Growth Hormone Dropping? Peptides Might Be the Answer Transcript

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Growth Hormone Decline With Age

After the age of 30, your body starts After the age of 30, your body starts producing less growth hormone. Every producing less growth hormone. Every decade after that, it drops further. By decade after that, it drops further. By the time you're 50 or 60, you may be the time you're 50 or 60, you may be producing a fraction of what you made in producing a fraction of what you made in your 20s. And growth hormone isn't just your 20s. And growth hormone isn't just about growth. It's about recovery, body about growth.

Why Growth Hormone Matters

It's about recovery, body composition, sleep quality, skin, composition, sleep quality, skin, healing, and how you feel when you wake healing, and how you feel when you wake up in the morning. So, what if there was up in the morning. So, what if there was a way to signal your own body production a way to signal your own body production to make its own growth hormone? Not to make its own growth hormone? Not synthetic, not from the outside, your synthetic, not from the outside, your own. That's what we're talking about own.

Introducing CJC-1295 and Ipamorelin

That's what we're talking about today. The CJC 1295 and epipomoron. Two today. The CJC 1295 and epipomoron. Two peptides that work together to support peptides that work together to support your body's natural growth hormone your body's natural growth hormone production. I'm Dr. Myra Reid. I'm a production. I'm Dr. Myra Reid. I'm a functional and internal medicine functional and internal medicine specialist with over 35 years of specialist with over 35 years of experience. I detect early detection experience.

Dr. Myra Reid and the Peptide Series

I detect early detection longevity medicine. I help people find longevity medicine. I help people find what others miss before symptoms become what others miss before symptoms become disease. Everything I do runs through disease. Everything I do runs through four pillars: hormones, gut, lifestyle, four pillars: hormones, gut, lifestyle, environment. This is week five of my environment. This is week five of my peptide series. We've covered peptide peptide series.

How Growth Hormone Changes Over a Lifetime

We've covered peptide foundations, healing peptides, GLP1s and foundations, healing peptides, GLP1s and muscle loss, and the mitochondrial muscle loss, and the mitochondrial peptides and fatigue. Today is the peptides and fatigue. Today is the episode the entire series has been episode the entire series has been building towards. Let me show you building towards. Let me show you something. This is what growth hormone something. This is what growth hormone production looks like over a lifetime.

production looks like over a lifetime. It peaks in your teens and 20s. Then it It peaks in your teens and 20s. Then it starts dropping in your 30s. It starts starts dropping in your 30s. It starts declining and by your 40s and 50s the declining and by your 40s and 50s the decline accelerates. Some research decline accelerates. Some research suggests that growth hormone production suggests that growth hormone production decreases by about 14% per decade after decreases by about 14% per decade after age 30. And here's what that looks like age 30.

Synthetic HGH vs Secretagogues

And here's what that looks like in real life. You don't recover from in real life. You don't recover from workouts the way you used to. Your body workouts the way you used to. Your body composition shifts. More fat, less

composition shifts. More fat, less muscle. Even if your habits haven't muscle. Even if your habits haven't changed, your sleep feels less changed, your sleep feels less restorative. Your skin changes. Injuries restorative. Your skin changes. Injuries take longer to heal. Does this sound take longer to heal. Does this sound familiar? Most people are told this is familiar? Most people are told this is just aging. And yes, some of it is. How just aging. And yes, some of it is. How much of it would we ask and accept as much of it would we ask and accept as normal aging? Maybe it's addressable normal aging? Maybe it's addressable because growth hormone doesn't just because growth hormone doesn't just disappear. The machinery is still there.

disappear. The machinery is still there. Your pituitary gland still has the Your pituitary gland still has the ability to produce it. The signal just ability to produce it. The signal just gets weaker. And that's exactly where gets weaker. And that's exactly where these peptides come in. Now, before I go these peptides come in. Now, before I go further, I need to make an important further, I need to make an important distinction. Because when people hear distinction. Because when people hear growth hormone, many admittedly think of growth hormone, many admittedly think of synthetic GHG, that human growth hormone synthetic GHG, that human growth hormone with the injections. This is not what with the injections. This is not what we're talking about today. Synthetic HGH we're talking about today. Synthetic HGH is growth hormone from the outside.

is growth hormone from the outside. You're injecting the hormone itself. And You're injecting the hormone itself. And when you do that to your body, your body when you do that to your body, your body recognizes that growth hormone levels recognizes that growth hormone levels are high. So it does what any smart are high. So it does what any smart system does. It reduces its own system does. It reduces its own production. You're essentially replacing production.

