Introduction and Dr. Holtorfu2019s Background

Welcome back. We're continuing our conversation on Reversing Chronic Gut Conditions. I'm your host, Sinclair Kennally, and today I am joined by the wonderful Dr. Kent Holtorf.

He is a pioneering medical innovator and the driving force behind Holtorf Medical Group.. His work at IIntegrative Peptides has revolutionized patient care through groundbreaking advancements in peptide and bioregulator therapies, which now includes pets, with PetTides.

He specializes in a wide range of health issues, including tick-borne illnesses, chronic fatigue syndrome, fibromyalgia, CIRS, MCAS, long-COVID, TBI, PTSD, neurodegenerative diseases, autoimmunity, inflammatory diseases, GI dysfunction, healthcare reform, evidence-based medicine.

So what I love about Dr. Holtorf work is that he has taken his own personal experience of reversing. Quote unquote, irreversible heart failure caused by chronic infections, and use his innovative approaches to creating these products that are actually very easy to use, very well tolerated by even the most sensitive of folks, which is why we rely on them so heavily in our practice, because we get really complex chronic illnesses marketed that are all the time.

For all your sins. Right? Yes. And, yeah. So making this easy for people to reach these tools and to actually be able to use them. So thank you for your work. I'm we're really thrilled.

I just wanted to say he's really cute. I put I wrote that he skipped it. I said, no, I'm kidding. Oh, did I steal your punch line? Well, feel free to bring it in at any time.

No, of course I'm kidding. I'm sure the. It's on Saturday. Oh my gosh. Well, I don't feel bad for you because you look great. And so. It's all great. With the new 40 and six is the new 30. And I'm just.

Kidding. Yeah. Old age keeps getting pushed out, right? Sure does. Well, there seems to be a choice these days, but, you know. I think we're in that that period where we can make some significant, advances in actually, reducing biologic age.

So we're going to concentrate on that. We're going to guarantee five years loss of biologic age. So we'll see how that goes. I think that's excellent.

I started there I've definitely aged in reverse. I was being taken for being my early 60s when I was 31. don't you love that? Yeah. Yeah. That did not feel so great, to be honest.

And perfect. Yeah. Well, you know, healing from the inside out. I honestly don't do almost anything to my skin a couple times a week. Oh, bother to put on a peptide cream just so I don't cry.

But there's the thing inside out. Yep. Inside out skincare all the way. So for you, with your expertise in immune therapies, complex chronic illness, I really want to dive right into the deep end, you know, so let's talk about immune dysfunction and how, let's see, I want to cover a lot with you.

So let's take this through. I want to talk about immune modulation for autoimmunity and chronic inflammatory conditions. Can you discuss how the time this is involved and what does it do and what this immune shift is? Yeah.

I don't mean to be revolutionized. Everything that we do it I mean, it saved my life. And, you know, I had chronic Lyme, Babesia Bartonella was on seven, eight, and nine I. V.

antibiotics at 3 to 5 times the max dose, which I would never give to a patient. And I just did nothing, you know? And I'm in the ICU, and I remember the nurses are making a shift change, and I hear the one go, this is that Aids patient who who keeps turning up negative for HIV.

You know, because I had no natural culture was zero. So no wonder the antibiotics didn't work. And you know, it's a module in the immune system. So if you, think of it as the immune system, very complex, but really clinically, you can break it down and one gets stuff inside the cell to get stuff outside the cell.

And over here is also 17 because of our immunity. And on this side also t. Right. So as you get older just from getting older, and also if you have more stress, environmental toxins like, oh that's not a problem.

Immune Modulation, Aging, and Thymic Function

and or, you know, weight, metabolic issues, you know, poor lifestyle, whatever. So the thymus starts invalidity and that controls this ratio. So even just as you get older it the t th one goes down.

So now you can't fight infections. But now you have all this inflammation going on. And and so really it's an age to, you know, phenotype of the immune system.

And, and that's why. And if you look at so the, the thymus starts invalidating around teenage years and it drops down to its lowest point at about 45.

And a little bit after that, that's when you see all those diseases of aging go up. Right. and you know, so they out immunity cancer, osteoporosis, cardiovascular disease, you know, all that stuff.

So if you can bring it back and there's a study, they just did another one on it where they, they did growth hormone in some metformin and, and barely made the famous bigger like okay.

That was like a big, you know, big thing. And well hello we have thymic peptides that are safe and effective. Just give them a peptide. So you want to bring that back. And yeah.

So it's going to lower. the inflammation and raise that to each one. And really the your immune system is the number one biomarker for age. You know, basically, and how healthy you are. So so really anything you do now also then if you get chronic infection stress, especially emotional stress, you know, it's kind of interesting how how that works and also how it drives mast cells.

And really it and it everything that that that we see chronic inflammatory disease our immunity degenerative diseases even osteoporosis that it's the immune system that's driving all that.

