Introduction to Dr. Lisa Hunt

Hello, it's Doctor Canton Hope tour with another episode of the Peptide Summit today. We are great to have Doctor Lisa Hunt, who is going to be talking about innovative treatment for autoimmune thyroid disorders.

And I thank you, Lisa, for taking the time, very excited to, to hear everything you have to say about this, although we talk very frequently. And, I think this will be a great, talk because, as you know, we'll get into it's such a big problem and so many people don't even know they have the problem.

So thanks for taking the time. And and being on the summit, that's truly an honor. Just to be here, to be able to do this interview with you. And it's an honor to work as part of your team.

So I'm grateful to be here. Oh, great. Okay. I'll, I'll give you the $10 for, All right. So, yeah, just a little bit about, Lisa. So we pretty much pursued her and stalked her for several years to come on board.

She was, you know, nationally recognized as an expert in many areas, specialize in anti-aging medicine, functional medicine, natural thyroid replacement, menopause.

Andrew. Pause again. Bioidentical hormone replacement, chronic fatigue syndrome, and some of the sick of the sick. She's become our go to person for those patients that have really been everywhere.

And that's what we specialize in. Fibromyalgia, chronic fatigue syndrome, Sears mold, Lyme, you know, immune system. We've kind of become an immune modulatory clinic.

I kind of say, neurotransmitters. She basically brought a lot of new therapies to our, practice, and she. I think the wonderful thing about her is she your passion for learning and and how much she cares about the patient.

She's relentless, and it's kind of become a joke. She needs something for the patient or for the world. Expert and column and column until she gets the answer.

I mean, it's it's pretty amazing. And the empathy she has, and just the amount of conferences that that she goes to, and she'll develop a treatment program from all these things.

It's it's really help continue with our practice. You know, we pride ourselves and and continually learning and bring those up to date. She has taken that put that on on steroids and just bring in new therapies for the entire office.

She loves teaching and sharing information. And it says here her mission is to build on every level of your health, achieve the best quality of life. She also practice what she preaches.

I tend to do as I say, not as I do in terms of diet and exercise, but. So she's always on me, too. And, it's really a pleasure to have her as part of our team and really an integral part because it's it's just she's the quintessential doctor now.

And, really what a doctor should be instead of just doctors. Now, you know, the patient comes in, okay, here's a prescription. They don't care why or why.

Just kind of get you out of the office. She's going to get to the bottom of it and keep working and working and working and until. Until she gets it. She, graduated from the Western University of Health Sciences and clear residency in the San Joaquin General Hospital.

She's board certified in both the family, medicine holistic and integrative medicine, and brings with over 20 years of

experience. Actually, it's probably about 80 years of experience crammed into 20 years.

As a family physician.

Causes of Autoimmune Thyroid Disorders

And she was medical director where we, we, begged her. We did everything we could to get her on. So we're so happy to have her. She's certified health coach, and she really brings that to the practice and that she works with the patients.

She loves the patients. And, really, works with them and understands them. And I always say, but she gives everyone their, her their cell phone. She talked to them on the weekends.

She just goes over and above with everything I use. You can tell I can go on and on for hours about her. She's she's awesome. And just her passion for knowledge is just great.

But, with that, again, she's going to talk about innovative treatments for autoimmune thyroid disorders. And I think she was going to start with a, PowerPoint.

But what what kind of got you into this to, to start with, instead of going the standard route? Well, both of my parents, had chronic illness. And so having gone through that as a child, I was able to witness different treatment modalities for them.

So that kind of planted the seed for me. And then, you know, just doing family medicine and not having the tools to actually help my patients feel better.

So I wanted to look for another way, because the resources that I had didn't feel like. And, so that's really how I started my journey. Yeah. And and it seems like you've always, from day one, just sought out more and more information.

You're never satisfied. No. And and I see it, and it's it's just amazing. I'm grateful for you putting up with me and asking you that question. It's it's like, yeah, I see myself and I'm like, gosh, I'm a pain in the ass.

But, you know, but it's it's really a pleasure to, to see you in action and hearing the feedback in the, in the referrals that you get because you get the sickest of the sick better.

They will be focusing on thyroid, which is one of my passions and which is a subset of all the treatments that we do. And, and people generally don't think of peptides when they think of thyroid.

