Introduction and guest background

We look in the areas of what the body's doing in its normal optimal function. We've shift our paradigm that way. we start studying the healthy populations more.

What are they doing that so well? Start testing them more instead of just testing the sick model. If we shift that paradigm, we'll find out information that's going to be a blessing to that element of optimization of that biological age and processes and speeds.

This is Doctor Talks. Hi, everyone. It's Dr. Jen. Welcome back to the Peptide Summit. We are going to be talking with Dr Mark Sherwood. He is a naturopathic doctor.

And him and his wife, Michelle Neal Sherwood, she is DO. They have a full-time wellness-based medical practice in Tulsa, Oklahoma. And it's called the functional medical institute where they adopt a whole person approach.

It's an outcome based looking at each individual's unique needs and their goal is to lead people down a path of true healing. So that and there are 2 purposes 1 to eradicate all self-imposed choice driven disease conditions and number 2 to eliminate the usage unnecessary medications.

Through their unique clinic, various diagnostic tests are used, healing and prevention of common disease patterns are the norm. So Dr. Mark has also completed training and certification and age management, nutrigenics, neutrigenomics, peptide therapy, hormone therapy stress management GI health and immunology.

is a 24 year retired veteran of the Tulsa Police Department where he logged a decade of courageous service on the department SWAT team. Thank you for your service.

And additionally, Dr. Mark traveled the world for over 10 years with the World Famous Power Team. Marc is also a motivational speaker whose presentations are sought by nationwide audiences and was a 2024 Guber National candidate for Oklahoma Welcome, Dr.

Mark. And I want him to tell you guys he has some movies out and he also authored many books. So welcome and please tell us more about those. Well, first of all, I'm grateful to be here with you.

It's such an honor to meet you and just really blessed and humbled to with ya. Thank you for the kind introduction, of course. We have been also, my wife, and Dr Michelle, saying to you before we started recording, you know, she's my best friend and I want to give her honor, of course, because I appreciate her so much and she puts up with me every day in my vision, right?

But we've written several best-selling books. Fork Your Diet is one, Quest for Wellness. We have one called Surviving the Garden of Eden, kind of a cool title there.

And then our newest one is called The Narrow Road. and it's more of a devotional book for those that like that kind of stuff. Movies-wise, we started off with what I call the healthumentary, kind-of a documentary in the journey of two guys in their health journey.

One pretty much doesn't do anything at all, the other one does pretty good. It's called Fork Your Diets, a movie, and then we also started getting into the faith-based family entertainment business with movies and we created Another four after that.

The prayer list is my wife's story and how she overcame a lot. I really encourage people to watch those things. We did one called WJR, which really stands for Wimell Jesus Return, but it's really, really funny.

It's got some pretty famous comedians in it. And then we've got heaven's date and these are all family friendly. And our most recent one is called holy flicks.

Great message behind that. So, you know, they're all available. I know you, know how to get those people and go be sure we die TV and that's there's drop down boxes for that Yeah, that's so awesome.

I love the faith-based movies. And I'm going to check them out with my family because Dr. Mark said they were family-friendly. So, awesome! Well, I am so excited to dive into peptides with you and I know you have extra peptide training.

Let's dig into it. You know, let's talk about general peptids and their rotations and why we should rotate peptidies. Well, I've used peptides for a number of years and probably like many out there, they're listening.

Peptide rotation and core protocols

You know, we hear about them in the middle of training on them. We really don't know how they are in practicality. What do they do and how do you roll these out?

We kind of came in this at a disadvantage because out in biohacking fields, you know they were already using those for long, long time and so they've been around for really several decades and the study that's in the functional medicine space is just coming upon us now and I'm grateful for that but as anything gets into functional medics in space they start getting attacked by the FDA of course because that kind of is seems to be part of the course but what we've done over time is we have several that we use and i'll just go over a few of them that and then we'll we can talk about why we rotate those.

I use a mitochondrial peptide called MOTS-C which I really like a lot. i pretty much run that one the majority of the time I cannot find any real negatives on that about the need to sort of cycle on and off of that.

I also like BPC 157. That's one of my pretty much continual ones too. I know there is an oil form, which I use typically for those that have, you know, GI problems, but I generally use the subcutaneous delivery the majority of the time.

