Introduction and Guest Background

Hi, it's Doctor Kent Holt tour with another episode of the Peptide Summit. Today we'll be talking with Chris term pal. Doctor Chris term pal. With a, based discussion on looking great after 50 and feeling even better.

So, the doctor term is, pretty amazing background skilled practitioner whose primary focus is on finding addressing the root cause. Of disease, which is key.

He graduated from New Life College of Chiropractic and received a post doctorate in functional neurology. It's interest is in functional medicine. Began when he, helped an ALS patient, you know, where doctors basically say als, the standard doctors.

And we've seen that say you're it's incurable, send you home to die, and they get better. And we have come in with, in wheelchairs. Their jogging. So it's it's amazing the stuff that that we see, you know, looking at the literature.

And so we treat some of the definitely the sick of the sick, but also healthy patients, which is, which is very amazing. He has a, huge staff as well.

He attended a seminar in 1995 with my Geoffrey Bland, the father of functional medicine, and he was hooked. That became that, began his career as really looking for the cause.

And I think that is the difference of functional medicine versus standard medicine. And I think also really passion to continually learn, that's what you see, what you know.

So I don't know what to call our whole group. I hate alternative functional medicine. Integrative, I don't know, but I just say we're practicing better.

Better? You know, better. Passion is, basically functional medicine that he open up the term health and wellness center, 1999. He has employed a huge staff and trained them all.

He's, it's, speaks all over the country, trained doctors, he enjoys the overall team approach and love sharing knowledge with the team, patients and providers, extensive, experience and supporting patients who are dealing with the most difficult chronic, autoimmune and neurologic health conditions.

You know, who just get passed from doctor to doctor and standard care. He has a personal, experience, and that's why he's supporting Lyme disease. Autoimmune disease, fragile X syndrome was interesting because very rare.

And pediatric neurologic conditions, thyroid conditions, hormones. I know he lectures on that as well. So he is basically, teach providers across the country about thyroid brain disorders, of course, a lot of neurologic conditions.

In his free time is continues to read probably, but says he likes to go outside and enjoy hiking. Swimming. College football. What's going on with that?

And spending time with friends, family and his wife, Heather. So I get some kudos for that. And for children. The islands member, lecture for, masterminds and thyroid function, blood chemistry, Lyme disease, co-infection and serology, neurobehavioral disorders, Alzheimer's, pandas, which is very common.

So he's really not only treating the sick of the sick and very complex patients, but he's teaching other doctors about it. So, welcome. Thanks for having me, for being on.

It's an honor to be on. Thanks so much for inviting me. Yeah. So interesting background. We came a chiropractor,

and then you got interested in, neurology, did a post doctorate in the reality.

Just tell me a little bit about that. So I went to chiropractic school, and, when I went to chiropractic school, I wasn't even sure what I was doing. Just kind of was led that way.

When I was in chiropractic school, I thought, well, once I learned chiropractic, what I thought, I like everybody. As soon as you learn your your profession, you have it all figured out and you quickly learn you don't have it all figured out.

So one of the post doc, programs that I gravitated to was the functional neurology just went deeper into the causes of some, neurologic dysfunction and how the brain is functioning and how we can drive different areas of the brain and get it to work better.

So I went through that. That was a three year post-doc. And, that was that was great. And I thought I had it all figured out at that point, too. And as you kind of alluded to, that's when a patient, who, Margaret came in and he said, hey, I have ALS.

From Chiropractic to Functional Neurology

What are you going to do for me? And, I said, well, I'm, you know, I'm a big shot. I have a neuro degree. I'm, you know, I have specialized training. And, he said, you better learn more because you don't have it all figured out yet. And he forced me to learn real quick.

And that started me down the road of functional medicine. So that's kind of how it went. I just constantly was learning and learning. So just never gave up on things that I didn't know.

Never rested on my heels. And that is what led me down the the neuro diplomat pathway. I think that's great. I think that's the difference between doctors.

It's not what you know, a degree you have. You have five, you know, residencies. But I find doctors who 20 years out, they're still doing the same thing they did residency.

You know, it's that continually learning and things are moving fast and they're exciting in this integrative area. And things in medicine move very slow, you know, have articles on it takes on average 17 years for a proven new therapy to get accepted into mainstream medicine to standard physicians.

So it's called 17 years ahead. And that's what, you know, this whole group of integrated physicians are practicing 17 years ahead of what you're going to get from your doctor.

And and, you know, always the less a doctor knows, the more adamant the right and the more you know that's it, the less you know, the more you're, the more you you claim to know.

And and you're so right. I say, if I had to practice the way I did five years ago, I'd quit. But I hope to say that five years from now. Do you hope said that every every year I have to practice the way I did yesterday.

I want to quit. So, yeah, I think I think you have to. And, you know, a lot of people get in this, get, been sick themselves, and realize, hey, standard medicine.

That's how I got into it. I know a lot of other guy, but you had a different another patient, is that right? Can I get this patient better? And then I started looking like, hey, there's a lot of can I did I can do this straight up look me in the eye.

And he said, you better learn or quit because we don't need doctors that aren't willing to learn. Right. But he had, he says, I got ALS. If if you're not willing to learn on this journey with me, just quit and do something else because you're worthless in the profession.

He was very, very frank, and I remember the conversation like it was yesterday. And I just happened to be in Jeffrey Bland seminar in New York City. I said, well, I got to figure out something.

And, and I went there and I was, well, there's a whole lot I don't know. So it was it was the conversation I tell all my docs that work with me and like, you gotta learn, learn or quit because we don't need docs in our learning, so.

Wow. That's amazing. I guess you can say whatever you want when you have ALS. That's kind of. Yeah, you got you got kind of free rein. What are you going to do?

Yeah. So that's that's great. I can't say and you know, I know we're going to focus on, you know, feeling better and, looking better. After 50, all of us, over 50.

Really, looking forward to talking about that. But let's talk a little about, you know, all these different, very complex patients that they treat. But what have you found?

