Introduction and Speaker Background

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, Michele Neil-Sherwood.

She is a 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. To that end, there are two purposes one, to eradicate all self-imposed choice driven disease conditions, and number two, to eliminate the usage of 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.

nutrigenetics, nutrigenomics, peptide therapy, hormone therapy, stress management, GI health, and immunology. He's a 24 year retired veteran of the Tulsa Police Department, where he logged a decade of courageous service on the department's Swat team.

Thank you for your service. And additionally, Dr. Mark traveled the world for over ten years with the world famous Power Team. Mark is also a motivational speaker who presentations are sought by nation wide audiences, and was a 2024 gubernatorial candidate for Oklahoma.

Welcome, Dr. Mark and I want him to tell you guys he has some movies out and he also coauthored 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, I'm just really blessed and humbled to be with you. Thank you for the kind introduction.

Of course. And, we have been also, my wife, Dr. Michele and, Santi 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 and my vision. Right. but we've written, several bestselling books. for cure diet is one The Quest for Wellness. We have one called Surviving the Garden of Eatin'.

Kind of a cool title there. And then our newest one is called The Narrow Road, and it's more of a devotional. But for those that I like that kind of stuff, movies wise, we started off with what I called a healthy commentary, kind of a documentary, and the journey of two guys and our health journey one pretty much done do anything at all, and that's pretty good.

It's called Fork Your Diet, The movie. And then we also started getting into the faith based family entertainment business with movies. And we created, another for after that, the prayer list is my wife's story and how she overcame a lot.

I really encourage people to watch those things. And we did one called WWJR, which really stands for When Will Jesus Return. But it's really, 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 then we our most recent one is called Holy Flix.

Great message behind that. So you know, they're all available I know you know, you know how to get those people

and go to sure went on TV and that's there's dropdown boxes for that.

Yeah. That's so awesome. I love the Faith-Based movies I, I'm going to check them out with my family because Dr. Mark said they were family friendly. So awesome. Well, yeah.

I am so excited to dive into peptides with you. And I know you have extra peptide training. And let's let's dig into it. You know, let's talk about like general peptides and their rotations and why we should rotate peptides.

Well I've used peptides for a number of years. And probably like many out there they're in listening. You know we hear about them and the medial training on them.

I really don't know how they are in practicality. You know, what do they do and how do you release that? We kind of came in this at a disadvantage because out in the biohacking fields, you know, they were already using those for a 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 in the functional medicine space, they start getting attacked by the FDA, of course, because that kind of is seems to be par for the course.

Peptide Favorites and Rotation Strategy

But what we've done over time is we have several that we use, and I'll just go over a few of them we use 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.

But I also like BPC-157. That's one of my pretty much continual ones too. I know there is an oral 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 favorite.

I have used a lot of the thymus, an alpha one and thymus and beta four. I tend to bounce those back and forth rotationally because, you know, they both sort of positively affect the immune system adaptation, of course, but I still think that we need to sort of look at that because 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-Cu a lot. probably 90% of our, ladies that are in our population across the country use GHK-Cu as a night cream, and then they love that one.

but that one works amazingly well and I don't see a negative behind that. Now, if you use it injectable, which can be done subcutaneously, it is really important to make sure you dose up with the zinc behind that because you can develop a copper zinc and balance there less important Epithelium or epithelial depending on the spelling and pronunciation of that.

that's one I will cycle off 2 or 3 times a year as well. that's going to help lengthen the telomeres to allow us to repair DNA more. I like cerebrolysin well, along with C Max and C link to help develop more Bdnf.

And I kind of look at that like brain fertilizer. 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 PG 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 that chain, a lot of our patients who are not cycle off and on Mylanta tend to because it has a little bit of libido, a little bit of tanning and a little bit of appetite suppression.

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

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

Like what what piqued your interest in these? Because 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 to jump right?

