Introduction to the Peptide Summit

Hello. This doctor can't hold court with another episode of the Peptide Summit. Today we have an official, party up. Which is going to be talking about peptide biohacking for complex, illness.

Very exciting. She treats the sick, the sick, the very complex, which is even free, healthy people, which is, which is nice, but, I like to thank you so much for being on the summit.

And looking forward to our chat. And, I'm sure everyone's gonna get a lot out of this, interview. So thank you. Thank you for having me on. And I love is is always my name and that burden or passion, but.

Yeah. So, a little about, and, Peter, she's a practice at Gordon Medical Associates. Associates back then, Santa Rosa specializes in the treatment of Lyme.

Lyme disease, other complex illnesses out of nudity, mold, bad mouth, general environmental toxicity, gastrointestinal disorders. Or cases with chronic Lyme disease are typically those there, do not do well on any biotics.

And as we mentioned, you know, a lot of practice, we kind of slip from that more and more antibiotics to me, modulation and peptides. And then we get from point A to point B much quicker.

And so really, prefer the biologic medicine approach to treatment for any combination of sacrifice. And detoxification. And I think more and more are finding that, you know, these patients on detox, over years, three times over serious and some of the same methods used were sanctioned, with essentially multiple passive increase vitality and slowing down the aging process, leading to include specialized use and health optimization and regenerative medicine.

And actually, I find that there such a commonality of aging and all. And so we looked at, you know, we do tons of labs, and the autistic people look just like the blind people.

But this you know, what the older patients, there's the accelerated. So yeah, you look at patterns and and that's what you can do when you, when you get a lot of good information, you use a variety of modalities, including peptide therapies, oral, intravenous, micro nutrient, therapy, botanical medicine, function, Christian injections, lifestyle counseling, cranial psychotherapy, you know, for, biochemical imbalances, energetic expression, you know, how your genes respond to environment so that epigenetics that is this huge, your genes are not your destiny.

It's you know, what's turned on, what's turned off. Toxins play a part and more and more, exposure to infection, which we talked about. But, I've also touched on, but no one's really dug really deep into that.

But. And emotional imbalances, and stress is a killer for these illnesses, and it just really has such a mean dysfunction. And she really is, detected and and looks for the underlying condition.

And instead of looking at the, you got this picture of a little box, and then you get this medication, it just doesn't work. You know, the standard medicine I think works well, if you sit in a little box and you break your arm if you have Cipro.

Yeah, that's it happens after that. But once you're outside that box, it just breaks down because they have all the specialists that look at everything separately.

You can't do that.

Clinical Background and Complex Illness Practice

So I love that, really, you know, trying to be a medical detective anymore that, she's really excited to start out the speaker opportunities here. All the time.

Eric already and, wanting to, cross country across the world. Peace, love and topic to to speak for your next environmental medicine. Spoken at, lads. They are very particular.

They speak, environmental health symposium and more and more, I think environmental it's they were kind of thought of as a strange group, but so much data is coming in on that, you know, and, and those that is what I really like and prioritizing to make it.

Okay. But, is that even a certain part of it? I like environmental they're doctors. They, they, they really want to be again detectives in their scientists or things like, you know, other entities, ag groups, they kind of want to do cosmetics and things like that.

And they don't want want the top patients. They're kind of ozone therapy. That's great organization. Board member of the neural network collective. Awesome.

So we're going to be talking about, again, biohacking. And she's been interviewed on their podcast, That Collective Insight. So I kind of extended your bio that's, so now we, now that we're done, then, but, I mean, someone can we can talk about it and have some experience with some of the sickest patients, but, yeah.

Tell me about yourself. Your practice of what kind of patients do you see? How how do you get into this? Just give us a little short summary of of what got you into this.

Yeah. So I started around ten years ago at Doctor Dietrich Clean Hearts Clinic, where I, I learned from him and his top physicians at the time about about the patients who have complex chronic illness, particularly tick borne illness, co-infections and, environmental toxicity.

So I spent a year there and then, doctor, Isaac Elias invited me to be, the lead Lyme doctor at his clinic in Santa Rosa. And, I learned a lot from doctor, his on on detoxification strategies using I. V.

therapies. And really, nobody else does detoxification say the way Doctor Elias does with the IV. So I feel very, very lucky that I got to learn from him as well as Doctor Clean Heart.

