Introduction to Dr. Nafysa Parpia

Welcome back to the Bioregulator and Peptide Summit everybody. I am so excited to introduce our next speaker because this conversation since right at the intersection of everything we are here to explore.

Doctor Nafysa Parpia is a natural doctor and a partner physician at Gordon Medical Associates, one of the most respected integrative medicine practices in the country, known for tackling the most complex, chronic and misunderstood conditions in medicine today.

Suffice to say that courage is not something in short supply over there. A lot of doctors don't even want to go there. Doctor Parpia specializes in chronic, complex illness, thinks Lyme disease, co-infections, mold toxicity, autoimmunity, MCA's and long Covid, which we're going to talk about today, and the intricate web of dysfunction that weaves them all together.

What makes her work so relevant to this summit is that she approaches healing at the cellular level, looking at mitochondrial dysfunction, immune dysregulation, and the very biological terrain that peptides and bio regulators are uniquely positioned to address when used at the right time and in the right way.

She is a sought after speaker, educator, and clinician who bridges the gap between cutting edge science and real world patient outcomes. Her patients are often the ones who've been told there are no answers, and yet she finds them any way.

Today, she's going to share her clinical insights on how bio regulators and peptides fit into the treatment. Specifically, we're going to talk about MCA's.

And at the end, we're going to touch on long Covid as well. And I promise you, this is going to change how you think about what these compounds can do.

And if you're a clinician, how you apply them in practice please help me welcome doctor Nafysa papaya. Thank you so much for taking the time to be here.

Nafysa, thank you for having me. Such a pleasure. Always. All right. Well, let's start with if you could please just define to people. If people are not really familiar with MCUs, maybe let's give them a short definition of MCUs.

What's going on and go from there. Great. So MCUs mast cell activation syndrome. This is when the body's alarm system in their immune system gets stuck in the on position.

So patients start reacting disproportionately to foods, sense chemicals their own hormones stressors. And there's no rhyme or reason to why this happens.

People get very confused because they then have symptoms across virtually every system of the body. And there's a reason for that is because mast cells exist in virtually every system of our body, in our gut, in our brain, in our bones.

They're wrapped around our nerves, in our genital urinary tract. So when we have symptoms in virtually every one of these systems, I'm thinking about mast cell activation syndrome.

What Mast Cell Activation Syndrome Is

And I've yet to meet very many patients who have a diagnosis like long Covid, chronic fatigue syndrome, fibromyalgia, various autoimmune conditions, chronic Lyme and co-infections who do not have mast cell activation

sentiments rare that they don't have that.

So we need to work on this for all of these patients in order for them to be able to tolerate the treatments, because if you've got MCUs, they're even going to reject their treatments, whether it's peptides or bio regulators or herbs or nutraceuticals or pharmaceuticals, anything gets rejected.

So we have to calm that first. Beautiful. So how do you do that? Like, I mean, you know, because the temptation is to say, let's just stabilize those mast cells, right.

And I think that's probably the first step, except that the step before that is identifying or you tell me, is the step to identify what's triggering the mast cell activation.

Or do you just say, look, we just got to stabilize these things because regardless of what's triggering them and we don't even and you may not even know all the things that are triggering them, is it possible to stabilize them and then kind of start to figure it out, like how do you figure out where to go first?

What's first, the chicken or the egg? You know, it's such a good question. I'm always testing my patients to find out what those insults are. Now, with these patients that have these diagnoses I just listed, they've got multiple insults going on.

They've got multiple low grade chronic infections going on. Usually I seen Lyme and co-infections, parasites, issues with mold, multiple different viruses, particularly in the herpes family.

They have different colonization and different sites of their body. This is very common. The sinuses, the gut, the gentle urinary tract, some people, the lungs.

So I'm looking for where that slew of chronic infections are in these patients. They also have a high load of environmental toxins microplastics, metals, glyphosate solvents, pesticides.

