Combatting the Effects of Stress & Intense Physical Activity: How Peptides Can Help Keep Your Body in Peak Condition Transcript

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Introduction to Peptide Bioregulators

So right now, and I know that he released a couple of years ago that he found like 50 over 50 more, but now he was in the face of finding which one do something.

And so, and then he could start research on those ones. And when you say they found these, so where are they looking for these? Basically, there are glandular or organ extracts.

And that's one of the beauty of it. They're all very small peptides, two, three, or four amino acids. And in a funny way, not only the bioregulators, the smaller peptides are the one who have the bigger impacts on the body.

I'm thinking about GHK. By the way, Karinsen, when he wrote about GHK, he didn't discover it, but he said, well, I wish I had discovered that one too.

He loves it. You have the TRH, the tarotropin-releasing hormone, 3-amino acid, but despite the name, it has a very small effect on the tarot. This is Doctor Talks.

Real talk from real doctors on the issues that matter to you most. Hi, this is Dr. Kent Holthorpe with another episode. Today we'll be interviewing Jean-Francois Tremblay.

I'm sure I butchered that, but he's going to talk about peptide bioregulators and upcoming therapy. It is undergraduate studies in biochemistry and also mechanical engineering and kinesiology.

He then pursued his graduate studies in pharmacy to finally complete his master's in pharmacology. His interest in peptides and their application started over 20 years ago.

He has consulted privately since then, anti-aging, sports performance, and general health. Five years ago, he started his own company specializing in the synthesis of peptides.

He is a wonderful character and makes everyone smile. So I welcome you. Thank you for being on. Hey, thanks to you for having me. Yeah. So we'll talk about bioregulators.

What the heck are peptide bioregulators? Well, basically the first ever peptides that were discovered and that a lot of people like Epita is one of them.

So to start off with, they were discovered. I couldn't find any studies that are older than 30 years, but it's that Russian doctor Actually, like almost 50 years ago, they came out at the time, the Cold War and all that, so all those US, they did it.

The government asked them to find something to make their soldiers better. So he was a military and military doctor. So he started to search, and he came about peptides, the first one being epithelium, then temaline, and then he realized there is a bunch of them.

So that's basically how it started back there. Now, I'm not sure if the Russians were happy with that. We'll call it epitalin and thymulin, just so people know.

But we could talk about that. There is a huge difference between thymulin and thymalin. A lot of confusion on that, but I'll come back to that. So that's how they started.

And they found, he found that the profound effect Again, with epithalon being the first one, first with mice, then with dogs and monkeys, and then humans, he found anti-aging effect.

But, and it's mostly known for the telomere thing, you know, it lengthened the telomere. Yes. But that actual part, it was done like 12, 15 years ago, and I'm not sure they had the right ways or the accurate ways to measure telomeres.

I wouldn't count on that actually at this point, but it has proven so many good effects that you cannot discard it, even if it wouldn't do nothing for the telomeres.

Basically, so well, first, that's how it started. And again, he discovered and right now there is a list of about, he discovered more than 25, but there is a list of 25 that we know what they do and we know they have a positive effects.

because it did discover more, but found that they had no physiological effects. Maybe they were byproducts of bigger peptides. We don't know. So right now, and I know that he released a couple of years ago that he found like 50, over 50 more, but now he was in the face of finding which one do something.

Origins and Discovery of Russian Bioregulators

And so, and then he could start research on those ones. When you say they found these, so where are they looking for these? Basically, there are glandular or organ extracts.

And that's one of the beauty of it. They're all very small peptides, two, three, or four amino acids. And in a funny way, not only the bioregulators, the smaller peptides are the one who have the bigger impacts on the body.

I'm thinking about GHK. By the way, Karinsen, when he wrote about GHK, he didn't discover it, but he said, well, I wish I had discovered that one too.

He loves it. You have the TRH, the tarotropin-releasing hormone, tri-amino acid, but despite the name, it has a very small effect on the tarot. Yeah, it does a lot of things.

