Introduction and Speaker Background

Welcome to the Bioregulator and Peptide Summit folks. Today I am joined by my good friend and super doc Doctor Scott. Sherr. Welcome doctor share. You're going to get to sit and listen to me deliver your bio today.

Oh I get to oh that's my favorite please by anyone by all means. So by any means please talk about me. So Doctor Scott Sherr is a board certified internal medicine physician certified to practice health optimization medicine, which is home and a specialist in hyperbaric oxygen therapy, otherwise known as Bot.

That's when we first met. You were Mr. H. Bot. Indeed, he is the chief medical bot. But yes, doctor, but he is the chief medical and health educator officer at transcriptions.

His clinical telepresence includes home as home, home as its foundation, which will tell you guys exactly what that means in a minute. Not that he's working out of his house, which he may sometimes, but that's not what that's not what we mean.

True, alongside an integrative approach to bot that includes cutting edge and dynamic bot protocols, comprehensive testing using the home framework, targeted supplementation, personal practices, synergistic technologies, new ancient, psychedelic, and more.

And today, what we're really going to talk about, all the ways that you need to prepare the terrain for using your peptides. And I think this is going to be I believe this will be one of the most valuable sessions in in this whole summit.

Because if you guys if you can get this down, then everything just gets so much easier. So thank you, Doctor Scott, for taking the time and for being here today. Yes.

Well it's always good to be with you, Nat. And this is a great platform because I know peptides are all the craze. I've called it like the part of the arrows tour. Right.

It's like the new era, like the hundreds of peptides that people are getting from all over the world that are sometimes regulated, sometimes not. I see these people, my patients now, some of them are like, I just got all these peptides from China.

I'm like, okay. And then like, and then I got these ten peptides from China. I'm like, okay, are you going to use them all at the same time? And and they're like, no, no, no, I want you to tell me what to use.

I'm like, how about you don't use any of them for a little while until we can figure out what's going on. Foundationally, I have a talk that I give, I've given to clinicians called peptides need power, right?

Which is that you need to have capacity for your cells to actually take these signals that are peptides and actually shift biology in a very significant way to keep it there.

Right? Otherwise you're taking a peptide, for example, and you may not get a lot of benefit long term when you stop it. The goal really is that if you get foundational biometrics in order, your foundational biology support it now, support it long term, then use peptides to help you along the way.

That's when you see start seeing significant benefit for using these things. And you know, as you and I were chatting before we got started, like I think the GOP ones are a great example of this, right?

You know, because everybody's on their favorite GLP ones and I don't have a problem with them as a category in

general. I have, I guess I know there's nuances to that, that answer that statement, actually.

But when people are losing a ton of weight very quickly, they don't feel very good typically. Right. Why is that? Because you're losing a bunch of weight.

You're dumping a lot of inflammation into your system, which is coming from your fat restored. And guess what? If you had a lot of fat to lose, very likely you didn't have very good metabolic function, mitochondrial function to start off with.

Why Peptides Need Foundational Support

So you get fatigue, you get brain fog, you get concentration problems. You feel like you have more inflammation. Now. Eventually, hopefully you'll feel better once the weights off.

But oftentimes in that process, your heart rate's up, your sleep is off, you don't feel good. Right. And so what are you doing to support your mitochondria, for example, along the path of being on a GOP one.

Right. And nobody really talking about this. It's like, hey, sign up for my program, get your GLP ones, and you can be a one person billion dollar company right in front of this guy that you know, you know, one.

I don't even want to hear about it. I know it's not like one dude that came up, you know, that basically has a whole program that, you know, like one guy company.

This is like what AI guys are so excited about. Like, you don't need anybody to run your company anymore. It's just you just need a bunch of agents. Yeah, and a bunch of agents. Yeah, yeah.

Anyway, I think that's my first foray in talking about that. I love peptides, don't get me wrong. Those that are listening, please listen as you hear and understand that we can do a lot with them. But if you're not looking at that foundation and supporting it along the way, well, there's some pitfalls.

The other thing I think that happens when you're losing a lot of fat, well, whenever you're losing fat is one of the places that your body sequesters toxins is in that fat tissue. Yes.

And if you're not supportive, if you're not pooping and sweating and peeing and doing all the things, maybe taking some binders once in a while or whatever it is that helps, and supporting your liver so that your body can release that fat.

Because if it's trapped in the body and released from the adipose tissue, it's looking for a new home. Yes. And your liver itself requires a huge amount of energy to detail.

Right. And people think that sweating is going to do the trick. Saunas are good. I'm a fan of a sauna as much as anybody else. I have one in the other room, but you don't lose most of your toxins through your sweat.

You lose very little, actually. Yeah, you lose most of it through your kidneys. So you're eating and your poop. So, like you said, not if you're not pooping every day.

You're not expelling toxins, right? Yeah, I think I think it's normal to poop every other day, you know, but who wants to be normal, right. Like and so optimal.

Yes. In the US, at least, our normal is pooping every other day. Like that's still considered normal. But I mean, optimal is not once every other day.

