic high alert. And that's where there's the anxiety. There's the heart beating fast. And again, like, thought is really out of it.

Our body goes into what do I need to do to to avoid this crash? And it's not until afterwards that we think about, you know, like, why did I do that? Did I, did I put my foot on the brake?

I don't remember right. Because the body literally takes over. And what will happen, though is that if we say we do, get hit, then our body goes into this like almost shock of I was not able to escape all of my attempts to turn the car to stop the car.

It was futile. And I'm going to get hit. And the best thing for me to do is just to kind of go numb in order to not feel the pain of this. That right there is the same line of going from stress to overwhelm, where our body says that the best way for me to survive this is just to numb the pain and not care as much, not feel as much.

And whether that's physical pain or emotional pain, it's the same response. So again, I'm using the example of a car accident. But this is the same thing is like a relationship.

Don't think about it. Yeah exactly. Yep yep. I'm not mean. You know I can keep go. Yeah. And we have all of these chemicals in our body. We have natural endorphins that get released in that moment so that it numbs pain.

It numbs emotional pain. We kind of become flatline right where we really don't care. And it it it it's not that we don't care. It's just that our body has decided that that's the best way to survive this situation.

So that is that is the second thing that happens in this survival cycle. What happens is that once we go into that, it's almost like a timer. So when an animal goes into the freeze mode, right, you think of an opossum or you think of a chicken that's been overwhelmed, it goes into freeze mode and it actually just like kind of falls down.

It's not dead, but it looks dead because it's not moving, but it's on a biological clock, meaning it will come out of the freeze. And that is the same thing for our bodies.

It is on a biological clock. It will come out of that freeze and go right back into the same either anxiety, fear or anger that put it into the freeze.

So it goes from the freeze right back into the sympathetic no, no period of good. That's just basically go, well, there's this there's this phase of waking up.

Right. And so and so for people who some people live chronically in the freeze state, that was me for, you know, a couple decades of my life, I was chronically in the Free State.

And then I'd come back out, go into high anxiety, I'd get overwhelmed. I'd kind of go back into the Free State. And so there's this period of of our body waking up, and so we can feel like we're coming out of a fog, we're coming out of a daze, and this is where we start to feel more.

We feel more of the depression. We feel more of the anger. We feel more of the anxiety that has just kind of been numbed and flatlined during the freeze response.

And so this is where the body then comes out of the freeze and in a normal survival cycle to complete that, we then would orient. And so we would look around us.

And this is what you see animals do in the animal kingdom. Right. They look around and they see, am I still in danger? And if they are, then you will see a deer or an impala, you know, start and run away again.

Right? Because they've assessed they're in danger. But this, this process of coming out of the freeze, coming out of overwhelm and orienting, grounding would be another word for it.

Of coming back into your full senses. Am I safe or am I not? And obviously, to complete the cycle, we need the body to feel and know that it is safe. If it has a time frame where the cycle is in general, or can be totally variable, or.

Yeah, and this is a really great question. And it I'm going to tell you that it depends on their baseline state of health, because if they have done work on themselves, where they can come back out of this and feel like they are safe now and they are in good health, meaning they don't have a lot of inflammation in their body.

Any medical issues are well controlled. Three days. Three days has been the time frame that people kind of just are in a state of a little brain fog and in a daze, in a still in shock after a single thing has overwhelmed them.

What most people do is that they are in the freeze, and when they come out of it, they still feel like they are in danger. They don't have that sense of safety, of security.

And so rather than coming back into a place of good health, they go right back into stress and sympathetic state and then just like me right there, going back and forth between stress and overwhelm, stress and overwhelm, I'm going to do it all.

And I've got a deadline and I'm going to, you know, get it all done.

Inflammation, microglia, and functional medicine support

And I'm frantic. It's it's a very high energy state. And then I'm going to collapse and I'm going to be exhausted, and I'm going to be irritable and I'm going to push people away.

Right. And go back and forth between the two of them. Wow. Okay. Start thinking about yourself like, Yeah. Yeah. I mean, we all have these patterns to a degree.

Yeah, I think that's totally true. And, so you look at those patterns and. Yes. So I kind of. What's going on and what do you do about it? Right. And this is where we bring in a lot of the other medical side of things.

This is this is kind of where I decided that I really needed to help and share this information, because many people are doing this type of therapy and still getting stuck in their healing process, and it's because they still have ongoing inflammation in their body.

They have food sensitivities that are continuing to cause a constant level of leaky gut and leaky brain. They may have had head concussions or other things in their past history that lead to primed microglia and brain inflammation and so they've got all this inflammation directly affecting their nerves and their survival system.

