Introduction to Peptides and Dr. Turnpaugh

Hi. Welcome back to the Peptide Summit. I'm your host, Dr. Jen. Today we are going to be diving more into peptides and talking about peptides in functional medicine with Dr. Chris Turnpaugh.

He is a skilled practitioner whose primary focus is on finding and addressing the root cause of disease. He graduated from Life College of Chiropractic and received his doctorate in functional neurology.

His interest in functional medicine began with the intent on helping a current patient, who was looking to address his whole health picture after an ALS diagnosis.

Dr. Turnpaugh attended a seminar in 1950 1995 given by Dr. Jeffrey Bland, the father of functional medicine, and that began his career in medicine. His passion for functional medicine led him to open the term Health and Wellness Center in 1999.

He enjoys the overall care team approach and love sharing knowledge with team patients and other providers. His extensive experiment experience in supporting patients who are dealing with the most difficult chronic, autoimmune and neurological health condition.

He has a vast history of personal experience and consequently supporting Lyme disease, autoimmune diseases, fragile X syndrome and pediatric neurological conditions, thyroid disease, hormone conditions, and more.

So we are so excited to hear from him today. Dr. Turnpaugh, welcome. Thank you so much for having me. Yes of course. So I if I, if it's too personal that's okay.

But what what history personal history did you have with like Lyme disease and fragile X? I would love to hear you know what sparked your passion. So. Well, the passion really started with a gentleman, Mark York, who had ALS, who came to me, and I didn't, you know, had this big fancy neuro degree and I didn't know how to help him functionally.

So that's really what started it. Then. my wife got diagnosed with Lyme disease. and then she lost function of her limbs. She couldn't move her arms and legs, so she had neuro Lyme.

so that got me diving deeper. I also have a son with fragile X, which nobody knew anything about, including myself. So we went down that road and they said, well, you know, their their line with all of, we'll call them special needs children is expect so much from your child.

And we had a we disagree we think we can do more. So we have our son is one of the highest functioning fragile X children they've ever seen at Kennedy Krieger at Johns Hopkins.

But of course, they say it's not because of anything you've done. It's just luck of the draw. So, so that was interesting. And then in 2003, I was diagnosed with primary progressive MS..

And I was told by Hopkins, I'll be in a wheelchair in five years. And so that was many, many years ago, which is basically, almost 100% abated. So a lot of personal challenges.

But it started from a patient who challenged me to learn. I tell the story, in a book there. He put his finger in my chest. He said, learn or quit because I'm going to die.

So I need you to either learn or quit. So that's when I said, well, I better learn. And I went to that seminar in 95. Oh that's beautiful. You mentioned a book.

So we have we wrote a little booklet. It's called the. I used to do a little series for the public called The Handbook for Health, and we go through 5 Pillars of Health.

We wrote a little one. It's an easy read, but I've been writing a book for 11 years, and we're just about the finish of that book that's more chock full of research, is more for an astute patient or a clinician.

Personal Health Journey and Functional Medicine Origins

And, the other one is more just for the public. How can I start on my journey without seeing a practitioner? Or how do I change my life? So that's a very simple one, just called The Handbook for Health.

The little pamphlet, if you will. It's 50 pages, but it's just about what are some simple steps I can take before seeing a practitioner? The second book, which has been the bane of my existence because I've been writing it for over 11 years, is more a deep dive.

Understanding the physiology and some the research behind it. That's amazing. And yeah, you've had so many opportunities that you could quit and probably get frustrated, but instead you turn that around to just knowledge and and probably helping so hundreds and hundreds of patients.

I bet with the knowledge that you that you gained. And being able to look a patient in the eye and say, I've kind of been in a similar hole as you, and if you have nowhere to turn to, not that anybody has all the answers.

None of us have all the answers, but the wherewithal to say, I'm going to keep looking, keep searching. If it's another practitioner, if it's another facility, if it's something I don't know, and you know, when you're going.

When I was going through my own health journey, I didn't have that. It took a, you know, people weren't really willing to join me on my health journey and be, helpful and participate in my health journey was, you know, take the shots and hope you do better and destroy your immune system.

And hopefully it doesn't kill you. in the same with my wife. When she went through Lyme, I had to convince the practitioner at the time to even run a Lyme test and the specific Lyme test, and he was shocked.

Although giving him credit. He then joined our lads and learned about lying because he didn't know anything about it at the time. So we were very fortunate that he was willing to run the test and then fortunate she's made a full recovery.

so it's it's played a personal role, but I still give credit to a patient who challenged me, and said, learner quit because I'm going to die. And it's pretty profound when someone looks you in the eye and says, my life is in your hands.

Not, you know, this isn't a cold or flu. My life is in your hands. What can you do for me? So yeah, like even just today, I had a patient that had elevated liver enzymes since he was young, and everyone just kind of ignored it.

And now there's cirrhosis, diagnosis, hanging there. And they came to me, they're like, no one, no one is caring about this stuff. And I think that's what's the problem with medicine.

It's like they're not digging more because they just don't know what to do or they don't want to learn more. And and that's why everyone's here of listening to this.