Okay. So that's a really great like base layer of foundational context for us. How does that relate specifically to autoimmune and gut conditions like for example, Colitis and Crohn's.

Yeah. And so I mean, it's especially the direct correlation with autoimmunity and inflammatory. So, you know, just and if you look at, you know, February bowel disease, they likely have also Hashimoto's or, you know, or some other autoimmune that's going on.

Somebody goes up and down or chronic infection and what the studies actually show, if you have toxins and, in a chronic infection, you're going to get autoimmunity and especially a lot of times to the brain.

And with the we been doing, you know, treating all these veterans that were in Special forces, guys that were 100% disabled. And, we were doing every, you know, paying for everything so we could get great tests.

So we kind of tested everything. And I thought they'd be all over the place. Right. But we found that they all had the worst immune system you could imagine.

Their telomeres were so low. I mean, they were. And these guys are look, you know, they look like they're in good shape, but they were like ten years older than their, chronological age, 20 years older.

and, you know, tons of toxins and, and tons of inflammation, a lot of that traumatic brain injury, you know, so they all got their guts or just the mess.

And what we found is they all had chronic Lyme, and I'm like, what the heck did they get Lyme? You know, in Afghanistan there's there's no Lyme. But then we found out they all went through Fort Bragg in North Carolina and laid in the bushes in North Carolina for a month.

So and they all ended up with and, you know, so antibodies against all their, you know, receptors to their brain, dopamine, serotonin or Bennifer and and you wonder why.

Okay, the VA is treating them with antidepressant antipsychotics. You wonder why it's not working. And 60 plus vets a day are killing themselves, right.

You know, and so we got these guys better. And, and now they're so grateful to the Special Forces guys. I mean, they're just so humble and, you know, because they they don't have to say that because they know they can kill you, you know?

Yeah. It's like, if you don't get me, better to kill you. Okay. I got an incentive here. But no, it was really satisfying. So and then we actually just got a grant, to publish that data.

So, you know, hopefully that will be coming out. this is such an amazing correlation to be able to, like, finally put together. And I love how you simplified toxins plus infections equals autoimmune.

Yeah. So there's a number of studies I was going to but that. Please. Do demonstrate that. Well there's there's one that was like a cobalt mine in Africa.

And they all had these, you know, tons of heavy metals and but no lot immunity except for the people that got malaria. And once they got malaria, both it was like autoimmune and essential.

They end up being disabled and all that. that's just one of the studies. But there's a lot of other ones, demons treatment as well. It's super interesting.

So what what can we do about this? You know, using like you talk a lot about, you know, these key peptides for, I mean, for example, to unpack those for the audience.

Yeah. So and then we got the bio regulators which are really exciting now. But in terms of so you want to give a thymic peptide, right. So you to actually will boost that to one.

so you can use biomass in beta for timeline. Okay. Those are injectable and they've been banned basically. But actually, the, the a thymus basically is about 100 times as potent as stimulant as time and time again.

Sorry, I'm doing a bite. so, time again, which is orally active, is shown to be dramatically many four times as potent as the injectable. And then I. Didn't know.

That by a regular byline, which is also amazing. It's classified as a Timex Blair splenic also pituitary by a regulator. And it it does so many things lowers inflammation, modulates immune system.

And then you have you want to boost that side.

Autoimmunity, Infections, and Gut Disease

Then you have things to calm down the two which would include BPC which also kind of repairs everything. tb4.

Frag. So that the tb4 which again was banned, 43 amino acids it will not absorb but tb4 frag will.

And it actually in Tb4 has multiple domains. So the first part which we use is the immune modulating part. There's a part that stimulates mast cells. Right.

And then there's parts that do different things. And so it cuts out the part that simulates mast cells for for normal people the massive part kind of helps heal.

But our patient population like yeah you don't want that. That's shown to like heal reverse. you know, basically in mice and things like that. And then CPK is really pretty amazing.

It is the, last three amino acids of alpha monocyte stimulating hormone, and it's super anti-inflammatory. So it's great for mast cell activation. But the interesting thing is that it it actually improves immunity, you know, so it's kind of like giving a steroid that improves immunity.

It's also very anti-microbial more potent against for instance, fungal. And there's a lot of studies showing fungal infections in Crohn's. And now bowel disease is a major issue.

it was more potent than the flu can at 1/1000 the dose. so against staph aureus at like 100 times, so one, 100 the dose. So it and if you go to, my recovery.com is a patient the, we it wasn't our patient.

You had a blog. She has an autistic son who had a big blog, and then she got long Covid. But a lot of guts and symptoms is a big following. And everyone has gut symptoms.

And she took the Cfpb and is like, oh my gosh. And then all these people are going on like, oh my God, it made me so much better. And I'm like, stop. It looks like work.

