Introduction and Guest Bio

You know, I thought we were supposed to be happy for our people and in our patients when they got better, no matter if I get them better or somebody else better.

You know, I'm always excited when somebody it gets better. You know, and I don't have to be the one that gets them better for me. Yeah, if you can learn something from someone else, awesome.

So we gotta learn from each other. And I don't understand the hostility between all the physicians and why we're trying to cut each other. This is Dr.

Talks. Hello, this is Dr. Kent Holthorpe with another episode of the Peptide Summit. Today, we welcome Dr. Gordon Crozier. He's a big deal. We've had a lot of great people that have knowledge, but he's a leading medical practitioner, researcher, and lecturer in areas of integrative and functional medicine as it relates to cellular therapy.

And people come from all over the world to see him. His knowledge base is truly incredible. His lectures just blow people away, so we're very happy to have you.

Thanks for being on. I'll finish your bio, but really appreciate you taking the time. Thank you. It's good to be here. Great. Great. It looks great, too.

You know, at his practice, I think he treats like the sick of the sick kind of, you know, bring it on type clinic in Orlando, Florida. He's a pioneer in the research and application of peptide therapy, revolutionary therapy that stimulates cellular regrowth and systems.

He's recognized as a country's leading authority in the merging treatments is highly sought after Nationally and internationally and I know he's a highly sought-after speaker.

He's a best-selling author He's been featured on national TV radio journals and medical publications. So we're so happy to have him and He's gonna talk today about inside secrets revealed with actual patient case studies So we're gonna hear basically about you know true studies and what he did to get these patients better.

And I imagine you're not the first stop for anyone that they've been to many doctors. So yeah, most of my clientele, most of my patients have been around the block.

They've been to all the big name hospitals and research centers and really had minimal results to no results. And some of them have been to 22-plus positions in the past, including some of them integrative medicines in the past.

And they just can't get well. So I like the challenge, I guess, because it's all about cellular health, as you were saying. It's all about the cell and how to repair the cell so you can help and heal the whole organ systems.

So that's, that's, I like to kind of find what's actually triggering what. And it sounds like you're really, you know, like the house type bill, a doctor or medical detective.

And I know it really takes passion and you know, you're tired, you go all, I'm sure you're. hitting the research. I got to find out how I can help this woman.

I think it's awesome. And that's what being a doctor is. It's not what it is now. Being a doctor now is an algorithm. And here you go. But I just love the fact that you do that.

You've been doing it a long time and just a great knowledge and so generous in sharing all your knowledge. So

again, thank you. Do you have any favorite peptides?

Oh, wow. I don't know you. I use a lot of peptides, a lot. My favorite of all time is thymus and Alp1. And I use it so routinely on myself and so many different patients.

And I love what it does. And especially right now, when we're worried about our immune systems and all that, it really helps to modulate that immune system so it won't overdrive it.

Can you talk a little more about the mechanism, like how it works and or compared to the other thymacins? So thymacin alpha-1 actually is a modulator and it helps to balance the TH1, TH2 pathways for because you need some inflammation in your immune system but you don't want it overdriven so that you actually will drive it into an autoimmune response.

So that's why thymus and APA-1 will work a lot of times with people with autoimmune diseases, which I use a ton of it in autoimmune diseases, because it helps dampen down that overdriven immune system.

So it actually helps with every aspect of the immune systems in your natural killer cells. It'll modulate them. And it modulates them. It doesn't overdrive the natural pillar cells.

It just modulates them so that they will work correctly. And so I love it because it works so perfectly. And I've used it, you know, they've actually been out of it several times recently because I think everybody's using it now.

And actually that's really helped a lot with my cancer patients because I get referrals from some of the cancer centers here in Florida. for people that are undergoing chemotherapy that these doctors know that they're exposed.

And so I add thymus and alpha one in to that and they don't end up with the pneumonias and other diseases because of their chemotherapy. I'll make a disclaimer.

We're not saying it treats cancer. No, it doesn't treat cancer. But it's approved for cancer in other countries, but we're not saying it treats it.

Favorite Peptides and Immune Modulation

But it's interesting when you look at cancer relapse, it's basically the level of your natural killer cell function is going to determine your relapse level.

So chemo destroys your immunity. Yeah, and then they do nothing about it and the nice thing is is yeah that this will boost it But you know people think of or they go like an autoimmune.

I don't want to boost my immunity I think it's kind of like all or one but it's like a teeter-totter, you know, right and so boost the good immunity and lowers that inflammation and that autoimmunity and and Yeah, so that's that that's great I've been around tons of studies on it Yeah, there's tons of studies on it.

It's been studied in over 70 countries. And that's why the cancer doctors around where I live here, even from the other coast, you know, kind of refer patients because they do.

I mean, I yeah, an oncologist like you try to give them anything and they don't touch my patient. and how well i'm not going to without their approval and i never do we always talk beforehand they'll blame it you know yeah so they always talk to me beforehand they'd say i'm sending so-and-so patient they had uh stem cell transplant for whatever disease like leukemia multiple myeloma something like that they said we know you can help with some of these things and boost them and help them and we would like you to do that just let me know what you think and then i would call him back after i evaluate them and i said i think that these modalities including thomas and alpha one would be good a lot of them never heard of thomas and alpha one before I'm saying I'm like am I dreaming they're actually oncologists will call and say oh can you see my patient you say no and you can send like at least my experience is they never want to read a study they don't care they look at the algorithm and it's weird to me is

that they don't even test like what chemo or whatever is the cancer most sensitive do these give their their recipe you know yeah their recipe And then if, you know, give the patient here, here's some studies and they know you wouldn't read them, you know, just don't do it.

And so they won't read them. I'll give them to them, but they just want me to give them the gist of what they say. So, you know, it's up to us. That's a step.

That's a step forward. Yeah. That's good. So, yeah. What are the ones that you like? What are the peptides you use a lot? Well, I use a ton of BPC 157. I use it both orally and injection because I see athletes too, because I lift weights.

So I'm in the gym a lot. And so I have all the gym rats. What is that? A gym? I've heard of that. The gym rats. I think I think I saw one a couple of years ago.

So, uh, we, you know, I, you know, I just, I like to work out. So that's kind of one of my things that I release. And, uh, so I use a lot of BPC one five seven, you know, for a lot of these people that strain muscles, strain tendons, you know, it really helps them to recover from a lot of those things.

And I love it because it works. I think it's a double-edged sword because you know and all these bodybuilders and things they're way ahead of the curve in terms of their knowledge versus doctors like they know so much and they use it so it's like unfortunately it can get thrown in with oh it's a for bodybuilders you know that helping you know and it just helps recovery you know they all But also boost by the contra function other things too.

But yeah, it's like they find out what what works and then never goes. Oh, it's a bodybuilder thing, you know, or that's what like someone's doctor will say.

Yeah, it's what somebody else will say, right? No, no. All right. So you're diving deep into peptides and longevity on this podcast, and we're right there with you.