You know, where when did, peptides start, influencing your treatments or becoming part of your treatments? For complex patients. So that's a great question, because a lot of offices, as you know, they'll specialize in Lyme disease or mold or thyroid or gluten or digestion or headaches or sleep.

And so I never wanted to be pigeonholed into that. I want somebody to be able to come in my office and say, I have x, big word that I use in my offices.

I don't want to have a confirmation bias towards a condition. So if I'm a lime doctor, I'm going to think that I have a confirmation bias that everything's Lyme disease.

And by the same token, if it's for mold, doctor, everything's mold. If everything is environmental, then everything's environmental. Mercury, you know?

So I want to have that general knowledge. And I like the challenge to somebody comes in as a blank slate. And I don't have that confirmation bias. Now, by doing that, you get to see and experience and learn from, quite frankly, the other practitioners who are all those specialists, because you go to the the allergist ologist allergist and then they come here and you get to be the generalist and kind of look at the whole picture.

So that's how it started. We started to see complex patients. And in our quest to constantly learn and help patients that weren't getting answers other places, that's where the peptides kind of snuck in.

And they started probably mile two and a half plus years ago right around there.

Discovering Functional Medicine Through ALS

And it didn't hit very hard. It was very it was like a trickle, a trickle of water. I wasn't real confident with them. I wasn't real aware of them. And so then that led to kind of abandoning them for a while because I didn't have the knowledge base.

And then probably, maybe about time flies. Right. Except for the past two months, probably about a year, year and a half ago is when we started to jump in pretty heavy into the peptides.

And so we got into peptides and, and then we were using them for one particular reason. Basically the immune system, we're looking at just boosting the immune system.

And then when you jump into the world of peptides, you can see there's a whole host of benefits across many disciplines barriers and health conditions and support that you can really get into.

So yeah, I think that's interesting. And that's the same thing I've found is that all these conditions, they kind of boil down to the same problems, especially syndromes.

You know, it's like, oh, they have this syndrome. And you look it's like we do like for instance, they say, you know, kind of fatigue syndrome, I think did such a disservice in fibromyalgia and gave doctors the license to go, oh, you have fibromyalgia.

There's nothing I can do. Here's an antidepressant, not do anything. Well, what's causing it? And, you know, we found with the extensive panel we can pick out a quantum fatigue syndrome, fibromyalgia, a Lyme patient, 80% time.

And you know, really how severe they are? About 70% time. And and when they say there's, oh, with no labs to do, it's like, are you crazy? Oh yeah. We're the the largest non-hospital drawer.

We're we're the largest non-hospital blood draw in the state of Pennsylvania. So when they say there's no labs to do, they probably haven't been to my office or your office because there's a lot of labs to do, and.

And a lot of us just go, oh my God. Because, you know, and now with medicine and the doctors are bonus, especially with HMOs for being cost effective.

Right. Means not doing any tests, not making any diagnoses. And so they try not to find anything and try not to treat you. Where were the opposite? I think, you know, it's like medical detectives, right.

We're I'm the opposite of that. Another word that I use in the office, some one of my docs, we have a lot of different physicians who are practitioners in the office.

And so, right or wrong, I say I'm the escalation clause. So they come down the hallway and they say, what do you think of this? So it escalates to me and I, I ask the same question all the time.

What's the mechanism? I don't want to know the syndrome. Don't tell me how you labeled it. Don't tell me the sign that you put on that. What's the mechanism?

So what's the mechanism of that action? Oh, I have chronic fatigue okay. So what is that what's the mechanism of that. Is it mitochondrial is infectious.

Is it vector borne wears. What's the mechanism of the expression of the body. What's that mechanism. So it doesn't the ICD ten code isn't as important to me as the mechanism of the action.

Yeah. It's only if you want to like look at this. There's this is what the hell be treated with this. You know, and unfortunate I think doctors coming out of medicine more and more like a lot of times like this is they've done great on task is a memorize.

And so we'll, you know, be training doctors like what's the protocol on like there is no protocol. It's concepts. Protocol is a four letter word right. Yeah.

And they just want or why if they have this do this is this you know and drive some doctors crazy. Because that's how they're taught especially now with, with medicine.

And, you know, this is the if you don't like in the E. R., if you don't do exactly like this, you get brought up in front of, you know, from the board.

The board. And why didn't you go down this, this algorithm, and they don't think, you know, we're going to get replaced by artificial intelligence. It'll be a computer plug in your symptoms.

All I need is a nurse to just go, okay, one doctor in Oklahoma and go, okay, that's, you know, interesting to to piggyback that I say to now I see patients the average patient sees this after they've seen 11 other physicians.

And we stopped doing the calculations a couple years ago. And that's like a lot of offices. So I'm not we're we're no

different than, you know, your office and a lot of what they've been a lot of places.

So and I look them right in the eye and I promise you one thing in this case I'll make a mistake. I promise you I'm going to make a mistake. And they they've been to these well rehearsed and they've been.

And right down the street is a little hospital. You might have heard of it. It's called Johns Hopkins. So I get patients from that little hospital down there, and I look them in the eye, and I said, I'm going to make a mistake.

I'll try to make it. I'll try to rectify it quickly. But I don't know how this is going to turn out. What makes you think I have this all figured out?

I don't, so let's just get the ground rules established. I'm going to do the best I can see. I'm going to continuously learn. You're different than the patient was before and the patient afterwards.

And I'll probably make a small mistake on this case. I'll do my best to fix it and turn it around. I don't know where this is going to go. I love that.

And I also think about, yeah, we have like the patients, like, I finally got a appointment at the Mayo Clinic. I'm like, I'll see you in three weeks. Yeah, I'll see you right after that.

Like they're like, oh my God. It was. Yeah. That's it. It's funny that they think that's going to be here and it's yeah, same old stuff. But and so what peptides did you start with and was it more for the complex patients or kind of the healthier patients?