It's like they're made up because there were so many. But and she's so nice. She like, we, we donate, stuff to her and she is give gives it out to to all the people.

But they really is a it's a nice review of Cfpb and you know and these are the the toughest. They're all super sensitive. And and we're like wow. It was just it was just overwhelming.

but so Cfpb is great. And and so BPC will basically lower that inflammation TV for free will work on the tight junctions okay. And then and Cfpb will now you lower the in the in the inflammation also work as an antimicrobial and also balance the immune system.

So those three are key. You know, I have a funny story to tell you about Cfpb before we move on. A couple of years ago, all hell broke loose in our clinic and in our practice and could not figure out what was going on.

And we've always worked with very sensitive folks. I call them pioneers because they're super gritty. They're, you know, they're tough, they're willing to do the work.

But, you know, they could be really sensitive. And that's the whole point. How they end up in our our practice. And for some reason, for a few weeks, everyone was having a huge increase in symptoms.

And we realized it was because Cfpb was out of stock and they were all go. That's funny. Yeah, it's like it's pretty amazing. Now the one that. I've been giving it the credit due until. Then.

There you go. and and actually the one we use is an isomer. so it's a natural occurring isomer and it has about 20 times the half life. Oh, interesting.

You know, and same with, we know about the BBC stable, BBC versus, you know, the arginine BBC, which they call stable BPC which is really unstable. BPC Yeah.

So if it's 20 times the half life, what what is the half life for your KP with that I see. Yeah. So the normal is about I think like 20 minutes and now it puts it out days.

Nice. Very cool. I'm sorry I interrupted your train of thought. We're going to go on to the bio regulators. Oh. yeah. And, sure. And you also, there's it with the bio regulators.

Okay. What is a bio regulator, let's say what is a peptide? Okay. So peptides work differently than hormones. Let's say hormones go into the cell. basically will attach to the DNA or and the repressors or activators and work slowly on, slowly off and kind of change things in a broad sense.

And then peptides work on the cell surface, and have a trophic multiple effects. Right. And you kind of think, well, it seems like they would have more side effects, but it's the opposite, because like supplements, they're very much like supplements.

So supplements have a lot of effects. But this happened to you know, this one keeps this from happening. But when you have a drug that goes, you know, super targeted like it messes everything up because the links can't compensate.

And now the bio regulators, they're by definition, less than four amino acids long. They are orally active. They, they're so small that they don't get broken down if they're are collated, imitated, and they also go in and attach to the DNA and work that way.

And they work very up a genetically. And so they will just happen to like turn on all the anti-aging genes and turn off the sickness genes. And there's so many studies like you look at yeah.

Same again in cancer. I mean it's just like incredible. that battalion and you know they would give six the or this is a 15 year study on people with significant heart disease.

They gave them Epitaph One, which is the pineal peptide. and and followed for 15 years is six doses. The ones that got the, the epitaph on, another part of that.

They also gave them the time again, and they had dramatically less cardiovascular disease, mortality, morbidity, their quality of life was better. Their cardiovascular system got better, not worse.

And, you know, you can see all these things and or like the Callan, of what, is like they'll give it to and we use it for fertility like they gave it to menopausal rats.

They all started menstruating and 25% had normal live birth. so it is if you add, pineal peptide and a thymic peptide, it is certainly the best anti-aging insurance policy.

Wow. Interesting. Okay. So talk to me about how that applies to our, our guys with chronic conditions, anything that they need to think about as they layer these into their protocols.

So yeah, when you look at, you know, the gut brain access and the brain gut access and the nice thing about the peptides, because, you know, people are saying kind of, you know, gut brain access, you know, like with the, you know, all these neurodegenerative diseases, the gut is making a big difference.

But also the brain totally affects the gut. The peptides work on both sides of that. But other one, article is actually reading, I don't think six hours ago.

but they found that because I used to think that, there's, there are multiple mechanisms, but they, they thought it was like the brain's effect, like causing ulcers and things, but they found a huge effect was due to the pineal, hypothalamic pituitary adrenal and thyroid access.

So, and this was a thing we found out is if you look at these patients, they often have low cortisol but very high

Acth. And so what that means the body's pumping out for control and releasing hormone.

Trying to get that cortisol up in court. in CRH control racing hormone is a huge direct stimulator or Marcel's and and inflammation. And so you know so you really want to work on the on that axis so you can take the pineal peptide, the adrenal, happening, by a regulator.

the, adrenal by our regulator. And also the thyroid is shown to play a big part. And all these people have low thyroid, but their looks normal because they have pineal hypothalamic pituitary dysfunction.

So the TSH is low and their thyroid is low. But, you know, you are taught in medical school thyroid easy for kids age is higher. There is a little it's low your high.