And then I, I really merged together what I learned from these two doctors methodology with respect to detoxification and treatment for people who have, all kinds of infections, including tick borne illness in there.

Yeah. Because I, I love you know, I mentioned, we were talking before we were on, went in the pleasant places that this place. Yeah. And, a lot of times of races, it's just very hard to do in the United States.

And I heard it wasn't really doing any more for sick patients, but I don't know, I think is doing it for, for sick patients still actually, okay, here we are.

These things that I have got to by Vallarta. But, you know what we're looking at here? There's a self-contained unit, which I'm excited about, which we're going to try to adopt with, possible.

But yeah, I mean, it makes sense, you know, this cleaning out all these toxins and, you know, and what, a couple hours, you know? Yeah. It's pretty amazing.

Really? Yeah. It's it's nice you realize that, too. And and so, you were there. What? And then you went over to the Gordon Medical. Yeah. And then I went to Gordon Medical and and and work more with very sick people.

Same patient base, complex chronic illness. So, of course, the tick borne illnesses mold people who have a high

level of environmental toxic things, people whose immune system is both hyperactive and suppressed at the same time.

Yeah, yeah. And I suppose the whole the set of amazing doctors there. Yeah. So you've had a really nice ability to take, you know, the best of all these doctors I really have really.

I've really loved working with Eric, Doctor Gordon and Doctor Anderson and, you know. Yeah. Okay. Eric, on my Favorite People, and I love I love giving them, that has been so, so fun, but just a good person.

Yeah. So, so, so you still see a lot of these, sick of the sick and, Absolutely. And, and and as you've noticed in the, I think, I think it's more than even just awareness.

Like, more people are sick now, we people are sick. I mean, our clinic is packed with people who are sick who were not sick, say, five years. Yeah, they are now.

And it's like a little cocktail party. And I saw every person. It's either them, a family member, a friend, you know, their parents or kids. It's just it's nuts.

And I'll tell you what I'm seeing more of. I'm seeing more of people from Silicon Valley, people who are at the top of their game, right? Mentally, physically, spiritually.

They're really trying their best. And all of a sudden they don't feel as strong physically or they don't feel as sharp mentally. And these are these are people who are mid 40s.

Yeah. Yeah. Yeah. So and they're kind of set up for, you know, a Type-A, and all of a sudden they get, you know, some sort of infection or toxin or we had a big flood of people overtraining syndrome, you know, who called the healthiest of the healthy, you know, doing ten marathons all the sudden, wham!

Yeah, yeah. Like that. More of more, just four years of this population than United. Wow. Six years ago, you know, so it's. Yeah. And and they don't want a massive turnover by the saying what they're capable of.

What do they do for, you know, a so you can see them panel on the later the and the rest of you have to be depressed, you know and and all that. And I think I'm sure we find this.

And when you show a long paper all the things that are wrong, you know, I kind of go like I did. It's the bad news. The bad news is you got this, this, this, this community that, this, this, this, this.

When everyone holds you, you know, they don't know what it is.

Detoxification, Immune Dysregulation, and Peptides

And, Yeah. So that's the that's awesome. It's. Yeah. Yeah. And it's one of those things, you know, it's it's I think a lot of the doctors in this area I got was very evidence based.

I, they're very evidence based, but it's ingrained in medical school. All that other so-called alternative, which I don't like that term is no evidence.

And so I, you know, wasn't going to help. But I go to these alternative cognitive like, oh my God, they're more evidence based than what we're being, You know, it's, you know, it's like people response really.

You know, we don't have all of the research that I wish we had. Yeah. Where we don't really there's so much clinical evidence and there's so much evidence and a lot of the will you know, the research is that old research that just gets left behind because it's not a new drug.

And I think one thing is that so many doctors rely on societal recommendations. Right. Yeah. And but when you

look at levels of evidence okay. Like how strong and so big now, you know, vaccines.

It's funny I was on Fox News, I mentioned I would give a teenager one vaccine, which I was right, only helped 12% of people. And people like narcolepsy and demyelinating disease.

And the HPV vaccine, and there's issues, but I'm not an anti-vax. I'm not. And that is everyone's risk benefit. And why can't you question even a vaccine?

But now they can because it's Trump or whatever. It's it's fun, but they'll, you know, basically say, well, the society or the vaccine science is this, is this or the level of the World Health Organization levels of evidence.

