Klotho, Epitalon, and the Future of the Science of Aging Transcript

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Introduction and Guest Welcome

Ladies and gentlemen, welcome back to the Bioregulator and Peptides Summit. Today's guest is well, frankly, he's amazing. His name is Alex Kikel. One of the most knowledgeable and kindest guys I've come across in this business.

Alex is a father, a husband. He has four dogs. He loves peptides. Thankfully for all of us, he plays with small molecules again, thankfully for all of us.

And he's an elite coach and trainer to pro athletes across the nation at this point, right? You're flying all over the place. So Alex is a wealth of information in this space.

And if you haven't come across his work yet, you're in for a treat. And we've picked two very fun small molecule peptides to talk about today. Alex, welcome to the summit.

It is a real honor to have you here today. It is an honor to be here. I appreciate being considered for this. Doing this, you making the time with everything you have going on.

Like I appreciate it. Thank you. Oh my God. Listen, we were just so you guys know about me making time. This man was going to record two days ago. He got a call from one of his athletes. He had to fly out.

He came back home, what, 20 minutes ago or something. So. Yeah. Yeah, exactly. So where he he defines busy. So we're just going to jump right in here today.

We're going to talk about two well one peptide and one bioregulator because this is after all the bioregulator and peptides summit. And Alex has some new stuff to share with us about the bio regulator epitope on.

But the peptide we're going to talk about is so where do we want to start. Alex I'm going to let you decide where we begin. And in case one segue to the other, where do you want to go?

I think Clotho is better to begin with because it's almost like the panacea. It almost like it cures everything. It does everything. And it's cool because there's also very little negative side effects when things are done properly. Right.

So background. Clotho right there. First of all, multiple values, which we're going to talk about. But Clotho in of itself, what does it have the potential to do.

Right.

Clotho Overview and Dosing

If you correlate a lot of healthy biological cascades, they're all going to be stimulated by Clotho. So a couple cool, really big ones. 500 everyone knows Fox four dry, which curves in cells.

Well, there's that Fox three gene you can actually get. Fox three is a peptide now too, but it'll actually cross stimulate Fox three. So the clearance of senescent cells, the driver on a greater than anything else there comes from Fox oh three.

We have this relationship between Clotho expression and the Fox three gene. So we're seeing cross stimulation of cursors stimulate one, you stimulate the other both ways, or just one way.

So if you use fox for dry or is it fox oh three. Fox oh three. Yes. So so this is a really interesting point, folks. Right.

Because everybody runs around saying cloth.

Everybody runs around saying fox. So for Fox, oh for Fox, understanding which version of this small molecule you're going to access is going to be critical in the results you're going to get.

So I do for one brief second, I'd love you to talk about the downsides of misusing Fox oh three very quickly, because I've seen people go the wrong way on this.

So it's really important for people to understand that if we're going to mention it. And then let's go back to cloth. Yes. So Fox with three I think is a baby molecule of mine.

I'm not sure if anyone else did it before me. If not, that's cool. It's such a cool molecule. Like everything else in nature, it's balanced. In biology, the extremes are bad, so you can drive senescent cell depletion and excretion interrupt overall autophagy so hard that you never actually have a stressor.

If you never have a stress, you never adapt. So you end up being the person who never goes outside, and all of a sudden you outside one time get a sunburn and your skin starts to peel off.

Same kind of things happen at the cell and cellular level. Or if you're never letting your body actually clear these things out in and of themselves and teaching those systems, they stop.

They don't down regulate, but they start firing properly. Your body almost doesn't know what to do with all that stuff and self burden and over cumulation.

So too much. Fox oh three and it's very powerful. We're talking about like a fox for dry dose could be 500 micrograms of milligram five milligrams like that dry component.

It's a little bit not as chemically strong Fox zero three. You're looking at potentially ten micrograms 50mg like it's a lot lower and you're not doing it daily.

So it's definitely more of an infrequent player. And if you overdo it, it kind of abolishes Doctor Han work where he came up with the book The Stress of Life.

Everything's about stress adaptation. We need that. You need that balance. So too much. Fox three just like too much of many of these peptides and compounds can cause just many problems.

You got to really be stupid with some of these cause problems, but they can happen. But Fox three is one of them. Where the dose could be so low doesn't take five.

Yeah, if you take milligrams of it you run into problems. Well, even 100 micrograms it sounds like would be ten times the dose you really could use. And so for a Fox oh three quickly, would you use it like one week.

Would you use it for a week, a month, once or twice a year. And I know there's going to be variation here. It's going to depend on the person what you've got going on.

But in a broad strokes kind of way, it's the kind of thing you would do for. I've recently been liking having people taking only on the weekends, so I try and separate knowingly though. Yep.

So you could take it longer term, but you're doing maybe 10 or 50 micrograms Saturday and Sunday morning. So we're taking recovery on our weekend days, and we're using the weekdays to kind of burn the candle at both ends because everyone's got jobs, family, all this stuff.