How CJC-1295 Works

You're essentially replacing your body's function rather than your body's function rather than supporting it. Secretogs are completely supporting it. Secretogs are completely different. CJC 1295 and epomorlin don't different. CJC 1295 and epomorlin don't add growth hormone to your system. They add growth hormone to your system. They signal your pituitary gland to release signal your pituitary gland to release more of its own. Your body stays in more of its own. Your body stays in control. The feedback loops stay intact.

control. The feedback loops stay intact. One shuts down your natural production. One shuts down your natural production. the other that we're talking about here the other that we're talking about here today. That's the difference and this is today. That's the difference and this is an important one. So, let's break this an important one. So, let's break this down again. Starting with CJC1 1295.

down again. Starting with CJC1 1295. CJC1 1295 is a growth hormone releasing CJC1 1295 is a growth hormone releasing hormone analog. In simple terms, your hormone analog. In simple terms, your brain naturally produces a signal called brain naturally produces a signal called GHR, GHR, GHR, growth hormone releasing hormone that growth hormone releasing hormone that tells your pituitary gland to release tells your pituitary gland to release growth hormone. CJC 1295 mimics that growth hormone. CJC 1295 mimics that signal. What makes CJC 1295 unique is signal. What makes CJC 1295 unique is that it has a longer halflife than your that it has a longer halflife than your body's natural production of GHR. Your body's natural production of GHR. Your natural signal is very short-lived. It natural signal is very short-lived. It fires and disappears in minutes. CJC fires and disappears in minutes. CJC 1295 extends that window, which means a 1295 extends that window, which means a more sustained release of growth hormone more sustained release of growth hormone over time. People discuss CJC 1295 for over time. People discuss CJC 1295 for its potential to support body its potential to support body composition, recovery from training, composition, recovery from training, working out, sleep quality, and overall working out, sleep quality, and overall vitality. Some research suggests that it vitality. Some research suggests that it may help support fat metabolism, and may help support fat metabolism, and lean mass preservation. Now, here's the lean mass preservation. Now, here's the important thing. CJC1 1295 amplifies the important thing.

How Ipamorelin Works

CJC1 1295 amplifies the signal, but it's most effective when it signal, but it's most effective when it has something

to work with, which brings has something to work with, which brings us to eporal.porin us to eporal.porin works through a different pathway. It's works through a different pathway. It's a grelin receptor agonist. Now, grein is a grelin receptor agonist. Now, grein is the hormone most people know as the the hormone most people know as the hunger hormone, but grein receptors are hunger hormone, but grein receptors are also involved in growth hormone release.

also involved in growth hormone release. Ipamorin stimulates growth hormone Ipamorin stimulates growth hormone release through the grelin pathway. And release through the grelin pathway. And it does it so it's in a pulsatile it does it so it's in a pulsatile fashion, meaning it mimics the natural fashion, meaning it mimics the natural rhythm of how your body releases growth rhythm of how your body releases growth hormone. It's not a constant flood. It hormone. It's not a constant flood. It pulses. Your way that your body was pulses. Your way that your body was designed to do is to pulse. What makes designed to do is to pulse. What makes particularly interesting is its particularly interesting is its selectivity. Unlike some older growth selectivity. Unlike some older growth hormone secrets, Ipamorin has a cleaner hormone secrets, Ipamorin has a cleaner profile. It doesn't significantly raise profile. It doesn't significantly raise cortisol or prolactin which are common cortisol or prolactin which are common concerns with other peptides in this concerns with other peptides in this category. So when you combine CJC1 1295 category. So when you combine CJC1 1295 and epipomor you get two complimentary and epipomor you get two complimentary mechanisms working together. The CJC mechanisms working together. The CJC 1295 extends the release window.

1295 extends the release window. Ipamorin as the pulsatile trigger and Ipamorin as the pulsatile trigger and together research suggests they support together research suggests they support a more robust and natural pattern of a more robust and natural pattern of growth hormone release. That's why growth hormone release. That's why clinicians often pair them. Think of it clinicians often pair them. Think of it this way. CJC 1295 is the amplifier.

this way. CJC 1295 is the amplifier. Iporan is the trigger. Together, they're Iporan is the trigger. Together, they're louder and more rhythmic than either one louder and more rhythmic than either one alone. Now, CJC 1295 and epomorlin are alone. Now, CJC 1295 and epomorlin are the gold standard combination. But in the gold standard combination.

