Making the Connection - Looking at Unconventional Patterns to Solve Autoimmune Disorders Transcript

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Introduction and Guest Background

Hello, this Doctor Kent Holt tour with another episode of the Peptide Summit. And today, we have a wonderful guest who I'm proud to call a friend and a colleague.

Elizabeth Tringale. She's an, was one of the early adopters of, peptides. And I remember at a conference she came by. I didn't know her, and she was she goes, oh my gosh, BPC 157 makes everything else work better.

And I'm like, wow. And she's just a wealth of knowledge and can speak on any subject and just want to thank you for taking the time. I know you just opened a new office and hired a, new physician and, so much going on.

So I'm sure you're exhausted, and I appreciate you taking the time to share your immense knowledge base. With us. Thanks for having me on. I'm blessed to be busy, but it's always nice to share information to other clinicians or people that can use these pearls to help advance their health.

So thank you. Well, great. And, you know, just a little bit. So she should talk about unlocking the secrets to reversing autoimmunity. So Elizabeth is board certified physician assistant.

She's a graduate of the University of Florida, where she received her Bachelor of science and master of science degrees. As a diplomat, American native, anti-aging, medicine.

Since beginning her career in internal medicine in 1999, she has been known for helping patients chief wellness and longevity goals, by blending, complementary and traditional medicine.

And she's really ahead of the curve. And I really just love her passion. Every time I talk to her, she's found a new treatment, new modality, and just, you know, and she doesn't look like it is very, I guess, politically incorrect.

Very good looking. Well, then she's a geek, is a knowledge geek. But it's it's great. And just her passion to help people, is just, inspiring. And, while earning her undergraduate degree in nutrition science in 1995, she worked as a nutritionist and conducted research for the Women's Health Initiative.

Interesting on folic acid to prevent birth defects in infants. After work in nutrition for several years, she returned to UF and earned her masters as a physician assistant.

Studies from the College of Medicine in 1999. Returning home to Palm Beach, where everyone's flocking to right now. She practiced internal medicine and integrative medical practice and co-hosted, a radio show for three years.

I did not know that her Christian background allows her to blood natural therapies, such as medical grade nutraceuticals and diet changes with allopathic medicine.

And she's got that great ability to combine, you know, integrative, you know, natural, but is not afraid to use medications. Very evidence based. And I really that's kind of the way we, we practice and just love talking to her and going back and forth and what's new and, running cases by each other.

And because of her background, holistic medicine, anti-aging, she was the first physician assistant to join the exclusive MD VIP medical program. And is at the telemedicine now.

That was his MVP concierge. Oh, that's what they send, the toughest patients, everywhere to see your best doctors. That's that's awesome. So there's there. Yeah.

After several years, she joined a large family practice and assisted in developing a wellness center. During the time she completed a fellowship, for the American of anti-aging region of medicine.

She also completed a peptide certification fellowship through a forum. And she, created individual detoxification programs for environmental toxins, heavy metals, bowel dysbiosis, food sensitivities, and weight loss.

Just really the whole whole gambit, you know, bring it on. Chill, chill. Treat it. Her practice focus on, treating conditions such as subclinical thyroid disease.

And that is, you know, near and dear to my heart, autoimmune diseases for and talked to about today, chronic fatigue, irritable bowel acne, cardiac disease, and helping patients overcome menopause.

And Andrew, pause with the use of biological hormone replacement therapy and really perform state of the art vitamin and metabolic testing. So really, she's on the cutting edge of so many things, and we could do a whole summit with just her doing.

So it's awesome. I'm a big fan. And I know she's just gets great outcomes. I hear from patients. And again, thank you for, for being on the summit. Well, thank you for having me.

You make me sound like a genius. So I really lucky, even more so very humble to and and so, we have an autoimmune immunity, is there what what basically autoimmune condition are you talking about?

Everything. Or. And what? Well, what do peptides help? One thing, but not another. Or. I see so much Hashimoto's in my practice. You know, there's a correlation with mold.

So living in Florida, everything with all those hurricanes, there's a lot of water intrusion. So we do have a lot of mold down here. So I have to say I want to say like more than half of my patients seem to have Hashimoto's.

Not if I just have a reputation in the area. But every time I'm checking for antibodies, I'm just seeing it. And they may I'll be thought, yeah, but they certainly have an autoimmune thyroid.

Yeah. And and the endocrinologist, you know, they argue if you go to their conferences, but you used to go all the time. But now I couldn't take it. They're so behind. Right.

You know, it's kind of like I don't want to bash doctors, but it's the job. How do you hide something from them? Chronology. Just put it in their journal.

But, that's bad. Maybe we'll let it get out. But, they won't even check because they don't think you can do anything about it. Absolutely. Yeah. And it also they found that one is that when you have antibodies to your thyroid that you often have antibodies to your pituitary, to your mitochondria.

And so it's, it's very unique. You don't see it in graves, which is interesting. But you'll see Hashimoto's. So a lot of doctors, a endocrinologist, they won't treat just if you have antibodies because your TSH is fine, but their TSH is artificially lowered because of the Hashimoto's.

And they also have antibodies to the other side too, which converts T4 to T3 in the pituitary. Now the antibody you think would lower it, but it stimulates the T4 T3 conversion in the pituitary.

So they have lower T as H than a normal person would. And they found that getting rid of the antibodies actually makes people feel better than fixing their thyroid levels.

Right. And the endocrinologist don't even check the antibody levels. Then parental care if they can get to that. Very. Yeah, they they would just refer everyone out if there's a power issue but no one to at the time.

It's a covered test. It's an inexpensive test. Yeah. I think bodies are maybe like $50 to test. It's not expensive, but

it's the only way we really know if there's something going on.

Because most of the population, let's face that having problems with obesity. And this is a big piece of the puzzle. Yeah. So yeah, you know with functional medicine we are doing the deeper tests and we're saying, okay, well why we have these antibodies.

And what I love about peptides, you can absolutely reduce the antibodies and get rid of them 100% with them. I especially love the time I was an alpha for that and the BPC and of course my TV for.

So those are my three favorite. But the Hashimoto's, there's so many environmental factors that I think are overlooked in our. And I just need an interesting study on obese children.

The thing is, with obese children, if they're a business children, they're likely to being obese adults is so high. But the percentage of obese children with Hashimoto's is huge.

And but they may not even have antibodies. They looked at, you know, basically doing ultrasounds and biopsies and found like 80% of obese children had inflammation of the thyroid. Wow.

80%. Yeah, that's pretty impressive. So they're all low thyroid, but they all just eat better you know. And then they go on this strict diet in there that lowers your thyroid even more because the body senses that starvation and they follow a persistent or certain the fat they can't get.

Oh yeah. Toxins, pesticides. And one study actually found that a high incidence they just biopsy people with just fatigue. Even biopsied the thyroid huge percent had active HHV six in the thyroid, but not in the rest of the body.

And you can also see that with parvo. And so it, you know, if I roids this functional and then they also get the secondary and tertiary. So the TSH is low which the standard tests miss almost 100% of the time.

You know what a doctors go by the standard standard tests. So do you do any how do you diagnose.

Hashimoto's and Autoimmune Thyroid Insights

Well Hashimoto's you look at the antibodies and and it, you ultrasound a lot of people and, what, what base you'd use labs combination with symptoms. What else do you what do you do?

Mainly labs and symptoms. That's kind of an I see it all the time. I maybe I'm missing a few. You know, with not doing, like, I can even check the antibodies in the pituitary.

Now. Now there's. Yeah, you can only do it in research. But we are coming out with an A. I've been working on this assay for 15 years, and we've gotten like 80% along the way.

And then something happens, like the lab that first was got washed out in the Katrina, when they got to a point, they couldn't do it, but so they finally partner with like a big, company, which, you know, I said, we got to get this done, but we'll be able to show who has this, central hypothyroidism.

But, yeah, it's it's, so common. And we also do, you know, people's basal metabolic rate, which is low in so many people, and by reflex, looking at people's ankle reflex and, and that and, you know, and that's thing, you know, the British Medical Journal showed that a knowledgeable doctor looking at someone's ankle reflex.

So with a normal reflex. But the lower the thyroid, the slower the relaxation based system the. So just a doctor hitting the ankle reflex and looking at it was more accurate than the blood tests correlated with symptoms better.

We don't really do reflexes anymore. You know I really do. No one does physical exam anymore. Yeah. No, no. And they are the consultation. Like it takes me hours just to get through the medical history at the time, you know.

Honestly. Yeah. Yeah. It's it's definitely an epidemic here. And you're placing a lot in California. I would assume. I mean, it's I don't know, I think it's a problem, everywhere in autoimmune just even in general and just, you know, this immune dysfunction that we see where you see the imbalance, which I think is where, you know, the peptides are so good, there's a lot of good immune modulators and, you know, LDN doesn't work.

You know, nothing works for everyone but, you know, save, you know, ozone, IVIg is great, but, you know, you can diet, you know, so I'll take everyone off gluten and dairy when I first made, well, gluten, dairy, eggs, soy, corn and if they can't afford the peptides and they can't afford a lot of supplements, I'll just do that and then make them sweat.

