Combatting the Effects of Stress & Intense Physical Activity: How Peptides Can Help Keep Your Body in Peak Condition Transcript

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Introduction and Guest Background

Hi, this is Doctor Ken. Whole tour with another episode of the Peptide Summit. Today we'll be interviewing, Jean-Francois Tremblay. I'm sure I butchered that, but, he's done talk about peptide bio regulators and, upcoming therapy.

He's it is undergraduate studies in biochemistry and also mechanical engineering and kinesiology. He then pursued his graduate studies in PharmD, in pharmacy to finally complete his master's in pharmacology.

His interest in peptides and their application started over 20 years ago. He has consulted privately since then anti-aging sports performance and general health.

Five years ago, he started his own company specializing in the synthesis of peptides. You is a wonderful character and makes everyone smile. So I welcome you.

Thank you. Alright. Well, thank you for being on. Hey, now. Hey, thanks to you for having me. Yeah. So, we'll talk about bio regulators. What? What the heck? Or and fire regulation.

Well, basically, the first ever peptides that were discovered, and that a lot of people like Peter is one of them. So to start off with, they were discovered, I couldn't find any studies that are older than 30 years, but, it's that, Russian doctor, actually, like almost 50 years ago.

And they came out, at the time, the Cold War and all that. So all those us, they did it. The, government asked them to find something to make their soldiers better.

So is, is is and, it was a military and, military doctor.

Origins of Bio-Regulatory Peptides

So he started, to search and it came about, peptides. The, the first one being a pizza dough, then to Milan and then the he realized there is a bunch of them.

So that's basically I started back there. I'm not I'm not sure if the Russian work and just start with, we'll call it, a battalion and 5 million just so people, but, we could talk about that.

There is a huge difference between the million and and, a lot of confusion on that. But, I'll come back to that. So that's how they started. And they found he found that the, the profound effect again, with the Beatles on being the first one, the first with mice than with, dogs and monkeys and then humans.

He found a, anti-aging effect, but, and it's mostly, you know, for the telomere thing, you know, it, like, lengthened the telomere. Yeah. So the but that actual person, it was done like 12, 15 years ago, and I'm not sure they had the right ways or the accurate ways to measure telomeres.

I wouldn't count on that actually, at this point. But as has proven so many good effects that you cannot discard it even if it doesn't, if it wouldn't do nothing for telomeres.

Basically. So. Well, first, that's how it started. Then again, you discover and right now there is a list and about it discovered more than 25. But there is a list of 25 that we know what they do, and we know they have a positive

effects because it did discover more, but found that they had no physiological effects.

Maybe they were byproducts of a bigger peptides, we don't know. So right now, and I know that they released a couple of years ago that they found like 50 over 50 more, but now it was in the phase of finding which one do something.

And so and then you could start research on those ones. And, and when you say they found the so where are they looking for these. Basically they're applying glandular or organ extracts.

And that that's one of the beauty of it. They're all very small peptides. It's two, 3 or 4 amino acids. And and the funny way, not only the bio regulators, the smaller peptides are the one who has the bigger impacts on the body.

I'm thinking about g h k. By the way, Kevin Sand, when you wrote about g k is the discover it. But he said that. Well, I wish I had discovered that. When do you know that, you have the traits or the terror in reducing our tree three amino acid, but, yeah, despite the name is it has a very small effect on the target. But, yeah, it does a lot of things, a lot of things that are not related to there.

Right. So, you know, it's those smaller one, but those one. Yeah. So, they're extracted from organs or system and actually I don't know. And again, that's anti-aging is actual actually the bio regulator of the mono system.

So you have to imagine that is, the bio regulator of the immune system. And then they learn the Ace2 and the spleen by the same token. And then there is one for the liver, one for the kinase, one for the lungs.

There are 2 or 3 for the brain and nervous system. So I, you know, and, and basically each organ produces its own peptide that regulates that same organ, to, to and the, the worst a bit like, adaptogens, you know, if a system is, yeah, out of whack, it's going to bring it down.