So we started off, so my whole thought process is how the immune system differentiates, whether it shifts in a pattern of 22 to age 17 for, you know, how these this immune activation happens.

Do we have natural killer cells. So I caught a whiff of it. And one of my other practitioners, Doctor Regina Smith, we were we were talking about it and we were newbies, and we heard about this thymus and alpha one and thymus and beta four, and, it kind of took our attention and we didn't know much about it.

And one was AT1 stimulate one's it's two and we're lost in that. So we started on that because if we could get the immune system trained better to work better, that really would help a lot.

And we tried to use peptides, but we didn't know how to monitor it. We didn't know what we're doing. So that's where it started because that resonated with me.

If we could influence the immune system to work better, we didn't know the right doses and nobody did. And, you know, part of the part of being on the bleeding edge is sometimes you bleed a little bit, you're on the cutting edge and it cuts sometimes.

So we were admittedly we're trying to figure it out. And then we refined that and we used a lot of the immune influencing peptides, the 5% alpha one times in beta four with pretty big success when we were using that.

So the chronically ill, we're supporting the immune system for patients who had things like Lyme disease or chronic, vector borne illnesses or anything in fact.

And so since then, it has had tremendous benefits, for those who have immune compromised, if we can establish that their immune system is shifted or tilted or altered in one way, we can push it back pretty easily with those peptides.

It's pretty impressive. Once we knew what we were looking for and how to measure it, what patients to look for. That's where we started with the pharmacy, and I.

I can't agree more. I think we, you know, kind of switched. I'd say you were treating so much chronic Lyme kind of

myself, you know, 22 centers treating chiropractic syndrome and, you know, multiple antibiotics, antibiotics.

And we found it for myself, three and a half years, the highest dose I've antibiotics, seven at a time, really. And then it found peptides.

Why Peptides Entered the Practice

And really the immune system and I think were kind of really an immune monitoring clinic, you know, and you just look at the vicious cycle with everything.

And, you know, you find that the immune system causes basically, you know, also the measles drop. Now you get other infections coming through. It's suppressed in the mitochondria, which is a huge issue.

You get coagulation, you get pituitary dysfunction. So there are a low thyroid. They're low hormones. Even though the standard blood tests look normal.

They get and then environmental toxin, the mold all play a part. And that's the thing I think standard, physician training is one thing because, you know, one thing.

And I think for us with Lyme disease, abusive Lyme disease, you're probably fine, you know. Oh, yeah. And that'll be easy, right. That's an easier yeah.

It's an easier and and you'll get more of those and but it's everything I think, you know with the stress and stress we found is just the biggest. And people think it's suppress the immune system, but it really causes that suppression of what to increase to.

So the nation and which I think is a shame also because you see like kind of the standard quintessential chronic fatigue syndrome and the, the studies, you know, low teens what I do and after, let's say, divorce or death in the family in the doctors.

Well, let's see, is this a stressed out woman? You know? Yeah. It's just because it's just because it's just because. Well, the reality is. So I wore a CGM, a continuous glucose monitor for a while.

I don't have diabetes running. I wore that just to see what kind of stress. I love that that you're doing. So I was just like, I'm just going to wear this for a couple months and see what happens. I ran a little side, a little rabbit hole.

I ran a half marathon, and I never I just decided to go out and do it. My wife's like, you're crazy. She trained all summer with her friends. I said, I'll do it with you. And I run in five years.

So it wasn't good. But I did the first six miles and I wore the CGM. The whole I've been wearing the CGM for months. I did the first six miles. I didn't do any sugar replacement, electrolyte replacement, and then I ran the second six miles and I did.

And I'm just comparing all the data. But the biggest piece I took from wearing the CGM is stress raised my cortisol level. So I got a mild level elevation of fasting glucose and that was that.

That is long term consequences from brain degeneration, hippocampal degeneration and all of the chronic diseases. Mitochondrial dysfunction from stress, stress alone.

So I thought that was a statin deficiency. I had a deficiency. And then you know, I've never had a problem sleeping, but I'm pretty diligent. I have an aura ring.

So I check out where my sleep is, and I can tell you the things that affect my sleep. And then I related to my blood sugar. So I was my own investigator.

I also never go more than three weeks without drawing my own blood. I get I have a in house for bottom is that every three weeks I get blood test done.

I just track myself as data points. I'm not sure I know what to do with it all, but I track data points on myself every three weeks. I'm kind of like a lazy version of you.

I have all the test kits and and I do more exercises is my passion. I, I religiously do it every four months for eight minutes. So, so I, I can't like totally four out of eight because I don't do so.

Yeah. But yeah, I'm a terrible patient too. But, Yeah. So it's great, you know, so you're treating all these very complex patients, and I know you're getting very good success, and you found it's difficult to now get that, more healthy patient that just wants to actually optimize optimized and, and again, 50 year old wants to feel better and look better.

Yeah. So we we made a shift. The shift was it. It is. I really appreciated getting my hands dirty. I was never afraid to get my hands dirty. Give me a patient.

I don't know if I can fix them, but I want the challenge. I want I want to help people. If you don't have anywhere else to go, I don't like the answer.

Well, sorry. Yeah, some people are told. Well, once I name. What's wrong with you? You'll be. At least you're something to hang your hat on and name. Well, nobody that works for about 30s better, but when you start to see patients that come in and it's no exaggeration, and I know your office is the same, they were.

So did you lose me for a second there? Sorry. Yeah, yeah, we lost the person. So, so the statement people come in and they say, kill me or cure me. And I know, like I said, it's in a lot of the offices like yours.

And when they come in and they say, I fix me or end me because I don't want to keep going like this. And so that's, my heart goes out to them. I, you know, I bleed, my heart is on my sleeve.

But it's exhausting. It's exhausting taking care of kill me or cure me patients. So then you start to say, so the transition going from the the complex patient to the longevity patient, so to speak.

And, and patients were coming in burnout. Well, they were burnout. I was getting burnout because it was kill me or cure me mentality because they were so sick.