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It's time to elevate your journey, starting now. Um, but that's that's awesome and and the kind of cases you see everything from neurologic to Hormonal, uh, it's all blotting sears uh, I guess there's probably is 80 percent of my practice slime and sears and um I just agree.

Because every single Lyme and Sears patient, they all end up with some type of autoimmune disease. So they all have some autoimmunity. Oh, man, I just love because I've given lectures on that.

And they're basically all shown to have, you know, antibodies to the brain, right, pituitary antibodies, hypothalamic antibodies, but You know, you need either a special test, like one's the brain or there is no test for the ones like to the hypothalamus, the pituitary research.

But yeah, and they'll get, you know, they'll go to the rheumatologist and get a diagnosis because they'll have a bunch of different antibodies to the auto antibodies.

And that where they come and go and they'll get diagnosed with, you know, mixed connective tissue disease, meaning. Yes. Well, it's autoimmune, but we don't know what it is or antiphospholipid syndrome.

They say you're gonna have it for life or I'm like, no, you won't. No. Yeah. And it is that these titers are just go up, up and down and it goes along with it.

And, and we've kind of changed. It sounds like you have to, you know, and I started cause I had Lyme and I actually want to know why you kind of got into this, but you know, I did antibiotics, just massive antibiotics and it didn't work because my natural killer cell function was like one.

Right and there's no immunity to kill it so you can never doesn't matter how much you know Antibiotics you give but we've become really an immune modulatory cells area and it works for it's like all the labs you do that on You know chronic fake syndrome by Malja Lyme Alzheimer's autism and you had damn everyone's immune system is thrashed and You know, toxins, the sear.

It's just it's bad. But yeah, kind of kind of going backward. But initially, what kind of got you into this crazy medicine? Well, it was kind of really my own story and what happened to me and I didn't even realize it until I was, I was clinical faculty at the university of Kentucky and I got sick.

But I, you know, I had always been, had undulating health ever since I was in the second grade. In the second grade, this is back before anybody knew about Lyme disease.

I was bit by a tick in Minnesota, which is one of the hotbeds, and I suddenly couldn't read. So I had to be taught how to relearn how to read. I went from the top of my class to the bottom, being called a retard by everybody in my class because you could actually do that back then.

And how old were you? I was in second grade so I was the way about 78 years old So I always had undulating health all my life. So I was clinical faculty, I was actually setting up rural women's health clinics throughout Tennessee, Kentucky, West Virginia and southern Ohio, and trying to help with rural clinical help to help people in these areas with their health.

And it was difficult. It wasn't an easy, easy go. But so that was my job primarily there at the university. And then we taught residents and all that stuff.

But I got, I got really sick. I was doing, I was doing surgeries and I had some residents with me and I was teaching them some laparoscopic techniques and we were starting to do robotics back then.

So you were a surgery resident? Yeah, I was OB-GYN. So I did gynecological surgeries using the robots and, you know, robotic surgeries. And so I taught the residents and I started getting so much pain and I just kept moving forward.

You know, yeah, I'm in a lot of pain, unbelievable pain. And I noticed I was kind of forgetting some things a little bit at that time. But what happened was I just started passing out for no reason at all.

And I passed out a couple of times in surgery. I went on medical disability, of course. Yeah. It doesn't look good. You don't want your surgeon doing that.

Yeah. Yeah. But your surgeon passing out. So I went on medical. Nobody could figure it out. It is arrhythmia or what? They had no way originally as if they could find.

I think it was really pause. And I think the thing was, is that nobody really figured it out. and then no one tries to figure it out as a problem. So I began doing my own testing.

So this is back in 2007, 2007, 2006, 2007. And so I started doing my own testing on myself and I'm going like, oh my goodness, I have a Lyme disease. And oh my goodness, my inflammatory markers are really out of control.

And so I started looking at my inflammatory markers and I'm going like, Wow, I've got something else, you know, pushing down my immune system. I don't have an immune system.

And so, you know, I kind of figured it out on my own and I, you know, I kind of listened to some other, there wasn't a lot of line doctors back then. There were a few, but you know, just trying to figure it out.

When would you also say that you know, I I really think that you know people say oh what specialty it doesn't matter to but it matters what you learn after you're out and it's It's just a car.

I really think you can look at old literature and be a better Specialist in about two months than most specialties in it not surgery or something like that But you know all these other ones because they're just stuck You know doing what they were taught in residency.

Yeah, and then the only studies of she only read the studies They say they do is a drug rep comes in, you know, it's something new on the formulary and I did have a you know, basically a Paper on it, you know what doctors know why because people go why doesn't my doctor know this?

And in annals of internal medicine look they found that doctors are practicing 20 years behind what's available the medical literature they are not read medical literature you know they say they do and when they do they may read the abstract but they really don't but even worse is that if you give a doctor up here's ten studies showing what you're doing is not the best treatment.

They don't want to hear it. No, no, no, my patients are different. And, you know, even got into the LA Times, they, you know, the doctors that don't want to follow, they say they're evidence based.

Why do you give me evidence? And they go, no, I don't believe that one, because it's not what I do. I don't believe that one. Right. And which is why you look at levels of evidence.

You know, basically you have to randomize double blind placebo control. Then you got meta-analysis and single blind and case studies. And then you have societal recommendations.

Yeah. Which are the worst level of evidence. And what do most doctors go by? Oh, our, you know, cardiology society, endocrine society says do this. It's the worst level because they don't change their opinion based on new evidence.

They're basically they they have a position and they don't change no matter what comes out It's frustrating, but you sound like you've got a good mix good relationship with the standard docs I try because, you know, we have to, you know, I've gone through it because I actually was reported to my board by a plastic surgeon who didn't believe that the breast implants, that the woman I was seeing, she had breast implants.

And I'm going, I've done everything for you. I swear it's your breast implants. I just go back to them and have them, you know, see if they are, you know, if you ask.

She went back and asked him, can my breast implants be making me sick?

Parkinson's Case Study

And he reported me to the board saying everything I was doing was a bunch of hoax and da da da da. So, you know, we all have to go through those fights.

So because of that, I'm trying to make friends with my colleagues around here to let them know that this is a valid form of medicine. All I'm doing is reading research.

and seeing what can be applied to the human person so that they can live a better life. I don't say I can cure anybody. I don't say that I can make them totally well or heal them.

But I can tell you, I can make you have a better life. I like that. I like that. So let's talk a little bit about Parkinson's. You know, a lot of people go on a lot of Parkinson's meds and this was a 74 year old who was really on a lot of meds and he'd been on them for a long time.

Well, you know, the longer they're on them, they really don't work. Very well. And that was his big complaint and

why he came to me. So he came to me because, you know, his meds really were not working well for him.

He would take them in two hours later. He'd start to get rigidity and cogwheeling and he couldn't do it. But he was having problems focusing. He was always getting a little bit of depression, too.

He was a very analytical guy. So he would put everything out and have everything very strategic every time he came to me. You know, it says at this time at this time, you know, he had everything in 15 minute increments all day long for weeks on end.

