Introduction to Complex Illness and Detox

And I learned a lot from doctor his on on detoxification strategies using I. V. therapies. And really nobody else does detoxification that say the way doctor lives does with the IV.

So I feel very, very lucky that I got to learn from him as well as doctor clean art. And then I, I really merged together what I learned from these two methodology with respect to detoxification and treatment for people who have, all kinds of infections, including tick borne illness in their life.

Welcome to the Peptides and Longevity podcast. Each week, we'll dive into groundbreaking science, innovative therapies, and the future of health and longevity alongside visionary physicians and experts.

We'll explore how peptides, Cutting-Edge medicine and lifestyle strategies can redefine the way we age. Get ready to transform your health, optimize your vitality, and unlock the secrets to a longer, healthier life.

Let's get started. Hello. This doctor can't help talk with another episode. Today we have Nafisa Papaya and she's going to be talking about peptide biohacking for complex illness.

Very exciting. She treats the sick, the sick, the very complex, which is even treating 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 going to get a lot out of this interview. So thank you. Thank you for having me on. Great. And I love her. Is always smiling and in a good mood and or passion.

But yeah. So a little about the pizza. She's a practice at Gordon Medical Associates. Associates in Santa Rosa specialize in the treatment of Lyme. Lyme disease, other complex illnesses out of immunity, mold, bad mouth, job, environmental toxicity, gastrointestinal disorders.

Patients with chronic Lyme disease are typically those who do not do well on antibiotics. And as we mentioned, you know, in our practice, we kind of slipped from that more and more antibiotics to re modulation and peptides.

And found we get from point A to point B much quicker. And so really prefers a biologic medicine approach to treatment for any combination of sacrifice and detoxification.

And I think more and more finding that, you know, these patients on detox over years, treating illnesses, etc., of the same methods used were sanctioned with essentially wealthy folks.

Passive increase vitality and slowing down the aging process.

Doctor's Background and Clinical Training

You you include specialization, health optimization, regenerative medicine. And that's what that's what I find that there's such a commonality of aging and illness.

So we looked at, you know, we do tons of labs and the autistic people. But just like the blind people of this, you know, with the older patients, there's accelerated.

So yeah, you look at patterns and and that's what you could do when you, when you get a lot of good information that you use a variety of modalities, including peptide therapy use oral, intravenous, micro nutrient therapy, botanical medicine function for sure and injections, lifestyle counseling, cranial psychotherapy, biochemical imbalances, energetic expression.

You know how your genes respond to environment so that epigenetics, which is this huge 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. But we talked about like the ones I 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 a detective and, you know, looks for 101 on condition.

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

Yeah, nothing 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 can't do that.

So I love that really, you know, trying to be a medical detective any more of that. Right. So if you start out with speaker at conferences all the time or Eric, 41in cross country across the world, he still had topics.

It was for illness, environmental medicine spoken at I labs. And they're very particular the 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 in those guys that I really like a private party to like. Right. But is that you go to certain ones.

I like environmental they're doctors. They, they, they really want to be again detectives and their scientists or things like, you know, other anti-aging groups.

They kind of want to do cosmetics and things like that. And they don't want want the tough patients can of ozone therapy. That's great organization. Board member of the neuro hacker collective.

Awesome. So what are we talking about again? Biohacking. And she's been interviewed on their podcast that collected insight. So I kind of extended your bio a lot.

So now the, well, now that we're done, but I mean, someone can we can talk about and. Yeah, so like experience with some of the sickest patients, but that's only about yourself in practice.

What what kind of patients do you see? How how did 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. That's say, the way Doctor Elias does with the I. V.. So I feel very, very lucky that I got to learn from his him as well as Doctor Clean.

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 their.

Yeah. Because I, I love you know, I mentioned we were talking before we were on that. I went and did positive braces at this place. And love plan is a phrase that just very hard to do in the United States.

And I heard it wasn't really doing any more for patients, but I don't know, I think is doing it for for sick patients still

actually, now they hear we hear these things.

So I end up going to Puerto Vallarta. But you know, we're looking into 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, just 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 really nice going to and and so you were there. What. And then you went over to the Gordon Medical. Yeah. And then I went over to Gordon Medical and and and work more with very sick people.