If it's normal it's normal. So they don't show that they're actually low thyroid. But huge effects on the gut. And we check everyone's through a thyroid flex.

which, British Medical Journal showed it was a better test, the blood test for thyroid measure, tissue level. And we'll check everyone's basal metabolic rate and pretty much every single person that comes in has chronic illness or has dieted significantly, has about 25% lower metabolism than a person of their same age and weight.

So they're actually, only burning of calories for a person is 60% weight, 60% of what their body weight is.

Peptides and Bioregulators for Gut Repair

So, you know, with no metabolism, there's no mitochondrial function. and all that. So you want to take care of that in the thyroid by a regulator is amazing.

It's like you give it and let's say, high thyroid, it brings it down. If you have low thyroid, it brings it up. If you have Hashimoto's dramatic reduction in the autoantibodies.

And so really and that's I have a talk coming up was the 11th. it's part two of the thyroid on T3 and peptides and by regulators for Hashimoto's and you know and low thyroid, but yeah.

And so, I mean, all these things are amazing or like the kidney one, you know, some leftover chronic kidney disease from, from the infection. And so, like, Britney would run, like, one, three, but I would take a thyroid by a regular, but, there's a little too much information, but I know it was always dumping protein in the urine because the verum was very foamy.

Right. So you take very by a regulator and about two hours later and for about three days, there's no home in the urine. And, and we give it out to like, my, one of our employees gave it to her mom was on dialysis and and forgot about it.

And she goes, oh, my mom called me and says, the doctor can't believe it. My never seen someone's, kidneys get better on dialysis, you know, and, but so there's also got by a regulator.

Okay. which lowers the inflammation and, it works the like, great for, you know, it goes especially you take give it along with the BBC in the, in the other ones.

and then there's a, which isn't I don't know if I call it a by a regular, but we discovered a in H. Pylori by a regulator, totally nontoxic, that just wipes it out because H.

Pylori actually think it's just O local infection. It causes the same immune shift and and all those problems you need. And you look at these people, a lot of them have H.

Pylori and but they don't connect it. It's also kind of a marker of low immunity and a cause like like so many things that cause again, everything's cycle.

So then you get, again that pineal pituitary dysfunction, you get mitochondrial dysfunction, you get immune activation, coagulation and then the leaky gut and then all that.

So yeah. And they're not producing enough stomach acid because H. Bray Lowry bumps up on, on from like a two to a six. You know, it's really hard. Right.

And then you can give the pancreas by a regulator which, which actually, now let's say we've had people with type one diabetes start making insulin, and type two dramatic reduction in their, blood sugar and inflammation.

you know. Oh, but that would be so important. Like the pancreas. Or the heart has been a, a lifesaver. and people are, you know, with the palpitations and the, myocarditis and the, endocrine and the best thing for it, along with PBC, HPV, TB for bragging and TB for a frag.

Yeah, it does a lot of things, but you kind of get labeled with what's what studies were done. Right. So there are a ton of studies done on heart in showed that it rejuvenated the heart with you know, from MI and stuff, but also with you also got to realize too that for autophagy.

Right. So the body. Yeah, it's really a hot topic now because of the anti-aging that your body needs to be able to recycle the cells that basically when they're like basically oxidative stress, they get damaged.

They get and the mitochondria sense, you're basically when there's something going on. So they'll go into cell danger response, which instead of now making energy, they start pumping out reactive oxygen species.

So they're basically not even not doing what they're supposed to, but they're making everything worse by increasing inflammation. You look at diabetics, congestive heart failure, like most of their cells, are senescent and now, in order to and the reason that they're not getting wiped out, is that that one that, like, natural killer cells need to be able.

They're just too weak to go get rid of those. so you can give, you want to boost that and that you'll be able to start, you know, killing off these. I say recycling, it's it's very healthy.

You're getting rid of the, the gunk. And, and then they can start, and then all of a sudden the inflammation goes down. you can give like, direct analytics, like Foxo for DRI or the there benefit set new, and things like that.

So it's a really hot topic in terms of aging and chronic illness. So we'll have like chronic Lyme patients and their just stuff and then we'll give them this analytics.

And then like all of a sudden the inflammation just goes way down. same same thing. for instance, we had or our last, Crohn's patient was a nine year old who came in scheduled for, connectome.

and, so said nothing worked. She did all these alternative, all that, you know, standard stuff, and we take out her colon. And, so we talked to her and they went through all this and and she's very conservative, though.

And so we gave her, she's one of you just BPC so we that probably her symptoms dropped by 50, 60%. Then we added in okay PD and then time again Alpha one last time is the same again.

And Valen and KP and essentially eliminated all her symptoms. And, and it was funny because, she went over to, this person's house and told them, oh my gosh, this this doctor, half of a half or half or something like that.

Like, he doesn't have to get her her colon, take it out and he goes, he goes, is it hot or. And she goes, yeah. Do you know? And he goes, yeah, I work for him.