So it's, you know, double blind, placebo controlled study. You got meta analysis. It would take a bunch of double blind and put them together. Then you've got, you know, unblinded trials, then you've got case studies there, and you go last the least.

It's the lowest strength of evidence is the all recommendations. And that is below and anecdotal story. You say I got this patient better when I gave in the supplement.

They found that they're 20 years behind. They don't change their, recommendations. They are not evidence. They have an agenda. And they go and basically, they basically one side and they found that they almost always wrong, you know, like ten years later that's going to be wrong.

But it's it's funny, I work called Not in Space and they're going by the worst evidence there is by saying you listen to the, you know, whatever society.

But hey, yeah. Not my soapbox there, but, I heard you didn't have time. Well, you know, Gordon Medical is on the cutting edge of medicine. Always of, of.

I almost said alternative medicine, but it's so much more than that. I call functional medicine and beyond. Right. So Eric is always bringing in what's new and what's on the cutting edge, really.

We got we got into it through you and we we we I yeah. Eric I go way back yeah I yeah. Fine. Establishment and wealth and quality centers 20 years ago.

Spiting. The esthetic work with stuff that is standard now and that was called whack. And I'm like, here's 200 studies showing this. No, we don't like it, you know.

Yeah, yeah. Well, I we're measuring late night. Yeah, yeah. This is is worth it. You know hidden beat up over here. Yeah yeah yeah. That's great. So you, What what was which one?

So you kind of start using or or what would you recommend to a doctor or a patient? You know, or you know, where you start in general. Other patients different.

Do you have a general. Yeah. Like of, system or. Yeah. I'll tell you before I started using peptides, I would, I would work with detoxification first because that was my way of being able to, to, to shift an immune system that was dysregulated.

There is research that shows that environmental toxicants as well as infections are going to cause immune dysregulation when there's hyperactivity of the immune system.

And so weakness at the at the same time, right. So when I use detoxification therapies with IVs and treated mast cells, I would see immune the immune system beginning to shift.

The people. The patients were actually able to mount an appropriate immune response to kill off infections. They needed less I. V. antibiotic therapy or less less, oxidative I. V.

therapies, but not peptides. Enter peptides. Right. And what I love about the peptides is that they they can modulate the immune system specifically and quickly.

And so now it means that I have to I can detoxify my patients, in a shorter amount of time because their immune system is going to be able to, it's it starts to rebalance before I have to detox for too long before I can come in and kill infections.

So it really shortens the the amount of time between detoxification and killing, getting that balance. Yeah. Yeah, that's kind of cheating. I'll take it.

It is not like now I have something that's specific. Yeah. And what I say is, is the safety profile too, you know. Yeah. And it's very rare we get a side effect, especially anything serious.

So which ones do you like? So I'll use BP 50, BTC 157 and CB for first. And, because those ones will, will, will modulate the immune system and then, and then once they've been on that for a couple months while I'm, I'm using antibiotics if I have to, or other oxy therapies.

And while I'm detoxifying and treating muscle activation syndrome, like I said before, that shortens using the BPC and the TB. Yeah. So yeah, the the BTC is definitely how we get.

And you know, I think you're on the, Marcel mastermind group. You know, some of the smartest people are now on that. I mean, he has, you know, three page answers.

Everyone's like, this is amazing, man. But they're kind of stuck on direct going after man. So now I, you know, look up screen and you look at like, Sierra Club releasing one huge stimulator mast cells, you know, and the, you know, I don't know.

And nervous system and sympathetic nervous system, you know, basically still like massive. So if you can modulate that, you got half your, you know, job done for you.

And and then the things that will keep you full are so full ATP for, you know, it has multiple domains. While there's your main macros there, there's domain that modulates immune system and in different products is an antiviral drug.

Then there is actually a domain that simulates that. So. Right. So and we just did a interview person. Well, it's interesting. And, you know, it was vaguely under that here, so slow with the full 18 before.

But she was looking for a frag which which was as the mass so far take it out. And she said, if you go much faster. And she didn't know that because that point to take it out.

So it's really interesting stuff. And I think, you know, nice thing about peptides though, and everything. I don't know anything that they don't go where and they're really synergistic with each other.

It sounds like you like the oxy therapies. Well, ozone. Yeah. You know our, our go to or that would you know vacancy team for ozone kind of a mainstay and then you got, you know, other things which are almost kind of secondary.