It's like once or twice a day most of the time. For most people, you should wake up early in the morning and take a shit, you know, like that's mostly what people should be doing on a regular basis.

That's not what everybody's doing anymore. And especially if you're losing a bunch of weight and you're more toxic, all those toxicity and again, like, where are those toxins going?

You know, and if you're not getting them out. And so one of the first things I work on with patients typically is to make sure they're pooping every day. Right.

And if they're not we got to do something about that. Yeah. No kidding. It's in nutrition school. The saying was make sure that all the doors of nation are open before you start working on fat loss with clients.

So and you know, and not that we were doing an episode on once. Well, this is the last thing I think we could say about it is, you know, the double whammy here is that one of the hallmarks of the GLP one, particularly semaglutide, it's much lesser degree, is that it slows gastric emptying and therefore it slows gut motility, which means you're going to be more prone to constipation.

So you've got to double down on the hydration on the right fiber intake. And notice I didn't say more fiber intake, because if you've been eating two grams of fiber a day and go to 50 overnight, boy, your baby, you know your fiber maxing and you're going to end up with some kind of like a blockage and that never ends well.

It usually ends up saying, we're fiber maxing. You know, all these things. Everybody's all maxing. Yeah, but I heard a new one just yesterday that which I like mitochondrial maxing okay.

So this is a good maxing. So we're going to talk about this right. So so basically what you're saying bottom line it comes if the system doesn't have enough energy it's not going to be able to make the most of whatever peptides you're using, whether it's a repair peptide, a weight loss peptide, any peptide, it requires energy.

Now here's an interesting question for you. So a lot of people will say perfect in this little bin of peptides that I just got from China, I have ten vials of mozzie.

Do I just do that? Perfect. Right. So to us know see there's all these mitochondrial peptides now that are coming out. Right. And they're what they're very good at is utilizing your own biology, your own biology to try to make the mitochondria work better.

But if you don't have the machinery and the capacity, it is not going to do what you think it's going to do. Sometimes it might make you feel better for a short period of time, but often that is like a bit of a a honeymoon holiday kind of thing.

Mitochondrial Function and Methylene Blue

When you feel better for a little while, but you're basically just trying to rev an engine that's already been, you know, at, you know, at sort of red capacity.

Right? And now you've used Mozzie or some of the other ones, and you're not really seeing that really benefit anymore. Like initially you're like, oh, this is really good.

And then all of a sudden like, oh, I don't feel as good anymore. And then all of a sudden you actually feel starting feeling worse taking these. And that's because you've just clocked a system that's already been clocked clocking at a certain high level.

Right. And so it doesn't take the place of looking at a foundational biomarkers and understanding what's actually happening in the mitochondria. And then especially kind of it depends on where in the mitochondria you're having particular issues to is we have this complex of proteins called the electron transport chain complex.

And we have four proteins there that are cycling through electrons from our food, mostly fat and our carbohydrates. And if any of those proteins are working abnormally, you throw in something like mod C and then you're trying to force something to work where one of those protein complexes might not be able to to compensate or to keep up

with the stimulation that you're trying to give various areas of that.

And we're seeing this a ton in clinical practice. You don't you know, you don't measure these complexes all the time. Now, although there are new some good tests out there.

Yeah. To be able to do this. Right. And so I just looked at another mitochondrial test the other day. And it very much surprisingly to me because it's still a nascent area.

But as far as the testing. But it very much aligned with her symptoms. And I was like, okay, this is really interesting, right? She had significant issues with complex one in complex two, which are the two major complexes that are taking energy from your food and bringing them into electron transport chain.

So what did we do with this lady? I did it empirically without even knowing the testing was. First of all, let's get you on some methylene blue here and see how you feel just as a trial.

Right. And I did this and she's like, I feel like it's night and day. Like I feel like my energy is so much better. I feel like my energy throughout the day.

She had pain all day. She was pain was much better. Brain fog. I'm like, oh, this is super interesting, right? So there's a huge lift with methylene blue very quickly.

It's almost diagnostic to me that those first couple of complexes aren't working very well. So what if methylene blue doesn't work? Let me let me ask you this because that's really interesting, right?

You said there's four complexes. If methylene blue gives the person a lift, that gives us an indication. The first two complexes needed the help. Right now the complexes.

But mostly the first two are the most common. So what if methylene blue makes them feel worse? What is that. So this is interesting right. So if you're taking methylene blue and you feel worse well number one is did you get the right quality stuff.

That's a good question. Yes. Because if you got poor quality methylene blue it could be contaminated with heavy metals like lead, mercury, arsenic and cadmium, all of which are not good for mitochondrial function.

Right? Right. It could have been the dose you use too, because if you go to high of a dose too quickly over about a milligram per kilogram ideal body weight, which is around 50 to 70mg for most people, you don't only just increase energy capacity, but you also increase the production of hydrogen peroxide in the system.

Hydrogen peroxide is something you can buy at the store as an antiseptic. Your cells use it as an antimicrobial, as an anti-cancer, and so higher doses of methylene blue will cause stress on the system.