Right. Like peptides. That is something that we have to go out of our way to learn more information. No one no one fed this to us in school. So with that, let's let's dig into peptides.

So who exactly benefits from peptides? Have you found. Well it's a broad array I think it's a powerful tool. That was in our toolbox years ago. And then it went from it was in our toolbox in the injectable version, which is high doses.

And then that a lot of it got taken from us. So we had to kind of figure out a what a peptide was, who was useful for, and then how to reinvent it every time one was taken from us.

That was working well for us. So, it's been a bit of a journey. I think that if they're used correctly, it can be one of the most powerful tools in our toolbox, especially for those, you know, the popular thing is healthy aging, but people that are suffering and not recovering.

So when we have an immune system that just can't seem to recover or put itself back on track, we find that peptides are very powerful and helpful in all facets.

So I think that most of our patients will benefit from some form of a peptide directed peptide, and then some of them are using peptides to, kind of help that aging process and help that healthy aging process.

So a wide array. But I would say of our patients and again, I was telling you before we started with 20 practitioners so that a lot of patients coming in, most of them are exposed to some kind of peptide at some point in their care.

Yes, I agree with that. And it depends on where they're at in their health journey and what specific, you know, benefits do they want. And, you know, I tell my patients sometimes I'm like, once we get the basics down, then we can play and have fun with the peptides, where sometimes we just need to pull them out, pull out the big guns right away because we that really might help their specific condition.

So is there anyone you wouldn't use peptides for? So a couple concerns. depends on what peptide I'm talking about. So there's people that, I would still say even though we're well into the peptide era, we don't know a ton like about a lot of them.

We do, but some of them are newer and we don't know as much about. I think that, most people, though, I find it very safe and effective for. So it's a very rare, specific instance where I'm going to say, yeah, I'm not really going in the peptide world there.

Yeah, I agree with that. And, you know, sometimes age too, like with kids, we don't really know as much. So we're mainly talking for adults. And sometimes like with the growth hormone releasing peptides, you might want to get an IGF-1 usually just to start with.

So you know also BPC 157, if there's an active tumor or something like that, you don't want to. So there are like little things that you just don't want to push it more.

But, you know, taking a good history, physical getting labs, you should be able to know who is in that category where they shouldn't. Yeah, I agree. So if we're talking about the oral peptides, I think they're much more safe and tolerated when we're using like the growth hormone secreted.

We're very, very cautious and protective. Some kids, of course, if they are low IGF-1 and they're low on the growth curve, we might utilize something like that.

However, most of the time we're very, very protective for kids who are still developing, and not using some of those higher, especially the injectable ones.

The oral ones we do feel are much safer.

Who Benefits from Peptides and Safety Considerations

Yeah, that's a great point about the oral ones. Most of the ones that we look out for, they're they they just have a softer safety profile. That's that's very benign.

And, and even in high doses in some of the studies. So those would be things like BPC 157 KVP oral. and there's new ones coming out as we enter this realm of some of them the injectable being taken away.

So I actually I misspoke, I'm referring mostly to oral because the injectables we've steered away from most so many of them been taken away from us. We'll use selective injectable ones that are still available to us, but those are very specific.

We actually have, SOPs for the injectable ones, for our clinicians, where these labs run, where they within these categories. So there's a hard no even if one of the providers want to do it, there's hard stops where they can't be done.

If labs weren't run and follow up labs weren't ordered, and if they don't meet criteria. Right. And now how effective are these peptides, if they are oral and what tips to make them more effective?

So the the oral ones we find very effective and they're not quite as strong. So again, they're safer and more tolerated. And a lot of the ones we use from the health gravity line have snack.

And I'm a small amount of an ingredient that'll allow that to cross the, the gut border a little bit easier. And we do find they're effective. For example, BPC when we were using injectable worked great.

We're finding very similar effects with the oral peptide, systemically. So we're getting systemic tissue healing with the oral peptides as well. Now what did you say that gets that peptide in better.

And why do you need that for the oral peptides. So some of the oral peptides don't cross the gut barrier as well. And they'll use smaller fragmentation like the TB for fragments little fragments.

But if you use snack, which is what they use for the oral semaglutide, you know, repulses that they use large doses of snack so it can cross over the gut, wall.

Now, those are high, high doses that will actually induce, leaky gut or intestinal permeability. But in smaller doses, very small doses, it will cross the gut.

We find increased efficacy of crossing the gut barrier. And we actually did in the office pre and post leaky gut test, to see if it was inducing leaky gut.

We're finding that it was getting good efficacy. asymptomatically. In our patients change. So we knew the peptide was crossing, but we weren't seeing changes in leaky gut profile.

Yeah that's amazing. And because if you're not absorbing it properly, it's it's not going to do anything. And so would you suggest when do they take these oral peptides.

Is it best before a meal with a meal empty stomach. So ironically we say the best pills the one you take. So a lot of people, if they forget it, I'll take it.

We'll have them a lot. Most of the time taken on an empty stomach. just so that it's not competing with other, food and other proteins and peptides. So haven't taken on an empty stomach.

most of the time. And again, though, if they're going to forget like the the Pepsi Strong since it's four capsules, we have them take it whenever they can and we still see the changes, the improvements in their their muscle growth.