Yeah. So some LDN there that's not to hurt you. I mean, you never know what's, you know, some sympathy, you know. My God, my life's chain selling. Well it's nothing. Yeah. Yeah, exactly.

I mean, for, for example, a patient I've been treating for, you know, the past few years. High dose fireman, c IVs, ozone, everything you just mentioned, LDN, all of it.

You, including the detoxification therapies with the IVs. And, you know, we're moving along and it's it's great. Then I give her, I give her TB form BPC 157 and she comes in a week later, one week later and says, I can't, I don't know,

I don't know what happened, but I am myself again. Like in my 30s.

This woman is 60 and I don't know what you gave me. What's in there? But nothing has shifted me so quickly. And I'm on a whole new page with her on. See what you did for that person.

Like, amazing. Yeah. And I know it's kind of like it happens all the time. Yeah, yeah, yeah. I never, it's like that happens all the time. Well, what other or, what other peptide did you like?

So I'm also like TA1. She got one.

Favorite Peptides for Pain and Neurologic Support

Add in after using using the BPC and the in the tb4 because then we're going to, kick up their, their response in, in, in killing off. Yeah. You get a stimuli. Yeah.

They use it soon. Yeah. It can cause it hurts. I mean all that it's a what other, peptides and you, I, I'm like 37. You know, I noticed that that's going to, you know, that does just disrupt the cell wall of the infections and, and of course, it weakens the infection.

So then when, when I do come in with anti-infective therapies, that goes faster as well. Yeah. Yeah. And it it pokes a hole in their, cell membrane so needed modulatory as well.

I was talking to a urologist who doesn't really use a standard apologist, but someone told about all 37, and he's like, I have all these chronic classified as patients that I was just through the years with, you know, we've acquired significant side effects and backdrop.

And now I have that with two weeks of antibiotics and they're better and their PSA comes down. So I don't need a biopsy now. And yeah. So so people are finding yeah I'm noticing these peptides are, are shortening the duration of treatment all around.

Nice. Nice. What. What detoxes do you like? What's your approach to detox? So I am supporting the organs of elimination. So the liver, kidneys, the gut, the skin with herbs and with I. V.

therapies. So using phosphor table choline is an I. I love classic. Yeah. Yeah. And amino acids and minerals as the cofactors for for their detoxification system.

Of course glutathione on g lation therapy. So you know, I, I measure the environmental toxicants on the labs and from there decide where we're going to start with detoxification.

Also also depending on their sensitivity, I'm always going to have a binder on board, of course, to make sure that they're flush out those toxins and I a little ATP these binders to Mark, you know.

Okay. How's that for years and and it binds everything else and, you know, I fall, but, yeah. And, to make it work, yeah. You know, and, yeah, I mean, I don't I think prosecco means to me better than dilation for heavy metals, you know, I, I love that stuff.

It's interesting. I would center I didn't have time to, like, you know, other element, but, couple of days ago, I was able to do the muscle poly versions themselves, and, Yeah.

And so is it all or PR and access? Yeah. Yeah. And I think those are the dual and they, you know, and the peptides actually, you know, stimulate the stem cells.

And then they also secrete peptides such as l L 37. And so everything is kind of, you know, either a good cycle or a vicious cycle. That cycle is bad.

So that's interesting. So timing is always, always easy, you know, again, when you use these things. And so I think that comes in with the art. Right.

It's like, you know, I've been true so many patients that you kind of can kind of get a feel and make it own models. I think I do pretty close to like, you know, like in terms of labs.

But if I did nine, I'd probably be pretty close. I think. But I think a big part is convincing the patient what they have. And that's where I can look at the immune system and like, you know, natural clearance of function.

And they're making a super A at the activator. And those are normal. Now you can tell, hey, look, there's some going on. Let's find out what it is. And because it's a tough pill to swallow when we're getting a lot more done through their insurance, you know, labs and, and, trying to minimize especially patients.

But, you know, I love when I have the luxury of getting those, what special has been define kind of bang for the buck. So did you just say specialty tests?

Yeah. Well, whatever it may be, that, genetics, I love testing. What? Whatever. Maybe. Yeah. So what? Testing? Right now we're using a lot of infected lab.

I have the folder. I really like them. They came out, and. And I don't have that many mutations. Let me give a presentation to all the doctors on it. But I like what I saw.

I'm using an a lot because they're able to give specificity of of what infection is active right now in the patient. And the other tests aren't able to do that yet.

