Podcast Introduction and Guest Background

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Food is something we do in between activities. Instead of like our ancestors or our counterparts in Europe where things shut down, you slow down, you have a meal with your family, you connect.

anything was relevant in the blue zones for me was movement is medicine and connect through community. It's slow down. Who are you talking to? Who are your peer groups?

What is your social network? And you're right, not only is the nutrition, but it's our sedentary lifestyle. If you're overwhelmed with chronic health symptoms and still don't have answers, you're not alone.

I'm Dr. Javin, and on redefining wellness with Dr. Javin, we'll be exploring root causes like Lyme disease, mold, and parasites, and I'll guide you with simple and practical steps towards real healing.

Well, hello and welcome back to the redefining wellness podcast. I'm your host, Dr. Jayvon Moore. And today I'm here with Dr. Daniel and I'm excited to talk to him.

He's in Chicago, Illinois. We were just talking about our football teams into favorite foods from our cities. I mean, just, you know, as you get going, right, barbecue versus some pizza, maybe.

He is an expert in integrative functional medicine and it's a performance driven approach, which I actually really loves. I'm working in complex chronic illness, but I was sitting here thinking about it.

I'm like, man, we both like peptides. We both like hyperbarics. We both like cellular and making sure to get rid of microbes, getting down to those nitty gritties to get the highest level of outcomes for the clients we're working with.

So I'm going to be picking his brain on peptide therapies and how we really push the body from where you're sitting today, how to get you to the next level and the next level and the next level.

No matter whether you're a professional athlete or you're bedridden, this type of information is good for both.

What Peptides Are and Why They Matter

So thank you for joining me today. Thank you for having me. Appreciate it. So doc, peptides are not new. I mean, you know, I was looking at the research, they're 50, 60 years old.

Shoot, the Russians were using them back, back in the day, but they're kind of new on the market and social media as far as being the hot thing. What, what have you found?

If you could just give you a quick summary as like, are they, where are they the game changer at? Yeah. So ultimately they're the game changer, nearly everything, but it's not a substitute for the foundation.

I always say that the supplements, peptides, it's kind of the top of the totem pole and it's used to supplement anything in your lifestyle or any gaps therein within your lifestyle.

And so ultimately the question is what someone comes in for. So within your CSRS patients or some of these kind of more complex patients were able to really see symptoms and reversal, which I call kind of restorative function of chronic disease and dysfunction at twice the rate.

So ultimately our patients are healing in half the time, which is remarkable because much of my practice has been centered around what I call microbial medicine or the interplay of our microbiome and every biological system.

And we now know that implication, but ultimately some of these kind of mystery illnesses with Lyme and mold and mycotoxin. Obviously we have COVID and kind of this unnatural virus that comes and cripples the system or just modern stress and trauma.

Peptides really help buffer. against much of what we're seeing. So I think this was maybe when I saw you speak back in Nashville and disrupt, which I was impressed with what you were doing.

But ultimately, I think maybe you were someone on a staff or panel that said, you know, I wish BPC was in the water. And so that's one that we've been using very, very effectively for quite some time now, to no surprise.

And what you made a mention of previously in terms of the Russians doping or using with their Olympians, the Chinese, no different, the science. has been unequivocal for decades, we're just scratching the surface.

But certainly there are ones like Body Protection Compound 157, which has been tremendous at helping many of our athletes heal, many of our individuals that are coming with mucosal degradation and obviously the mucosal lining that the lumbar intestinal permeability so the ability to signal the body in repair in terms of gut muscle tendon connective tissue nervous system and then the interplay within your hormones enhancing that with TB 500 and other kind of thymic peptide that has evolved in tissue regeneration and cellular protection and immune modulation.

We have people coming into our office, walking in on crutches, less than a week later, walking out of crutches. It is remarkable. The testimonials speak volumes.

So that's kind of Two that we use very, very effectively, and I can glad to dive into the science if you want me to. Then now adding in this anti-aging skin peptide, GHTCU, so the copper peptide.

But for me, it's more as a genomic stabilizer than anything else. It has so much more value above the skin.