There are some times where I've used both at the same time and frankly, I haven't seen any negatives and all on that either. So those two right there are probably my two favorites.

I have used a lot of the thymus and alpha one and thimus in beta four. I tend to bounce those back and forth rotationally because, you know, they both sort of positively affect the immune system and adaptation, of course.

But I still think that we need to sort to look at that, but I'm not sure over the course of time. continual usage of those, what that means. And I don't think really anybody else does because they have been around quite that long.

I like using GHK copper a lot. Probably 90% of our ladies that are in our population across the country use GH K copper as a night cream. They love that one.

But that one works amazingly well and I don't see a negative behind that. Now if you use an injectable, which can be done subcutaneously, it is really important to make sure you dose up with the zinc behind it because you can develop a copper-zinc imbalance there.

less important. Epithalin or epitalin, depending on the spelling and pronunciation of that. That's one I will cycle off two or three times a year as well.

Uh, that's going to help lengthen the, the telomeres to allow us to repair DNA more. I like cerebral lysine as, well, along with C max and C length to, to develop more BDNF.

And I just kind of look at that like brain fertilizer. Or I want to keep my mind strong and vibrant. and then certainly.

When I look at some of these, there's a lot of usage we have for like a PT-141 for libidos.

That is a great peptide. I think it's probably underutilized quite a bit. And then right above that, kind of in the chain, a of our patients, believe it or not, cycle off and on a melanotin too, because it has a little bit of libido, little at tanning, and a a lit of appetite suppression.

So most people are familiar with the GLP-1 agonist out here. It sort of has little of mimicking effect of that and I find that doesn't have that quite as strong effect as the geopenguin agonist, but it has enough to sort of help a little bit with people that overeat.

So that's just a general overall broad spectrum, Dr. Jen, of what we like to use as a rotation. I love it. I loved it now. How did you start using these in your practice?

Like what, what piqued your interest in these? Cause this is kind of like a rabbit hole sometimes for practitioners to get into. You know, you, just you dip your foot in and then you just, it feels good.

So you jump, right? Yeah, honestly, I got into the looking at the, the mTOR and autophagy sort of antagonistic pathways. That was kind my entry point.

And when I, got to that, thought, okay. There's people out here that will say, you want to shut off the mTOR pathway because the history tells us that the dwarfs live longer, don't get cancer.

I mean, I get the logic behind it, but I also understand that muscle tissue retention and development is important for functionality, metabolism, mobility, et cetera.

So I think there's a balance there. so I kind of got into it that way. And then at the same time I was looking at that pathway, we started looking a genetics and that opened up a whole Pandora's box, man.

It was not just a rabbit hole, it was a tunnel that kept going and keeps going. So I started to look at these SNPs that were around methylation and the SNP that we're in the oxidative stress pathway to SNPS that when lipid metabolism and inflammation and detox.

And I sort of thinking to myself, how can we make things happen? more naturally to help offset any sort of genetic sort-of vulnerable places. I don't believe the genes are bad, I think it just shows vulnerabilities in this environment.

And then how can I have that under the guise of balancing the mTOR autophagy pathways? Because I realize that you don t want to be in the mTOR, the mammalian target of rapamycin pathway all the time because you're perpetually building.

That's not good. And I've used the analogy of like a house that's never being repaired from the wiring to the plumbing. We just keep putting sheets of paint on that and keep put a roof on the carpet.

Well, that house is going to fall apart eventually because all you are doing is continue to paste on top of dysfunction. So that got me going on this.

As far as the rotation goes, I mean, this is going to sound crazy, but we just started coming up with it on our own because it made sense. Nobody taught us that.

And before I knew it, I was trying it myself. My wife was try it and of course, aren't we the N of one or two, right? And so we started doing that and we start seeing really interesting results.

We started measuring. are, you know, using one of those age clocks that are sort of through true diagnostics and glycan age. And we started seeing our ages, biological aging processes, sort hold tight and even go backwards a little bit.

Not to say we got it all figured out because I'm still learning, but it's just been a journey of learning how to really optimize function in life and again, not trying to necessarily bring more years.

That's not the point. But maybe more quality in those years is what we're trying to do. And trying actually live younger, older, and perhaps die younger older.

Love that. So yeah, how old are you really? Like 30 or something? No. What's your biological age? My biological is depending on which clock, it ranges from 20 up to about 47. But my actual chronological age is I'm 59. Yes.