You know, we get an infrared sauna or just go outside, do some hot yoga. They'll come back. Those antibodies will be down, you know, 20, 30 points. So I'm happy with that, especially when they said, oh, you can't do that.

There's nothing you can do. Absolutely. So diet is definitely imperative. And I think the diet also well I know it does. It makes the peptides work better.

So when you have less inflammation in your body the signal actually yeah. Because you're just constantly stimulating that abnormal immunity. So you're just pumping out you know they're basically more antibodies and mineral deficiencies.

Even just giving selenium. One study showed reduction 40% by giving selenium, you know, oh wow. It's amazing. And then magnesium wise low magnesium that, you know, different reactions in the body.

People don't realize all your athletes like, you see a lot of athletes, right? They're all low in chromium, calcium, potassium. So everyone comes in and they get like five basic nutrients, like a really good multivitamin mineral, essential fatty acids, B vitamins, probiotics and vitamin D, because.

Yeah. And I think there's no one's testing that stuff. And you think these athletes are so healthy. And I know you treat a lot of athletes like, you know, at high caliber athletes.

And they'll say, you know, they're not that healthy, especially the ones like, you see, like overtraining syndromes. And they're really fried brain. And or if you check their, you know, telomeres or other ways of checking cellular health, you think they're so healthy, they're like older than their real age.

You know, I think from all the oxidation and, and that that's I've seen so many people, the weekend warriors are just so dedicated. Just boom, they crash and can't get out of bed, you know.

Right, right. Well, a lot of physicians are like that. Know a lot of our friends, I think, probably have enough to, you know, that's how most that's how most people get into this is that, that, you know, you had, as a kid.

So I was kind of born that way. I was always tired and I were just tired, overweight, asthmatic. Just my brain. I remember, like, thinking, my gosh, I can't even think straight. Like pushing.

I thought through jello, you know, just as a kid. And so that's what got me into nutrition. And I remember just going to different doctors. And University of Florida was 18 at the time saying, you know, I just don't feel right.

I don't think I should go and I go, you just have allergies, you know? Yeah. Oh. You're just, well, I'm I'm going through. Right. So I actually saw, you know, Doctor Dewey.

Bruce, Dewey. It sounds familiar. You know, I he was a big chelation guy in, like, the 90s. I saw him, and he said I had candida. You know, I probably did tell me I can't eat a diet.

Well, that definitely changed my brain. Like, it just cleared up that brain fog. And I thought, if I can just do this with candy, that diet, and if I took an actual vitamin, maybe I make a difference.

So, you know, I early on, I think I started checking my blood. My 20s found out my thyroid was bad and my

adrenals room. I already had like a DHEA 50 at age 25, you know, so I was already burned out just getting out of school.

So like, if it happened to me, like, how many other people, you know, that we see? Oh, and they're normal. Everyone's tired, you know, and use genetics at all.

So do you use genetic testing at all? You know, I always do it. I like that to the intellects DNA. And I really was impressed with that one. You know, first I was using 23 me because you can integrate that platform with a lot of free things on the web.

But there's a lot of controversy still about the steps. Like just because you have a snippet doesn't mean it's being expressed. Yeah, I mean, and really that is the genetics are your potential.

And it's probably 20% of what, you know, you can work on if you get identical twins. Yeah, one gets diabetes and heart disease. The other one doesn't have same genes.

It's it's basically acting on them. And it's literally I just went through, a genetic test, with Doctor Miller, with my girlfriend, who just developed basically a dramatic graph.

Yeah. So Marcel and she had some Lyme and stuff and all the things that you think you give, he's like, no, they'll probably make it worse. And they did.

Genius. Yeah. And like Judith, I own, probably is going to backfire on you. She goes, yeah. You know, and, when she when she's sick, if she gets better, she can take it.

But it's interesting how how those make a difference. But yeah, you can alter your genes if you look at like a study on even, you know, what the peptides.

K I think it was showed like 40 something good genes it raised and, you know, activated and 22 that they know of, bad ones that it suppressed. So, you know, peptides were quickly but they also were epigenetic at the gene level.

And change the way those genes are. So if you have the gene, you can turn it off. Doesn't mean that it that it's active. And that's also like the gut, you know, the gut plays such a big epigenetic part of our system, right.

Hence you shouldn't be drinking Splenda, you know. So I was talking to my trainer the other day. Is guts bothering him? He's drinking. I'm like, what are you eating?

What are you taking? What are your shakes? You show me supplements every single thing you say. And he has sucralose, which is basically chlorinated sugar.

And it's just drinking bleach. So he's drinking basically bleach all day. I'm like, well, no wonder you're. That's a mess, right? And it's going to be having leaky gut just from that.

But, and just when you're talking about the it made me think of the VIP like I the VIP, when we just were in California, we learned about how that was pretty much the only thing that they found that, like, turned back on the genome to make it work properly.

Remember when, who was saying that? What I was Schumaker or. Yeah, I was Andy and Doctor Hayman. You were saying? Yeah. Yeah, I like him. I hope I, I had seen a little bit because it does tend to raise to, but, you know, everything is, you know, has its place.

Right. But I was just impressed that you showed that slide, that pretty much everything that every in one patient has brought with them, you know, whether it's the dramatic raffia or the pastel syndrome or, the brain fog or just problems with detox methylation.

Yeah. Look around Asian, South Asian, every single pathway. He spoke of that VIP fix if you can get there. So the problem with the VIP is you have to clear the mark, which is very difficult.

Yeah. And that's what we found is that you try it doesn't work. You got to cut it, do a lot of other things. First you just mention what VIP is. Sorry.

Can you mention just a little intestinal polypeptide. So it's a basil spray peptide that we love to help with the gut. And it gives you energy and it just makes you feel great, especially you had no older life but to be able to use that peptide, there's all these steps you have to follow, which is difficult, which is why I really like to try most in alpha peptide, because pretty much everyone I see with all women, or I think they're only like, you know, just the nasal or the right, you know, my hands turn red when I eat that kind of thing.

If you put them on, that famous, an alpha person kind of primed them with your basic supplements. Most everything else you do will get better along with the BPC, but that's I'm just an alpha.

Very few side effects, no contraindications that I'm aware of. Do you know any? Yeah. No, it's, you know, it's all the famous and so. And you look at, you know, base your thymus during your breastbone, it did basically envelopes and stops working.

It starts, you know, very early on. But then by the time you're 35 or 40, it's about five, 10%. And so what it does, it causes that immune dysfunction and lowers at T1T rag increases t h 17 which is the auto immune and inflammation.

So all the thymus and so yeah like thymus and alpha one probably the strongest one booster thymus a beta for kind of in between. Thymus in in between as well probably more anti-inflammatory.

And then BPC lowers that to now thymus and beta four is a long peptides. You can't take it orally. And it does have multiple domains that do different things.

It has one domain that stimulates mast cells. But overall, if you give it nine times out of ten, the muscle is going to improve because you're fixing that immune system and not stimulating the mast cells.

But, you know, so with the TV for a frag, that part is taken out. And, you know, before I started using the integrated peptides product, the TV for. Right.

You know, it was a big, I really love the shots, you know, but they're expensive, you know, and the oral peptides are a little less expensive. I wasn't quite sure how well it work, but it was one of my key studies.

I couldn't I was floored, I think it brought, her thyroid antibodies down like 200 points. And I went on, within just a few months. So, I mean, the oral peptides. Absolutely.

Like if you can figure out how to get the absorption, what you did to work properly. And it's it's a great, affordable alternative to doing the shots.

And there were a lot of people that don't want to do shots, know they've got that needle phobia. So yeah. Or like I works. Yeah. Like BP is shown to be equal potent if you take it orally subcutaneous i.v intraperitoneal.

But somebody will just like shots of people, you know, like oral and but people therapy. There was the telegram for milligram for the VPC versus the shot.

Like so like 500 or. Yeah. Yeah, yeah. That's what that's what the studies show. Large studies show that their it didn't matter which way it was given that some people may have got or, you know, issues.

So but people just think of it as a gut hormone. But it's actually a longer. Yeah, it's still very short peptide, but it's longer than what typically absorbs.

The problem is you get people throw in these peptides and you know sublingual there are only three peptides that you can absorbed now because matters what they are.

If they're very most of them are very, hydrophilic or lipophilic, meaning they like water and don't like lipid, so they don't absorb very well. So even a trip that they're very small may not absorb.

So, you know, people are just given those. So, you know, we're doing the studies to really look and see, okay, which ones get absorbed. And now how the heck do these longer ones absorb?

What happens is they can form where all the lipophilic, side chains, amino acids are on the outside so they can penetrate. And so it's, it's interesting.

So generally the smaller the better, but not perfect correlation. Well that's why we look so good. I mean it's only 15 amino acid. So yeah. But even usually like for me you know acid is tough to absorb in general.

And even three could have a lot of problems, but some longer ones, absorb just the conformation and, and there's a lot of it. It's interesting. You look at, you know, studies on bioavailability and there's so many theoretical way. Okay.

