Boost Your Longevity With Peptides Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and peptide background

The problem with using growth hormone, which is what you'll see most bodybuilders use, is they're using it in doses that are so that, are super physiologic or higher than what, you would naturally make on your own.

So you can get growth hormones, secretagogues, I mean, growth in itself, but it's not exactly what your body makes. All I'm trying to do is increase your bodies ability to make its own growth.

This is Dr. Talks. Hi, everyone. It's Dr. Jenn. Welcome back to the Peptide Summit. Today, we have Dr Suzanne Ferre. She is the senior physician at Vine Medical Associates in Atlanta, Georgia.

she's a double board certified physician in family medicine, anti-aging and regenerative medicine. Dr Ferret is an award-winning teacher of medical students and residents and has been on the faculty of Emory University, A4M, ACAM, and SSRP.

She's been a feature guest on several podcasts, including Superhuman Radio, Health Matters, and Unique Medical. Dr. Frey uses bioidentical hormones, peptide therapy, neural therapy regenerative medicine to treat patients with endocrine, mitochondrial, infectious autoimmune and neurodegenerative diseases.

Her thriving practice treats executives and athletes from all around the world, as well as patients was chronic or unusual diseases, Her new book, Counter Clockwise comes out March 4th, 2024. And in her spare time, she lifts weights, salsa dances, studies cellular medicine, Christianity, and plays with her dog, Natasha.

Welcome to the Peptide Summit. So excited to talk to you. Thank you, Jen. It's so great to meet you! So let's dig in a little bit. Why, why did you get into peptides?

You are really well known in the peptide community. We were talking about this a bit before. You're, you are taking back your maiden name and your married name was Suzanne Turner.

So a lot of people might've heard you on podcasts before and then they're like, oh yeah, now I recognize. so tell us how you got into. Peptides. I had injured my hip so I was a competitive runner for a while and had a condition called trindellenberg where the glute just turns off and a lot of runners will end up with a high hamstring injury because of this that is really difficult to repair because it requires a multidisciplinary team to resolve.

And so I was desperately trying to find a way to correct this problem and went to a offshoot breakout session at an A4M meeting where they talked about mechanic growth factor and they were presenting a research study that had been done on the benefits of mechanic-growth factor supplemental or exogenous in humans.

So I said, what is this magical world of things that we have that I haven't heard of before? and started looking for ways to learn more about what was available.

Of course, went to Google Scholar and began to research and then A4M did their peptide courses and being one of the first at the peptides course. I was invited to start speaking for them and that was a tremendous blessing.

So I love teaching and it's part of my genetic makeup, I think.

How Dr. Ferre got into peptides

It was really fun to be part That's so great and it's silly a little bit because we're not taught these things in medical school. And I even have some patients that are physicians and I talk to them about peptides and they're like, wait, what?

It's just because they work so well, I guess is what we can say with that. So it, it so that you turn a corner and that that works, you know, that happens so much where.

Conventional medicine is not working for doctors and they're like, wait, why can't I fix this with conventional medicine? So then we start to look into other things that are not taught in medical school.

Right. So there's always patients who are sick. And then, you know, the first thing I found out about was in, in just in thinking about thinking outside the box was bioidentical hormones, of course.

I think that's our toe in the water for a lot of people and you get a good number of those unwell patients better by treating them with hormones. And then you still have a cadre of patients that aren't better, that are getting better with conventional things.

And so do you start saying, okay, what else do I need to do to get them better? And to peptides was a beautiful add-on to the things that we were already doing to try to help patients get better.

Of course, realizing that people are where they are on their journey and they're going to better at their own pace. Maybe it's while they were working with you, maybe it is while there with another provider, but having another tool in your arsenal can be super helpful to getting people better Yeah, that's a great point.

Sometimes it can really move the needle and I'll see that and don't even talk with patients about that. Be like, you know, let's just work in the basics.

Let's work on the foundations, gut health, but we have another thing, another tool in our toolbox. And sometimes it could be intimidating because peptides, they are a little bit expensive.