You can't do it weekly. Yeah. But you'd have to in that truncated fashion. Okay, cool. Let's go back to the start of the hour. Cloth. Yeah. So cloth. Right.

So another cool thing it does, it'll actually interact with Azure responsive elements and all those binding proteins. So what that means is there is this cross simulation with all of our sex hormones men and women.

So the one in particular colorful protein peptide one, which will break down the fries in a little bit in females particularly, we've seen it almost auto regulate.

If they need more estradiol, more progesterone or more testosterone, it'll put those numbers into range. So one female in particular, she's part of my private group.

And her testosterone shot up a crazy amount. But that's what she needed. That's how she responded. Well, but it's not going to super physiological amounts.

It's actually acting as a bouncing regulator because those androgens will share that actual complex. So with Clotho, it'll bind and form a complex with FGF 23 and drive all the 21 downstream cascades.

So you have 21 is why the sugar diet got popular. That's the thing that drives beta oxidation and all these cool health benefits. So that 21 and 23 complex and cascade drives, all the body composition changes.

A lot of the changes to metabolism. Like you're starting like, well, this isn't just going to be a health player. It's going to make me look better. It's going to improve my nutrient partitioning because metabolic flexibility that terms been around for decades.

Right. It's just now coming to the research. But it's like it's not that high calves are good or high fats are good. High protein is good. It's how metabolically flexible are you.

And that leads to mitochondrial flexibility as well. And so Clotho is almost like one of the basic molecules to drive flexibility in every system. Wow.

So which Clotho are we talking about now? Sorry. Is it Clotho? One like. No. Because. Right. Because off camera we were just talking. There are many different forms of Clotho.

Some have become popularized. It's actually a gene that very few people carry the homozygous version of that has some very interesting properties. I in, you know, for a while I was reading People's Genomics.

Out of all the tests that I read, there was one person who was homozygous and she was super smart, and she was, you know, like all the things. Yep, yep.

So it's it's super cool. We'll talk about three main varieties. There's the gene therapy, there is the recombinant Clotho, and there's more of the protein or the peptide version of clothes okay.

So the gene therapy I still want to see more people doing it. If I get the opportunity I'm going to do it. Obviously I think it's super cool. I want yeah, well, I don't know about a freebie, but I can hook you up to the person.

You probably know her. So. So with the gene therapy, right. We will see that that constant expression of Clotho. So imagine that all of a sudden now all of these healthy cascades, the threes, all the bell twos, all these things had turned on chronically.

Right. So there's that association between longevity, healthy cells, healthy mitochondria, healthy everything and healthy levels. So the only thing with gene therapies again, because they're also new, you can't really I mean you can turn those switches off with different bolsters of different other peptides.

But then you're messing with genomics to a hard degree. And it's kind of like until I have more research with it, I don't want to talk about it too much because I just don't know too much about it.

Nobody does. People. Yeah, right. So so expensive. The right stuff right now. And they still they don't even know

how long it's going to last. Exactly.

So gene therapy it's there I do I do think that's the future. I just don't think we have enough people doing it yet. But I love that. Right. And all these are amazing, by the way.

They're just different ways to get to the same end result. Then you step to the right there is the recombinant Clotho. So the alpha clotho that's been around on the market for decade plus, it's been around for a while.

All of these things are going to drive the same end fates. So all the benefits we talked about and more. The problem is, of all of them, I think the recombinant Clotho has the biggest margin of error because you're dosing it like ten micrograms, 20 micrograms once a week, once every two weeks, once a month.

It's a very low dose product and very infrequently, if you do take too much of it, which most products you buy are dosed appropriately. But some of them I've seen like ten milligrams vials of Alpha clotho, which that drives arterial calcification like crazy.

So I've seen people. Yeah, I've seen some pretty terrible Trotta intermediate fitness tests and some of the calcium scores and plaques and LPs. And all these changes happen almost overnight from people that have used cloth over competently for a couple of weeks.

And why does that happen? So you have the inverse effect, right? So if you were having all of you again. Exactly. So you have that same effect that I believe will happen to also then calcified the pineal gland. There's no research on that.

But it kind of makes sense. If your calcifying arteries, pineal gland gets calcified, then brain starts to atrophy. And then all of a sudden you have an onset of some kind of a dementia Parkinson's whatever. Right.

So yeah. So that that could be you have to really screw it up. I want to make sure I'm not talking bad about it because it's an amazing product. But if you're dosing it properly, amazing.

But you're looking at 10 or 20 Mike grams, you know, weekly, biweekly, maybe even once a month. So that is something that can cause the most negative expression.

I saw that years ago. And I was like, you know, I just wanted something a little bit better. I wanted to find the peptide version of that that had some kind of a stop.

It had some kind of a threshold, right. So we couldn't kind of push past that. And I still want upon the protein peptide one, four and six. We won't talk about the four yet today we're still really getting handle on that in a couple other ones.

