Long Awaited Clinical Results: From Ep #394 Peptides Cut Mortality In HALF! Transcript

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Clinical Study Background

We've all been waiting for these results with bated breath. And as you mentioned, like this is building on a lot of the clinical studies that professor Kevinson did run in Russia.

There was, there's the, you know, I always laugh when I use these terms, because these are straight off the paper. The old people study, the elderly people's study.

there is the Gazprom study which is, was conducted in a factory in Siberia. and what's notable about all of those studies, which you've replicated in your work.

is that people were not asked to change anything else. They were asked change their diet, they were to changed their lifestyle. Whether they did on their own or they didn't is not even the point.

The point really was to identify what impact could these tiny proteins, called bioregulator peptides, have on a person's mortality rate. I think you made this point also earlier was that people live too long to do a longevity study.

Can we prevent people from dying sooner? Bottom line is kind of what it boils down to.

How Bioregulator Peptides Work

One of the things that I found really interesting when I was reading a lot of earlier work was When he was talking about food, and please correct me if I'm wrong here, but I think one of the things he described is that these sequences of peptides, these little bioregulator peptide, they're embedded in the proteins in food and they have cleavage sites that are very specific that allow them to remain intact so that when they get transported out of gut into the body, You have this little peptide that's kind of going to find its way to the target organ.

Is that about right? Because that was one of the things that were so fascinating to me is that they exist in food. Yeah, that is absolutely correct. I sometimes will use the metaphor of, because I lived in Alaska for a long time, the salmon.

The salmon will depart from where they were basically hatched and so forth, and they'll spend four or five years in the oceans and then thousands of creeks and rivers to choose from, they all go back to where conceived, you might say, and so forth.

We call them cleavage sites. I sometimes refer to them as docking sites, that is, the amino acids will swim through the arterial system, pass through them membranes, they're looking for the liver and they are looking the receptacles on the livers and that's what allows these peptide bioregulators, literally at the cellular level, People talk about cellular reprogramming.

There's a lot of information thrown around, unfortunately not very much proof yet. But that's the concept is that these amino acids are cellular programming substances that then result in tissue rejuvenation and then finally organ regeneration.

Yeah, you've got it down. And I think I got this from you. I will refer to bioregulators often as the ultimate epigenetic switches because they are actually able to influence the way that our DNA expresses.

You had said in our last interview together that your hypothesis, which may still be a hypothesis or you may have proved it since then, is that what they're actually doing is correcting the expression of the DNA or resetting it back

to a more youthful setting so that, you know, just as we used to heal on the go as young children, as age, we lose that capacity and maybe it's restoring at least some of that The peptide bioregulators are the only substance that I'm aware of that can fix what we call the DNA repair system.

The DNA system is built into our cells.

DNA Repair and Cellular Rejuvenation

It's like you might have an assembly line where they're putting together some highly technical things. On the assembly lines, there are checkpoints to make sure that all the parts are being put in.

You'd see this on an automobile line and so forth. And what happens is that when we were first conceived, this DNA repair system is operating at an optimal level.

And that's why 99.99999% of cell regulation occurs and cell replication occurs, and everything run smoothly. As we age though, this DNA repair system basically starts to kind of deteriorate just for a lot of reasons.

Part of it is that the mutations that occur from the environment, from poor food choices and so forth, they damage the assembly line or the DNA repair system.

So what the peptides do, and there's a couple of clinical studies that Cavinson did, published that prove this, is they go in and they fix the DNA Repair System.

They return the D&A Repairs System back to something close to what it was when you were conceived and when were born. And as a result, when have a DNA repairs system that's functioning as it should, there is a huge cleanup that takes place at the cellular level.

So we could spend an hour just talking about that, but that's sort of what we've discovered. So I have another question for you. For the pineal gland bioregulator, which just for the audience, the Pineal Gland Bioreglator has several different names, depending on which form you're talking.

About so as a whole, The Pineel Glan Bioresulator. has an impact on, seems to have a positive impact, on the immune system. Of its laundry list of benefits that are often cited is that it may upregulate the activity of telomerase, which is the enzyme that preserves telomeres, you're going to talk about it in a little while.

It also helps to restore melatonin and it restores melatonin to optimal levels rather than boosting it or depressing it, it's looking to normalize. It has a positive impact on the circadian rhythm.

Pineal Gland Bioregulator Effects

There are some studies that Professor Kabinson did that shows that it may have some benefits in the case of cancer, which the study I'm most familiar with is a mouse study, but there may be others that I don't know as well.

And then also talks about being beneficial for cellular oxidative stress. When we talk about the bioregulator kind of homing in on its home tissue, being the pineal gland, are all of those impacts being, to your knowledge, and I don't know if you know the answer to this question, but this is one of the burning questions I've always had in my head, is all this happening from the penile gland acting on those systems?

Oh, also it helps to balance the endocrine system. It has a balancing effect on hormones. Or do you think that there's receptors for that penial gland bi oregulator in other systems, You know, I always think of it as kind of the master bioregulator, but do you have any insight in that or is that still a little bit of one of those things that's still need some clarification and elucidation?

The latter, it needs clarification. We don't really know. But it's interesting that when I put together a protocol and We're focused on the two tests that we use as bio…

In fact, let me step back for a minute. Since it's difficult to make an assessment of overall biological age, what we have to use is biomarkers. And the biomARKers that…

There are many biomARKers for reflection of biological ages, but the 2 that are pretty much predominant are telomeres and epigenetically or DNA methylation.

We know those are… very much reflective of a person's biological status. But there's many other things as well. These are the two that are primary and most importantly, these are two we can actually do testing on or for, you might say.

Going back to the question about the pineal gland and so forth, we don't know to any depth, how on multiple levels things like the pineal gland peptide, how it does what it, does how, it knows where to go in terms of docking or claving and so forth.

But what we do know based on Professor Cavinson's studies, extensive studies is, and I'll have to kind of preface this, while we're focused on telomeres and DNA methylation or epigenetics, If a person in the clinical study has some other organ-related issues, they've got some heart history, arterial problems, kidney, even stage 3 kidney.

By the way, when we first set up the studies, we would accept anyone into the study pretty much unless they had active cancer. But then several years ago, as the studies were growing larger and larger, we restricted the admission pretty much to physicians.

And so at that point, the physicians would use the peptides to deal with various health issues, et cetera, like a kidney problem, heart problems. So when I would put together a protocol focus primarily on longevity.

I look at the telomere situation. We test people for their telomer length. Then the epigenetics, we test them for DNA methylation status. But then we would profile what health issues are they concerned about.

And we then add appropriate peptides, because we have, say, 21 of those. So we add relevant peptide. Back to your pineal gland, There is never, ever a protocol that we've created that does not include emphasis on the pineal gland.

And yet we don't understand exactly how it does all these amazing things in the endocrine system and so forth. But I would say it's the single most important of the peptides followed only by the thymus peptide.