And you wouldn't have guessed. I love how you talked about the ladies using the GHK copper peptides. Yeah, I loved them. There are so many things that we can do too.

Like you said, we're reversing aging, but not really. It's kind of like when you see an apple and you take a bite of it, it starts to brown, right? We're just trying to not be oxidized.

We were trying reduce all of that. You talked about epitalon and you're not going to be able to see your telomeres getting longer or stopping them from shortening, but it's all these things are happening inside so we don't turn brown on the inside.

Obviously, there's basic things like nutrition, which your books are about. You know, all of the movies and everything like nutrition and sleep and movement, we have to obviously optimize all those too.

But these peptides can just really, really maximize longevity. So as you age, you're feeling good. And I don't know about you, but I talked to my patients about that.

I'm like, once we fix, gut health and the chronic conditions that they're coming to me at first, cause they are symptomatic. Then I'm like, we can have fun and do the longevity things.

Do the fun things like peptides and you know, biohacking. So it's such a fun world. And you obviously have a decent amount of muscle mass. I guess your personal story, you were on the SWAT team and all of that.

Why peptides and genetics sparked the journey

Like how did your body change when you started introducing this rotation of peptide? Well, it was a great question because I got into this whole area of health kind of when I was on the police department, you know, and I traveled the world with the power team.

You know we're out there breaking bricks and breaking through ice with our heads and blowing up hot water bottles using it as an evangelistic tool. What is this power?

I don't know what it is so maybe other people wouldn't Yeah, so it was a group of men known as the Power Team, and people can Google that. And we used to go around the world and we would stack up big stacks of bricks and break them with our arms and heads and bring baseball bats behind our back and blow up hot water bottles.

It was designed to get people's attention. And then we would use that to present the gospel. That's what it was. It was an evangelistic tool. And the guy that started it, his name is John Jacobs.

So it's John Jacob and the power team. and it. Well known back in the eighties to early two thousands. We had a weekly television show, it national TV, and was on all the time and got the opportunity to travel on every continent except Antarctica.

so it kind of cool. That kind of got me into it because here I was this little token bodybuilder with these big old ex-NFL linemen or something like that.

I always wanted to be a little bit better and I never was the most talented guy. And anything I did, even though I

didn't play professional baseball for a time is it's hard work, you know, and nothing's free in life.

So I wanted to figure it out. But then fast forward, when I was on the police department, I. Was put in charge of a wellness program that didn' exist.

And Dr. Jen, didn I know what to do? And so I started to look around. And this one statistic changed my whole life perspective. And it was this, and it fits very well into our conversation.

I determined by statistical analysis that the average life expectancy for the 20 year male police officer, 20 years of service was 66 years age. That was an FBI study back in the seventies.

Then when I was looking at this in early 2000s, it hadn't changed. And that broke my heart because I saw some of the finest men and women I'd ever seen in my life and known that are going out there every day, serving their public, and they can die.

And it was interesting because, I wanted to figure that out. How can I help them? But then I quickly learned that that was the world, wasn't it? Stress, the chaos it is, a constant connectivity.

the way things are, or dying, you know, that we just do and nobody seems to talk about, the lack of sleep that is not addressed, lack a movement. And I wanted to solve that equation.

That got me into this whole idea of peptides. Then I started studying this stuff. It's almost like Forrest Gump started running and didn't stop. I starting studying and it didn' stop even back in those days and I decided to Go ahead and change career directions and keep it going.

I'd always worked out, tried to continue to stay in shape. We do practice what we preach and no excuses on my part. None, I'm going to do it. Don't want to live and represent hypocritically.

Since I've been using peptides, and this is me talking here, this Mark Agen talking in the audience. I probably can do exactly what I did 25 years ago, but probably a little bit better.

I still work out every day, I eat right every, day I work hard every. You know, doing what we do to represent, to help mankind every is a load. It's a heavy weight.

But I'm able to maintain a lower percent body fat, maintain my energy. I don't need chronic medication usage to deal with these problems that people have.

And I have high blood pressure. Sleep well every night. The people that we help, and you're the same boat with this, they experience the thing. Sometimes you look at that and go, you know what, how do I measure this?

And measuring rehabilitation or proactive care is a little different. It's something you've got to get your mind around because most people measure stuff by disease.