They have high levels of stress and trauma. The trauma of being sick itself is enough to cause some immune dysregulation. They also many of them have had adverse childhood events, but many of them have not had a big T trauma.

Could just be the little T traumas that they're nervous system is super sensitive to. So when I'm going back to your question, right, I, I want to do all this testing because I need to understand exactly what the insults are.

There are many, many insults causing the mast cells to flare. So I'm going to do their general labs first, their CBC, their their their thyroid panel, their sex hormones, the basics.

And I'm going to stabilize mast cells while I'm waiting for the other labs to come in to determine what those multiple insults are, because it's going to be different for each patient.

Yeah. No that's I mean yeah. So it's a bit of chicken and egg at the same time. So and I guess you know what's interesting is I think that what happens with a lot of patients with MCA's and correct me if I'm wrong is you're kind of fine until you're not.

And so your body's able to tolerate some of these things for a period of time, and everybody's got a different threshold. And at some point the buckets going to overflow based on whether it's a new traumatic event or it's a new one of these pathogens or one of these factors, all of a sudden just overwhelms the body's capacity to deal with it.

And everybody's going to have a different threshold. And I'm guessing in your patient population, the threshold becomes quite low. It does. So for some people, it's this one day all of a sudden, and I can remember the day and then give me the date.

This is when my life changed and I became sensitive to everything for other people. It was this slow, insidious process. They could eat 20 foods and now they're down to five foods.

And that process took 3 to 5 years. So everyone's. Yeah, yeah. That's crazy. The way the way it appears is different. Okay.

Finding Triggers and Stabilizing Mast Cells

So what we the promise at the beginning of this episode was that what we were going to talk about is at what point is it appropriate to bring in some of these tools, like the peptides and the bio regulators?

Because I think that in the space of peptides and bio regulators right now, there's a general there's well, there's two camps, right. There's the camp of they're not tested.

They haven't been tested on humans. They're useless and or dangerous. And then in the second camp, you have people that are like, oh my God, this is the solution to all my problems.

And all I need to do is get my hands on these peptides, come, hook or by crook, throw them at my body. My body is going to know what to do and I'm off to the races.

I would say that the people on the right live in their own little world. The people on the left are potentially setting themselves up to get really uncomfortable because.

Right, you're gonna you could throw yourself, your body into a complete tailspin by using the wrong thing at the wrong time. So maybe if you could not by giving us the prescription, let's say, but by helping us to build a roadmap for people about the steps that you're following to kind of decide when is someone ready for whether it's a peptide or a bio regulator.

Maybe you want to talk a little bit about which peptides and bio regulators you do eventually find to be helpful in these situations, but then we'll back up and talk about what's this order of operations that you kind of follow.

And we know testing is at the top here, but what comes after that. Right. Absolutely. What I want doctors listening to understand and remember is that peptides are signaling molecules.

I think doctors forget that because we're used to being in this mode of using substances. It could be medications, nutraceuticals, supplements. We use them to either push a pathway or to suppress symptoms.

But we don't want to use peptides to do that. They're actually not going to do that. I think of peptides as the language that cells use to speak to each other.

And so I want doctors listening to keep this in mind, because that then informs the way that I put together to treat peptides and by regulars for this particular patient population.

So the second thing I want doctors listening to understand is that the clinical effects of these peptides and the by regulators, it's going to be shaped by the terrain that those peptides and viral land in.

So the first thing we have to do is consider men a list of their entire system. So I want to I want to consider gut integrity, mast cell stability, inflammatory burden, autonomic regulation, mitochondrial state, vascular function, hormonal adrenal balance.

Because these things, these areas are going to affect the way the peptide behaves. And so people with long Covid and Marcell activation syndrome, they they often have well, they always have immune dysregulation hyperactive immune system a weak immune system simultaneously hyperactive because they have massive activation syndrome.