But the protein peptide one is essentially what Clotho does from an overall health expression aspect, whereas six is more specific to renal tissue. So if you have like renal failure, you're going with a protein peptide six for every other purpose, you're going with clover protein peptide one.

And if you go through and just go back to a couple of different cascades like protein kinase B, protein kinase C, ERC gamma. Yeah, gamma you will see changes neuroplasticity.

You'll fold memories better. Your cardiac myocytes will start to remodel more efficiently. You see pulling down of AST alt CRP. Interleukin six pulls down on all of the more inflammatory markers that you're not alphas.

It it does everything. So I hate saying that about anything because usually if you if you stimulate everything, it makes it sound too good to be true.

But I mean, we've taken and I have a couple hundred case studies with colorful protein peptide one over the years, and we have not seen one negative side effect, which I've never seen from any compound out there.

Usually there's something like the dopaminergic issues with BPC goes too high or like there's always something to GLP. You get the nausea, like something usually pops up, but nothing was close.

Approaching peptide one. Now with kelp one we're dosing it I really like because it's more expensive as of right now, until it gets kind of more popularized.

You could literally do 100mg every day for the rest of your life, and I feel pretty comfortable saying that. I've done that with a good amount of people.

It is to me, if it's a longevity molecule and you're using it to kind of do it, the gene therapy is going to do. That's almost a stimulatory player. Now, you could also, if you have if you don't have the budget for it, you could do like five days on two days off just to save.

But you're not saving any health or getting any other benefit by taking those days off.

Clotho Forms, Benefits, and Safety

There's no downregulation in any systems. There's no negative feedback loops. Like it's kind of the all, which is really cool. So this is specifically Clotho peptide protein one.

This is not because Alex just said 100 micrograms a day. You could do it daily. You could do it five days a week. This is not Alpha clotho. So guys, keep those separate in your brain, okay?

Alpha clotho, the recombinant molecule that needs 10 to 20 micrograms, maybe, like, be very, very careful. Clotho, peptide protein one and maybe six if you can get your hands on it.

This is 100 micrograms a day. You could do ongoing or you can cycle it. Okay. Cool. Correct. And for overall ranges as well, if people have more finances because we all have a couple of those clients where they have all the money in the world, right? Yeah.

You have worked upwards of ten micrograms per kilogram of body weight and higher. So I've had some people go to, you know, a couple hundred micrograms per day, like really pushing the boundary on what I thought was a threshold.

And we saw no negatives. We saw only down regulations and pulling down on biological ages. All bloodwork came back. Better HRP goes up if you I'd prefer for most people dose it at night because of the circadian shifting that occurs with Clotho.

So you will get some super nucleus and BMI one changes as well. So it is going to help to put you to sleep faster. It actually reestablishes sleep architecture, kind of like myself.

If you looked at that supplement coin extract. Thorne has a cool product, but it does the same thing with reestablishing the sleepwalk picture. So it's it's a really cool molecule.

I try not to blow things up, but it is one of those things where I think there's so much data now behind it that I've seen personally. It kind of, you know, makes doesn't make sense to not give it its credit.

And also just to make sure everyone's on the same page. I make no money off of it. I have chemists synthesize it, but I make no money off of that. So my only gain is people getting healthier.

Yeah, and so is there anybody that shouldn't use it, or is there anyone who might be in a place in their journey that this isn't the time for you? Right now?

I just want to make sure we include those qualifiers, because this sounds right now, like you said, you use the word before, and you and I both know ish there's always an but.

So and I know you haven't seen. So two things. Number one in the clients that you have who have all the money in the world and have been using it daily at high doses, what's the longest term you've seen being used that way?

Like is it six months a year, two and a half, close to two and a half years is probably two years from a couple months. Okay. So what we can say is so far after two years or two years and a couple of months, you've seen no negatives perfect with just to be, you know.

Oh yeah. Because this is all experimental. Like, just so everyone knows. In your case, there's no 20 year case. We have the two so and then so now to go back to the question I interrupted myself on, is there anyone who shouldn't use it?

Or are there certain things that people need to lay down below this to get the most out of it, or make sure they get anything out of it? So I think most people should practice just a matter of good practice of waiting to it.

Or 30 plus, I think between 30 and 40 the Dow really downgraded systems occur. Superoxide dismutase goes down with firearm production goes down, stem cell donation goes down like everything goes down around that age.

It won't hurt you when you're younger. I do have some athletes in Olympic circles where they're obviously younger than that, but they're also destroying their body training seven hours a day.

So there are those caveats, but I think a good rule of thumb would be if you're not 30 or older, I'd probably wait. It's more expensive. I would rather have someone like a vial is probably between 600 to $1000, and that vial would last if you did 100 mike grams about 100 days.

So financially as well, I think people should make sure that I would do the basics first. I'd have your hormone or I'd have your basic over-the-counter supplements.

I'd have all the basics in place. And then once you're around 30, you see those down regulations and aging occurring. I think that's the good time to bring it in.