Do you know, liposomes that don't work so well with the, those but, you know, microspheres and, and I'm not a big fan of like, stuff where it breaks down the tight junctions and that's it in there.

You got a big enough problem with leaky gut. I don't want to make it worse. The oral, diabetic peptide. That's great for, for a gal. So I think it is.

Yeah. So that's a big, you know, peptide. So, but they're breaking out of the blood by, the, the gut barrier, you know, supposedly short time and, heals.

But what are these people who are not healing you know, most people. Okay. Yeah. So. So what? So you mentioned the peptides that you like most for autoimmune, and, do you use any of the Ballantyne cartons?

Cfpb oh, you know, I just saga in the Cfpb. I only have one person on it. I don't know why I was so slow to use that. It wasn't in my initial, certification.

Like, I don't know if just because no one had it. Yeah. It just came out. So, I'm using right now and a lady with, gastritis and colitis and she said she's not only 20% better.

On it. I think you'll get some good improvement as probably one of the most anti-inflammatory in mast cell. Inhibitors. And the thing is, so like, no, like, you talked about lime, and I'll use Milana Tan, which is great.

It has all the anti-inflammatory and has the benefits of making you tan, and losing weight increases libido. But if you're young, a tan looks good. But if you're older, you get age to come out and all side.

So the Cape EV is actually just a tri peptide of it that has the anti-inflammatory. Actually even more potent than the full peptide and, but doesn't have the, melanocytes stimulating.

So it doesn't make your skin darker. But the one nice thing about the Milan tan says the skin thing, you know, it does help alpha msh. And are you checking that many people?

Well, well, the alpha MSH you know, these are alpha MSH agonists so they're going to work on the same receptor. Right. So with everyone you check their low like the range is 0 to 100 which I mean why they have zero right.

Yeah. What is. Yeah. Zero I love it when they do estrogen zero to something. Oh yeah. Yeah. Oh but I'm in range I'm a two. But anyway the alp msh for like most of my rotations I check is like nine eight.

And so I will use that I know is an alpha for them. And I'll use them only I can to put them as well. And it, it goes up which I'm always impressed with.

But I mean there's so much more to it. The electric alpha minus I see my hormone go up with him. Yes. It goes up with the Mylanta. That's what I see. I can't tell you what the research says, but when I use it, I.

Maybe it's the T8 one, but I always have one. But I use those. Alpha will go up. Yeah that's interesting because usually when you use an agonist it's kind of replacing it. Right.

I'm going to check more into that. Start checking her patients. But again I'm using with a to one. So maybe it's an f one. But I, I like them together. Yeah.

For immune system help. But if I'm worried about the tan spots, the sun spots, I will use the GHQ. And then you can do that topically too. It seems to help.

It's not like for meds, but it definitely helps. Lighten those spots because they have any. I know I was using them like I did and I was like, oh my God, I look like an old lady.

And I got sprinkles everywhere that I didn't have and I didn't. I don't have time to get lasers. Like, I'd love to, but I had some time, so I started.

Yeah, I, I did the Ballantyne tan and, you know, I'm A. D. D., so I guess those are working. And then, you know, there's a lag. All of a sudden I was so dark, I looked like it was like, oh, my God, what are you from?

Some, you know, like, Ethiopia tribe? You know, it was. I just looked like a freak. It's an odd color to write, like, yeah, you're tan, but it's like a tiny, almost color.

Like, there's a it's a weird. Yeah. And then I turn blue long. Oh, sorry, but true. Colloidal silver cannot make you turn blue. When I read the paper on that, and I didn't have from till someone recommended another product, which actually is silver salt, silver protein because it was stronger within two weeks, I was totally blue.

And it's irreversible. And in general I was able to reverse it and they would do laser on me. And then the person was like, oh my God, it's like a tattoo.

And because it's basically metal in, this is it's still in your nail. That's. Yeah, it's still my nail. But yeah, it's better, but, and then I took dap, so which is an, basically antimalarial and, you know, broad spectrum, very oxidase.

And then I got methyl global anemia, and then I was purple and the rest in purple. And, thank God I was at home. And I'm like, this isn't good. And I had methylene blue.

Yeah. Like, why did you treat blue with methylene blue? But that's the treatment. It's very, antioxidant and reversed it. But, I was very freaky looking.

Expert. Yeah.

Peptides for Autoimmunity and Immune Modulation

And how did you do the methylene blue? Did you do it like it's own? Nice to, like, when they drink the water, I did it. I've had a pipeline in at the time.

Yeah. Okay. You're always so interesting to talk to you. Okay. Yeah. Oh. I've almost. Yeah, I do everything myself. I do toxicity studies on myself, you know, see how we learn.

And. Yeah, I've, felt like I was going to die a couple times here, but, yeah, I don't get myself this complex. I honestly, I'd rather deal with it. Then go to the hospital.

That's where bad things happen. But, I think you told me. You gave me. You gave yourself a make or B complex shot. That was like from 2016. It was the poly MBA, which, I think it's great, but I told, the I. V. guy.

Oh, there's some on my shelf. But he didn't love that it was open and six years old. Oh. That's crazy. So I just injected preform toxin, and I'm just shaking, you know, and blood pressure's dropping.

I wouldn't go to the hospital because they're, you know, I'll tell you. Yeah, yeah. My blood pressure, got down to what was it, 40 over 20. And I feel like you still deal with it.

But then someone call the ambulance. I got really mad, but, and then I went in and I said, well, can you. I got sepsis. You know, I'm just telling on that, and I know I can't stand up, but, you know.

And then I asked for I. V. vitamin C and a bunch of stuff, and I go, what do you mean, I. V. vitamin C? And my, it's only been in every journal for the last four years, showing that the only thing to lower the death rate in sepsis, you know, and totally safe.

And they're like, they've never heard of it. And these are ICU doctors. And so I give them the studies and like, no, they're not going to do it. And then one nurse went and convinced and I convinced them.

And then eight hours later they come in and give me 500mg of vitamin C. I still go, I get an emergency at 711. They aren't using it now for Covid, you know.

So that is nice. They're actually doing. Yeah. But they're not. It's like you know and go to find out if you saw the, article by Horowitz where he tried to get this patient to die on which, by the way, to save the patient's life, the senator tried to get the hospital to do it, and Horowitz tried to beg the hospital.

Do it. Senator drove, like, four hours to pick it up. The rest of the hospital wouldn't do it. And by the time they approved it, like three days later, the guy died.

But you can reverse. And I gave a talk on peptides and stem cells for Covid 19. And, the studies on stem cells, exosomes, peptides, just reversing it, like immediately within 15 minutes, the first alpha I mean it pretty immediate.

So my patients that I like, you already have it use it. One of my doctor friends got it. I put her on. They motioned out for 50 units for three days in a row.

She cleared it, made antibodies so was tested positive, made antibodies in five days, very few symptoms. And then when my husband got, Covid, I say thing 50 units.

I know you can use a full, like a full syringe or full vial, rather. I've, I just I don't know, it's a little conservative, but he had it for five days and.

Just kidding. Oh, no one should be dying. Even just giving their study people on ventilators where the death rates like 50%. So they had a control group, 50% died.

The other group, they just gave vitamin D, not even a big dose went from 50% to 5%. Wow. And hello, why are we just handing out vitamin D, zinc, a flavonoid, and then also with sepsis?

Thymus and beta four is shown to go to zero and they don't know if it's used up or it's suppressed. But giving that tremendous benefit, with sepsis as well, all the thymus is like thymus and Alpha one.

That was a beta for, time and time again, all those things. So again, it modulates immune system lowers that IL six, and the inflammation which, which is the problem.

And it's also boosting the good immunity where steroids help. But they're lowering the good immunity as well. You know, where the thymus ins basically you're going to modulate that immunity, right?

The tb4, for eg I have to say, I have a handful of patients I played on while they had Covid and reversed their lung issues. And definitely, you know, like post Covid cough that you hear about and post Covid complications, you know, and that's not like I did a study, but clinically I'm seeing like, it it reversed all their complications with their lungs.

Yeah. And so many treatments that are like that. And look at, you know, the Brownstein study, he gave people with, you know, moderate to severe Covid where they had decrease in SATs.

He gave them nebulizer hydrogen peroxide, and all but one were just discharged. Dramatic improvement symptoms on average, within 20 minutes, SATs came up.

One person says the hospital sats came up, but not quite as much as they wanted, just to be sure. And they immediately discharged them. And but you can't even mention it.

You know, we had an article on taking zinc, vitamin C, flavonoids, a very good. Even probiotics are good. With tons of references. Within 24 hours. The FTC said, take that down.

It's fake news where you have a posted like on a website here on his website is same with us, you know. Or tell me they were saying, here, take these thing and 24 hours, warning letter from the FTC saying you can't say anything prevents you.

Now, the FTC there are different than the FDA. They don't care if you make drug claims or whatever as long as they're true. And we had 50 references and know that you can't make any claims.

I don't care if they're true. It doesn't matter. I mean, this is what we're getting to more and more. I mean, we'll look at Twitter and Facebook and Instagram.