They have autoimmune and weak as they can't mount the appropriate immune responses to kill the infections they want to. It's a paradox, right? Like paradox. And it's overactive.

And on the other hand, it's not it's not doing its job, which I guess is where the term dysregulated comes in. It's. Yes. Yeah, absolutely. And it's there that I want to start now.

They also have a dysfunction hormonal imbalances, mitochondrial stresses, neuroinflammation, connective tissue issues. They've got all of this going on.

And so I, I always wanted to start by modulating the immune system first. Because when we kill infections or when we send repair signals, they can be seen as a threat to patients who have some trying to to take that sense of threat down in the nervous system and in the immune system.

So I'm actually using peptides right away to treat mast cell activation. Because remember, everybody listening, everything is a threat to these patients, but not not substances that are going to calm mast cell activation syndrome.

So you really so so what are some of the things. And because we also we have two populations listening to this right. We have your potential patient and we have practitioners.

So for people who are listening what are some of the compounds they might be able to tap into to try and kind of calm and stabilize the mast cells, just to help them to kind of get the brain power to find someone like you to work with.

Yeah, I love giving this information out because then people can educate their doctors or doctors. Listening can can now work with their patients in that same way because I can't take everybody.

So so I love to spread this information. So I used to always want to treat the immune system first. Right. And if I gave people my patients herbs first say quercetin or luteal they would often or vitamin C, they would often reject those herbs because there maybe because vitamin C and Kirsten are supposed to stop a histamine reaction.

Right? Right. But there are they are sensitive to the multiple chemical components of herbs or of whatever else is in that vitamin C, whatever filler, even though it's not a toxic filler, sometimes even the capsule.

So yeah. Right. So the first thing I'm doing is actually healing leaky gut, because antigens can escape a leaky gut and go into circulation and then trigger mast cells across the rest of the systems in the body.

So I'm using La Raza Tide now.

Using Peptides and Bioregulators in Sensitive Patients

Sure, I could use Slippery Elm, I could use glucosamine because those help with leaky gut as well. But there's been nothing more efficacious in my experience than La Raza Tide.

And sometimes I can add those herbs on after. But I'm starting with lorazepam because I know my next step is then mast cell activation syndrome and using Lexa Knox, for example, that is a peptide that's a mast cell stabilizer.

It helps with allergic sinusitis. It helps with insulin stability. And these patients have all of those issues as well. So I might bring La Raza on board first then I'm Lacs Knox.

So what's interesting about Alexa Knox just is this is a repurposed drug right isn't it. Like Knox wasn't it originally. Was it a canker sore? Yeah. Medication.

Yeah. Yeah it was. And now it's all of a sudden it's this superhero in dealing with MCUs. So really it really is. And then I'm also using things like Finn and Crumlin finding the appropriate appropriate dosage for the person.

Or maybe I might use Ax or sometimes I have to use Allegra that will come from these drugs will come from the compounding pharmacy because we don't want additives and fillers and dies.

It's going to reject all of that. Now, I've been doing this this meaning treating mass activation syndrome using peptides for the past ten years for my patients.

Prior to that, I was treating mass activation syndrome as well. I didn't have I didn't have a Knox and have CFPB and it was slower to treat. So I might bring KPBS in a little bit later.

CFPB has wonderful mast cell stabilizing properties, but it also has antimicrobial effects against Candida and some staff species. And these patients are not ready for a kill of that I guess I'm not ready for antimicrobial action yet.

They're going to be to it. Yeah I want to give you a patient story about CFPB actually. So this patient is down to 5 or 6 foods. And she had diarrhea for 20 years.

Been to multiple gastroenterologists multiple allopathic and functional medicine doctors multiple nature paths over 20 years. And she was diagnosed with Candida.

She's had all the work cuts, colonoscopies, everything biopsies. The only diagnosis that came back was candida. And she would have diarrhea eight times a day for 20 years.

What a way I know. So I gave her DV and of course she's not somebody who can tolerate an entire capsule. So I said, all right, start with half a capsule.