Right? They think of, basically just give thyroid. So we're going to talk about that, and I guess we can go ahead and start, your PowerPoint. Okay. And yeah.

So share your screen there. Perfect. So I want to just start by going over the potential causes of autoimmune thyroid disorders. And as you can see on this slide, there's multiple causes.

And as you know, doctor, hold off. You know, we've been spending a lot of time on mitochondrial dysfunction. You know, recently that seems to be the buzzword that, has a lot, you know, to do with what we're doing these days.

And you can also see on the slide there's multiple other causes that can influence the immune system. And I love the way that you explain the immune system.

So I would love for you to be able to you know, explain how you do with the two side of the immune system, if you wouldn't mind just for a minute and how these, you know, these different, causes, affect the immune system, particularly in regards to, the mitochondria.

I love the way you do your little. Yeah, yeah, people love it. And after the 1000, 3000, they kind of go, oh, my God, here he go. But. And just through the years, we've kind of, figured out, you know, I had chronic Lyme myself.

And did, you know, three, five years the highest, those I. V. antibiotics and, like, something. And it didn't work when it a heart failure. And that and, you know, doing the peptides, really was so huge and bringing me back to functioning and but we really and looking at the immune system, we, we found with so many illnesses, the commonality is a dysfunction immune system, low mitochondrial dysfunction.

You know hypothalamic pituitary. But everything's a vicious cycle. And what what happens normally if you and everything's an oversimplification when you talk about the immune system.

But a good way of looking at it that fits with so many illnesses. If you look at the one side of the immune system, it's called one, and kind of key ring.

So that good stuff inside the cell and is also the part of the immune system that kind of puts the brakes on over stimulating the immune system. And then to get stuff outside the cell.

And then T 817 is basically the, inflammatory cells that are very much responsible for autoimmunity. Now, if you look online and look up our immunity, you'll see the breakdown.

Well, these are one autoimmune disease there. Two. But throughout the years like well that doesn't seem to make sense because the same treatment works modulate immune system for the so-called t H1 and the two autoimmune diseases.

But so what they have found somewhat recently is, you know, a lot of people still don't even know this, but that the, the one that t 17 cells look very similar, but they're very different.

That one will actually suppress the G 17, which is the bad, ones that are causing autoimmunity. So you'll have a lot of diseases called non autoimmunity.

But they're actually T 817. And I know that some doctors have protocols like raise your t h or lower your TH1. But it's really wrong because the problem was not too much t one.

It was not enough T1, it was too much T 817 and in terms of, everything's a vicious cycle. And then in terms of infections, if you look, you can really make the argument that every autoimmune condition has an underlying something's driving.

And oftentimes it's an underlying chronic infection because that really pushes the body from, low T1 to that increase t h to and or stress. And we always find, like chronic fatigue syndrome, fibromyalgia, Lyme that people go, oh, God, I went through this stress event, a divorce, a death in the family, trauma, domestic violence all of a sudden set everything off, which I think caused a problem because so many doctors, it's a very complex illness.

They can discounting. Oh, see it happen. Everything. Stress is a stressed out woman. And but what stress does we think of it? Lower the immune system, but it doesn't lower it.

Graves vs. Hashimoto's and Conventional Treatment

It modulates and it lowers that to one and t rank, but really raises that to that 817 inflammation and really sets up the body for autoimmunity. Then you get the inflammation which causes, you know basically mitochondrial dysfunction which makes now the I Epstein pituitary, axis doesn't work.

So the hormones are low, but they look normal. You get gut dysbiosis, you get them from the gut brain access. Now you get the brain fog. And everything's just a vicious cycle.

So it's kind of unwinding that onion. And so it's never any one treatment. It's addressing all those numerous parts.

So all right. So Doctor Holt, I've really basically already touched on most of these, that are on this slide.

So I'm going to go ahead and move on to the next one. Also, you know, keeping in mind heavy metals can be an issue as well. Different medications, environmental causes as well.

You know, just wanted to touch on the fact that, you know, mold can be an issue. VOCs, BPA, those are other things. I just want, you know, people to keep in mind it can be environmental as well.

And, I'll mention it's usually never one thing. Right. And even with Lyme and I think many, many people have Lyme and never know it, it's now you had mold, you had stress, you had heavy metals, you had toxicity.