It's not wrong earlier, but I think it's just good practice more than anything. Okay, I love that. Perfect. And, you know, 6 to 700 bucks for a vial is a lot.

But 100 days is a long time, so. Right. Right. So that's kind of if you, you've got you've got to do your math properly guys. Yeah. All right. Is that it on the Clotho or is there more.

Because I know we want to get to other things, but I also want to do a good job on this one. I think we covered most of it. I do think the one thing to really point out with it is its ability to auto regulate motto toggle.

So in the right scenario, it will stimulate mTOR, in the right scenario will stimulate actual Ampk. That's important because protein folding in neural cells is important to fold memories and actually remember things.

Driving that protein expression in a healing organ is massive or it's not going to heal. So it's not just about mTOR building muscle. We're looking at protein synthesis in organ systems, in cartilage and all our soft tissue.

So while it's happening in maybe your hip like an mTOR dominant or something like a protein synthetic cascade in your hip, you could be seeing Ampk in your heart, which is positive, right?

But it'll auto flux and toggle based on what you need. So there is almost an innate intelligence to it, which kind of makes sense. Why? It's like the master longevity molecule, because it does.

It knows what to do, and there is a coherence to it as well. So people that are more incoherent seem to be more responsive to it, which makes sense. The more dams you are, kind of the better you will respond to it, because just that much more noticeable.

We see that in a lot of stuff, right? I mean, you'll feel it more now. Isn't Clotho naturally made in the kidney? Yes. So. Okay, tell me about the talk to us about that a little bit.

It's also then going to further. So if you look at a nephron, the smallest function unit of the kidney, you have the glamorous you have the proximal the distal convoluted tubule.

Then down here you have the loop of Henle. So we talked about Lasix beforehand. That's working right down here in the loop Henley. And you're all dark tones are working more with that distal convoluted tubule over here in that distal convoluted tubule away from the glomerulus.

That's where vitamin D and calcium is really curving. And that's where Clotho comes in as a massive, positive player. So if you do the correlation between all the people with renal failure and their vitamin D levels, part of it's the metabolism in that part of the kidney.

So even if you don't have it, though, a lot of people that are healthy, they might have been levels of like 30 and they're taking all this up in the world and things aren't really clicking.

It's because the metabolism in that distal convoluted tubule is just not optimal. And I've seen Clotho actually fix vitamin D levels more than supplementation for most people, which, yeah, you usually don't see.

There's almost nothing certain people dose at 10,000, 15,020 thousand. I use get all the sunlight and sun exposure in the world. The vitamin D level doesn't change. Yeah, yeah.

Well this I mean and that because it's getting right to the source of it. Right. And that also explains guys with the vitamin D and the calcium that Alex just mentioned.

That explains why certain other forms of Clotho, you overdo it. You see the calcification of the arteries and the calcification like that. It's disrupting that calcium cascade in the body.

Exactly, exactly. We have to cross talk and cross communication. Anything you take is going to hit the stomach distribution from the cardiac systems or from the heart.

Then you process through the liver and then process speed through the kidneys no matter what it is, even if it technically shouldn't be excreted. It's going through all those organs.

So if you stimulate one they crosstalk and stimulate the others. Beautiful. Okay. So are we done? Yes. Because the next thing is super interesting I know, so perfect.

Let's go to the. Our next stop, ladies and gentlemen is the pineal gland. Yes. Okay. So this is going to sound like it's in the complete wrong direction.

But everyone bear with me. This is my answer to why I think everyone alive colluding my children who are seven, four, three and one years old should take epi talon orally every single day.

And there's there's a lot to it. But wait, wait. Seriously, I do, so let me backtrack. Okay. And this is this is a lot. It's not going to make sense until the end.

If you look at how eyes evolve it starts with opsin. So the light sensing centers right. Then you have to go ahead and actually cup it to give it some shape to try and right see periphery.

Right. Then from there you go ahead and you fill an actual pinhole to focus. You fill it with some flu, like the humerus, which is in our eyes, to make it a little bit more sharp.

And you have to protect the area with the cornea. Right. So that process of eye development, evolutionary evolutionarily takes about 400,000 years. Now throughout the cycles and times of history, that's happened dozens

and dozens of times.

So now we take a step back to the beginning. We have algae at the top of the sea, right? Getting hit by the sun. It's slow, then develops into little creatures. Right.

Those little creatures are actually initially little Cyclops. They were at the bottom of the ocean floor. Seriously, they were emotionless. They sat there. They kind of.

They made like a little cave, almost with their heads out, just their eyes. And they would just eat, they would just feet. And then as climate change would occur, they would have to move.

They had become mobile. And that's how we actually got that evolution into the fish. The fish had to form lateral eyes because now if you just had one in front of you, you're going to get attacked by a predator and get eaten, right?