A lot of things that are not related. So, you know, it's those smaller ones, but those ones, yeah, so they're extracts from organs or system and actually epithelium.

known again as anti-aging is actually the bioregulator of the hormonal system. So you have thymalin, that is the bioregulator of the immune system. And then violin is two and the spleen by the same token.

And then there is one for the liver, one for the kidneys, one for the lungs. There are two or three for the brain and nervous system. So, you know, and basically each organ produce its own peptide that regulates that same organ.

They work a bit like adaptogens. If a system is out of whack, it's going to bring it down. If it's not working well enough, it's going to bring it up.

So that's another nice- Staying along with BPC157, body pressure compound, that if they're hypercoagulable, it brings it down. If they don't coagulate enough, it brings it up.

If their blood sugar is high, it brings down our blood pressure. They're very interesting. Well, generally speaking, that's the beauty of peptides, that they're intelligent.

interactions, not intelligence, like you cannot play chess with them, but the interactions. And that brings about fears from some people because there are peptides, I divert a bit, but I think it's important, like BPC 157 or time is in beta four, that are good to be used in, like for example, in cancer cases.

But a lot of people will jump because they say, oh, but what about the angiogenesis? Well, that's the beauty of it.

They don't push their actions, the peptide.

There will be angiogenesis if needed. So if in the case of cancerous cells around it and the angiogenesis is not needed, then it won't happen. it will work for what it's needed in within the realm of what it can do as a peptide.

Yeah, the androgenesis, I mean, serves vitamin D, you know, and And not lately, they have thought, well, maybe it's there to help, actually. Because they'll find more thymus and beta-4 around the cancer.

So they say, oh, it must be caused by cancer. Well, it's like every time I see a fire, I see these firemen. So these guys must be starting the fire. Exactly.

That's the concept that was wrongly interpreted. Before and now, people are catching up to it. So basically, they're very intelligent in what they do.

So that's why it's rare. to have side effects from peptides. I'm not saying you cannot have effects like to immune response, for example, but that's not a side effect of the peptide.

That's a side effect from your condition and not what you understand, like people that are allergic to peanuts, that the allergy is not a side effect of the peanut.

It's your condition that bring about Yeah, the immune dysfunction that, yeah. Exactly. So I haven't found actual side effects from peptides. They're always brought about by the condition where sometimes you have to be careful.

But as doctors, it's the kind of compounds you can use and you don't have to worry that your client or patients will call you for the morning. All right, so you're diving deep into peptides and longevity on this podcast and we're right there with you.

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How Small Peptides Affect the Body

Like brain doctors, I say, you know, you can't really screw it up. So don't. Exactly. Oh yeah. And, and more so BPC 157 before I call them more unproved peptides, meaning that if somebody comes to you and you don't know what's wrong, give him those two and something good will happen.

Yeah. Yeah. They are able to pull a shoe and a spade. Do you mention a lot of the epithelium or however you want to pronounce it? Yeah, you know, like, you know, the studies showing like menopausal rats, you know, they start menstruating again and add, actually add babies.

And we've been using it for fertility. We haven't really seen someone start menstruating again, but their, their FSH and LH will come down and their AMH will, which tells a very reserved, will actually go up.

So it does seem to anti-age the, the anti-malarid hormone and start to get more fertile. Yeah. In that sense, I've used it a lot, many years ago when I was still training people with women.

Where like in the physique competition or any kind of very demanding competitions where they had a very strict diet, sometimes they would take things that would with their hormonal system, their substances and all that, and the actual stress of training.

So right after the competition, I would put them right up on Epithalon and in three, four, five days, everything was coming back to normal. And they would sleep like crazy at 12, 13 hours.

But you know, it was a system pushing the age of sleep. There you go. And like it would put them back on track very, very fast hormonally. And how about the epithelium versus pinellium, different effects?