Half a capsule was too much. It gave her more diarrhea. So I said, okay, not it's not that this is the wrong medication for you're not the wrong peptide for you.

It's that I believe it's the right peptide, but just the wrong dosage. So they're the CFPB. I gave it to her to stabilize mast cells. I gave it to her to kill some of that Candida in her gut.

Half a cat was too much. So we went down to toothpick tips. By the time she got to, the third toothpick dip literally opened the capsule, dip a toothpick and put in your mouth the diarrhea had resolved.

Gone a toothpick dip. Oh my. 323. Whatever. Any. That's wild. And so were you able to get this CFPB compounded for you so that there were no fillers. Because god forbid you're dipping your toothpick in the in the filler part, not in the CFPB part.

You know it's just integrative peptides CFPB wow. And okay yeah. So it was enough to work. That's fantastic. It was enough to work. Yes it was amazing.

So I'll bring CFPB and also to stabilize the muscles. Now once the mast cells are stabilized with those peptides leaky gut is healed. And I also am going to bring in bio regulators because I want you know, the thymus fire regulator is going to help stabilize the immune system, the central nervous system, by a regulator.

I have given that to patients who have migraines, it's taken away their migraines. So this is really important. Right. And the pineal bio regulator, it's going to help them with their migraines as well as going to help calm their hormones, regulate their hormones which are all in out of source as well.

So these are by regulators that are more stabilizing for the system. I'm not giving them by regulars or peptides that that are asking their systems to work harder, repair kill infections.

I'm I'm giving them ones that are calming, that are soothing. Yeah. Well and the bio regulators are particularly well suited to that. Right. Because typically they're not boosting anything.

They're they're trying the work of the bio regulators to normalize, not so much to boost or suppress. Right. And I

want to say another thing about the bio regulators, because we have bio regulars for virtually every system of the body I am, that offers me a new way to think about these patients, right?

Of course, I thought about the systems of the body, but I thought about it based on the labs that I would see and based on a physical exam. But now I can actually think, hey, what system needs healing?

What bio regular can I give to them to heal that system? And for anyone who wonders if they work or not, they work. They absolutely work. I see I've witnessed them work over the past few years.

And clinician. Yeah. Yes, that is so powerful. Now, when you're talking about bio regulators, are you typically using the natural oral bio regulators or do you use the synthetic injectable bio regulators.

Or do you use a mix like what's your what's your feeling on these different categories of bio regulators. So what my patients have told me it mirrors what what I've read, which is the synthetic ones to start with, are actually going to be more tolerable to highly sensitive patients.

And then the more naturally derived ones, they're going to work faster. And I don't want to give them things that are going to work too fast, because that could be too fast for their systems to handle.

Yeah, I think the synthetic also is easier to dose titrate. Yeah, right. It's easier to pick a much slower a lower dose with I mean to begin with we're talking about microgram dosages versus with the naturals.

You're looking at milligram dosages and you're also getting lots of other stuff with it. So yeah. And I know that in the Russian literature they do talk about the natural bar regulator.

They actually mentioned that it might be it might take a little longer to see the effect of the natural, but it's it might be a bit longer lasting. Right.

But I wonder if what you're seeing also is that they they react. They may react more to the natural because there's more than just that one amino acid chain in there.

So there's more things to respond to. That's what I think is going on. Yeah. Yeah. So the synthetics and again I mean you're, you know, it's it's this is I love it.

You know, you're interviewing someone and it matches up with what you're learning and what you're reading. Right? That I love with a very sensitive population, the synthetic counterintuitively, the synthetic might be an easier thing for them to tolerate than the than the natural form.

And they have to say, I have some vegan patients. It's very hard to heal when people are vegan. It's hard to get the diet right. They don't have enough proteins in their system or enough sulfur in their system to help with their detox pathways, and don't have enough amino acids to help with their detox pathways.