Most of them are injections and sometimes that can scare people off, there are other things that can really move the needle if they're stuck or not getting better as fast as we'd want.

I think it's what I love about the FDA coming down on some of these things recently is because it is making us be more innovative. And so we are being innovative with oral options.

We're being innovated with smaller peptides like bioregulators. So that we're able to do them orally and then we were able affect a lot of change that's just different than what we've been doing so far.

So I love this as much as it's been disappointing and discouraging. It's also been really exciting because it means we get to be innovators in this space again, as opposed to being stagnant and saying, yeah, let's use some BPP, okay.

And I think this is really great because we continue, we got to continue to grow and learn as well. Yeah, and that's definitely good for brain health, right?

Just pathways. And yeah, I was talking with the compounding pharmacist I use and she's like, don't stress about this. We will figure this out. I'm like oh, that made me feel a lot better because you know, we were all panicking last fall and it's all good.

Let's talk about these peptides and what are the best peptide for longevity? There are a couple of things that we do. I think probably starting with the growth hormone secretagogues is where we're going to land with this is the sort of foundational basis of everything that.

Um, you know, I'm going. Treat patients starting from their gut up. And so that's where, where are we going? I don't mean to say that peptides are our panacea.

They need to get sleeping. they need. To be managing stress. eating properly, getting adequate protein intake, they need to be managing their relationships in a positive way.

So there are so many baseline things that need be happening in order for people to successful at their health and they to need bought in, so we want to make sure that patients are engaged in what we're doing.

But once we get all of that kind of going, there still are patients who don't need a little adjustment on the top. And so I'm going to start those patients with some sort of growth hormone secretagogue.

I'll typically draw their blood ahead of time. I want to do an IGF-1, I wanna see an idea of finding protein three, because I wanted to make sure they have adequate binders in case they over, they get too much production.

And so as long as those are adequate, then I'm gonna go ahead and or not excessive in the IG-F1. I really prefer using Tessamerelin as one of my favorites.

I know it is FDA approved, that helps me to be able to use it more comfortably. But I'm going to have a conversation with all of these patients where I say, look, these are, except for Tassamarelin, and these aren't FDA-approved, many of them have few human studies, again, expect for tessamarilin, so there are no guarantees of outcome.

These are conversations I have with every patient as they come through the door. And then we talk about what I think that these things are doing at the cellular level based on the research that I've done.

So I know how growth hormone and IGF-1 are working in the patient's cells. And I knew what we're trying to accomplish. We're improving the way that the cells work in general in whole entire body.

So we're going to start with a growth hormone secretagogue.

Foundations of longevity and growth hormone secretagogues

And if we are using something like seromerelin, or we'll be doing that a couple of times a day, using the testosterone, we can get away with once a days, which I think improves compliance for most patients.

So I'll start that. Of course, there's a couple of new ones that are on the way that, are being researched right now. And so those are, that's exciting, like I mentioned before, but that where I'm going to go right, now as to a Sermerelin or a Tessemorelin.

and I like the Tessa because they also don't have to be so tight about fasting when they're using Tessamereline. We do monitor about every three months their IGF-1 levels and all I'm looking for is that they're not going excessively high.

If they do go excessibly high, which for me is anything over 70, something like that. And that's not excessivity high it's just, I don't want to even have the thought that there, So if they head in that direction, about three months, I'm going to drop their dose back down again.

Also, before we start anything, going ask them if have any personal history of cancer. If they have an active cancer right now, i'm gonna ask that they manage that first and then we can go back to using them.

There are things we do, but that's another podcast for another time. But I think that's where we'll start with for longevity. We know that these are improving the way that cells are able to use and create energy for themselves, that we're changing the efficiency of the cell in general, the heart, liver, kidneys, muscle.

And so an exercising person. Taking in a nutritious diet, sleeping regularly, who takes a growth hormone secretagogue should have a very positive body composition benefit as well as improve the way that the cells are able to create and use energy.

So that would be our first step in improving longevity. I think the second thing I would do is figure out a way to improve their thymus gland function, because we know, especially with the big pandemic we just had, that patients

are having their, thimus glands are replaced with fat as we age.

