Doctor Reveals: My Top 5 Peptide Stacks (Most Doctors Get This Wrong) Transcript

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The Power of Peptide Stacking

Over the last 5 weeks, I've walked you Over the last 5 weeks, I've walked you through peptides, one category at a through peptides, one category at a time. Healing, weight loss, energy, time. Healing, weight loss, energy, brain health, growth hormone.

brain health, growth hormone. But, here's what I haven't shown you yet But, here's what I haven't shown you yet is actually how they all work together.

is actually how they all work together. Because in my clinical practice, Because in my clinical practice, peptides rarely are used alone. They're peptides rarely are used alone. They're combined, stacked, and based on what a combined, stacked, and based on what a patient actually needs.

patient actually needs. And the combinations matter as much as And the combinations matter as much as the individual peptides. Today, I'm the individual peptides. Today, I'm going to show you the most common going to show you the most common peptides I use in my practice, how I peptides I use in my practice, how I combine them, and why certain stacks combine them, and why certain stacks produce better results than any single produce better results than any single peptide on its own. I'm Dr. Myra Reed, a peptide on its own. I'm Dr. Myra Reed, a functional and internal medicine functional and internal medicine specialist with over 35 years of specialist with over 35 years of experience.

experience. experience. I practice early detection longevity I practice early detection longevity medicine. I help people find what others medicine. I help people find what others miss before symptoms become diseases.

miss before symptoms become diseases. Everything I do runs from our four Everything I do runs from our four pillars: hormones, pillars: hormones, gut, lifestyle, environment. My focus is gut, lifestyle, environment. My focus is on helping you to live smarter, on helping you to live smarter, stronger, longer. Now, before I get into stronger, longer. Now, before I get into this, there are additional peptides this, there are additional peptides being studied and used in clinical being studied and used in clinical settings beyond what I'm going to cover settings beyond what I'm going to cover today. So, we're just going to touch on today. So, we're just going to touch on the most common ones that I'm using in the most common ones that I'm using in my practice right now. This isn't an my practice right now. This isn't an exhaustive list. It's the foundation of exhaustive list. It's the foundation of what we're starting with. And the what we're starting with. And the combinations also that I've seen produce combinations also that I've seen produce the most consistent results.

First Responders for Tissue Repair

Let's start the most consistent results. Let's start with what I call first responders. These with what I call first responders. These are the peptides I reach for when a are the peptides I reach for when a patient has tissue damage, chronic pain, patient has tissue damage, chronic pain, joint issues, or inflammation that isn't joint issues, or inflammation that isn't resolving. BPC 157 is called body resolving. BPC 157 is called body protection compound. We covered that in protection compound. We covered that in detail in week two.

detail in week two. It's connected to the gastric proteins It's connected to the gastric proteins naturally produced in our gut. And these naturally produced in our gut. And these proteins will diminish as we age. It proteins will diminish as we age. It acts locally to support the healing of acts locally to support the healing of tendons, ligaments, muscles, and the gut tendons, ligaments, muscles, and the gut lining. Remember Sarah's story we were lining. Remember Sarah's story we were talking about how I started on that talking about how I started on that BPC-157 BPC-157 BPC-157 and 3 days later she texted me with the and 3 days later she texted me with the words life-changing. Then we're going to words life-changing. Then we're going to get into how we talked about TB-500 get into how we talked about TB-500 related to that Thymosin beta-4. This related to that Thymosin beta-4. This one

works more systemically.