Same patient base, complex chronic illness.

Detoxification, Peptides, and Immune Modulation

So of course the tick borne illnesses mold people who have a high level of environmental toxicants, people whose immune system is both hyperactive and suppressed at the same time.

Yeah. And you are exposed to a whole new 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 really loved working with Eric, Doctor Gordon and Doctor Anderson and, you know. Yeah, it's on the air. It's one of my favorite people that I love. I love giving them that hassle.

And so it's so fun. But just a good person. Yeah. So so you still see a lot of these sick of the sick and. Absolutely. And, and I think notice the, I think I think it's more than even just awareness.

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

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

Well, 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.

All right. So you're diving deep into peptides and longevity on this podcast. And we're right there with you. Integrative peptide stands out trusted by over 10,000 doctors to deliver real results for their patients.

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Again, integrative peptides.com. Use the code pod life for 10% off. It's time to elevate your journey starting now. And they're kind of set up for, you know, a tight bay.

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.

And I'm doing ten marathons all of a sudden, wham, yeah, yeah, they do that more of more after four years of this population than I did well, six years ago, you know.

So it's. Yeah. And and I don't want a massive state of everybody saying what they're capable of. What are they do

for, you know, a CDC campaign on the air and the rest of us be depressed, you know, and and all that.

And I think I'm sure you find this. And when you show them on paper all the things that are wrong, you know, I kind of go like, I did it. It's the bad news.

The bad news is you got this, this, this, this is good news. You got this, this, this is what everyone holds you, you know, they don't know what it is. And, Yeah.

So that's the. That's awesome. It's. 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 that was very evidence based.

I still 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 wasn't going to help, but I, I go to these alternative Covid, I'm like, oh my God, they're more evidence based than what we're being. You know, it's just it's great 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. There's just so much evidence.

And a lot of the really, 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 this is big now with, you know, vaccines. It's funny I was on Fox News, I mentioned I wouldn't give a teenager one vaccine, which I was right.

I have 12% of the people and people have narcolepsy and demyelinating disease and the HPV vaccine. There's issues. But I'm not an anti-vax. I'm not anti.

That's it's everything's risk benefit. And why can't you question even a vaccine. What 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 society says this is this or the level of the World Health Organization levels of evidence.

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

And you go last the least, you know, the lowest strength of evidence is societal recommendations. And that is below and anecdotal story, you say I got this patient better when I gave the supplement.

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

But it's it's funny, I work called not evidence based and they're going by the worst evidence there is by saying, why this listen to the, you know, whatever society that but yeah.

Well my soapbox there, but how did you 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 called 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.

Everybody go way back. Yeah, yeah. Fighting the establishment and wielding quality centers 20 years ago. Fighting that esthetic warfare 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 I know we're commiserating there late night.

Yeah, yeah. This is is this worth it. You know, beat up over here. Yeah. Yeah. That's great. So you what what was which one? That you kind of start using or what would you recommend to a doctor or a patient.

You know or you know where you start in general to other patients. Different you of 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 where there's hyperactivity of the immune system.

And yeah, weakness at the at the same time. Right. So when I use detoxification therapies with IVs and treated mast cells, I would see immune 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 by the antibiotic therapy or less less, oxidative I. V. therapies.

But now 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 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. Yeah it is. That's like now I have something that's specific. Yeah. And that I say is is the safety profile too you know.

Yeah. And it's very rare you get a side effect especially anything serious. So which ones do you like. So I'll use BP 5157 and CB for first. I'm 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, yeah, yeah, the BPC is definitely how you get in.

You know I think you're on the Marcell Mastermind group, you know some of the smartest people. And on that I mean he has, you know, pretty page answers everyone's.

But it's just amazing man. But they're kind of stuck on direct going up to Lasso now like you know look up screen and you look at like Siri for a couple of weeks and how huge stimulator mask sounds, you know, and the, you know, I don't know, a nervous system and sympathetic nervous system, you know, basically saying like massive so you can modulate that.

You got half your, you know, job done for you. And and then the thing is, I was keen for so full length even before, you know, it has multiple domains where there's no main that grows hair, there's domain that modulates immune system, and then they fibrotic.