So the best pill is the one you take. It doesn't do you any good in the bottle, but we do like to take them on a stomach. Yeah. And it's I do agree with that because sometimes people just don't take supplements.

I remember I ask a patient today, I'm like, are you okay taking supplements? Because they really weren't on a bunch. But you have to ask. You have to ask, you know, are you okay taking this regimen for 360 days?

Because sometimes people are very, you know, adverse to taking oral supplements and injectable to get that matter. When they get pill fatigue. So if they have too many that you recommend to them, they get pill fatigue.

And then well, we do a large amount of laboratory work as well. So we'll know you're not taking it because we don't have the desired effect. Something's wrong.

if we're not seeing what we're expecting to see, and especially with the peptides we do see along with other things, but we do expect a change. It's not like I hope this works.

We do expect a shift when we put them on a, regime or a protocol. Yes. No. Some of these oral peptides, are they better taken in combination or do you usually just have them take one at a time?

Well it depends on the case. So like we'll use the thymus and beta for frag 500 from health charity. That one it we use that a lot in post Lyme or chronic immune shifts where the the we're trying to reset the whole yeah thymus gland and brain health and cardiovascular disease profile from chronic inflammation.

So we see a lot of people that don't have the infection anymore, but they still have the results of the infection or post-treatment Lyme disease where they still have this ongoing, inflammatory state, this chronic, stuck in this cycle of of chronic cytokine inflammation brought very popular from Covid post-Covid.

But it was really post any infection we were seeing it. So we'll use the thymus in beta for or the it the thymus in beta frag with the same again. but we'll also use that with KVP to reduce mast cell activation.

We'll kind of stack those two together. if they're doing that, we'll put things like, the DNF ten frag, which is the satiety, peptide. We'll use that with peptide strong.

So as they're doing this kind of modified eating or calorie restrictive, if they're not using semaglutide, but they're using a peptide to get the same effect, we don't want them losing muscle.

So we'll put them on the peptides strong to promote muscle growth at the same time. So they don't get the sarcopenia obesity. So they're not losing they're not getting skinny fat.

So promoting that sometimes we'll stack them in certain ways depending on what the patient's outcome is. But the immune regulator of the the the famous in beta for frag 500 is is just really great at balancing out the immune system.

And then we say, well, what else is going on? And this may be in conjunction with an antibiotic therapy that they're doing for an infection. the KVP is great for chronic mold exposure, chronic viral exposure, bacterial exposure.

But we don't want the immune system to get stuck in that shift. You know, like Richie Shoemaker talks about where you're stuck there, from a chronic mold exposure.

We want the entire immune system to shift back from this. You know, H1, h2. Everybody's talking about imbalance, so you're stuck in this to dominance.

We want that to shift back or they're going to have symptoms. And the patients are going to think they're still sick with an infection when really it's an immune system dysregulation that they have to bring that back.

So we see a really nice changes with the the thymus. And and then also with the KVP when they have this chronic itchy skin and I don't feel good. And this mass cell activation and maybe they still have some you know the the the KVP actually works better than that if you can for chronic yeast the studies show.

So we'll use that for this. And a lot of our patients who have come in who've been bombarded and bombardment bombarded with antibiotics. So of course they now have damage to their mitochondria and they have chronic yeast overgrowth.

And so we'll use the peptides to bring us back out of that situation. And that's what's so lovely about the peptides, and especially taking them orally and safely, is that you're just rebalancing that immune system.

Oral Peptides, Absorption, and Timing

You're getting your body back into homeostasis so it can do its thing because our our body knows what to do. So yeah, that's the beauty of the BPC as well because it goes and facilitates healing where it needs to heal.

like although it was isolated as a gastric peptide, we find it works so well and just tissue healing all over the body. So it just knows where it needs to go.

And that's how the body was created. Yeah. And with the oral peptides are you finding you're using them for a couple of months at a time. And then maybe taking a break seeing where their bodies at and then restarting them if they need to.

Yeah. Well yes, we'll do two ways. So we have seen actually we'll do it for a period of time when they do a high dose and taper down and then see how they do afterwards for maybe a three month cycle.

We're also experimenting with three day pulsing and two days off, kind of a push pull. and especially in the Pans Pandas autism community, they're they're doing a lot of this push pull three days on, two days off.

So we're actually currently engaged in our own internal research on is that better at times with things like KVP? Are we using we're pulsing it for three days and coming off for two.

so we're again, we're in the infantile stages of trying to figure this out. Now with other ones like 50 strong, we keep them on for three months, will measure their their body fat and their strength and endurance.

they'll self-report muscle fatigue and that actually started one of our clinicians is a skier skis on the East Coast. But he goes out west and he goes to the West coast.

And he took it and he had no aches and fatigue afterwards. He was amazed. And that was a big trigger because he wasn't getting that muscle fatigue that he was getting.

So sometimes we'll also pulse it for an event. Like when he went out skiing, he took it more than he took it. When he was here. So I think it's probably prudent to do a trial for several weeks to months and then pull off and see what's happening, because these are supposed to restore homeostasis and reset the immune system and bring you back to basics.