Yeah, exactly. So you had to pull in these ladder eyes. So now you have these three eyed fish swimming around that then eventually have to evolve. Because going back to climate change and how things happen over hundreds of thousands of years, obviously not a fast process to then the lizard, the frog, and eventually all the way up to the human right.

If you track that, if you look at the bullfrog bullfrogs, a great example, because they're further back in development that we are as humans, look at a picture and they have a dot right, right here, right in the middle of their eye.

And if you look at that dot, it has a cornea, it has a lens, it has pinilla sights. It has everything that makes up an eye. So if we track that history evolutionarily, and this has actually been proved by some cool new research, which is super fascinating.

That middle I originally is still there. All right there. The problem is exactly. But the literal, not the spiritual third eye and actual third eye is still there in between our eyes.

But now we developed out of it, and so it sunk inwards. That is now called the pineal gland. So literally everyone alive has a third eye. Third eye not a spiritual.

But the problem with that is it is also you can't talk about without kind of talking about the spirituality of it. Because if it's blind, if it's it's literally closed off, it can't see anything.

It can only interact with the metaphysical world to give you information. So now all of a sudden, people say the pineal gland is an antenna for consciousness or whatever you want to call it.

Epi-Talon, Pineal Gland, and Circadian Health

It makes so much sense because it literally was an eye at one point in our evolutionary history. So now we go to pineal gland was an eye. Still is an eye, but it's a kind of a metaphysical object because we can't really see because their skin in the way there's bone. Right?

And it's literally right there. Yeah. So now we go to Epi Talon. Right. So with epi Talon, the direct stimulation on the pineal gland to actually hypertrophy and that pineal gland I think isn't really tough by anything out there.

Right. So take it one step further. And like the interactions with telomerase it actually fixes that three prime overhang. So as we kind of age we have DNA. Those sequences right.

Then three primary gets short short short. And eventually when it unravels basically die. That's supposed to be 120 years old. That's where the original numbers came from.

You can just drive telomerase and add more to that three prime overhang. So you now have epi towel and not just

driving the hypertrophy of that third eye of our new.

Glad you also have it actually adding yours to your life because it's adding DNA length. Right. So the factor in today's society with all the non coherent EMF exposure with people spraying the skies with heavy metals, everything going on kind of makes sense.

We should start approaching it from a DNA aspect as early on as possible. Right. Yeah. Then you go with epi towns effects with like phosphate cramps. So phosphate crab will help you to fold memories in the brain more efficiently.

So you see the neural connection with the pineal gland. You then see the interaction with the pineal sites. So with epi town, the reason why it's so awesome from our circadian aspect is because it's modulating the humerus, the fluid sacks in our eyes to allow you to I have to explain this better.

One second. We have to actually we have to actually look at octopus. Sorry, I'm getting a heck of a get excited with with octopus. Okay. And their favorite animal.

We don't eat octopus in our house, but yes, but ready for this? It's super cool. Yeah, the difference between us and then from an eye aspect is they have cells at the front of their eye and runs at the back.

Right are the reverse and we have a blind spot, the optic nerve. They don't. That's important to understand because of the interactions. Then with neuro melody neuro Melanie is in a substantial Niagara for us for for octopus they can score it out.

It's that black substance. That melanin essentially is almost like the fluid transceiver for the pineal gland to then allow consciousness to be housed in our microtubules.

So now you're seeing the neuro melanin substantia Niagara conversation coming into play. Guess what? Epi town does a pretty good job of doing. Also pulling down reactive oxygen species damage in the substantia nigra.

So now we see this whole conversation of okay, if it's doing that that means we're giving more of a almost like a runway for our neural melanin to have a better processing of that.

So we're trying to never be too high to low with normal, and we're trying to keep it at a pretty good level. But I really believe that, like human evolution will be found in neuro melanin in the pineal gland.

It just kind of makes sense if it's connecting with microtubules in which housing consciousness. So now epi talen then also has the awesome interaction with our eyes to then stimulate all the circadian cascades to help produce more normality or to balance.

I think that's a better it balances it. It doesn't overproduce. Yeah, exactly. So does that make sense? But the octopus because I kind of jumped around there.

Yeah mostly. But I want to go back to the optic nerve because the town has a definite impact on the optic nerve in humans. I mean, that's why it's used for retinitis pigmentosa, right?

I can actually. So now all of a sudden we are removing our our blind spot as humans. That's that to me is like one of the biggest goals for everyone. It's making sure that we could be more intuitive and we can kind of revert kind of how we were supposed to be evolved to.

I think we kind of got off track a little bit, but I also think that's why epi Talent and all these things came around at this point in time, because humanity almost needs it.

So you do see that positive stimulation at the optic nerve. Then you see some cool things that I don't think is really in the research, but I've seen for the past ten years, I'm sure you've seen it with your clients, and people tell you

things.

I have seen cholesterol levels drop from 300 to like mid to low 200 seconds, which that's that's a lot with someone with hypercholesterolemia. And we usually when that happens we see a balance out of and LDL particles.

