Introduction and Dr. Holtorfu2019s Background

Welcome back. We're continuing our conversation on reversing chronic gut conditions. I am your host, Sinclair Kennally, and today I am joined by the wonderful Dr.

Kent Holtorf, who is the founder of Integrative Peptides. He also has a huge illustrious resume behind him, which is part of why I wanted him on this summit for you so you could really benefit from his expertize on your health journey.

So he's the medical director of the Holtorf Medical Group. He also opened 22 corporate centers and nine franchises like his very good at disseminating this cutting edge information.

He's dedicated to training physicians about groundbreaking peptide theories for TBI, depression, immune dysfunction, PTSD, longevity, neurodegenerative disease and difficult to treat chronic infections.

Hello CFS, fibromyalgia, autoimmune disease, hormone dysfunction and multi system chronic illness. His wisdom is so needed today because we're absolutely seeing this inflection point in health right now. Right.

We could call it a crisis. We could call it the real pandemic. But we need all hands on deck right now. And he is launching a comprehensive peptide training course through my better medicine and he has an amazing product line of peptides that are very accessible.

And this is really why I wanted you to understand his body of work and you get the benefit of his wisdom today. So welcome, Dr. Kent. It'sgreat to have you.

Thank you so much. Now that just flowed, I feel like you're good. You heard good. And let me sound really good. So I appreciate the kind words. I'm still freaking out.

My computer has me like an IMAX and I'm not a big fan of I don't look good in high def so. Well you look great on mine and you're about this big. So I go.

So I really want to zero in today on peptides as an effective therapy for reversing gut disorders because you are arguably one of the most foremost, if not the foremost expert on this.

So could you let's just dove right into the deep end together, because I know there's so much we want to cover. Before we started, you guys, we were already talking about like the state of medicine today and the.

Kind of we got we got into that before the call. I know we're going to have to real ourselves in here. Oh, why don't we talk about immune dysfunction, namely, TH1, right.

TH2. What is the balance between these two? And what is driving like this underlying cause of gut disorders? And if you could just describe for people who aren't familiar with that TH1 TH2 let's lay that out first.

Yeah, I'll mention how I kind of got into this and was sick, just like yourself and and I always grew up like something was wrong. Like one pupil was always bigger than the other.

Half of my body would be freezing, the other half would be sweating. My arm would stop working like anything. But you did okay. And presumably my immune system was okay.

My whole family are infected, you know, were infected or whatever. And then we made it through medical school, but then started going, Man, I cannot it's so stressful this overwhelming to see a patient.

I don't think I can do this.

Immune Imbalance, Chronic Illness, and Peptides

And you go to the standard doctors and like, oh, you're too stressed, you're depressed and depressed. And I'm like, I'm like depressed and stuff, you know, didn't do anything.

And in a very evident it was very evidence based still. M But it's ingrained as is, you know, in medical school that anything alternative integrative means no evidence. So and then what I did, I went into anesthesia because, hey, they're asleep enough to talk to me and I can maybe do that.

But they forgot about the part. You got to get there like five in the morning. Right? But it's no offense. And this is your but it's it's a mindless specialty like, it's okay, but they give the gas, you know, whatever.

But so wasn't you happy? But I could kind of function. But then I'm like, Hey, this isn't going well. And I snuck off to an integrative conference and I'm like, Damn, this is more evidence based than they're teaching us.

And so that I felt much better, you know, with forward optimization, mitochondrial boosting, get some, you know, anti invectives and and just do it well.

But then went through a very stressful divorce and finding is that stress is a killer and stress does not lower your immune system. It modulates it and will get you to your point. But and all of a sudden with that stress, all of a sudden I'm bedbound I'm just you have, you know, night sweats, restless legs, you got ellen denier where you just touch the skin and oh, my gosh, I would take like, you know, 20 showers a night just trying to get rid of the pain and then I went to heart failure and my heart was fibrosis.

And the cardiologist, I couldn't stand up. I couldn't go upstairs and was maybe in ten years, you get 10% better. I'm like, I can't live like this. And so basically went around the world looking for treatments, found some things that were in a lot of things that that didn't.

And I was in Belgium and I got all the peptides and I really didn't think anything was going to happen. And then like three, four or five days later, all of a sudden, I just walked up the stairs, you know, like, wait a minute.

So you kind of backtrack. And then most very short, I panicked to break them in ten years of her patients for a while. But then that kind of opened up and and then so was was doing really well with that.

And before that I should mention that, you know, I was kind of on the board with just okay I got Lyme, babesia, Bartonella and really that high human factor beta caused all that fibrosis and and will with that you know high dose antibiotics like five seven at a time three times the dose five times.

I also would never get a patient didn't help at all and what's going on I look at my immune system and my natural killer cell function was zero. And we're being in like the ICU and the nurses like doing this, the shift change, you know, this is that damn AIDS patient negative for HIV, you know, and it turned out when you have no t one immunity, doesn't matter how many antibiotics you take, you just can't kill it.