And so I'm happy that the synthetic ones exist for the patients, because I've seen people improve by leaps and bounds with the synthetic ones. Fantastic. Yeah. Okay.

So let's get back to our patients. So what we started with was gut healing. And maybe and it's interesting because a lot of people will hear healing and they go straight to BPC.

157 you actually went straight to La Raza, which I think is really important for people to hear because it is specific to ceiling those tight junctions.

Gut Healing, Detox Support, and Repair Peptides

BPC 157 has more broad ranging healing effects, but raza tied really, really, really, really is. It's almost like single mindedly which is unusual for peptide goes to seal the tight junctions.

I'm so happy you noticed that and said that because BPC 157 if not all of them, 50% of these patients, if they take that first, they get jittery, they get anxious, they feel wired so they can't sleep at night.

If they if they don't take it up, you know, if they take it before 2 p.m., usually they're okay with it. But that doesn't stop the jittery ness. And I had to.

Why would that be? Well, I think it's because it's rapidly altering the gut brain axis. It's increasing nitric oxide. It's got these dopamine and vagal signaling.

And so until the mix is stabilized, until the autonomic stabilized, until leaky gut is healed there, these patients are going to perceive those signals from BP 157 as, as a threat.

Yeah. Too much of a challenge. And so we said that we were going to talk about long Covid a little bit. Where do you see the overlap here with your MCA's patients and your long Covid patients?

Aside from the fact that maybe long Covid patients develop mixed, you know, do I have yet to to meet a long Covid patient who does not have mix in my right?

In my mind, there are two types of long Covid patients to two subcategories. One category is they did well with the with the long Covid stacks they see online, or they did well at Doctor Bruce Patterson's clinic or a long Covid clinic.

They did well at Stanford or Johns Hopkins with some LDN with, you know, some some just a few treatments, maybe some. God bless. They did. Well, these people have issues because of only spike protein or the Covid virus itself.

Right. And they're easily treatable. People who have issues that are larger than just the spike protein mediated issues like persistent inflammation or micro clots, well, they don't do well with the typical stacks or at the long Covid clinics because other things happen to them in the process of getting long Covid.

So we know that spike protein wakes up dormant infections. Somebody could have been tick and had Lyme 20 years ago and had no idea because their immune system could keep it in check.

And they had Epstein-Barr virus and mycoplasma immune system kept these microbes in check. Along come spike protein and it wakes up these other infections.

So now they have a bunch of other chronic infections they didn't even know they ever had. They have reservoirs, maybe in multiple systems of their body of spike or the virus itself.

They've got the micro clots and they have persistent inflammation in every system of their body. So now what do we do? These are the people who fail the stacks.

So people might have read about this long Covid peptide by a regulator stack. Right. It starts with HL3 seven and is an alpha one. And they're given the vascular by bio regulator.

And then they're given the lung bio regulator. Maybe they're given some micro clot support from the same. Right. Yeah. So so first of all, most of my patients when they've been given to 1 or 37 this well they're taking it to treat chronic infections.

But when chronic infections are treated neurotoxins are released. Bio toxins are released. Our own immune system is going to respond with more inflammation.

But these patients are stuck in a loop of persistent inflammation. So now when I start to kill chronic infections, it's going to increase inflammation.

They're going to get sicker. So I want I want the doctors listening or the patients listening to to understand. We

don't treat chronic infections the same way that we do acute infection.

If someone comes in and they have acute Covid, sure. I'm going to start thinking about Paxlovid, right? But if it's chronic, I can't treat that infection the same way as though it's an acute infection.

I've got to calm the mast cells first. Heal the key, got first work on the autonomic first. And I can use peptides to do all of those things. And by regulators to do all of those things, as we talked about earlier, once that set, then I can come in and start to use HL3 seven and thymus and alpha one.

Now the vascular bio regulator, some patients, they take it and then right after they take it they get hemorrhoids or they get migraines. That's crazy.