I mean, yeah, yeah, it's bad. But anyways, we can go on and on and we'll probably get letters ourselves. So let's see. So, what else. Yeah. So some common autoimmune, more systemic, lupus.

I don't get a lot of patients come in where they go to a rheumatologist, they get diagnosed with mixed connective tissue disease, meaning they have a lot of autoantibodies but don't fit in any pattern.

And you'll see, you know, antibodies kind of come and go. Multiple anti phospholipid syndrome. A lot of that we'll we'll see that and and or you know, one set doctor up is genetic a you know, infection like it's going to go away and it goes away.

Yeah. Have you seen a lot of the nuclear speckle pattern lately? I don't think I've ever seen that much in my life this past year. Have you seen a lot of that too? Yeah.

You know, we'll check in, but I don't pay too much attention because I say we'll go away when we get there and they go away. And at the end of the diet, the peptides, some supplements.

But this nuclear speckle pattern, I mean, I've been checking RNA for 20 years and I just recently seen like so much. So I'm thinking there's some new trigger that I'm missing besides gold and heavy metals and deficiency.

Yeah. Like, well, I think it's I think it's multifactorial. And for another study showed that heavy metals weren't really a cause of autoimmunity, didn't increase it much at all.

And last, this was a study in Africa, people. And mine was this cesium or gold or something, so that they didn't have autoimmunity unless they had malaria.

Then it the heavy metals just shot up the autoimmunity. But that combination and even just exposure. Yeah. So any hey, man, doctor Hammer was saying, with more people and mind people when they have that toxic exposure all of a sudden they can't detox.

So a small amount of aluminum from, like, you know, drinking out of a Yeti cab or, drinking out of a liquor, you know, connections like that that would be toxic to them.

And so maybe that's why I think it's just like that, you know? Yeah. Like their value. Yeah. That's the problem is, is that doctors go or, you know, like multiple have a sensitivity stuff or even, you know, people with these allergy.

Well, I'm fine with mold. Well I'm fine I live in that house. Well yeah. You're not susceptible and and I've, you know, or even people, if you just have Lyme, you're probably going to be fine.

And you may never have symptoms. It's when you get everything else, you know, it could just also be stress, age, you know, toxins, pesticides, plastics, you know, chronic infections, you know, so many things that that affect the, the mitochondria and everything's a vicious cycle.

And then once you get there, it's like, well, what's the cause? It's kind of like, there's so many that. Which is why you really need multi-system treatment.

Right? And we're in standard medicine. You got the neurologist doing this. The cardiologist doing this gassing wrong is doing that. They don't put it together.

I love when I hear them say, oh, you don't need to detox your body, does it? Answer them. Right. You hear that all the time? Yes. You need to detox. Your body's not doing it on its own. Clearly.

Otherwise you wouldn't be 300 pounds with psoriasis. You're you're blowing out, you know. Yeah. Let me ask you what. What do you like to do for detox?

I love that just by. Okay. Have you done that just by, comprehensive detox kit. It's like it's like six little vials and it's got all these different homeopathic remedies in it and tinctures, but it's it works like you'll get people with, like, six line bands after you do this cleanse, they're gone and you feel better or, you know, their Michael Jackson's.

I'll go down, but it's just these little tinctures you put in water and drink throughout the day. It's relatively inexpensive. That's my favorite. Or I'll do it detox.

I'll do my total body ozone dialysis that you go to. That's great. Detox. Ozone sauna. Infrared sauna. I like a lot of these shakes. Like values up declines from cyanogen or the core restore detox.

That's a good one to the stock market from worth the molecular. So what? What's what's in that in general? So the core they all work on like, it's got like, calcium deeper.

Great. Minerals like molybdenum. So what else? Methylated B vitamins, water, guys. Were they binders too as well? Sorry. Are there binders in those? Not too much.

Like there might be some, like artichoke is in there, maybe. I don't even think they're bentonite clay, but a lot of fiber. Inulin. Yeah. So I think they're using binders just with the fiber, but I'll use it as a gentle cleanser in the beginning, and then I'll go to something like the GI detox from, bio tackles or I'll use Quicksilver.

Quicksilver has a great detox cube if you use that. They're actually a great company. Yeah. Chris Shade's a genius. I love him, and yeah, actually, like VPC and, it should, you know, bind and protect from toxins as well.

Do you, do you do any lymphatic work or anything like that with our Hockett? Yeah. There was a time does a lot of lymph drainage, and I refer to that.

I love the Hockett. Yeah. He had the heart to to to have it, but, it didn't explain what the Hockett is. So the hack it is this ozone sauna. It has infrared.

It has a rice machine in it. It's got pulsed electromagnetic frequencies in it. So carbonic acid basically, ionic acid

dilates your vessels before it puts the ozone in.

Yeah. So you said this will take five minutes to get the carbonic acid. It helps with circulation. Blood flow calms you down, makes you feel great. So then it got infrared going out the whole time.

Then they company ozone. You got oxygen to your face. I don't read the ozone. Then. But it's like 30 minutes. Very relaxing, but it's working on every single thing possible.

So that's an excellent detox. But you have to go to a clinic that has. And then there's a pretty good amount of clinics around that have yeah. And we had one and we just couldn't get people here, just the staff, they were mentioned doctors, I mentioned it.

Plus we only had a tiny room where you have to get naked or you're short, you know, and it wasn't connected to it. You know, you had to have right staff.

You have to kind of make it like frozen and and but it works. I mean, yeah. For people like can't afford it and peptides even while put on because it's pretty affordable and I'll show them in that little detox time and make it better. Yeah.

So we are gave it to our CPA who loves it. She's got her own pocket. Oh, I guess, yeah, maybe it's, Great. Yeah. You know, but, yeah, I have a lot of a lot of gadgets that I think work well, but it's it's, you know, unfortunately, marketability.

You only got so much space, you know, and, what the doctors and what kind of makes sense, or make sense to the patient. You know, sometimes it takes too long to explain how something works is like, you know, or it sounds too crazy.

Well, that's what I honestly, I generally try to give a gift to my patients, like, the first time I see them, just because they don't know me. You know, it's word of mouth.

Usually we don't really advertise and say, you know, try one of these packets on me, or I'll say, you know, try this supplement, I'm using them. I'll even give them a VPC because like that is a way I think it's like almost 200 bucks, but it's very pricey.

Seven but I meant it when I met you like that. If there's only one thing I'd give somebody VPC 157. Basically every single thing you do work better just because it wakes up the brain.

It tells the gut to work again. Helps with absorption and stuff. Like all the signals are back on. Oh, I love it for fertility. Like, I, I didn't even I wasn't trying to use it for any but the people, I kept putting them on it for other things. They kept getting pregnant.

And that was part of my fertility. Yeah. It's. Yeah, the inflammation, the fertility killer, have used a talent for fertility, not for fatality. I use it for sleep and longevity. But, Yeah, yeah, the one study showed, So rat study, I think 135 menopausal rats, they gave them all at the Talon.

65% started menstruating and 25% at normal birth. Wow. With it, it's probably the ultimate anti-aging peptide. You know, show you another another study.

People over 65 years old with cardiovascular disease, 15 year study. If have the people in the upper Talon. And they also combined it with, stimulants.

So a thymus and like that was not one that was a beta for TV for five. They worked very synergistically down their cardiovascular, system got better, not worse.

And they had like between 2 and 4 fold decrease in cardiovascular events, mortality, morbidity and cancer. And

they only did it every three times six months apart.

Yeah. You don't have to do that much. Yeah. So yeah I mean it's like no downside. Like and we're sitting here playing with statins and which still if you look at the studies it's like that in placebo or like right here the you know they do huge studies to try to get that.

So it's just against the physical significance because it's not that big a difference. You have to treat 99 patients with a statin to get benefit in one.

And you're getting all the side effects from the others, including diabetes, memory loss, dementia, neuropathy, cancer, and more and more studies are showing that statins the way to go or makes me sick.

It's malpractice against some 40 year old guy with high cholesterol. Stat. I mean, it's it's nuts. Or a nine year old female, you know, put her on statin at age 90.

You know, really prior. Yeah. It's shown not to work for diabetics, elderly with people you would think postmenopausal women. Yeah. Yeah. So it's nuts. So, so with the thymus, it sounded like you like thymus.

Since you mentioned the mechanism. Help me. So they work on the T helper cells. So, like you were saying, you know, they just help basically with autoimmune disease, the immune system gets confused and it makes all these little antibodies to attack this poor invader, which happens to be your tissue, you know, so it's attacking your your thyroid or your pituitary or your, your gut if you've got IBS.

So most and again I use more alpha than I have. Yeah. It just seems to tell it to ourselves. Hey, like don't attack this. Calm down. Attack that. It just decreases the inflammation and then makes the immune system work the way it should.

That's what I find the data I like for here. I have to say, not the grad, but the the shots call that the frag will not work for hair, but we will have a hair thing, a hair with, the fragment for hair.

You'll have what you're going to have on coming out an oral TV for hair frag. So it will be much smaller. So there's domain domain that has all that inflammatory brain.

Me and modulation. There's domain that stimulates mast cells. There's domain that grows hair. That is only for amino acid, so much smaller. So gets into the scalp.