And when you go kill me, your cure me. I'd like the challenge. I and my heart went out to them to try to help them, but after a while, you know you can't help everybody.

You can help. A lot of people had really good outcomes, but at the same time, it was exhausting. And sometimes it's nice to have a patient come in and say, I just want to stay healthy.

And I was getting older myself, and I want to stay healthy, and I, I don't want yeah. So our new message is get healthy, stay healthy. Right. The Covid crisis is kind of brought that to the forefront from obesity and diabetes and all these little things. So get healthy, stay healthy.

What does that mean? So I had patients coming in with some disposable income. And they said, all this money in the world isn't going to help me if I don't feel good, if I'm not healthy.

I learned that man like you don't have your health. It could be rich. So it's like praying, saying, take everything if I can see why. Because you can't do anything. No. Yeah.

What good is it if you can't do anything with it? So we started, instead of a longevity program, we started what I called the live DVD program. And so it's about adding all the life you can.

There's no guarantees in life. We start off with that, but we say, what can we do to optimum optimize and maximize what you do? And, we do obviously, a bunch of labs, as I mentioned before, we do heavy in the labs and lifestyle, but I have something I'll share with you.

It's called The Hand of Health. This is a book I'm writing, in fact. So it's called The Hand of Health. And the Hand of Health is this simple? If you have a hand, you can understand health.

It's how and when you eat, how and when you sleep, how and when you move. That's your foundation. How and when you eat, how when you sleep, how when you move.

So that can take in intermittent fasting, paleo, vegan, whatever you want to do. We talk about that. How you sleep when you sleep, how and when you move type of exercise you're doing that includes meditation, self-help, all that kind of stuff.

So moving is sometimes being still. Right. And then are you doing phase three, phase four training? And then last on the fingers is what you need to supplement with to maintain that.

So they're here. And then way over here when needed is a medication. So you might need a medication. And then the hand represents the hand that reaches out and help others.

The hand that reaches out and says I need help. The hand that reaches out. So the hand is very important too. So with that, we started the live 70 program.

And cornerstone of that was we did your foundational physiology. But you also need additional support because we want to keep you from aging as quickly as you are.

From Sick Patients to Longevity Care

So that's extraordinary. That's not ordinary. So people came in and said, I want to be extraordinary. I want to age slower. Well, part of that live DVD program is peptides for everybody.

Everybody is going to get on, peptides when they do that. And one of the reasons is if you live long enough, you are you have an increased probability to get cancer.

You have an increased probability to get cardiovascular disease. You have an increased probability to the brain doesn't work as well as it did. And that starts with the thymic involution.

Right. So the thymus starts to decay. This this there's school for your immune system starts to drift off in the sixth decade of life, and it needs a little bit of extra support.

So we drifted from the chronically ill. Kill me or cure me? I feel really terrible. It doesn't matter what you do. Just do something patient to the patient saying, hey, Chris, what can I do?

Can you use the the knowledge you've done over the past 25 years to just refine my health and make sure I'm moving in the right process? Can I go on the right process?

And boy, that is a that is. I love still taking care of the really sick patient has nowhere to go. But I really appreciate the mental decompression of.

And I just help help me age gracefully. Help give me that live gravity program. And so we'll do the IVs and the the support that they need to help their bodies, but it always includes peptides.

Yeah. So that's how we transitioned. Yeah. And it it is it's like you're treated the sickest of the sick. And that's like our center has become. And I'm like you know give me a person needs a little thyroid or yeah these patients and you know longevity.

And you think really that a key is having an educated patient. Yes. So in our in our facility, in our office here with all of our 11 providers, we have health coaches underneath them.

They the patient has to be vested. The patient has to be involved. That's why I said how when you eat, how when you sleep, how when you move, that's their homework.

That's free. They need to be vested and they need to be interested in that. And then we take the time to say, you're not going to take this pill, you're not going to take this peptide, you're going to know what this is.

You're you're in why you're taking it. You're going to be understanding what you're doing to your body so you can be held accountable and you can take control of your health.

Very they leave very well educated, and they're going to go out and they're going to talk to their other family, doc or their other friends that are physicians.

And so this is why I'm doing what I'm doing. They have they're fully armed when they leave the office. And I think that's your best friend is educate a patient because they'll go to their family practice or specialist even on just crazy.

That's quackery. And, you know, are I yeah, I'm used to it now. Or are you going to patient that seeing a doctor that they love. They're very nice. They come in like they don't want their doctor to know.

And they get better, or they go back, they're excited. Tell them. And you think the doctors happy? They're mad. They're very excited. They will not see the patient again.

That's quackery like, you know, and it's scary. But I really think that the educated patient I think the days of people listening to their doctor and just taking this pill at 4:00, you know, and I think a lot of doctors don't want to be challenging.

I'm the doctor. I said, if a doctor won't answer your questions when you say, well, what about this study? This study run. Yeah. You know, and so I, like, read the internet. Okay.

There's great information on the internet. There's some wrong information. Come and talk to me and we'll talk about it. But so many doctors I don't want to ban bash on it so much.

But I mean, it's a whole different system, right? That we don't we encourage our patients to be educated. We want them to bring us ideas. And when a doctor I tell patients to doctors work for you, you know, work for them.

So you get to fire your doctor whenever you're dissatisfied with them. I mean, you would fire any other employees or any other, you know, if somebody came to your house and was building a room and it was crooked, you'd fire them.

You work, they work for you. You don't work for them. So fire them. I am I have a friend who's very sick and I treat him, but he won't. Basically, he doesn't know why he's taking this, why he's taking that.

I said, I can't work that way. One it's it's dangerous because you don't know what to look for, side effects and even ask, are you feeling better from this or that?

A can't tell me because he doesn't know why he's taking this or that. And I'm like, I'm sorry, we can't like you. I can't work that way. Every patient, I draw out the immune system for him and I make it so simple that a fifth grader can understand it.