one works more systemically. Where BPC-157 is targeted, the TB-500 is Where BPC-157 is targeted, the TB-500 is more of a broader result. It promotes more of a broader result. It promotes cell migration, may help reduce cell migration, may help reduce fibrosis, which is scar tissue, and it fibrosis, which is scar tissue, and it makes particularly useful for larger makes particularly useful for larger injuries, chronic stiffness, and those injuries, chronic stiffness, and those mobility issues. The GHK-Cu, which Cu mobility issues. The GHK-Cu, which Cu means copper, it's a peptide. This is means copper, it's a peptide. This is one of the peptides that people are so one of the peptides that people are so often surprised to even hear about. It's often surprised to even hear about. It's a powerful regenerator that can help a powerful regenerator that can help support things like collagen production support things like collagen production and tissue remodeling. It's being and tissue remodeling. It's being discussed for both joint support and discussed for both joint support and skin health. So, you're getting skin health. So, you're getting structural repair across multiple structural repair across multiple systems at the same time. Now, here's systems at the same time. Now, here's where it gets interesting. In my where it gets interesting. In my practice, I rarely use these alone. The practice, I rarely use these alone. The combination of BPC-157 combination of BPC-157 and the TB-500 together is what some and the TB-500 together is what some people call the recovery stack. You get people call the recovery stack. You get the targeted local healing from the the targeted local healing from the BPC-157 BPC-157 BPC-157 and the systemic tissue repair from the and the systemic tissue repair from the TB-500, which works on the tails and TB-500, which works on the tails and together. For patients with chronic together. For patients with chronic injuries like joint pain, post-surgical injuries like joint pain, post-surgical recovery, this combination can produce recovery, this combination can produce results that neither peptide achieves on results that neither peptide achieves on its own. When you start adding the its own.

Optimizing Growth Hormone Naturally

When you start adding the GHK-Cu, GHK-Cu, GHK-Cu, that creates an enhanced version for that creates an enhanced version for total body tissue rejuvenation for like total body tissue rejuvenation for like tendons, ligaments, skin, and the tendons, ligaments, skin, and the connective tissues being supported all connective tissues being supported all at once. The next category we talked at once. The next category we talked about was the growth hormone about was the growth hormone optimization. We went deep into this in optimization. We went deep into this in week five. So, let me summarize the key week five. So, let me summarize the key points and show you how some of these points and show you how some of these peptides are stacked. Remember these peptides are stacked. Remember these there were secretagogues. That's the there were secretagogues. That's the ones that signal to your pituitary gland ones that signal to your pituitary gland to produce it's your own growth hormone.

to produce it's your own growth hormone. They don't add growth hormone from the They don't add growth hormone from the outside of people would use injections outside of people would use injections for replacing. This is stimulating your for replacing. This is stimulating your own body's which stays your body stays own body's which stays your body stays in control. And then the CJC-1295 in control. And then the CJC-1295 specifically without DAC is generally specifically without DAC is generally preferred because it mimics the body's preferred because it mimics the body's natural growth hormone pulsing it rather natural growth hormone pulsing it rather than creating that constant elevated than creating that constant elevated level. It's the foundation of most level. It's the foundation of most growth hormone protocols. Ipamorelin growth hormone protocols. Ipamorelin triggers growth hormone release through triggers growth hormone release through the ghrelin receptor but without the ghrelin receptor but without significantly affecting appetite or significantly affecting appetite or cortisol levels.

cortisol levels. That clean profile is why it is the most That clean profile is why it is the most commonly paired peptide with CJC-1295. commonly paired peptide with CJC-1295.

Tesamorelin is specifically recognized Tesamorelin is specifically recognized for reducing visceral adipose tissue, for reducing visceral adipose tissue, that belly fat. It's one of the few that belly fat. It's one of the few peptides in this category that actually peptides in this category that actually has FDA approval for a specific clinical has FDA approval for a specific clinical use. Insermorelin is a milder option, use. Insermorelin is a milder option, shorter half-life, more frequent dosing shorter half-life, more frequent dosing but a longer track record of clinical but a longer track record of clinical use and a lower side effect profile.