I haven't seen a correlation with like lipoprotein little A or ApoE b. Obviously I think this goes back to more cholesterol metabolism being more the circadian player and people just reestablishing that cycle better.

So that makes sense. We've seen that. So lipids improve the really cool things that actually improves stem cell renewal rates. So going back to kind of as we kind of age and those levels go down now all of a sudden you're healing better.

So we've seen direct down regulations in HSCs. The Interleukin six's all the traditional. Like if you look at the creatinine based numbers and things like that, all of those all of a sudden improving.

So now you're fixing lipids and you're fixing inflammation. If you fix those two things, you're not oxidizing those lipids. What does that do that lowers your calcium score?

I haven't seen I haven't seen crazy calcium score changes with Epi Town I'll be honest. But there are noticeable things are getting worse. They're getting slightly better.

Yeah. Might be muddy by everything else in the water with that, but at least we can kind of correlate. Okay. If it's if it's point on inflammation and fixing lipids, there's a potential at least.

Yeah. And I think with the pedal I mean the challenge is that we don't have people only doing a pill on if somebody's got dyslipidemia, if they've got calcium issues, the whole thing, you're going to be pulling a lot of different levers.

I think one of the things about a pit alon that needs to be understood is that it has this global upstream translating into downstream effects on major systems that is going to be assistive in all these other things.

Right? Completely. Like I think Evanson talked about it as an master endocrine balance balancing effect. It has a balancing impact on the immune system.

It has. So when and to your point, like if it's managing, if it's helping with oxidative stress and inflammation and circadian rhythm and melatonin, if all those things are starting to balance, all of those things impact everything else that you're doing.

Right. So another big one too, I think. I don't know if tablets in talked about this. I know someone talked about it somewhere. But if you dig into that WMT, that beta catenin cascade, if you overexpressed or push it in the wrong direction, that can cause tumor growth, that can cause hair loss, that cause all these negative things.

Epi town seems to balance it out. Now, the problem with saying that is if you do take injectable form of epi talent, higher doses and you have a tumor.

I have seen actually increased tumor growth rates imitation. So that is the only negative I've seen with with EPI Talon. That's a big one thing. It is if you have a history of cancer or if you're actively in any kind of therapies for your cancer, I would probably avoid it.

And then we also have to talk about the forms, right. So form wise mainly oral in mainly injectable right. Different types of oral products and things like that.

Chemical expression on injectable talent is so high. And the original research from Cavin was misinterpreted and everyone was doing the 20 minutes. Thank you for doing this.

It was it was a lot. It was like a vial a day for like ten days or whatever. The protocol, ten milligrams a day for ten days. Some people would do it for 20 and I'm like, no, it's 100 micrograms, maybe a milligram.

Yeah. It's I think that's actually you said it's the perfect range. I think about if you're using the injectable format about 100 microns to a milligram and doing it for a couple days and doing that maybe once a quarter or once every couple times a year, I think something like that, because the the chemical expression on the injectable so strong, you don't really need it with that.

You can't get more tert based expression. You can't change that to race that hard. You can't hide the pineal gland that fast. Right? So just like everything else, when you cause that imbalance, then you cause more problems.

So the cool thing and why I said in the beginning why I think everyone should take oral epi talon is because the injectable has no chemical signaling threshold.

It'll just keep going up and up and up. It's a threshold amount, whereas it's tapped if it's oral. So you're talking about the natural now are you talking about Andalusian or are you talking still about epithelial on used as a sublingual.

Correct. So epi town has a sublingual or they have like Aniceto epi talon all these different all varieties. Those are the ones I'm talking about mainly actually only really only epi talon because they're capped.

You can't overexpressed. And so there's never going to be an overregulation because you can only take so much. So something like Oral-B Talon or the sublingual varieties usually sub like 3 to 5mg or less.

Like even like 100 mike grams, 500 mike grams. There's some droppers out there and well, that's a massive there's a product by a company called Nano Pep out of Italy and it's a sublingual spray.

So it's really easy to dose micro dose. And they've done something to the Talon to make it more. By I mean it's a tiny molecule. And the vascularization under the tongue is such a powerful mechanism to the point where you're not allowed to say, use this sublingual.

They have to say use it, right. Because it's a it's considered a drug delivery. Yeah. Pathway. Yeah. But some of those those sprays are really powerful okay.

Keep going. I don't want to derail you, but I have a question about another epitaph on form that not a lot of people talk about, but you keep going on your change.

So you were saying that for the sublingual oral forms of Italian, not Andalusian. So we're not talking about the natural here. The extract. Correct. We're talking about the synthesized molecule.

What you're now talking about daily only before you sit. Not so what dosing are you thinking? Are you thinking about here if you're going to be doing it ongoing.

And why would you ongoing and not cycle so injectable infrequently and not dose to ten milligrams like 100 micrograms to a milligram or something like that?