So that's why I started, you know, really digging into immunology and finding, you know, you have to fix the immune system. And what we're finding with all these chronically ill patients and and whether they're autism, Parkinson's, chronic fatigue syndrome, fibromyalgia, Lyme in again the means is very complex but you can break it down.

The model we found that works clinically is looking at it th1 heck of a T right in there too. And then the other side is let's get stuff inside the cell and then the other side TH2 and then with TH17 which to the autoimmune side of the immune system being the other side and usually they're balanced.

But as even with just age. So you have a thymus here in your breastbone and it starts basically invalidating her

own age nine and then around 35 to 40, it hits its low point and then a few years after that, that's when you start getting all those diseases of aging, you start degeneration.

And if you just bring that back and there's like studies where the rejuvenating of thymus or anti-aging. So it's really big with anti-aging and immune system, but we're fine with chronic illness.

It's key because when you have this abnormal immune system that high to all this inflammation, autoimmunity, mitochondrial dysfunction, that if you can bring that back, so many things kind of start working better.

And so we've kind of become immune modulatory clinic And you know, there's a lot of things that that are immune modulatory, you know, vitamin D and ozone and things and things that tend to were our immune modulators.

But the peptides are super potent, very specific and can boost that. th1 Now you can fight intracellular infection and it lowers the immunity, lowers autoimmunity, and when you bring that back, you now like a lot of a lot of things get better and everything is a vicious cycle.

So when you have this abnormal immunity, get mitochondria function, the cells bomb a cell danger response, start secreting more inflammation you get by hypothalamic pituitary hormone dysfunction.

Then you get immune activation by regulation, you get basically gut permeability immediately, tons of gut inflammation. The immune system, again, you have, you know, very low immune system.

So you get all these, you know, infections and, you know, Candida parasites and overgrow bacteria, your microbiome screwed up. And then that causes the gut brain barrier, you know, the gut brain access.

Now, it causes systemic disorder. But then the there's also the brain gut access. So the brain, you know, the the vagus nerve will kind of shut down the gut and make you much more prone to, you know, chronic infections and like SIBO and people, you don't get treated, receive it over and over because it's a environmental problem in the gut.

You got to fix that. But so the peptides are nice specially with the gut. They lower the inflammation like the TB4 frag will work on the tight junctions.

The BPC is kind of in do all for especially for gut lowers. Inflammation, heals just about everything, protects the gut from torques, burns and mycotoxins and lowers inflammation.

And you had KPV, which is unique in that it's very anti-inflammatory artery, but it boosts the immunity and is very antimicrobial. For instance, it will was shown to be more potent than I flew can one 1000 per dose and so and then the one I really like is thymosin Alpha one kind of got banned because it was effective for COVID and they couldn't have that because then they couldn't do the burn. See.

So we did metabolomics and proteomics and found these two that are super like did everything that kind of famous in Alpha one did but even more. And really you add those together and the CFPB TB4 frag probably the fastest way to heal the gut.

I mean, there's so many things that you can do, but we find because working on both sides, it's working on the brain gut access and the gut brain access.

So the they're kind of really ideal for the gut. Okay. So this is really interesting because you're opening up a whole world for people who may have never thought to work with peptides just as as a basket of tools.

And so I love that we're laying these out and I want to do a deeper dove actually in each of them.

What Peptides Are and How They Work

Can we just set the stage for folks who are newer to this concept of peptides as a therapy? What is a peptide? Yeah, let's play that number one question and then it's is when I first did talks to doctors and with hundreds of studies on these things, the thing is they're not new studies.

They've been done in Russia and they've just never come out here because they're they're way past patent and there's no drug company pushing them. So you just don't hear about it.

No. Most standard doctors, I mean, they gave doctors much better looking at studies and all those things. But there's only what's the drug rep bringing in?

But they're like, well, wait a minute, how enough this get get by me. But tons of studies, you know, showing that they were and extremely safe. I mean, you can take a thousand times a dose and nothing's there.

So, yeah. What does a peptide get you question? It's basically chains of amino acids and just arbitrarily, if it's less than depends on who you ask, you know, 80 amino acids, it's a peptide, so a shorter than a protein if it's longer, it's a protein.

And they didn't think they they didn't much. And like a new thing is by a regulator which they're peptides but even two amino acids and they're very potent and very specific.

So if you compare it to let's say hormones, right, we thought hormones were kind of master controller hormones. Generally a broad affects. They go into the nucleus, change protein synthesis, slow on, slow off, where peptides generally work on the cell surface, but they also work very epigenetically and will go in the nucleus and bind the DNA and change in Gene XP session.