So I draw out the immune system, and then I write down everything they're taking and where it is involved in the immune system. So it's not a name disease or a name condition.

It's just supporting their immune system. They understand it when they go home to their spouse or their cousin or

their friend who's a family doc. They show them the piece of paper and say, here's the mechanism of why I'm taking that.

Here's the mechanism of action and the mechanism of action. And then they know, oh, they're becoming more educated. They know what they need, what they need more of, what they need less of what the side effects are and what they're doing to manipulate their immune system.

And they also know how they age. They're like, that is a product of aging. I don't want I don't want to get brown. I don't want to brown on the inside.

Yeah. Yeah, I want to live longer. But in a nursing home. Right. You know, and and when you look at that's what's killing people is being being frail.

Right. So it's basically, you know, they can't leave the house, they can't walk, they break, they have their and the quality of life. Yeah. You can live longer, but it's live better, longer.

And what's what's this with. Well you're you're getting old at 50. At 60 it when is it that you get older and you stop. But like what is it when you're low. Well now you're, you're 72.

So we don't care about you or. Oh what is it about like, well you're just getting older like now. What are you talking about? You should get dementia at 50.

No you shouldn't, you should get at 60. They just give up. You're giving up on them. It's like it's that's normal. It's normal. They get cancer, then we get hard.

Well, you know, you're older, it's crazy. Or even you look at testosterone ranges okay. So software ranges every decade have dropped because they take 95% of the people and they say what's the average?

And it goes down and down. So now the reference range is so low compared to 30 years ago, 40 years ago where you would be so low now you're normal. Well, you're normal, but it's also normal to get cardiovascular disease and have a heart attack and get cancer.

Know right. The the norms are not normal. That's the problem. The norms in society are not normal. It's not normal aging and testosterone is a big one.

I said, you know, testosterone, the leading cells in your testicles are very, very sensitive. The inflammation. So the longer you live the more likely to have some inflammation to reduce your testosterone.

But testosterone helps you get over inflammation. So I don't know about you, but I want my testosterone to be the same. It was when I was 25. When I'm 95. Yeah, yeah.

And I think everything I think, you know, it is a vicious cycle in medicine, you know, and, so what let's talk about I come in, I'm over 50 and I'm not feeling my best.

What what things do you do and what what do you look at? What are some key peptides that you. So the first the first question is what are your goals. So I want to meet your goals because I don't I don't have to live in your body.

You have to live in your body. So so if somebody comes in the office who's a 50 middle aged person and they want to know what, what we're going to do for a living DVT program, we sit down and I say, you know, what are you willing to do with your diet?

What are you willing to do with your sleep? What are you willing to do with your movement, exercise, and self-awareness? We'll do a battery of blood tests, a full complement of blood tests, which are going to evaluate their physiology, where it is what we can optimize, and then how we're going to optimize it.

As I said, I'll be their medical sherpa. That's a term I like to use. And a friend of mine coined. So I'll carry your bags. I'll walk with you on the journey.

But if you don't want to go on the journey, I'm not going to drag you. So whatever. And if I say, I'd like you to do this. And they said, well, I'll do a lot of things, but I'm not giving up wings with my friends on Thursday nights.

I'll figure it out, tailor. I'll tailor the program to you, but the ground rules are established and then, we determine well from there what we. I don't take anything off the table.

It's like a huge smorgasbord. So I say this is my optimal plan. My optimal plan is going to include we have a it's called a live gravity package. And the live gravity package includes a monthly IV, a monthly massage, a monthly Juve light, a monthly, hyperbaric if they wanted a monthly pulse, mat, if they want it.

And but with that it is basically required. Peptides are part of that program to shift the immune system away from aging, or at least slow the aging process down with great probability.

The other piece I tell them is there's no guarantees we could do this program. You could get hit by a bus. You still could get cancer. This is not promising you you're not going to have something.

It increases the probability of healthy aging. That's all we're doing. So it's not a guarantee. And we're not treating anything. We're just promoting health.

So we look at lab markers, hold ourselves accountable and go forward from there. So I come in you say take these peptides. Well like I've never heard of these.

Why do you claim that they decrease aging. So a couple of them, the the literature has shown that some will manipulate the immune system. Some or support the immune system, some was actually show telomere lengthening.

And I know telomeres aren't everything they thought they once were. But we also say over time and we go through a lengthy explanation. But we talk about you mentioned what telomeres are.

So if you think of like, the best way to describe to me is like a Tootsie roll, then you take the ends of the Tootsie Roll, those little frayed ends. So every time that DNA opens up and divides, the.

The Tootsie Roll gets the frayed ends get shorter and shorter and shorter until they can't make another one of itself. It can't replicate. And that is the end of the cell life.

The cell has no more life after that. So if you could theoretically keep the end of your Tootsie Rolls long, then you're never going to run out of Tootsie Roll.

So you're. And that the Tootsie Roll in this case, is the life of the cell. The cell will continue to do that. That's one marker you use. That's one marker we'll use.

We use, mitochondrial health. We do a test called a motor swab, which tests the health of the mitochondria and how that's functioning.

Core Health Foundations and Patient Education

We, will do probably 70 to 75 blood markers and kind of put them all together, from methylation, homocysteine and. Yeah. Sorry. I said, you know, because mitochondria, I think, are some of the most exciting parts of anti-aging, now.

And they're finding with all the nerdy general diseases, diabetes, I mean, chronic fatigue syndrome, fibromyalgia, chronic infections, you know, just standard aging, dementia.

Parkinson's, all I mean, all have mitochondrial dysfunction, all chronic disease is is it in part mitochondria dysfunction, whether it's a cell danger response or all chronic disease involves mitochondria.

So if you're if you're seeing a practitioner for chronic disease, longevity, chronic life, whatever chronic reason, you're seeing that physician for the mitochondria needs to be addressed, assessed and supported.

Period. It just if you're not assessed addressing and supporting the mitochondria, you're going to lose. You're going to lose the battle. The case will fail.