Yeah. Honestly, I got into the, looking at the, the mTOR and autophagy sort of antagonistic pathways. That was kind of my entry point. And, when I got into that, I thought, you know, okay, there's people out of here that will say you want to shut off the mTOR pathway because the history tells us that, you know, the the the dwarves 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, etc..

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 at genetics.

And that opened up a whole Pandora's box. And it was not just a rabbit hole, and it was a tunnel that kept going and keeps going. So I started looking at the snips that were around methylation, and the snips that were in the oxidative stress pathway, to snips that were in lipid metabolism and inflammation and detox.

And I started 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 that 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, the plumbing, and we just keep putting sheets of paint on that to keep put a roof on that carpet.

Well, that house is going to fall apart eventually because all you're doing is continue to paste on top of dysfunction. So that got me going on this. And and as far as a 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 when nobody taught us that.

And before I knew it, I was trying it on myself and I was my wife was trying it. And of course, aren't we the end of 1 or 2? Right. And so we started doing that and, we started seeing really interesting results.

We started measuring or, you know, using like those age clocks that are sort of through true diagnostics and like an age. And we started seeing our ages, biological aging process is sort of hold tight and even go backwards a little bit and not 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 and 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 it and trying to actually live younger, older and perhaps die younger, older. I love that.

So yeah. How old are you really? Like 30 years? No. No. What? My logical age. My biological age is depending on which club I get, ranges from 20 up to about 47.

but my actual chronological age is, 59, so. Yes. And you wouldn't have guessed. And I love how you talked about the ladies using the great copper peptides.

I love them and yeah, they're there. There's so many things that we can do to. And like you said, we're not trying to like, we're reversing aging, but not really.

It's kind of like when you see an apple and it sits on you know, you take a bite of it starts to brown. Right? Yeah. We're just trying to not be oxidized.

We're trying to reduce all of that. And, you know, you talked about Apatow on and that, you know, you're not going to be able to see your telomeres, you know, getting longer or stopping them from shortening.

But it's all these things are happening inside. So we don't turn brown. Right on the inside. And obviously there's basic things like, you know, nutrition, which your books are about and you know, all of the movies and everything like nutrition and sleep and movement.

We have to obviously optimize all of 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 talk to my patients about that.

I'm like, once we fix, you know, gut health and the chronic conditions that they're coming to me at first because they're symptomatic then and 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.

Like, how did your body change when you started introducing this rotation of peptides? Well, it's 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, and they were out there breaking bricks and breaking through ice with their heads and blowing up water bottles, using it as an evangelistic tool, you know, and I.

Okay. I'm sorry. What is this power team? Okay. So I know what it is. So I mean, maybe other people wouldn't. Yeah. So it was a group of of man known as the power team.

And you people can Google that.

Origins in Functional Medicine and Genetics

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 break baseball bats behind our back and blow up hot water bottles.

And 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 and the guy that started it, his name is John Jacobs.

So it was John Jacobs and the power team. And, it was well known back in the 80s to early 2000. And it was just we had a weekly television show. It was national TV, and it was on all the time and got the opportunity to travel on every continent except Antarctica.

So it was kind of cool. but, you know, 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, you know, and, and I always wanted to be a little bit better.

And I never was the most talented guy in anything I did, even though I did 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't exist.

And Doctor Jen, I didn't know what to do. And so I started looking 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 of age, and that was an FBI study back in the 70s.

And then when I was looking at this early 2000, 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 the constant connectivity, the way things are then or die, you know that we just do. And nobody seems to talk about the lack of sleep that is not addressed, lack of movement.

And I wanted to solve that equation. And that got me into this whole idea of peptides. And then I started studying this stuff, and it's like, almost like Forrest Gump started running, and didn't stop.

I started studying and didn't stop even back in those days. And I just started to go ahead and, you know, change career directions and keep it going. And, you know, it always worked out, tried to continue to stay in shape.