Making hydrogen peroxide. That's okay if you have your own capacity to neutralize the stress, which is having your own antioxidant capacity, many people don't.

And so that's why if you go to fast to quickly with a methylene blue dose, you might feel like trash as a result of having too much detoxification that's required.

And so but even low doses in some people will cause more like a detoxification reaction. Okay. Like often. Yeah. Like a hurricane kind of reaction doesn't have to be from an infection classically.

When we think of her saying we're thinking of it from an infection, but it could just be because there's just so much garbage in the cells that is built up and toxicity that you're starting to use methylene blue, and it works on the energy side.

But methylene blue also works as a direct antioxidant and indirect as well. And so it can actually almost work like

an adaptogens in some ways where like if you need more energy, it can help you there first.

But if you need more detox, it's maybe it's going to go there. So if you take it you're getting like headaches, you feel like a little bit nauseated, a little GI distress.

That's not necessarily a bad thing. It just depends on how significant it is. But usually it's like go slow with the dosing and it's working on the garbage collection first.

But it's one of the very unique compounds, which doesn't work just on energy or just on garbage collection. It does both, and there's only maybe 1 or 2 other compounds on the planet that do that.

And the only one that I really know of that's done, that's been done. Research is a molecular hydrogen. I was about to say molecular hydrogen. Yeah. That's the only other one that I know of it.

Even molecular hydrogen is more on the detox side than it is on the energy side. But it does both, you know, because it helps with protons and going across the ground.

But it's not as much of a T. C. it doesn't support the electron transport chain quite as directly as my blue does. So you could combine the two, right? You could use all the time.

Yeah, yeah. And so it's never a zero sum game, right. Like it's never like in clinical practice. It's not like this is the one thing like I know you do a lot of podcasts and everybody's like, this is the one supplement and this is the one thing.

And then, you know, like and that's that's hard, right? Because it's yeah, it's almost one of the things. Yeah. It's one of the things. Could this be a big lever.

Sure. Right. But in clinical practice, it's not like I'm telling people to take methylene blue and we're treating it and I'm not doing anything else. Of course. Right. And I think that's that's important too.

That's a great really nice point. So so let's so we how we started this was you know if your first of all let's just say that getting your peptides online from China is probably not your best plan.

Let's let's just put that out there and just say that, you know, getting a supply from that is vetted, that is clean, whether it's peptides or methylene blue or anything else or even frankly, any supplement is really important.

Anything you're putting in your body. So that's number one. Number two, what we're talking about here is making sure that the body has enough energy to do the work that you're asking it to do when you're introducing a peptide and to do it to clean up the engine.

So, you know, I think your example with Mozzie is very important in the sense that the mitochondria, those little engines, those little rotator engines, rotation engines in the mitochondria, if they're gunky DUP whether it's heavy metals or too many reactive oxygen species or whatever it is, if you force them to spin, which they will to a point, you're running a dirty engine, it's going to do damage.

So what methylene blue can bring to the table is support for the electron transport chain, both from the providing the the energy like the electrons and stuff as well as on the back end helping with the anti like deal with some of the reactive oxygen species.

So so would you say that then. So what would you say people should think about now like that. Yeah yeah yeah yeah. So I always think about this in sort of like a timeline perspective.

Right. Because you always want to think about what do you want to do now. Like I don't want to wait six months or a year to feel better. And my patients will say that.

And I 100% agree. I don't want that either. Right. We all want to feel better as fast as possible. We want to do it in a way that's supportive so that we're not, you know, paying the piper later because we did something now to try to get us further along the path.

And so I find that can be sometimes the case with peptides now. Right. If you just start getting on too many of these on out, that's a 30, you know, you're doing like in this.

And then I'm like, okay, but your system is not ready for any of that. Right? And if you start trying to clock it without support, like you can get into trouble.

But if you start using those peptides 3 or 6 months later, once you've already optimized at least some of the vitamins, minerals, nutrients you've dealt with, some of the toxicity, the gut stuff you're pooping every day, your hormones are a bit more optimized.

You may not need as many peptides. Number one for starters. Yeah. Yes. And you may not need as many as far as high of the dose as well. I've seen this a lot with the growth hormone peptides for example. Right.

Like if you optimize somebody's lifestyle and you get them exercising better and you get them more sunlight exposure, stress management, sleep, yeah, they can still sometimes sleep, but sometimes you don't need as much like I've seen people do much better on lower doses.

And when I've checked their hormones before and after this kind of thing.

Nervous System Regulation and Energy

And so, so from what I think about hearing that, and I know you and I talked about this a lot, is that you want to give things that are going to be supportive now, that are also going to be helpful over the long term, but need less of those things. Right.

And so that's where methylene blue really comes in for me, which is like it's something I can start right now while I'm working on somebody's health over the long term to support them so that they feel better.

And then once the methylene blue is on board, then I can get some peptides going on to some mitochondrial peptides, some growth hormone peptides sometimes, right.

Some other things that are working on the immune system that can be very helpful for people that are having a hard time. Right. And so then that's when the peptides really can come in as a sort of a, as an additional layer of a bridge.