The case will just fail. I think if you fix the mitochondria, you're going to fix a heck of a lot of stuff and prevent a lot of, a lot of things as well.

So is there a number of peptide combinations, or do you single peptides or what do you like to do with, the peptides in terms of longevity and reducing, risk for cardiovascular cancer, whatever may be all those, diseases of aging.

Yeah, that's that's a great question. And it's the right question. I think a lot of people will just throw peptides at people without any rhyme or reason, much like medications, drugs, supplements, everything else.

So we have a pretty, unique approach. We're going to try to reeducate the time is gland and shift away from things like cancer and shift away from things like autoimmune diseases and chronic inflammatory conditions.

So we're going to try and drive that to one side of the immune system. So everybody's going to get assignments and alpha one that's at some point. And they're going to do that every year.

And that's what I do myself. I do Thymus and Alpha one at least once a year usually, to be honest with you, twice a year. So I'll do it for every six months.

I usually do it for a month, and then we'll do if the patients qualify. So one of the other things is you don't want to use a lot of growth hormone stuff.

If there's cancers, if there's things that you don't want to grow. So I know it's controversial, but we're saying and the the cleanest side of it, I don't I don't necessarily know that that's true or not true, but at least I'm on the side of it.

So I'll say this, not that I disagree, but I did review, growth hormone use and cancer. There's never been a study that shows that giving growth hormone increases cancer.

But there are studies. It's interesting that for longevity like so growth hormone really works through making IGF one in the liver that low IGF 1st May be good for longevity, you know.

And so a little controversy there I think it's very safe. But sorry I don't disagree with you. And just like so many, you know, like it's kind of funny building mentality.

Let's just, yeah, get your muscles big and make it look, and then then you're fine. Hey, we're in LA. I guess that works, but, you know, but everywhere else you want to be healthy everywhere.

Yeah, yeah. And I don't have hard, fast rules, so I say that. But that's a starting point or a guideline. But it's not a hard, hard, fast rule. I do want to have some regeneration, so I might use the CJC 1295.

The more land I use EPA talent, I'll stack a lot of those together. We used to use regulation for brain health and different things. Blood flow. I'm a huge fan of Mylanta.

Tend to Mylanta tend to not because it makes you tan, but because it also increases blood flow to tissue blood, solid brain. I want to keep my brain healthy.

I find that people, when they take the Mylanta tend to specifically, they feel like they've been in the sun. They get

better mood. I've actually, supported people who have had mood disorders and depression and, low mood with Mylanta tend to.

And it has worked better than a lot of pharmacological agents for their mood disorder just from driving blood flow into the brain. So it's not an esthetic thing we don't take it to, to get the tan, but we do, patients do use it.

And then there's the benefit of, of increased mood. So we'll, we'll put a lot of those together. And I'm not afraid to put 4 or 5, six, seven together at times.

And then sometimes I just use one. I just am a big fan of if I know the mechanism of action and I see the rationale for my treatment, they're doing 4 or 5 at one time.

Yeah. And the nice thing is, is when I get doctors that are like scared to start using them, I mean, it's hard to screw up because, like, you know, you look at, I was a beta for BPC, they can't find it toxic.

Oh, right. It's it's less side effects than placebo for a time. So now it's more side effects from a placebo. And also your thymus and alpha one is approved in 30 countries.

Everything from cancer, chronic infections, hepatitis C. Yeah it's Co and and boost immune system I don't know even an immunologist who checks people's immune system now.

And that's the frustrating thing is is if we see as I'll check IGF one, IGF or three, I'll run a lot of the blood markers for the growth hormone. But I'm looking at the immune system.

CD 57, CD 56. You know, I'm looking for some kind of dominance. Whether I can see CD8, CD three suppression. So we're really looking into the immune system.

When I was run the labs, LabCorp call me and said, are you an oncologist? I said, no, I just care about the human physiology. So, I don't think labs, belong in any ologist center either.

If you understand the physiology. I'm a big fan. So the thymus and beta four, we used the TB frag all the time. I mean, we, I love, so I love repairing organs and tissues and things where, we don't want them to wear out as fast.

So we use the thymus and beta for thymus and alpha one. We'll do some CJC 1295 at the mall and at the Talon. And by the way, I've taken all these myself.

All of these, I don't only get my blood work done every three weeks myself, but I don't only wear the CGM because I wanted to see what's going on and wear sleep studies.

I've done the peptides and I've run my labs. Two years ago, a induced fatty liver, I gave myself fatty liver, and then I reversed it just for the fun of it.

Just because I want to sleep with it. You really did that? Yeah, I really did. And I showed them I, I showed my, my my fatty liver scores from the lab.

Quick testing. What did you do to do that? So I ate an awful lot. And this is the weird thing because I didn't I won't jump off that health train. I went and became like a fruitarian.

I tons and tons and tons of fruit and interesting. I thought that was healthy. Yeah. So all that fructose that doesn't need is yeah, the fructose doesn't need insulin to get into your liver.

It goes right into your liver with that insulin I induced fatty liver. So I did it in a way that may be perceived as healthy. Right. So I didn't do it by just eating McDonald's.

I did it with the doing a lot of fructose, a lot of wow. Because I then, you know, chose, you know, the underlying,

mechanism. And, you know, people take fruit for fruit, fruit, you know, especially fruit juices.

Yeah. And then, of course, the high fructose corn sirup, my I think is a problem for so many illnesses. Yeah. So when you translate what I did, which was considered somewhat healthy and I don't, you know, tons of honey and tons of fruit juices and concentrated fruit, but the average Americans drinking all this high fructose corn sirup, they're getting at least I was getting some antioxidant support.

I was getting some phyto nutrition from my fruits. They're getting just nothing. Just sugar and brain damage from their their high fructose corn sirup.

So so I want to support that that piece. And so I've done a lot of the peptides myself. I track my numbers. I see what they do. I look for what's beneficial.