And then all of a sudden it sets it off. Yeah, yeah. And then I just wanted to touch on that. There's, you know, two different types of autoimmune thyroid disorders.

I mean, most people already know there's two primary ones, both Graves and Hashimoto's kind of being on the opposite end of the spectrum. And basically the difference, lies in which region of the thyroid gland that is targeted by which of the antibodies that are produced and that those carry out opposite affects.

Yeah. And and almost everyone with graves has also Hashimoto's, you know, so it just depends if the antibodies tend to hit the receptor that stimulate the thyroid you get graves.

If they don't you get Hashimoto's. So they kind of the same illness. And then they, they split off. But they'll usually have the graves people will also have Hashimoto's.

Yeah. And so, you know, we're looking for different lab values. That might be more indicative of one than the other, particularly the thyroid stimulating immunoglobulin antibodies.

And those can be present in 90% of people with graves disease. And then typically with graves disease. And I'm really excited to share a couple case studies at the end of, the, the PowerPoint that, show how some of the innovative therapies we're going to be talking about, particularly peptides, really help to, demonstrate that they do work with the different lab values.

But primarily with graves disease. We're going to see an increase in the thyroid hormones, particularly the free T3 and free T4. And in traditional medicine, basically, the treatment is to decrease your thyroid hormones.

Some examples, like I noted on the slide, were things like a thyroidectomy or radioactive iodine. And the patients that I'll be presenting at the end, they really wanted to preserve their thyroid.

They didn't want to have to do these types of treatments. And so we'll go over some of the therapies that we utilized. And I'll just mention and you know, the the big thing I got in cardiology at graves was taken out in your thyroid.

And, you know, a big part of our practice is seeing people who've had their thyroid taken out, let's say, for cancer that never even had a thyroid. And then what they do is they'll give synthroid and titrate their PSA age to be normal, and they call them you thyroid.

But why then is the average weight gain 14 pounds? The patients have fatigue. They you know basically all the symptoms of hypothyroidism. But the doctors say well it's just in your head, well wait a minute, I didn't have that before.

And and so what they found, you know, is that without the thyroid, the more you need more T3 and it actually the body or trying to develop an acid in this for 15 years, we're getting closer.

But the body will secrete a TSA that is not active. And so that's more and more the studies are showing that the TSH that everyone thinks, well, that's all you need is very flawed.

And, you know, we really started out and I started, you know, with as a t as a thyroid clinic, I tell physicians, learn thyroid, you like, you know, it's one tool, but it's a huge tool.

You fix everyone's thyroid, you're going to get a heck of a lot of people better, that have been to every doctor. And oftentimes it's a seemingly simple treatment, but it can be so powerful when you do it correctly.

And in general, the sicker the patient, the more than 83. But doctors seem and across all the patients sick don't get them. T3 but for a lot of reasons, which, you know, it's a four hour talk on to explain why this is.

But when you're sick, the the T3, there's poor conversion T4 to T3, but that's not even the biggest problem. You hear doctors talk about that it's at T3, there's not enough energy due to the mitochondrial dysfunction to get into the cell except in the pituitary.

So the TSH, that's fine, but the body's starving for thyroid. So we have other tests that we have that we can do to show the patient in black and white their low thyroid, but their is normal.

And their doctor says no, it's not your thyroid but your you know, you're depressed, can't get out of bed. And but we can we can show you we have low metabolism, which is the gold standard and also the speed and relaxation phase, which we do via computer, which shows your low thyroid.

And, you know, I've been telling you, you're just lazy and all this stuff. You have quite a bit syndrome. And, they put all their money in one test that is shown to be inaccurate, but.

Okay. And then just, you know, just going over the definition, which you've already kind of touched on in terms of Hashimoto's, there's other antibodies, which, as you already said, can be present in graves as well.

But, looking for the thyroid globulin antibodies and a TPO antibodies, and there's a pretty high percentage of people with this autoimmune issue that show positives with those.

And the traditional treatment for Hashimoto's is just replacing with, like Doctor Hold. I was just speaking about, you know, just synthroid or the typical, T4 replacement therapy.

I want to mention one other study. It's under the Lancet. So basic number, you know, top five international journal. They did thyroid biopsies and people who were just fatigued.