And if somebody needs to stay on them, unless they're using them for, healthy longevity, if somebody wants to get over something, they shouldn't have to do it for the rest of their life.

They should kind of fit. We're a big promote promoter of resolution. We want the body to resolve itself and we want resolution, not ongoing treatment.

So we'll do it for a couple of months, pull them off, see how they're doing, retest them three months after that. If their numbers are stable, see if their symptoms are stable.

Yeah, that's that's really cool about the push pull I like that idea. It's it was actually at maps, the pediatric conference. They just had it. And one of our clinicians came back and we were doing it.

And they're actually doing it there. So they're seeing some large changes in just doing that. Three days on, two days off, three days on, two days off.

I know we've done that a lot for mass cell activation where we're not just shutting things down, we're actually pushing it down. And then they don't seem to rebound as much if they're getting this chronic urticaria situation.

We have a program for that where it seems to work pretty well and we don't have it all figured out. We're still in the planning stage of it, right? Absolutely.

What was the peptide oral peptide you were talking about for working out and strong something. So it's called Pepsi Strong. It's in the longevity formula from health Jeopardy.

And that is it has 2.4g of Pepsi strong. And it's from, very north to us, the company that does a lot of the AI, for, peptides in it is amazing. I put the stats in front of me because I'm so flabbergasted.

It's four times the protein synthesis of whey. It prevents loss of lean muscle mass by 54%. It decreases muscle fatigue by 47%. That lowers myostatin, which is that soreness you get from muscle inflammation by 54%.

It increases type one and type two. So type one, the slow twitch and type two the fast twitch. And as we age we lose that fast twitch. So you can find like identical twins.

They did a study where they're the twin that didn't work out was just as strong as the other one, but the one that worked out had his fast twitch. And fast twitch is what we lose were what trip or fall.

We can't get our footing fast. Twitch is what seems to reduce. So and these changes some of the studies they found in just 18 days. So it's a really quick where you can get some of the the muscle gain, decreased fatigue, more energy, and it doesn't take six months to get the results.

We'll see changes. Most of our patients are reported change in the first month, especially with the soreness with the working at and that's a big hurdle for people to continue on their workout cycle because though they'll be that weekend warrior where they want to get in shape, but there to sort of workout for the next week.

And with the Pepsi strong in the longevity formula. And it's super nice because it kind of is a smooth landing and it was going to get a little bit sore, but not nearly as short as they would.

They're motivated to stay on their program and then they'll make it a lifestyle. And it's just quite impressive the gains they'll see in a very short period of time.

Are you have you played around with that one at all? I take that one all the time now. That's one I'm just going to take for life because I don't want to.

I want to age gracefully, so I want to maintain muscle mass. So, I'm in the office too much so I don't get to work out as much as I want. So I do quick workouts, short bursts. I do them too.

I do my I do the verbal resistance training and I do it. Try to get it in. I get a really quick workout, I go to failure, I don't get as sore and I have, I will say I'm not in the gym all the time, but I haven't lost muscle mass over the past four years, so.

Wow. So okay, I, I have not heard of the peptide strong before and it's great. Now the game. Changer, right? It's a game changer. Well I'm I'm like all excited now.

Well my husband he's like he gets that post-workout soreness. And he even he woke up early today to workout. And he's like I'm going to be so sore tomorrow.

Or like he'll workout with me and I'll push him because I'm like on and he'll be sore. And you're right, that really doesn't impede people from working out.

Now genetically, you know, I don't get I don't really get super sore when I workout. You know, even when I'm switching, I get excited when I'm sore. I'm like, oh, I. Felt. Something.

Yeah, but but I mean, I'm still, you know, gaining muscle. But this would seem like great for those that are not a good candidate for those growth hormone releasing secreted dogs and or that they want the oral.

And you said something about it's utilizing protein better. So is it is it like taking an amino acid like or do you you

need to take protein with it or explain to us how it works a little bit.

So I'm a big fan of taking protein as well. I'm big fan of getting your protein in and, you know, turning over because you're recycling seven of those eight amino acids for muscle synthesis and protein synthesis.

Stacking Peptides for Immune and Gut Support

But just taking this alone reduces muscle loss by itself. So we'll use it in elderly population. We'll use it in patients who have been in the hospital for several days because they're rapidly elderly people that are hospital bed bound, to decrease the muscle wasting effects.

And then they're able to recover when they go back to, you know, inpatient physical therapy and they all the local therapy places. So they just do better than expected when taking it.

So it's an it's facilitative if you're working out, but it's also prevention of muscle loss. When you're taking it in you're not working out because you don't have that muscle degradation.

You're not losing muscle mass. And with everybody doing the semaglutide, we did this. So everybody's losing muscle. And they're you know, I tell them if you're going to eat, which you have to eat, something, you better be eating protein because you don't want to lose your muscle.

And everybody that comes in the office is doing the semaglutide, has to do what they don't have to. But we strongly encourage them to do the longevity with Pepsi Strong and take four of those a day, and you'll help to maintain your muscle mass.

So people that are in the gym that are working out love it, but also the elderly person that is really struggling. And we want to promote that fast, which we don't want to lose that fast, which that's where your fall risk comes in your trip.