So the next time that you're doing an oral version of that one, it we could, we'll probably go with some cream with the, well, I should say someone's coming out with.

Yeah. Ideally is a very potent, stem cell exosome, probably exosome. We get into the tissues, and then add the peptides to that that are shown the to stimulate hair growth.

By also good studies showing significant hair growth. Maybe even better than, than before. And, but time again does not and thymus and Alpha one does not have.

Yeah. Just say I used the GHQ for hair and data and of course BBC. Can you talk about, GHB. Yeah. I mean I just the, the GHQ, I, I think that is amazing.

They've got some anti cancer properties. So these are chromium properties. It's got it seems great for hair, skin, nails, lining of the skin I like that.

Detox, Mold, and Environmental Triggers

And then for COPD like really good for like issues with the lungs. I'm using it for that lately of my elderly patients. So are you doing that as injectable injectable or do you know a little bit in the in the IB.

But I don't have enough experience to say like, oh, it's great or not. So I just started it's too difficult for the patients with Covid now coming in getting the ideas.

You know, it's easier say here in Mississippi, this peptide, give yourself a shot every day. But yeah, I, so, you'll, you'll see it in cosmetics. And the whole problem with, you know, there's a ton of peptide cosmetics, tons of, you know, stem cell cosmetic acts are usually apple stem cells.

And the amount of peptides they put in these things is so small, you know, that it it they work actually, but not nearly as much as a, as a good dose.

If you have GCC, it is not blue. There's hardly any. Oh that's absolutely. But so what do you think about the products that they're compounding topically.

I think they work in the bottle now with topical it's got a case for you. And then something it sounds like arginine with arginine. Yeah. There's that's the that's been the mainstay.

I got our Jillian. Yeah something like that. And then the new version, that little fossil that's, But I was getting down to all this stuff to have no one to talk to about, but, and then combining those even, works better.

So they're really, like, Botox topically. So they'll paralyze the muscles, and they work, and then you get like GCC, and then we like adding like the tb4 frag BPC kind of rejuvenated, peptides as well.

We have some or some people recover, some special ones that, you may not have heard of. It's very cool, but, like what? Like which ones? So, like, you're holding out.

I mean, yeah, you're holding out. Want to have, We don't know yet. Well, nice. But so. Yeah. And a and we're, we're finding it's very interesting that, very small peptides, let's say two peptide by peptides.

Like, how the heck can they do something. And very interestingly, they couldn't find a receptor. Right. And it looks like the studies show that there work harmonically.

So, you know, each molecules vibrate at a certain thing and it stimulates the cells to do this. Which makes me a little scared of all this, you know, emfs Wi-Fi five g.

Like how much is that going to mess up that you know, and do you do anything with Emfs and tell people, like turn off their Wi-Fi or, oh, definitely how it comes out like I do.

So those like those, biofeedback machines. I think we were talking about that the other day. There's a new one I'm using called EO scan that I like lightly, but it picks up.

Everyone's full of emfs, so yeah, I turn off the Wi-Fi. I keep your cellphone, like eight feet away if you can, even, like, so next to it, you actually get a meter and look at the European standards for what is acceptable for long term exposure of emfs.

And you put your cell phone next to it, like, it should be less than ten. It can go up to a million. I have had lymphoma patients don't have a lot, but they come in.

I asked, did you live by high tension wires? Bingo. Because it's more of the there's, you know, basically electrical field. And then you got the magnetic field and those big high tension wires.

A big problem is the magnetic field. And, and seems to be lymphoma is like one of the major things which also makes me worried about electric cars. You know, that, those cancer mobiles.

That's a good question. Yeah. My brother has one. He's a pilot, so, you know, he's getting fried all the time. Yeah, he's up and laughing and he's got every single gadget known to man because he just loves all strikes. And.

And he's only two years older and I love him that. And they just tell he's getting great. I know teenagers and I'll check throughout my house. My husband thinks I'm crazy, but in my old condo I could never sleep him right behind my bed.

I don't know what was in the, but it was like the meter was off the chart, as if my cell phone was like, right on it. And so we had to move the bed, and I've slept a little bit better.

But I think condos are just wired with, they are. And then you get, you know, dirty and electric. There's so many sources. And actually it also stimulates mold growth.

Yes, yes. Every single. So we're in downtown West Palm Beach where my clinic is, and there's a lot of high rises. And I'm like, why is there room for so many mycotoxins?

Like it's definitely they're all in the condos. So I tell you what, we got to move. I think you can take it. Sorry. But what do you think about this whole 5G thing?

You know, it's off topic, but I really like your opinion. I I'm very worried, you know? And the thing is. So the electromagnetic field, basically activates.

So it's, you know, especially at night, you want to turn off because it's, it's activating where the magnetic part is, the cancer part. But we're being bombarded, you know, and you look at, like, how much damage, like you look at the Cuban embassy, right?

They said the electromagnetic waves at these people, they went crazy. Right. Or you look at space sickness, you know, they're being bombarded with electromagnetic waves and they go nutso.

And so it's it's scary. And I think it, again, as long discussion, but it can make people like kind of very black and white polarized. You know, I don't see other points of view.

It's it's a little scary, like a little mind control is, you know, then the concern is all the heavy metals will react almost like an antenna with the 5G.

That's my concern. Yeah. Like you add that to heavy metals and yeah, it's oftentimes, you know, never one thing. But when you have, you know, four things, it's like, yeah, one plus one plus one plus one equals 50, you know.

Yes. That's a and you mentioned BPC and now your lover of BBC 157 body compound. Yeah. It's you know it's colitis Crohn's constipation, you know, digestion, hormone issues, brain fog, traumatic brain injury, migraines, I mean, I pain, I use it for like, just plain old arthritis, skin issues, eczema, psoriasis, like pretty much you name an illness.

And I'd say people I know. And and when I lecture like people, this is crazy. You can't do all those, like, snake oil, but it's like, here's all the studies.

And and then the biggest comment I get is, how can I? I haven't heard of this when there's so many studies on it and they go, wait a minute, you know, this is crazy, that something can do so many good things and have no toxicity.

You know, they can't find a toxic level. It's that where you can't take a thousand times a thousand doses and no problem, you can't do that with water, you know? So, it's interesting, but, you know, you're not condoning high doses.

Talk to your physician. But what is yours? What is. So do you start one peptide at a time with someone with autoimmune or what's your what's your protocol?

I hate I'm not a big protocol person. Yeah, it depends on the patient. I have to say to general, in general, where do

you get. So in general I use VPC first if they can afford to layer it with the TV for free, I'll do that.

So those are like right there on my shelf. Easy. They can go home and start that today. That's become our core to yeah habitats. What I do and then and then they can afford the extra and I'll use that most in alpha if it's more like Lyme viral infection stuff.

Maybe I'll start with the alpha on the BBC, first lab on the TV or. But it's always those three. Honestly, I'm pretty boring, but I get great results with those that KP about.

I'm going to start using that too, but I just love how affordable and how easy I can access the TV for free. And and and how is it change your practice using peptides so I, I don't have to use as many supplements.

I don't have to do as long protocols with IVs and with the detox. I even it seems like it's changed it because I get results faster. So it helps my outcomes, which then helps your bottom line, because then people refer to you like, oh, I saw this person and she helped me in just one session, you know, which used to be like maybe 3 or 4, maybe five sessions, right?

Maybe even a year it takes to get someone to change. So, it's changed my practice because I get results more quickly and it's changing people's lives, which is much more important in my practice, you know?

Yeah. And, you know, I give a lot out and are like, conferences. So let me pay. You take this. Right. You come back and go. I did not believe it's going to work, but my knee paid event for three months is gone, you know?

Yeah. And I, you know, people say, well, it's not that expensive, especially compared. I mean, supplements are so expensive now, right? Unless you get some cheap thing from Costco, but you actually save money because you don't have to do all the other things.

You don't need as much. Right? So when people come out with these cytokines, like, really high and all they say markers of inflammation, and normally I'd have to get like a fish oil CoQ10 again and you get capsule fatigue, you know.

Yeah. So I can just give them like a BPC and one other thing and say, okay, you know, let's see in a month what happens. But they only work in tiny doses too.

So a lot of things, like with supplements, you got to take the powder because you got to like, you know, take so much or eight capsules and these work in actually the nanograms, you know, basically a 100,000 less, or mostly microgram doses we use, you know, which is where supplements are usually milligrams, which is a thousand times more.

And at tiny doses or even, TB for was two for BPC, basically compared to a cycle as a, as an antiviral outperformed it at 1/100 the dose. Oh wow. And that was at a human study or a rat study here.

I think it was a human study. I could be wrong, though. Well, and every study I've seen, there's not that many. They've all been, viruses. I want to see studies on bacteria, but it's been tremendous, you know?

So you're using a lot of c bar then. Because we have all the herpes viruses. Yeah. But and everyone I test is positive for text. You know, you were mentioned that earlier in the I tested for dementia, but, I guess we all have it, right?