Combining Peptides for Better Results

But in clinical practice, we don't just pick clinical practice, we don't just pick one peptide and hope for the best. We one peptide and hope for the best. We stack them. We combine them stack them. We combine them strategically based on the patients strategically based on the patients goals. Tessa Morlin is an FDA approved goals. Tessa Morlin is an FDA approved for specific conditions reducing excess for specific conditions reducing excess abdominal fat in the HIV patients with abdominal fat in the HIV patients with lipodistrophe.

lipodistrophe. lipodistrophe. It's a growth hormone releasing hormone It's a growth hormone releasing hormone analog similar to CJC1 1295 and some analog similar to CJC1 1295 and some clinicians are interested it in its clinicians are interested it in its potential beyond that indication. It's potential beyond that indication. It's one of the few peptides in this category one of the few peptides in this category with actual FDA approval for clinical with actual FDA approval for clinical use. Simoralin was one of the earliest use. Simoralin was one of the earliest growth hormone secrets used clinically.

growth hormone secrets used clinically. It's a truncated form of a natural It's a truncated form of a natural growth hormone releasing hormone. It has growth hormone releasing hormone. It has a shorter half-life than CJC1 1295, a shorter half-life than CJC1 1295, which means it's more frequent dosing, which means it's more frequent dosing, but it has a longer track record of but it has a longer track record of clinical use. Now, here's the important clinical use. Now, here's the important thing. These peptides are rarely used thing. These peptides are rarely used alone. For the highest clinical yield, alone. For the highest clinical yield, they're stacked, combining to amplify they're stacked, combining to amplify your body's natural growth hormone your body's natural growth hormone pulses. For performance and longevity, pulses.

Other Peptides: Tesamorelin and Sermorelin

For performance and longevity, the most common protocol is CJC 1295 the most common protocol is CJC 1295 combined with epomorlin. This is the combined with epomorlin. This is the gold standard for improving sleep gold standard for improving sleep quality, recovery between workouts, and quality, recovery between workouts, and body composition. It's typically body composition. It's typically administered at bedtime to align with administered at bedtime to align with your body's natural circadian growth your body's natural circadian growth hormone release. For aggressive fat hormone release. For aggressive fat loss, particularly stubborn visceral loss, particularly stubborn visceral belly fat, tessamorin combined with belly fat, tessamorin combined with epomorlin. Tessimorin is specifically epomorlin. Tessimorin is specifically recognized for its ability to reduce recognized for its ability to reduce visceral atapost tissue, that fat tissue visceral atapost tissue, that fat tissue here. When combined with epipomor, you here. When combined with epipomor, you get the fat metabolism benefit plus the get the fat metabolism benefit plus the growth hormone pulse support. And for growth hormone pulse support. And for those seeking a gentler approach, those seeking a gentler approach, simoralin. It's a milder option with a simoralin. It's a milder option with a lower side effect profile. often used lower side effect profile. often used for patients focusing on vitality, lean for patients focusing on vitality, lean muscle, and overall wellness. The right muscle, and overall wellness. The right combination depends on individual, their combination depends on individual, their goals, their health picture, and what we goals, their health picture, and what we find when we look at everything find when we look at everything together. That's the point. It isn't a together. That's the point. It isn't a one-sizefitsall.

Who Is a Candidate for Peptide Support

one-sizefitsall. one-sizefitsall. It's personalized. So, who is actually a It's personalized. So, who is actually a good candidate for growth hormone good candidate for growth hormone peptide support? And just as peptide support? And just as importantly, who isn't? In my practice, importantly, who isn't? In my practice, I don't just start with peptides. I I don't just start with peptides. I start with the foundations. Sleep, start with the foundations. Sleep, protein, resistance training, stress protein, resistance training, stress management, hormone optimization, gut management, hormone optimization, gut health, because peptides are tools.

health, because peptides are tools. They're not magic, and they work best They're not magic, and they work best when the foundation is already in place.