You can't get your footing, that fast. Twitch really declines with age. We want to maintain that. So, it's a great one. If you don't want to feel sore, if you want to maintain a, you don't want to be impeded on going to the gym and missing your workouts because, to sort of go work out again, and you'll see the gains.

That's also, it's impressive when you stop because you feel sore and you also stop because you're working your butt off and you don't see the gains. And in this immediate society, you want to see those results in weeks, not months.

You'll get there a lot quicker with healthy strong. So we'll also use this. It's our first line before we go to a growth hormone secreted before we go to an injectable growth hormone secreted Gog.

Depending on the case, we'll try and support this. Yeah that's what I was going to ask. If you can use it with the GLP one or the GLP one's GIP. So that's that's great.

So you're really seeing them great. And synergy because sometimes I will put patients on a GLP one plus a growth hormone or secreted. But that's a lot of shots.

Yeah. Yeah. So I mean not a lot. But I mean this oh gosh I have a couple patients in mind for for this technology. You know already I think also like you said, someone covering recovering from a surgery like the elderly or something because sarcopenia I mean, you know, when someone falls and break their head.

Well, first of all, they're falling because they're fast, which isn't working as well. And then then when they muscle mass to protect their bones. Yes. And then. Yeah.

So this could be preventative. Plus if something does happen someone's in a surgery or whatnot then they can use this. What about sorry. My mind's going obsessed with this right now.

feeding tubes. People that aren't, you know, that have like, throat cancer or something and have to have feeding tubes. I feel like this would be great for them to, you know, just maintain muscle mass when they can't get high protein in.

It's hard to get enough protein. And we have a patient on a feeding tube. she's been our patient now for. I just visit her. I go to home visits is 14 years, and we use this with her, and we know we're swimming upstream.

she had a traumatic brain injury, so she's in a wheelchair. She's been in a coma for 14 years. so she's with the feeding tube, but she was wasting away, and this didn't turn out to turn her into Arnold Schwarzenegger, but it very much blunted the muscle wasting in her.

So. Yeah, it's it's it really spans the the whole person who's struggling to walk all the way up to the person that goes to the gym and wants to have optimal performance and also doesn't put them in a super physiological range like growth hormone or high dose testosterone or or they're not going to they're not going to put themselves at and and again, there's times and places for all those.

And I know we use them in our office all the time, but we don't want to necessarily push the super physiological range. We want to push healthy upper limit physiology.

And the healthy strong in longevity is just a really nice rounded out. You're going to see the gains without driving the hormones to that huge level. And you don't have to use the growth hormone.

And, we have a fair amount of patients who have pushed growth hormone to the edge, and they're coming in with bilateral carpal tunnel. And, you know, they they have the the tendon growth.

And we'll try to get them to see similar gains with the peptides trial. That's amazing. And I like how it's kind of longevity, because our muscle and having muscle is a big part of longevity, especially when it comes to insulin resistance.

you know, and people are starting to wake up and see this. And really, when I, when I tell my ladies to hit the gym and get muscle, once they do it, you know, because they're always hesitant, once they do it, they come back and they're like, I'm so glad I love this.

I feel so much better and it's great. So they could even do it less days in the gym now with with peptides. Right. Well and they're not going to see the loss. Right.

So I'm not young anymore I'm in my mid 50s. And so if I don't get to the gym as often I would see a rapid decrease in muscle. So I'm not getting there.

I'm starting to decay, if you will, in my mind. And so I don't want that to happen. So this is my cheat. I'm able to reduce the muscle loss and maintain muscle gain.

It's really hard to gain muscle after about the fourth or fifth decade of life, and we find that patients do pretty well with this. And we'll challenge them because we'll, we'll, we'll check their, their body fat and we'll check their, we'll put them on the in body and see how they're doing just as they come in.

And they're impressed. And we really saw a decrease when they went on the like you said one on the semaglutide. And they're doing the shots and they're they were they would come in and they were ecstatic because they lost weight.

And then we go over there. Results are like, you're losing muscle more than. So you're fatter now as a percent than you were. And when you go off and you gained, you're going to gain that back.

You're not going to put the muscle on. And so it was a real dichotomy for us to how to manage that. And the longevity has been very helpful for that. And so I think when you said in the beginning who can use what?

It's really kind of this is one that most people could benefit from.

Peptide Cycling, Pulsing, and Treatment Duration

And then when we're talking about like KVP and other things, it's more specific for a patient. Not every patient may want to go on that. But the, the the Pepsi strong from the same company they're coming out with the, the it's called Pepsi Pump.

It's a cardio one. And we haven't really played with that, but we're going to be part of a pilot project to see how it works for cardiovascular markers.

And we want to improve. One of our passions is to improve CVD, since it's the number one killer and always has been. And what are we doing for that? Of course, getting people to exercise and eat right is super important, but if we can come out with a peptide that would facilitate that.

And so with the results that I saw with, the Pepsi strong in the, in the longevity, the there's one it's going to be called Pepsi Pump and it's cardio nad that one we're hopeful for if we get similar results, same, Tim Doritos, the same company that came out with the Pepsi Strong was coming out with the Pepsi pump.