If it's not working well enough, it's going to bring it up. So that's another. Yeah. Favorite lot with like call you know BBC 157 artifacts come down that if they're, hyper likable it brings it down.

If they don't quite late enough and brings it up if their sugar is high, brings down our blood pressure and all that, was very well. And generally speaking, that's the beauty of that, is that there are some, you know, they're intelligent.

Their interactions, not intelligence. So you cannot play chess with them, but that in their actions.

How Small Peptides Work in the Body

And that brings about fears from some people because they are peptides. I divert a bit, but I think it's important like BPC 157 our time is in better for that are good to be used in like for example in cancer cases.

But a lot of people will jump because they say, oh, but what about the angiogenesis? Produce? Well, that's the beauty of it. They, they don't push their actions.

The type there will be angiogenesis if needed. So if in the case of cancerous cells around it and the angiogenesis is not needed, then it won't happen.

It will work for what it's needed and within the realm of what it can do a peptide. Yeah. The genesis I mean, so does vitamin D, you know, and yeah. And now lately they have stopped.

Well, maybe it's there to help actually, you know, because you know more time is a better for around a cancer. So they say, oh it must be because the cancer will take exactly coming to a fire.

I see these firemen. So these guys must be starting the fire, you know. Yeah. Exactly. There you that that's that's a concept that was, wrongly interpreted before and that people are catching up to it.

So basically they're very intelligent in what they do. So that's why it's rare to have, to have side effects from the tides. I'm not saying you cannot have effects like, do immune response, for example, but that's another side effect of the peptide.

That's a side effects on your condition. Yeah. Not everyone you understand like like people that are allergic to peanuts, that the allergy is not a side effect of the peanut.

It's your condition that bring about those immune dysfunction that. Yeah, exactly. So I haven't found actual side effects from peptides they always brought about by the condition where sometimes you have to be careful, but, as, as as doctors, it's the kind of compounds you can use.

And you don't have to worry that your clients or patients will call you for their morning. Yeah. For emergency, I train doctors, I say, you know, you can't really screw it up, so don't exactly, you know.

Yeah. And and more. So BPC 157, before I call them, Mara, the proof that that meaning that. And if somebody comes to you and you don't know what's wrong given those two and something good will happen.

Yeah, yeah, they are the same for you. And so you mentioned a lot of the, Apatow and or not everyone pronounced. Yeah. Yeah. You know, like, you know, the studies showing like menopausal rats, you know, they start menstruating again and actually and babies, and we because of her fertility and we haven't really seen someone start menstruating again, but their, their, and LH will come down and their, AMH will, which tells a very reserved lecture.

You go up. So it does seem to an age the, the anti-malaria and, and more fertile. So yeah, it's interesting in that sense. I've used it a lot many years ago when I was still training people with, with women, where like in physique, competition or or any kind of very demanding competitions where they had a very strict diet.

Sometimes they would take things that were with their hormonal system. Oh, yeah. There's some eggs and all that and, and the actual stress of training.

So right after the competition, I would put them right up on a pizza and, and three, 4 or 5 days everything was coming back to normal and they would sleep like crazy.

12, 13 hours. But, you know, it was a system pushing in to back. There you go. Yeah. And like it would put them back on track very, very fast. Our moly.

And how about the Italian versus chameleon. Different effects. Yeah. Of course. Been there long is brain peptides. And it does have an effect on the nervous system.

So, we started to use it. Not me. I'm not a doctor, but a few practitioners I keep up with, you know, feed them, on, actually serious cases of, neurodegenerative diseases.

Those are thoughts on the pineal gland. Correct. Exact. Penile, I don't know, it's from the actual brain. I don't know why they call it penile. I don't think it's from the pineal gland or might be.

I'm not sure about this one, but the effect is in the cortex of the brain and the nervous system. So in any case of neuro, the degenerative, conditions, they, they have a good effect.

But, in therapeutic dosages, not in preventive dosages. So, basically meaning again for repeat along the classic dosage is like a total of 100mg twice a year.