BPC-157, TB-500, and Delivery Methods

Apitalon, which lengthening telomeres and enhancing the cell cycle or cell degradation in conjunction with cell arrest, meaning that sometimes when the cells are dysfunctional or turning over too quickly, it can mitigate that process and optimize circadian rhythmicity.

What are some other ones? Definitely mitochondrial peptides, SS31 at cleaning out cell membrane, more mitochondrial membrane and repairing that. So there's ultimately a Different ways we can go about it.

Everything is very contextual. So I'm glad to dive into the science too, but ultimately the question is, what's the right tool and what's the right time?

Because within peptides, it's almost if many are coming in and wanting to optimize the stack. I had a patient call me the other day and he's like, doc, hey, can you evaluate my stack?

And he gave me this lesson. It's very, very beautiful. But yet he was going to the bathroom, defecating every three days and he was sleeping four to five hours per night.

Right. So that's the component I'm sure you can resonate as you're smiling is that it's no substitute for the foundational, but adding in KPV for TNF alpha expression.

So reducing inflammation at the layer of the gut, lorazetide for tightening tight junction proteins to make sure that we're reducing that intestinal permeability, which then impacts immune system and inflammation and the nervous system dysregulation.

So ultimately I can go on. The list continues with growth hormones for pedagogues and performance peptides with muscle building fat loss, but I'm sure there is enough there to start the party.

Definitely. So I mean, peptides, first of all, what is a peptide? Just to help everybody come along with it. What's a peptide? Sequence of amino acids.

The building blocks of protein effectively. Insulin kind of being the most notorious that has been approved long ago. And so many of these other peptides, body protection 157, that's the number of amino acids.

And then when you get into bioregulators, three or less. And the FDA is kind of changing how we see what's acceptable in terms of compounding and not.

Ultimately, it's kind of the bioavailable version of protein. So it's an amino acid, a protein. It's something your body has a lot of, right? We have hundreds of thousands of these in our body that are regulating every fashion, every function that our body goes through, right?

Yeah, the body, if you look at the cell structure, it's making up a phospholipid bilayer. So there's fat and then there's protein, right? And so ultimately, this is why I say carbohydrates are not essential to life.

Going down that, we can discuss nutrition and that whole discourse. But ultimately, so if you look at the cell structure, that's the native biology. And so within every chemical process of the body is very enzymatically driven.

And so we need fat, we need protein and peptides are effectively signifying molecules that help usher in repair. So we have, we have these in our body.

They're natural, they're normal. Now you're bringing in pharmaceutical based ones as you're talking about BPC and MOTC and TB 500. And it's always fun to talk to people about this.

It's like, well, majority of them are injectable. Some we've seen. used in nasal you've seen. I've seen some people come with topical or sublingual. Honestly, I'm curious your opinion.

Are any of the ones that are not injectable effective at this point? I just had a patient right before hopping on this call and he's young, young adult, young athlete, history of professional soccer in his family.

So naturally the kid is bred to be a professional athlete. But his nervous system is extremely hijacked and I had suspected mold, mycotoxin. And so we're going through that process.

And sure enough, at the last meeting, the mom who I met for the first time, she's like, yeah, we just did remediation in the home and in the bathroom and we found a lot of mold and mycotoxin.

And now I'm not surprised with what's happening that I see that he can't function. I mean, he literally is, we're doing something very rudimentary and he's falling over, he's falling asleep on the table.

and I put him on an oral peptide that has BPC and has TB 500 and a couple other supporting nutrients. And he came to me this week and he's like, Daniel, I can feel so much better in terms of energy, in terms of my accessing my muscles, in terms of recovery, and certainly obviously in terms of performance.

So that's oral administration. So I can't make that up. We use that orally. So if someone is systemically inflamed, Going through some of those chronically, as you mentioned, some of those patients, so chronically ill, exposure of mold, mycotoxin, definitely some other co-infections, my suspicion, parasite and viral to degree.

But we're going through that process now with some testing. Ultimately is when there is systemic inflammation, these help put out the fire. So the fire burns within us.

This is kind of dampening that cascade. He also had surgeries on both knees. So what we'll do is we'll come in with

injectables locally. So when he started with me, it was a level five pain.

After two series of injections, that pain was a level one as an example. So when you ask the question, okay, you know, administration, whether it's injectable, whether it's topical, whether it's oral, whether it's buccal.