They found the majority had thyroid inflammation. So they had Hashimoto's, but they didn't have the antibodies that came up on the blood test. And they were thyroid deficient.

When you look at a test such as a tri stimulation test, which is more sensitive, but in in all its wisdom, they emphasize that we don't need that anymore because we have the highly sensitive TSH, but they're low thyroid and these are just fatigue.

They weren't even chronic fatigue syndrome. And they found that the patients responded to thyroid replacement regardless of their thyroid serum levels.

So serum levels of thyroid hormone in the blood doesn't. And TSH doesn't tell you what's going on inside the cells. And then I just wanted to put a slide in that you know just went over the different symptoms for hypothyroid and hypothyroid.

Again the tendency for hypothyroidism is more on the Hashimoto's side versus the graves is more the high thyroid side. I'm sure most of you are familiar with these, symptoms, but they're all laid out on the slide.

All righty. And you mentioned a little bit about, either children or women when fertility and the how thyroid is so important for pregnancy. Right.

Thyroid Function, Symptoms, and Fertility

So you won't be able to ovulate, appropriately without having optimal thyroid levels. So that's one thing. When people come in to our office, and they're, you know, preparing for a pregnancy that we really want to optimize the thyroid.

And, if there's an autoimmune component, we definitely want to treat that as well. To improve, infertility, or the possibility of infertility. So, that's definitely something that we, you know, focus on.

And, and. Yeah. And through the years, we've just learned that so many people, they go to all these, you know, fertility doctors, they can't get pregnant and they come in and we find they're very low thyroid.

And so we're just giving thyroid T3, and oftentimes heparin, which is a whole nother talk. All of a sudden I think they get pregnant. But and we will be starting our module of, basically a basis for fertility, pre-pregnancy optimization.

And they also found that so many things in utero, like the intelligence of the baby, correlates with the level of thyroid, in the mother, mother in utero.

Well, why wouldn't you want to have, you know, in the top 25% or the top 10%? But all these doctors, obs, fertility doctors, they let them, they go, oh, you're at the lowest 10%, lowest 20%.

Why would you want to be there? And it's going to affect your child for maybe forever or certainly for a very long time. They have developmental delay or you might not get pregnant.

And just doing that one simple, safe thing can make such a profound effect in people's lives. Oops sorry. And then I just wanted to include a slide, you know, demonstrating that, you know at hold of medical group.

We really do strive to get to the root cause we're not there's not a one size fits all. People are always asking just as a general concept, you know, what can I do?

And it's always like I'm always telling them that, you know, you're an individual and your treatment's going to be different than the next person. So, I really like this slide because it kind of summarized, the differences between conventional medicine, one size fits all and what our goal is here, to individualize the treatment for each individual, and particularly in regards to autoimmune illness, because there's so many different causes.

So we really do have to get to the root cause to be able to determine how to best treat the patient. And so now, I, I'm really excited to present these two cases that we had, and so, I wanted to embark on talking about the innovative treatments that we utilize here at Holder Medical Group, and particularly peptide therapy.

Do you want me to go ahead and just go through the definitions? No, I think it's great. And because a lot of the talks, we kind of glance over some of the basics.

So I think it's great for people to hear. Yeah, just go like, what the heck is a peptide? What was that? I mean, they're just getting inundated with so much info.

I think it's great. Yeah. So peptides are basically sequences of amino acids. And the elegance of them is that the sequence that they're in gives a different signal to the cell.

And so they're amazing. I feel so honored to be able to work with them. Because they have minimal side effects if any. And they have multiple properties.

And so we primarily use them here. For immune modulation. And so they worked amazingly for my patients with autoimmune issues. And they are very cutting edge, they are a newer therapy that I, you know, I feel really blessed to be able to use.

They can be, utilized orally. They can also be used nasally. They can also be used subcutaneously as well. So there's several different ways that you can utilize them.

And so and the beauty of them is they're not hormones. So they don't have to bind to a particular receptor. Which makes them unique. I didn't know if you wanted to add anything to that, but, I just find them fascinating.

Yeah. I think we know when you compare, for instance, of a talk move over hormones. You know, peptides are here, but it's really it's another layer of control of the body that.

Well, we didn't know about. When I say that, I'd say the US like, you know, you look at some of eastern but you know and the research is there. But a lot of the research we also go to is old, and very well done studies.