Did I get the disease fixed? Did they get it corrected? Do they got the symptom managed by whatever? did I got this issue solved? But we look at it like, I don't want to have the issues.

I didn't wanna deal with that. Sickness is way more expensive and way costly and more distracting then wellness is. And so I am more motivated today, and I probably have been in my life, for the idea that we have peptides.

We have the ideas of how we can, you know, we're going to die at some point, but I think we've been shortening our expectation of what life is too much.

I've heard it, the listeners have heard, well, Aunt Sarah lived 80 years, she had a good life. But what does that mean? I tend to come from the camp that, and I don't push this on anybody, but I do believe In God and I do have a faith relationship And I believe personally that our organ system functionality Most likely dr jen is probably 120

years ish and i think that looking at the centenarians and some of our You know on blue zones and all this stuff I think we kind of see that playing out in front of us.

Some people might not take that angle and that's okay But I, think the facts are that most times people can see whether what side of the court you're on with faith is that that lifespan potential is probably around that time.

So my question always is for especially the people in America, you know, that seem to think we've got it all figured out is can't we do a little bit better than the hat?

And so I know that was a long answer to a short question, but it's important that we get that across that you can indeed feel better about yourself. You can honor this thing we call the temple better.

Frankly, I have a responsibility to my wife. I really, really do. And I've got a responsible to the 12,000 odd people we deal with in our community and the millions we touch through just unmerited blessing.

And so I just want people to know that there's better out there and I feel that way. It's all so beautiful and it made my heart sad about the police officers serving the communities that their life expectancy is 66. And then that gave me all these ideas.

I'm like, maybe I should reach out. Do they want a lecture? You know, it's that's so hard and we'll talk about like police officer stress. Stress can really shorten those telomeres.

it is so important to make sure you keep that stress under control. Our bodies are really resilient, but it's a lot, especially post pandemic. I'm seeing a lotta people that are just dysregulated from their nervous system standpoint.

So that brings us back to peptides.

Personal results and GLP-1 experience

Peptides can really help calm down a gut that's inflamed, help you build muscle so you can do your daily activities properly, all of these things. You were talking about your peptide rotations, and I think a good point to bring up is some people might be thinking, can you take peptides together?

Sometimes you cant take certain medications together, so how does that work with peptids? Well, what I've seen and experienced, and again, I think a lot of the peptide therapies right now are sort of under live investigation, if you will.

I mean, we're all trying different combinations and as far as history goes, We don't have a hundred years of experience here. We probably got really 20, you know, probably the last 10, they've kind of been more mainstream and there's a ramp up on those things right now.

There really is. And it's not thank you to the doctors for that. It's thank to you the community out there in the biohacking space that sort of pushed that one.

So we got to give credit where credit's due. I will have, and this is just today, for example, I have all these going right. Now I'm not saying this for everybody.

This is part of what we do. All cycle through these things. Today, I injected MOTS. I did that today. Today I Injected AOD 9604. Um today I Did BPC 157 and today, i did thymus and beta-4 So I will have these very angles going at the same time.

I have not seen anything that shows me and tells me, and again I'm up for learning all the time, I don't have to figure it out, that tells my I can't do that.

Now there's some oral peptides out there that I've still, question and I am working through those such as

5-amino-1-MQ which sort of inhibits the fat cell growth.

And I have used that one a few times and I've been kind of testing that head to head with maybe an AOD 9604 to see maybe which one works better. And, I'd even done a lot of the BPC orals and, and all I can do is measure that through perhaps my percent body fat because, you know, pretty much consistency exists with what we consume.

Not that we consume the same thing in food every day, but I don't get bound by food. I just eat when I'm hungry and don''t when i'm not. And when am hungry, I want to make sure I feel that fist size stomach full of high quality nutrients.

and I even put supplements in that category, Dr. Jen, because when a big old handful of pills, man, i don' think supplements. i think high-quality food You know, and I think how cool is that?

I can take food in a capsule, you know? And so it's been an interesting sort of perspective change with that. So I have not seen where you can't take them, certain ones all at once.

And if there's new information out there, I'm up. Yes, I love that. I like five, you know, when I'm cute, genetically to that one particular, some patients that love it, they do so well with it.

It's so good for their energy. And then some they're just like, You know I'd like to take it when traveling. and maybe across the time zone. And everyone reaches for their caffeine and all that.