But it's I would look at it as a higher layer of control that is much more specific, much safer. Now they have pleiotropic effects. They tend to be the peptides, especially in the bio regulators, where you'll have where, you know, brain bio regulators, you know, prostate, stomach, adrenal thymus.

I mean, so they were much more specifically in very safe. So they just kind of turn on and they tend to turn on the good genes and turn off the bad genes in terms of like especially like aging genes and sick genes.

And with that immune system, when you look at, you know, basically someone with, you know, basically the shift, what they say is ath1t raised to 71. It's an aged immune system and or a sick person immune system.

And and so you can bring that back. It's really anti-aging. And, you know, you look at, you know, some markers like they won't get into senescence and all that, but just looking at the CD4 CD8 ratio is a pretty good marker for your biologic age and and we found the best marker because you try all these cytokine tests.

And and the problem is it's kind of like looking at what your body's trying to do, not what it's doing. It's kind of looking at, let's say at this age to see what your estrogen level is.

But you would say, oh, hi at this age means, oh, you have a lot of estrogen, but it turns out to be opposite. So we found the best clinician. So what works good?

Even though, you know, that's clear, Clearasil is not at age one, but down the stream, it actually that's what we find, you know, metrical or cell function, which is a chronic fatigue syndrome.

Patients about 70%, 80% are low natural killers function, but 25 to 30% low number. And so that's kind of a marker for that. For th2, we look at C for a big things human are growth factor data we find and then you also find all the subsequent things like they'll have because of the pineal hypothalamic pituitary.

And my big thing was, you know, thyroid eye level t three and we find over a majority of people we treat have normal T as ages, so they go to their doctor then every sign of low thyroid and we'll check their baseline of all like rate in general, it's about 25% lower and they have, you know, all the symptoms or fatigue over weight and insulin

resistance and cold, cold hands, cold feet.

And if they were socks to bed or positive socks on everyone's thyroid, then as that. But you know, and the problem is too, because even as toxins and pesticides and all these things are suppressing the pituitary, but for some reason we think that it's special and it has different different aces and different receptors is probably the worst tissue to look at what your thyroid level is.

So we'll check their base, the metabolic rate, which is the gold standard, and then we'll check their basically the speed of their relaxation phase. The reflex which a British medical journal top five during the world said knowledgeable doctor looking at someone's ankle reflex was a better test for blood tests than thyroid.

So we use that yeah right off the bat and we can look at you can look at, you know, T three virtually ratios, t3g for ratios and all these things and one little key pearl was sex hormone binding globulin.

Now it goes up in the liver in response to two things the amount of thyroid and the amount of estrogen in the liver and inflammation can influence a little bit.

But let's say a woman's normal estrogen or menstruating or estrogen placement. And if there are six combining globulin is less than 80. Now, you know that they're low, very likely low thyroid, especially if they're on thyroid, which goes first, pass the liver.

So it should be high, like when you give oral estrogen and you know, your patients being under dosed. But I kind of got away from peptides there, but.

I think it's a really important rebuttal because so many people are affected by this today. Yeah. And we find everyone's thyroid, everyone but we found so you a lot you know tons of lectures on thyroid and 93 works for doesn't but with Hashimoto's patients now giving thyroid to a Hashimoto's patient, you know, enterprises don't do it if they're to say just normal, but it dramatically lowers antibodies.

You look at people actually, so they feel much better where they get T3 largest supporter and the press and star report showed that T3 was a better antidepressant than anti-depressants and less side effects.

Another study bipolar patients. 135 treatment resistant bipolar patients. They tried on average, 14 different medications. No response this game. Three, no matter what, didn't matter what their levels were, 85% responded, about 30% total resolution of symptoms.

TB4 Frag, BPC, and Gut Healing

But yeah, so but they found with Hashimoto's that if you modulate the immune system they actually feel better than if you give them T3 and you're lowering the auto antibodies dramatically.

And that's the one thing with autoimmune. The peptide is so great for autoimmunity and lowers inflammation. Now they start feeling so much better. But that's t three and you know, peptides work great with almost everything.

Yeah. So that's a great segway into, you know, you, you dropped a couple of gems a few minutes ago that I really want to unpack further. You mentioned in passing in TB for Frank's ability to really turn persistent gut issues around.

And I would love to zoom in on that and VPC and then we can look at some of the other topics that you're able to apply peptides to that are actually featured in this summit, which that was a wonderful offer you.

Thank you for offering to pull all those threads together. Oh yeah, yeah, no problem. And just mentioned we are with the peptide, so we're always trying very much to geek as you can probably tell, not to social but so we were using natural occurring isomers that are much more potent now.

Kind of leave it at that. But yeah, like the TB for a frag that we use is 60 times the half life, meaning it's around 60 times longer than a standard TB for Frag, but in terms of the gut, TB for Frag which is so Thymosin beta four very often used it's 43 amino acids, it's, it has to be injected and it's multi-domain.