And when we have that amount of inflammation, again, going back to this idea of stress, that is an internal stress. And our nervous system is telling us I don't feel safe.

There is danger. Look at all this inflammation. And so it's going to get stuck in the healing process, because until we can bring down the internal stress and create an environment for our nervous system, for it to physiologically, biologically feel, know that it is safe, then that's when we're really going to experience major shifts in changing and rewiring.

Yeah. How do you get out of that? And I don't I'm just thinking like ask a neurologist, okay. How do you calm down activated microglia right. Yeah. And and this is where yeah this is where I bring in Doctor Crosby and and and his work, his trainings have been huge for my life.

And, you know, the ones that I work with, because I do like part of part of my history, part of living in the fatigue. Well, not the fatigue as much, but just the freeze and overwhelm has been I've had more injuries, more sports injuries.

I've had a, car accident, bad car accident where I had a head concussion and, you know, broke a bone because I was living in this kind of dazed, and I wasn't fully present.

I was always thinking of a million different things. My mind was somewhere else that was just. I was going to ask, is it part of it? Also, I got issues.

I never lived in the present. It's in the past and in the future. Exactly. This is exactly what we're talking about. And I think it also seems and that's part of like an addicts.

So yes, you know, this cycle I imagine it traumatic. Exactly. Yes. Or addicted have this, you know. Absolutely. Yes. And this is where the nervous system and there's regulation is the root cause of all addictions, because it's these patterns that set them up for, even responding to substances or behaviors in a way that really helps them feel better.

And, and yet, when this is that, do they they just put them exactly all stuff in there. Exactly. And the whole time, yes. They're dying the whole time. Yep.

Yep. So yeah, the type of work that I do is addressing the root cause of addictions as well as stress and overwhelm, because it's the same process. It's happening. Yeah.

And then you've taken away the need for the addiction. Right? You're not trying to manage it. You're not trying to cope with it. You've taken away the need because you feel good already.

You don't need you don't feel the need to use something to feel better. You already feel better. Yeah. You know that whole I don't want to bash you the other one day at a time, like, That's miserable.

It's just a matter of time, you know that. You're. Exactly. Exactly. Yeah. And the statistics all show that, right? Yeah. Wow. Wow. So how do how do peptides play a part here.

Yeah. Absolutely. So when we talk about these patterns and how it affects the body. And then when I'm working with someone who's wanting to shift these patterns, I need to be addressing the chronic effects that this has had on their body.

And like I said, creating the environment surrounding the nerves and each neuron cell with all of the support, the nutrients that it needs to feel safe and improve.

Neuroplasticity and neuroplasticity is that word for, you know, making the nervous system more flexible, more, more able to change and when we're needing to rewire the nervous system, that's what we need to do.

So peptides have been a huge part of what I do. Obviously the first thing that I start with are the basic functional medicine principles, right? We need to be addressing the gut.

We need to be addressing primed microglia. So all of that. But then when we can bring in peptides to help with that process, it's just that much more powerful and and enables us to accelerate the healing journey in the therapy process.

So one of the one of the peptides that I have used consistently for working with these people is the BPC 157 and I

know that many people use that as an injection, which I have done that as well.

But when it comes to the trauma work, there is so much inflammation that happens in the gut. And the science behind that is because of the vagus nerve and the overwhelm and the frees.

Is all the vagus nerve shutting the gut down. And so there's so much inflammation that can happen. This is why there is more food sensitivities that happen in people who are stressed and overwhelmed.

And so I use the oral BPC. 157 in order to really restore the health of the gut, the gut lining, and be able to reverse that inflammation and that damage faster because again, when I'm when there's inflammation in the gut, it's going to be telling the vagus nerve, hey, we are still in survival mode here.

We're not safe yet. So BPC 157 the oral capsule capsules. And there's actually, you know, studies show that, you know, people think of oral as forgotten and it does affect the raises up right access.

But for systemic inflammation and systemic issues in, you know, brain even joint that oral is equal potent to the amount of injectable. Exactly. And for systemic issues.

So yep. It's not just for the gut although it does help that, but it works systemically when we get, you know, samples out to people. Whatever. Are they on my knees.

Right. Oh my gosh. For the first time yeah. Yeah. But I think people are kind of starting to make sense. You think that's right. And systemic injection is better.

Although I find sometimes people think it and they feel better with injections. Sometimes. Right. Yeah. Yep yep. But addressing the gut inflammation is crucial for for this for this work.

And then along those lines any the other peptides it really help with not only inflammation but especially neuroinflammation are going to be really helpful.

So for that the thymus and beta four has been another useful tool for me. This is one that actually works on the neurons and restores them to health after like a brain injury.