And I do eat right. We do practice what we preach and no excuses on my part. You know not I'm going to do it. God I don't want to live and represent hypocritically right.

but since I've been using peptides and this is and this is me talking here, and this is Mark again 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 day. You know, doing what we do to represent, to help mankind every day is a load.

It's a 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.

I don't have high blood pressure. I sleep well every night. And the people that we help and you're in the same boat with this. They experience the same thing.

And sometimes you look at that and you go, you know what? How how do I measure this? You know, and measuring rehabilitation or proactive care is a little different.

It's something you got to get your mind around because most people measure stuff by disease, you know, did I get the disease fixed? And I get it corrected and I get the symptom managed by whatever.

Did I get this issue solved? But we look at it like, I don't want to have any issues. I don't want to deal with that sickness is way more expensive and way more costly, way more distractive then wellness is.

And so I'm more motivated today. probably have been in my life for the idea that we have peptides, we have the idea 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 think we you've heard it, I've heard it the listener and have heard it. 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, Doctor Jen is probably 120 years ish.

And I think that looking at the centenarians at some of our, you know, 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. That's okay. But I think the facts are that most times people can see that. Whether what side caught your on with faith is that that lifespan potentially 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 we do a little bit better than that?

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 build better about yourself.

You can honor this thing we call the temple better. And frankly, I have a responsibility to my wife. I really, really do. And I've got a responsibility to that.

You know, 12,000 odd people we deal with in our community and the millions we touch to just, unmerited blessing, you know? And so I just want people to know that there's better out there.

And I feel that way. That was 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 and like, maybe I should reach out. Do they want to lecture? You know, it's, that's so hard. And we'll talk about, like, police officers stress, stress can really shorten those telomeres.

And that's why it is so important to to make sure you keep that stress under control. Our bodies are really resilient. But yeah, it's a lot, especially post-pandemic.

I'm seeing a lot of people that are just dysregulated from their nervous system standpoint. you know, so that brings us back to to peptides. I mean, peptides can really help, you know, calm down a gut that's inflamed, you know, help you build muscle so you can do your daily activities properly.

You know, all of these things. and you were talking about your peptide rotations, and I think a good point to bring up is, you know, some people might be thinking, can you take peptides together?

You know, sometimes you can take certain medications together. So how does that work with peptides? 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.

And if you will, I mean, I think we're all trying different combinations. And, you know, as far as history goes, we don't have 100 years of experience here.

We probably got really 20, you know, probably the last ten. They've kind of been more mainstream. And there's a ramp up on those things right now. There really is.

And and it's not. Thank you to the doctors for that. It's thank you to the community during the biohacking space that sort of pushed that on. And so we've got to give credit where credit's due.

I will have and this is just today, for example. And, and I have all these going right now, I'm not saying this is for

everybody. This is part of what we do all cycle through these things.

Today I injected much I did that today. Today I injected iodine I 604 today I did BPC 157 and today I did Thymus Invader for. So I will have these varying angles going at the same time.

Personal Health Journey and Police Wellness

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

There's some oral peptides out there that I've still I question and I'm working through those such as five amino one and Q, which sort of inhibits the fat, cell growth.

And I have used that in a few times, and I've been kind of testing that head to head with maybe an iodine 9604 to see maybe which one works better. and I've even done a lot of the BPC orals, and I've done BPC oral and injectable at the same time, and all I can do is measure that through perhaps my percent body fat, because, you know, pretty much consistency exist 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 I am hungry, I want to make sure I fill that this size stomach pull and high quality nutrients.

And I even put supplements in that category, doctor Jane, because when I eat a big old handful of pills, man, I, I don't think supplements. I think high quality food.

You know, I think how cool is that? I can take food in a capsule, you know, and so, it's, 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 for it. Yes, I love that. I, I like five amino and I'm cute.

I think genetically to that one particular. I have 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, yeah, you know, I like to take it when I am traveling and maybe across a time zone and, you know, everyone reaches for their caffeine and all that and I'll just I'll bring my five amino m q with me because it's convenient, because it's a little, little red pill, little capsule.