So it has certain domains that do different things and the middle domain stimulates mast cells, right? So it overall, if you give it, it's probably going to lower inflammation.

But you've got these competing things, the mast cells. Now what we use is the fragment is the first four amino acids, which does the heavy lifting for the immune modulation.

And we leave out the part that does stimulates the mast cells. And then the isomer that we use is, you know, dramatically much more bioavailable. It's because most peptides, if you take them, they get broken down and get quickly.

But you can do some things that we'll call its capping which is actually accelerated and imitated and probably 70 to 90% of your peptides in your body are isolated and or imitated in particular ones that the body wants to critical.

So it wants to protect that from the enzymes. So we're we're using those most people are like the BPC. We capped that and they're called stable BPC out there which I have a whole write up I can send you where it was company they had actually the patent on a C dilated BPC it read out they made it RG and BPC they said it lasted longer like got but every third party study shows I mean BBQ's made in the gut right so it's like totally stable and they said oh there's a more stable in the gut.

Well let's just say that's true. Well we use a time, we use a, you know, acid resistant capsule anyways and it gets to the through the gut. So and as soon as that gets out of the guard, it gets broken down.

It also doesn't daub as well. So but let's see, where was I going with this? I mean, if you go for Frank, so TB for Frank will also selectively heal the tight junctions and and that becomes a big issue.

And the tight junctions are not only yet like information and can't infection, you know, things that, you know, food allergies and you can screw them up.

But if you even just get traumatic brain injury or systemic illness, your tight junctions immediately just open up. And if you have leaky gut yourself, leaky brain.

So and they kind of just go together. So it's a big issue and some people with the stable BPC will add snap to it, which the pig farm is using. It breaks open the tight junctions to allow their drug to absorb, but they are trying to fix the leaky gut and break it open their tight junctions and will also allow allowing in there when when they're open.

So people are kind of doing some things I think, but not thinking it through. But yeah, yeah. Then it's also very intimate proble it gets in the biofilms and you'll find all the peptides generally are all anti-inflammatory and very healing.

So true. I definitely found that on my own healing journey and I like you. It had had a major major Lyme issues advanced chronic lyme for anybody to. Figure out and doesn't it.

It does. I mean I couldn't write a sentence. It was oh wow, wow. Very big brain fog. And the thing is we find with the Lyme patients like first visit well just talk to them.

I hear we got this and they'll start crying like what they're like, you understand? And believe me, you know, like, yeah, I believe you had this, but if a doctor can't treat it, they generally it's your fault.

They don't. They don't believe in it. But yeah, it's hard to explain someone to someone how bad you feel with Lyme. Like, Oh, just go out and exercise and just eat better and blah blah blah.

Like, Okay, I'm going to try to prevent by punching in the face. But literally you don't have the energy to potentially get high. Yeah. Yeah, I remember like the phone would ring and it would just, Oh, we just kill me.

How dare they call me at three in the afternoon? Yes. Exactly. Very overstimulating, very distressing. So one of the things I think is so interesting is how how actually poorly people can calibrate that for themselves since everybody is becoming sick around them.

So we have 61% of the American adult population claims that they have persistent gut issues at this point, that they have ongoing symptoms. So that's also the the CDC, you know, the study and they said 80% of age individuals have at least one chronic illness due to the thymus involution.

And it's kind of like, okay, why not just give Thymic peptides and replace it like hormone replacement, right? We're trying to rejuvenate the thymus, all that stuff.

And and it's really weird, you know, like what med can we use to do it right? That's what they think, you know. Right, exactly. So I want to give you a chance to connect the dots for folks in terms of peptides, therapies and other topics that we've covered on the summit since they were just talking about leaky gut.

Why don't we talk about gluten sensitivity and how that could be supported through peptides? Yeah, and it is really it's a little kind of stretch, but you know, also as do 40 peptide injections or whatever, you know, and I'll stop.

I'm a terrible patient as you can imagine. But and so I would get like all of a sudden get super when I'm like, Oh, I'm allergic to that. And and then I'm trying to figure it out.

I'm dealing with the magic markers and stuff, but and I realized that what happened when I wasn't feeling well or was like early on, was I kind of like in a relapse?

But then when I'm healthy, no response. So, you know, the immune system and the peptides are great at mass cell, you know, mass activation syndrome, which is is, which is part of almost every illness.

Right. And like we have so many patients with, you know, parts and stuff, we don't even think about it anymore. It's like when someone is massive, like our early better and, you know, very weak so and same with parts where they tried so many things but you add all these peptides and also the music is better and they're like, where possible in a way, you know? And so it, yeah, like, you know, mast cells in the gut and all these inflammatory cytokines and, and so these do a so many things.

What's the question. I was asking about how peptides can help with. Oh allergies. Yeah. So we'll fine we can often times the numbers are hard to tell because once someone says they're, you know, gluten sensitive like they don't want to test, then don't tell you.