But so the problem is there's not a lot of new, research being done unless it's a new drug, because these are off patent. So who's going to spend millions of dollars to do a study when they don't have a patent?

It's just here you go. I did a study for everyone else, you know. But the safety, you know, when you look at a lot of these in their trophy, so they'll set off a chain reaction.

So hormones go into the cell. Go into the nucleus, change protein synthesis. Slow on, slow off. Peptides tend to work on, cell surface and kind of signaling, or it's a cascade of effects that causes multiple, changes, which actually ends up being much safer.

They're less risky with medication. They do one thing, and when you do one thing, it's messing up so many things. For instance, like a lot of people just take K, it will turn off and turn on like 4000 genes.

And we're doing a lot more genetics. And the thing with genetic is that, well, here's your genes, but that's really 20% of what's going on. What matters is what are you doing to turn off or turn on those genes.

And you. And that's where things diet, exercise, your, we had a great, talk with, the, let watch, you know, disagree. Oh, my God, the guy from, mega spa, can't get conquers.

And really, he's a microbiologist and how, you know, real. We know the gut microbiome, affects so much effort genetically, but he's done so much research on this and how the, you know, basically the, good bacteria change your genes.

And let's say you have an apple E4. Oh, my gosh, you're in an Alzheimer's. Well, really, you can change 80% of that chance by doing other things. And peptides are huge in that.

So our, you know, probiotics and, and lifestyle and diet and, and all those things. So your genes aren't your destiny. It's what you do from here. Which is why we love peptides.

Right, right.

Peptide Therapy Basics and Immune Modulation

So I'm really excited to present these case studies so people can actually, you know, see concrete evidence that they do work. So, with your permission, I'm just going to go ahead and read through the case study and, and share what we did.

And, and then, you know, the graph is there that shows the evidence that, you know, the peptides do indeed work. The first case was a 39 year old Caucasian female, and she presented with the chief complaint of an 11 year history of fatigue, low energy exhaustion, ten out of ten migraines, generalized muscle and joint pain, stiffness, brain fog, poor focus and refreshing sleep.

She had an elevated heart rate, like in the 120 years at rest. And flu like symptoms. And she noted that her

symptoms started after she was training for a marathon.

And after, her child was one year of age. She had seen. I can't even tell you how many doctors before she came in here. And she walked in here with a pulse of 100 and 120, and nobody had even told her that she was tachycardic.

She had been diagnosed with fibromyalgia, depression, anxiety. She was on antidepressants, and she had noted that the medications that she would given had caused the 20 pound weight gain.

So then after the first visit, we ran labs on her. And as you can see, her natural killer cell function was to, and, you know, we commonly see that with patients that end up she didn't know that she had any line downs.

But we did test her for line. And as you can see, her to one side are natural killer cell function was quite low. And so, you know, and her western blot did demonstrate the two bands.

So I'm just going to go to the next slide. So these are that there are I just mentioned a little something that please. So, you know, when you see someone like this one, such a high, resting pulse, that shows that that immune system, the sympathetic parasympathetic system, she's in fight or flight.

It's dysfunctional, which goes along with, the, you know, basically neurological immune system is basically out of balance. And we use the natural killer cell function as a marker for that one.

And so it really should be above 30. The lab says, you know, basically seven. But I've talked to the medical director, it needs to be a send out through class.

National Jewish. I said, this is ridiculous. It's so low. And you look at the literature should be 30s as well. They have to do their own reference ranges and they take whatever 25 people who probably half of them are really sick.

And it widens that reference range. So really two she has the one is so low. And I think the, you know, fibromyalgia is, you know, the most ridiculous diagnosis.

1118 tender points. Those tender points are nothing special. There's nothing that those are like press. They're all that's a, you know, basically. And you look at like rheumatology, videos how to do that exam.

They take like 20 minutes. You want the if it's they you have pain all over. Are you tired. Can you can't sleep and do you have post exertional fatigue.

There you go. You know but so and we use a lot of times a test like low natural killer cell function. Look at studies on chronic fatigue syndrome, 75% 77% will have low natural killer cell function.

So these natural killer cells which monitor the body for intracellular infections and cancer, don't function. And so about 70 to 75% will be low. If you do like, lab core, which is bad.