And I would come back why only twice a year. But but keep in mind that's, you know, that's a, anti-aging protocol. And it's basically a preventive, you prevent aging and, a age related diseases.

BPC-157, Thymalin, and Immune Regulation

So and you see the full effect when you look at the studies by Gevinson, it's over 12, 15 years where you see all those results. So people many times they start using them and they tell me, well, I didn't feel anything. Well, okay.

Well, we if you start smoking today, it's going to take maybe ten, 20, 30 years before the cancer show up. And I'll just mention this is happening. Yeah. Like, my mom said that she smoked five packs a day.

She was. Oh, so and so that never got cancer, you know? Yeah. I, yeah. The study where they gave the Italian with, findings in, the timeline, on cardiovascular patients and different cardiovascular disease, over 65, I believe 100 and something patients followed them for 15 years.

And the ones on the treatment, basically, their heart function got better. Dramatically less cancer, dramatically less cardiovascular disease. They live longer, less morbidity, better quality.

It's actually pretty amazing. Basically, everything that normally goes down. Yeah. Goes back up there and, survival rate increased by 67%. And, they're amazing, about Tamerlan and Tamerlan.

They're actually are very two different types similar in when the a it's a two amino acid peptide. And that's the bio regulator stimulant is product of the immune system the same as time as an alpha one.

Right. So to understand the concept, Mulan would be to the thymus where insulin is to the pancreas. So if you have, diabetes, you take insulin, it will regulate your sugar levels, but it won't do nothing for the, pancreas.

So the T Mulan will regulate your immune system. That's why it's very good peptide. But it won't do anything to regulate your time. As as Emmalin Watson.

They will. Yeah. So that's one that's available here. Yeah. Well, the problem, Timlin. Actually, most of the time, you'll see stimulants sold as the MLM.

The end result is good. And that's what you want up regulation as the immune system. But, the point we made some time ago, and we found out that it's, just two amino acids doesn't dissolve in water.

So if you buy something, that's it says million and you can dissolve it really water soluble. Maybe that would absorb orally. Then, because that's a big problem I probably sublingual.

Yeah. That okay. So usually if they're more, they're not like I draw subbed then they can't be absorbed. Sublingual. Yeah. That's the big problem is they're very polar and in hydrogen.

Yeah. It's so hard to get them to absorb. And a lot of people are just putting them in nasal sprays and just assuming or sublingual, assuming they're going to absorb.

But you can and and again, you know, they're not that expensive, but they're not cheap, you know, y, you know, just injected. That's where you get the most bang for your buck.

You get 100% of it. And, and then, no diabetics, they do it like, many times a day. And you're fine with that? It's. No, it's. Yeah, it's usually women are fine men.

The bigger the guy, the less. Yeah, suppositories would be good. But then I guess that that's sure both better with the idea about that. That's, What what other, bio regulator have you found effective?

What? Personally, I've. To read particularly. Okay. Peter long, Tim, Tim Mullin and Tim Mullin, in cases of, cancer and of course, and anti-aging, protocols, pioneered long we're using a lot now cartel lax, which is the joint and, articulation peptide is is good.

I wouldn't say amazingly good, but there is that one Russian study done by Kevin Son where they had four groups. They gave one group, the Catholics. The second group, they gave That cartilage, supplement that you buy at the

pharmacy, conjoint and glucosamine.

Glucosamine. So they gave like the classic 1500 milligrams. Then the third group where they gave bought and a fourth where they gave nothing. So they found that cartilage and glucosamine, which is actually a good supplement, pretty much the same effect on joints pain.

And they measured, nothing. But they found that when you use them together, then you have a synergistic effect and bang, you get a bigger effect. Like, and, on the joints.

So that's one if you want the most out of it, you take it with, you know, different mechanisms and yeah. And, go ahead. And if you found, that you didn't, I have some of that was trialed for blood vessels because, you know, I, I've seen a lot of experience with it.

Yeah, we make it, but not, on paper, it looks great, but I cannot talk, out of experience on this one. Yeah, yeah. So I tried that. And the one for the kidneys.