So they're less and less able to produce the thamic peptides that we naturally need. The ones that have been available for a long time, Thymocynalpha-1, Thymosin Beta-4, Those are naturally occurring peptides that we have created in a lab.

And these are ones that are produced in less and less amounts by the thymus gland as we age because of that increasing thimic fat fraction. We know one of the things that growth hormones do is increase the production of those peptide from the Thymis gland because we.

Have less thamic fat and that is very exciting. So we're kind of killing two birds with one stone by using the the growth homosacretagogues, but working on that immunosenescence by using some sort of thymus gland peptide.

Healthgevity now makes a great one. That's a thimus oral, that's thynus beta for fragment. There are others that make peptid fragments that we can certainly use.

And then if there are sources that can find still, some places will still be making those other thymic peptides that we can use. So that's exciting. There's an organization that belong to called Global Provider Alliance that allows us to get access to thimus and alpha-1 patients that have no other options and that really need this medication for wellness.

If you don't know about Global Providers Alliance, feel free to reach out to me. It's a great group where you can get to access that for your patients.

Yeah, that's amazing. Thymus and Alpha-1 got a lot of sticky patients, like, clear, you know, during the pandemic and really helped a like from compounding pharmacies, they can't really produce them in the US anymore because it's now a patent and medication.

So it is a little frustrating when we have these tools and they were taken away and then you have this conversations with patients and you're like, you know, we could try something that's similar, that is oral, but it will not work as well.

Let's go back to the growth hormone a bit. Why would someone First of all, why would they want to take growth hormone secretogog? Does growth hormones decrease as we age?

And why is this different from the growth hormon that say like some bodybuilders have taken? Because some people think that this might have a bad rap to it, right?

Sure. So growth horn is, is not what I'm talking about. In order for you to produce growth, hormone, you have to have, uh, growth on secrete a God. And so it's gross hormone releasing hormone.

What we're talking, about using sermorelin. a CJC epimerelin, well CJT 1295, and a tetramerelins are growth hormone releasing hormones. They are analogs of our natural and most of them are within 90% of the same.

they just are modified slightly to protect them from being destroyed by the enzymes. DTP4 is one of then that breaks down growth, hormone, releasing hormone in the body.

And so these are modified to protect them from that DPP4. One of the reasons you wouldn't want to use growth hormone specifically, there's a lot of reasons, but one of them is there are around 100 variations of growth hormones in the body.

When you're taking a synthetic growth hormon, you are only taking one variation of that. So you're missing the other 99 that are very important in the way your body functions.

We have a patient right now who has Sheehan syndrome and she, which is a condition of death of the pituitary

gland due to decrease in blood supply during pregnancy with the loss of blood that occurs with pregnancy.

And so she'd been on growth hormone for years and years because of this. We were actually able to get her off of growth hormone and get our own pituitary to make growth hormones again by using Growth Hormone Superutagogs.

It has been so exciting to work with her. She'd been fully bought in on all the things that we're doing and it's been really fun to watch her be successful and to come to a place of greater health because of this great thing that these things we have available.

The problem with using growth hormone, which is what you'll see most bodybuilders use, is they're using it in doses that are super physiologic or higher than what we would naturally make on your own.

So you can get growth hormones secretagogues, I mean, growth in itself, but it's not exactly what your body makes. All I'm trying to do is increase your bodies ability to make its own growth.

You mentioned a minute ago, do you decrease with your growth hormone production as you age? Absolutely. And there are research studies out there showing that as we age, as decrease our growth hormones, that our risk of death from all causes goes up.

So there really is evidence that doing some sort of supplementation can be beneficial for all kinds of people. Again, most of the research is done in animals and so although there are research studies in humans demonstrating that a low growth hormone level increases risk of death from all causes, the researchers still being done on these other, these peptides.

And so it's exciting to be part of this, you know, leading edge of helping this move the needle. And as you suggested, it is a little frustrating that we have this setback where we are have less access because of the FDA.

and keep in mind, the FTA has not taken these off the market because adverse side effects. There are other reasons that I could speculate, but I will leave that to others to figure out.