And, you know, he expect me to look at all these graphs. And I'm like, oh, my little bit over the top. But, you know, he was a smart guy, very smart. He'd build a cockpit in his basement and all these things.

But, you know, so he came in, he really wanted help. I just think what he feels like he just was a brilliant guy. And now he's just like, frail, debilitated, can't, you know, and they just give meds and go, go away.

Yeah. Here's your meds, go away, you know, and he had been to a lot of places and I won't say some of the hospitals that I wouldn't get. Oh yeah. They go, I'm going to the Mayo Clinic.

All right. I'll see you in a month. Yeah. So, you know, he came in, he did have some elevated inflammatory markers, you know, his TGIF beta was elevated.

He had inflammation, his C4A was elevated. He had, so, you know, you were thinking, oh, does he have sears? What does he have? Yes. And I just want to mention those are inflammatory markers that most doctors will say, oh, inflammatory marker, C-reactive protein.

That's all they check, which we find isn't often elevated in these patients. So these are different, more specific, inflammatory markers. Right, right.

So they're inflammatory markers that I look at. I look at all the inflammatory markers and, you know, everything's inflammation. You look at all the diseases.

Exactly. And so that's what I find out with a lot of the Parkinson's patients is they have a lot of neuroinflammation. So they have neuroinflammation.

So naturally when you have neuroinflammation, nothing is really going to work quite correctly. So he had a lot of it. And in fact, his C4A was 1,960. I'm just looking at it right here.

I pulled it up. And what lab? This is through Quest. Yeah, that's Quest. So, the top edge. Do you have a problem getting that? Now I am. This is a year and a half ago, so.

Like all the key tasks, it's like, you know, natural killer cell function, E4A, hero judgment, growth factor, beta. Those are the three they screw up every time.

They always mess them up. Always mess them up. And sometimes if I get like, when I got this back, this was a repeat. Because I said, oh, that's way too high.

They didn't do something right. Let's let's do it again. So I said, let's draw it in our our office because I can do that. And they come and pick them up so that I can actually know that this is really it was processed correctly.

Those have to be processed correctly. Yeah. So we did it and it actually was the same. So I guess it was right. Are these are funny yet? I went to quest myself and the full body goes.

Oh, this is that doctor that writes for so many tests Yeah, yeah bike. Oh, yeah, and I heard he's really cute But and then and then she was all let me send off your natural killer shell I'll be right back.

I'm okay. That's that's great came back like no specimen machine, you know Ryan Anyway, yeah as I would quest but they're all terrible Yeah. It doesn't matter what lab you use anymore.

It's just, you know, it's independent. So, uh, so he really, he was just desperate for something. His C-reactive protein was actually elevated too. It was all up.

It was 11.4. So, you know, He had a high C-reactive protein. His homocysteine was 14. I'm just looking at his labs right now. I pulled him up. And so he had high inflammation, even on inflammatory markers that normal people look at.

You know, the normal physicians that don't look a little bit deeper. So, you know, he just really wanted help. He wanted something. And, you know, they've done lots of studies on glutathione, glutathione and how it works.

And we've all probably seen some Parkinson's patients, if you do an IV glutathione, they're immediately, they're pretty good immediately, but it's only going to last a very, very short period of time.

So it's really not, you know, it's not good, you know, because we need something that's going to work a little bit better. And those IV studies were out a long time ago.

A long time ago. Yeah, again, it's that old research. It's old research. And have you found giving NAC continuously to Parkinson's patients is beneficial, which converts to glutathione?

Yeah. Well, I will do that because most people, the NAC, it's the cysteine component. So a lot of people, when you study most people, because I was doing amino acid profile on everybody and you might actually like, so, you know, I'm going to get into the test you like later, just so you know.

, OK So I use a lot of their testing for their environmental testing, too. I always do amino acid profiles because if I'm going to be giving any peptides, peptides are amino acids in chains.

So if you are short on amino acids, a lot of times those peptides are going to break up to provide the amino acid is actually needed in the body. and then you don't really get the full benefit, the full benefit.

You might get some, but you're not gonna get the full benefit of that pep talk. So that's why I always do that. So I can actually optimize their full amino acid profile first because, you know, I think it's good for us to know, you know, like, you know, and I can't necessarily remember every time.

Oh, yeah, that is a, you know, 15 chain peptide. And it has, you know, Lucy, they're like, no, I can't remember those. So I do look them up. from time to time to make sure that that person, if that person is deficient on amino acids, I want to make sure it's not one of the ones that I'm going to be giving in a peptide.

Is your thought that it will take it from the peptide? Yes. And do you replace with with amino acids, IV or orally? Yes, I do. I will do it first IV-wise and then do it orally.

So I think that helps with everything. And I think when we were talking before, how we were talking about how the peptides are really synergistic with so many different therapies.

And while they work on their own, but they basically, it's exponentially with every other treatment. I think so. I think exactly that way. yeah and i mentioned a doctor came to where one of the conferences and said talked about bpc 157 and said oh my gosh it makes everything work better you know and i never met her it was dr tringale who uh we're going to interview uh next but uh yeah she's like just in love with it it just yeah yeah it makes it works great on its own but even better when you use it with other therapies.

Yeah, exactly. And you can take that orally. It's very stabilized orally. I mean, most of them you're you're you're getting them stabilized to take orally.

And that's what I love about what you do is because you are actually going to the next level to actually help these things be stabilized for oral use.

And that's what's so amazing about you. So I think I could have retired, but the money we're spending. But no, I love it too. It's it's kind of like, you know, the researching and trying to make, you know, better mousetrap.

Yeah. Yeah. Yeah. So, you know, because he had such high inflammation, of course, you know, I put him on oral regimes and I put him on oral that he was on NAC, of course.

But I also really did some IV therapies with them too of amino acids and some other things so that we could actually like ozone. I do like ozone. Mm hmm.

Yeah, that's one of our mainstays. I think it goes long well with everything. I think Ozon works well with most treatment modalities, and I think it really augments a lot of them.

So I love Ozon. But I started him actually on Thymus and Alpa 1 is the first one I started him on. And I started him on that first because of his inflammatory markers.

I wanted to make sure we were modulating things. And just looking at, you know, even his monocytes, monocytes I look at for gut and bowel inflammation, because there's some evidence, you've probably heard Dr.

Lavelle talk about it many times, Jim Lavelle, that if your monocytes are over in heaven, you probably have some bowel inflammation. And so, you know, and I look at that, I look at that on every single person because there's a lot of people, they don't, have bowel issues, but they might have a little bit of inflammation there.

That little bit of inflammation in their bowels can help them, is going to make them not create some of the neuro-peptides that they neuro- uh, they're, they're- Oh, they're down.

It's so connected. It's so connected. I mean, I even stopped doing like, uh, you know, food sensitivity because they're positive on everything. Yeah. Everything, all these big prodigies coming through.

