Making the Connection - Looking at Unconventional Patterns to Solve Autoimmune Disorders Transcript

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Opening Banter and Podcast Intro

So I was talking to my trainer the other day, his guts bothering him, he's drinking. I'm like, what are you eating? What are you taking? What are your shakes?

He's showing me all his supplements. Every single thing he's taking has super lows. which is basically chlorinated sugar. And it's just drinking bleach.

So he's drinking basically bleach all day. I'm like, well, no wonder your gut's a mess, right? So it's gonna be having leaky gutches from that. But just when you're talking about the GHK, it made me think of the VIP.

Like the VIP, when we just were in California, we learned about how that was pretty much the only thing that they found that epigenetically like turned back on the genome to make it work properly.

Welcome to the Peptides and Longevity podcast. Each week, we'll dive into groundbreaking science, innovative therapies, and the future of health and longevity.

Alongside visionary physicians and experts, we'll explore how peptides, cutting-edge medicine, and lifestyle strategies can redefine the way we age. Get ready to transform your health, optimize your vitality, and unlock the secrets to a longer, healthier life.

Let's get started. Hello, this is Dr. Kent Holtorf with another episode of the Peptide Summit. And today we have a wonderful guest who I'm proud to call a friend and a colleague, Elizabeth Tringali.

She's one of the early adopters of peptides. And I remember at a conference she came by, I didn't know her.

Guest Introduction and Background

And she comes, she goes, Oh my gosh, BPC 157 makes everything else work better. And I'm like, wow. And she's just a wealth of knowledge and can speak on any subject and just want to thank you for taking the time.

I know you just opened a new office and hired a new physician and so much going on. So I'm sure you're exhausted and appreciate you taking the time to share your immense knowledge base.

with us. Thanks for having me on. I'm blessed to be busy, but it's always nice to share information to other clinicians or people that can use these pearls to help advance their health.

So thank you. Well, great. And yes, a little bit. So she's going to talk about unlocking the secrets to reversing autoimmunity. So Elizabeth is board certified physician assistant.

She's a graduate of the University of Florida where she received her bachelor of science and master of science degrees and is a diplomat of the American Academy of Anti-Aging Medicine.

Since beginning her career in internal medicine in 1999, She has been known for helping patients achieve wellness and longevity goals by blending complimentary and traditional medicine.

And she's really ahead of the curve. And I really just love her passion. Every time I talk to her, she's found a new treatment, a new modality, you know, and she doesn't look like it is very, I guess, politically incorrect, very good looking woman.

She's a geek. he's a knowledge geek but it's it's great and just her passion to help people is just inspiring and while earning her undergraduate degree in nutrition science in 1995 she worked as a nutritionist and conducted research for the women's health initiative interesting on folic acid to prevent birth defects in infants after working in nutrition for several years she returned to uf and earned her masters and as a physician assistant studies from the College of Medicine in 1999. Returning home to Palm Beach, where everyone's flocking to right now.

She practiced internal medicine and integrated medical practice and co-hosted a radio show for three years. I did not know that. Her nutrition background allows her to blood natural therapies such as medical grade nutraceuticals and diet changes with allopathic medicine.

And she's got that great ability to combine, you know, integrative, you know, natural, but is not afraid to use medications, very evidence based. And I really did.

That's kind of the way we practice and just love talking to her and going back and forth and what's new and running cases by each other. And because of her background in holistic medicine, anti-aging, she was the first physician assistant to join the exclusive MD-VIP medical program.

Is that the telemedicine? No, that was his MD-VIP concierge. Oh, that's what they send the toughest patients from everywhere to see as best doctors. That's awesome.

After several years, she joined a large family practice and assisted in developing a wellness center. During the time she completed a fellowship for the American Academy of Anti-Aging and Regenerative Medicine.

She also completed a peptide certification fellowship through A4M and she created individual detoxification programs for environmental toxins, heavy metals, bowel dysbiosis, food sensitivities and weight loss.

Just really the whole whole gambit, you know, bring it on, she'll treat it. Her practice focused on treating conditions such as subclinical thyroid disease.

And that is, uh, you know, near and dear to my heart. Autoimmune disease, which we're going to talk to about today. Chronic fatigue, irritable bowel, acne, cardiac disease, and helping patients overcome menopause and andropause with use of biological hormone replacement therapy and really perform state of the art vitamin and metabolic testing.

So really she's on the cutting edge of so many things. And we could do a whole summit with just her doing 30. So it's awesome. I'm a big fan. And I know she just gets great outcomes.

I hear from patients. And again, thank you for for being on the summit. Well, thank you for having me. You make me sound like a genius. So I really love even more.

Very humble too. And so we're talking about autoimmunity. What basically autoimmune conditionally talking about everything or and what what do peptides help one thing but not another or?

I see so much Hashimoto's in my practice. You know, there's a correlation with mold. So living in Florida, everything with all those hurricanes, there's a lot of water intrusion.

So you have a lot of mold down here. So I have to say, I don't know, it wants to like, more than half of my patients seems to have Hashimoto's, not if I just have a reputation in the area.

But every time I'm checking for antibodies, I'm just seeing it. And they may not be full blown, but they certainly have an autoimmune virus. but they won't even check because they don't think you can do anything about it.

And also they found that one is that when you have antibodies to your thyroid, that you often have antibodies to your pituitary, to your mitochondria, And so it's very unique.

You don't see it in graves, which is interesting, but you'll see it in Hashimoto's. So a lot of doctors, the endocrinologists, they won't treat just if you have antibodies because your TSH is fine, but their TSH is artificially lowered.

because of the Hashimoto's and they also have antibodies to Diatinase type 2 which converts T4 to T3 in the pituitary. Now the antibody you think would lower it but it stimulates the T4 T3 conversion in the pituitary.