when the foundation is already in place. That said, the patients where I that I That said, the patients where I that I consider for growth hormone peptide consider for growth hormone peptide support are typically people who are support are typically people who are doing the foundational work, but they're doing the foundational work, but they're still just not seeing that recovery that still just not seeing that recovery that they want or the body composition they want or the body composition exactly how they want or the vitality exactly how they want or the vitality that they should expect. things like that they should expect. things like unexpected muscle loss, fight training, unexpected muscle loss, fight training, or poor recovery that doesn't match or poor recovery that doesn't match their effort, body composition changes their effort, body composition changes that just resist lifestyle that just resist lifestyle interventions, and significant fatigue interventions, and significant fatigue that we've already addressed from the that we've already addressed from the other angles, sleep that's not other angles, sleep that's not optimized, but it's just not optimized, but it's just not restorative. And then there are people restorative. And then there are people who are not candidates because these who are not candidates because these peptides stimulate the growth hormone peptides stimulate the growth hormone pathway. You must screen for cancer risk pathway. You must screen for cancer risk before starting. They are generally before starting. They are generally contraindicated in patients with active contraindicated in patients with active malignancy or pre-existing tumors.

malignancy or pre-existing tumors. People with uncontrolled diabetes, People with uncontrolled diabetes, certain pituitary conditions, common certain pituitary conditions, common mild side effects can include things mild side effects can include things like the injection site irritation, like the injection site irritation, water retention, occasional headaches.

water retention, occasional headaches.

Safety, Screening, and Medical Supervision

This is exactly why medical supervision This is exactly why medical supervision matters. These are not supplements you matters. These are not supplements you order online and figure it out yourself.

order online and figure it out yourself. Don't let your first symptom be your Don't let your first symptom be your last. And in this case, don't let the last. And in this case, don't let the wrong provider be your last wrong provider be your last consultation. This needs to be done consultation. This needs to be done right with proper evaluation, proper right with proper evaluation, proper monitoring, and proper followup. If monitoring, and proper followup. If you've been watching this series from you've been watching this series from the beginning, you've seen a pattern.

the beginning, you've seen a pattern. Week one, we talked about what peptides Week one, we talked about what peptides are. Week two, we talked about healing.

are. Week two, we talked about healing. Week three, the GLP1s and why muscle Week three, the GLP1s and why muscle matters more than the scale. And week matters more than the scale. And week four, mitochondria and fatigue. And four, mitochondria and fatigue. And today, growth hormone and recovery.

today, growth hormone and recovery. Every one of these videos comes back to Every one of these videos comes back to the same thing. Your body has incredible the same thing. Your body has incredible systems for healing, energy, cognition, systems for healing, energy, cognition, and recovery. Sometimes those systems and recovery. Sometimes those systems need support. And the question isn't need support. And the question isn't whether to support them. It's how to do whether to support them.

Series Recap and Final Takeaway

It's how to do it intelligently, it intelligently, safely, and with the full picture in safely, and with the full picture in mind. That's what early detection mind. That's what early detection longevity medicine is about. It's not longevity medicine is about. It's not about waiting for disease. It's not about waiting for disease. It's not about treating symptoms after the damage about treating symptoms after the damage is done. It's looking at everything, is done. It's looking at everything, hormones, gut, lifestyle, environment, hormones, gut, lifestyle, environment, and intervening early. If this series and intervening early. If this series has been helpful, subscribe and turn on has been helpful, subscribe and turn on those notifications because I have a lot those notifications because I have a lot more coming on hormones and longevity more coming on hormones and longevity and what your body might be trying to and what your body might be trying to tell you. If you missed any of the tell you. If you missed any of the earlier weeks on videos on peptide earlier weeks on videos on peptide foundations, the healing peptides, foundations, the healing peptides, GLP1s, mitochondrial energy peptides, GLP1s, mitochondrial energy peptides, the full playlist is linked right here.

the full playlist is linked right here. And if you want to work with a physician And if you want to work with a physician who looks at the full picture, not just who looks at the full picture, not just one number, not just one symptom, but one number, not just one symptom, but everything, take my free assessment.

everything, take my free assessment. It's there. The link is in the It's there. The link is in the description. Everything I do, every description. Everything I do, every protocol, every patient, every video protocol, every patient, every video runs through one belief. I'm Dr. My runs through one belief. I'm Dr. My Reed, helping you to live smarter, Reed, helping you to live smarter, stronger, longer. Don't let your first stronger, longer. Don't let your first