And so it really is able to help a neuron get back to health after it's had a shock. And usually that's, you know, been in the form of a physical shock.

But even I have found that when there is an emotional shock, when we're dealing with inflammation in a neuron, that thymus and beta four can help the inflammation in general, but because it is a potent anti-inflammatory peptide, but then specifically helping again to create that environment around a neuron and bringing it back to health after it's had an insult.

Yeah. So along those lines, you know, just a little comment on that. Yeah. For some good studies on microbes really layer activation. Yeah. Basically suppressing those and kind of that brain on fire.

Right. And especially with so many conditions, even depression traumatic brain lined. It's yes huge. And finding also certainly is more capable of use that yet.

But it's a mylanta and yeah. So using planets and but the problem is you get, you know, tanning which could be good. But if you're older, you get dark spots and all that.

And then k-p-d is even more potent than the alpha one. So similarly hormone but great for mast cell activation. Microglia. So we're really liking that one. Yeah.

Yes. Yeah. And that was actually going to be the next one that I brought up was the Cfpb Lantern. I, I have worked more with the Milana ten two than the Milana tan one.

And what I have found really helpful with that again is just the neuroprotective and anti-inflammatory benefits. The other thing that I do like with the Milana ten two over Milana ten one is much is more of its metabolic support as well because for many people who experience the overwhelm, energy is a big problem.

Peptides for neuroprotection and healing

And so when I can help their mitochondria, when I can improve their energy, they feel like they have more resources and I've increased their capacity to handle stress.

And so I've I've moved that line of, you know, stress to overwhelm by improving their mitochondria, improving their metabolism and giving them a little bit more extra energy.

So along that, you know, just I'll just mention some other things I definitely use, you know, nad and a lot of the other, all the supportive ways that I can optimize nad and it's integration into mitochondria because that's huge for neuron health and for energy.

So those aren't peptides, but I'm definitely using those along with the topics we want to talk about. Everything. And it's like, you know, all of you use five amino one in Q which it's actually not a that I but it increases the NAD inside the cell or C of use. Yep.

I use the same in you find it's also yeah people lose weight because it's basically showing the mitochondria energy. But you look at all these neurodegenerative diseases.

Yes they're all low mitochondria. Yeah. And longevity. It's yeah because the mitochondria you're making people younger. Exactly. And cells that don't have enough energy basically they they're even don't have energy to die.

And so you have all these old dysfunctional cells that are fun right. Those turn into cancer. Yep. And all those things. So yeah. Yeah. Dysfunctional cells with not enough energy.

When you get low thyroid, the things that bring thyroid and the cell which makes less energy. So. Right. I think it's a vicious cycle. Yep. Yeah. And then for those who have dipped over into chronic fatigue, which is a very, very strong association with overwhelm and freeze response, or if they've got Lyme or, you know, any of the the chronic viral type of stuff, then I'm pulling out the thymus and alpha one for them.

Again, more just to reduce the amount of internal stress that the nervous system will be exposed to, because more of that internal stress and inflammation is going to keep the nervous system in survival mode.

Yeah. And it and it also yeah, I think, you know goes along with you know this mental health and stress and physical health I mean exactly. So connected it is it's all connected.

And so the more that I can improve their physical health, obviously their body is going to be in a better place. But again, like my my big picture is always what can I do to optimize the nervous system to have it rewire faster.

And so the other peptide that for me has been really helpful for that is actually doing hexa, because what I'm using the day hexa cream for and I usually, you know, have them put it on their neck is that it is even more potent than the brain derived neurotrophic factor.

And so when I'm looking at enhancing the neuroplasticity of the nervous system for this type of, you know, work with the nervous system, then yeah, I'm pulling out something like the Hexa that's usually used for more of, you know, Alzheimer's, neurodegenerative Parkinson's.

But but I'm needing to, you know, maximize, optimize the health of the nervous system. So I'm pulling it out in order to specifically get those effects, that are even more potent than the brain derived neurotrophic factor.

Yeah. And and, you know, it's in a lot of clinical trials for Alzheimer's and. Yes. And, and people, it gets kind of

stuck in a little, you know, segment.

Right. But yeah, so it's an angiotensin one for you know, kind of altered so for better absorption. Yeah. Yeah. Great at crossing the blood brain barrier.

It's in so many ways I love it. Yeah. And there's a lot of these in clinical trials, and hopefully the FDA is and take all these peptides and also hormones and thyroid away.

You know, it's like crazy right. You're going to be a sufferer. But again that's a whole nother a whole nother thing. But yeah it's. Yeah. And the other thing that I love about the De Hexa is that, you know, it actually increases the the branching and the growth of new neurons that, you know, they're dendrite, tentacles, if you want to call it that.