I mean, do you see that patients do like, it's. Yeah. And and the thing is with like you look at the herpes viruses is you know, standard we're taught in medical school and unfortunately infectious disease still think this is that, you know, you make IgG antibodies first and which are very good.

They just kind of hold on to the organism. They don't, activate complement, which kind of explodes the thing. Then you make IgG. So if you have symptoms, they'll say, well, you know, there's IGA, it's old infection.

It's not active. Well, no, because it's a reactivity to infection. And you'll see the opposite with Lyme is that they'll be AGM positive. Right. And so they'll say, well, you've had these symptoms for a long time.

So it's obviously a false positive test. But if you don't have good one immunity, you can't convert IgG, to the more potent IgG. So you give the thymus and, you know, or you can also treat the infection.

But if immune system are low, you don't have good results. You say. So let's say you give, you know, the famous for that all of a sudden your immune system now all of a sudden the IgG lights up because your body's able to start fighting it.

And you'll see when you do a Western blot for long after giving the peptides have I know these things even sometimes ABC for me, all of a sudden you'll get 5 or 6 bands.

We only had one and the like, and which is proof that they have it. Or also like, you know, they want five bands, which is crazy to be officially positive, but you have like bands like 39, like no normal people have those bands.

And so and then you add it's like the lotto if this one is, let's say 1% of people's wins, 5% of people, you add those together and it's like 0.0000% chance that it's a false positive.

But they go, oh, it's negative. Like, so you can sense our frustration here if you're listening in with what happens in real medicine and why there's so many, so much misdiagnosis and why people are still so ill.

And my doctor says I don't have it. Yeah. So just look at the, it says negative, you know. Yeah, yeah. There's nothing wrong with me. You know, you've got fibromyalgia.

Yeah. Well, where do you think fibromyalgia comes from, you know, or. Yeah, there's a cause. And I think I did a disservice because it, it labeled people, but it allowed doctors not to look for a cause.

Right. And just say, oh, here's an antidepressant. Go away. You got fibromyalgia. Yeah. Yeah. Just by me. What do you do about this global pain syndrome?

They're using now? Yeah. You know, and there's like me, which. And then. Yeah. So they changed chronic fatigue syndrome to the, Oh, my gosh. I even, post exertional fatigue syndrome.

So really, if you have, if you exercise or have stress, you get worse or the fibromyalgia diagnosis is so ridiculous. 1118 ten points. There is nothing special about those tender points.

And you're watching this rheumatology video of I took a aerial, a little machine to measure and it took them like 30 minutes. Am I there's nothing special about those points.

How do you diagnose five eye. You have muscle pain. Yes. Okay. Do you have sleep disorder? Yes. Are you fatigued? Yes. Do you feel worse when you actually.

Yes. Yeah. Brain fog. Yes. It's like so. And actually I did a review article the hypothalamic pituitary adrenal axis in chronic fatigue and fibromyalgia.

And they found there really the same illness one just diagnosed with, with basically an exam. And the other one was diagnosed with symptoms, but they're the same.

But the fibromyalgia patients had more hypothalamic inflammation and dysfunction. And the, chronic fatigue syndrome patient more pituitary, which ends up being kind of the same.

But the pain centers in the hypothalamus. So the fibromyalgia had more pain. So what's your go to for a fibromyalgia patient with your peptides then what was your go to peptide treat.

Oh now you're putting me on the spot. Wait a minute. Now hold to I'm interviewing you now doc. Yeah, yeah. No it's the same I mean, you know, and people say, oh, there's no test that it, we, you know, I love doing a lot of tests, getting a lot of information up front, painting a picture.

And we can tell without talk to the patient knowing any history, how sick that patient is. And if they have fibromyalgia, Lyme series, whatever it may be, and, you know, so don't tell me it's a made up, you know, illness.

It's doctors say, oh, it's psychological or because they don't want to look into it and have to treat it once they believe in it. Now, if they don't treat it, they're a bad doctor right now.

They can blame the patient. But yeah, really, you know, I we've turned into the immune modulatory clinic. I think we found that we get the patients from point A to point B, much quicker.

Like, even if they're positive for Lyme. So I'm giving you antibiotics, you know that. Yeah. They won't work. I did four and a half years in the highest dose.

I've. Yeah, it did nothing that made me sicker. And that's what I went, you know, found in really looking at the immune system that if you have no immune system, you're, you can never take enough antibiotics to kill something.

Your immune system has to take over right now, have to knock it down. And then with the low immune system, you get reactivating viruses, which suppress the system more they make.

But to higher. So you get autoimmune, you get all these things. So, you know, we were looking at me and modulatory. Look at the gut. And thyroid is key.

You know, I've lectured so much on everyone's lower thyroid with a chronic illness or aging. I would say give me T3 peptides and ozone, and you could cure more patients than most specialists.

I agree that ozone and maybe a little heparin throw it in there. Yeah, yeah, yeah, yeah. And or all 37, antimicrobial peptide. I think you're do you use that. Yeah.

Yeah I like that for autoimmune. I can't start there because it kind of will hurt a little on that. You'll have a little. Yeah. You got to watch out. Yeah.

Watch out I because when I first did a number of years ago there was no dosing data. So I just go, okay, let me let me just do it. I did like a CC. Oh my God, I thought was a jump out of my skin.

And I had to see patients. And I was like, having a panic attack and like, touching into the pages, like. And then, my partner, Integrated Peptides, is looking at me like, I've never seen anyone like this.

And, like, I'm like a scab, like, Max, relax and doing stuff. And I'm like, don't touch me. I know, but I got to see patients, you know? So I've learned. Yeah.

Go slow with that one. That's funny. Yeah, yeah. So I usually use them. I say alpha first and then the BPC and then I'll throw in them for beta. And then later. This is my last one for me.

Yeah. But it's nice it you know gets in the biofilms also BPC and especially the tb4 frag is so small it gets into those biofilms, as does Ala 37 and breaks them up, even at nano.

Grams. So 1/1000 of the microgram to it breaks up biofilms. So even super low dose is going to it's going to help your patients. So when it's breaking up the biofilms, do you feel like people have a little reaction to that on the oral.

They can but not not a huge amount. That's right too that too much. Sometimes my mole patients, if I have too hard with the BPC at first or sometimes, I'll get aggressive. Kind of like I'll do two twice a day.

Two, two, four times a day or something crazy. And I'm like, well, that was too much because.

Infections, Coagulation, and Chronic Illness

Because in general it's kind of a new monitor. So it's, it's a treatment for her. Might as well. I think of the Amazons, I mean, like BPC to lower that too.

And, and all the time this is work for Herkimer, but 5 million probably is the best. It's much more anti-inflammatory. You know, I don't use mine. And then I use though.

Yeah. It's not many people use it. What's your dose? It's basically same as the others, you know, like, so like 300. Is it like, yeah. Yeah, yeah. And you can go up higher and furnaces with tb4.

So, they're very, synergistic with so many things as you know. So they'll boost stem cells. And when we were, they would do a lot of stem cells were much more to exosomes or decentralized growth factors now, which are how stem cells communicate.

Stem cells don't go to an area, start growing. They don't do that. They've had studies where they separate, you know, the stem cells from the injury, and they work just as well.

But they work through they secrete little packets, protected packets, lipid that go to the cell that where they're needed fuze and dump the contents right in there.

But so we were giving Davidson, beta for, BPC. L l 37 also great stimulator of, stem cells. And I put one on the dose. Right. And so I meant one. CC but our vials had, one, one milk, one milligram.

So thousand micrograms, they were doing one vial, which was 30mg. Right. And which is, I'll admit this little thing, but, I didn't know because there was never a problem.

And after months, I go, oh, my God, what happened? Tell me the the all the bad effects. Do no one have people on fentanyl? Said my pain's gone, you know, so it's like it shows you.

So that's what the studies show that they gave healthy people. I think they went up to 1250 milligrams of IV of TB for IV. No reported side effects. I want to ask you this.

So they found a cancer patients that they made more. Tb4. Like to protect themselves. To protect. I think it was a lung cancer study I was reading, and they had higher amounts of TB for cancer cells.

Yeah. So, when you look at the studies on TB four, there are some studies that will show that there's higher TB for in the area of the cancer. And if you look a couple of ways is that, you know, you look at, hey, there's a fire, there's firemen.

Every time I go there, they must be causing the fire, you know. And so it's secreted in response to infections, but also the cancers will secrete a TB four, which happens to be a little different type of TB for.

Right. And the level is so much higher around that then because it simulates healing and like, you know, growth and healing. So basically a cancer can use it to grow just like giving vitamin D, and it also, you know, getting increased angiogenesis when people.

Oh cause cancer. Well, yeah, it's vitamin D and I would see which are shown to reduce cancer. But there's no way you can get the level of TB for in that area by giving it.

You can't come close. And but most of the studies for instance on like melanoma they just give it to a cancer. It's suppressive the cancer. So it you know listed as anti-cancer.

But there are studies showing that, hey there's higher levels around cancers. One explanation may be it's a body's response or it's like, hey, high white cells cause cancer.

You know, free to use it then. Yeah. So it's the response and it's actually a different, modification of TB for, that the cancer cells are secreting. So, Yeah.