So it was kind of funny, but yeah. But you know, and that's what we see. It's like like standard medicine is just failing in so many different ways. But, I don't, you know, we don't get you don't get that.

But, but there's so many ways to, like, look at the underlying issue and treat it. I really appreciate you saying that because obviously, you know, the folks that are watching this summit have been down a really long road where they have to suffer for years, if not decades, before finally getting a diagnosis, only to be told, well, you know, the path for you was let's put you on some opinions and.

They're made to feel like maybe they are crazy, that they're making up the symptoms. Yeah, yeah. And that it's just about managing the symptoms. And, you know, hopefully avoiding surgery.

You know, it's a really dismal picture that Western medicine. So it's like so many things in this immune modulation like ALS patients that come in wheelchairs, they're jogging and they go back to the neurologist and they go, oh it's it's not curable.

So it must have not been ALS, you know. well, three of you diagnosed them, but, you know, it's just so many things like that. Then all these neurodegenerative diseases and there's so many actually, there's some good peptides that are there stuff because someone's paying for these, not they go through.

And and there is the approved one that 60% of the people approving it had stock in the company. Shocker, right. Yeah. This is what we're getting down to.

You know, the only I want to mention, Peter mentioned that the probiotic, which is really unique, it's kind of, you know, kind of hit the market because it has shown that inverse correlation with weight.

the more actor mentioned, the, basically the skinnier you are. And it basically goes in to it, it eats mucus, but so it goes into the mucus layer. And so it has very close connection to the, the cells in the, the gut lining.

So it's a very profound effect. And, but it actually kind of it may actually be bad, but it actually ends up increasing the mucus layer and dramatic reduction, in permeability of the gut.

So that's another one that we, found. And there's a number of studies on, like I, you know, in, in, in Goblin. so we have that with is BBC by the, by Alan at Romanzi.

prebiotics, probiotics and the IG. yeah. Can you talk about gut feeling and what that product does versus like other, you know, general gut support? Because I think that this works completely differently than other probiotics that.

Yeah. So we kind of again, what was really do with the probiotics with the by a regulators is group them together because right now they're like most of them are in Russian and there's extracts and synthetic and you're like, what the hell is this guy?

We have a dog, you know, and, and so we're in a put them all together.

Gut-Brain Axis, Hormones, and Metabolism

And so it's like, here, you take this, and, you know, for, for gut, you always want the, you know, immune in the brain, you know, all that stuff. But, that so we basically put the BPC, the Cfpb, and the Valen, together.

and then with the IgG and the acromion as a formula. So just one it's a powder now, but we're also going to put it in capsules. And then we have coming out of liposomal brain formula combination of three by a regulators and also a thyroid by a regulator, which has three thyroid bilayers in it and a pineal.

so we're trying to make it easy and, and normally like those, they're about let's see, retails usually at dollar to $2 a capsule. and we'll be like a fraction of that cost.

That's really amazing. So is that like I'm thinking about the the typical person listening to this who has a lot of food sensitivities, probably histamine sensitive, if not, you know, full blown and castes.

also obviously, you know, serious bowel dysregulation, mitochondrial dysfunction, you know, for the long term may have additional autoimmune conditions, like for example, rashes.

where should they start when they're thinking, okay. Yeah, peptides to reverse my Crohn's. Yeah. And also I mentioned something about, you know, the all these food sensitivities now. Yeah. Yeah.

it's really any infection, any toxin actually is going to magnify that like crazy. Absolutely. VPC is shown to bind up the toxins and not only kind of Biden flush them out but also prevent the activity of that.

like it also will like, you know, MPs and these patients are really sensitive MPs and they'll get palpitations, all this stuff. So it actually blocks the, doesn't block when it modulates the abnormal calcium channels in the heart like it does for other toxins.

So they don't have the side effects. And and so they don't have the palpitations. And it also like prevents overdoses of meds. So it, and it's kind of a smart peptide in that let's say your blood pressure is low.

It raises your blood pressure. But there's high. It lowers it. If you're hyper label it that basically, you know, makes you, less. And if you if you can't clot it, that allows you actually the bleeding time goes down, but stops that hyper flexibility.

So, that's probably I would say start there and then add in, the Cfpb, the time in alpha one, which is again the same again. So you can boost that. The villain which has that effect.

and I mean the, the gut. Yeah. The, the gut product is probably a good start. But then also really do the pineal and brain because it is again, their thyroid screwed up.

They don't know what their axis is function like. I did a review article function in Chronic Fatigue in five myalgia, found that 90 plus percent have adrenal dysfunction, but it looks normal on the blood test.

And if you see someone with a high Acth, okay. And you'll see this, but low cortisol, those are it's going to be like very typical. And so you can either give a little cortisol.