Yeah. And so I exactly. And so as I am working and trying to create new pathways in a person's nervous system that, you know, well, yes, show up in how they think differently.

But again, for me, it's it's not as much the thoughts, it's the actual nervous system. When I can shift that, the thoughts will come with it. And so when I can find and use a peptide like De Hexa, that actually helps me, you know, use, help their nervous system create more and different pathways.

Yes. Like that is absolutely one of the ones that I'm going to be using. Yeah. And it's actually you look at the amount of connections correlates with intelligence.

So you can argue you're making them even smarter, you know. Exactly. Yeah. And and especially with the five, you know, one and two, we've had some interesting results.

What I didn't expect was some people with like OCD, bipolar within days. Yes. Like gone. Yeah. And and then we found if you push it too hard, it kind of stops working.

And then if you add something like peaking to or might up to. Yes. So basically bring that, that oxidation. Yes back into the inside the mitochondria.

So it's working again. Yeah yeah yeah yeah yeah I'm definitely using the peak ubik when all higher doses of that than normal. I'm also working with actual toxins and detoxification because as we do different forms of trauma therapy, actually toxins are released from the tissues into the bloodstream.

We need to bind those and pull those out. It doesn't happen at at all the points in the trauma therapy, but at certain points there are there are big shifts that happen.

And with those shifts, there are toxins that get released. And so we need to be able to bind those. And then yeah. So it's just this, you know, whole combined approach that, that I get to use in order to it's not just trauma therapy and it's not just functional medicine.

It's not just this, you know, cutting edge peptides and whatnot. Like it's all of it combined that that we get to use in order to. Yeah, to really make some big shifts happen or to discharge, you know, mercury whatever inside the cell. They need energy.

Exactly. They do. Oh yeah. So they can get rid of it and it poisons the mitochondria. So again exactly right. But like you're saying yes. The energy now. Exactly.

Yes. Better bind to it or it's just going to go back in. Yeah. Yes. Yeah. Yeah. So I mean this is, this is my this is my work now. This is my this is my approach.

No, I yeah, I work with some what people would consider, a hard, topic, a hard work, you know, trauma and attachment and, and stress and overwhelm. And yet, you know, like, I get really excited because I know that you see the look on your face.

I mean, where most doctors are like, oh, no, you know. Right. Yeah. You're running for the hills. Yeah. There is so much that we can do. And in a relatively short amount of time when we're able to combine the body based trauma therapies, the functional medicine approaches, and then this cutting edge biohacking, you know, all of that.

And you combine those three I mean this is powerful stuff I, I love your passion. Sticking in your body language in your smile, how you know, and that's a big statement.

A and not that very little time we can get it. And the confidence. Yeah. Because, you know, you talk to, I don't want to be a therapist. You have to put all the therapies out of business.

But, it's neat. It's neat stuff. But I think it is. It's really cool stuff in a little different manner that I found out through myself and exactly patients that.

Yep, that. Yeah, it's the it's like the economy, stupid. It's the nervous system, you know. Yep. It's it's incredible the power of how that is the marker for.

Hell. Yes it is with so many things, whether it be depression, Alzheimer's, cardiovascular disease. Right. All those things, all of this, I, I love it.

Where are you located, by the way? I am located in Southern California in the moment. So Temecula area, here in my state. There you go. Yeah, whatever.

The, social republic of government, whatever. But, Awesome. So in addition to peptides, what what other therapies do you. So you mentioned a lot of them.

Anything else you didn't mention? I mean, there's a lot that I do that comes under functional medicine approaches. And so, you know, along with that I'm also looking at methylation.

I'm looking at, biochem chemical imbalances. I'm looking at functional deficiencies of key nutrients. So especially things like zinc and B6 are key nutrients for the nervous system.

If those are functionally low, then the nervous system is going to be more reactive.

Building a full neuro-optimization protocol

Magnesium is a huge one. And for most people who are in chronic stress and overwhelmed, yeah, all of them are very low in magnesium. I'm looking at their, you know, their detox system, their glutathione.

What are their glutathione levels? What are their vitamin C levels. So when I say functional medicine approach, you know, like it really is a wide range of things that come under that.

But it really is all affecting the nervous system, like we said. Right. Like you can't separate this system from that system, the mind from the body. It's all one system.

And so approaching all of that, this has been the key for me. You know, like the body based trauma therapies, all of the functional medicine approaches.

And then, you know, biohacking and and these cutting edge approaches with NAD and peptides and, you know, some of the IV fluids that I'm doing, I will do some even microdosing of ketamine for people.