Yeah. So. Don't know. Yeah. The thing is, you don't you don't know, but, there's been a blood work. Usually what I found in general, the difference between preventive dosage and therapeutic is there is a ratio, a ratio of about 1 to 5.

1 to 10. So, like, if we saw good results in cancer, like, almost overnight, but they weren't taking 30mg a day and nonstop, they wouldn't stop after ten days.

Yeah. Same thing. You know, if it's therapeutically, again, just write them up, as much as, and it can they can tolerate it. Yeah. It gets a little pricey.

That's, that's the thing I've heard you mentioned, like the thymus and beta four study, how high they went and. Yeah, it's one study that was done in 2010 with thymus.

And before they went up to 2260mg. So and like, let's say you work with ten milligram vials, that's 126 vials. So of course the IVs and after and then you mean so the after two weeks, basically they concluded that it was harmless with a few minor side effects in some cases.

But overall and obviously they conclude that we won't try higher because nobody will ever use that much. There's a thousand because we're using microgram doses.

That's thousand times. Yeah. No, but try that with anything out there trying to with Tylenol.

Epitalon, Pinealon, and Anti-Aging Uses

Try it with water. No you can't I mean, no. So basically, except for a few like L 37, which is, antiviral and it may have serious side effects if you take a few, a few, you have to be careful.

But yeah. Oh 37 we start very low because I was looking and I blind myself and started illiterate. I could not find any dosing, except for rat dosing.

I'm like, okay, I'll try this month. Did oh my gosh, way to so much. It just killed the other thing. So I had the biggest hearts angry jump out of my skin.

So and so we give a tiny fraction that dose. But I do like that peptide. But yeah, that's one. You got to be careful. Be careful. Slam people that. Oh, no. No.

But generally I think yeah. No, I don't see again, as I expressed before, it's basically okay, let's say you have, autoimmune, condition. You may have a reaction, not to immune response to the actual peptide.

So, you know, you have to be careful with those, but those are not side effects from the peptide. There are side effects are an effect from the condition.

Well, and that's yeah, it's interesting. And I really found this out of myself. And look at people say, you know, they get a big well when they do the injection.

And say okay, it's allergic, you know. But I found myself when I was sick and my immune system was off, I would get the biggest welts. And then as I got better, I would inject.

And that would never not get the. Well, you also really see people get some of that well from it. It shows they have immune dysfunctions. Exactly. I don't think it's a standard allergic reaction.

No, no, no. And, many times if it's serious as a reaction because I've seen a couple of times actually, people have, Very bad reaction. Yeah. I mean, you could be anything, but. Yeah.

And at that point you introduce time as an alpha one for a few days a week, and then you can start the actual peptide therapy if time as an alpha one was there.

And usually you can. Yeah. Well once you get the immune system back in balance then they don't they don't have that. So like when I give talks on peptides and go through all these studies that the typical response doctors are, why haven't I heard of these?

There's no time I get I get that, I get that a lot. What's your thought on that. Well big pharmaceutical companies, they knew about that all the time.

They just shut up about it. Now another during the game. Is that science? They found a way. True. Probably, very expensive lobbying because peptides, you cannot patent them per se because, you know, they're produced.

But now they went around that. And if you look at the latest patents of peptides, they patent the way you make it, which is easy to go around, but they patent the application of.

So it's in the title, patent for this peptide and its application. And then they will list everything they know it's good for. So what's the implication is since it's patented now, they put it on the market.

So you as a doctor, let's say you prescribe, timers in beta four and you send out your client to the pharmacy or a compounding pharmacy. I'm not sure if that will be required by you to write why you prescribe it, prescribe it.

But most likely the the, the pharmacist will ask, what is it for? Or maybe it's going to call you. So if it falls within one of those conditions, then by law it will be forced to sell to the patient the one that is made by that pharmaceutical company.

And what I don't understand, I've seen these two. It's like they're. Yeah, they're taking peptides out of all this research and then and then getting a patent on the application when I thought that would not be allowed, because it's if a person in the industry would not be obvious that then they can patent it.