It's like on everyone. Yes. Oh, even pretty healthy people. You know, it's all this, you know, American diet and stress and whatever else, toxins, pesticides, everything.

Right. But everyone's bowels messed up. And I think it's a big part of the whole vicious cycle. All right. Right. So I started them on that Simus and Alpha One.

But then I also put them on C-Lank and C-Max. Can you talk about those? I love C-Lank and C-Max. So C-Lank, it is a modulator. There's some evidence, you know, I just, I have an article that actually I had pulled up a couple weeks ago, and it actually was, it was on how C-Lank affects GABA, but C-Lank also affects genetic expression for neurotransmitters.

And I had not seen this article before, and it was way back from 2018. And I'm going like, why did I not see this article before? Well, there's so many.

I mean, just, you know. Yeah, that's why I try to read at least six to eight every morning. You know, that's my morning routine. You know, I'm going to read six to eight.

You know, you do every morning more than most doctors do in a year. Yeah. Just let you know. I mean, that's totally true. but you're falling behind if you don't you that's why i think i don't want to i i still feel like i'm falling behind and that's why you know you know putting things by you you you find different articles and i do uh and so i have you know different people that can say hey have you seen this article i this great article about you know I love that when people send me or patient find something because I remember 15-20 years where I remember it used to be like whoever you have to go to the library, find the journal which often wasn't there, take it and stick it on the copy machine.

Now it's information overload, right? There's so much you have to keep looking at all these services that, you know, it just, that's the problem of so many stuff thrown at me.

It's like trying to take the time to go just sort through them even to see which ones you want to read. And yeah, if I were to pan over the stacks of journals that are my to read.

pile. It's, it gets crazy. I'm sure it does. It gets very crazy. And then trying to find out, you know, then you spend this time reading this article and you found that you figure it out.

Oh my goodness. That's not even statistically significant. I spent all that time on that article and it's no good. Yeah. Yeah. So part of the gig. So I like C.

C. Lank because of that. And it also helps to increase bone derived neurotrophic factors. So, you know, as of the between C. Lank and C. Max, they're both good for brain.

I mean, I noticed that with C. Lank, like when I'm stressed, I was like, where's my C. Lank? You know, Right. Yeah. And it was there's a lot of yeah, there's a lot of evidence that it's an anti anxiolytic.

So, you know, and I will use it on my patients that are overly anxious to as very easy to use just, you know, nasal spray, you know, just carried around with you put it in a nasal spray, but they say work after it's out of the fridge.

I don't know. And I I don't think I've ever seen a side effect from them. No. Yeah, no. I. Yeah, and Jack, we're working on oral, but well, that's great.

Yeah, but we we I can't guarantee it absorbs yet, but when we can all. but you know well let me know and cmax of course as you know it helps with dopamine and dopaminergic you know that dopaminergic activity which is part of the parkinson's things because those dopamine receptors and they're not expressing enough dopamine and their dopamine receptors aren't working correctly well cmax that's the whole key right yeah it's the key for for parkinson's so i like those two simultaneously together because i didn't also dopamine for depression right motivation, all that.

And cerebral lysin, I think you were using? Yes, and actually this guy did get cerebral lysin too, because I could get it back then. You know, it's now we can get cerebral lysin.

Okay, can you just explain what cerebral lysin is? So cerebral lysin is actually a peptide that actually comes from pig brain, but it actually helps with the neural connections.

So there's some theories that it actually helps with some of the enzymatic functions in the brain. So the enzymes are working correctly, the neural connections are developing and working correctly.

And there's some articles actually on helping with neurofibrinal tangles as well. So, you know, there's some good goes along with Alzheimer's and… And yet increases connection.

So in theory it should make you smarter, right? I know that the more connections and yeah, so recently the FDA said it's a biologic But it is it will be available orally which actually studies show it works through EEG studies showing it so Well, that's great.

But I've loved through the license as well. It's it's been around forever. Yes. And used in Europe as a standard therapy for Alzheimer's, traumatic brain injury, you know, and anything neurologic.

And we are so behind on all this stuff. And like, right. I'm sure when you give lectures, it's like people go, why haven't I heard of this stuff? And they've been around forever because they've been around forever and there's no patent on them.

That's why you don't hear about them here, you know? Right, right. And cerebral lysine was great. I used it on a couple of football players, ex-football players, that actually had a lot of brain injury and brain trauma.

We actually, you know, we had some MRIs actually showing a difference in the brain volume from before to after. And so and I used to use it in some old things.

And then when now I don't want to use them because the FDA doesn't want us to use it anymore. So I don't want them to think I'm using it. It's like, hey, it's safe and it works.

They're going to try to take it away. And I remember I was at a stem cell conference and actually in Florida. And it was NIH, I think. And they just studied.

They could tell what position the football player play, freshman football player, by where the brain damage was. Yes. But you can reverse it. Yeah. Yeah.

And they're showing it. Not just even by cerebral lysine, but there's other things. Yeah. There's so many things that are becoming tight for us to be able to even get.

And then you're beginning to worry about all of it. I'm very scared. of, you know, all the stuffs can be taken away. They can like, okay, what country do you want to move to?

Or why don't we all get together and buy a yacht, park it four miles off the coast. We can do whatever we want. I thought about that same thing. I thought I could just get a yacht and go four miles off the coast.

And then I thought, well, you know, it's a quick flight down there to Barbados. Maybe I could go to Barbados and, you know, Yeah, no, I made a few hundred and fifty thousand dollars to become a citizen of Barbados so I can become a senator.

Yeah. All right. And we get a two for one. Yeah. I think I have a coupon. There we go. So, you know, I also did some other things with him because I really believe just like in the Alzheimer patients, you need the proper fats for the brain.

So I always get of them phosphatidylcholine. Oh, I love it. I love it. And so phosphocoylcholine is one of my things that I use a lot of IV wise and I use a lot of it orally.

And it helps a lot of these patients because almost every one of my patients has some kind of neurological insult. So that is. I like it better for chelation, you know, getting rid of heavy metals, toxins.

Yeah, I think it's great. And I think it does a great job and people tolerate going under chelation better with phosphatidylpulin than with EDTA or DSMA.

Oh, yeah. So, you know, I think that they don't have to go under those harsh circumstances and we still can get some great results. And I've actually found that for some of the environmental toxins, like Roundup, when I test somebody, everybody has Roundup in them, right?

Is it still on the market? Yeah. But I test a lot of those environmental toxins, but I find that phosphatidylcholine really, I can get good results of bringing those down very nicely with phosphatidylcholine, not any other agent, just phosphatidylcholine.