While you're working on the longer term plan, knowing that most people don't stay on peptides because they get tired of injecting themselves, they get and you shouldn't need to, right?

You shouldn't need an intervention. I mean, the GLC being maybe a bit of an exception depending on the individual, but I think that you're I don't know that most people who need a GLP are going to be willing to wait six months, but I do think that the point being, you've got to support the system at the same time.

And I think that if you guys are listening to the right people, you're hearing this ad nauseam, right? You're we're talking about like eating a nutrient dense diet, moving the body, getting rid of toxins, helping the body to clear toxins.

The methylene blue might be a magic. Magic help here in upping the energy in the system as you're bringing the GLP one on, think about it as that GLP is asking your body to do and not do a lot of things, and if the body is under-resourced from an energy perspective, you're just not.

It's not going to be able to perform. And we see people who don't respond to GLP or they do for a little while and

then they don't. Yeah, yeah, a big other piece of this.

And I you know, I talk about this a lot, but it's so important is that the sympathetic nervous system. Yes. The fight or flight nervous system that is supposed to get us running away from the proverbial saber tiger and then shut off.

And you are supposed to be in the parasympathetic nervous system, which is your rest, digest, detoxify and heal. Most of us aren't living in parasympathetic anymore.

Most of us are in sympathetic most of the time. And so if you are in that state, you may may not even know it anymore. You might be taking you trying these peptides and things like, why aren't these working?

If your nervous system is so clamped down and stressed, you're not going to heal. You're not going to detox the classic scenarios like you go on vacation, you get sick. Why? Right?

Because you finally started relaxing for a couple of days and your body is like, oh, this is fantastic. We're going to clear up all the garbage, right?

And you're like, no, I'm sick on vacation again, right? And so we have things for that, you know, like at restrictions, as you know, the things like true, which can be great, but like but in general the sympathetic nervous system, when it's overloaded like this is going to make more stress on the mitochondria that we talked about, you know, a little bit with methylene blue there, but in its own right, it's going to mess with hormones and neurotransmitters and it's going to mess with your gut.

You're not going to be able to digest anything. So you're starting to like try to take supplements and like you're trying to be on a dietary regimen, but nothing's working.

You know, why? Is it because if you're clamped down all the time in sympathetic, you're not getting a lot of blood flow to the areas of your body that would be there for healing.

And and then your immune system starts taking a big, big tank as well. So I really emphasize with people that if you're if you're thinking that more peptides are going to solve your stress and anxiety, they're not most of the time, right.

What you're really looking to do is down regulate your nervous system in a very intentional way. Right. But you got to be careful here. And this is this is a small point, small nuance that I think.

But it's a big point, which is that if you try to start going, coming down in your nervous system tone and try to relax, but you don't have enough energy to do it right, meaning that your energy system is so deficient already because you've been in this sort of high stress, low energy mode for a long time, you might crash.

You know, I've seen this, and that's when it's so important to just go very slowly with the down regulation so your body can recalibrate itself. And so oftentimes I find out that people just don't know what it feels like to calm down anymore.

And so I can tell people to calm down. But that's not going to work. I don't think it works for anybody males or females. I mean, doesn't work with partners. Yes.

I think I told you the story once, but like my son, who's eight. He asked. He's like, dad, what? What the things you don't tell girls, right? And I thought, like, he has three older sisters, everybody by the way.

So and I'm like, well, there's a lot of things. And they gave him a whole list but mine. But I but I added to that list is don't tell them to calm down.

It doesn't it's not going to work. You don't tell men to calm down either. You know that, to be clear. But certainly telling your partner to calm down.

But but even telling people to do breathwork, right? Like or like actually what I found in some people in that is breath breathwork makes them worse. Whole plunges make them worth meditation, makes them feel worse.

They're trying to do all the things, but they don't feel very good. And then like, oh, I'll just do more, you know, I'll do more peptides, I'll do more coal plunges.

I'm like, no, the system is screaming. Yeah, it's screaming at you. It's defending itself for you to stop doing as much. Right. And this is where a lot of even functional practitioners miss the mark, because they don't realize that their patients need to calm down their nervous system more, but with energy support.

Right. And that's you know, again, we're methylene blue can come in. But also looking at giving them the experience of calming down the nervous system.

And so we have a cool way of formulating at our company which we look at the Gaba system in a very novel way, looking at how you can optimize the receptor by using things that bind to where Gaba, which is our primary neurotransmitter, calm down the brain along with a separate site, and then using that in combination to give people the experience of calming down the nervous system in a in a way that's going to be supported, but not, you know, clock the system like your benzos or your, you know, your sleep, drugs or like, shut it down.

Yeah, yeah. Shut it down and give you tolerance, withdrawal, independence and things which you don't want, you know, and and so giving something that's going to optimize the Gabba system without clocking it is also super, super helpful.

Yeah. No I think that's really powerful. And so this is where you're talking here about this. You're talking about nervous system regulation within with energy right. Yes.