Yeah. So if anyone does, layers don't work. Excuse me. They're working. Okay. Clearly it's working. So what's causing that? Because we don't you know, we typically say very, very few if any side effects ever.

But this is a very special population. Very. So tell us about this. Yeah. Yeah. So the buyer regulators they're going to increase endothelial signaling.

They're going to increase nitric oxide. They're going to improve circulation. It's going to change capillary perfusion. So all these good things the blood vessel by regulator does right.

And so for the people who didn't have problems with MCA's or lymphatic flow or constipation or not having enough cofactors for detoxification, this works beautifully.

But if if you have MCA's lymphatic issues, decent anomia, all of these beautiful signals from that bio regulator could be seen as a threat. And will we stabilize all these things?

So we have to stabilize MCAS, stabilize the autonomic, and also support the detox pathways of these patients before we can even start to consider giving them the blood vessel by a regulator to 1 or 37.

Yeah. Yeah. That's that's so incredible. So the classic bio regulators just so classic peptides. Sorry. So because I think, you know the bio regulators as you said I mean you you weave them through like for central nervous system support for immune support for blood vessel support the pineal gland for this.

But the main the big hitters here on MCA's and long Covid probably are also going to come mostly from the signaling peptide population. Right? Yes. Right.

So and I just want to recap a bit for people because we're supposed to keep these, you know, this is this should be like a two hour interview. We're going to keep it under 45 minutes.

But I just want to recap that the first order of operations very often is stabilizing and sealing the gut. So we're starting with tide. We might add a little bit of CFPB in there to help to reduce inflammation.

But it's going to have to be only teeny tiny because of those antimicrobial effects. You talked about a repurposed drug like I'm Lexa Knox. That can be very helpful early in the game.

What about things like like phospholipids like to help with the cell membrane. Like like something like a PC oil for example with the. Yeah, that comes in after I've supported their detox pathway.

So I'm looking at their their cofactors of detoxification, their minerals, their B vitamins, their amino acids. I'm looking at their genes, I'm looking at their detox pathways, their inflammatory pathways.

Long COVID, Chronic Infections, and Treatment Sequencing

I also want to understand if they're in a state of oxidative stress, if their glutathione is in a state of oxidative stress.

So I'm looking at all of these things.

And very often I want to give them phospholipids or I want to give them phospholipids intravenously because that can help so much. But when we do that, we start to then elicit a detoxification response.

Then we can mobilize the toxins that were fat soluble and recirculate them if their detox pathways are not supported. We've got to bolster that first.

So from all those labs I'm looking at, plus their genetics, I'm deciding, okay, are you ready for that? Phosphatidylcholine or not yet. Are you ready for glutathione or not yet?

If I give them glutathione right now, usually glutathione. Phosphatidylcholine are given together, particularly intravenously, not in the same bed, but right after one another to help with detox.

If the glutathione is in a state of oxidative stress, I could give them more glutathione, but they're just going to their system is going to whip that back up into more oxidative stress.

So I love to use the peptides and the by regulators to help with that oxidative stress. Actually, I might use bring in TB for at that point I might bring in BPC 157.

At that point. GHQ can help with that as well. But we have to remember that these are the repair peptides. And again they can be seen as a threat. So we have to bring those in after we've come.

The mast cells. Yeah. Also with TB for one of there's one of the fragments actually will destabilize mast cells. Right. And so I know this from sad personal experience.

And you know, you end up sitting there going what? What? No. Everybody says this is so amazing. How is this creating lumps in my body and and a rash and a this and that.

And so I think again, this is another highlight that we really need to underline for people listening who may be dealing with MCUs, they may be new to the space.

Understanding that thymus and beta four as part of its healing process can destabilize mast cells, which is fine in a healthy person, but actually will be a problem for those of us who have mast cells that are maybe a little too reactive.