Yeah, absolutely. And what's great about it is peptides work with your body. You know, they're chains of amino acids. It's not like you're getting a drug that's changing the processes in your.

That's why I like peptide because it's more natural and that why you see functional and integrative practitioners, doctors, obsessed with them because we're staying with, you know working with you true body and why we see so much healing with honestly.

They're great. And overdosing growth hormone can cause high cortisol, it can have cause, high blood sugar. It can, cause that small intestinal over the small, intestinol hypertrophy.

And there can be lots of problems with them, but if I'm giving you a growth hormones, which we've got, all I am doing is when it's time for you to release growth, hormone, you will release the max amount that your body can make on its own, as opposed to smaller, lower dose that you would produce without.

Yes, absolutely. Well, thank you so much for joining us today. I hope you found our conversation insightful and engaging. If you're a summit purchaser, stay right here because we're about to dive even deeper into this discussion.

And if you are not, click on the button below or to the side to get access to world of information of peptides. Get ready to reclaim your health. If you are watching this, thank you for being a valuable member of our community.

Let's dive back in. So Dr. Ferri, let's talk about perimenopause.

Thymus support and immune aging

You know, this is such a long time for women, right? I always have this discussion with my patients. I'm like, you know it's a, it could be a decade that we're in peri-menopausal.

And women are struggling with this. Right? How can peptides help? So I think it's really interesting, and one of the things I've read up on recently is how many women have gotten pregnant later in life.

And so that is possible and the farther along we go, the better we're able to do. Being able have things like growth hormone secretagog, things gonadorelin, which is a gonads-releasing hormone, FSHLH-encouraging hormone.

In the same way that the growth hormone secretagogues are, can be really helpful in keeping and allowing people to be able to reproduce into later life and to stabilize that hormonal imbalance period that you go through.

so that you're not chasing it all the time you know one of the things that we as doctors do i'm giving you a dose that's going to keep your dose here but your body's gonna produce hormones in and out of that so your total level is going go up and down it's very frustrating for patients and frustrating or sad for providers because i want you to have this very helpful thing, but not all the time you're going to get that when you are using bioidentical hormones alone.

So sometimes using a growth hormone, I mean, something like gonadareline, even chisceptin, which is even harder to find right now, where you allow patients to have their own production of their hormones.

Always, that's our goal. How do I allow you to produce your own hormones? And so we can use things like HCG, which also is difficult to access. It is FDA approved, but it's only for infertility at this point.

And we certainly use oral things, like enplomaphen. That's also available, and can also help with improving the release of hormones from the brain. I do think the peptides work the best.

So that's where I would go if I can treat it. These are cycling. You're not going to use them constantly. I really hope that we can get patients to work with a provider who is trained in using these as opposed to just going on the black market and getting them.

We know that a lot of the adverse effects that see are from patients using that. Yeah, that's a great point to put up is because compounding pharmacies, they're sterile.

They test the batches to make sure they are what they say they. And if you're purchasing peptides online and mixing them yourself at home, it could get a little bit scary.

You know, you don't always know what you are getting, especially if your getting them over from China or something like that. We did have a drug rep come in this past week that was trying to tell us about how the compounded medications are not FDA approved.

So I wanted to be very clear that the source of the peptide that compounding pharmacy gets, it has to come from an FDA-approved facility. So the FDA goes to China, to wherever the compounding pharmacy is using and tests the facility.

The compounder can't use a source that is not FDA approved. So while it is specifically made for you as the patient, rather than being made on for a group of patients or for our population, it's from an FDA-approved source.

Yeah, that makes a lot of sense. And that's the raw material because the compounding pharmacy, they have the wrong material and then they make it specialty for you.

So that, because compound pharmacies, there are different levels too. There's some that are not approved to make peptides though. They just maybe will make bioidentical hormones.

I find that confusing for my patients sometimes they're like, wait, why can't we use the local compound pharmacy?