Yeah, of course. Pinellium is brain peptides. And it does have an effect on the nervous system. So we started to use it, not me, I'm not a doctor, but a few practitioners I keep up with, you know, feed them on actually serious cases of neurodegenerative diseases.

Those are pills for pineal gland. Exactly. Pineal gland, no, it's for the actual brain. I don't know why they call it pineal gland. I don't think it's from the pineal gland or might be.

I'm not sure about this one. But the effect is in the cortex of the brain and the nervous system. So in any case of neurodegenerative conditions, they have a good effect, but in therapeutic dosages, not in preventive dosages.

So basically meaning, again, for epithalon, the classic dosage is like a total of 100 milligrams twice a year. And I would come back white only twice a year.

But keep in mind, that's anti-aging protocol, and it's basically a preventive. You prevent aging and age related diseases. So, and you see the full effect when you look at the studies by Kevin Son, it's over 12, 15 years where you see all those results.

And so people, many times they start using them and they tell me, well, I didn't feel anything. Well, okay. Well, if you start smoking today, it's going to take maybe 10, 20, 30 years before the cancer show up.

bench. Yeah, the study where they gave the epithelium with thymuline on cardiovascular patients, significant cardiovascular disease, over 65, I believe, a hundred and something patients, followed them for 15 years.

And the ones on the treatment, basically their heart function got better, dramatically less cancer, dramatically less cardiovascular disease. They live longer, less morbidity, better quality, it's pretty amazing.

Basically, everything that normally goes down, goes back up. And a survival rate increased by 67%. They're amazing. About T-maline and T-mulin, they actually are very two different peptides.

T-maline with an A, it's a two amino acid peptide, and that's the bioregulator. Timmulin is a product of the immune system, the same as thymus in alpha 1. So to understand the concept, Timmulin would be to the thymus what insulin is to the pancreas.

So if you have diabetes, you take insulin, it will regulate your sugar levels, but it won't do nothing for the pancreas. So the thymulin will regulate your immune system.

That's why it's a very good peptide. But it won't do anything to regulate your thymus as thymalin with an A will. So that's when it's available here. Yeah.

Well, the problem, thymalin, actually, most of the time you'll see thymulin sold as thymalin. The end result is good. And that's what you want, a regulation of the immune system.

But the point, we made some thymalin and we found out that it's the two amino acids, it doesn't dissolve in water. So if you buy something that's, it says thymalin and you can dissolve it in water.

Water soluble, maybe that would have absorb orally then, because that's the big problem. Probably sublingual in that case. Usually if they're more fat, like hydrofob, then they can be absorbed sublingually.

Yeah. That's the big problem is they're very polar and in hydrophobic, so hard to get them to absorb. And a lot of

people are just putting them in nasal sprays and just assuming they're sublingual, assuming they're going to absorb.

But you can, and, and again, you know, they're not that expensive, but they're not cheap. You know why, you know, just injected. That's where you get the most bang for your buck.

You get a hundred percent of it and then, you know, diabetics, they do it like many times a day and you're fine with that. It's no, it's usually women are fine.

Men, the bigger the glide, the less. Yeah. Suppositories would be good, but then again, I'm not sure both men would be happy about that. Gotcha. What other bioregulator have you found effective?

Personally, I've, therapeutically, okay, Pitalon.

Anti-Aging and Immune System Applications

Tymalin and Tymulin in cases of cancer and of course in anti-aging protocols. Pinéalon, we're using a lot now, cartilax, which is the joint and articulation peptide is good.

I wouldn't say amazingly good, but there is that one Russian study done by Kevinson where they had four groups. They gave one group the cartilax, the second group, They gave at cartilage a supplement that you buy at the pharmacy.

One joint or glucosamine. A glucosamine. So they gave like the classic 1500 milligrams. Then a third group where they gave both and a fourth where they gave nothing.

So they found that cartilax and glucosamine, which is actually a good supplement, had pretty much the same effect on joints pain and they measured a lot of things.