They have natural killer cell number about 25% are low. So this is more sensitive. And when we see that low we really think of a chronic infection in this in this patient.

And I think fibromyalgia did such a disservice. Also chronic fatigue syndrome. So chronic fatigue syndrome goes by symptoms. Fibromyalgia goes by exam.

And really just their syndromes. It's unfortunately allowed the doctors to do nothing and say, well you got five miles. You know, nothing we can do. Here's an antidepressant.

Well, what caused it? You got to find the cause, right? And but it's given them the license to do nothing. So I think, again, the it's an antidepressant, and that's not the problem. You know, they'll be depressed.

They don't make serotonin. They have all these issues, but, you know, they don't have a Prozac deficiency. So, we

started our, you know, once several of the peptides staggered, mostly for immune modulation.

So we utilized BPC 157 thymus and alpha. And I really I really loved using the epithelial in with her as well. I really think that helped to calm down her immune system.

And then we also used low dose naltrexone, which is a great immuno immune modulator as well. And and could you talk about each of those, the peptides you LDN you know, can you combine combining what you have found. Yes.

And chose these and what they do. Yeah. So we started with BPC 157, which is an amazing, an amazing immune modulator. It's a great anti microbial as well.

And so we used it for those properties, the thymus and alpha really increases the natural killer cell function. I mean it's a great and I viral as well.

Epithelial in is probably one of the best anti-aging peptides out there. We didn't use it for, for that in this particular case. But, it's a great immune modulator as well.

And as well as low dose naltrexone. And, and at this point she has no longer we use the subcu injection peptide for several months, but it's almost two years out now and she no longer needs the subcu injections.

We've maintained her on the low dose naltrexone, as an immune modulator. And I also wanted to touch on the L 37. L 37 is an amazing antimicrobial peptide that's innate to the human body.

It's our own natural anti, microbial. And in her situation with the potential for Lyme with the two bands, I think this was, very valuable as an antimicrobial, to help treat, this particular patient.

Yeah. And with l l 37, it spreads and shown to kill Lyme cysts better than tonight is, and it has very broad range, which is nice. I was at a conference this last weekend, and I went to doctors raving.

You was a urologist talking about for prostatitis. You know, these people have chronic prostatitis, and they're put in antibiotics for months and months.

It comes back and they have to use, you know, leave a queen. And these are queen clones which are having very bad side effects. And he's going, it's you can't believe it.

But and the nice thing with the peptides is they are very synergistic to each other.

Case Study: Chronic Fatigue, Lyme, and Autoimmunity

And you look at BBC and TV four and I almost a little embarrassed, give talks like how many things that they do. You almost sound like a snake oil salesmen because they heal so many things and they both tend to have the same effects, but very different mechanism, which makes them very synergistic.

Yeah. So I just wanted to, you know, this, the show, the handout that we showed, you know, give to patients with all the references behind BPC 157 I mean, half the page is references of all the clinical studies that you were able to pull on.

And and you. Yeah. And you look people say, oh, that's not evidence based. Well, here's 400 studies. Okay. You know, and most drugs that are approved, they have like three studies, so.

So and and on this handout just, you know, in case anybody wanted it, it goes over all the, clinical effects of BPC. 157 I know I just barely touched on things.

And then there's also one here for Thymus and Alpha. You know, I wanted to really emphasize that it increases the

natural killer cell function. So one of my favorite reasons to use it, and it also is effective, you know, as noted here, for issues in regards to Lyme and then the thymus and beta four, again, here are a lot of the references that Doctor Holder pulled.

And really, you know, it discusses all of its effects. Not all, but, you know, the, the main ones that so that you have that hand out as well. And then here's the handout on lot 37 and holder, it has 36 references.

And I love to give these out to patients just so they know how science based and doctor holder's office is so that they can go and look at, you know, all the references. I think that's really important.

Yeah. And you look at things like, you know, time is alpha one is approved in 30 countries. And in the US it's, orphan drug, it's approved for multiple multiple myeloma, melanoma.

Also it's, you know, approved in other countries for everything from HIV, hepatitis, cancer, and then like thymus and beta four is going through a number of trials, including things like, corneal ulcers and, like, for instance, we use it.