So we're talking about these different pillars guys. Now one of the things you brought up also was the immune and inflammatory tone, which affects signal fidelity across metabolic repair and performance pathways.

That's a lot of words. What are you really saying in plain language, Doctor Scott, share what I'm saying. That your immune system sucks when you're under stress all the time.

And people that you guys listening know, right? If you're under stress. You're the first person or maybe the second to get sick. Right? You just somebody needs to be like sneezing in your direction and you're done far, far and you're done.

Right. And this is because your immune system needs a huge amount of energy to work. Mitochondria, part of your immune system. Cells, right, is the engine for them to work or to not work.

So if you start giving them your BPC, your TB 500 and things like that, like, yeah, you might get a little bit of benefit. But if the mitochondria suck, like and this is not anybody's fault, right.

It's hard. Right? Then you're going to have significant issues with your immune system as well. And what I find actually to not is that when I'm working with people and we're going through this process, if they get sick, it kind of derails the whole thing, right?

And so trying to keep their immune system optimized can be really, really helpful along the way. So here I use a I use a compound cordyceps from the cordyceps mushroom.

But and then we have a product called trim units that can be great to really help help with this. But the goal is again is to really optimize over the long term.

So they don't need these kinds of things, but or if they're just traveling and they, you know, they want to prevent themselves from getting sick, you can use them.

But the immune system is a big part of this. And if you don't heed the immune system or acknowledge it and work with it while you're building up energy, while you're working on immune system, working on, excuse me, sympathetic down regulation.

The immune system is a big lever there that needs to be supported throughout the process, because if you don't, you're going to see people have bottlenecks and get derailed along the way.

And the worst thing we can do for patients I found over the years is not support them enough where they start getting very discouraged, right? Because like, I was trying this for a while, then I got sick and then I was derailed for three weeks and then I'm trying again.

Right? Like, so you're trying to find ways to look at what's potentially going to be along their path and support them along the way. So I stack them on methylene blue and and I stack them on something for sleep and something with there for immune system while we're getting them their system back online.

You know, we're getting them on maybe on a couple peptides maybe. Right. But I was going to say like, what about like a thymus and alpha one in a situation like this, like at a lower dose, like kind of a, you know, because I do want to give people some. Yes.

You know, like some because this is where something like a thymus, an alpha one or even maybe a thymus bio regulator can be helpful in just supporting the system without like what you don't want to do is jack it up, right?

Is you want to get rid of that bro mentality approach, especially with peptides to that that is so dominant in this year at the moment. Yeah. But I think it's a great point I use all the time actually.

It's a great addition. And you're a big fan of the bio regulators. I haven't used them as much in clinical practice. I know you have had good experiences, and I'm 100% on board with the idea behind bio regulators.

If you've described a long for to me over the years because they're more supportive that way. Right. They're small, they're modulatory, they're modulate.

Right. And so I think that's great. And because you really have to be careful because if you, you know, as you said, bro science, your peptides, you are going to cause a reaction.

Immune Support and Bio-Regulators

And I've seen this where people actually get sick because they've all of a sudden jacked up their their immune system function way too high. And then they feel terrible, right?

Then they start having detox symptoms and things. And so if you're listening, like you want to support your system as supportively and as naturally, organically as possible.

So if you start trying to overdo it with things, you're you're going to see potential effects that might be sort of boomerang in you back to where you were before you even started this kind of thing.

And, and I've seen this a lot and, and that's why I'm very slow, like, like a little bit amount of time and alpha like a little bit of, of BPC, like a little bit of stuff just to help them along the way.

Can go can be very, very helpful while you're on this path for sure. Yeah. And so can we give people before we move to the next section, can we give people maybe a very short checklist of what are some of the signs you want to look out for that might indicate that your system is under-resourced and that you need to do some of this work before you jump into stimulate, overstimulating.

The system is there. You have something like that living in your head. I do, yeah, and I do. And it's basically phases of it. Right. So there's basically what I would describe here is that most of us are under-resourced to some degree.

Right. And and it depends on what that degree is. But if the main things that you're looking at here on a day to day basis are how is your energy? Is it pretty good throughout the day?

How is your recovery from anything from going to the gym, from having a bad night of sleep? I'm having a fight from your with your partner, you know, like you do.

You get a sense that you're able to recover pretty quickly because your mood pretty stable. I mean, notwithstanding perimenopause and things like that.

Of course, that's also thrown into the mix. That's another episode. Yeah, it's another episode, but that but that's part of it, right? You know, we know estrogen is a fantastic mitochondrial enhancer and you don't have as much or it's going all over the place.

It's it's a problem. Right. Because all of a sudden you were pretty well resourced until estrogen started going down and or fluctuating. And then all of a sudden things start falling off the bus.

And and that's what we see a lot. Right. Because from, from a perspective that you're listening, if you're somebody that is wired but tired all the time, somebody that feel like you're chronic, inflamed no matter what you do that you feel like, you know, your recovery is really trashed. Like that's like lower.

That's what I would say is significantly more impaired. Right. And so that takes more time to build. Whereas if you're just having an extra cup of coffee a couple of times a week and feeling like you're endurance is not as good as it was when you were 20, that's that's the different sort of scale, right?