But they found that when you use them together, then you have a synergetic effect. And bang, you get a bigger effect. And on the joints. So that one, if you want the most out of it, you take it with…

Yeah, different mechanisms and… Go ahead. And have you found Vesugin? I have some of that. Let's try it for blood vessels. We go, you know, I haven't a lot of experience with it yet.

We make it, but not on paper. It looks great, but I cannot talk a lot of experience on this one yet. Yeah. So we trade that in the one for the kidneys.

Yeah. So don't know. Yeah. The thing is, you don't, you don't know that first set of blood work. Usually what I've found in general, the difference between preventive dosage and therapeutic is there is a ratio of about one to five, one to 10. So like Epitalon, we saw good results in cancer, like almost overnight, but they were taking 30 milligrams a day and nonstop.

They wouldn't stop after 10 days. Same thing, you know, if it's therapeutically, again, just like the map as much as… Can they tolerate it? It gets a little pricey.

That's the thing. I've heard you mentioned like the thymus and beta-4 study, how high they went. Yeah, it's one study that was done in 2010 with thymus and beta-4, they went up to 1260 milligrams.

So like, let's say you work with 10 milligram vials, that's 126 vials. So of course they did IVs. And after an inhuman, so after two weeks, basically they concluded that it was armless.

with a few minor side effects in some cases, but overall, and obviously they concluded we won't try higher because nobody will ever use that much. We're using microgram doses.

That's a thousand times. Try that with anything out there. Try that with Tylenol. Try it with water. No, you can't. So basically, except for a few like L37, which is antiviral, it may have serious side effects.

A few you have to be careful. Yeah, the L37, we'd start very well. I was looking, you know, I blind myself and started elders. I could not find any dosing except for rat dosing.

I'm like, okay, I'll try this much. Did, oh my gosh, way too, so much of this killed the other thing. So I had the biggest hurt whenever it come out of my skin.

So, ends up we give a tiny fraction of that dose, but I do like that peptide, but yeah, that's one you got to be, fair, be careful of lamb people. Yeah.

But generally, yeah, no, I don't see, again, as I expressed before, it's basically, okay, let's say you have autoimmune condition. You may have a reaction, an autoimmune response to the actual peptide.

So, you know, you have to be careful with those. But those are not side effects from the peptide. There are side effects or an effect from the condition.

Well, yeah, it's interesting. And I really found this out in myself. And we'll get people say, you know, they get a big well when they do the injection.

And say, okay, it's allergic, you know, but I found it myself when I was sick and my immune system was off, I would get the biggest welts. And then as I got better, I would inject the nut, would never not get the welt.

You know, so really see people get kind of that welt from it, it shows they have immune dysfunctions. Exactly. We don't think it's a standard allergic reaction.

No, no, no. And, and many times, if it's serious as a reaction, because I've seen a couple of times, actually people have very bad reactions. Yeah. But at that point you introduce time as an alpha one for a few days or week, and then you can start the actual peptide therapy.

If time is enough for one wasn't there and usually you can you know, once you get the immune system Backing balance then they don't they don't have that So like when I give talks on peptides and go through all these studies that the typical responsive doctors are Why haven't I heard of these?

There's you know, how do you get that? I get that a lot too. What's your thought on that? well Big pharmaceutical companies, they knew about that all the time.

They just shut up about it. And now, now they're, they're in the game of peptides. They found a way through probably very expensive lobbying because peptides, you cannot patent them per se because you know, they're produced.

But now they went around that. And if you look at the latest patent of peptides, they patent the way you make it, which is easy to go around.

Thymalin, Thymulin, and Joint Support Peptides

but the patent, the application of, so it's in the title, patent for this peptide and its application. And then they will list everything they know it's good for.

So what's the implication is since it's patented, now they put it on the market. So you as a doctor, let's say you prescribe time as in beta four, Then you send off your client to the pharmacy or a compounding pharmacy.

I'm not sure if that will be required by you to write why you prescribe it, but most likely the pharmacist will ask. What is it for or maybe it's gonna call you.