Tell me I'm not, you know, but I, I can eat stuff when I strained. I don't have a problem, but it tends to make it much less severe. I'll say that I won't go and say cure because people should bear that.

But they're not saying so. Now you can go eat a bunch of raw bunch of bread and all that, but it really reduces the severity because sometimes it's just debilitating, you know, and and they're great for autoimmunity, you know, just basically sensitive titties.

And then, you know, a lot of it is, you know, these, you know, with the leaky gut, these big proteins are getting in, which makes you feel terrible and the inflammation.

So everything in medicine's a vicious cycle, either getting a vicious cycle going bad or it's like, oh, good. So and then you basically heal that part of the gut.

Gluten Sensitivity, Mast Cells, and Leaky Gut

And then also we got like bio regulators for the pancreas that will now increase your, you know, with even stress and illness. You don't make the all the enzymes and all the things that to break them down and that starts working.

And then there is kind of like, you know, not so I don't think about it every minute of every day anymore, you know. And and so it works well with that, but it kind of people get so then people get that's their, their identity is like gluten sensitivity.

But yeah, it's, it's so and it's real. I mean, it's it, yeah, it's we had so much crap and it's like all these, you know, fillers and you know, we're getting so much stuff and it's like, well, why is Roundup and glyphosate still legal?

You know, how much is in cereal? It's crazy. We're just poisoning ourselves. And that's when when we did the vets, these had massive amounts of toxins.

And we don't get so much on people because, you know, people they don't want to pay for the test. They'll go get Botox, but they want, you know, tend to do the tests. But it's, you know, this whole global warming thing worried about that pollutants and all that crap that they're really saying is okay, you know, do they aspartame, you know, but even with aspartame, I mean, it's a neurotoxin and I stuttered for years.

I couldn't even carry a cell phone. And I was going to go to this clinic, which was actually run by the guy I did my rotations with. And he is stuttered terribly.

And and I read a study on aspartame and stuttering and I stopped and stutter again. And somehow I got to Starbucks and get like this sugar free thing, which is Splenda and I switched to Coffee Bean or whatever.

And it's aspartame. And then like less than a day later, I'm start stuttering. I mean, what did I intake? Yeah, those are neurotoxin. I was so addicted.

Diet Coke. It's addictive because it's a exciter toxin, you know, and that's also the carcinogenic side. But yeah, and there's a well-established like now between aspartame and fibromyalgia.

So yeah, everybody's looking down it. I mean, there's so many things. I just think all the things we don't even know about. I know. Because who wants to pay for those studies?

Exactly. Yeah. I hope that one of the things that people get out of this summit is a little bit more facility with understanding how the the medical field, the medical industry works.

And if you understand how the money flows, then you understand why there's data on some things and not data on others. Even though what we're seeing, you know, clinically is that these.

Are it's like, you know, what's published in the standard journals. They won't look at anything that goes against the drugs. And although that's not our area and I mean, now you can even see the cover of a journal that's covered in AD and you look and the ads are like 12 pages long and like JAMA is just a piece of like it's just like you look at the title and I guarantee, you know what the outcome is because it's just propaganda.

Yeah, well, you said it, not me, but I'm glad you said it. So so let's talk about this, because against this backdrop of rampant exposures, you brought up glyphosate.

We are, Stephanie, set up on this summit going in that into that in detail. So I hope people really watch that one. Obviously that has a deep tie in to leaky gut.

Leaky brain. What are your strategies when it comes to peptides for really supporting people at the energy and neuroplasticity level? So mitochondria and neuroplasticity, if we have TB for Frag four and BBC 157 for the gut piece, what about these other extenuating issues that can really impact people's feel?

And I mean, there's so many peptides. In fact, Illinois, I did a book on e-book on Sears. I don't know, Senator, but.

Yeah. Yeah, I mean, here is this.

They look and see this and. You know, I could see a blue paper. That's where it will focus. Well, what does it say? She wrote it. Well, I mean, there's probably 60 on here and that doesn't even add up by a regulators in, you know.

And how do you break them down? Well, you know, you basically do immune modulating, which tends to be the thymus, but also the pineal like a battalion, which probably if you take one peptide and it's injectable, but we're working to make it bioavailable is some or a bioavailable, but we got to do better and the studies show.

So anti-aging and for instance they gave a combination of a battalion and thymus and they work very well together. Now at battalion will increase melatonin levels.

It will for instance, this was a rat study, but they gave it to menopausal rats and they all started menstruating and 25% had normal live births. And so we're using it for fertility.

We're see in there, you know, anti-malarial hormone go up at this age comes down, they start menstruating. And so as I forget to mention that part, and some women are happy, some women are mad, but it's it's really interesting.