I'll bring my 5-amino-1-MQ with me because it's convenient because a little red pill capsule. But that's fun that you're using your metric, your percent body fat to play along with these.

Have you done any of the GLP-I's, GIPs, anything like that? You know, I have this, this sounds a little bit wacky, but you've probably I presume would have the same mentality.

I'm not going to roll something out in the patient base until it's rolled through my own body. And, uh, my wife and I remember this, this is probably dating back to maybe, oh, perhaps the, the late fall of maybe 2022, I suppose they were hearing about, you know, that the GOP one agonist and then, okay, whatever, and so we got some and, ah, And I use it for five months, five.

I want to know how to dose up on it. I wanna know what would happen if I just stopped at cold turkey. And my wife, we kind of did this experiment and this is interesting.

We can see both sides of this. and I'll talk about the negative side first. Used for weight loss purposes only, I think person is a bad idea. Because if we don't talk nutrition, And we don't talk about filling that stomach up with good spatial density of nutrients.

Dr. Jena, I think we end up seeing a lot of muscle tissue loss. So I looked at this from the standpoint of I'm not going to use it for weight loss, but I want to see what I can do to inhibit me from eating too much.

Genetically speaking, I have, and know a lot about the snips, But in the taste receptors, i have what's called a TASR2. And it's really a taste receptor for sweets that I've a hypersensitive sweet tooth.

melanocortin-4 receptor, which is basically what I call the death by buffet genes, meaning I don't hear the signal very well. And so further, I do not produce, genetically speaking, the GLP-1 very, well anyway.

So when I sort of look at that, sort tailored it to a genetic profile, and I determined that I was able to lose body fat. maintain my energy and maintain muscle, even put on muscle while using the GLP-1s.

So I have used semaglutide, I've used terzepatide which is the GIPGLP1 and I used those a couple of times just to kind of sort of make sure I'm tracking well so that I communicate well.

And I think at the time, more or less I got an in-body analysis machine that i check a lot. I think I maybe dropped a couple percent body fat, and I maintain, you know, somewhere around 13, 14 percent-ish, more or less.

And it may have dropped to 11 percent, something like that. But you can also measure your skeletal muscle mass and total body mass. I may've gained a pound in that area.

It could have been just kind of a weird coincidence, but what wasn't a coincidence is I didn't lose. This is an important thing, too. In my exercise, I always take a pen out and I document my exercise.

So it's a notebook. I want to make sure that I'm able to maintain strength because strength maintenance is also muscle maintenance. As I was doing that, I determined that i couldn't maintain strengths, which was akin to maintaining muscle mass and lose body fat.

Under proper guidance, under the proper environment and control and encouragement and knowledge, They're great and they can be used for great, great benefit to reverse high blood pressure, to revert that thing called type 2 diabetes, which frankly shouldn't exist in one person.

I don't know what we're doing with that. And I've seen it reverse those things in a hurry. And if people would begin to think like that, like we just talked, they can be significant game changers.

Now, what I don't know is, over time, is long-term usage. I know the answer to that. And I think anybody does at this point. I've used them off and on my wife, use it off an on, but it's not something that we feel is needed continually long-term under that context.

Yeah. We're definitely on the same page with that. And I would say to anyone listening out there, it it a big red flag. If you're going to, you know, a local med spa or.

anywhere in gym, anywhere recommending these. And if they tell you, you have to be on them for the rest of your life, because I've heard that that's what they're saying.

Well, if you don't come back every week for your shot, You're going to gain all the weight back. Yes, If you had someone not well versed in peptides, knowing that they should be rotated, your body should get a break.

Like you were saying, we're teaching them how to eat, lifting, protein, I counsel every patient before I put them on a GLP one or a G L P one G I P I council them.

I'm like, you need to have three grams of protein each meal. What are your protein goals? You need To be lifting weights. Otherwise I won't prescribe it.

You know, I talked to them about all of those side effects and you know we have to make sure they're pooping well too. Oh yeah. because that toxic load.

So, I mean, that's the one that I think the side effects are also because they're not getting titrated properly. They're just like didn't slam. My patients are having those crazy side-effects that we're hearing about, right?

You said yourself, you kind of just played around with it so you could titrate it perfectly and People do really well on that because peptides shouldn't be something that's a terrible thing.