So if it falls within one of those conditions Then by law it will be forced to sell to the patient The one that is made by that pharmaceutical company and what I don't understand.

I've seen these two. It's like they're yeah, they're taking peptides and of all this research and then, and then getting a patent on the application. When I thought that would not be allowed because if a person in the industry would not be obvious that then they can patent it, but there's studies on it showing it does this and that, and then they get a patent on it for that.

So it seems like I'm like, how can that be, you know? Well, that's, that's the sickness of our pharmaceutical system now. Basically, it's yeah, it's like shouldn't be a better 40 years and then they patent it under for a condition There you go.

That's and that's what they're aiming at now And that's why they got into the game and that's why you see thing happening slowly But you know like with tailor-made they say, okay You cannot make this one this one or this one anymore and they're slowly I worry about compounding pharmacies and they have the thing where they had a list that you couldn't compound.

Now they're going to list that this list you can compound from. There's going to be very few things. Like they said things like, oh, you can't compound quercetin because we have a drug for that.

Yeah. So I'm going to use the same argument. Are you kidding me? Or they say it's difficult to compound. Well, difficult for whom? Leave it to us if it's difficult or not.

Yeah. And I think there's going to be very few things. Or they'll say, well, if someone takes too much, they can have a problem. And with these doctors that were debating that this should be allowed, they would say, well, they wouldn't even look at the literature.

They don't need to look at the literature. They said they can't be given IV and they're just eliminating everything. They said they weren't going to touch the hormones, but that's going to be on the list.

I'm very worried that T3 is going to be gone because they're going to say, oh, it's not necessary. We have Synthroid. Wow. That's what they did in Canada.

So you cannot find T3 anymore for many years. T4, that's it. Centroid T4. And that's the only thing, there is still like in Montreal, there is one pharmacy, compounding pharmacy, where I get my armor extract and this is it.

And most endocrinologists, they know, they say, no, you ask them, they're gonna say, no, T4 is, that's all you need. And, you know, I've written numerous reviews on how T4 doesn't work for anyone, especially any sick person, and with hundreds of references, you know, but they still say, no, no, no, you don't need it, although say it's dangerous.

It's like, are you kidding me? And as a practitioner, you should know, and because I have a doctor, I actually got suspended for nine months because he prescribed the extract.

And what, you know, he said, yeah, on paper and studies, yeah, they do pretty much the same thing. But he said, if you ask the patients, do you feel. and 80% will tell you they feel much better with the extract than with the synthetic T4.

So yeah, the blood levels, they're both are good. It's like they had bipolar patients that were treatment resistant. They tried on average 14 medication with no improvement.

They gave them straight T3 and 80% improved and 75% had total resolution of symptoms. You know, T4 doesn't work for these patients. They don't utilize it.

But anyways, I'll get my ND extract, you have the T3, you have the T2, and most probably some cofactors we don't even know about yet that support. Sounds like very, hopefully, upcoming thing, and it doesn't get quashed by, you

know, Big Pharma and the medical board and the FDA are all kind of in the boots.

So Yeah, so with kind of in closing, I think this is really upcoming thing. Well, where do you think it's gonna lead? Well, I'm just going to say this.

Why do you think so many US and Canadian doctors open clinics in Mexico and in the Caribbean?

Peptide Patents, Regulation, and the Future of Medicine

It's not because, yeah, of course it's nice being Canadian. I would love to have an office down there, but that's not their first reason. It's for that reason, basically.

So they can continue to offer the best treatments without being bothered by FDA regulations. Yeah. And it's even, I think, you know, in this whole integrative space or whatever you want to call it, you know, a standard doctor was, oh, there's no evidence, you know, which is crazy.

It's, it's more evidence-based than what you learn. And, you know, it's actually a sad thing that's happening in medicine in general. You know, 30 years ago, when I was young, I would go see, because as a doctor, what's the first thing you do first thing when you see a patient?