I don't know that anybody certainly not me, has it figured out what combinations work for certain patients. And we've counseled patients. This is the effect.

You need to know what's going on. We want to push some things, but I'm also a fan of push pull, you know, like the intermittent fasting and the more pathway.

And we been down the whole road sometimes you don't want to grow too much because the overgrowth is going to. Yeah. Cause you to rapidly, the cultures and grow.

But you don't want to just decay and not have any growth. So I like the push pull. So we might pull some things. We're going to do this hard for maybe six weeks and then we're not going to do it for six weeks.

Will incorporate that into their diet as well as their peptides. So when we push we want to push hard and get growth, but then we want to not grow too fast for too long because that's going to increase our application.

And and so let's say, you know, people say, okay, what is this BPC, this TV for fried? I always have a problem explaining it because there's so many studies, there's so many things that it sounds like snake oil right now.

If you can mention some of the things that it does and that that's supported by the literature. So one of the things it helps with T helper cells and how they and so I try and break down your, your, your T cells, your T helper cells.

And so the cell is is this naive T so it doesn't know what it's supposed to be when it grows up. And it can grow up to become many different professions, it becomes a one to teach to at age 90 to age 22 or T regulatory cell.

And this what we can do in the school that it can go to is the same as school, the school in the middle of our chest here which loses its teachers about the sixth decade of life.

So we have no more teachers. And these peptides, one of the things that they can do is these peptides can help bring teachers back to the school. And so these immune cells can actually go to school and learn to become the right profession.

Th one cells, t t regulatory cells, we can kind of shut down. And then these T cells, these T helper cells, they can drive inflammation in your body. So if you grow up to become the wrong T helper.

So you're going to drive inflammatory cytokines. So wouldn't it make sense if I grew up to become the right profession I'm not going to give off as much inflammation.

And inflammation is linked to heart disease. So the mitochondria doesn't have a lot of genes, but the mitochondria influences a lot of genes in our nucleus.

So we got to have this healthy mitochondria not just for energy but for transcription or messaging of everything that goes on in our body.

Peptide Strategies for Aging and Immune Support

So if we can help the immune system, we can reduce inflammation, we can give ourselves the right information and energy it needs. Wouldn't it make sense that that would stop many, many, many different processes of aging?

That would make sense to me. So this is how I try to describe it to a patient is if we can fix a few key pieces of your immune system and your energy production system, that you would not get all the things rename of all these ICD ten codes.

So you're not going to get fatigued. You're not going to you're I'm sorry. You're reduce your probability to get fatigue and cancer and all those things because you have a healthy system.

And when it also makes sense that 50 years of abuse because you may not have known how to do it correctly, you didn't think it 16 was important or 26 was important to 36.

It's important. So we use the peptides. And I say if we can fix the core pieces of your immune system physiology, energy and inflammation, well what disease doesn't have what chronic disease including aging doesn't involve inflammation does involve mitochondria.

Dysfunction doesn't include, immune dysregulation. If we fix those, you tell me what we're not going to fix. I yeah, I totally agree. And it's like so many conditions and we look at like basic even autism, Lyme disease, chronic fatigue syndrome, Parkinson's, Alzheimer's, cardiovascular disease.

They have the same picture on the labs. And that's what it sounds like. You definitely do when I say I try to paint a picture with all these labs, or patients will ask, well, what if you don't find it?

My doctor says, can't find anything wrong with you. You know, they check a CBC, a chem panel on cholesterol, give them a statin, right. Which is some of the worst thing you can do.

And, well, if I don't find something wrong, then I'm incompetent. I mean, we're going to find something. And so it's just like you said. I had a clinic for special needs kids.

I have a child with fragile X, and so that's why I know about it. And I look at the same markers for him as I do with an Alzheimer's patients. So I'm looking at the same thing because I just want to optimize physiology.

And you hit the nail on the head. A child with a autism or child with a disability should be treated the same or assessed the same way somebody is with Alzheimer's.

And like, Addison's book, you know, the reversing all of his markers. When I met with him and he said, you've been doing these markers. I said, those markers are health. They're physiology.

Yes, they can be linked to Alzheimer's, but they can be linked to autism. So, just kind of laying it out and saying, this is we want to optimize your physiology, not name a condition and treat a condition.

We want to optimize you. And we can do that through the miracle of peptides is one of the it's a I think it's one of the biggest, if not the biggest breakthrough we've seen in the past 20 years of how we can influence physiology.

I, I totally agree. And everything's an immune dysfunction as you get older stress, chemicals, hair, you know, heavy metals, chronic infections, all these things you can't clear out.

You're heavy metals, you can't clear out, you can't clear out all the debris fields without a healthy mitochondria. So, you think the combination of, pineal pumped up Italian and assignments and is kind of a core therapy talk?

Absolutely. A core BPC. I want the body to be able to repair, but I want some pineal peptides, I want some I want some famous and immune system peptides.

And then we could we started again into the mozzies a little bit. But then there was a problem with production. And so but we had some pretty good results.

And I'm interested into where this is going because I think this is the tip of the iceberg. We spoke a little bit before we recording about some exciting breakthroughs you might have coming through.

I, I'm, I'm on the edge of my seat, literally, because I know how that influences the physiology. I know what it can do for patients. And yeah, it's people on the physiology.

Oh my gosh. And so, do you find that, you know, people who even are healthy, right. I never see anyone that's optimal, especially as they get older. And I think really almost everyone and I rarely say that should be on a pineal peptide.

Is it up Italian and, thymus N, which is a thymic peptide in the pineal part, will help the famous work. But you can also get more info. It's a study I, we like the one that looked at, Italian and 5 million.

So a thymus peptide, they're all works. Similarly, I was an alpha one times in beta for my meal and time again. So all those they'll modulate that immune system.

But looking at patients with significant cardiovascular disease in a 15 year study. And they found that the people on the combination actually their cardiovascular function got better, not worse.