And I hate how GLP ones have gotten this terrible stigma. I'm like, ew, no, it's fine. You're just using it wrong. Yeah, they have the ability to really be a significant change agent for the betterment of our world.

And we need to, because right now, big pharma, $1.7 trillion industry, the sick care system is the most profitable system out there. And it's not okay for our population.

I've always believed that the greatest enemy we have is within. The way we destroy our lives. You look at obesity,

which is fastest growing non-communicable disease in the history of mankind's existence.

What is that? And why are we allowing that to happen?

Avoiding pitfalls and measuring outcomes

But you nailed it. There's a lot of charlatans out here, and I'll call it for what it is, that is doing things for the money. You can make some money, you can, but money is not what changes lives.

My wife and have this discussion a while and it goes with peptides, it does with everything. Even though we're talking about here. If people use these things right for right reasons, money and provision will follow truth.

Every time count on that principle money and provision. Does that mean there's certain amounts? No, but it means what you need is going to be there. And that's really important to understand.

But there is a lot of. things out here as you nailed it, even to the men's ball world, I'm not saying they're all bad, but for someone to come in and let's just use a semaglutide as an example and first time they come and they give them a quarter mil, something like that, they are going to get nauseous.

They are not going feel good. But then they're told, come on back, we'll do it again. That'll go away. But, and they'll see their scale weight. Then they magnify the scale of weight going down because they got nauseous and wouldn't eat.

And that doesn't do any good. Also, I've seen this too. I check micronutrients all the time on a cell level. If people are not getting micronutsrient down there to the cell-level, You're not going to be able to maintain functionality of your organ systems and your organs systems are what protects you.

It all goes back to say nutrition. And one way I know how to get nutrition in my cells is to consume it. inject it, but it still has to get inside the cells.

And in most cases, sad but true, they're not being counseled on nutritional density, robust nutrient intake. They talk about calories, which I'm sure can have some benefit-ish, that's not a perfect science.

High nutrition is though, that's been around since the beginning of time. So I think that there's a lot we can do with this and I hope that people listening will really replay this again and again.

And if you're a practitioner, please, I beg of you, plead with you to take these principles we talk about here and use them under that guidance. If you need guidance, you reach out and get guidance because there are ways you can help people.

There's ways that you can bless people and they can get truly better. Yes, I love that. And really getting the body back to homeostasis where it wants to be.

The body can heal. We just have to use the tools in our toolbox. Now, have you ever seen any pitfalls, anything negative happen with peptides? And if so, how could you talk to maybe other practitioners out there or people that are listening that want to dive into peptide?

How can they avoid those? Well, I think that knowledge is power, but I even think more powerful than knowledge, is the correct use of knowledge. Some would define that as wisdom, i suppose.

But ultimately, when you get into peptides, the biggest pitfall is we get too many things going. You learn one peptide, master that thing, and then go to the next one.

And then there's many, many certifications out there. Find one, learn it. Get a book, read it, and don't get ahead of yourself because getting ahead yourself is going to get people off base.

Some of the basic ones that pretty much anybody can use, BPC 157, that's kind of being intact right now, but you can get that. That's great. It's always a good one.

You know, it's pretty safe. The GHK copper cream. that simple put it in your hands rub your face and move on. I mean just master the little things and expand the big things.

And then work on how to get those pushed into the practice where they become norm. They become regular, they've become an expectation. And this is really key out here.

I think this a tip that I've learned. If you have a staff out there and they're not using peptides, that's your fault. Make it happen for them, make it possible to them at cost by informed doing because they are your biggest spokesperson.

The biggest post person is the person answering that phone out there or greeting somebody or even sending an email. It's important. As you make somebody else's life happy and better, they'll talk about it.

So those couple little simple principles and guidelines will go a long ways towards probably increasing the usage and effectiveness of the peptides in a person's practice.

Absolutely. And how have you seen peptide work in your practice? Can you give some examples? Yeah, we are, you know, it's sort of culture that you create a culture in your patient base of expectation.

So this was just yesterday. We always talk about peptides. So there are really seven areas of focus within our practice and everybody that comes in, you know, gets the spiel, it gets a story and we do it every time.

The four areas we have control over, nutrition, sleep, stress management, movement, we always talked about those. And then the three areas, We don't have controlled over which is genetics, hormones and peptide.