Yeah, so that's why I really love it because it I agree with you and the studies on BPC 157, you know shows that a protect the body from numerous toxins Studies on alcohol, you know protect the liver from basically high liver enzymes protect from overdose of Medications prevents a hangover, too But mycotoxins neurotoxins so it's nice it you know prevents that damage from them and yeah Yeah, we're just we are bombarded with toxins, so it's like everyone should be on it really really we all should be on bpc 157 now and if my kids on like again what's the downside where you can say cost it's not that expensive you can do a thousand times a dose they can't find a toxic level right that's the nice thing about it right and that's nice thing about a lot of these you know a lot of the peptides nobody's ever been really there's a few that you know has some Toxic and issues with them, but I haven't found hardly any of them to really have any problems at all You know her that to medication any medication, you know, I

mean over-the-counter Antibiotics, I mean or when you look at the studies on like TB 4 or BPC take a thousand times a dose No toxicity try that with anything Tylenol try it with water When you die, it's less toxic than water.

Yeah. Well, our water's pretty toxic. So he was ecstatic. So he actually, you know, began to be able to move quite normally, really take him off any of his other medications.

And how long after kind of starting this? So he started feeling more aware and more his cognitively, he felt like he was back about two weeks after starting everything.

Crohn's and Autoimmune Gut Treatment

So two weeks. And really when you began to look at his inflammatory markers, his inflammatory markers came down. It took three months for his inflammatory markers to really come the whole way down to a normal range, but they came down.

They were in the normal range. You know, his, the last time I checked him. And M 11 to the CRP was 11 or something. Yeah. 11.4. And he came down. Wow.

He was still, he was, let me look back what he was three months out. He was still up there a little bit, but he, he was 6.2, but you know what he is today?

Cause I just saw him not too long ago. So I'm pulling up his laughs here. Hey, we know it's a actual patient. I saw him. I saw him three weeks ago. That's just three weeks ago.

And his CRP was 0.4. He's a man. I hear the man. I love it. I love it. So that's great because, you know, now it's a year and a half out and he has more of a life.

He goes out with his wife. They walk every day. They do all kinds of things. They moved from New Jersey down to the villages. So now he's actually what you think of the impact on his life.

Yeah. Why? What did the neurologist say? Well, the neurologist is saying, Oh, this couldn't be. It's just, it's just chance. It's by chance. This does.

Oh yeah. So I would rather believe it's a miracle. Yeah. So they said your medications just now started working. So make sure you keep taking his metal.

that's good yes it usually takes four years to kick in yeah now i've had some patients that have gone back to their doctors with neurological issues and they've gone back in there you know and he said oh you're not using a cane to walk in here and he said i must have misdiagnosed you and he walked out and never saw the patient again Oh, yeah.

Have you seen ALS patients at all? Yes. Yeah. So ALS patients come in, they're in a wheelchair, they're jogging, they go back to the neurologist. Oh, must have been misdiagnosis.

Yeah. And they'll never admit it was the treatment or one patient with a hurdle cell cancer. And her doctor was like, you have to get this taken out tomorrow.

You're going to die. Yeah. And then she came and saw me and said, I think we can reverse it. I'd say, you know, but to give me six months. And we did got the scan, the biopsy.

It's gone. She was back to her doctor, who she was very friendly with and thought he'd be so excited. He wouldn't come out of the room and just said, told the front desk to tell her she's no longer a patient.

You know, I thought we were supposed to be happy for our people and in our patients when they got better, no matter if I get them better or somebody else.

Yeah. You know, I'm always excited when somebody it gets better. You know, and I don't have to be the one that gets them better for me. Yeah, if you can learn something from someone else, awesome.

Right. So we got to learn from each other. And I don't understand the hostility between all the physicians, you know, and why we're trying to cut each other's.

But let's see, anything else? I'm going to I'm going to babble so long because I love hearing all your stuff. We're gonna go on forever you want anything else with that wonder I'll move the next one Let's move to the next one so we can get some people with some gut issues All right, that was good.

So I have because of my own history with Crohn's so I had Crohn's as well Oh, not just throw that in the mech head not just lime and mold, but I had Crohn's as well and Hashimoto's let me But, uh, so, so I get a lot of Crohn's patients just because in, in one of my books, I talk about the Crohn's issues.

Oh yeah. Just back to the Parkinson's. Did you check for Lyme or anything with these? I did because of his C4A being high and C3A being high. So he had both of them high.

So I checked, you know, all of his other, his ACTH, MSH, uh, ADHD were all normal. He, his Western blot, but I don't go just totally on that. So, you know, so we, So we went to the eigenics route and I did that test and he was negative on that.

So then I did some PCR. I did the PCR test too. Um, so, and he was negative on all of that. So he did not have any line, which I was kind of surprised because it is.

In fact, until proven otherwise, but yeah, you know, you got to. He did have some environmental toxins, and I have to be honest, he did have some environmental toxins.

They weren't the worst environmental toxins I've ever seen. You know, I see healthy people that have that amount of environmental toxins. Yeah, but again, and going along with, you know, genes and all the other stuff, spraps is huge, and what else?

It's like, if someone has Lyme, I think they're gonna be fine, but then you add on stress and mold and genetics and, you know, but- Yeah. though, it just were being bombarded and it seems to me like, I mean, at parties or whatever, it's like everyone coming, oh my, I'm sick, my sister's sick, like, yeah.

Oh yeah. Everyone sick? Yes. No? They know. I went to a party the other night and I was like, oh my, everybody's coming up to me, oh, I need help, I've got this or I've got that and I'm like, Oh, did you get this?

No, like, well, you know, I should do this, this, this or test this. No, my doctor says it's not it. And I'm like, OK, how's that working for you? You know, a good kid.

Right, exactly. So this was one of my favorite, favorite patients. She was a 42 year old female, she had three children, kind of real, you know, she really wanted to be active.

And she was on biologics, of course, like most Crohn's patients are all on some kind of biologic, but they were working for her. Yeah. And they were making her so so fatigued.

She says, I can't even enjoy playing with my children anymore because I'm so fatigued. Everything's out of whack with me. I just can't figure it out. I'm just tired all the time.

And she actually her father is a dentist around here and her father had heard had some patients that came to me. So that's how she ended up coming to me.

And so she she came in and really, you know, all her numbers were perfect. And I'm like, I've not seen this before. My patients that are just coming in for anti-aging, I'm all like, they don't even have this good a number.

Yeah, like you will see what if you don't find anything as it hasn't happened yet? You know, yeah. So I was just kind of shocked, you know, how good her numbers were.

But, you know, her gastroenterologist had shared all the slides and, you know, all the things that she really did have Crohn's. Nothing was helping her with her Crohn's.

And she was losing some weight and she did a lot of yoga and she already ate pretty pristine, although she did like, she was Italian and she loved her pizza and her pastas.

So she ate a lot of gluten, a lot. And I kind of address that right away where let's stop the gluten. Let's try to get gluten free things. Cause there's a lot out there that's available.

Yeah. But so, but it's hard for the Italians to do away with that. So she actually was in one of the new local newspapers around here because of her story, which actually, you know, was talking about peptides.

So I was going to say congratulations, but you never know. Yeah. Well, I'm going like, oh, my goodness. Now I have a target on my back. Right. So I was a little bit worried about that because she told her story, you know, in this newspaper.