They live longer, higher quality of life. Dramatic reduction in cancer. And and people will say, you know, like when I first started lecturing on these that I never heard this.

And they can't believe how hundreds and hundreds of studies on these and and it's amazing. It just hasn't caught on here. And and they can't be how evidence based it is.

You know. Well so that's interesting because evidence based is originally was supposed to include the wishes of the patient, the clinical acumen and the current literature.

Well, I can tell you firsthand the clinical literature is out there. The literature is out there. I mean, the literature this is this is not a one off study.

There's tons and tons of peer reviewed papers on this. The clinical acumen comes with experience, which I like to say, I know you do. I have a lot of experience with this, not just with myself, but with thousands of patients now, and then the patients wishes, the patients are saying, hey, what's the best information you can offer me with your clinical experience to help me age gracefully?

Well, I think it would be very, very, very blunted if I didn't say you should be doing something good for your pineal gland, something for your assignment plan for your thymus gland, and something for your mitochondria function.

I think it would be foolish to not address those three. And so to your point, almost all, unless the patient has some kind of philosophical aversion to it, will include those in combination almost all the time.

We need to work with your immune system and your thymus gland. We need to work with your pineal gland in your brain and we want to do something to support your mitochondrial function long term.

And that's the pieces we can handle. Again, that doesn't change your diet, your light, your sleep and your your your exercise. But those are and so we'll continually we'll do them in combination.

We'll roll on and off. We'll push a little bit. Pull a little bit. But we'll use those in combination throughout the entire year. We'll see changes in their function that they didn't think were even being addressed over three.

We check them every three, six, nine and 12 months. We do a three month check in with every one of the patients

and we'll see the changes. Some of them are gradual and some of them.

But the the those are the objective findings. But subjectively, they didn't know they could feel that good because they never set the bar high enough to even feel that good.

To your point, nobody's optimal, right? They're close. And I use the Olympic athlete. They're pretty close because they monitor everything they do. If we treated the 50, 55, 60 year old patient who wanted to be in their best health like we treat an Olympic athlete, which is what I think we should do.

What I think I do do in the office is you don't deserve to be 60%. If an Olympic athlete is at that 96%, they're not even on stage. They need to be 9990.

That's what we try to do for our longevity patients. Well what about well, I'm normal, the doctor said my level is normal. I say you're in the norm. The norm isn't normal. You know, the norm is.

Everybody feels like crap when they're 55. That's not normal. I don't want to. And if that's the case, I want to be a statistical anomaly. I don't want to be the norm.

I don't want to be what they call normal. I want to be exceptional, and I want you to be exceptional. And you didn't work your butt off this long for this many years, to be in this position, to be 55, working 12 hour days, five days a week, to not take that and invest it back into yourself and for you to be exceptional for the last 50 years of your life.

Yeah, I totally agree. And I think what explain to patients, you know what normal means. They the basic 95% of the people and only if you're the lowest 2.5% you're considered abnormal.

So you're the lowest 3%, 5%, then oh you're normal. That's like a d-minus is great. Yeah. And they feel terrible. The doctor will. Oh well let's let's check it again.

You know, and if it's abnormal and, it might be a little in the normal range, you go, okay. You're normal, not a foreign creature. And to that point I say this to, I say, if this is the trajectory.

Yeah, I asked this question and I didn't come up with it. I probably stole it from somebody. I said, how long do you want to live? And they say, well, I want to live to be 89.

I'm like, well, what do you want to be able to do when you're 89? Well, I want to be able to live and walk and get up the steps. So what does it mean when you're 79, 69 and 59 and 49?

And if you're just this far, if you're this far off that curve, if you're this far off that curve, when you're 50 or 55, that curve gets wider and wider, wider.

So when you're 65 and 75, you're not even close anymore. We got to keep you tight to perfect at 50, so that when you're 75, you're not that far off the curve.

Yeah, yeah. Because it just makes me sick of people and nursing homes and they just almost discarded there. And the key is, is to stay out of the nursing home and have a, you know, amazing vitality and enjoy life longer.

Yeah. Functional life. But it was functional medicine for a functional life. Yeah. Yeah yeah, I totally agree. Are there any therapies you would not use peptides with?

So the controversy I don't know that I, I don't know that my mind wouldn't use peptides for certain therapies. But I know out there there's a lot of, of concern and some of those, like we said before, cancer, which I don't know that I 100% buy into, but I practice a little bit defensively for that purpose.

If somebody says, listen, I don't want to do any kind of growth hormone secreted dogs because I've had a history of cancer, I respect that. I'll listen to that.

I think though, the the side effects are low, the receptors are all there for this. These are things that the body's used to having. They're not doing it in super physiological doses.

So I work with the body. I personally I'm out on a little bit more of a limb than most. I don't have a lot of fear with these now, and that's what I think.

And I tell patients they are are just people I we never been sued. We don't harm people. I mean, and I loved I went to vets Robbins and he just direct ozone and he tells patients I can take out my prescription pad and kill you with it, and nothing will happen to me, because that is an expected side effect, right?

It's what we do if we harm anyone. We're in trouble right now. But it just shows the safety of these things at, and and the risk benefit is just crazy. Hi.

We're outside. We're outside the norm. And what we do, you and I, we're outside the norm. And I think that's exceptional. And so I'm outside the norm, so I know I have a slight, maybe not a glaring bull's eye, but I got a little bit of a bull's eye on my back.

So if I do anything this much wrong, it's going to come back and bite me. And I'm not afraid of peptides. So what does that say? I have no fear of the peptides.

Yeah, yeah. We're all scared of of regulatory officials that are practicing medicine 30 years ago and don't understand what we're doing. Right. But, I think it's awesome all the stuff that you're doing and just your passion for helping, really anyone that walks through your door, you know, from the sickest of the sick to someone that wants to live the best life they can.

I think it's just so impressive. So, I appreciate is for the time with us, and I'm sure, people get a lot out of this, so, Thank you. Thanks for having me. Appreciate it. It was a great time.