use and a lower side effect profile. This is good for patients seeking This is good for patients seeking vitality and lean muscle support without vitality and lean muscle support without a more aggressive protocol. The stacks a more aggressive protocol. The stacks here are gold dependent. For performance here are gold dependent. For performance and longevity, CJC-1295 and longevity, CJC-1295 plus Ipamorelin. This is the gold plus Ipamorelin. This is the gold standard. It's typically administered at standard. It's typically administered at bedtime so that it lines with your bedtime so that it lines with your body's natural circadian rhythm of body's natural circadian rhythm of growth hormone release at night. That growth hormone release at night. That timing really matters because growth timing really matters because growth hormone pulses are the strongest during hormone pulses are the strongest during deep sleep. So, you're working with your deep sleep. So, you're working with your body's biology, not against it. For body's biology, not against it. For aggressive fat loss, tesamorelin plus aggressive fat loss, tesamorelin plus ipamorelin. This combination ipamorelin. This combination specifically targets visceral fat while specifically targets visceral fat while maintaining growth hormone pulse maintaining growth hormone pulse support. You can refer back to these support.

Mitochondrial Mimetics for Energy

You can refer back to these last week's videos last week's videos for the deep dive of CJC and ipamorelin for the deep dive of CJC and ipamorelin and more. The third category that we and more. The third category that we went through was cellular energy. These went through was cellular energy. These are what some researchers are referring are what some researchers are referring to the mitochondrial mimetics. They to the mitochondrial mimetics. They improve how your cells produce energy improve how your cells produce energy and produce fuel. SS-31, also known as and produce fuel. SS-31, also known as elamipretide, this peptide acts at the elamipretide, this peptide acts at the mitochondrial membrane. It think of it mitochondrial membrane. It think of it as the membrane protection and it may as the membrane protection and it may even help reduce oxidative stress and even help reduce oxidative stress and improve ATP efficiency, which is our improve ATP efficiency, which is our energy in our cells. When your energy in our cells. When your mitochondria produce ATP more mitochondria produce ATP more efficiently, you feel different. You efficiently, you feel different. You feel better. You have more energy. This feel better. You have more energy. This is my top consideration for patients is my top consideration for patients with chronic unexplained fatigue. Then with chronic unexplained fatigue. Then there's also MOTS-c. This is sometimes there's also MOTS-c. This is sometimes described as an exercise mimetic. It described as an exercise mimetic. It activates some of the same metabolic activates some of the same metabolic pathways as exercise does. It's being pathways as exercise does. It's being studied for its potential in improving studied for its potential in improving insulin sensitivity and fat metabolism.

insulin sensitivity and fat metabolism. For people who have plateaued in weight For people who have plateaued in weight loss despite doing everything right, loss despite doing everything right, MOTS-c is part of that conversation. For MOTS-c is part of that conversation. For patients whose primary goal is patients whose primary goal is aggressive fat loss with energy support, aggressive fat loss with energy support, tesamorelin, ipamorelin, and MOTS-c tesamorelin, ipamorelin, and MOTS-c together. This combination targets fat together. This combination targets fat oxidation from multiple angles while oxidation from multiple angles while supporting energy levels. You're also supporting energy levels. You're also addressing that visceral fat, growth addressing that visceral fat, growth hormone, and the mitochondrial hormone, and the mitochondrial efficiency all at once. In my week four efficiency all at once. In my week four peptide series, I mentioned a fatigue peptide series, I mentioned a fatigue patient story where she just didn't need patient story where she just didn't need another cup of coffee. She said she another cup of coffee. She said she needed someone to really actually just needed someone to really actually just look at what was going on, why she was look at what was going on, why she was so fatigued. And the fourth category so fatigued. And the fourth category that I went into is called that I went into is called neuropeptides. These are the peptides neuropeptides. These are the peptides that can cross that blood-brain barrier, that can cross that blood-brain barrier, support cognitive function, and focus, support cognitive function, and focus, and be neuroprotective. One is called and be neuroprotective. One is called C-Max. It's a synthetic peptide based on C-Max. It's a synthetic peptide based on the ACTH fragment. It's being studied the ACTH fragment. It's being studied for its ability to support BDNF, that for its ability to support BDNF, that brain-derived neurotrophic factor, which brain-derived neurotrophic factor, which is essentially the fertilizer for our is essentially the fertilizer for our neurons in our brains. Research suggests neurons in our brains. Research suggests it may support focus, memory, and the it may support focus, memory, and the neuroprotective pathways. It's typically neuroprotective pathways. It's