And but in general it's good because it's raising. And if you look at or see the so much and the studies are clear, that, I have this, like my, where my lectures where when you get, like, something resected and say, oh, we got everything.

There's still cancer cells around, right? And the rate of relapse directly correlates with your level of natural killer cell function. So natural killer cell function is that one marker that monitor your body for intracellular infections, for cancer, and which is we find as a marker for chronic infections, chronic Lyme chronic fatigue syndrome.

One study found chronic fatigue syndrome, which a lot of those are Lyme. Most all have chronic infections. That 75% have low natural killer cell function.

So they had natural killer cells there, but they were infected, didn't do anything, and 25% had low number. And that number correlated and was directly correlated with the amount of disability.

So the lower the NK cell, the sicker they are. And I remember a of mine was, you know, sometimes 0 to 3 normal should be 30. And I remember when I had sepsis and hospitals in the ICU and I hear the nurses outside saying, well, this is that Aids patient who keeps turning up negative for HIV, you know, and, it's I've been tested the I don't know how many times because, well, now I mean system good.

But it was so low I couldn't find anything. And it was really Lyme, the BCA, Bartonella, the BCA, probably the biggest immune immunosuppressant, in my opinion.

But, that directly correlates with symptoms as C4 a which is a and then human transferrin growth factor, beta, problem is those are probably the three tests they screw up the most.

And yeah, that what seems to be the best getting those for a while. You can get them. But I've talked to them so much and I love them. You know, they brought their whole team in and I got director I said your your tests are not correlating clinically.

And that's a little scary too, as we sent our, web guy just really basic tests to a class in a lab core on top of each other. Just do the same tests. Each one like, just went one did other than the one showed he was diabetic.

The other one showed his blood sugar was great. One was out, 5.9, the other was 5.2 hemoglobin A1. C one insulin was like off the charts. Other one was two.

And these are just basic labs. They do this to me enough to know. It's like it's often you'll send them in to do tests, sometimes they'll run it twice and they'll give you the report and they're totally different.

And it shows you the blood. So they're like, well, is it someone else's leg? Don't. Or. No, I don't even know why they ran it twice. But I'll get the report on like same day, same person.

Yeah. It's it's discouraging as a doctor and as a patient. You know, I had like when I was sick, I had my veins were so gigantic. They were just like garden hoses, like all my legs.

I remember, like walking up the stairs. Keep going. Daddy, what's wrong with his legs? You know, and they were huge. So I go to this, cardiovascular surgery, sclerosis.

My my greater staff. I don't see them. And I hate for so long. And then he did. I said, you know, I got this vessel here. He can do that. And he does.

He goes, oh, shit. I'm like, well, he goes, can you see? I'm like, yeah, yeah. And then he does it again, the other side. And I'm like, yeah. And then across my forehead.

But anyways. But like no one will do that. But and then it turned out to be in my VEGF basket. And the growth factor from that, Bartonella stimulate made my vessels huge.

They weren't varicose, they were just gigantic. Then I got rid of the Bartonella. Now I have no veins, but, Yeah. It's nuts. Now, if when you check their Jeff, quest seems a big problem running it.

If it's zero, it's worthless. Okay. But if you have a number, it's good. You'll see. That is another marker for Bartonella West. They don't do zero. They do less.

At least in Florida, they do less than 31. So it could be 29. It could be two I have no idea. Yeah, but but if you get a number it's probably okay. But you when you get zero and it then it's it's just a it's worthless.

LabCorp. The rejects are better now there's a plasma a plasma and a serum. Which one do you order? I think we figured I ran them parallel and I got to mix them up.

I think you have both just. Yeah, I don't know which one. Yeah. And you said of a cat, I, protein ACP. Do you check that? No, I don't know. So that's a marker.

It's made by eosinophilic. And it can go up with someone's significant allergies, but you usually don't see it that high. But if you check it on someone, oftentimes it's high.

Normal. Then if you treat them for parasites or antimalarials and it often goes way up, now you just have a diagnosis for babka. Oh, that's good to know. Yeah.

And then the other, test that I love is do, pretty much everyone, you know, look at the immune system, do those markers, because checking for these infections, oftentimes, I mean, negative means nothing.

You know how insensitive, is the panel? So you check, basically a D-dimer, Q injections. What's, No. I read again, you, fibrinogen, prothrombin fragment one and two, thrombin.

Antithrombin complex, and, plasma, an activator activator Pi one. And if any one of those are positive, they have immune activation of coagulation. And so what the body does, it tries to lay down the fibrin to block off the infection.

So which is good in the short run. But now your body can't get at it. And it also prevents nutrients getting in hormones getting in waste products getting out and if you find nothing's working often we found that we did IVs and just nothing and it wasn't getting in.

And all of a sudden you treat that you give a low dose heparin. People freak out like heparin. It's safer than aspirin. The doses that we get 5000 twice a day.

No good. Don't you feel it when you feel amazing? And a toxic mi that a hyper drip makes you feel good? Yeah, and it's a immune modulator. And it it actually suppresses BCA, and lime.

And the thing is, once you clean that up, it usually takes 2 to 3 months. And it feels so much better than a little test that you can do. It's a little parlor trick, kind of.

It's not perfect because it does depend on patient, motivation. But you put a pulse ox on. Right? So it measures the amount of oxygen, your blood amount of, hemoglobin that's saturated.

So usually 97, 98. And then you, let people blow out all their air and hold their breath as long as they can. So now there's no oxygen coming in from the lungs into, in the bloodstream, through the heart, going to the cells.

Then it should go into the cells and then be used up and come back as deoxy hemoglobin. So, the saturation should start dropping after ten, 15 seconds.

Now you'll find people with a coagulation defect. Is it barely drops or sometimes none at all. And know that's great. Your your oxygen, your blood. Still, 96?

It's bad. Your cells aren't getting oxygen, so normally it takes two seconds to get in the blood into the into the cells, octave to two minutes. With this, fibrin.

And so a lot of people, because of, er, hunger, give a little heparin boom solves it. And there's one patient we're doing IVs also we gave him, and he was just resist the heparin.

And we finally gave it to because everything's working. You know, because we cleaned out the gunk. So it now got into the cell. So when I have people with a coagulation defect, which is so common, immune activation of coagulation.

A lot of religious studies done by BR. But, I say I have good news and bad news. The bad news is you have a migration defect. The good news is you have coagulation defect because we can treat it.

And the nice thing is you clean it up and it stays away. But do you feel like, do you feel like the metal kinase in the balloon is. That's, usually not strong enough, at least?

Over time, it will be. I think it's good to keep it away. But you can use that with the heparin, but usually a little heparin, for a couple months will act much quicker.

Love. And OCS also works. Other ones don't work. Aspirin doesn't work because that's a platelet issue. All the newer anticoagulants don't work. I've used a lot of them because they're so expensive.

They don't cover it the way. Where's the clot? Well, it's everywhere, but it's a pre clot. But, Warfarin. Forget it. Don't even use that. But. And then.

Yeah, one like the masterminds Marcel group which they think Hepburn's bad, right. Mast cells can secrete heparin, and they, you know, all these things.

Skin, Hormones, and Closing Thoughts

So I'm like, you can kick me out of the group, but I'm telling you, heparin will suppress mast cells. You're crazy. You know, and so I got kind of convincing, like, let me take the patients off Hepburn and put them on something else.

At least. Love on on a column on my switch. You know, I'm not switching, you know, so I, I have seen, like, three people out of 10,000 or whatever, feel worse where I think it's releasing all the infections from the gunk.

And they can get out to never. But in general. So I don't worry about it. It's not enough to raise the PGT either. And you'll find people with coagulation defect.

They'll have, you know, a low and, PGT at a low rate, which is interesting. So the way you think of high inflammation, high said rate. But if it's low, think of coagulation defect.

Well, you know we do see a lot of D-dimer cause it with mold and fibrinogen. I have not been checking that for quite some panel. I'm going to do that now.

Are you using LabCorp? Through that one doesn't matter too much. I remember I brought my test in just to my cardiologist to see what he had to say. And normal. Less than 0.5.

Mine was 50. And I said, what do you think he's like? You got a pulmonary embolism? Like, no, and he's like, I

don't know. He didn't care. He's like, I don't know. And then he walked away.

You know, so other my blood was so thick you could not draw it out with a 14 gauge needle. Was this is the problem we had with some people doing that.

Total body goes on dialysis. They don't like it, you know, even though we give them heparin. This includes me. So I'm starting to worry like, oh my gosh.

But what y'all give happened and it's like slow comes out like like ketchup, you know. Yeah. So I'm going to go out and visit Matt Cook and check it out.

But that's what I worry about because I've done a lot of stuff for like the ten hours with the machine, a class that I've never got more than three. So we do ten pass, just fill up a big bag of blood and then put in a liter of ozone, you know, and then do it that way, and it doesn't clot until you don't have to sit there and watch the machine.

But that machine. Yeah. Yeah. So it's, Yeah, we found a better way to do it and get it gets a great results. You know. Well, that EPO two machine is very helpful and have been having good success with that with patients.