And I'm like well they don't make. Peptides we have to go.

you know, you have to get it shipped. So that's another thing to bring up. But yeah, definitely, I know you can get them on the internet. It's just you don't always know the quality and you're injecting a lot of these into your body.

And for me, that is just a little scary. Right. Especially because the method of creation of the peptides requires them to be attached to a resin in order for them be made.

If that resin is retained in the injectable solution and if you inject it, it is liver toxic. So keep that in mind that the way they create these peptides requires it to be made with a toxin.

The toxine in the right pharmacy is then removed from the solution and they are tested for that to remove from solution.

Growth hormone vs secretagogues

Not all of the labs that are in the world use that process or are as stringent with that, process as the compounding pharmacies are required to be. So when I see things like, oh, there's a new growth hormone secretion that's coming out soon.

That's because it's still in testing and they will not release it until it is, it has been proven to. Clear of that resin and other toxins that could be there.

Yeah, we definitely don't want liver toxic things going on. There's enough toxic, toxic exposure in the world. Any other peptides for paramenopause that, that you like to use?

I really like DSIP. So DSP works really well as a, not only for sleep, which is what it's, what's. thought crosses around it, but it can really improve the release of LH.

And so it's not going to help with things like male infertility if your sperm count is a problem, But it may help release estrogen progesterone from the ovaries if that's part of the problem.

So working with those patients, we'll use growth hormone secretagogues in them as well. Some of them will directly inject growth hormones into the That's above my pay grade at this point, but I know a few providers that are doing that for fertility reasons.

We have great success using growth hormone releasing hormone. Now, keeping in mind, none of these are safe in pregnancy or studied to be safe and pregnancy.

So I'm going to make patients, if they're going come to me for their infertility, they are going have to come use some alternate form of birth control.

My preference would be something like a copper IUD with no hormones and do some sort of protection against pregnancy during the time we're treating them.

and then wait a few months before they try again purely because I want to make sure that their bodies are clear of it before. They attempt conception.

We just don't have enough research to show they're probably safe. I just. Don't. Have any research. To show that, and I don' want. to put their baby at risk.

Right. Wow. That's really cool. Cause in, in Northwest Ohio, there's just fertility centers and a lot of them, it's, just they, they push a of IVF and you know, I wish they were doing stuff like injecting ovaries with growth hormone.

that's that really great to know there are other options out there for those that are struggling with infertility or like

you said, even just maybe waiting until later in life to have children.

It's exciting. Now, what peptides are good for women that like to lift? Or you could tell your personal story out. You're this awesome power lifter. Because I know I preach to my patients and women in my groups that we need to live weights as women.

It is going to help with your insulin sensitivity. going to make you look leaner, burn more fat, you're not going look like a man or bulky. So even with peptide use.

What do you suggest for your women who like to lift? So I can't tell you how many times I've had that very conversation with my patients who come to me in their 40s and they say, look, I'm just having trouble losing weight and I don't know what I am going to do.

And I do cardio all day long and do two hours on this treadmill and whatever, and still having troubles losing. I say I really know that you're going Fight me on this, but I want you to know that I think that resistance exercise is critical for us.

And then without fail, they all come back to me in the end and say, you were right. This is how I was able to lose weight. Because what they're looking for is that lean look and the only way to get that look is to do resistance exercise.

You do not have to heavy weights. That's what I do because I don't want to have the focus of my exercise to be how I look. I want the focused of the exercise is strength.

I like a little bit of a challenge, and so I love having that number to shoot for, that goal of, hey, now I can lift, you know, 100 pounds. Now I should lift 105 pounds, Now, I could lift 108 pounds!

So I'm seeing progress, it makes me stick to it because I see progress. And so, if I am treating patients who are doing things like that, one of my favorites for this is the unsung hero, the oxytocin.

I really love this as a, especially for women, I'd really loved oxytocin as an anabolic hormone. And I say that with the gentlest heart that I can around the word anabolic, because most people are afraid of anabolics steroids because they've been abused so long.