The oral which we're talking about now, the different varieties of epi towel and not and dilute, not anything else that is dose that you see 3 to 5mg or less again is even as low as like a couple hundred migraines, depending on your product.

The nano Pep is micrograms. Exactly. So we have that. And why do we want it as a daily player, if you look at and see how the pineal gland actually processes a lot of these molecules, how you can actually purchase the pineal gland to actually do what we're trying to get it to do to its full action.

That's a daily stimulatory action. That's something that you don't need breaks from. You take a break off and it's not going to make things bad for you, but you're also not helping yourself.

You're not giving your opinion, going that extra push. There's no down regulatory effects. There's just like the Clotho, there's no negative feedback loops.

There is no under expression or overexpression of melatonin. There's only benefits. So although you could take days off, there's also no real need. You could say good practice because it might get boring for certain people.

That's more than fine. But there is also a case to take it pretty much every single day that you want to, because you're only going to be getting benefits because it's a it's a micro dose, right?

And on top of that, it's also going to be limited anyway. So you could take 20mg or whatever orally and it's still going to be capped. You're not going to get more expression than out of those five or so milligrams.

Right. But you're just not going to push it. Exactly. Because why it's a waste. So I mean why bother. So so for your when you're talking about giving it to your kids and guys like just so you know, this is Alex making it.

You know, he's a very knowledgeable guy. He's making decisions for his children. I don't know that everybody's going to want to make that same decision for their kids.

But so we're not saying here every child should take it. But just as before, you talked about for Clotho, for someone in their 20s who's an elite athlete, who's essentially burning the candle at both ends in the middle and everywhere else, they can find a wick.

So there's an argument for them. Like even Kevin said, talked about using bio regulators with the well, they used it with all their Olympic athletes. But he specifically talked about the women's gymnastics team.

Right. Because these young girls were under so much stress getting to the Olympics and then getting through the competition that they found it had actually accelerated the raging.

So they had to use the bio regulators to bring them back into line kind of thing. But with the use when you're talking about Apatow on for your kids, are you talking about it from the perspective, like, look, my kids are now being exposed to 5G, that like the the insults or the load on the physical body of everyone right now is so high in terms of the damage that's being done.

It's like you are thinking about it almost as just giving them a little assistance, because our bodies just haven't been able to adapt to all these stressors.

It's just happened so fast. Correct. That is the exact angle I come at it from. And I see this as the multivitamin. I'd rather have them take that than any multivitamin.

Interesting, because kids are at school for six, seven, eight hours a day under all that blue eyed exposure. If they're drinking the like, we've had all water tested.

We had a whole structuring unit put in at our house. So we have like mountain spring water at our house. But you leave the house, it's trash water, the chlorine.

The claw means the pharmaceuticals. There's so many things in the water. Then you have the environment of school. You let them eat at school like a lunch just to have fun with their friends.

It's trash food. So you're trying to balance out, allowing them to have a life. Because I don't want them to be like the freaks where they're wearing.

Like, I love my shoes, but I wouldn't make them wear them because they would get made fun of and they don't want to wear them anyway. So I'm trying to balance out the little toes into those, right?

That'd be it. That'd be a nightmare, right? But yeah, it is. To me, it's balancing out, letting them to be humans, to

live their life, but to still not have long term damage.

And that's like we have life in our house. Like, yeah, we have ether net cables and things like that. But I don't think we need to live like we did 100 years ago because we're not.

There's no way you could live like you used to. If it was 100 years ago, my kids wouldn't get up Italian. They wouldn't need it. But because of how things have changed, I'm trying to do this to allow them to have their life, but then still not caused damage long term.

And like you said, it's up to everyone. Epi town also by the response extremely well in dogs and in cats extremely well. Yeah yeah yeah. No for sure. Well yeah I mean the bio regulators with animals is and even peptides frankly it's it's a dosing problem more than anything.

So with little kids like what are you looking at dosing wise. Like are you still doing 100 micrograms or are you going even lower? Usually 50 or 100 microbes actually is perfect before bed usually is kind of the ideal time.

Everyone just gets better sleep. They get better. All neurological recovery, right? It helps out so much.

Epi-Talon Use Cases, Cancer Caveats, and Closing Resources

And I've noticed it so much with our kids when and I don't know, you can't compare your kids with other kids, but I see them with their peers and I just see the gap going further and further apart where my kids are healthier there, there's a lot of obese.

It's so sad, but there's so many obese kids these days, kids that they can't have any social interaction because those centers in their brain, their frequent prefrontal cortex, is so atrophied, it's not even growing.

It should be thriving at that age at seven, four, and three. And it's not. And so I just have seen that disparity grow more and more. And I make sure that, you know, they're treating everyone properly.

You never talk down on people like to make sure everyone's being treated equally. But it's also like I see their health just thriving, like we rarely ever get sick anymore.

And we have four kids in school now, you know, when kid daycare. So like, there's always the sniffles for petri dishes. Exactly. Yeah. And like, we're just I see it firsthand.