It is an antibiotic, right? Then there is actually a domain that stimulates that. So right. So and we just did a interview with said well it's interesting.

And it was we added that here. So we're slow with the full 84.

Key Peptides for Infection and Pain

But she was looking for a frag which which was as the nasal part taken out. And she said she can go much faster. And she didn't know that because that part's make it out.

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

And so like you like the oxy therapies. Well ozone. Yeah. You know our our go to is our you know BDC team for ozone kind of a mainstay. And then you've got you know other things which are almost kind of check it out.

Yeah. So some LDN there that's not going to hurt anyone. And you never know what's you know, some simple things. Oh my God my life's changed you know.

And nothing. Yeah. Yeah I mean for for example, a patient I've been treating for, you know, the past few years. High dose. Fine. And see IVs, ozone, everything you just mentioned LDN, all of it.

And 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 tb4 in 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 what's in there? But nothing has shifted me so quickly. And I want 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, I yeah, I know what it's like is it happens all the time. Well what other what other peptide do you like.

So I'm also like TA1. She got one add in after using using the BPC in 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 real soon. Yeah it can cause it hurts I learned all that. Yeah. So what other peptides you like? I 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 we can see 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 need monitoring as well.

I was talking to a neurologist who doesn't really use a standard of ologist, but someone told her about 1137 and he's like, I have all these chronic prostatitis patients that I was just three years with.

You know, we acquired significant side effects and bactrim. 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. Right. 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 phosphate or choline as an IV or I love classical. Yeah. Yeah. And amino acids and minerals as the cofactors for their detoxification system of course glutathione g lation therapy.

So you know, I, I measure the environmental toxic things at the labs. And from there the side we're going to start with detoxification also also depending on their sensitivity, I'm always going to one of a binder on board, of course, to make sure that they're flushing out those toxins and I a little ATP, these binders to make, you know, okay, he has that for years and and it binds everything else and you know, so but yeah.

And to make it work. Yeah. Yeah, yeah, I mean I, I think the process of going is to me better than dosing for heavy metals. You know, I, I love that stuff.

And it's interesting I would center I take the time to like you know other element. But a couple days ago I was able to do those are basically presents themselves and their utensils at all or we are and access.

So yeah. Yeah. And I think those are the tool 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 treated so many patients that you kind of you kind of get a feel and make it almost like think I do pretty close to like, you know, I like getting tons of lives.

But if I did none, I'd probably be pretty close, I think. But I think a big part is convincing the patient what they have, and that's what I really like.

Look at the immune system and look at our natural curves, our function. And there, you know, we can be a super a look at the data when those are normal.

Now you can tell hey look, there's something going on. Let's find out what it is exactly. And because it's a tough pill to swallow when we're getting a lot more done through their insurance, you know, labs and then trying to minimize especially parts.

But, you know, I love when I have the luxury of getting those, which especially has been defined kind of bang for the buck. So did you just say specialty tests.

Yeah. Well, I it may be that genetics and testing. What? Whatever. Maybe. Yeah. So what? Testing. Right now we're using a lot of infected lab. I have the full time 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 it a lot because they're able to give specificity of of what infection is active right now in the patient.

And with the other tests aren't able to do that yet. Interferon gamma and interleukin two, with respect to the tick 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 usually you have to show because they're going to go to their doctor or friends and they're you know, how many times I heard that, you know, the other day, I no line in California.

And it's one that I almost get my head off. And it was so much better treatment for Lyme. And but his doctor said, this is ridiculous is not a line in California.

He calls like just screaming at me. And then I'm like, no, no, no, you know, how is said labs like, okay, neither have 35 separate illnesses or it's, you know, one kind of thing.

So kind of calming down because I'm doing better. But my doctor said there's no way this is true. And then two weeks later is now getting ready to say things.

Vet all the dogs you got line. You know, you got. Yeah. So if you use it all the and your test it looks at the O'Reilly bacteriophage. I haven't used that one.

Yeah. So it's it's new out but which is like your phages 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. But there's no what's called a lytic bags that kills Borrelia. So, you know, it's a special. Right. And there's just a lot of things that it hangs around.

So when you look at charity, we talk about like the microbiome or more bacteria DNA than we are human DNA. But there's, you know, 100 times more viral DNA than there is bacteria.