I think it's relevant on the context. Certain peptides will have greater efficacy in different administration.

Mitochondrial and Immune-Modulating Peptides

Certainly N of 1, when I tried them myself some of these many years ago, I used to play in the When it was not for human consumption on the bottle back 10 years ago, when I was sourcing VPC myself and injecting myself locally, I don't see the benefit that I do now with when we're going through compounding pharmacies in terms of purity and efficacy.

And obviously the results speak volumes in terms of our patient population, but you're absolutely right. there is concern with how the peptide formulation that process making sure it's acetylated and amidated so the caps on the peptides are are structured so there's minimal degradation because these are very very fragile molecules and so again it's it's very contextual but ultimately each one can serve a benefit my concern sometimes is when we're doing too much again the signaling nature is lost we see that with some of the ph differences in terms of the peptides the copper peptide in particular which is burns in general.

So I'm always kind of reluctant to use things that induce pain, but even some of the thymic peptides when the injectables, it can be painful. So there is a component of that being mindful, but ultimately under the right circumstance, different delivery can have a benefit.

got it okay so some so the answer is some potentially can be working orally but depending upon the peptide and i know one of those questions i asked is just because simply i've used oral peptides i've used because i'm always curious always experimenting on myself i used oral bpc versus injectable i've done injectable trisepatide versus oral and and it's just interesting trying to figure out does this feel the same for me the trisepatide wasn't even close to as effective as the injectable But I found BPC to be orally mostly effective.

I think the injection maybe is slightly more effective, just in my experience. But always just trying to figure out what the new cutting edge is, because how many more people would adopt peptides if you didn't have to inject, is always the question I think through.

But all right, so we've talked a little bit about BPC, which is anti-inflammatory, is basically what it comes down to as far as public conversation. It's anti-inflammatory.

It does make you feel good, makes the pain go away, decreases inflammatory markers. TB 500 going along with it, I think is also great, as you mentioned earlier.

But then with complex chronic illness, I mean, mitochondria is a big one. And you met, you mentioned epitalon, you mentioned SS 31. I know I brought up MOTC.

How are you using those things and what are they actually doing physiologically to help people? So again there's an order of operations and I want to make a note of some of the ones that you said before because now even with liposomal delivery right so when you're saying oral the capsules versus liposomal and some people doing things at a high level in terms of enhancing delivery with hormones and liposomal so We'll kind of stay tuned for that.

But ultimately, again, everything is contextual now in terms of the mitochondrial peptide. And actually just one more, because when you mentioned triseptide, when that comes to mind, because my goal is to continue to stay on the cutting edge.

And we're using retitrutide in terms of the triple agonists now in terms of body composition. Right before that patient, I had someone come in and she is melting weight off.

But I always say I'm not in the business of weight loss, I'm in the business of fat loss because my goal is reduction of inflammation. If I do my job effectively, the weight is going to fall off easily, but ultimately fat for fuel.

And so when I was rehabbing the patient, we took her numbers, my assistant, and she's down 20 pounds in six weeks. I mean, remarkable, but she's also preserving lean muscle.

She's reducing visceral adiposity. So she's reducing overall fat and feeling absolutely great, full of energy and looking much better. Science continues to evolve.

I'm super excited with what we have at our access. So in terms of mitochondrial peptide, again, there's an order of operations and usually starts at the health of the cell, but ultimately the cell membrane.

So we'll start with often enough SS31, which obviously is a mitochondrial targeted peptide designed to restore the function of the mitochondria by penetrating the inner mitochondrial membrane.

And so it helps stabilize cardiolipin, a cardiocritical lipid. that supports mitochondrial structure and energy output. And this will significantly enhance ATP production, which reduces oxidative stress and improves cellular energy efficiency, particularly in tissue with higher demands such as heart and brain and muscle, things that are often vulnerable enough with our CSRS patients.

But it will also help with ghrelin signaling. So that stimulates the pulsatile release of growth hormone. Why is that so critical? Because ultimately, if we're not sleeping, we're not repairing.

And I see this often at the crux of people that are stuck in this fight or flight, sympathetically dominant state where they're never ever fully repairing.