I tend not to do the IV's as much. I do more of the microdosing sublingual, for, for these trauma therapies. But again, like if I were to just do microdosing ketamine and the somatic based trauma therapies, it wouldn't it wouldn't work like it wouldn't be as as powerful as when we combine everything and we've got the mitochondria just like so efficient.

Right. Like running on, you know, the most clean fuel efficiency ever and making all the energy in the ATP. And we've got the toxins cleared like the ketamine by itself is not going to be enough.

The trauma therapy by itself is not enough. There's all these ketamine clinics and that's what they do. Exactly. And they don't have the foundation built up to really support the body's integration of ketamine.

Yeah, it's part of the whole thing, you know. Exactly. Ozone. Right. So we need. Right. Exactly, exactly. So yeah, I've, I've built like this neuro optimization program where I'm like, no, if you really want the best results, this is the approach.

This is everything that we're doing. This is how we're stacking it. This is our schedule that we're following because otherwise it's, you know, for not very intentional and strategic.

It's more just disorganized. And you're throwing everything at it. And some things are sticking, some things are not. And you're wasting time. You're wasting money.

And so it's like, no, we can be very intentional and strategic in what we do when we do and how we do it to get some amazing results in a relatively short amount of time.

Yeah, I love how you say that. And, and I think it's, it's kind of goes against the way medicine is really going. Very much so harmonization. And that's the problem.

And you can say, well, I tried that, I tried that, I tried that, I tried that. And yeah, if you date one separately. Exactly. Right. All of a sudden you do it together which, which goes to the art.

But also you got to be a doctor. Right. And you got to know all of the all these things. Right. Yeah. So, yeah, yeah. Got to do it all together and in the right order and with the right dosages.

Yeah, yeah. And and it's complex. And, I was just worried you made it sound so simple. Okay. There's a lot going on, you know? There's a lot going on.

I mean, the simple, the simple thing is, hey, we just rewire your nervous system. Yeah, but to rewire that. Oh, and but, yeah, there is certain things that are much bigger.

Bang for your buck. Exactly. Yep, yep. And there's a way that we can optimize your nervous system in order to have it rewire faster than if we weren't doing all of these things.

Yeah. And you just, do find exosomes and or cellulaires. What? The decentralized cell that proteins. How are the nutrients? Yeah, yeah, let's say now and, cell signaling cells or stem cells, do you find those helpful to towards the later stages? Yes.

Not in the initial phases. Like their body just does not have the amount of health and flexibility to, to use that. Well. And so that's what I'm bringing in towards the end where we're in a great state of health.

And now we're really going for optimization. Yeah. Because I think they have too much information of just exactly, exactly. Yep. And as long as we're still in the middle of the somatic, the body based trauma therapies, there's going to be more stuff coming up.

There's going to be, you know, pockets of inflammation that I, that I like to say, you know, pockets of information that get released and discharged. And so that's not the right time for exosomes and stem cells.

It's not not yet. Not yet. Yeah. Awesome. Yeah. No I agree we do a whole thing beforehand and just they they tend to work so much better. But again another tool. Exactly.

It's Wow. It's I love everything you say. It's it's it's bad. I'm like, I didn't know this person. You know, down the road

has been kind of thinking the same way I have, you know.

Yeah. And kind of learning or separately. We kind of figured out very similar things. I think. I think that's awesome. And it's just really neat to see these patients that oftentimes are you may find they're very reluctant to get treatment just very. Yep.

And it's like I've offered like you know, veterans like with post like come in, I'll teach it for free, you know. Right. And they don't come in. Right.

And it's like, well, if part of that is, is part of their part of their core beliefs from these patterns of I'm not worth it, that, you know, they're in there free and they've given up, they don't care.

So they don't have the energy to put towards something that's not just basic survival. I can't why would you cover it, you know. Right. Right. Yeah. They're they're in their freeze.

They're in their freeze. Still, you have this intuitive thinking, and I think it's it's done you very well and were able to put all these things together and kind of understand, hey, this makes sense to go with this.

And you're just doing great work for some of the patients and changing lives. Well, that's that's the hope, right? That's that's my that's my mission is to be able to save people the time from learning from my lessons so that they they don't have to go through what I went through.

They can have a much, much faster course. And journey to healing. That's awesome. That's awesome. I, I love this, and I think you're just doing great stuff.

Your, you know, just talk about ahead of the curve. So, Thank you. That's awesome. And pleasure to have you on. And thank you for for taking the time out, to explain this very complex, conditions to make it actually understandable.

So I think it's great you have a gift. So, keep doing what? What you're doing, and thank you.