Right. And so you might be able to tolerate more quicker when you're on that level versus if you're somebody where you know, you've been sick for a while.

I just haven't feeling like yourself for a while. You have to go really slow. And that's where some of these interventions, like a little bit of methylene blue, a little bit of GABAergic support can go a long way just to kind of give you some capacity back.

Right? Yeah. And what I always talk about my patients is capacity. Like, I want to give you as much capacity to do the things that you want to do and have the most resilience as possible, and then get you sort of like the end of the like the other side of the the hump, which is when you don't need a lot of the things that we needed in the beginning.

And now it's just like you're optimizing in the sense of your diet. Your lifestyle is pretty on point. Your vitamins, minerals and nutrients, your guts working pretty well.

Yeah, things are going to go up and down because we're human, right? But yeah, but in general, you're not going to lead it as need as much as you did in the beginning for support.

There's that's a great, great guidance. One of the things I learned in and I learned a lot of things, but one of the things I learned when I went through the home Hope metabolic metabolomics module was all the the cofactors, all the vitamins and minerals that are needed at different stages of that electron transport chain.

And I think that it is so grossly underestimated how important those unsexy foundational, you know, your B vitamins, your vitamin, whatever, your vitamin C, whatever it is.

And I think that, you know, what do you think about you know, the in certainly in this longevity space, the idea of a daily multivitamin has gone out the window like it's completely left the building.

Right, right. And it's not good. It's not easy to find a good one. But what are your thoughts if somebody doesn't have the resources, let's say, to do that, kind of that, that kind of micronutrient testing.

What are your thoughts on saying, look, if you can find yourself a good multivitamin that's got your activated B's, it's got, you know, not beta carotene, it's got the retinol like it's got the right forms of different basic nutrients that it might be a good idea to just take that for a while, just to help make sure that all those little compounds are where they need to be, and also to support the electron transport chain, because if you're deficient, even methylene blue might be might struggle to help you as much as it could.

Sure. Yeah. I mean, I definitely think when I use methylene blue, it's always in combination with other products as well to support energy and detox. For context, for those that are listening, health Optimization Medicine and Practice is a nonprofit organization that trains practitioners on how to optimize health, and we have a whole foundational framework in the first module of that, which is called metabolomics, is the study of small molecules that are working in your cells in real time that we can measure.

Right. You can measure vitamins, minerals, nutrients, and cofactors. You can measure things from the gut. You can measure things like heavy metals. And and what's lovely about metabolomics is that it's kind of a beautiful synergy of experience and of knowledge, both from your genes and also from the environment.

Right. So if you're just looking at your genes, your genome, you really don't know what's happening in the cells. You can have an idea. There's functional genomics and things like that. Now that help.

And if you're just looking in the environment, that's great. But people are going to have a different experience in the same community or in the same area.

When you have 17,000 Wi-Fi routers that are blasting you in New York City, some people are totally cool and other people are like, this is the worst place I've ever lived, right?

And so there's a lot of things that are very variable there. And so in clinical practice, the long term for me is getting somebody on a health optimization medicine journey, looking at data as much as possible, optimizing it in a very specific way.

And when you're describing not as important, right, which is that ideally we want to take things that are directly related to what we need, right? So if you need a little bit of a B vitamin specifically, you can take that.

Like if you need a little vitamin C we can take that. Right. But if you don't have the resources to take a metabolomics test, which is like 3 or 400 bucks, it's not a huge amount of money, right?

But you also have to know the right people to be able to help you interpret these as well, which is another story. And we have a whole, you know, we have a whole ecosystem. If people are interested at home, hope they can learn and find people to work with.

I get it. Not everybody can can actually afford this and take the supplements and things like that that are very specific. I mean, there have been some good studies in that recently that even the crappiest multivitamins like it does something.

Yeah, they do something right. Like, you know, doctors in the conventional world for years, it's just expensive piss. But no, there's something there, right?

Even in like the shittiest Flintstone vitamin equivalent, you know, whatever. You know, you could see you're going to did I, did I just do something that's going to get.

No, no, we're not promoting Flintstone vitamins. But I'm saying no, no, no, I don't think. But but but there's something there. Right. And so if you can get the right vitamin multi with as you mentioned like good activated and sort of good ideas of what mineral content you might need, I'm absolutely a proponent of that.

And you know for most of like a lot of the empiric things that I work on with people like that have an acute issue, like an acute injury, like I've worked in hyperbaric medicine and concussion forever.

Right. And so I static was always an activated multivitamin that gave you everything that I think you needed, or at least close to it. And like a fish oil that would be good and probiotic that I thought would be helpful, a mineral supplement that would be helpful.

It wasn't in the multi like, and I was thinking about something like NAC or glutathione for an antioxidant. So like I think and that's what I use as a stack for a lot of people that can't go and get all the testing done.

Yeah, because I know most of us need that stuff. Yeah. Cover the bases.