Yes, absolutely. And how could I forget to bring in GLP one agonists? Low, low dosages of them can absolutely help with Marcel. Activation syndrome can help bring down in inflammatory response.

They can cross the blood brain barrier and bring inflammation down in the brain as well. Oh, by the way, of course I'm also using Cmax and Clank. I can use those pretty early on if I'm using the injectables, the nasal sprays.

A lot of things have colonization in their sinuses. So even though the nasal sprays are are easier to use than the injectables are a little more pleasant.

If you've got mold in there or bacteria in there, you don't want a bio film. The nasal sprays aren't going to work so well. So all right, Pro tip guys.

All right. And I don't I want to back up to the GLP. Your mention of JLP. This is where that microdosing really really could be helpful. And can we define please.

What is a micro dose. Because a lot of people are walking around thinking a starting dose as a micro dose or half a starting doses of micro dose. And my understanding from you and other physicians in this space is that a micro dose is micro.

Are we talking a 10th, a 20th, a pinprick, like what are we talking for? Micro. So for me, I know we just made that definition of right. Here's a micro dose.

Well typical micro dose that I'll start with my patients is a tense. Some people who are very sensitive. It could be a 20th of a starting dose of a starting dose.

Now some people I just don't want them to lose any more weight. And so those that I'm really just going to start with at a 20th and then go on slowly increasing as tolerated.

And usually they never go up to a full dose. They don't need to but they don't need to. So and so just to recap again, in this case the P is not there for fat loss.

It's not there to reduce appetite. It's not there for any of the to reduce cravings. It's really there. Like tell us a little bit about what are the benefits you're seeing for your patient population with this tiny amount of this very powerful compound.

Right. People are telling me my vibrations under my vibrations under my skin are gone. I used to think that sounds like Bartonella. Bartonella will do that, right?

But give them a little bit of g g I almost a GHQ because GHQ will do that as well. So do what it'll cause vibrations or it'll help with the vibration, help with the vibrations.

It'll help with the neuropathies. So I've seen that GHQ and low doses of GLP one. Agnes, those two together will help with neuropathy. That is amazing right?

Like until the advent of peptides these patients had to suffer through neuropathy sensations until we killed all of their microbes. But now, with the advent of peptides and bio regulators, we can be more sophisticated in the way that we treat these patients.

We can stabilize them, calm their immune systems, and get them ready to kill all those bugs that we, I think eventually do need to kill. Yeah, I've got a story about 37. So here's the patient who had an invasive syndrome.

Two so she had Aspergillus type of a mold in her lungs. So you'd be okay throughout the year. Then came allergy season. She had more activation syndrome.

So allergy season for her was just the worst possible. And and during allergy season her the aspergillus in her lungs would bloom. So she'd been to pulmonologists.

She'd been to entice again functional medicine regular doctors, users given steroids. You're just going to have to live with this. And here are some steroids and and take some histamine blockers and allergy season.

And that's the best we can do. Right. And it was tested and you could test it. It was tested in her sputum. So she comes to me and I say, all right we're going to do this.

We're going to calm your mast cells first. And it's going to be so that during allergy season, it's not going to be it's not going to take your whole life down because allergy season.

So everything I talked about I wasn't using the GLP one agonist yet. It was this was probably five years ago. And so I'm like Laura's Tide CBV. She was on BBC 157 and stabilizing her muscles, adding BPC at the right time.

She was also taking Finn and Crommelin and other histamine blockers, so she needed a well, everybody who needs who is being treated by who's treated for a well-rounded protocol using many different methods, right, to to treat this at the same time.

So Marcel's are stabilized. Now I say, okay, let's bring in some thymus and Alpha one. It's time to start killing these

chronic infections. So low dosages just twice a week.

Okay, now it's time to bring in some 37. Again, low dosages just two times a week, three times a week. And allergy season came. No Aspergillus in her lungs.