And I was like, oh, no, I really don't want this. I don't want that kind of publicity. It's scary. You find this safe treatment that helped someone with a horrible illness.

And first thing you think of, oh, no, you know, it's this, I don't know, the health care system in the world is. Yeah. So, you know, really I started on BPC 157 right away, but I also did some thymus and alpha one, because I really think that that really helps with modulation of the immune system, because, you know, Crohn's is really, it's really kind of an autoimmune process.

So I always do that with my Crohn's patients or anybody with autoimmune, I'll put them on thymus and alpha one. That's just what I do. It's. And so, you know, she was on both of those from the get-go from the beginning and she really started getting some benefit.

But I don't know if you've read any of the articles on how C-Lank actually helps with the healing of the gut as well. So I actually did put her on some C-Lank and that's when I had some C-Lank that was, we didn't have to do it intranasal.

You could actually give a sub-Q injection of it. So we did sub-Q injections for C-Lank for her. And you know what? She came off all biologics because they weren't really helping her anyway.

And he was too lame to be an immune modulator, you know what I mean? Yeah. So I think it was primarily her immune system that really was out of balance and really causing that.

What was her human ginseng and growth factor beta C4A natural killer cell function? Her natural killer cells were great. They were normal. And, and so I was kind of surprised.

I was really surprised, but she, she was good. Her TGF beta was normal. c4a i would have bet money you know someone with crones that but it's interesting just a little kind of similar story to eight-year-old girl that uh mom brought in they tried everything gonna do a colectomy said uh you know and uh basically uh bpc 157 the tb4 fragment orally um and just dramatic change um and most of some some stem cells are really what are they now uh uh signaling cells and exoskeleton cells which are what the decellulized cellular growth factors yeah yeah but dramatic improvement right so no longer neoclectomy and then she went and had dinner with actually trying to be my partner and said oh my god we're so happy with this doctor that you know they're gonna do surgery on her and he got her better and he's like the partner's like is it whole tour because yeah do you know him it's like yes my partner but uh so it was funny as a family friend of theirs of his child yeah that's great an eight-year-old seemed to collect to me you know yeah Yeah, I have a little 11 year old boy like that too right now and he's so much better.

I imagine you treat autism. Yeah. So, but don't the autism kids are just like the Sears, the lime they have. Yeah. And there's so much the same. So I have a story about that because my 22 year old son was on the spectrum.

You know, he had the flapping hands. He couldn't look at you in the eye. He, uh, just really socially was very awkward. He's a very intelligent boy, but just socially was really, really awkward.

And really had a hard time he he went to go to college and he couldn't even go because he couldn't go into the classroom because he he got so distraught and you know and it was just.

So it didn't even work out so I paid for college for nothing but. that that You know, kids where the mom sent in a video playing basketball, the basketball just went by him.

And then we have to do them before anyone comes in. Cause just bro and mom's like crazy knowing it near him. Uh, now he comes in and goes, can I have a hug?

He's sarcastic. He gives him thoughts and they show him the gymnastics and actually playing basketball. Yeah. Pretty amazing. Yeah. That's what, you know, and that's like my son.

Most people would look at him now and they said, he's normal. He's normal. He's not the same kid he used to be. He is normal. And he actually is now working for eight different doctors, you know, and he's their medical assistant and he loves it.

He likes to stay busy and, you know, but he's he's out there. He's social. It's wonderful. So. That's awesome. That's great. So she she was doing great.

Now, this is one story about her. I want people to know. And I think it's really critical that people realize that they're going to have to pulse these things on and off the rest of their lives.

They just thought better. And then you walk out there and you're great. Because she did get decellularized growth factors as well. And you know, she did so well from that.

Her bowel movements were normal. Everything was completely normal. She loved it. She felt great. She had more energy. She probably about eight months to nine months later, she started feeling bad and she didn't come back in right away.

She didn't say anything. She just thought, oh, it's going to pass. It's going to pass. Well, then, you know, before long, she starts getting worse. And then she comes in and it's like starting all over from scratch, where if you realize that this is going to be the thing, you know, if you have BPC 157, you can take it all the time.

But if you don't, or you can't afford to take it all the time, at least pulse it once you're better. You know, because you're going to have to be on that on and off forever.

for whatever reason for, you know, the stress, genetics, the toxins are exposed to a mold, whatever they got going on. Yeah. Well, yeah. And that's the reason.

And when she came back in the second time, she had Sears markers that time. So she really did, and her genetics really showed that she had HLA where she really couldn't get rid of the mycotoxins well.

So her mycotoxins were probably, you know, we needed to bring them down and we needed to, you know, get those sears up. What kind of therapies do you like for getting rid of mycotoxins?

There's something I really like. It's called Mycobind and it's by PHP. I like them now. So that Mycobind, I see their results for their mycotoxins come down pretty dramatically.

Not right away, but over time. And, and I love that because of that. And, and I think that combined with

phosphatidaphylene is kind of essential for bringing down those microtoxins.

So with the Mycobind, like, I think, you know, like the cholesteramine, it's just so I can carry, your binds everything else and it's such a hassle. Is it easier to take the Mycobind?

Yes. So, the mycobind, I don't think it's binding all the nutrients like the colostaramine. So, colostaramine, a lot of that, my serious patients never tolerated it bad.

No. So, you put them on well-polished colostaramine. They were all the same. Nobody tolerated them. So, I had to find something else. So, you know. Yeah.

I had to find them. Yeah.

Tourette's and Neuroinflammation

when this came available i was so ecstatic because i was actually asking for it for a long time like there was a couple other doctors asking for it too for quite a while so i love it because it has the okra and the beet together and it has that fiber component from both of them that is actually the proper electrical charge So you have to have the right electron charge to actually pull those mycotoxins out, right?

So people that are doing charcoals and stuff like that, they don't realize that the charcoal is actually the same charge as the mycotoxins. You're not actually pulling the toxins.

You're pulling other toxins. So I don't know. And this like, you know, kind of measure, you're getting down to this, you know, biochemical cellular level.

And I'm just thinking, how many gastroenterologists talk about that? Not too many. So, you know, we did get her better again, but you know, it did take a little bit longer the second time around.

It wasn't, she wasn't better in three weeks. Did you ever check her house for a mold or anything? Yeah, I had her check her house. So immediately when she came back in and I realized, hey, you've had a mold exposure.

Well, then I found out the whole thing is she was separated from husband, she moved out, she moved into a different place. So she had all this stress, a lot of stress, and then she had moved into a moldy, apartment building.

And I'm going like, this is what's going on. So you got to get out of there. You have to be in a in a safe place. Thank goodness you're renting this place.

I always encourage everybody if you're renting, have your house and have that place inspected before you move into it. Yep. And having some inspectors that it's, you know, hard to find, you know, are they going to, especially ones that do the remediation themselves, like, oh, there's mold everywhere, you know, and what tests be like for home?

For the home, well, I use a guy, his name is John Bodie. He's an environmental guy. He does a lot of the government buildings as well, and he tests them for mycotoxins.