So, but that's that's fun that you, you know, you're using your metric, your percent body fat to, to play along with these. Do you, have you done any of the GLP ones dips, anything like that?

You know, I have this this sounds a little bit wacky, but you probably, I presume would have the same mentality. I'm not going to rule something on the patient base until it's rolled in my own body.

And, my wife and I remember this. This is probably dating back to maybe, you know, oh, perhaps the the the late fall of maybe 2022, I suppose. they were hearing about, you know, the, the GLP one agonist.

Okay. Whatever. You know, and so we got some and, and I use it for five months, five months. I want to know how to dose up on it. I want to know how to dose off on it.

I want to know what would happen if I just stopped it. Cold turkey. I want to know what it affected me and my wife. We kind of did this experiment, and, this is interesting.

I can see both sides of this. And I and I think 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 about nutrition and we don't talk about filling that stomach up with good spacial density of nutrients, doctors, then 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'm going 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 taste or 2 or 2, and it's really a taste receptor for sweets that I have a hyper sensitive sweet tooth.

And I also have Mylanta for receptor, which is basically what I call the death buffet genes. I mean, I don't hear the signal very well. And so, father, I don't produce, genetically speaking, the GLP one very well anyway.

So when I sort of look at that, I sort of tailored it to I can tailor it to a genetic profile. And I determined that I was able to lose body fat, maintain my energy and maintain my muscle, even put on muscle, while using the group once.

So I have used semaglutide. I've used the appetite, which is the GI, GLP one, and I've 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, I mean, more or less, I've got a 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% ish more or less. And, and it may have dropped to 11% or something like that. But you can also major your skeletal muscle mass and total body mass.

And I may have gained a pound in that area. And, you know, I could have been just a kind of a weird coincidence. But what wasn't a coincidence is I did lose.

And this is 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.

So as I was doing that, I determined that I couldn't maintain strength, which was akin to maintaining muscle mass and lose body fat. So I think 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, you know, high blood pressure to reverse that thing called type two diabetes, which I frankly shouldn't it 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 they can be significant game changers.

Now, what I don't know is over time, as long term usage, I don't know the answer to that. And I don't think anybody does at this point. I've used them off and on.

My wife used it off and 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's a big red flag if you're going to, you know, a local med spa or anywhere, a gym, anywhere recommending these.

And if they tell you you have to be on them for the rest of your life. Because I've had I've heard that that's what they're saying. Well, you know, if you don't come back every week for your shot, you know you're going to gain all the weight back.

Well, yes. If you have someone not well versed in peptides knowing that they should be rotated, your body should get a break. And like you were saying, we're teaching them how to eat lifting protein.

I counsel every patient before I put them on a GL, P1 or a GLP one grip. I counsel them, I'm like, you need to have 30g 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 that's the one that I think the side effects are also because they're not getting titrated properly.

They're just like getting slammed. So my patients are having those crazy side effects that we're, we're hearing about. right. I mean, you 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.

And and I'm like, you know, it's fine. You're just using it wrong. Yeah. They, they they have the ability to really be a significant change agent for the betterment of our world.

And we need to because right now is big pharma, $1.7 trillion industry. And, you know, 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. And you look at obesity, which is the fastest growing non-communicable diseases in the history of mankind's existence, you know, what is that?

And why are we allowing that to happen? But you nailed it. there's a lot of charlatans out here, and I'll call it what it is that is doing things for the money.

You can make some money. You can. But but money is not what changes lives. You know, my wife and I have this discussion a lot, and it goes with peptides.

That goes with everything. You know, even though what we're talking about here, if people use these things right for the right reasons, money and provision will follow truth every time.

Combining Peptides and GLP-1 Experience

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

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

They're going to get nauseous and they're not going to 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 and then they magnify the scale going down because they got nausea.