You ask him questions, no tests, no nothing, first questions. And if you're good with that, you know what's wrong with him. But now the system, like it doesn't trust you anymore.

They force you to do all those tests to back up your diagnosis. that you add probably within 10, 15, depending, but very fast. If you have a doctor that has a bit of experience, they say, yeah, this is it, this is this.

Sometimes you will need a couple of tests. Maybe it's lupus, maybe it's fibromyalgia. Let's look at it. But you have a pretty good idea. Now the system forces you to back up everything you do, why you do it and everything.

And I find it amazingly sad because it's like you have that all that formation, that knowledge and experience. And suddenly they're telling you, no, we don't trust you.

Yeah. And everything comes down now to internally protocols that, especially when you're in a hospital, but you're already affiliated with Kaiser or whatever it be.

You do this, do this, everything is memorization. And it's, you know, the art of medicine is gone. And I think at some point it's going to be put all their labs and symptoms in a computer.

It's going to be hard to be a doctor. That's where it's going to. And that's the thing. So all these patients that works well for a patient fits in a little box.

But if they don't, that system breaks down. And that's where we get the doctor goes, oh, you must be in your head, you know? That's a classic. Basically, they are in the limbo, which I think is where peptides have a big place, and I think you'd agree with that.

If things would go as they should, the future of medicine, and I'm talking five to 10 years, no more, because things are moving fast. You would go see a doctor, probably 60, 70% of his prescriptions would be peptides.

And soon, not now, because with our biomes, you know, the probiotics we have, now they're mapping it, but it's going to be like the DNA. You know, you map it and, you know, 20 years ago, you say, that's it.

Now we got it. they're an epigenetic game. So I think there is an epigenetic, not an epibiome that goes with that interactions. But once they get down that path, that's going to be mainstream.

It should be a mainstream in medicine. But it's going to get more complicated because they're finding the viral, you

know, the bacteria pages, the viruses of the bacteria play a big part.

So they're exactly, it's very complex. It's not, it's not for tomorrow, but I have big hope. because things are happening faster and faster, another five, 10 years, and they should have a pretty good idea of what to do with that.

And that's going to be a big, big line in medicine to use. I think it's going to be very. So just kind of in closing here, you'd say epitalien is probably the main bioregulator.

Epitalen, it's kind of. hormonal system, you know, that regulates the most experience with. Well, even if you use one that it's called temaline and it's temuline, it's good.

It's going to basically, because in those aging studies and it figures epithanol is good, you add temaline or, or violin, which is, and you can inject its water solute.

If you have a strong immune system, you will get less sick. So hands healthy, more healthy. And yeah, probably you live longer. Yeah, and then also that immune system goes along with monitoring the body for cancer.

There you go. So I got the cancer. So the main ones in the anti-aging protocol, epitalon, tematimulin, violin, thymazine alpha-1. One of those will do the trick.

That combination, it's a winning combination. Yeah, I think those are the most studied as well. Yeah. And we, we like the combination. And the other ones in term of prevention, like the one for the liver, the one for the kidneys for, I would use them in a preventive approach like epithalon, if you are the familiar background.

So let's say you say like half of my family, they got diabetes. Yeah. Well, well, okay. Maybe that's not so much genetic. It could be you, you, you pass to your, children the way you eat.

So it may not be that genetic after all. But anyway, if there is a condition that really, then yeah, you could use preventively the one for the pancreas.

Or if in your family there is a weakness for the lungs, then yeah, I wouldn't suggest everybody to use them all. Yeah, but just to pinpoint one thing or two that you see as kind of a weakness in your family, that's a good indication.

And then you can throw in those and prevent, say, the protocol. Gotcha. Great. Yeah, we'll see what the future holds. And I hope we'll be talking more about all these.

Hey, that'd be my pleasure. Yeah. So thank you so much again. Love your personality and, and you're always searching for, for new knowledge at this wonderful.

And so I'd like to thank you for being on with us. Hey, you're very welcome. It was my pleasure. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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