And so they're constantly just stuck. And so we'll use that upon inception in a highly targeted manner to help restore that because a lot of these patients, as you already know, they're just burnt out.

CFS, their fatigue is extremely high. It's difficult for them in some circumstances to even get out of bed. I remember this one fibromyalgia patient, she walked into my office she's like you have to turn down the lights you have to kill the music and she walked in like a zombie.

Needless to say a couple months later when we cleaned her out she was a fully functioning human. The changes are very very effective and often enough now with peptides exponentially faster but depending on kind of the order of operations that's one that we'll use very effectively but again it's very much in conjunction with some of these other peptides to restore immune dysregulation to help reduce the inflammatory burden and buffer against the oxidative stress that are damaging the mitochondria on a cellular level.

You know, you brought to my attention one of my favorite directions to take peptides because in my practice, I'm working with mast cell SERS, those complex situations where people are very, very sensitive.

Sometimes they can't take anything orally and peptides that have been kind of at the forefront of supporting those people, KVP, thymus and alpha. And you just mentioned, you know, immune regulatory peptides.

What are you using in that category? So TB 500 is another one, the thymic peptide, TB4, a fragment of that. And then depending on the timing, TA1 ultimately.

So thymus and alpha one that we'll use sometimes long-term. And then often off layer in epithelon as well to restore healthy circadian biology, which Again, many are using for longevity.

I'm just using it for optimal function. Those are some that are quite notable. And then depending where the degree of damage is, if I mean at the layer of the brain will integrate through the lyosin or you mentioned briefly, C length, C max.

Another one that I like is synapsin to enhance cognitive function because a lot of these patients, as you alluded to, is brain fog is just so prevalent.

Mast Cell, Histamine, and Gut Repair Strategies

That's an example. So to kind of attenuate some of that inflammatory cascade at the level of the brain. But those are the three kind of, or at least top three thymic peptides that will integrate to help make a shift into that back to TH1 less inflammatory.

composition because what happens with interleukin-6 or IL-1, beta, IL-10, some of these are particularly interleukin-6 which crosses the blood-brain barrier.

Again, you have a lot of this now neuroinflammation that coincides. And so it becomes very difficult or less motivating when someone and you're stuck, you can't get out of bed.

So first I want to put out certain fires specifically where that's happening. Gotcha. And have you seen the thymic peptides decrease, food allergies, histamine type reactions as you're going through?

So a lot of that is going to be, I say this nutrition is instruction. It's going to heal you or hurt you. It's not benign. So a lot of that is in conjunction with food.

And I'll look at someone's gene test. So we'll do a lot of nutrigenomics. And sometimes that is the Achilles heel as they have a very high predisposition for histamine.

And so just by modifying foods, that's going to be relevant. The patient called, it's interesting how you're asking these questions because it's like today's, this is the stack of patients I'm seeing as well, much like you, the first patient this morning, severe mast cell.

And I mean, this has been for chronic and somehow she's seen a couple functional medicine practitioners, no one bothered to run a total toxin test on her to look at mold, mycotoxin.

And I asked her this question, she's like, Daniel, it's all over my house. And I was like, how is no one treated? And she's ultimately now in the cell danger response.

So yes, there's going to be some, some immune peptides, but certainly her histamine is through the roof. The first thing she tells me is I feel so much better with DAO.

No surprise, right? Something so, so simple. But then a lot of the food is lighting people on fire. So ultimately that's where I'll integrate. KPV very effectively because it helps reduce TNF-alpha at the level of the gut.

And so you're not having this overreaction to some of these intolerances, but then putting out that fire with the mast cell, so integrating sodium chromalin or sometimes equally ketatophin.

And then some of the H1, H2 blockers at night, obviously quercetin, perilla seed, black cumin seed oil, and we're going some of the more natural and natural medicine approach.

But interesting to someone like her when she said, I love homeopathy because when we push, even sometimes with herbs, her cup is spilling over and now you're trying to Trying to push but yet it's just causing more fire.

She doesn't have the buffering capacity because their oxidative stress is so high She's really stuck in that fire flight and then I asked her, you know, what about limbic retraining?

Which will help with histamine intolerance as well. So ultimately there is an order of operation certainly but you're you're right in terms of histamine that could be someone's bottleneck so even going back to I really like Level Up has an ultimate GI repair by Long Jelly Labs as well, or we'll compound them.