So I use him for testing. But if I'm going to just test real, you know, some people use the army. I don't think that's so accurate always. There is something from real time where you can actually swab the filters in your furnaces and you can actually send that off to see if you're having them floating out through the house.

Because a lot of these molds are behind the walls and you don't see them. Yeah, I want to know what's… without in the air. You know, that is, but the gases are coming through and it's really hard to test those gases.

So everybody wants to test the mold that's out here in your room. You might not have mold. You're going to have the gases out here because the mold's probably behind the walls.

Good point, good point. I want to know what the mycotoxins are in my house. And so I use the real time, you know, I do the ice blob jars from time to time.

And then I have a friend comes in and says, I want to open a can of worms, but EMF, thoughts on that? Do you? EMF? I put EMF blockers everywhere in my office.

Yeah, so I have a guy coming over tomorrow to our house and then kind of building a house but And to check everything, you know, and like builder let everything get moldy.

He's like, oh don't worry about I'm like, no, I'm worried about it I mean, you see black mold everywhere. So yeah, but That's a mold guy. But yeah the EMF square Uh, you either, you know, and I told a bunch of people like, uh, I'll just turn off your wifi at night and be, well, I don't believe in that, but a couple of people did it and they're like, I slept better.

And then like, I almost, I didn't sleep and I realized I didn't do it. I didn't, you know, and started sleeping better. So I think it's another area. I just wait till five G, you know?

Right, right. I'm a little concerned about that. But, you know, our Wi-Fi turns off automatically every night in our house. In fact, that's why I came to my office to do this.

Wow, interesting. And it makes mold grow faster, too. Yes, it does. So now I do EMF blockers on my laptop here. I have an EMF blocker on here. Do you think those work, like the little dots and things like that?

I'm not sure how well they work, but I feel better when I have them on. And I have one on my phone. I put them on my kids phones. So I feel better when I have them on versus don't have them on.

So I don't know how much of a thing that is. And I don't know how to actually study these things and test these things to see if they're really working or not.

And so that's what I'd like to find the science on these things to see how. I'll ask the guy tomorrow. he's like the man supposedly and he's over and analyze our house and everything so well when you find that out you let me know because i don't have an answer on that stuff yet because i'm gonna ask him that i didn't think to ask him that but i'm gonna ask him that i really haven't studied that enough to be honest with you I have some EMF patients, but most of them actually have mold.

It is. It goes together like they just get, you know, and where other people go, it's crazy because I'm fine. And I'm in the, you know, and I'm exposed.

It's like you have, you know, with mold. People they're in the same house. It's like one person or whatever is the one that's sick because they have the all the other stuff going on.

Right. And I think it's all, you know, and you were back or or vaccination, you know, who's going to get vaccination arm? You look at their immune system.

If their immune system is off, they are much more likely. I think it, you know, it's kind of a marker and a cause, you know, too, that whatever it is makes them much more prone.

For instance, when I had Lyme, And if I had a flare I'd be allergic to everything and when I didn't I would yeah, you know, yeah, it's kind of strange how that goes, you know, and and I know when my My mycotoxins levels are going up in my body, you know, and I live in Florida.

So, you know, we're pretty humid out here It's pretty yeah, you know, I have to be kind of careful but I like to go over to the beach, you know kind of a lot and you can tell because you know, I I've got some sun on me because I go to the beach a lot, but I love the salt air.

It just it really cleanses those negative ions. It's like are even in the showers or the think better. That's I have a little notepad a stick because, you know, all your great ideas are like in the shower like human, but then you forget when you know him.

Yeah. Yeah. Same at the beach. He just kind of clears your mind and you think better, but again, I'll, I'm babbling too much. So let's go on. I think we have last one.

So I have two, we could talk about either do another Crohn's patient, or we could do this. I have a patient. He's interesting. He is a, why don't we do this one?

He's a Tourette's. So a lot of people think, oh, Tourette's, you know, well, well, he was a 44 year old, you know, he was a father of triplets. He was busy.

He was always working. He was a hard worker. And so he didn't have Tourette's as a younger person. He really developed Tourette's around the age of 40. And it was just kind of suddenly.

And so trying to figure out his history, it was really kind of difficult, but he started having some random jerks. So then he, you know, he was a carpenter with his dad and he couldn't really do the carpenter work anymore.

And so he just started getting worse and worse and worse. And to the point where, you know, he's making the grunts and the noises and he's can't control anything, but he still has no pity.

Self-consciousness and booze or, you know. So, and then he started getting muscle rigidity. So he did, he was from Alabama and he went to the, one of the major medical institutions there.

And, you know, they put them on medications, but the medications did nothing for him. He was. I see you're mad, just stuff, throw everything down. Yeah.

So he was on a lot of anti-seizure medications, but he was also on lots of high doses of benzos. And I'm like, my goodness, you know, he was just, he was really on a lot.

So, uh, when I did his, uh, results, he actually had. He was really a Sears patient. And I really thought, did this Sears really induce a Tourette's type thing?

I've seen Sears, you know, for people with dementia, people with ALS, people with all kinds of different things. But, you know, that was my actually first Tourette's patient that actually was positive for Sears.

And so I thought he was. Can you kind of define sears for everyone? Yeah, so sears is chronic inflammatory response syndrome. And chronic inflammatory response syndrome usually happens because of biotoxins.

Toxins put off by biological organisms like mold, mycotoxins. But they can also, you can have sears because of toxins put off by lime. and by other Babacia, Bartonella, you know, you name it.

You can have those toxins. All those things are going to put off some type of toxin. So he actually had had a mold exposure, not realizing it. I think the combination of stress, a chronic infection, and then a toxin.

So I think there's often an underlying effect. Well, he had high abstain bar fighters too. His Lyme was negative, but he had high abstain bar. And I was surprised.

He's from Alabama. I was surprised he was negative. He was one of my first Alabama patients that was negative for Lyme. But there's no Lyme in Alabama.

Yeah, right. There's no Lyme in Florida either. So for him, you know, his TGIF was 32,000. Wow. Tons of inflammation. Basically his brain was just inflamed.

Yeah, his brain was inflamed. So a vibrant of America has something called a neurozoomer. Oh, so I was going to ask you that because yeah, that's I didn't recognize the name and it could be a Neurozoomer.

How do you like that compared to the other PANS test? Well, I use the PANS test too. So I can't say that I used one or the other more, but I do the PANS test too because I belong to that society.

What do you want to take on everything, man? So I like them both, but this one just seems that it hits a few more. So he had some antibodies to some things that really were key and instrumental for the anticholinergic things.

He had antibodies for the blood brain barrier. He had a lot of inflammation in the brain, basically. And so because of his inflammation in the brain, I said, we've got to pull your inflammation down.

It's gotta be number one. So, and naturally for the brain, you're going to need fats, right? So, you know, one of the first things I do is start IV phosphatidylcholine on them.