This is not something I would talk about using in abusing. What we're trying to do is change your body composition so that most of what you're dealing with is a.

a leaner, fitter body that is lower percent body fat because we're trying to get rid of that toxic fat around the organs. When you have a high percent, body, fat, I have, a lot of patients that are this way that have 30 or 40% body fats, but they're very, very thin.

And so these patients are unhealthy, even though they appear to be healthy. So, what we want to do instead is give them that ability to have that lean appearance, that look, and what you're looking for is the definition in the muscles, the definitions on your legs.

Even though we're not talking about bulking, we are talking using a smaller amount. The way that you train, these years of training, determines whether or not you bulk up.

And then also the things that add to what your doing, like the foods that eat, etc.

Peptides for perimenopause and fertility

So keeping in mind, if you're going to be training heavier or harder using resistance, you need to eat more. And this is one of the harder things for most of my patients to do is to convince them, I need you to increase your caloric intake.

If you are going be resistance exercise training, You need increase calories. There was a great study that was done recently. I don't know if follow Bill Campbell PhD on Instagram.

He's awesome. But he showed us the study that if women who are doing regular resistance training increase their protein, their total caloric intake by 300 calories per day, they will lose weight.

But those are protein calories. So if you increase your total calories, protein calorie by three hundred calories a day. Patients will, women who are exercising regularly will lose weight.

And so that's been our, we've been preaching that at the practice for the last several months since that article came out. It's very exciting to know that we have something to back it up and it's exciting.

Bear out in our patients as well, that they can increase that without gaining weight and they're able to work on their bodies. They're not being catabolic or breaking down all those muscles.

Yeah, when I hit age 42 years ago, I'm like, really concentrating on heavy weights. And, you know, it was recovered from having my last baby and everything and just tons of focus on protein.

I'll have people say like you look great. Your body is like changed, and the scale really hasn't much, but I am more muscle. My goal for this year is to do an unassisted pull up.

I have some junk in the trunk, so it's a little bit harder for me, but I need to lose a bit more body fat to hit that goal and upper body strength. But it is a fun goal.

Protein is so important, and I love that study. I'll have to grab it so I can tell my patients about that. You know, my family, they, think I'm a little silly.

I was visiting my parents and I, was like, where, what's the protein that we're eating? Cause we were, we had a condo we, were eating in and my parent, it was a joke by the end of the day.

Cause they know that I need my protein, that it's important to me now. And you know you could do silly things like make chicken crust pizza. My kids will have pizza and, and they'll have cauliflower crust and all of chicken and crust.

So yes, ladies, I love that. have the protein. Now how does, so oxytocin, I'm curious, how do you dose that for your more power lifters and how frequent, and menstruating versus non-menstruating women too?

So you're going to dose, that you can do it up to four times a day. The weight loss dose is four human studies out there about that. I'm going to probably dose it in the 20 units.

So this is where it gets a little confusing. Oxytocin is in international units, so instead of milligrams, it comes in And then you're talking about units on the syringe.

So I'm going to talk about international units, which are the milligrams for oxytocin. And so I am probably going use around 20 international unit of oxy-tocine for patients.

Depending on their size and where we're going and what our goals are, and we'll adjust that. But that's a good starting point for most of my patients is where I'll start people.

I love dosing that immediately following a workout. And that's where you're going to see the anabolic benefits, the muscle growth benefits. So you are not getting that catabolism that can occur because you aren't eating adequate or whatever afterward.

You know, we have a lot of our patients that are taking the semaglutide and those kinds of weight loss. things and they are not eating enough to maintain their muscle mass.

And so we're seeing them lose a lot. It's one of the reasons I'm grateful for my bio and penis analysis machine. We do that quite a bit. I have a CICA and they are so helpful because you can actually see them losing or gaining muscle mass.

And so we tell them up ahead of time, look, if you're losing muscle, mass, we're not going to continue this medication. You're going have to give it a break for a month and then we'll retest and restart if your doing well.