But if you give the pineal by a regulator in the adrenal that will normalize. so what kind of time frame are we looking at to be on peptides before you start seeing or these by regulators, before you start seeing some shifts and some symptom relief.

Yeah. I mean, everyone's different. my regulars that have seen them, I say, well, they're kind of made for, you know, kind of long term because there are a number of studies are coming out or they put people on them, three year studies coming out and the people last on average, it was, you know, 5.5 biologic years, some lost 17, you know, but they'll actually what.

Period of time? The three years. Those are the three years. And. Okay. And didn't, haven't changed anything. except just just take those, and but you don't have to take them forever because you look at the studies like they gave six doses and 15 years later, they're still reaping the benefits.

So the standard way is like, do. yeah. Well, you all do usually 60 days worth of different ones, but then you can, and everyone has their own different protocol, but it'll be like, okay, you do ten days, you know, and then three months later you tend only ten days.

and then, but there's a lot of them, so you gotta like, rotate, you know, like you're on something all the time. But that's why we want to put them all together. Because.

So you're just not taking, like, you know, capsules forever. So. Right now that's a really good point. So and that feels more doable when you think about it that way.

Because everybody's telling you to take something and. Yep. And it's like, oh yeah, I think. It's time to recover. Yeah. It's like you know. Yeah. Capsule fatigue definitely.

What do you think is the most overlooked tool in your peptide or by regular toolkit for Crohn's and colitis right now out of everything we've talked about today.

you know I would yeah. You think I'd say the gut one because it does work. And from the bio regulators would say the gut because it works really well.

But really it would be the, the, the pineal or the upper Calvin pineal gland, which is like a subclass particle, and the thymus by a regulator. why would. You choose those?

Because that is going to modulate your whole immune system. And, and so you're over here, but not only but you like why you treat me over here. Because that's the problem.

Yeah. When you talk about immune modulation can you just for the newbies in the audience really underscore the difference between these tools and the immune suppressors.

They might get prescribed because those that come with such high side effects versus. Oh yeah. Duration and how supportive that is. Yeah. And and so what the typical immune modulators let's say immune spread, they'll knock out like a cytokine or a particular white cell.

And it's like a it just you know, your body can't it needs some of that. Right. You know. And so you end up getting, you know, chronic infections, cancer, parasites, all this stuff.

Yeah. And Candida, which now we're finding and other fungal infections that are a major issue. while these actually improve your immune system. See, but it's not about lowering the immune system.

It's about modulating. But these things lower. And it's like if you give steroids, it lowers libido, think stress lowers your immune system, it modulates it.

So it lowers that one but raises that to H2. Right. Emotional stress is huge. Like it is like, you know, death or a divorce or something. You know, it.

That's when people all of a sudden just. And if someone's in a very stressful household, like, let's say they're with, you know, narcissistic, partner, they are the toughest to get better.

Yes, yes, I know that one.

Chronic Illness Recovery, Hope, and Practitioner Training

From experience. And it's I don't know, it's there's something going on. I'm not going to blame the the recent, you know, treatment that was. But, it's like it's just exploding.

It is. Yeah. It's bizarre. Especially here in California. we'll call it an invitation to heal. This is what we'll call it. There you go. Reframe. It's not too late. Yeah.

I'm not so good at framing things. Oh, speaking for the practitioners in the audience, what advice do you have for them? because we obviously we want them to get peptide literate.

Find another job. No. You know, like I'm kidding. I mean, yeah. So really, it's like. And we're going to start a year long training. It's launching in August and, it's called peptides by a regulators and ship that works.

you know, and because people go to all these conferences and it's just blah, blah, blah, yeah, like all this minutia and there because of the CME, they can't like tell you what lab or you can't get these studies.

And and so we really want to like it's going to be our like a duty to make sure everyone totally understands and and like passes through, you know, and so we're so like, we want to really set up a community and, you know, we have a, a, accountability partner and that so we're trying to make it a thing.

And, and you can say, look. Oh, well, something else, the treatment. let me lecture on this. Okay. We'll do it. You know, so we're we're trying to change that whole thing.

and, and that will be available, coming up soon. but, yeah, I mean, it it's kind of like, what, the peptides and they. When I started my practice, actually.

Yeah, it's when I was sick and I wouldn't even go to an alternative conference because you're told that it's no evidence. And then when I finally did, because I was no one's getting me better, I'm like, we've been lying all this time.

It's more evidence based than the stuff that they're telling us. And I started, when did anesthesia, which is, was mindless right now, but I want to say that I get complaints.

I said that, but, it wasn't for me, and I'll say that, but I went into family practice, and then I just took over a practice, and I, found for me, T3 was awesome.

And then I found it was great for almost everyone else and called the thyroid Optimization Clinic. And we we converted the, practice to cash within a year, and we'd have the we didn't have to advertise.