But, know, we guess that also has a kind of a dialysis but also a, plasmapheresis filter. Yes, yes, yes. Plasmapheresis filter. And then we are using UAV with it too.

So as it comes out it's going to be and then it goes back, back in. And I think it is the red light on the opposite side. Or is it the red like the UV I forget, but we have two different lights and people feel great.

Sometimes they no one's hurt, which is nice. If people get a little tired. But the first time I did, I felt like I could run a marathon. Second time I did it as like blazing.

Well, the second time I did it, my blood seemed a lot thicker. So I don't think I got the full treatment because you're supposed to be able to get five liters of love an hour with the pump because there's like a pump to, like, pump your blood and you have a 20.

Yeah. So it's fast when you come, you know, we'll start a couple with you. But I'm sorry, I don't really think I need more heparin. So how are you dosing it daily for people?

Usually work up to 5000 twice a day. Okay. Now, side effect of heparin can be, Heparin induced thrombocytopenia. So platelets never seen it. I think it's impossible with the doses that we give, but it to be totally safe and conservative.

Check the CBC after a couple weeks, but never know. Just everything that was supposed to be any good. What you'll see is very interesting when you get the heparin.

Is that okay? Your body's clotting everywhere, so it's laying down fiber and breaking it up. Now, if it's just there, the test can be negative because it's measuring actually the body breaking it down.

And, so some people will, will bruise initially. Because what happens is you're using up all your, it's, it's like a mini dizzy, like people get in with sepsis to use up all their coagulation factors.

So they bruise wherever you hit them. And you give a little heparin. So for a little bit a couple weeks baby maybe sometimes longer. They bruise easier.

But then it goes away and gets better because now they're not activated in their coagulation and they're not using up their coagulation factors. So it they're ready for where you need them, but they're not clotting everywhere.

And with the plasmapheresis, I went up to, Isaac in Santa Rosa. I forget his last name, but, you know, and I did it, and he's like, I've never seen, you know, he has a container of the drug that's filtered out.

He goes, I've never seen anyone with this color. You know, it's like I'm always the unusual one, you know? But then I went to the hospital and asked, I want to get one.

Plasmapheresis. How much would it be? And they go, well, I don't know, but it's 80%. I'm like, okay, great. Like, how much or how much is that? Because back into, you know, $38,000 and I'm like, okay, 80% off of that.

You know, that's what the 8% is for. When Trevor was paying, I don't know, 1500 or something like that over. So it's crazy, but a lot of great, great treatments like that.

And you know, plus rates is nice because it, you know, will freeze out autoantibodies. All these, you know, inflammatory cytokines and things like that.

So I love that treatment. I got it down with also with, Omar Morales at Lime Mexico. He has some great treatments down there. He can do some things that we can't.

So, you know, the way the FDA's look and they're trying to ban, you know, if something works and is totally safe, they want to ban it. You know, they're really the enforcement arm for big pharma.

And so I was thinking we got to get a bunch of doctors together, patient be saying this or there, but and then getting a big ship and going 40 miles off the coast and practicing medicine there, you know, I'm right.

Yeah. Because, you know, people are moving. I've talked to so many and great doctors that are like looking for places to move to other countries. It's scary.

And even just with the, censorship of medical knowledge, you know, you can't say the truth. It's scary. Yeah. Let's see, I know we, wrap it up. We've been talking for a long time.

I the way, Let's see. Let's see. Skin peptides. We'll just go there, we'll end there and wrap it up. I would just I mean, for skin, I love GHQ. That's like a no brainer for skin. Right.

And the BBC, it gives you a nice glow and I think it helps with collagen and elastin. It definitely makes my Botox last longer. There you go. So I like it for that.

And my, a lot of patients with just like, psoriasis, you know, and it was always going to make it better. But, you know, something general about me, I that was genius was a lot of the skin issues are fungal related, systemic, you know, and you'll see it if you do mycotoxins testing or if you just check Candida antibodies or, you know, a basic spit test for Candida.

So it's not that people don't. Yeah. And they and the you know, it's interesting if you have a chronic infection don't go to infectious disease. They won't see it.

And they'll say when you mentioned, you know, stomach candida, the person would be in the ICU, you know, like that's. Yeah. And that's not how medicine work is not black and white.

Where you're here, you're fine. But that's how they treat it. So you know, as you know, they what our lab values, they take 95% of the people. Only the highest and lowest 2.5% are considered abnormal.

And so if you're the lowest, 3%, oh you're fine. The lowest 2.50, you're abnormal. Now also they take a bunch of people. The labs have to do their own reference ranges.

And so they take sick people. These people, you look at testosterone levels. The reference range ten years ago was much higher ten years ago, not even higher.

And they just keep lowering the reference range. And so now a person is like a nine year old. They say, oh, you're within the normal range. It's it's very you do have a testosterone.

It's crazy. So now, I use Empire Labs throughout New York and they're good to my patients in terms of the like, they don't overdo everything. So they're saying now that a disaster for man is 175 to like 850 or something like that once every five.

And like, there's women actually that are. Yeah. You know, they should be okay. And and they just keep trying to, you know, demonize the for all these studies show.

Yeah. Loads of stars increase heart disease. I mean, just increased cancer. You know, so many issues with Grumpy old Man syndrome or you talk about erectile dysfunction.

And also, as you get older, you can regulate your receptor. So really you can argue that you should have higher levels. You know, I'll treat some men in their, you know, 60s.

They're just astral level 600, 700. But they have all the symptoms, right. So I'll say therapeutic trial nostrum. I like combination nandrolone that doesn't convert to estrogen or DHT.

But when that give shot they go, oh my God, I'm a new person. But they were totally mid normal. But 20 years ago they'd be low, you know, and diabetes, blood control, depression, with low testosterone.

Same with women with low estrogen. And, you know, they let these women be better, but, well, it's natural. Yeah. You're going to get dementia, you're going to get heart disease, you're going to be depressed.

So, 47 my hormones are changing. I can tell, like I can see my estrogen sipping. I'm watching my legs. But oh my God. And you just don't get as much pleasure out of life.

You're not as happy. You don't sleep as well, but your mood. And I'm like, no wonder. Like, if I didn't know any better, I would think right now I need Lexapro.

Also, I start some estrogen. Yeah, these are regular. Like a regular guy. House would say you don't need estrogen. Everything's fine. But I do like my brain for sure. My skin.

But my. Oh, then they want to give you birth control pills. Oh, yeah. In your 40s. Yeah. You know, because that's because they do that and, you know. Oh, I'm good.

You know, I just basically had my period. I did it a, increasing clotting factors, increasing inflammation. It's lower expansion. Of course, all your hormones on your growth hormone.

And if you want to cause cancer, take a progestin. If you want to prevent cancer, take a progesterone. Oh, and I love when they think the progesterone is the one that's a progestin.

Like, no, that that was that Women's Health Initiative study. You know, it's it was the Prime pro causing the cancer. Not in. And so I did the review the biological hormone debate which looked at screen progestin and progesterone.

The problem is they'll use progestin in a studying called progesterone. Right. But you look at every head to head study and also mechanics, mechanistically that the progestin like Provera was approved because it protected the uterus like progesterone, which it does, but it has the opposite effects on the breast.

The progestin caused cells to divide and stimulates multiplication. Progesterone prevents it. So right there, very different heart disease. The progestin dramatically increased heart disease progesterone prevents it.

And anytime you take oral you can take oral progesterone, but oral estrogen, you know, they gave them premature in which forced estrogen as a Quinlan known, carcinogen.

And they, you know, huge clotting factors. Now, even if you take bioidentical orally, you're going to increase your clotting factors. Some, but not as bad.

But when you do transdermal, say, someone said of Pomeranians, don't take care. Which is wrong. You can show the studies if you do transdermal, no increase in clotting or p actually a trend to decrease, you know, because you're gonna get less cardiovascular events. But, take that away.

That wasn't going on for a long time. Yeah, I can help you forever. I know you're such a genius. Thank you. I learned so much. Now that same here. And I love talking with you.

So we have, like, a series of lectures that you posted on your website. I think you should. Yeah. So due to overwhelming, I wasn't going to do it, but I have so many lectures on peptide, we're going to start a peptide training course.

After we'll have a couple webinars and then kind of do a, more of a deep dive type thing. I, I don't want to make it where I want to make it affordable.

And, you know, just I worried about time. But after we done with the summit, after some time. But. Yeah. So I think it's kind of my duty whatever to, I think, get back.

So thank you very much for having me on. Yeah. And thank you so much. I know you're in such demand. And you get all the celebrity patients, which you can have, but, yeah, you're just on the cutting edge.

I love your passion, and I know how many patients you've helped, and I actually, I don't know, I've heard of a lot of them. And that's just a tiny fraction, just here.

So many good things. And, just easygoing person, humble. And, I stopped, and I warned you with this trophy. Thank you, thank you, thank you. I'd like to thank the academy.

So I think it's getting late. This is, I want to lecture, so, thank you. Seriously. And for what you do and, Wonderful. Well, but we really appreciate your knowledge and for sharing with everyone, so thank you.

All right. Thanks so much.