Some would need and that doesn't do any good. And also I've seen this too. I check micronutrients all the time on a cell level. And if people are not getting micronutrients down there to the cell level, you're not going to be able to maintain functionality of your organ systems and your organ systems are what protect you.

It all goes back to say, nutrition. The only 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, but it's not a 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, I plead with you to take these principles.

We just we talk about here and use them under that guidance. And if you if you need guidance, you know, you reach out and get guidance because there's there's ways you can help people.

There's ways that you can bless people and they can get truly better. Yes, I love that. And 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 like pitfalls anything negative happen with peptides and and if so, how could you talk to, you know, maybe other practitioners out there or people that are listening that are want to dive into peptides?

How can they avoid those? Well, I think that knowledge is power, but I think even 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 we get too many things going. you, 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 of yourself is going to get people off base.

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

You know, it's pretty safe. It's good. The g k copper cream. That's simple. Learn 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.

When they become norm, they become regular. They become an expectation. And this is really key out here. And I think this is the 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 for them at cost. Buy and form doing because they're your biggest spokesperson.

The biggest post is the person answering that phone out there or greeting somebody or 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 the person's practice.

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

So, this was just yesterday. we we always talk about peptides. So there were really seven areas of focus within our practice. And everybody that comes in, you know, gets the speed and gets the story.

And we do it every time. The four areas we have control over nutrition, sleep, stress management, movement. We always talk about those. And then the three areas we don't have control over, which is genetics, hormones and peptides.

So we go to the check box, 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, I always do that.

And then they'll go about their business and some of them will use things above them, won't you know how that goes? Right? But then eventually there's one, two, three, four that come back in and say, well, I'm ready for those peptides now.

And then it just started dominoes. And 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, bipolar logical, aging optimization is kind of what I like to use.

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

Measurables motivate. Always remember that one. And then you got to have the tools and a purpose behind what you do. So you don't just take peptides to put on muscle like a test a moral and just to put on muscle.

Lots of great peptide and I like it can help lose fat. It's good for vascular health and correction. It's good for Somalians and all the CJC. 1295 some people even more than they're nice.

But you got to measure it. Body composition, good blood labs, not basic age clocks, micronutrient testing. The more metrics and measurables you could put on there that are actually quantifiable with uses of peptides, that's a win.

That's a really I love that I wrote that down. Measurables motivate. they do. Yeah. And especially if you're coming if you're not in the medical world because we know like things are working and we know 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. Yeah, it's a measure. Things people definitely like that. So, where do you see peptides like going in the future?

Like for opportunities. And I know, you know, they keep discovering more and more peptides that they can then compound. So where do you see all this going?

I think it's unlimited I really do I think only limited by our belief system. doctor Gene and 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. You know, they've always been part of our function because life really is about giving the body what it needs and keeping the information that it reads, that it understands fresh.

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

It makes peptides, it makes peptides, it makes hormones and proteins.

Avoiding Pitfalls and Measuring Results

So we're not doing anything that's weird or woowoo. It's 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 we'll 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 aging processes and speeds.

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

If 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, with peptides being allowed or not allowed?

Because I know that is a little controversial and I know that, you know, like BPC won 50 sevens banned in a lot of things. I think most of that's done because of just erring on the side of caution.

Yeah, with water and all that stuff. And I think there's just a lot of unknown out there. What is performance enhancing mean? Is it is it an unnatural edge I don't really look at like a BPC one.

Page seven is being unnatural edge because it's a natural thing. Now, if you add a bunch of exogenous testosterone endogenous growth hormone, I suppose that's a whole different story.

But I look at it like we need to be a little more open minded in the area of what is performance enhancement. That's a 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 when I was competing, you know, quote unquote drug free, you know, I didn't know peptides at that point at all. But, you know, I thought that could do pretty good.

But you get out there with the big anabolic steroids, there's no way, you know, you're you're not going to be there. And that shift has happened. But I think as we go forward in athletics, professional athletics, college athletics, high school athletics and even bodybuilding sports, we need to start looking at peptides more from a prevention standpoint, either even as far as like, let's think about the NFL for a minute.