Interferon gamma and interleukin two, with respect to the borne infections and also being EBV. And I mean, you know, usually we can we can tell because we've seen these so many of these patients, we're able we're able to tell what infections they have based on their symptomology. But I do have to show because they're going to have their doctor or friends and they're you know, how many times I heard that, you know, we got a virus online in California, and it's one that almost get my head off.

And it was so much better treatment for line. And but his doctor said, this is ridiculous, is going online in California. He calls like just screaming at me.

And then I'm like, no, no, no. You know, and it said labs, right. Okay. You either have 35 separate illnesses or is there one currently. So I to call them down because I'm doing better.

But my doctor said there's no way this is true. And then two weeks later it's not. It's he said it is the that goes down to that line. Up. Yeah. So if you use it all the and your tests where it looks at the, but rarely, bacteria if they haven't used that one.

Yeah. So it's, it's new out, but which is like your age is is a virus against against the bacteria now, and they're being used in Europe and things. Instead of antibiotics that are very specific.

They don't just kill everything. Yeah. But there's no what's called a lytic fades that kills Borrelia. So it always looks right. It there's just like a nice little phase that it hangs around.

So when you look at it, we talk about like, the microbiome. We're more bacteria DNA than we are. Human DNA right there is, you know, 100 times more viral DNA than there is bacteria.

So that's really our next thing we're going to try to understand is the microbiome. And it's really interesting how is, you know, reading, studies where how they just interact, if like one Celgene, study on, you have like, good bacteria they can read or.

Right. It's not good for your body. But it never gets too high. It turns on the bacteria, but you just start throwing that

bacteria like it's this, like the matrix or something.

You know what? It's it's so incredible. So. And I think it's. I'd say the more you learn, more you realize. Oh, I think the doctors that know at least are the more evidence for the right.

But, so what is your three favorite peptides? Those are my three favorite peptides. So Coke and, make some for, you like, for localized pain, or you do you do for pain?

I do. So of course, these patients have a lot of pain. A lot. And, of course it's it's it is systemic pain. They have. But in addition to that, there's localized pain in the joints, specific muscles as well.

So using BPC 157 intramuscularly just simple injections, either neural therapy style or Am style. And I have helped patients resolve pain that they've been living with for years.

Last week I did this with two patients, both of them tears in their eyes. Same doctor B I thought I had to live with pain forever. I got used to this and all of a sudden I don't have pain.

Well, no, I don't even know what to do because I don't have pain. I can hardly fathom this. This is from BPC 157 injections. And was it neuropathic pain?

Musculoskeletal pain musculoskeletal pain okay. Yeah. Know speaking of of, of neurological issues, I, I do have a patient many patients who have tick-borne those one patient specific just starting to develop more neurological symptoms in her Lyme.

She'd come off of her I. V. antibiotics for too long. She moved away and got sicker, started to fall. Okay.

Testing, Microbiome, and Treatment Strategy

And, I injected BPC 157 just just subcutaneously in the spinal muscles. She stopped falling. Yeah. Is that amazing? And, just last night, Good friend of who, is exosome products, and, he he said he was treating this guy, you know, terribly early.

Sorry. Very dolled up about it. It was a lot, you know, four feet underneath and, couldn't walk and couldn't, you know, go to the bathroom. And he said he combined BTC to be four.

And we exosome a just subcutaneously is finally. I'll see you both. I can feel my legs. And he said I have the urge to use the bathroom because it hasn't happened in year.

Yeah. And and it's amazing, of course. I mean, we're all the same, you know, and all these things and not even going in the joints. You know, and this guy will actually, like, if someone has significant joint pain or, he will guarantee their significantly better before they leave the room, not the across the world or his alone. That I yeah, I know I couldn't because yeah.

Yeah it's evolved and he does you know basically this subcutaneously let's say where the nerves are kind of coming in and, and it's actually more studies on feeding for, you know, kind of with nerve pain.

But I think he seems to maybe work better. But there's more studies on TV for and then, RH to 90, which I don't know anyone who carries it, but so a nice studies on that and re myelination or it's like, like men's but peptides are can be amazing reversing that and ALS.

Yeah. It's you know yours is why it's so parameterized. Yeah. We have, you know, patients come in in wheelchairs or jogging. We send them back to the neurologist and neurologist, you know, it probably wasn't the answer.