So we go through the checkbox, you know and and make sure that people are informed about that and then I will put resources in their hands Every time so whether it be a book or some piece of literature always do that And then they'll go about their business and some of them will use things some other one.

You know how that goes, right? but then eventually There's one, two, three, four that come back in and say, I'm ready for those peptides now. And then it just sort of dominos.

Now people do come to us and they say. You know that age management thing that you're doing or that biohacking thing, whatever they're calling it, I kind of call it biological aging optimizations, kind what I like to use.

And they'll come in and say, hey, can you put me on a plan? Can you guys put on sort of a plant? And then I will immediately go, you've got to have measurables to keep people motivated.

Measurable motivate. Always remember that one. Then you got have the tools and a purpose behind what you do. So you don't just take peptides to put on muscle like a Tessamoralin, just to but on muscles.

That's a great peptide that I like. It can help lose fat, it's good for vascular health and correction, its good. The Sermoralins of the world, the CJC 1295's with ipimoral, they're nice.

But you gotta measure it, body composition. Good blood lamps, not basic. age clocks, micronutrient testing, the more metrics and measurables you can put on there that are actually quantifiable with usage of peptides, that's a win.

That's a really, I love that. I wrote that down. Measurables motivate. Yeah. And especially if you're coming, if not in the medical world, because we know like things are working and we're doing things preventatively, but someone that maybe doesn't know the science, they need to actually see something.

And you know, yeah, just your pants fitting better is probably not enough. So I like that. You have to tip my favorite things. People definitely like.

That so where do you see peptides like going in the future, like for opportunities? And I know they keep discovering more and more peptide that they can then compound.

Where do see all this going? I think it's unlimited. I really do. We think we're only limited by our belief system. Dr. Jen, I think that potential is out there for us to continue to, if we keep asking what could be, or why can't it be?

What are the possibilities? Those kind of questions. I think we'll keep discovering things that really have always been under our noses. They've always be part of our function because life really is about giving the body what it needs and keeping the information that it reads, that understands fresh so it can do what is does.

And peptides are just that, you know, the simple idea of using structured together amino acids to benefit the human body. That's what the body does. It brings them together.

And it makes peptide, it make polypeptides, and makes hormones and proteins. So we're not doing anything that's weird or woo-woo, its natural. And I think that we look in the areas of what the body's doing in its normal optimal function.

We shift our paradigm that way. we start studying the healthy populations more. What are they doing that so I'll start testing them more instead of just testing the sick model.

Future of peptides in health and performance

If we shift that paradigm, we'll find out information that's going to be a blessing to that element of optimization of that biological aging processes and speeds.

And I think that the sky's the limit out there. I'd think there's so much to discover. We're just on the very tip edge of some really cool, awesome things.

we get our minds in the right direction. Yes, absolutely. Now, with you doing the bodybuilding and doing that before, where do you think the future is going to be with peptides being allowed or not allowed?

Because I know that is a little controversial. And I knew that, you know, like BPC 157 is banned in a lot of things. I think most of that's done because of just erring on the side of caution with water and all that stuff.

And I think there's just a lot of unknown out there. What does performance enhancing mean? Is it an unnatural edge? I don't really look at like a BPC 157 as being an natural edge because it's a natural thing.

Now, if you add a bunch of exogenous testosterone, exogeneous growth hormone, I suppose that's the whole different story. But I look it like we need to be a little more open minded in the area of what is performance enhancement?

That's question. But what also is injury preventive? What also, is longevity acting and creating? what is about health? Because if you look at the bodybuilding situation, for example, it's got so far away from health.

And now it's a freakish thing. I remember back, you know, when, and I was competing, You know. Quote unquote drug free, I didn't know peptides at that point at all, but you, know I thought I could do pretty good, But you get out there with the big anabolic steroid, Pete, there's no way you're not going to be there.

And that shift has happened. But I think as we go forward in athletics, professional athletes, college athletics, high school athletics and even bodybuilding sports, we need to start looking at peptides more from a prevention standpoint.

Even as far as like, let's think about the NFL for a minute. What would be the thing that would harmful to have every player using cerebral isom? You see, I mean, what would be bad about having players use bots?

You know, would it be so bad by having them use epitalum periodically? Is that giving them an edge? I don't think it would some on the field. But maybe in life, and maybe that needs to be our perspective.