But when it's combining the quercetin and the tributrin and the zincarticin and then you have the BPC and the lorazetide and the KPV. And I actually have it right here in front of me.

What else am I missing? No, that's about it. But all those will help restore balance. I love it. I do a lot of very, very similar things when I'm working with people.

And, you know, after 20, 30 doctors, sometimes people walk in and I'm like, all right, well, let's just take a step back. Let's look at all of these labs.

They upload 40 different labs and I start going down through it. I start building out a roadmap of the information that I'm pulling from these labs and things are still left elevated, you know, years in.

And then the question marks that I put in there, like, you know, this wasn't tested for, that wasn't tested for. The number of people that have been through 20 docs and yet to have tested their home for mold or radon, have yet to deal with colonizing mold toxicity, have yet to be told to do limbic retraining or some sort of brain rewiring.

I call it brain physical therapy. I'm like, look, this is brain physical therapy. You can go talk it out all you want. That is helpful. I'm not saying it's not helpful, but what I'm saying is if you're stuck, fight, flight or freeze, even though you've done everything else right and you haven't done the physical therapy to rewire the brain patterning that you developed when you're in a bad spot, Here we are.

That's why you're talking to me. So let's, let's get into that. And I feel like all of those are amazing. I've actually added a few other things to my pile of, of what you talked about, which I use almost all of.

I'm still at ganglion blocks, neurofeedback are a couple other ones that have been nervous system wise, really powerful just to bring those tools back in.

And I mean, there are so many tools out there. I tell people at the beginning, I'm like, I'm just prepping you. Here's some different thoughts that I might have that we might talk about.

If it comes back up in a month after I figure out where you're at, okay, then it's not the first time you've heard about it. And as I'm talking to you, I'm like, man, I should probably just record like a 30 minute YouTube of here's Maslow and all the potential things we could use.

Be aware of it, look them up, research them, do your rabbit hole dives, because that's what the clients do, even though I tell them not to do it because their nervous system is already dysregulated.

Watch this video and it'll give you some ideas on things we might be doing because I know you're not going to remember what I said after we get off this call because unfortunately your range of fight or flight, so your memory is not in a good place.

So you're focused on the three things I highlighted in the note, which is okay. But here's a video. You're right. And ultimately as I am, when you said, you know, the limbic retraining and the HRV, right?

I'm an unrelenting mission to find whatever can shift HRV the fastest because we can only heal the speed of our nervous system. And that's why we are chronically stuck.

We are not repairing. It's what I call my foundation five. You got to eat right, sleep right, mood right, talk right, poop right. And our patients are at a minimum.

Nervous System Healing and Foundation Health

I mean, one of those pillars are off. You have two and now you have physical manifestations of pain. And then we're constantly stuck in that fight, fight or freeze, as you alluded to.

We aren't ever allowing for healing. So when you eat something as simple as food, which now this whole food sensitivity picture, because our food is not that of our ancestors, but often we're not even eating in a calm state or a repaired state.

First order of operation is toxin elimination, then a nutrient absorption. The third is cellular repair. We're never getting to that level because we're stuck at toxin elimination because our cups are just spilling over every single day.

And then it's this cascade of more auto-immunity or things that are going on in the brain. So you have MS and you have dementia or you have And autoimmune throughout the body, cancer, metabolic profiles that are completely compromised.

And so I couldn't agree with you more. Unfortunately, most of us are just not mastering the foundation though. That's what it goes to. And you're right in terms of, we have so many different tests that are disposable, but there's so much that's overlooked.

So it's great that we have new tools at our disposal or certain diagnostics at our disposal, but I think often enough, we just haven't been treated in a way that helps make that shift and it starts at the level of the nervous system.

It does. We got to have the decision tree in our brain of all the different things you could possibly ever do because I tell you, so many functional medicine doctors are guilty of what's the latest, greatest, newest, shiniest thing.

And then we forget about some of the old boring things like, you know, just make sure you're pooping and sleeping. But I feel like you and I are a little bit on the same page.