What would be the thing that would be harmful to have every player using cerebral listen, you say, I mean, what would be bad about having players use mods?

You know, what would be what would be so bad about having them use that be talent periodically? Is that give them an edge? I don't think it would be something on the field, but maybe in life and maybe that needs to be our perspective.

Yeah, it's a little bit frustrating because they still inject steroids into their joints and destroy their joints. Yeah. Healthy joint, but they won't do.

VPC 157 it was interesting. I was in Key West and there was some NFL players there, and I was talking to the one. He was a tight end and I was talking about VPC 157 I'm like, how can they even test for that?

They're done. 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 more and more stimulation. So.

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

Well, I would tell you, factually speaking, I've got, a couple of NFL players currently that I work with, and both of them have a very high biological age.

Both of them have horrible nutrient deficiencies. And to your point about, you know, high level athletes using peptides like a BPC. Yeah, there's no way you could know about it.

So I believe my intuition tells me as a former athlete, 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 on these, these worlds where you get a peptide. And I think this is worthy of mentioning this ordered out there, and it's going to stay right on it.

Not for human consumption. Now, I don't know what that is or what it's not. And I think there's a chance that some people might take because it is a little bit cheaper and you don't have to get it prescribed.

But but do you take a chance? Yes. Because you don't know that. You know, if let's use BPC, if you think you order BPC, you get it in and you think they can't test that might not have BPC in it, it might have something else and 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's for human consumption. But I suspect Jen, there's probably a lot of users out there that because they're so good for injury prevention that we probably don't don't know about it.

Right. That's a great point. And and you know, I I'd hope so. But like you brought up, cerebral ice and, and how neuroprotective it is. And in other countries they're using it IV with strokes.

And we're just I don't know what we're doing here, but it's, you know, I do know, but it's it's very frustrating. you know, and that goes into the whole sick care model.

and how it really it it's, it's just about money some time. So this is why it's so good to be informed and to, you know, know about people like Dr.

Future of Peptides in Health and Performance

Mark and what they're doing and how you can really stay well and and feel good. Yeah. We need to sort of connect together. And that's why I'm super honored to be with you today, because it's important.

People need to know you're not alone out there. And there's people that think like you, people that can encourage you. And my word of encouragement is, you know, always lean towards the idea of the, the area of helping people keep learning.

Don't think you got it figured out. Don't get satisfied and and become the model. Become the the the person that is the person that knows and the only person you can help.

You know, the old saying goes, physician, 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, and that's how you get an opportunity to be there. Audience, which is good. You know. Yes, yes. Well, let's and I would love to know what your you told us your current stack.

Like what what are your favorites stacks that you do personally. I love Tesamorelin. I think Tesamorelin does so many positive things. I like Tesamorelin, I like BPC and I like much and I and I have noted that I alternate a lot between and and the five I mean, I'm one in Q and so from a sheer subcutaneous standpoint, that's kind of what I like.

and then I like, of course, GHK. I mean, that's going to be in my, in my little nightstand. My wife and I is forever and ever in a day. Yes, I love it.

And GHK-Cu for Wound Healing, too. Oh, yeah. Crazy cool stuff on my my kiddos. Yeah, that in red light. he knows the drill. We've avoided, you know, some early antibiotics with with that.

So it's it's been great. So these tools are just so good to know about and to have. So Dr. Mark, 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 to get up and, like, change the world. So how can we connect with you? Well, we're pretty easy to reach, and we're 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 got into product development, whole Kingdom line of food, and we got cereals coming out and snack bars.

They're all like good ingredients, no sugars and meth like that, you know, so people can find our movies there and books and stuff. It's all right there at Sherwood. TV.

I love it. Everyone go check it out. And thanks again so much for sharing your expertise today. Thanks for having me. It's an honor.