typically administered as a nasal spray. And the administered as a nasal spray. And the other one is called Selank. It's a other one is called Selank. It's a synthetic tuftsin analog. Where C-Max synthetic tuftsin analog. Where C-Max leans more towards focus and cognitive leans more towards focus and cognitive performance, Selank is being studied for performance, Selank is being studied for anxiolytic properties, which is anxiety anxiolytic properties, which is anxiety reduction, and neurotransmitter reduction, and neurotransmitter regulation. It's also a nasal spray. The regulation. It's also a nasal spray. The two are often discussed together because two are often discussed together because they complement different aspects for they complement different aspects for brain health. I discuss both of these in brain health. I discuss both of these in the context of my Bredesen certified the context of my Bredesen certified protocol, the ReCODE approach for protocol, the ReCODE approach for cognitive decline. The important thing cognitive decline. The important thing to understand is that brain fog, memory to understand is that brain fog, memory issues, and cognitive decline are not issues, and cognitive decline are not inevitable. They're signals. These inevitable. They're signals. These peptides are part of a broader peptides are part of a broader conversation about protecting your conversation about protecting your brain, not just accepting the decline.

brain, not just accepting the decline. And I also have to include gut repair And I also have to include gut repair because if you've been following my because if you've been following my channel, that gut health runs through channel, that gut health runs through almost everything I do. For gut repair, almost everything I do. For gut repair, the combination I discuss most the combination I discuss most frequently is BPC 157 with the KPV and frequently is BPC 157 with the KPV and maybe PEA and the GHK-Cu.

maybe PEA and the GHK-Cu. BPC 157 supports the gut lining repair. BPC 157 supports the gut lining repair. Remember it's a naturally connected to Remember it's a naturally connected to those gastric proteins. KPV is an those gastric proteins. KPV is an anti-inflammatory peptide that may help anti-inflammatory peptide that may help calm immune activation in the gut. And calm immune activation in the gut. And the GHK-Cu supports the tissue the GHK-Cu supports the tissue remodeling process.

remodeling process. This is the stack that I used with Sarah This is the stack that I used with Sarah in week two. in week two. The oral BPC 157 with KPV The oral BPC 157 with KPV before moving to the injectable BPC 157.

before moving to the injectable BPC 157. And for patients with leaky gut, that And for patients with leaky gut, that chronic gut inflammation, or gut issues chronic gut inflammation, or gut issues that haven't resolved to responded to that haven't resolved to responded to diet and lifestyle changes alone, this diet and lifestyle changes alone, this combination is part of that combination is part of that conversation.

conversation. conversation. And this connects directly to my gut And this connects directly to my gut health content. You haven't seen my health content. You haven't seen my leaky gut videos, I'll link them in the leaky gut videos, I'll link them in the description. Because peptides for gut description. Because peptides for gut repair work best when the foundational repair work best when the foundational gut work, such as diet, removing gut work, such as diet, removing irritants, supporting the microbiome, is irritants, supporting the microbiome, is already in place. Now, regardless of already in place.

Essential Rules for Safe Peptide Use

Now, regardless of which peptides I use or that are which peptides I use or that are stacked, and what are appropriate for stacked, and what are appropriate for given patients, there are rules that given patients, there are rules that apply across the board, and these really apply across the board, and these really matter. And timing really matters.

matter. And timing really matters. Growth hormone peptides are most Growth hormone peptides are most effective when administered before bed effective when administered before bed on an empty stomach.