So we're excited. And again, this is emerging and we've really drifted away from most of the injectable peptides. And we don't have a the ones we really loved they took from us.

So, like the ones we really, really love that we're working great. Like the moxie and the, thymus and Alpha one. They were just game changers for us. And they took them from us. And so, they work too well.

So those were those were challenging for us. And we have made this switch. the two again, that were really big were the some time some beta for frag 500, which really helped.

It worked almost as well as the Timesand alpha one, the BPC we're using injectable now. We get really nice results orally. the peppy strong. We didn't have anything other than the growth hormone secreted gods which we would use.

But again, there was more caution involved, more lab testing involved, more checks and balances involved seeing no negative side effects with the Pepsi strong.

we're still routinely run their labs. We see no toxicity profile. And we just see the positive outcomes. Wow. That's awesome. I, I I'm excited to bring that new one in.

And that's what's so exciting is even though we've lost some good peptides, we're gaining a lot of good oral peptides. Yeah the innovation is coming I mean it's it's and these are there's there's really nice ones for like the DNF ten is a satiety peptide.

So people that don't want to do the shots for weight loss. It's not as effective but it's effective. So they're going to burn extra 600 calories a day if they do nothing.

Plus they're not going to be as hungry. They reduce their calorie intake because it's a it's a fasting mimicking peptide perfectly safe. So they're going to eat less naturally, not as well as they do on the on the shots.

You know, they that's like a shot of a gastric bypass. You can't eat through it. But some people, they just need a little encouragement and to get them through in a safer way, in an oral way.

Some people are afraid of the shots in the needles, and there's no telling when. I mean, these are all grass. They're generally recognized as safe. They go through the process.

I think with every peptide that's injectable, there's always a threat that it's going to be taken off the market. And

that's what happened to us in the past.

These things worked so well. And then we were kind of caught with our hands tied because patients, we couldn't get it for them anymore. And they worked so well for them.

Now do you pair the the DNF ten with the Pepi's Pepsi Strong or no. So we'll the same thing. It depends if they're going into calorie deprivation they're not getting enough protein or high quality protein in then we will we will.

And there's a couple of things. One was their pocketbook tolerance. What can they afford to what's their pill tolerance. What's they get pill fatigue.

But if they want to improve and maximize their their gains, if they're losing calorie input and they're not getting enough protein input, we want them to know there's a way that they can reduce muscle loss.

And we're not as concerned about their weight as their entire physiology. So I said, listen, you want to get thin, I want you to get healthy. We both will wind up at the same spot, but you're going to look at the scale and I'm going to look at your body mass.

And so, if you're losing weight and it's fat or it's muscle, you're getting fatter, even though you have that sarcopenia, obesity, you don't know it because you think you're doing better, but it's going to improve all causes of mortality.

And we don't want that. So we will pair the healthy, strong and the longevity with the the ignite which the DNF ten is in the ignite. And but on that one you can still eat.

You can eat through that one if you want to. So again, if I look if you look at their plate, I tell them the first thing I want you to use your protein.

So if you're full you're going to miss your fats and your carbs. I want you to get your protein in. And if you're not going to do that, or you don't want to eat it or for other reasons, you just don't do protein, then Pepsi Strong is a really nice you know, the longevity is a really nice support for them.

That's a great idea because a lot of patients are like, yeah, I'm trying to get my protein in, but I just I can't some days or I sign a lot. I don't know about your mother's age is like 30 to 40, you know, late 40s that they're they're just an Uber driver.

So it's sometimes hard to get protein. And so for, so for for these like do you personally you said you take the the longevity you want. Do you cycle on and off of it or are you using it maybe when you're not eating enough protein or you're going on vacation and not lifting is heavy?

Or is it something that you're cycling, or is it something that you could just stay on. You could just stay on this one, but I'll tend to cycle on and off a little bit because I also want to be accountable.

I want to make sure I'm getting my protein in right. So I will say, and I'll use it if I'm not getting my protein or I failed that day getting my protein, I want to make sure that I get enough to maintain because once I lose it, I know it's going to be really challenging to get it back.

Peptide Strong for Muscle Preservation and Recovery

So, I set a pretty high bar for protein intake, and it's almost an impossible bar to get to. I try, I tell people our goal is to get a gram of animal protein per pound of body weight, and then they look at me and I sit.

And also I want that in a two tiered approach. If you're going to eat two meals a day, I want that at least 40g in the morning and at least 40g in the evening, and just sit down and talk to a patient about what 40g of animal protein in the morning is. It's almost undoable.

So and I realize they may not hit that mark, but I'm not going to lower the bar for them. I want them to realize what the bar is, and I have the same bar.

So trying to get my protein in, if I'm not going to get my protein in, I'll make sure I rely on the pet, the strong and traveling. When I'm doing things, I'm relying on the on the longevity to make sure I'm getting my my muscle maintenance.

Yeah. Or if you're going really hard and you don't want that that myostatin influence that soreness. I can't it was it was a light switch for one of our dogs.