Then we also give them. For the GLP ones, losing too much muscle you say we got to take a. Yes. I let them know that ahead. Yeah. And I think that's an important point to talk about is you kind of have to tee up your patients, say you need to do resistance training.

You need be hitting protein goals, 30 grams per meal, around 150 a day, or this is not going to work for you. When you get off of it, you're going gain the weight back.

Because when I have patients on it it's short duration. I'm already setting them up for success with gut health, other things all working. They're usually on at three to four months.

And then they go off, maybe they'll gain, if it's around the holidays, a couple pounds back, but usually it stays off. And that's, and this is the problem with, you know, I see ads all the time on my social media for it.

You know here you can get a script and a doctor and the peptide for $300 and I'm like, yeah, then you're going to be on it forever because you are not doing it correctly.

Right, because you don't have the whole program. And that's part of the deal is there has to be a whole system that is in place and we're talking about making sure they're doing resistance exercise.

We're taking about changing their diet and fixing their gut and working on their stress because all of that, is probably a big reason why they are going to regain.

I usually will lean them off at the end. I find that patients do better if we wean off.

Training, body composition, and oxytocin

And of course, there's so much research with the GLP-1s in protection from cardiovascular disease and neurovascular disease that if a lot of patients, I'll just leave them on it long term.

Especially if they have a family history, we reach their goal and I say, let's just drop it down to the very lowest dose. We'll have you use it every 10 days instead of once a week.

And then, well, this will be our treatment. There's not a specific research behind this particular protocol. This is just what I do for my patients. But we just drop them down to the lowest dose and have them persist using that low dose for their own cardiovascular and neurovascular protection.

Yes. Now, will you stack the oxytocin with the GLP-1? I really like the ipamarylin with it too, if you can find it, because it can help mitigate some of that reflux constipation, some that slowed gastric emptying.

Your audience, I'm sure, is aware that there are several ways that the glp-ones work. One is working on slowing gastric emptying, which is the reason why patients get that reflux and uncomfortable symptoms sometimes.

And that's usually, I think, diet related. I tell patients they're usually telling on themselves when they tell me that they are having that. But it also works on the—I believe it's cocaine and amphetamine receptor in the brain.

So it works on slowing appetite from the brain as well. So, it becomes a thermogenic as, well as blood slowing gastric emptying. It's not just that it makes you have this decreased appetite at the stomach level, It also works in the, brain.

That's why about 10% of my patients, we see insomnia as a side effect. Just like you would see with Venturine, just like he would, see, with any of the other stimulants, weight loss medications.

Yeah, I haven't had any patients that have had that side effect, but if you say in a positive way, if I had someone say, and I loved how she said this, it reduced the food noise during the day because she was a stay at home mom and she always had the noise in her head about food.

So she able to focus on nutritious foods instead and protein and not picking up the scraps that were left from the kids. Let's switch gears a little bit and talk about GHK copper peptides.

And yeah, I love GH K copper peptides, let's talk. Topically, and really that's all we got right now for 2024. But if you want to talk, about the injectable, there's a lot of cool studies on like rats with brain injury and all of that.

Yes, I mean, it works at the cellular level. This is a bioregulator peptide because it's under four amino acids that goes in and affects the expression of DNA.

So we know that that's what's happening. But at this skin level, its changing the stemness of your stem cells on the skin. It is improving the way they work.

I find it work best if you're using it with a dermastamp or a needling or whatever you're going to use. We use it for hair as well as for facial skin.

And then you can also use, I use on the backs of my hands, my forearms, tops of knees, all of that for sun exposure over my lifetime because I'm a sun lizard.

But I love using those. copper peptides. One of my favorites is the Vitali brand. I think they do a really great job because the other things they combine with it really help with absorption, some hyaluronic acid, and some algae and brown algae, which is really moisturizing and hydrating.

Those are excellent as far as improving the appearance of fine lines and wrinkles. And then also I've seen some improvement in things like scars, facial scars where patients have had around their eyes or whatever, even surgical.

So if you've had microneedling or other procedures, the GHK can really help with mitigating some of the side effects from those procedures. Yeah, it's great topically.