It was just people waiting. You know, that's just T3. So if you use T3 really well and the peptides and let's say throw in some ozone and some other stuff like you can treat 90.

Well, I would say almost everything that comes to your door. And these are including people that have been everywhere and didn't get better. yeah. Yeah.

We often combine peptides and ozone and pretty much everything you said. Yeah. And you see the things that work are generally immune modulators. Right.

And, That also take into account the level of toxicity that your body has been subjected to. Yeah. And you have low T1, though, you don't detoxify and you and so I, you know, have that e-book out, which is welcome to, the peptide protocol for the rapid treatment of Sears.

and because there's so many of these Sears patients coming in and they're like, I'm on binders and, like, how long you been on? I'm like nine years. I'm like, okay, but I know I Shoemaker says, I'm going to get better.

And I'm like, okay, I'm way too ad for that. Let's just fix so, so what the difference is. And shoemakers and such a great thing for, for the illness and I would never, never.

Yeah. Wonderful advocate. We're just saying there's layers of yeah. And they that it doesn't go but. The whole the whole strategy is get rid of the toxins to raise the immune system.

So just go right to the immune system. And now you can get rid of the toxins so much easier. With way less drama. Yeah, yeah yeah. So it shortens that path from.

And then we will use antibiotics for chronic Lyme. But it's almost time. We don't. Yeah. We never use antibiotics for Lyme. We get great results. And in part that's because of peptides and ozone and, you know, knowing when to.

Because most people have Lyme don't have symptoms. It's when the immune system that they get, you know, something else. And now it just comes out and then now it just wreaks havoc.

Yeah. It's really an immune system. Yeah I. Totally agree. Yeah. It's so fascinating. And it I hope this is giving

people hope because it's never too late.

I mean we're talking about aging backwards. We're talking about reversing autoimmune diseases. You've been told you'd have to live with forever like this or like Ms..

It's like, yeah, okay, we'll we'll be out. You'll be fine in two weeks, you know? So yeah. It's like, well, you know, there's a range but yes. Yeah. You know, it is like a breathing room.

They're like yeah. Or scleroderma. they scleroderma. I can show you the studies is a symptom of Lyme. Yeah. And we had a guy who went to the Mayo Clinic and he had scleroderma.

Just he was just dying basically his body was deteriorating. They said we can't do anything to you. can't help you go I suggest you go to Hawaii. Smoke but not so.

He was on a plane to Hawaii and to go die and smoke pot. And he had to sit next to this doctor I know, and she's. They didn't talk, and she was. You should go talk to his doctor.

I know, so it gets he comes back and then he comes in. You know, long story short, within a number of months, he's totally fine. And he had Lyme, of course, because it is a marker, Lyme right now.

He was happy, but now he's really pissed. Of course. Right. And he became this he moved to Washington, DC to be an advocate. And then we saw him, a lovely lady who's.

It's impossible for you to, But, Yeah, I mean, there's so many cases, all these, you know. Right. And everyone has this chronic multi-system illness, like, are you seeing this?

I don't know, I'm getting, all these patients, you know, kind of saying we have multi-system illness, but anxiety is their number one thing. They just can't, you know, they are just so anxious and and depressed.

I'm like, I just got a couple in a row or something, but. No, it's it's really common at this point. We've seen a huge uptick in that as well. And you know, I think that's the obviously it's the bugs and anxiety on an emotion, guys.

It's an over excitation of the nervous system. It's brain on fire. Exactly. It's brain on heart. And so it's infections. It's toxins and it's absolutely reversible.

Anxiety is not your temperament. It's not. Anxiety sucks. You know. It is. It's like, the two things that that there's two things it's like not being able to breathe. Yep.

Like heart failure. Like not fun. And then anxiety because it's just like you're you're doing like, what is it when the, people go into jail and they're, you know, coming off of stuff and they're up like also they just do double time, bro.

So you're miserable. Like you can't even go to sleep. Yeah. Let me get an idea. Yeah, that that's fun. You know, that touch your skin and like. Yeah, yeah.

And people don't feel too sorry for you when you have allergies. Yeah. Because they don't get it. It's just like you touch me, you know. Oh I know, and.

Well, I mean, the problem with all this multi-system, chronic illness stuff is that you usually looks fine and you can fake it for short periods of time, even though your life is ruined and it's shrunk down to the size of your symptoms.

I remember this very well. I remember being told that I was faking it by the people who supposedly loved me the most. Yeah, because I'm telling you, even people love you.

They there's a limit to their empathy. It's like, exactly stuff like, why don't you just go exercise? Or if you just eat better, like, I'm going to punch you in the face.

I actually have a theory about this. I think the doctors. Are the worst, are. Often the worst and the least compassionate because they're so attached to us.