It's like, let's play with the fun stuff, but don't forget the old stuff. That ancient wisdom is extremely valuable. You know, every day I'm getting asked like, all right, Should I be on this fancy diet or that fancy diet?

I'm like, how about we just eat food first? And sometimes it's just so simple. I'm like, you're eating 400 calories. I really don't care what you put in your mouth as long as we get to 1200. Once we get to 1200, we'll dial it.

And I do care, but at the same time, like we just have to eat enough food. We're always looking for a shortcut, right? And I'm laughing year to year because yesterday I had, I was interviewing a new NP that we're trying to add to our team and she goes, what did you eat today?

And I was like, Oh, you know, I didn't have time, right? Cause we're, we're constantly prioritizing everyone else at our own expense. As practitioners, caregiver syndrome is real.

And then I took out some of my pocket and I took some supplements and I go, here's my nutrition for the day. And that's in some respects, you know, that's terrible.

It's interesting where modern science has evolved to. And by no means is that a substitute for nutrition, not under any stretch of the imagination. So I don't.

condone any of that. I do very well with fasting. I believe in fast or feast famine cycles. I believe in sleeping in conjunction with the cycles of light and the moon.

So my goal is if nature made it, it's likely okay. If man made it, stay away. So stay away from things that come out of a bag, box or plastic, structured water.

We're overlooking a lot of the details, but you're right. Eating in a rested state, our modern lifestyle is not congruent with our evolutionary biology where we pride ourselves on convenience or a fast food culture.

Food is something we do in between activities. Instead of like our ancestors or our counterparts in Europe where things shut down, you slow down, you have a meal with your family, you connect.

If anything was relevant in the Blue Zones for me, it was movement is medicine and connect through community. It's slow down. Who are you talking to? Who are your peer groups?

What is your social network? And you're right, not only is the nutrition, but it's our sedentary lifestyle. And it's interesting because when they look at the the tribes in Tanzania or the Hajja, they are more sedentary than we are.

But they are largely devoid of cardiovascular incidences, anything metabolically happening or any sort of chronic disease, especially degradation of the brain.

Well, how is that different? Well, they're constantly outside, they're constantly grounded, they're constantly foraging, they're constantly playing, they're constantly in a community, and they're eating foods that are native to their biology.

We are doing almost none of that. You and I are right now, I don't know what kind of lady you are, but I try to control the less LED lighting, but we're indoors, we're in our own boxes, we're under LEDs, right?

And yet we're, we're, we're trying to spread the gospel of health ultimately, but sometimes it's, we have to reset, right? And try and go back and master the foundation I think is critical for all of us.

Absolutely. Well, I've actually really enjoyed this podcast because it's taken us from what's the cutting edge, most popular topic out there on the social media platforms, which is peptides.

And then it took us all the way back to the ancient wisdom of you still got to eat, sleep, poop, and find community. You still got to do the basics. Otherwise, it doesn't matter how much of the cool stuff you bring in, how many bioregulators and peptides you put in there, the chink in the armor is just going to continue to grow.

and you're going to break. So Doc, I really appreciate you having this conversation. How do people find out more about what you're doing? Well, I encourage people to follow what you're doing because you're doing things at the highest level.

So I admire obviously what you're doing. If anyone has any questions, we go very deep in terms of peptides, cellular medicine, nutrigenomics, and obviously my passion, microbial medicine.

We are at the TBD fit podcast, which we're going to get you on here very soon.

Closing Remarks and Where to Find the Show

our website tbdfit.com. And then if anyone wants to ever have any questions, we have a full team and a multidisciplinary practice. So I always encourage people to shoot an email at info at tbdfit.com.

We're glad to answer any questions, much like what you're doing. We're glad to help people heal faster and safer. So ultimately no stone goes unturned.

And I appreciate again, from what you do, we follow your stuff. So I love seeing you on stage the first time when we met a couple years back, but ultimately glad to be of service wherever we can.

Oh, man. Nice to see you again. Thanks for jumping on the podcast. For those listening, we'll put all the show notes down where you can find his links.

You can message him, get some more peptide information. And as always, thanks for listening. Until next time, I'm your host, Dr. J. B. Moore. Thank you for tuning in to redefining wellness with Dr.

Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms. Also, please consider leaving a review.

It helps more people find the show. See you here again.