So it's really our next thing we're going to try to understand is the microbiome. And it's really interesting how is, you know, really studies where how they just interact.

And if like one cells study on you have like good bacteria making beta right. It's very good for your body. But the level gets too high. It turns on the bacteria, but you just starts killing the bacteria.

Like it's just like the matrix or something. You know, it's it's so incredible. So and I think so I think is the more you learn more you realize, oh, I think the doctors that know the least or the more having the right.

But so this is your three favorite peptides.

Detox Support, Testing, and Sleep Strategies

Those are my three favorite peptides. So cool. And you 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 this systemic pain they have. But in addition to that there's localized pain in the joints specific muscles as well. So using BPC 157 infamous you really just simple injections either neural therapy style or I 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 papaya. 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. Now speaking of of of of neurological issues that I, I do have a patient many patients who have borne those one patient specific.

So just starting to develop more neurological symptoms in her limbs. You've come off of her I. V. antibiotics for too long. She moved away and got sicker, started to fall okay. And.

I injected BPC 157 just just subcutaneously in the spinal muscles. She stopped falling. Yeah, this is amazing. And just last night I had a good friend over who is exosome products and, he, he said he was treating this guy, you know, terribly all these stories where he drove up a boat and it was a rock, you know, four feet underneath and couldn't walk and couldn't, you know, go to the bathroom and he this and he combined BBC TV for and the exosome a just subcutaneously.

Here's finally I'll see you I can feel my legs. And he said, I have the urge to use the bathroom because it hasn't happened. You. Yeah. And it's amazing. Of course.

I mean, we're all organs and you know, and all these things and not even going into joints, you know, and this guy will actually, like, if someone has significant joint pain or he will guarantee they're significantly better before they leave the room, not the office, the rooms, or he gives the money that I yeah, I know, I couldn't think of that.

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

But I think we can see seems to maybe work better. But there's more studies on TV for and then ERA to 90, which I don't know anyone who carries it but some nice, studies on that and re myelination or it's like like Ms..

The peptides are can be amazing reversing that and ALS. Yeah. It's you know ALS is why it's not a wise. Yeah. We have you know, patients come in and wheelchairs or jogging.

We send them back to the neurologist and neurologist. You know, it probably wasn't the US. Well three of you diagnosed them. And unfortunately you got to treat kind of a famous person the guy who is not.

Those that are donate $100,000 worth of stem cells to them. And but his doctor said, yeah, not worth it. You know, 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 and this, the rabbit were were it's not just the mindset, but when someone's in that position, I guess I can't get it right.

You know, until you're in that position, you don't want to, like, making a decision is harder than making a bad decision. Moving. 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 back, we have these treatments that are new, they are cutting edge and or often say, oh, it's possible our patients don't react to this and they have nocebo.

They 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 problem.

And it was just a quick question. Where do you let your child, boy play football? Probably not. Yeah. I don't mean is that I know, right or wrong. It's just yeah, maybe you or you see what can be prevented, right?

I, I feel like if you love it. If you love it. Yeah. I like where the big problem 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 problems with 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. And because I think that if someone gets lined up on, you know, it's when they get all the other things that now we had remember whole family in the 90s, family on a cheese farm in central California, they're all sick except for that. And, you know, at that time, I was I'm trying to get back was we had a microscope with immunofluorescence antibodies.

And so we're looking at, oh, my God, his blood was just full of the beads. And more than anyone else, he's fine. He's like, he was like a I thought they want to, 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 how you treat so many things are kind of thing. Well, we have to 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 you know, all the EMF controversy and we have our, our CPA is or they might receive that, you know, there were two of us alive. And so we kind of got them.

But that she tells everyone I started telling people I was friends of Randi whenever saying, turn off your Wi-Fi at night. And there was this article that I don't blame that that's.

And but he did it. He was great. For three nights a fortnight. You can sleep, right? Oh my God. He turn it off and he's like, yeah, I totally believe it.

When we have 5G, you know, and all the problems. And it's interesting. So you know do like deep dive on peptides where they most days 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 says signal in the cell.

What if you throw all these MPs a lifeline. Is that going to work. You know. So we'll see. You know and it becomes kind of, you know, frame go now you know, MPs.