Returning to normal. We wait who. They are, our loved ones. They need us to be back to normal. And they want it so bad then they're now they're pissed, you know? Yes.

So they want to stabilize the family unit or your partner is like, hello, I need to be able to count on you or raising kids together, or your boss or your colleagues or your friends, or like, when are you going to be back to you?

And you're like, as soon as I freaking care. And I'm doing. This. They're like, I want you out of the house. Yeah. Because it's more work for them when you when you.

And it's hard. It's tiring for the caregiver, you know, and especially when they look fine. Like, I have to go get your food, you know, really, you know, and, They're not always and.

But doctors are I just the horror stories of the things that they tell people. Like, if a doctor can't treat it, it doesn't exist. It's patients. Right?

It it's it is appalling. The standard of care, the number of things people have said to me walking in our practice, like my GI doctor said, it doesn't matter what I eat or I will always have this.

It's only going to get worse. Or I'm looking at or it's genetic. Oh it's genetic. That's my favorite. Oh my god. If one more person says that to me, I'm going to lose it.

Because yeah, for the listeners, you know, genetics may be 20% and that's being generous. Epigenetics. You can turn these genes off. You can turn the genes on.

and, we're not ruled by our genetics. Yeah. Notice we've been talking about autoimmunity for an hour, and we never once said genes. We talked about accents, infections, stress.

We didn't say anything about genes. Yeah, yeah. I mean, there's tons of. The ones that. So listen to us. Yeah. It's it's a predisposition. But you can chop it up or it's kind of like with the people with the Brockett gene.

It went and kept the breast off. I'm like, no, no. I know it's so sad that bad as medical trauma that as a medical malpractice. Well, you're getting me fired up. Can't.

Well, okay. Well, of course, that would have to be our interview. I've really enjoyed this. This is. It's always. I always have the best time with you.

and and keep up the great work, by the way. Thanks. Back at you. I just love watching you expand your your set of tools that's available for everybody.

Do you have any last words of wisdom for our wonderful audience today? I would say there's also oh, there's hope. There's way more than hope. Like, you should get better.

You deserve to get better. and just the days of listening to your specialist and doing whatever they say is gone. Okay? You have to take an active role.

And, in your health care, be open minded. but, you know, I think don't even don't trust me. I, you know, go out and read everything and come back and say, oh, this says you're full of crap.

Okay, well, let's let's talk about it, you know, and you'll have doctors. oh, if you read Doctor Google, you can't be my patient. Run from that doctor, you know, come back with all the questions.

Be, you know, you you basically, it's great just, you know, termination and then just clarify it. The doctor is not

willing to justify their treatment.

I don't think I go absolutely. I completely agree with you that the days of doctors saying, don't confuse my medical degree with your Google search or over because that what they're really saying is, my, my 1 to 2 hours of education on your condition is more important than your lived experience.

You know, that is so well put that just, for some reason that just hit me because it's just so, like, do you not have a doctor, like, okay, that's all you have going for you?

You're sick and you haven't done so, and you haven't done any continuing medical education since you graduated 30 years ago, and you're still doing the same damn thing that you were then.

Yeah. And you were never sick. This is all hypothetical for you. So, Yeah. Anyways, we didn't mean anything bad. We're just kidding. We're just. We're just teasing, guys. We're just poking at them.

Our passion. We. We love our colleagues. We both train. Our colleagues are practicing our our practitioner friends. We want everybody to have access to this information.

So where can people find you, Dr. Kent? I'm usually at my desk for three days at a time. they call me at three in the morning. How come you never get back to me then.

Rude. Oh, no. Because, you know, okay, truth, I don't. I can't keep up with my emails, and I don't even look at my phone because I just get. So I've given up and I've had, hired all these basically assistants, and they're just like.

And they have a nervous breakdown. so I'm getting them from out of the country. I'm gonna have three that are just going to monitor my emails so that I can.

Yeah. People are like, I've been emailing. I've been calling like, I, I can't even look at the phone because if I do, it's, there's a whole day. And then what was. That about anxiety?

I'm just teasing it. Yeah. So, yeah, we're, you know, Holtorf Medical Group, in El Segundo, and we're going to be launch a telemedicine group, and, that the peptides out and then integrative peptides, and then we're doing some clinical trials, and, probably going to also working out and becoming a professor in Mexico.

so we can even expand a lot of stuff like, you know, the anti C. Yeah. yeah. and there's so many treatments that are just, like, nontoxic and effective, and, you know, we can even do even more, down there and, so, yeah, kind of good stuff going on.

Just, I was trying my, you know, don't sleep for three days, then sleep. And, I don't like, I, I mean, that I think it's aged me. It's like, you know, but, it's all good.

And thank you so much for, your insights today, your, your clinical wisdom, and also just some really great big picture, you know, awareness of the tools available to us.

Thank you. Appreciate you. Appreciate it.