And they gave it to a human study, adults over 65 with sleep and heart disease. They gave them six doses that's it. And forum for 15 years. And the ones that got the treatment dramatically they're actually cardiovascular function got better dramatic reduction in morbidity and cardiovascular overall dramatic reduction in cancer incidence, degenerative disease, decreased morbidity mortality, higher quality of life and so it it's really nice in that way increases telomeres so it has a lot of effects and especially if you add it to a famous and moderate immune system.

But it's really interesting. It will balance your hormones like they even took the geometry out of chickens, you know, I guess they gave rats a break this time, but and then they gave it to them and the thyroid levels went up.

You know, it's like, you know, but the thyroid levels normalize. So normalize the diet and ACS and it it really helped so many things and in other peptides for like sleep that the sleep combo that's kind of can be magic delta sleep inducing peptide now it's not like that it's not like a sleep better it makes you sleep, it takes a couple of weeks.

What it's doing is lowering inflammation, the sleep center in your brain, and that's what you always people are brain on fire, right? So lowering that inflammation, that's like we have this cerebral pap, which are, you know, mixture of brain peptides and we get huge like just testimonials of people with traumatic brain injury that, you know, had forever confused.

And they feel so much better.

Mitochondria, Brain Health, and Neuroplasticity

And I should say this, but my stepson was just kind of being an ass, you know, and his brothers were saying, What's going on? And I gave him some cerebral pap.

And just even like two days later, they're like, Yeah, he's back to his normal self, but and you know, hope is a one and you won't watch this, but that's a big thing.

Yeah. And even it's shown to help. So it's, it's typically injectable, but it was, you know, approved in like 38 countries around the world. It's been around for a very long time.

And because it's being safe and effective, you the US banned it but so but we can make it orally and in the studies show that you know taking it orally the EEG studies and showing you know like an hour later the EEG, you know, basically, you know, increases amplitude in different places.

So it used a lot for it's true for Alzheimer's traumatic, brain injury, cognitive dysfunction. So yeah, a lot of good feedback on that. And BBC actually shown to improve depression and the studies they look at it and they go they

think probably half the effect is through improving the gut.

So approved the microbiome you know, the leaky gut and just gut function or protect liver against toxins and or buying mycotoxins and environmental toxins.

And then the other half has kind of a direct effect, but even normal people are shown to have improved memories with the BBC. But it's not really considered a nootropic, you know.

Right. But yeah, there's so many things, you know, mitochondrial function, you know, fixing the immune system, you're kind of half way there. You can use other mitochondrial peptides like my C and SS 31 and a lot of these have clinical trials, but it's very interesting.

They never finished them. You know, it's, it's very weird, but that protected human in is I have some here but it was called it's been around and they're doing trials but I don't know what's in the trials are always very positive, but it never gets out.

It's kind of like Israel apparently came out with this cancer drug, very nontoxic and work it on. And the FDA is already working to ban it. But but it was called human end because it made Alzheimer's patients human again.

Wow. And then we got a version that was 100 times more potent than that and the one that started as our button on that. So and then there's like in the real C lang C max with the brain and then things will kind of protect the mitochondria and keep them from going in and protect DNA from that cell danger response and start, you know, so and then you got synthetics, which may be, you know, which refining very powerful is someone with chronic illness.

You know any time there's constant stimulation if they have an infection that they didn't we didn't resolve the the base of the immune system is, oh, forget it.

You know, and that same thing around cancer and you have this CAR-T cell stuff and because you think that the white cells around the cancer are trying to kill it, but they're just like they're kind of protecting it.

So know all this money being put in to stimulate them, but hey, we've got and guess what? It's like 1/1000 the cost of your stuff, you know? And so with the analytics, the natural killer cell function, so when cells basically are stressed and they have, let's say, from inflammation, chronic infection, other toxins, they'll basically the mitochondria go.

It's called cell danger response. It basically converts from making energy to making basically inflammation. And and so like diabetes, heart failure, a lot of studies and then so we can now selectively kill those cells and having a high th1 articular so really protects you from that.

And like with the heart failure patients they may have half senescent cells and they'll actually recruit other cells and just getting rid of those. Also the heart function comes back and with diabetes dramatically.

So we're adding that in to a lot of these, you know, chronic Lyme chronically ill patients and getting rid of those senescent cells. And one of the things I want to give you a chance to to zoom in on here is because you clearly have such a breadth of experience with these persistent chronic conditions.

I really hope that the audience is getting out of today just how much hope there is for what we perceive in the Western world as very difficult conditions.

You know, and you're going to standard doctor, they are not going to treat it because they're not going to go, you know, you got your gastroenterologist as their little apart.

They're going to stop even though you're fine, right? Neurologist, they're not going to find that rheumatologist going to diagnose you. But I mean, all these chronically ill patients, it's like, you know, I, you know, Antiphospholipid syndrome, lupus, I say, oh, you got pre lupus and you know, nothing really fits but or they'll have let's say low

subclass of IGG and I'll just go.