She did a sputum test. It was gone. That is the power of the right. And so were you. Was she nebulizer it or was she actually injecting it? Injecting it? Wow. That's interesting.

That's crazy because Ella, 37, definitely is a double edged sword. You meet people all the time who went to high to fast with L 37 and ended up like in bed for three days or something.

Horrible. Yes. So careful because it's perforating the cell walls of a broad spectrum of microbes. So that means you're killing multiple different microbes at the same time.

You have to be careful. But not only that, if someone has a propensity to Soria arthritis, and I believe probably any other autoimmune condition, it can potentiate that. Wow.

So we have to be so careful.

Microdosing, Safety, and Clinical Outcomes

This is an art. It is right. I mean, you need to understand the science so that you can apply the art and that. And that's where all your years of experience really come in.

You know, when you've seen when you and I mean, you've never seen it all, but when you've seen so much that it gives you a broader toolkit. Yes. You know, I use the word dangerous.

It's not I don't want anyone to think this is going to kill you if you take a normal dosage. It's not dangerous in that sense. Right? It's just like a small s danger, like, okay, you might be in bed.

You're you're psoriasis. What's known that. Yeah. That that reversible hopefully. Yeah. Although I've seen people respond badly to BPC 157 and I suspect there in this population and it can last for quite a while. It.

Yeah there are there was back in the day when I had my Facebook community, there were other Facebook communities that were only made up of people who'd had negative reactions to BPC 157, and they were the most baffled of the people using peptides because they were like, okay, everybody says it's it balances the dopamine, serotonin and Gaba systems.

I become homicidal when I use this stuff. What's going on? Or they or they have anhedonia where they just didn't care about anything anymore. Or like you said, they'd be anxious or agitated.

One guy was like, if I bring out the BPC, my dog goes hides on the bed. Like, you know, it was it's really interesting. But now what? You're what's coming out now from physicians like you is the understanding that in these populations of people that are hypersensitive, whose systems are just hypervigilant and just waiting for an excuse, these types of compounds that can be really great become a negative if they're not used in the right place at the right time.

Yeah, right. What I want to be clear to everybody listening is that this is with anything. Okay. It's not that. Oh peptides and via regulators are dangerous.

It's that when we're dealing with this patient population, everything, everything we do must be thought out with such detail and really felt into intuitively.

At the same time, there's got to be a mix of science and intuition, knowing that the same thing can happen if you give a patient a medication or an herb or a nutraceutical.

Today I'm talking about with peptides and by irregulars. Why? Because I'm so excited by them. Because over the past ten years I have seen no other substances work to heal these patients as quickly.

So patients whom it would have taken five years for me to treat now two years with the advent of peptides and bio regulators. That's why I'm so excited about them.

But the pitfalls of using them will be the same as the pitfalls of using anything else. When you're dealing with the highly sensitive patient load. Love it doctor papaya, as always a pleasure.

We're going to have to stop here. And I know everybody's screaming at me going, what do you mean you have to stop? Keep going. We will, we'll do we'll do another podcast together.

Have. No. We did do a podcast together. You can go look for that episode as well. But for now we're going to have to leave it at that with doctor. So for everybody listening here, where do they find you?

Where to Find Dr. Parpia and Closing Remarks

How do they learn more? Do you have a website, a newsletter, an Instagram account? Tell us. Yes. They find us at GordonMedical.com. That's our website.

We have patients to patients coming from all over the country, all over the world to our clinic for these mystery cases. We have the Gordon Medical Forum scored in medical.

That's where we do our forums and our podcasts and our Instagram. We haven't paid enough attention to Instagram. We're kind of starting to now. You're fine.

You've got lots of other things going on. And yes, your podcast, please tell us the name of the podcast. Yeah, it's simply the Gordon Medical Forum. Smart.

And you are on my podcast I am I know we did. Yes. Thank you so much for your time today. Thank you for sharing your wisdom and I look forward to speaking again soon.

Thank you. Thank you so much.