And, uh, but I also started doing, I did something, I said, you know what? I want you to get this fast. So, uh, I want you to know, this is kind of my first trial of doing this.

So my first trial of doing it as I filtered out thymus and alpha one, and I put it through a filter and I actually gave him thymus and alpha one through IV.

Okay. But I filtered it. that that And that's basically what I had was a brain on fire. I started giving him the finest and alpha one. He was on BPC 157 because he had got inflammation too.

And he were, of course, BPC 157. I love for everybody anyway. So I just make it. It should work for everybody. So he was on that. We did do TV for on him as well.

And, uh, I did do decellularized growth factors on him, which are great. They're great anti-inflammatory. They do, they do cross the blood brain barrier pretty well.

And, uh, really brought a result for him, you know, but he, he does come down every three months and just do a little bit of a tune up with me. Did he stop having Tourette's?

Yes. Yes. the right You know, I mean, his kids really loved it. And he went back to doing his artwork, too. He was an artist. He loved to go back to doing his artwork.

So it did take me a while, a long while to get his TGIF beta down and his natural killer cells up. He didn't have any natural killer cells. And so he used a melanotan, I think you said.

Yes, I used melanotan on him as well. Can you talk about melanocortins? Well, I love that because it's a melanocortin and as you know, that's helps with neurological.

So and it helps with a lot of people think it's just basically for the grueling system. But, you know, there's evidence that it really helps with serotonin, serotonin uptake.

and it helps with a neuromodulation. So that's why I like that mellocortin system because it's so key in the circuitry of the neurons. So the neurons really respond to the mellocortin system.

Yeah. And again, we're a KPV, which is a fragment of that coming out. It's more potent and very anti-inflammatory. But yeah, the plant and the unknown is the Barbie doll because you get weight loss, increased libido and you get tan.

Yeah. found it's great for younger people but if you're older then you get like dark spots and right that and I I actually tried it I'm like this isn't where I'm very ADD who's the working ended more and more all of a sudden I am just so dark I'm like some strange I I don't know from what continent or whatever, but I'm like, oh my god, you know

Yeah, but uh, and that's kind of a problem with like pg-141 Uh, or I tell this function that you know, it's another melanocortin which uh can cause some skin darkening which is little bit's good, but in older people, like, you know, dark spots and stuff.

Yeah, especially if you're Irish, you don't want to. Yeah, yeah. So the KPV, again, is just the tripeptide, has all the anti-inflammatory, but doesn't have the melanocytes stimulating, so you don't get the skin pigmentation.

Yes, that's a great product. Great product. And for a process of blood, it would be very much better, too, because it's a smaller fragment. Yeah. yeah and for mast cell which is such a big problem you know mast cells are horrible you know we have so many people with mast cell issues today and now it's just become a huge huge issue and uh i don't see too many people addressing the mast cell issue you know yet but it's all it's all the nerds on the uh mast cell mastermind yeah But they're still going after the direct and I might look upstream.

You know, look upstream and modulate the mean system and you're going to, you know, fix it. And also, uh, corticotropin releasing hormone. Yes. Huge mass cell stimulator.

So, you know, if they have high ACTH, the right Yeah, its mass cells are huge. And even my girlfriend ended up like all of a sudden got dramatically. Oh, really?

And it's like she didn't feel too bad. And it's like, wait a minute, what's going on? So that's what we call the mold guy. And yeah, we can't find the mold.

And so but of course, you all listen to me, whatever they do this dash, you know. that that that I do love that when you have a new patient and they're in all sudden you let me just do and you take a pen and Yeah, the flares up and they're like, oh my god one, you know, it's Good.

It's so common. Yeah It's very common anymore. And so that's why you have to, you know, you really have to address that melanocortin system. But the melanocortin system really helps with a lot of these issues with neurological issues, of course, because it does, you know, happen, you know, neurologically.

So that's why I like the central nervous system and the hypothalamic issues with that are kind of key. That's like everything. Yes. And it's like the like inflammation, the hypothalamus, you get diabetes, cause all the insulin resistance in the end of the brain, you get depression and anxiety and sleep disorders and pain, all of that.

Exactly. Exactly. So and that's what and you know what? You address that and you address the hypothalamus. You know, these people with the pain syndromes, it really helps them a lot.

A lot. And I did a review on HPF dysfunction and chronic fatigue syndrome. And they found there, you know, I think chronic fatigue syndrome and fibromyalgia do disservice to people because like, oh, press on, you know, 11, 18 tender points, which they have nothing special about those tender points.

Now, the rheumatologist take like 20 minutes to do it. It's like you have muscle pain. OK, you have sleep disorder. Yeah, you got fatigue. OK, you got fibromyalgia.

And then compared to chronic fatigue syndrome, which is symptom based, you know, and they found the difference, though, was that the fibromyalgia patients had inflammation, the hypothalamus, while the chronic fatigue syndrome more in the pituitary.

And so which makes Sanks pain center and the hypothalamus and right. Yeah. So you. fix that and and also if it was like 57% no more than that 60 something percent of our module patients had audio autoimmunity yes you know which just shows that this it's all immune all inflammation you know right And they develop autoimmunity in their brain.

And so neurological autoimmunity is a real thing that we've got to start addressing and getting it calmed down because that's why a lot of these people are presenting with neurological issues.

And nobody can really pinpoint it because it really doesn't fit any specific… And often hold their eyes as soon as they come in and say a fibromyalgia.

your right This is it. I see it right here. So that and that's what I love about doing what we do, because, you know, you get some it's hard because you have, you know, they're demanding the patients are demanding.

They've been sick forever and they've been neglected and they've been told they're crazy and it's all in their head. I know I was told that I've tried so many things with say it's placebo, but they don't respond to placebo because nothing's worked.

Right. Right. And so, you know, when you, when you help them, you know, it's just worth it because it's just, it just makes it so worthwhile. Yeah, exactly.

That's, that's why you can, it's tough, but go in again the next day. Yeah, exactly. It's awesome. I just, I could see you're just changing so many lives on a daily basis that you're probably like, people are so thankful.

Like, oh yeah, yeah, yeah, that's what I do. Exactly. I just have to, we have to just train enough other physicians cause I can't treat everybody. It's true.

Are you, you're just by yourself? Yes. I'm just by myself. You know, I, you know, I kind of would like a PA or nurse practitioner to come in with me at some point here.

So we're just recovering a little bit from COVID too. So once we roll a little bit more, I love seeing my assistant. that that, thank you the fifth How much work would be how expensive but is that I wouldn't have done it if I knew but Yeah, I love it.

You know, just like you it's like Researching which can take so long but when fun yet little nugget No, it just makes it and lose a lot of sleep that the But awesome.

Hey, thank you so much. Yeah, thank you forever. And thank you for taking the time. I mean, I know so many people pulling out your coat and wanting your attention.

So thank you. You're welcome. You take care. Thanks for joining us on the Peptides and Longevity podcast. If you enjoyed today's episode, don't forget to subscribe, share and leave a review.

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