So this is genetic evidence. No, no, no. It's it's going to revert when you get get rid of this stuff. Right. And so I'll go ahead. I really want to get a chance to ask you this question, though.

You you have solutions right now for biofilms, GERD, gastric molars, h. Pylori liver dysfunction things that we even cirrhosis right that our very. People on the liver transplant list they're too sick.

Then they said, okay, you can get on it, but then we get them off it because now that you have. Right, right. Exactly. So what would be your top recommendation for somebody who's suffering from, say, GERD, for example?

So GERD with BPC will actually tighten the upper gastric esophageal sphincter and loosen the lower part center. So right there, it also works for urinary incontinence.

And I don't think it's a big problem. Women never told me. And then we're out at this little bar and when we're dancing, I'm like, There's pee going down.

All these girls legs, hear what's going on. And, and so like it's a major problem. So just doing that for just, you know, stress incontinence and it works the same for Gerd and so only for GERD, we tell him just open up the capsules and put it in and that works very quickly, even like within hours for that.

Yeah. And then just, you know, gastritis and then you got heels, ulcers right. Kind of go all the way through. He got gallbladder issues and got you know and really we find is using, you know, multiple and we have protocols and stuff and starting a year long training on peptides and and stuff that works.

So there's always a be something I want to throw in there but and you know, making it it's actually it's it's changed we've changed my life. Every doctor we train changes their practice it's made a sick patients from what they what mine used to be as anybody antibiotics we rarely use antibiotics and if we do it's like three months, maybe six months.

But before was kind of, you know, Horowitz is awesome, but it's like, man, you see the antibiotics he puts these people on. It's like, whoa, I'm very aggressive if I need you.

I'm just like, but and I did it and massive amounts that I would never do a patient and no better. So we found, you know, with the immune monitoring. So, you know, kind of how would someone start?

How would a doctor start to use BPC and and really with the peptide, you can't do it wrong. You know, you can maybe do a little better, but you're not going to hurt anyone and they all kind of work.

And then, you know, combining the really the more that you can use, that's all going to come out with a combination by regulators. But even though sounding like, let's say the fireman, you know, the one I love, it's so anti-microbial anti-inflammatory and so many healing factors with to by regulators.

You say, well, I already got this one doing that but you find you do multiple and it just like, you know one plus one equals five type of thing and and they work really well, you know, will do a I. V.

as well we'll do we'll do shots as well. And like BPC, every study that's compared the oral to the shots that found it's equal potent, you know, you're like, oh, does it absorb?

Well, every study shows that for systemic illness that they're saying, for instance, one study they gave it for a basic inflammatory bowel disease and EMS and word rate on both oral just oral BPC.

Excellent. Yeah. So one of the things that you've, you've mentioned in passing here is taking oral peptides which are available through integrative peptides we use.

And they're in their supplement. So right, right. Very accessible.

GERD, Oral Peptides, and Practical Protocols

You can get them like they're on our website right now, you know, and we use them in our courses and in our practice. They're phenomenal. And then you've mentioned a couple of times injectables, you know, the injectable form of peptides, which is obviously less available.

You got to go work with a doctor who's willing to use them. Can you just help people understand how does BPC 157, for example, compare, you know, oral, orally versus like that injectable version?

How should they be thinking about that? Yeah, and don't ever do a BBC one resume is unique. And generally the smaller the peptide, the more likely it's going to absorb.

But it's 14 amino acids. It doesn't make too much sense that it would absorb, but it if you like, if you make a salt of it, it's going to get broken down. Hmm.

But like the arginine, so. Right. If you do it, the body does in a plate navigate it because it's a critical peptide. It absorbs essentially 100%. And all the studies that looked at clinical outcomes, there's a number of them at systemic illnesses when they give it orally versus injectable.

There was no difference. In fact, oral, sometimes out competed it. Now some people will say oh the morning of the shots work and variable like the oral you know there's a lot of placebo in there.

You know, when you think about placebo now you know I got you grow some hair by it I'm lazy but I got a whole new peptide product that we're doing. So I may have an afro next time you see me, but.

But yeah, the Rogaine studies with water had a 40% placebo rate. Whoa. And that's what growing hair. So then you look at these other things that we found like and we have a dispensary or office or like a compounding pharmacy in our office.

And if we change the color of our capsule, oh, it's bad. It's like, oh, it's not working. And, you know, so lesbo is big. But, you know, we go by the literature and we test the heck out of all our stuff.

And the more I learn, I don't think other people are testing. I mean, there's competitors out there. But, you know, again, we've tweaked ours and improved it and we're going to come out with Liposomal, even Liposomal capsules.

We're going to take the liposomes and coat them like they're like an M&M, you know, and they're certified for two years under electron scanning microscope where other liposomal they take, you know, lecithin or postural cooling, shake it up and here you go. But no, that's very common.