A lot of studies for hair increasing hair follicle size, a lot studies on wounds and they did head to head studies and it worked really well. I've used it on my kiddo's wounds before.

You know, I was trying to delay not having oral antibiotics, you know just helping with the topical. weird like little abscess he had. So it's great and unfortunately you know it is not used a lot in wounds or you think it would because it really helps bring a little bit of angiogenesis to that skin which is good for oxygen to the wounds and when you go into chronic wounds like pressure ulcers and all that stuff that is something that's really important.

And it used to be used injectable, or we used be able to get that. I didn't use it a lot in my practice, I don't know if you did or not. We used it for joints.

So if they were, if patients were having osteoarthritis or tendon, chronic tendon injuries, we'd use around the joint, either sub-Q or usually sub Q, and we would use that, but I wouldn't it intraarticularly.

But in conjunction with other peptide therapies that we would use for joints, we will be using the GHK as a systemic therapy.

GHK copper peptides for skin, hair, and healing

And so we also do that systemically for patients who are doing hair loss, you're treating for hair lost and they do really great when you can add it to the regimen.

Yes, yes, that's so exciting. I love using it post procedure. Like you said, like microneedling lasers, it's really Now let's talk about this book that at this time it will be out and it's called Counter Clockwise Book.

I'm guessing it is about longevity and anti-aging. Yes, exactly. So it's exciting. Most of the books that are available right now are directed towards providers and this is directed toward patients, mostly because I feel like most of our consumers, you know, because Instagram, et cetera, most our customers are really well educated.

They know what they're, so they are coming to their doctors with information, they've done their Google search, And so they're coming to you, and we just have to realize as providers, this is what's happening.

So we want them to come to us. There used to be a clothing store, if you're familiar with, called Sims, S-Y-M-S. And they said, an educated consumer is our best customer.

Well, that was their tagline. I feel the same way about my patients. When they come with all of this information, I love to clean it up for them a little bit and then redirect to say, hey, is this what I think we should do?

Yes, thank you for coming. Uh, and so yes, I love when they are coming to us. I think this book is allowing them to see themselves in the place where they might be using peptides.

So using Peptides for migraine, using Peptides, for weight loss, Using Peptide for energy, things like SS31 and human and using peptides or cognitive health, like cerebral lysine, so every chapter is.

It's a standalone. They don't have to read the chapter, the book straight through one end to the other. If they have a specific concern, they can go directly to that chapter that's related.

they'll see some patient stories from my own patients who their names, of course, and some of their details have been changed, but they are have all agreed that they can be part of the book and that's exciting because I love that.

They're having such great success that, they want to be a part, of what we're doing. So, there are stories in there that explain how this patient came to need this and what their circumstances were and how we use them.

And then there's a lot of high level science and then, some deep dive there in case you are interested or curious.

Counter Clockwise book and where to find Dr. Ferre

And there's a lot of references so that patients, if they are curious, that kind of patient who I think most of our biohacking community are, they'll actually be able to go in and do some research and see what I'm talking about.

I try to keep the most up-to-date research that is available on each of the peptides discussed, and there are probably 20 or 30 peptide discussed in the book.

And then peptidestacks that they might want to use, because a of them work in combination better than each one works, so they can be very synergistic as they work together.

Wow, that sounds amazing. What a good resource. I love that. You're right. There's not a lot of really good peptide books out there. They're kind of slim.

This is so exciting to have as a resource for patients and practitioners. Everyone probably needs to read this. How can everyone find your book? How could they find you?

If they wanted to be a patient, how does that work? So finding the book, it's, uh, It'll be available on Amazon and at

local bookstores. And then if you can find me on Instagram, that's D R S free F E R R E.

and then you. Find me at Vine as in grapevinemedical.com. If you want to be a patient, you, can go to vinemedicall. com and go, to our new patient. There's a tab to click to become a.

Awesome. Well, thank you so much, Dr. Free, for sharing all of your knowledge today at the Peptide Summit. Thank you, Jenna. I appreciate your time. Stay connected, stay healthy, and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.