on an empty stomach. You're aligning your body's natural You're aligning your body's natural circadian growth hormone release and circadian growth hormone release and working with your biology, not against working with your biology, not against it. And cycling matters. Most protocols it. And cycling matters. Most protocols involve cycling, which means five days involve cycling, which means five days on, two days off, or three months on on, two

days off, or three months on followed by a break, followed by a break, like one month off, to maintain that like one month off, to maintain that receptor sensitivity. Because your body receptor sensitivity. Because your body will start adapting, and if you never will start adapting, and if you never take a break from it, the signal weakens take a break from it, the signal weakens over time. Foundation matters most. I over time. Foundation matters most. I say this every week and I'll say it say this every week and I'll say it again. Peptides are tools. They are not again. Peptides are tools. They are not magic and they work best when combined magic and they work best when combined with proper sleep, adequate protein, with proper sleep, adequate protein, resistance training, stress management, resistance training, stress management, and addressing underlying issues like and addressing underlying issues like hormone decline or gut dysfunction or hormone decline or gut dysfunction or those environmental exposures and those environmental exposures and medical supervision is non-negotiable.

medical supervision is non-negotiable. These are not supplements you order These are not supplements you order online. They require proper evaluation online. They require proper evaluation from proper sourced licensed compounding from proper sourced licensed compounding pharmacies, proper dosing, and ongoing pharmacies, proper dosing, and ongoing monitoring. These peptides are being monitoring. These peptides are being sold on the internet without a sold on the internet without a prescription and are not regulated and prescription and are not regulated and not tested and are not safe most times.

not tested and are not safe most times. Don't let your first symptom be your Don't let your first symptom be your last and don't let the convenience last and don't let the convenience replace safety. If you're watching this replace safety. If you're watching this and feeling like it's a lot of and feeling like it's a lot of information, you're right. It is and information, you're right. It is and it's actually that's what I'm actually it's actually that's what I'm actually trying to get to this point because this trying to get to this point because this is why you don't do this alone. This is is why you don't do this alone. This is why you work with a physician who why you work with a physician who understands the full landscape.

understands the full landscape. Not just one peptide, not just one Not just one peptide, not just one symptom, but how everything connects. symptom, but how everything connects.

Hormones affect gut affects brain brain Hormones affect gut affects brain brain affects sleep, sleep affects growth affects sleep, sleep affects growth hormone, growth hormone affects body hormone, growth hormone affects body composition, body composition affects composition, body composition affects metabolic health. It's all connected and metabolic health. It's all connected and the peptide or the stack that's right the peptide or the stack that's right for you depends on where in the web of for you depends on where in the web of your body that needs the most support your body that needs the most support and that's what we got to figure out.

and that's what we got to figure out. That's why we do a deep evaluation and That's why we do a deep evaluation and that's the work and that's what I do.

that's the work and that's what I do. Next week is the final episode of my Next week is the final episode of my peptide series and it's the one I think peptide series and it's the one I think that matters the most. We're going to that matters the most. We're going to answer the question I've gotten in the answer the question I've gotten in the comments every single week and we're comments every single week and we're going to find out who is actually a going to find out who is actually a candidate for peptide therapy.

candidate for peptide therapy. I'm going to walk you through the exact I'm going to walk you through the exact framework I use to determine who framework I use to determine who benefits and who doesn't and what needs benefits and who doesn't and what needs to happen before peptides are even on to happen before peptides are even on the table.

the table. Subscribe so you don't miss it. Subscribe so you don't miss it. >> [bell] >> [bell] >> [bell] >> If you've missed any of my earlier >> If you've missed any of my earlier weeks, the full playlist is right here.

weeks, the full playlist is right here. And if you want to start finding out And if you want to start finding out where you stand right now, take my free where you stand right now, take my free assessment. The link is in the

assessment. The link is in the description. It takes only a few minutes description. It takes only a few minutes and it's the same starting point I use and it's the same starting point I use with every patient. Everything I do, with every patient. Everything I do, every protocol, every patient, every every protocol, every patient, every video runs through my one belief.

video runs through my one belief. I'm Dr. Myra Reed. I'm helping you to I'm Dr. Myra Reed. I'm helping you to live smarter, stronger, longer. live smarter, stronger, longer.

Don't let your first symptom be your Don't let your first symptom be your last.