He went out west skiing. And every year, no matter how hard he trains on the East coast, he can't prepare for West coast skiing. You just can't do it.

and he said I wasn't sore at all. He was amazed. He came back. He said I wasn't less sore. I wasn't sore. Wow. He was tired. He was tired because he wasn't in cardiovascular shape.

But he says it wasn't his legs that were stopping him. It was his lungs. So it was impressive. Yeah. And the other thing I was thinking of a handful of patients that they have a family history of thyroid cancer.

So they're not a candidate for GLP one. So that's when these oral peptides would, would swoop in and give them, you know, kind of a better chance. And combining you know, a lot of people have this endocrine dysfunction like you said.

And they were worried about it. And the the thymus and peptide also it works so well when you have that we call it a pituitary pattern. When you have your low TSH and your low T3 and T4.

So you have this brain based pattern we see. And those people are struggling because they don't have energy. They can't get to the gym. So they have this comp compounding problem.

So we use the thymus and peptides with them. We see their hormones from the brain base from the pituitary down from the pineal gland down. Actually the hypothalamic pituitary adrenal and thyroid axis.

We'll see that balance out. And then we'll also facilitate them on their growth because they haven't had any energy to do anything. So they kind of become a couch potato.

So this is how we kind of stack the two together again. We'll stack that one with the KVP. If there's like a chronic mold exposure or chronic infectious chronic Lyme thing, but it's really hard to ignore the longevity of the pet strong because when would you not want to have maintenance of your muscle mass?

When do you not want to have that happen, and when do you not want to optimize that? So if you're an elite athlete that was blessed to work with Olympic track and field coach, and he said you'd treat a stroke patient the same way you treat an Olympic athlete, it's just what they can do.

I feel the same thing with the healthy. Strong in longevity is from the person who's not moving much. They really needed to to to get themselves in a healthier spot to the person that wants peak performance and not lose it.

So it really hits the whole spectrum. So that one pretty safe and effective. And it can be used long, long term and long time. I love it. I'm obsessed with muscle.

When I turn 40, I was like, I've said, I'm just obsessed with protein and muscle because because I want to age well. And that's not only aging well, but it's, you know, having that low, low influence of disease.

And, you know, being metabolically healthy, which is muscle is a big way. So that's that's why these peptides are just peptides in general. You know, I, I'm obsessed and not not everyone knows about them.

So it comes with a lot of teaching. So that's why it's great that we're having this conversation. Now for your practice. How long have you been using peptides.

And do you have any amazing patient stories to to discuss? We have been using peptides all quite a while. I mean, be careful which ones I say I use for a long period of time, but we've been using, peptides back when they were just injectable, for years and years ago, have some really amazing BPC recovery stories from people that thought they needed surgery recover from surgery.

We're using the injectable kind we've had very, very similar trends, even with the oral peptides of the BPC. we have had just the most chronically ill patients who have been treated a lots of places with, you know, they they've had ports put in with antibiotic therapy because they swore they were still sick with an infection.

And so they're getting, you know, IV antibiotics for years and years and years and years. and then we were able to use peptides like the thymus enough for one, peptides where we're able to reset their immune systems and change things. So, we've had again, Ms..

Patients come in in wheelchairs who get up and walk. I think it was rightly so, a misdiagnosis. I mean, they have all the all the signs and symptoms and, and MRI findings, but they're able to recover.

so it's we kind of expect the miracles. Like I was talking about my son earlier, we kind of expect people to outperform what they're told they can do.

So on a routine basis. We set a high bar that every patient that comes in, we expect them to return to health when they don't. That's when we lose sleep.

So, we've been doing peptides for the better part of a decade. and it has transitioned to the oral peptides. So very few of the injectable peptides anymore.

There's we have again that protocol for who gets what, what labs are done and what's the follow through. And we're pretty sure at some point they're going to take them from us anyway.

So we have to be worried about some ways halfway into their treatment. And they're taken from us. and we've seen some very nice and I, I agree with you when you said this is unknown, right?

No, we weren't taught this. This is a new field. It's emerging. there's not a lot of push to teach it because it's not a pharmaceutical company behind it pushing it.

And it's not what a lot of people know in the integrative and, and, functional space, because everybody's cut their teeth on different nutrient protocols and how to facilitate that.

And I'm not throwing that away because we do that. You know, everybody gets their vitamin D levels checked and everybody gets the, you know, all that done.

However, this is just a new, emerging, very powerful move. The needle in a patient, situation. Yeah, it's definitely next level. And you know, you do have to look at the patient in front of you like you were talking about, you know, how much money can they spend on things?

are they into taking supplements and how motivated are they? And diet and lifestyle, you know, because can you compensate for that maybe with some peptides.

So that's why it's really great to work with someone like you that that knows those nuances. And, and I really enjoy that, like looking at each patient as an individual.

And that's just not what's out there anymore. If you go to a regular conventional doctor, unfortunately. And I think it's also true in our own profession, some of the functional people, they have a protocol protocol in our office is like

a four letter word.