Testing, Multivitamins, and Long-Term Optimization

Yeah. And and home hope was you know, we knew that there was a long term play. Right. It wasn't something that people would feel better tomorrow. That's what.

That's why transcriptions emerged out of home hope as a way as a as a company with products to help right now along the path of optimizing health. And so in my and our goal and my goal as a clinical clinician always is get the support.

Now that they need use the transcription products, use peptides if needed, but with a base. And then over the long term, peel those things off as you don't need it more help with your sleep.

No, don't really need a lot more help with mitochondrial function because things are working now as they are supposed to. And the beautiful thing about these bodies is that if you're alive, you can fix them to some degree, right?

Like, I mean, I mean, there's a spectrum here, like, if, you know, if you're on dialysis and don't have kidneys, well, you know, you need new kidneys, right?

But like in general, it's funny because, you know, they talk about, like, your mission on this planet, if you're still alive, you haven't completed it yet, right?

That's what we say in in meditations in circles and things like that or whatever you want to think about it from a new agey karmic way. You can, but you don't.

But in general, if you're still here right now with us, there's more you can do to optimize your health. It may not be, you know, to an elite athlete that's doing, you know, Iron Man's.

Yeah, but there is improvements you can make. And what I've always been surprised about is it's very uncommon. It's very common, I should say, for people to take something like methylene blue, for example, and go, I had no idea how much brain fog I had.

Intel I started taking this right? And I'd be like, this is why, right? And now you know that there's a different gear that you have or a different level.

That level is probably better than gear, where you have a capacity that you just can rebuild over time. And it may not happen tomorrow or but in six months, if we can work on this together using a framework like health optimization medicine, you're going to see that you're going to maintain this baseline.

You're going to tell me this is always classic, right? I don't think I'm there anymore. Like like those supplements, those things don't work as much as they used to.

And I go, yeah, because you're already at that level that you don't need them as much. Right? They're having the same effect anymore because you're baseline is now up from it was before.

Yeah. And that's funny for people because they're like oh these things don't work anymore. I'm like, no, it's just

because you're you just feel better.

Yeah. You just feel better, right? Yeah. And so it's a kind of a funny thing to talk to about with patients is like, oh, that first time I took methylene blue. Oh, my God, I felt so good.

And now I take it I'm like, I don't feel it's going to like, well shocking because your baseline is now there. Right. And so just kind of a funny thing that I always have to counsel people around.

I love it. You, you know, in, in your guide for me that you created for, for this, this interview, you wanted to talk a little bit about chronic inflammation in the context of peptide therapy.

You know, you wanted to really talk about how this background noise, if it's too prevalent, if there's and I'm a big believer in this as well as you, is that it's really going to interfere with the signaling.

And so your peptides may not land as well. Again like I think that do you want to talk about that a little bit in as our last topic before we. Because I know we're getting close to the top of the hour and you're going to have to go.

And so yeah, no, this is good. I think it's a really important piece. Right. Because if there's just a lot of noise in the space, if there's a lot of noise, it's very difficult to find the signal.

Right. And you're adding a peptide in that is trying to find and help you with the signal. But there's just too much noise that is in the way. And this is what inflammation is really doing. Right.

And if you don't have the signal strong enough, then it's very difficult for sometimes these peptides to sort of hone in on them and deal with the signal instead of getting sort of distracted by all the noise.

It's like having, you know, attention deficit disorder, like, oh, it gets like this peptides coming in. Look, I'm going to do it, that I'm going to do what this going to do with this.

But no, like it's not that that you're trying to deal with it. It's like it's the actual root of things, you know, that you're trying to address, but you can't right then.

And I talk about this a lot, where you bring in more of a foundational approach. You optimize, especially mitochondrial function, and then almost everything is going to have less noise, less distraction from what's actually happening.

And then all of a sudden those peptides are actually landing. All of a sudden it's not like trying to like turn the house on to full brightness when you can only get a dimmer switch going because it's like just you can't get there, right?

All of a sudden you can pull it up to like, you know, to 11, you know, because you're because you're like, you know, Spinal Tap, everybody. But like, you can go up to 11 and like, I'm too young for that movie, but I still know the reference.

But you turn it up to 11 and then all of a sudden the brightness is up, and then it's like your peptides can see where they're going, you know? And so and the same thing goes with the nervous system.

Right. If, if you're trying to give like PT 141 or something to somebody that is hyper stressed and anxious all the time, like it's still not going to help with sex very much, right?

Because, look, you got to calm down your nervous system to, you know, do that. Like if you're looking and it's just it's so important to think about these things in context.

Everybody. Right. So if you're thinking about using a peptide for X, well is your system able to actually take that and have a big enough signal that it's not going to get distracted by all the noise and you're like, why do this didn't work for me?

Well, you know, it's because you didn't have a strong enough signal, you know? Yeah. Or you didn't take care of the right thing at the right time, or there's not enough energy in the system. Sure. Right.

And that's that's the big thing we do the signal. We do hear that a lot. And your quality, I mean, I think that the quality of what you're getting your hands on is going to be very, very important.