Yeah. And with the other ones, like the TB for Frag is 60 times the half life. The CFPB much more potent as the isomer than the standard way. Things like, okay, we haven't solved that one yet. It's a deal.

You see a lot for skin. It's a copper peptide. And so we'll take it orally. But it, it breaks down pretty quickly and you know, people say, oh, just do it sublingual.

I don't know how much you really get in this law. Half of it. So we sell Cherokees and stuff and I tend not to use them because I don't know how much they're getting.

And I tell the patient that, you know, but we know what we get from and we we have, we have sprays to which we, we know the oral work. So, you know, if you can swallow the whole thing, it's gonna be fine, but.

And then we're going to be liposomal, which will be even better. Yeah. You think? Well, it's so fun to peek behind the curtain of peptide therapy right now and to.

To get a fresh reminder of just how potent this tool set of tools. It's it's made for the in my life so much easier treating patients because instead of taking two years you know beating on again it's like it compresses it and they get better much quicker, much quicker.

And you know, I'm kind of even the first visit usually to get labs in there. But, you know, after a while, you know, exactly what they're testing, labs are going to be like, okay, you're infected, right?

I don't do the test. Well, you know, I tell them the more, even though I know you're infected, I have to prove to you and to someone else looking at my chart that you're infected.

But, you know, and and so all our systems give, like, six, seven, eight, nine, ten peptides in the first visit, which probably isn't. You know, if you look at that style, great isn't good, but people just go or friends.

And the problem is I don't think I just give too much stuff out, but my parents hate me. But most of the friends are just like, Here, try this. I am. You know, they could be being nice, but I don't think so.

No one, my friends. But yeah, that and also at shows like if my girlfriend's great if you see someone limping or something like Hey come here, you take this, you know, what is it, a first line speed, shadow, you know, then then they come down the next day and they're like walking normally.

And so we, we love doing that stuff, you know. And it's beautiful. I hope that everybody listening gets newly re-energized about their own healing trajectory and that we've had a powerful reminder today that honestly, this this healing journey does not have to take as long or be as painful as maybe some of your most illustrious doctors have outlined for you.

So you get to take your health into your own hands. In fact, you've got to. And I really appreciate you spreading this work and making it accessible to people.

Thank you. And all the work you're doing, too. And you're an amazing interviewer, by the way. Yeah, he should be in there. He doesn't like regular commercial.

Oh. Oh. Do you got a mission on a mission? And that's if you want me saying we have a nonprofit National Academy of Hypothyroidism where my first passion was in 83, I went to review articles showing the way where diagnose treating thyroid in this country is wrong.

So if you think you have a thyroid problem, which you do, yeah, that's where we find anyone who is sick. They got a thyroid problem. Lots of studies showing that we had, you know, five under reference on this review and all published peer reviewed.

Training, Veterans Care, and Closing Remarks

And then we have a veterans program that we've been doing and we're getting better quickly these guys are talking about sick, you know, and there's a video of a veteran who basically, you know, severe traumatic brain injury, PTSD at Allegheny and stuff and in and out of, you know, basically the VA English neurologist in three visits, we had him back, he couldn't read.

We had him back reading. Pain was gone after the first visit and he was camping and doing all that stuff. But we have the veterans program, which I'm kind of passionate about.

I'm not a veteran, but, you know, all these they're all Special Forces guys, at least that we've had now. And I thought they're going to be just like, but they're the nicest, most humble guys.

So that's this one I mentioned that. But yeah, that's at our culture of med site. If you just click the veterans thing and our training will be through my better medicine or the National Academy but yeah integrativepeptides.com that's where if you want to get some peptides and we're available for questions and we'll be starting that training program,

I keep promising at least.

I understand it took us two years to start our practice practitioner mentorship. It's a lift, man. It is, but it's necessary. My mine. I maybe give you a buzz and just see how you're going to maybe get some.

It's more. You had franchises and training doctors as is tough I don't mind training them running their practices for them it's. Yeah there's a reason why.

Right well everybody I hope you're checking out Dr. Kent Holtorf's work and that you're following him closely from now on and you're exploring the power of peptides because it really is a phenomenal set of tools that is so much more accessible than, you know, like just fold it into your protocol.

Now let's get started. Like you says, it's safe. It's actually effective. Yeah, it's actually safe and effective. Not like those other things that claim that and yeah really appreciate your Dr. Kent thanks for Coming you so much for taking the time and I think the topic is so needed.

Everyone has got issues. And what were you saying? How many people, even just 50. 1%. Or even higher. Then you get a sick person, you know, what's their chance?

99%, you know. Right, exactly. Yeah. So many undiagnosed parasites, you know, dysbiosis. So, yeah, you're I love the work you're doing and helping people.

A lot of good things about it. Thank you much. Appreciate it. Thank right. Have a great time. Thank you.