But also it's shown that more to grow. You know if they suppress it in system and but the real cocktail like love or sleep is a combination of delta sleep inducing peptide epithelium and then either, growth from A or B or to fragment the growth hormone or go to a speed of God.

Sorry people, it doesn't make you sleepy, but it kind of it reduces that inflammation in the sleep center. So it seems like so many problems are inflammation of the hypothalamus.

And also right where are the pain centers are you know, and actually one study where I published that you looked at quality syndrome versus fibromyalgia, essentially the same elements.

But what they found is that the part of the syndrome patients had more inflammation in the pituitary. If I have knowledge of more in the hypothalamus, where kind of ended up the same, but they if I imagine patients that had more information in the pain center said more of the pain.

And it's interesting. And also they'll see it's great at lowering inflammation. And so it really helps that these that's what it also. Yeah inflammation in the hypothalamus has its some resistance.

And so we just got a text from one of my girlfriend. She sent a couple bottles to her friend of BBC and TV for Friday. And she lost all this weight to her.

I love this stuff. And you know, we we found it. We can do that. But she must have. So this is inflammation and and GDL sends a picture and she's so happy.

But you know so many things that, you know, inflammation, inflammation formation that is a 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 better, you don't lose weight. And I'm doing as I say, not as I do too much. You know, I'm up all night and you know.

Right. I'll get some further research. Also. The sun's going up. What do you know again, that is that, you know, pop, you got to give them. But yeah sleep is is key.

So that's something that that's been really good. And let's let's see. So peptides that really help.

Post-COVID, Chronic Illness, and Patient Hope

And yeah let's have you back on and do as we talked about kind 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 there's so many people that are, you know, that have energy. Now I'm just trying, you know, and and I assume use thyroid and hormones and you know, and that's that was my first passion was I arrived her I got me during certainly, you know chronic fatigue syndrome which ended up being lying but but you know, part of the accident before really was chronic fatigue syndrome.

What's it like? So my dad had two, but no one that wasn't even close. It was just the mystery of, 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 I think yes. Rats that well post-Covid syndrome coming up I'm getting patients now who were you did have a diagnosis of Covid who were hospitalized.

And now all of a sudden they have a tick borne illness that they didn't have diagnosed before. Yeah. So wiped out the immune system. Yeah. They still have chronic heart inflammation.

Yeah. Yeah. So they get a lot of palpitations heart failure. So are they going to be the new chronic fatigue syndrome. You know. Yeah. And and but really at this point no one should be dying because you know, there are and we keep waiting for this vaccine.

What we have now is sufficient to keep 99% of the people, you know, and if you are, the ideal adds, you know, so it's scary so that you get a letter that's been seen, you know, but so not saying a cure and so you know and say, you know, that there are treatments that just say if you, you know, give to nursing homes, you know, give them this.

There's a suggestion we can write in a letter to. We're just putting, you know, with references, right. You know, about vitamin C and zinc and flavonoids and, and that probiotics.

So we had the microbiologist for microbiome laboratories a mega spore. Yeah. Great talk. Yeah. Well I was like why why you said, you know you have someone give a grant.

Go give the probiotics to all the nursing home probably saved tons of life, but they just have to have the million dollars a at the last minute. You know, and America.

But the one in in a bad note. So and I think a good basically anything you know that you know patients it so discourage right. And short time they see you a this many given up and there and I think it's interesting with human nature it's people can be empathetic I think for about 2 to 3 weeks and they go oh yeah.

Oh he's sick I'm sorry. And that's actually, you know, just get out in exercise. And, you know, and especially spouses and family members and friends, they lose all their friends.

And I think, oh, we said this, but it seems to be 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. By the time they come to people like us.

Well, we have therapies for them. Finally, when someone's giving you a diagnosis, finally someone has therapies for me. That's what they say. Yeah. And just want to say we can never guarantee anything.

But odds are good that we can help that. We have published studies to, you know, to back up. And but they tell patients, you're not a study, you're a person, you know, we use the studies 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 you it up that we keep going forward. And that's the nice thing is not having the two three treatments, you know, hundreds of treatments, you know.

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

So wonderful. 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.

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