Three of you diagnosed them. And unfortunately, you got to treat, kind of a famous person. The the guy was not those that are donate $100,000 worth of stem cells to them.

And but his doctor said, it's. Yeah. Not worth it. Yeah. It's there's no way that's going to work, like, okay, you're giving him a death sentence and telling him not to do this.

It's just crazy, but, yeah. And, in this, the rabbit. Where where it's gotten it is the mindset. But when someone's in that position, I guess I can't, jump, right?

You know, until you're in that position. You know what I mean? Like, making a decision is harder than making a bad decision. Knowing. Yeah, it's hard.

And most of our patients have seen many other doctors before coming to us. Of course, without appropriate treatment, without success. So when they come, we have these treatments that are new, they are cutting edge and all that to say, oh, it's possible our patients don't react to this.

We have nocebo. We don't expect it to work. Exactly. Yeah. So that's true. So, it looks like you do a lot of things and it's not, you know, like a traumatic brain injury.

Which is obviously becoming bigger and bigger a problem. And, with just a quick question, looking at your, child, boy, play football. Probably not. Yeah.

It's having you know, no, right or wrong, it is. Yeah. Maybe. I you see what's going to be prevented, right? I, I feel like if you love it, if you love it.

Yeah. I think one of the big problems, comes when they start getting so, so big and so fast. Now that momentum, you know. Yeah. And but also money doesn't pay, you know, major from which is repetitive from skateboarders, you know, soccer players, you know, all those things.

Too many of them. Too many of those people come in. That's why when you said football, I thought about the other sports where they get concussions and whiplash very easily.

You know, they're more susceptible to. Yeah. When and when that, if that were to come. Yeah. Because I think that something is lying there on, you know, it's you all the other things that now and we had our whole family in the 90s, family on a cheese farm in the central California.

They're all sick except for that. They, you know, at that time, I was. I'm trying to get back. Yes, we had a microscope with them, you know, flex and antibodies and so on.

Look at that. Oh, my God, his blood was just full of the BS. And more than anyone else, he's fine. He's like, he wants like, okay, my I, you know, I'm working out now and it just shows how you know because the system is not.

Yeah. And but all the other ones were, were really sick and and where it affected him. He, he was okay, but, let's see, that's how you treat so many things are kind of thing that.

Well, what do you do for sleep? You know, for sleep, I, I do use a lot of herbs. I do like to use an innovative sleep medicine if we have to, you know, we'll use we use medications, but really, if I, if I use herbs and teach them relaxation techniques and, you know, not using light and internet electronics at night, usually we can we can comment down.

Yeah. And all these great, you know, all the EMF controversy and we have our, our CPA who never sees that ever office as light. And so we kind of got him but that she tells everyone, I started telling people I was friends of I whatever saying turn off their Wi-Fi at night.

And it was his RV, so I don't blame that crap. And but he did it. He was not great for three nights a fortnight. You can sleep. I'm like, oh my God, it's not.

And he's like, yeah, I totally believe it. When we can get five 5G, you know, and all the phones. And it's interesting.

So we all did a deep dive on peptides where they mostly work for receptor.

But like five peptides there's no receptor. And we couldn't find a receptor. And one study showed it was part of mine. So we got this right. Vibrating with certain frequency which is signal in the cell.

What if you grow all these up. So why is that going to work. You know, so I'll see, you know, and it becomes kind of like, you know, when go go you know in that's but also it's shown that, cars know the ground.

You know, if they suppress the immune system and, but the real cocktail of love or sleep is a combination of delicacy producing peptide capital in.

Sleep, Optimization, and Closing Thoughts

And then either, going from A or B or spiking the growth hormone or you got to want to be to God so many people it doesn't make you sleepy, but it kind of it reduces that inflammation in the sleep center.

So it seemed like so many problems are inflammation of the hypothalamus. And also right where the pain centers are, you know, and actually one study where I published that you looked at quality of signal versus fibromyalgia, essentially the same elements.

But what they found is that the part of the signal patients had more inflammation in the pituitary, 5000 more in the hypothalamus, where it kind of ended up the same.

But maybe if I imagine patients that had more information on the pain center said more pain. And it's interesting. And also, adults, it's great at knowing inflammation.

And so it really helps that these that's what it also, inflammation in the hypothalamus has its own resistance. And so we just got a text from one of my girlfriends.

You sent a couple bottles to our friend that we can see on TV for a Friday. And she lots of this later. I love this stuff. And, you know, we can do that.