But there's studies on it showing it does this and that, and then they get a patent on it for that. So it seems like, like how can that be, you know. Well, that's, that's the sickness of our, pharmaceutical system.

Now, basically it's yeah, it's like shouldn't be, 40 years.

Cartalax, Klotho, and Other Specialized Peptides

And then they patent it under for a condition. And there you go. That's and that's what they're aiming at now. And that's why they got into the game. And that's why you see things happening slowly.

But you know, like with Better Made, they say, okay, you cannot make this one, this one or this one anymore. And they're slowly getting like I worry about compounding pharmacies.

And they have the thing with the we can only wish they had a list that you couldn't, compound. Now they're going to list that this list you can compound from, there's going to be very few things, like they said, things like, oh, you can't compound quercetin because we have a drug for that.

So this uses the same argument. It's getting me, you know, and or they'll say it's difficult to compound. Well, difficult for whom. Right. Let let's leave it to us if it's difficult or that.

Yeah. And I think there will be very few things and, or they'll say, well someone takes too much, they can have a problem, you know, and in with these doctors that we're debating the this should be allowed.

They would say, well, they wouldn't even look at the literature. They don't need to look the literature. Yeah. Like I pull like acid. They said, can't be given I. V..

And they just eliminating everything. They said they weren't going to touch the hormones, but that's going to be on the list. Very worried that T3 is going to be gone because they're going to say, oh, it's not necessary.

We have synthroid. Well, that's what they did in Canada. So you cannot find T3 anymore for many years T4 that's it. Centroid T4. And that's the only thing there is still like in Montreal there is one pharmacy compounding pharmacy where I get my armor extract and this is it.

And most, and other criminologists they know, they say no. You ask them, they're going to say no, T4 is that's all. Yeah. And you know, I written numerous reviews on how T4 doesn't work for anyone, especially any sick person.

And with hundreds of references, you know, but they still say, no, no, no, you don't need it. I will say it's dangerous. It's like, are you kidding me?

And and as a practitioner, you should know. And because I have a doctor, I actually got suspended for nine months because he prescribed the, the the the extract and what the, you know, he said.

Yeah, on paper and studies. Yeah. They do pretty much the same thing. But he said, if you ask the patients, do you feel and 80% will tell you they feel much better with the extract than with the synthetic T4.

So yeah, the blood level is they're both good with strength. It's like they had bipolar patients that were treatment resistant. They tried on average 14 medication with no improvement.

They gave them straight T3 and 80% improved and 75% had total resolution of several, I'm sorry, 35% or something. Total resolution of symptoms. You know, T4 doesn't work in these patients.

They don't utilize it. But anyways, I'm getting my Nanda extract rather than T3. I was a T2 and and most probably some co-factors we don't even know about yet that support.

No. Sounds like very hopefully upcoming thing and it doesn't get quashed by you know, big Pharma and the medical board and FDA are all kind of athletes.

So yeah, so with I know in closing, I think this is really upcoming thing where where do you think it's kind of in the lead? Well, I'm just going to say this.

Why do you think so many of us and Canadian doctors open clinics in Mexico and in the Caribbean? It's not because, yeah, of course it's nice because big idea that I would love to have an office, down there, but that's not their first reason.

That's for that reason, basically. So they can continue to offer the best treatments without being bothered by, FDA

regulations. Yeah. And it's even, I think, you know, in this whole integrative space or whatever you want to call it, you know, a standard doctor will say, oh, there's no evidence, you know, which is crazy.

It's it's more evidence based and what you learn and, you know, and, and, it's it's actually a sad thing that's happening in medicine in general. You know, 30 years ago when I was young, I would go see because as a doctor, what's the first thing you do?

First thing, when you see a patient, you ask him questions.

Safety, Dosing, and Immune Reactions

No test, no nothing. First questions, stuff. And if you're good just with that, you know what's wrong with him, but not the system. Like it doesn't trust you anymore.