Yeah. It's a little bit frustrating because they, they'll inject steroids into their joints and destroy their joint. A healthy joint, but they won't do BPC 157. it was interesting.

I was in Key West and there was some NFL players there and I talking to the one, he was a tight end. And I, was talking about BTC 158. How can they even test for that?

They're like, we make it naturally. and it's just when you see the injury and injury prevention and not only that, like you said, You know, like the longevity of that.

I mean, we know that these high performance athletes that they age faster because of their intense training. And that goes with back to bring it back, to the beginning with mTOR and mtor stimulation.

So it's this nice balance, but these athletes are. They are performing at their top notch, but they might be 30 years old. But who knows if you do a biological age test on them, they may be 10 years older because of their training, because they're not able to use things like peptides that would support their trainings and the hardness of it on their body.

Well, I would tell you, factually speaking, a couple of NFL players currently that I work with, and both of them have a very high biological age. Both of have horrible nutrient deficiencies.

And to your point about, you know, high level athletes using peptides like a BPC, there's no way you could know about it. So I believe my intuition tells me as a former athlete, that it's probably used a lot out there, a whole lot and probably not talked about.

because it's not hard to get anymore. And that's an unfortunate thing, because you get out here in these worlds where you'd get a peptide, and I think this is worthy of mentioning, is ordered out there.

It's going to say right on it, not for human consumption. Now, I don't know what that is or what it is not. I'm thinking the chance that some people might take, it because is a little bit cheaper and you don' have to prescribe, but do you take a chance?

Yes. Cause you don't know that, you know, let's use BPC. If you think you order BTC, and you get it in and think they can't test for it, that might not have Bpc in it.

It might have something else in that. And you might get yourself in a mess, but that's your fault because you didn't do your homework. So they need to be obtained from good sourcing that for human consumption.

But I suspect, Jen, there's probably a lot of uses out there that, because they're so good for injury prevention, that we probably don't know about it.

Right. That's a great point. And, you know, I'd hope so, but like you brought up cerebral isin and how neuroprotective it is. In other countries, they are using it IV with strokes and we're just…

I don' know what we are doing here. But it's, y'know, it do know. It's very frustrating. You know, and that goes into the whole sick care model and how it really, it's just about money sometimes.

So this is why it so good to be informed and to, you know know about people like Dr. Mark and what they're doing and, how you can really stay well and feel good.

Yeah, we need to sort of connect together. That's why I'm super honored to be with you today because it's important. People need know you're not alone out there and there's people that think like you, people can encourage you.

And my word of encouragement is, you know, always lean towards the eye of the area of helping people. Keep learning. Don't think you got it figured out and don't get satisfied and, and become the model.

Become the person. That is the person that knows and the only person you can help, you know, that old saying, God's position, heal thyself. You know? We need to work on that in our own lives.

And if we do that, I think that is infectious and that's what draws people to you. That's how you get an opportunity to be their audience, which is good.

Yes. Well, let's end. I would love to know what your, You told us your current stack. Like what are your favorite stacks that you do personally? I love Tesla Moreland.

I think Tesla moreland does so many positive things. And I have noted that I alternate a lot between AOD and the five amino one MQ. So from a sheer subcutaneous standpoint, that's kind of what I like.

Um, and then I like of course, GHK. I mean, that's going to be in my little nightstand. My life and I is forever and ever today. Yes, I love it. And GH K, um, copper for wound healing too.

Oh yeah. Crazy. My kiddos, yeah, that in red light, he knows the drill. We've avoided, you know, some oral antibiotics with that stall. It's been great.

So these tools are just so good to know about and to have. Dr. Merck, how can everyone connect with you? I know a lot of people probably want to read your books, watch your movies.

You're such a great speaker, very motivational. I feel like I want get up and like change the world. How can we connect? Well, we're pretty easy to reach and we are here just to serve people, you know, so people can go to Sherwood.tv real simple and it's got all the stuff that we were able to do.

We've gotten into product development, the whole kingdom line of. food and we got cereals coming out and snack bars. They're all like good ingredients, no sugars and mess like that.

You know, so people can find our movies there and books and stuff. It's all right there at Sherwin dot TV. I love it. Everyone go check it out. And thanks again so much for sharing your expertise today.

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