But she must have answered it. So this is information and, And they'll send a picture. And she's so happy. But, you know, so many things of, you know, inflammation, inflammation, information that is peptides for sleep.

Because just as I've noticed that peptides make everything else go faster in my treatments, I think, you know, sleep ones will too. Yeah. As long as you don't sleep, you know, the better you don't wait.

And I'm, you know, as I say, not as I do too much. You know, I'm up all night and, you know, and I guess this is our research also, the sun's going up, like, what are you going do that is not still pop.

You got to get them. But, Yeah, sleep is is key. So that's been something that that's been really good. And let's, let's see. So peptides that have really help and yeah, let's move you back on and do so we talked about some of the sick patients and and maybe optimization, healthy patients let you know because we tend to talk about the sick of the sick.

Yeah. And but there's so many people that are, you know, use the energy now and just try again, you know, and, and I assume use thyroid and hormones and, you know, and that's that was my first passion was I've never heard of that got me through.

Certainly, you know, the chronic fatigue syndrome which ended up being lying. But but, you know, part of the excitement before really was kind of eccentric.

What's it like? So my dad had two, but no one that wasn't even close. It was just the mystery. You know, we're all family, and that's how I know I grew up with it, but.

Yeah, but you're right. So many people are sick. So many. And and they weren't very quick like this has happened. Yeah. And and I think it's going to be exponential.

Yeah I think it has to do with, with environmental toxicants. Yeah. Yeah. Yeah I think yes. Rats that. Well post-Covid syndrome coming up I'm getting patients now who have who were did have a diagnosis of Covid who were hospitalized.

And now, all of a sudden they have, tick borne illness that they didn't have diagnosed before. Yeah. So I wake up the immune system. Yeah. Isn't that chronic heart inflammation?

Yeah. Yeah. So they get a lot of palpitations, a heart failure. So are they going to be the new priority syndrome, you know? Yeah. And, and but really, at this point, no one should be dying from Covid. No.

You know, and we keep waiting for this vaccine. What we have now is the patient, 99% of the people, you know, and, all of your the IRA Islands, you know, folks get probably get a letter.

That's insane. You know, but so not saying and there and so, you know, I'm saying, you know, that there are treatments that just say if you, you know, give to the nursing homes, you know, so, this there's a that I'm not writing a letter to.

We're just putting, you know, with references. Right. You know, about vitamin C and zinc and platinum rates and, and that probiotics. So we had, the microbiologist for Microbiome Laboratories, a mega spore.

Yeah. Great topic. You know, we'll talk about why it's like, you know, you have someone get a grant and go give the probiotics to all the nursing home.

Right? So he comes alive, but they just have to have the million dollars here at the last minute. You know, and America. But one in in a bad note. So, and I think a good, basically anything, you know, that, you know, patients, they should so discourage, right.

And should apparently see you unless they've given up and they're, you know, I think it's interesting that human nature, it's people can be empathetic.

I think for about 2 to 3 weeks. And there you go. Oh yeah. Oh he's sick I'm sorry. And that's actually, you know, why? Just get out and exercise. And you know, and especially spouses and family members and friends and his other friends and, I think we'll be is worse for women, you know, like, oh, you canceled on my dinner, you know.

Well, I'm sick. Oh, well, I was sick last week, too. I'm tired too, you know, and they and they just the. You can't explain how bad you feel with this.

You know, a lot of them are isolated. Yeah. At the time they come to people like us. Well, we have therapies for them. Finally. Lastly, someone's giving you a diagnosis.

Finally someone has therapy for me. That's what they say. Yeah. And that's why I say we can never guarantee anything, you know? But odds are good that we can help.

And we have published studies to, you know, back up and, but they tell patients, you know, study your person, you know, we use to study to try to figure out what's most likely what's safe is what's the most cost effective.

And we do that. But you may respond, 99.9% of people may get better with that. And use it out. But then we keep going forward. And that's the nice thing, is not having the 2 or 3 treatments, you know, hundreds of treatments, you know.

Yeah. So awesome. Thank you so much for for taking the time. And, we'll have you back on. We'll talk about some healthy patients. Thank you for having me.

So wonderful. And have a great weekend. And, again, thank you so much. Nice curls in there. And, they gave people hope. And thank you for that. And keep up the great work.

Thank you for your great work and for interviewing me so much. All right. Look at all I.