And like you said, I'm not forcing this on anyone. I just personally have seen it firsthand with myself in a good amount of my clients. I have a lot of parents out there and they ask, like, what can I do for my kids that's safe?

We travel it out and we're going on years later and it's only been beneficial again, can't talk a lot in 50 years because we obviously don't know. But I think we know what's going to happen if we don't do anything.

And I don't want to die when I'm 80. With dementia. Like that doesn't sound fun to me. No, that's a hard no. So I want to go back and mention what you mentioned about epithelial and cancer, because I think this is a very important caveat.

It's interesting that some of the research that Cavin did indicated that they may have an anti-tumor effect, however, you were talking about in an instance where you have an active cancer.

So I just wanted to underline, highlight, bold and make that a little bit bigger for people to understand that, to do these things, the assumption is you're testing regularly, you're getting screened, you're doing the work that gives you insight into what's happening under the hood so that you can kind of pivot and change directions when you need to.

Exactly. And that's because people will say, well, how do I know five cancer? And I'm like, well, you know, you don't

always know Galleria. You could go to check.

What is it? Check cancer labs or check cancer now. Yeah. Okay. I'm kind of I'm I'd be cautious with cancer. There's been a little bit of drama around that company for the last.

Really I missed that, yeah. Unfortunately. So I'm cautious with with because I was really excited about it when I first heard about it. And I think that we might have to hit, not delete, but maybe a pause on that one.

But Gallery, all these other screening tests I think are very, very important. Yeah. So if you do get the pre screen, if you do have a tumor you find that there's something there circulating tumor cell wise like at least don't take it because what it's doing with telomerase as it's elongating your healthy cells, your own DNA strands.

It's the same thing in the cancer. And so would you say that also for things like because this is rampant like a basal cell carcinoma. So this is like on the surface of the skin.

This is not a systemic issue. But nevertheless you have mutant cells kind of doing their thing. I would probably say no. I mean still have to be careful with it, but I would probably say not as much of a big deal because you'd also then get all the circadian and all the melanin, the neuro melanin and the option and the melanopsin.

You get all of those changes with it. So it probably once got under control, probably balanced out. And we help you, but I would I'd still be cautious with it.

Like if, if, if that happened to my wife, I'd say, let's think about it. I wouldn't say no, but let's think about it. Or as if it was any other cancer.

It's like kind of a hard no. Yeah. Okay, good. Well, those are lines. So, guys, we've crossed a lot of different lines here that we probably wouldn't normally, but we're doing, you know, this is about getting into the mind of a guy who spends a lot of time thinking about these things.

So thank you for that. I think we're going to stop there. Is there anything we've missed, Alex? Is there anything else you think we should address? I mean, look, clearly I could do an entire summit just with you, but, like, the only last thing I want to say about, like, Clotho.

And this goes for every peptide and bio regulator. And everything we're talking about is, like, what we talked about here is less than 1%. And I only say that to get people excited to learn, go out there and just search and don't use AI for your education.

Find a research study, find an interesting sentence, go down to the references, see who said that. Then go to that study. Then find another interesting set that you keep doing that and if you rabbit hole enough.

That's how I've learned the majority of stuff I have from Rabbit Hole. Through all of the research, I think the process of learning is so important, and so I hope to spark that fire in people out there to get out there and read.

Like reading research should be fun. It's not about the end answer. It's about the methods. It's about more than just the results. It's it's really reading go.

Oh, that's an interesting thing. I learned about a lot of the the neural melanin stuff from actually originally researching for it was it was actually for giraffes, believe it or not, completely different world, but enough rabbit holes lead you down there.

And I learned seven other things along the way about different molecules. So it's just I think that's very important for people. And I hope education is fun for people because I freaking love it.

Yeah. So on that point, you have a very vibrant, beautiful community. So why don't we bring this to a close, let people know where to find you and how to join your community and become part of that world of curiosity.

So again, Alex is not saying, join my community. I'll do the work. I'll do all the work for you. I mean, you will learn a lot from him, but also it's sparking the curiosity, getting into the rabbit holes.

And then if there's something you don't understand, you come to the community, you throw it out there. You have a discussion? Yeah. We have. I'm so lucky.

I feel like we have had there's in this entire time. There's like 1 or 2 like little problems that might have popped up and they weren't even that big a deal.

We have the an amazing community of people and I'm just so grateful to have them. I school backslash TPC Army and we post up multiple videos per week seminars.

I have a live Q&A for them right after this for 90 minutes. We do that every other week. People are posting up their own results, their own case studies.

We have a specific chemist for certain things. I'll just throw that out there. But that's again not through me. I don't get any money from that. That's just for people to have access to like protein peptide one, things like that.

All the education is there then for coaching, inquiries, mentoring, things like that. That's the prep coach. And those are my real two places. The coach love it.

Alex, thank you a million times for taking the time again. I know how busy you are. I so appreciate it. Thanks for being here. You are awesome. Thank you so much.