And, you know, by the time this this summit airs, the FDA will have started the process of, you know, vetting the peptides in front of them. And it'll be interesting to see how long it's going to take, because it's not going to be immediate, like how long it's going to take for for access back to these molecules through vetted vendors.

Right. Because, you know, you've mentioned a number of times, like people buying from UN, you know, from the lowest bidder on online. And I think if there's one message you guys everybody can walk away with from this summit, it's you want to prepare the system, you want to do all the things, make sure that there's your body is ready and equipped to respond to the peptides.

But on top of that, your sourcing has got to be impeccable. And whether it's your peptides, your methylene blue or any, any other supplement that you're using.

And, you know, one of the things I'm going to do just for a second here, apologies. One of the things I love about transcriptions is because you've got five docs on staff, like you're all very committed to your sourcing quality and purity.

And it's a big deal, you know, especially when you're dealing with a compound like methylene blue that got very, very popular. It you know, whenever it's a little bit like dog breeds, right.

Like everybody all of a sudden it's golden retrievers or it's Belgian Malinois.

Product Quality, Sourcing, and Closing Remarks

Boy, that's going to be a problem. Like whatever the, the, the flavor of the moment is. And people see an opportunity to make a buck and they're not that concerned about and, and the consumer for you guys, you're just looking to the saying, you know, I'm I only have limited resources.

But I'll tell you, you will you will lose a lot of those resources to medical care if you're not careful about your sourcing. Yeah. We tested the top ten brands on Amazon for quality on Methylene Blue, and none of them were close to ours.

A lot of the potency, which is like the amount of milligrams in the dose that they say versus how much they're actually is, was atrocious, like 40 or 50%.

We just tested another company 10% of what it said, unlabeled. So it was supposed to be ten milligrams per drop. It was one milligram per drop. And so I was impressed.

It's a very, very popular one on Amazon right now. And that's a whole soapbox of buying things on Amazon in general and being very careful what you get.

But we really do care about quality and we've tested our stuff and we always do much more than any other company that I'm aware of. And as a physician, as a dad, as a as a person that cares about long term working with people, it's not just about helping somebody with a quick buck for something.

It's really, you know, we were we were the first company to come out with a methylene blue product, as you know, now in 2020. So, you know, before it was cool, before the pandemic, a month before the pandemic.

You know, interesting timing and everything. Okay. So everything we do at transcriptions really is focused on quality. It's focused on making sure we're giving you the best stuff possible and going to the ends of the earth to

find interesting ingredients that have much more comprehensive effects, rather than things that are just going to help you right now and and not potentially help you long term if you stay on them for too long, that kind of thing.

And so that's our Gaba system and some of our formulas there, along with the methylene blue. And we have our Truman which has cordyceps from the cordyceps mushroom which is one of the most powerful anionic oxidants and antimicrobials that we've found.

But very little bit only a little bit in the mushroom. And we're the only company that's brave enough to use it in the compound potency that we have, because it's not expensive, it's very expensive, it's not easy, and it's very expensive.

And so most supplement companies care about bottom lines. And of course we have to make money. But our main thing is therapeutic value. Right. And so, you know, we we do really go to the ends of the earth to, to do all this stuff.

And we do in the context of the long term game. Right, which is our health optimization medicine framework, even if that's not of interest to you, work with a provider long term to help you.

Right. And there's a lot more services out there now that are doing like AI, AI readouts of your labs. That's a good start. Okay. It's definitely better than what we've had before, but just be aware it's an AI readout of your labs.

And I have friends that are part of these large companies that are doing these labs every six months, and I think it's better than what we've had before.

But just be mindful. There's also another business that's growing now, people that are just consulting on your labs from all these other companies because your AI readout doesn't make any sense.

So, you know, always with a grain of salt. So yeah. Well, thank you for for the opportunity that it's always it's always good to put things in context and have a little fun with you.

Thank you Scott. This was great. Please tell people where they can find you. And if they're feeling inspired and want to get their hands on some of that methylene blue or trombone or whatever it is that you've got, let's tell them where to go.

Why, sure. So choice is the name of the company. It's to find our products. You can find us on the socials. We have a YouTube channel as well. We have a weekly series called Don't Look Up where we talk about all various topics, which is fun.

I love that actually one of my favorite things we do at the company, so you can check out all our products are just blue is our pure methylene blue. We have one called Blue Carnitine which is one of Nat's favorites.

It's a combination of methylene blue with nicotine, caffeine, and CBD. We also have trachoma and Tros that work on the side. Moon, which is for the immune system, great for travel, preventing you from getting sick. I don't leave home without it.

We have a little bowl of them in my house. Everybody you know, as I have petri dishes of for children here, although they're not as young, so not as much, not as bad as often as what they used to.

And if you're just in the nonprofit, it's health optimization medicine. In practice, it's home hope. If you're a clinician, you don't have to be licensed.

You can come get trained with us. We have great programs. Nats taken some of them with us. We have ways of small group training as well. If you're interested to check it out at home.

Org beautiful. Thank you so much Doctor Scott. Have an amazing day and everybody. We'll see you next time. Bye

bye.