It's just so many things. We use BPC and TB for drops, for dry eye. It's just incredible the amount of things that it does. And in the studies, for instance, like with Tb4 and BPC, they can't find a toxic level.

And on the one study where they had adults just given higher and higher doses of intravenous tb4, they can't find a toxic dose, even a thousand times a dose.

What medication or anything can you give at that dose? Try that with water. You're going to die, you know. But so they're they're very safe. Which which is, obviously, amazing for the effects of them.

They have effects at very, very low levels. Like one that micrograms or sometimes nanograms, which is, you know, well, one with 12 zeros and, they'll, they can have effects where, basically medications need milligrams much, much higher.

And, but their range, like your, is, is very wide. So you have, a huge safety, window there. And then if we have time, I'd love to go over this other, yes, this study as well.

So she was a 33 year old white male, just about that last one. So what kind of finally happened? So all of her markers, everything normalized. And again, she's off of all the peptides.

She's basically maintained with the low dose now checks on at this point, did not have to have her thyroid taken out, didn't have to have any kind of radiation therapy.

And it had how is she feeling? She's feeling great. And she's so grateful that she didn't have to destroy her thyroid gland. Wow. And it's and it's interesting that she really had a lot of things going on.

You know, you look at her, you know, immune system. She had mitochondrial dysfunction. And where all of a sudden you fix a particular thing with peptides.

They do fix a lot of things that you can get these complex patients better without doing 10,000 things, you know. Wow that that's that's great. I know you have so many but I've heard some patients you've gotten so, so much better and in terms of ever so so grateful.

But this is a very interesting case where you didn't have to really do many treatments. And that's how powerful the peptides are. But it's also you know, emphasizing in both of these cases that we cannot forget the potential for a chronic underlying infection to be the etiology of what's going on with these patients.

Because a lot of a lot of physicians don't necessarily look for that or believe that a chronic underlying infection could be causing that. And once we treat that and strengthen the immune system so that the infections become essentially background noise, the patient gets better.

And and just on that, and that's what I found out the hard way. And you know, that's usually where you learn a lot and your lessons are expensive. But you know, with someone who has such a low natural killer cell function, you can give them antibiotics.

So the cows come home. But antibiotics won't kill anything. Enough. They won't get it down to zero. Your body has to take over. So yeah, you can use them selectively to knock down the infection because they also suppress the natural killer function.

But you need that natural function high to take over. So it's you look at we have so many infections that if you drop your immune system, they all come out and people say, you know, I don't know if you ever get rid of Lyme.

I think of it kind of like chickenpox. You think, well, I don't have the chickenpox anymore. What will you do if your immune system drops? It comes back out as shingles.

So the key is, is to keep your immune system high. And then it suppresses everything. And that's what the body does. But if you drop that down it's, so many things come out.

That you have, you know, hundreds of infections. So, yeah. So I just really wanted to emphasize that point, but this last case was a 33 year old Caucasian female she presented with a recent diagnosis of graves.

So if she did come in knowing that she had graves and hypothyroidism. And the only option being given to her, was radiation ablation of her thyroid gland, and she really wanted to save her thyroid gland.

She she had already tried that Taxol, and she developed a rash that she had to stop it. And she came to our office. On all these medications to offset the reaction.

She had to tap us on the Benadryl, the prednisone, the desert. And so, after, you know, her first visit, we did, multiple labs. I know I'm only presenting just a few of the labs.

But again, on this particular occasion, she ended up having banned 18 and banned 41. And, you know, she knew she had graves disease, and thyroid gland was enlarged.

And we did a similar type of therapy with her, with similar peptides. And we were able to save her thyroid gland. She didn't have to undergo radiation.

And she, in this particular case, she had no other option. It was either radiation and killer thyroid, because she wasn't tolerating the medication that are the typical treatment for graves.

And so again, we used, the BPC, the thyroid as an alpha again, synergistically starting one at a time. The thymus and beta and the Alpha 37 and the epithelial and, and she used those, you know, a for a few months.

Again, at this point she's off of them. She's several years out, still has her thyroid gland is and is is really grateful for that. I mean, why should we remove an organ if we don't have to or kill it?

Yeah, that's what they want to do. And you know. Yes. And and all especially Hashimoto's. You know, they don't think there's anything you can do about the auto immunity.