They force you to do all those tests to back up your diagnosis that you had probably with ten, ten, 15 depending. But very fast, you know, after if you have a doctor that has a bit of experience and say, yeah, this is it, this is this, sometimes you will need a couple of tests.

Maybe it's lupus, maybe it's fibromyalgia. Let's look at it. But you have a pretty good idea. Now this system forces you to back up everything you do, why you do it and everything.

And I find it amazingly sad because it's like you have all that information, that knowledge and experience, and suddenly they're telling you, no, we don't trust you. Yeah.

And everything comes down now to, in terms of the protocols that hospital based or anyone affiliated with know Kaiser or whatever, maybe you do this, do this, everything is memorization.

And it's, you know, the art of medicine. It's gone. And I think at some point it's going to be put all their labs and symptoms in a computer. It's going to be art. Yeah.

Doctors and that's why it's going to and that's the thing. So all these pieces that works well for patient fits in a little box, but if they don't, that system breaks down.

And that's where the doctor goes, oh, you must be in your head, you know. Yeah. Oh yeah. That's a classic. No. Basically they are in the limbo right. And which I think is where peptides have a big place.

And I think you'd agree with that if things would go as they should. The future of medicine and I'm talking 5 to 10 years no more because things are moving fast.

You would go see a doctor. Probably 60, 70% of his prescriptions would be bad diets. And soon, not now, because, with, or biomes, you know, the, the probiotics we have, not not they're mapping it, but it's going to be like the, DNA, you know, you map it and, you know, 20 years ago said, that's it.

Now we we got it then epigenetic game. So I think there is an epigenetic and epi biome that deals with that interactions. But once they get down that path, that's going to be, mainstream.

It should be a mainstream in medicine, but it's going to get more complicated because they're finding the virome, you know, the bacteriophages, the viruses of the bacteria play a big part.

So they're exactly it's very complex. It's not it's not for tomorrow. But I have big hope because things are happening faster and faster.

Patents, Compounding, and the Future of Medicine

Another five, ten years. And they should have a pretty good idea of what to do with that. And that's going to be a

big, big line in medicine to to use.

I think it's going to be very right. So, so just kind of, in closing here, you'd say, a battalions probably the main bio regulator epithelial. It's kind of our moral system, you know, and that's regulated by the most experience with and, and the whole team.

And then well, even if you use one that it's called Tamerlane and it's stimulant, it's good. It's good that basically because in those, aging studies and it's figures always good.

You are 10 million or violent, which is and you can inject it's water soluble. If you have a strong immune system you will get less sick. So that's healthy or healthy.

And yes, probably you'll live longer. And then also that immune system goes along with monitoring the body for cancer. There you go. So I tried the cancer.

So the main ones and anti-aging protocol a bit along stimulant, stimulant, violent timers and alpha one, you know, one of those will do the trick. That combination, it's a winning combination.

Yeah, I think those are the most studied as well. Yeah, yeah. And we like the combination and the other ones in terms of prevention, like the one for the liver, the ones for the kidneys for I would use them in a preventive approach like a pizza if you have, familiar backgrounds.

So let's say you say like half of my family, they got, diabetes. Yeah. Well. Wow. Okay, maybe that's not so much genetic. It could be you. As you you pass to your children the way you eat.

So it may not be that genetic after all. Yeah, but anyway, if there is a condition that everything. Really, then. Yeah, you could use preventive lead, the one for the pancreas.

Or actually, if in your family there is a weakness, weakness for the lungs, then yeah. Don't I. I wouldn't suggest everybody to use them all. Yeah. Then you'd be taking so many.

Yeah. But just to pinpoint one thing or two that you see as kind of a weakness, in your family, that's a good indication. And then you can throw in those and the preventive, protocol.

Gotcha. Great. Yeah. We'll see what, the future holds. And I hope we'll, be talking more about all these and, hey, that'd be my pleasure. Yeah. So, thank you so much again.

Love your personality. And, and you're always searching for for new knowledge at this wonderful. And so I'd like to thank you for being on with us. Hey, you're very welcome. It was my pleasure.