So who's the person sitting in front of you? What can they do? What do they need to do? And when we were talking earlier, when is it our job to say this is what needs done in this situation and this is what could be done, we could do this or we could do that.

and I think that, for, for a lot of patients, too, if they, we build up trust and a rapport and a relationship with them and say, hey, you have mast cell activation, we're going to use the KVP, but it's a short period of time.

You're going to notice differences in a very short period of time. Once you see the results then they have buy in that you know what you're talking about.

It's not a life time approach. We're going to go for resolution, not revolution. We're not going to keep you on these forever and ever. We're going to work to resolve your ongoing, I don't feel good symptoms.

And so I think while they're a little bit more costly, they seem to be super effective. And they're not forever. And then you can transition into the conversation, which we say, who do you want to be? We have a, we have a program here called lunge.

it's instead of health jeopardy, it's, our live jeopardy program. So it's how well do you want to live? So at what age do you want to live, too?

Clinical Experience, Patient Stories, and Healthgevity

And we say a lot of people do this. I want to live to be 95. So what do you want to do when you're 95? I mean, you want to be able to. So what does that mean when you're 85? What does that mean when you're 80?

What does it mean when you're 75? Does it mean you're 65 until you get down to there? 50. What do you what do you have to be doing at 50 to make it to 95 and be the person you want to be, and they might be a little bit more invested in a lifetime of support, whether they do it post on, post off with something like the Pepsi Strong or or something like they can do with, cardiovascular support, what do they get if they have severe histamine flares at certain times of the year, they know they can reach for their KVP.

And that can be very helpful with that. So histamine response. But they don't need it all the time. And educating them as to what type of presentation would they present with to use a peptide for a short period of time?

Yes. I love all that. It's just been so great talking to you about these oral peptides. And where can they find Healthgevity, can you talk a little bit about Healthgevity and then also if they can work with you, I think you do some virtual and also your brick and mortar. Yeah.

So we're brick and mortar. We have over 20 providers. we do do telehealth as well. the Healthgevity is a company by Michael Antonelli who I can't say enough about because he's nimble.

He whenever I go to him and I say, hey, we need something a little different, he's like, well, let me look into that. Let me see if I can make that for you.

Let me see what we can do for you. He's really on the cutting edge and Healthgevity is there. They're kind of working with Norton's to get these peptides out there looking under rocks and finding things in an effective dose.

The other thing that, you know, being in this for over 25 years is when something comes out and it's not a therapeutic dose, so you need 2.4g and you're getting 400mg and it's window dressing.

So getting the, the, the right levels in the product. And so Michael does that in Healthgevity. He puts the white paper in the pill. So you're getting the actual dose that you need in the oral peptides.

And it really makes it nice because we don't have to use the injectables nearly as often as we did. So Healthgevity I think it's Healthgevity.com. it's a practitioner only supplement line.

So they're not selling to the masses. And it's nice because they're not all supposed to be used all the time. So we, we really like the interaction between provider and patient to know when they should take it, what they should take it for, how long should they take it, you know, when should they come off?

When they come on and what's the right impact for them. in addition to are you getting enough protein? Are you getting enough sleep or are you getting enough, you know, exercise, all those types of things. So, Healthgevity is nice because they're nimble enough that they're not this ship that just can't turn on a dime.

And and he'll make changes batch by batch based on the latest research and input. He really works with clinicians to not just myself. And you know we have a our dispensary.

We have $1 million worth of stuff in our dispensary all the time so we can choose anything. So he he's like, what do you need? And he'll change on a dime.

He works with other clinicians. And I say, hey, this one wasn't working as well. There was actually one he was using. It was a different product. It wasn't a peptide. I'm like, it's not working for us.

So we changed it came out with a whole nother product, which worked for us. So, he does that with the peptides as well. And so I think with a company like Healthgevity, you know, he's going to stay up on the research, he's going to put the therapeutic dose in there.

The white people, the white paper dose. And he'll also be nimble enough to change with the times. And he has really nice contacts with the high peptide manufacturers.

That is awesome I love that and I love that you brought up the point about the dosing, because a lot of the times you'll see a supplement has like a proprietary blend and they could put like one milligram of something in, but the therapeutic amount is 500mg.

So it's kind of like a marketing thing. They say it's because, oh, we don't want other people to know what's in it. But I steer away from those. I don't like the proprietary blends either.

And if I do use something with a proprietary blend, I'll typically I'm a bit of a bully. I'll call the owner and say, I need to know exactly what's in there.

And I also don't want egg on my face. If I'm asking somebody to invest their time and their effort into their health, I want to know that what I'm giving them works.

And if it doesn't work, I'm the one that made the mistake, not the it's not the company that made the pill and not the not the fact that the patient didn't take it right.

If I give them, you know, it should work as expected, and you know that you're going to get that when you have the right dosing in the pill. If it didn't work, maybe I'm missing something, but the responsibility falls on me.

If my manufacturer doesn't have the right amount in, that's a that's a problem with the manufacturer, so I steer away from them. Do I want the white paper?

I want the therapeutic dose in the pill. Therefore I know I'm getting the results that I've been expecting to get. Yes. Awesome. Love it. Well thank you so much Dr. Turnpaugh for sharing all of your expertise and your knowledge of peptides with us.

Thanks so much for having me. Appreciate it.