So what's you know, their answer, like with graves, will take it out or nuke it. But there certainly is because there's an underlying cause of that auto immunity.

Yeah. So no, I was really excited to be able to have these alternative therapies when I, if I were in traditional medicine I wouldn't have had anything else to offer her.

I mean she was reacting to the medications. So and these are interesting that they responded and they didn't need a lot of other I mean there's there's so many you know, peptides are a one tool, a very good tool.

Case Study: Graves Disease Treated Without Thyroid Ablation

But, you know, there are many things going on with these patients, but it showed that, okay, a lot of very good innovative doctors were picked up on the line and, and treated her with months and months or years of antibiotics.

Right. And that would have its own problems. And in the end, and it may, have worked or helped, but damn you, you got through that and basically, got it from point A to point B much quicker.

Whereas you couldn't fault a doctor for saying, hey, let's work at the underlying problem, which is the infection and going after that. But probably, you know, taking forever and whether it's successful or not and whether you know, or immune system is, is it's obviously dysfunctional if she has autoimmune disease.

You went right to the more of an underlying got kind of the result of the infection. But it's our chicken or the egg. You get the infection because you have a low immunity.

But you have a low because of the infection. So. Yeah. So that was all the slides I had to share. That that is just great. And it gives I think so many people hope.

And as you know certain people are low thyroid that are, you know just told they're lazy and yeah suck it up, eat better, exercise. And we have, you know, so many people cry on the first visit when we show them all the abnormalities.

And we like to do a lot of tests up front so we can paint a picture and, and really one I think one of our jobs is to prove to the patient what's going on, you know, so they so they can see because and we tell them to your doctor is going to say this is you know, no we did a CBCs for the cholesterol and you're fine.

You know, but it's really, you know, information is key, because once you have that information and experience, you can get patients better. Is there any guarantees?

No. And, and there are so many treatments. And that's one thing I love about Lisa's always new treatments coming out with. And, yeah, there's there's one thing work.

We, we try to use the thing that's gonna most likely work. And peptides are a good choice because the downside is very little. You're not going to cause a huge problem where you commit someone to IV antibiotics, put a pick line in, and and that's where some articles that have come out really, criticized, you know, Lyme doctors and that's where, you know, some major problems can happen.

So, it's the, the, the nice thing is, is the safety and that, the, the benefit risk ratio is so good. No. I'm so grateful that you've given us this resource to be able to use for the patients.

Yeah. And, and I know you get, you know we, we tend to send you some of the, you know the sick of the sick, everything from that to just what we think of oh easy patient that's just been fatigued or has, you know, menstrual problems and, but to them that's a it's it's serious, you know, it's affecting their lives.

And I really love the way that you take all those patients seriously and kind of put yourself in their position where I, I think I noticed with doctors, they just do see certain things so much they've lost empathy.

And if a doctor can't treat it doesn't exist. And especially if they don't know how to treat it, it can't be that they're a bad doctor. It's that they're crazy patient, you know?

And I think it starts with belief, having the patient one and be willing to do the work to, to to find out what's wrong. And again, love by you like this, like a broken record is you don't stop until you find it.

Okay. Yeah. She's so humble. It's like it's crazy. I mean, so, Thank you. I think you and, we'll get a lot of people, hope. And, I mean, I see you do it day after day, and, you've just that I know you've changed so many lives, and

you know that, but I think it's become such commonplace.

You you forget and, because I hear it, you know, people call me and the senior praises, I'm like, yeah, yeah, yeah, she does it all the time. So thank you, thank you.

It's working with you. It is such a pleasure to work with you and just, it brings back, you know, I get pessimistic about the whole medical, the, the medical system and how it kind of breeds lack of empathy and caring, you know, and doctors, I get, I get down on, but they're kind of put in a no win situation.

And where, where, you know, I, I can't treat these patients in eight minutes, you know, but they're required to. So what else are they going to do? But again, you take it to another level.

So, I'm proud to say you're the friend and colleague and, love learning from you and bouncing things off each other. And, I guess just to be, thank you and appreciate you.

Oh, thank you. So I usually don't give a lot of compliments, so I'm just kidding, but, Yeah. So this this is great. And again, thanks for thanks for all that you do.

Oh, thank you. Thank you for the opportunity.