So they have lower TSH than a normal person would and they found that getting rid of the antibodies actually makes people feel better than fixing their thyroid levels.

And the endocrinologists don't even check the antibody levels. They don't care. They would just refer everyone out if there's a thyroid issue, but no one took the time.

It's a covered test. It's an inexpensive test. I think antibodies are maybe like $15 a test. It's not expensive, but it's the only way we really know if there's something going on because most of the population, let's face it, they're having positive obesity.

And this is a big piece of the puzzle. So, you know, with functional medicine, we are doing the deeper tests and we're saying, okay, well, why do you have these antibodies?

And what I love about peptides, you cannot reduce the antibodies and get rid of them 100% with them. I especially love the phymosin alpha for that and the BPC and of course my TB4.

So those are my three favorite. But the Hashimoto's, there's so many environmental factors that I think are overlooked. All right, cool. Interesting study on obese children.

The thing is with obese children, if they're obese children, their likelihood of being obese as adults is so high. But the percentage of obese children with Hashimoto's is huge.

And, but they may not even have antibodies. They looked at, you know, basically doing ultrasounds and biopsies and found like 80% of obese children had inflammation of the thyroid.

Hashimoto's, Autoimmunity, and Thyroid Testing

Wow. 80%. Yeah. That's pretty impressive. So they're all low thyroid, but they all just eat better, you know, and then they go on the strict diet and that lowers their thyroid even more.

Cause the body senses that starvation. And they fall persistent or have pollutants in the fat and they can't get out. Oh, yeah. Toxins, pesticides. And one study actually found that a high incidence, they just biopsy people with just fatigue even.

Biopsy the thyroid, huge percent had active HHV6 in the thyroid, but not in the rest of the body. and you can also see that with Parvo and so the thyroid is dysfunctional and then they also get the secondary and tertiary so the TSH as well which the standard tests miss.

almost a hundred percent of the time. You know, what did doctors go by the standard, standard tests? So do you do any, how do you diagnose Hashima as you look at the antibodies, you ultrasound a lot of people and what basis do you use labs combination with symptoms?

What else do you, what do you do? Mainly labs and symptoms. Um, that's not it. And I see it all the time. Maybe I'm missing a few, you know, with not doing like, Can you even check the antibodies in the pituitary?

No, no, there's yeah, you can only do it in research. But we are coming out with an app and working on this assay for 15 years. And we've gotten like 80% along the way and then something happens like the lab that first was got washed out in the Katrina.

the one they got to a point they couldn't do it. But so we finally partner with like a big company, which, you know, we got to get this done, but we'll be able to show who has this central hypothyroidism.

But yeah, it's it's so common. And we also do, you know, people's basal metabolic rate, which is low in so many people. And thyroflex, look at the people's ankle reflex.

and you know and that's the thing you know the British Medical Journal showed that a knowledgeable doctor looking at someone's ankle reflex so with the normal reflexes but the lower the thyroid the slower the relaxation phase was didn't do it so just a doctor hitting the ankle reflex and looking at it was more accurate than the blood tests correlated with symptoms better We don't really do reflexes anymore.

You know, I really do really just no one does physical exam anymore. No, no. And you know, at the consultation, like, it takes me an hour just to get through the medical history at the time.

Honestly. Yeah, but yeah, it's it's definitely an epidemic here. And you're probably seeing a lot in California, I would assume. Yeah, I think it's a problem everywhere.

And autoimmune just even in general and just, you know, this immune dysfunction that we see where you see the imbalance, which I think is where, you know, the peptides are so good.

There's a lot of good immune modulators and LDN doesn't work. Nothing works for everyone. But, you know, safe ozone, IVIG is great, but You know, even diet, you know, so I'll take everything off gluten and dairy when I first named well, gluten, dairy, egg, soy and corn.

And if they can't afford the peptides and they can't afford a lot of supplements, I'll just do that and then make them sweat. You know, like getting in for a sauna or just go outside, do some hot yoga.

They'll come back. Those antibodies will be down, you know, 20, 30 points. So I'm happy with that, especially when the endocrinologist says, oh, you can't do that.

There's nothing you can do. Absolutely. So diet. is definitely imperative. And I think the diet also, well, I know it does, it makes the peptides work better.

So when you have less inflammation in your body, the signaling. Absolutely. Yeah. Because you're just constantly stimulating that abnormal immunity. So you're just pumping out, you know, basically more antibodies and mineral deficiencies, even just giving selenium.

One study showed reduction 40% by giving selenium. You know, wow, isn't amazing as magnesium. The other one's low in magnesium, different reactions in the body.

People don't realize all your athletes, like you see a lot of athletes, right? They're all low in chromium, calcium, potassium. So everyone comes in to get like five basic nutrients, like a really good multivitamin mineral, central fatty acids, B vitamins, probiotics and vitamin D.

no one's testing that stuff and you think these athletes are so healthy and I know you treat a lot of athletes like you know high caliber athletes and people say you know they're not that healthy especially ones like oh you see like overtraining syndromes and they're really eye-trained and or if you check their you know telomeres or other ways of checking cellular health you think they're so healthy they're like older than their real age you know i think from all the oxidation and that that's i've seen so many people the weekend warriors are just so dedicated just boom they crash and can't get out of bed you know Well, a lot of physicians are like that.

A lot of our friends, I think it probably happened to us too. That's how most people get into this. As a kid, I was born that way. I was always tired.

Just tired, overweight, asthmatic. I remember thinking, my gosh, I can't even think straight, pushing a thought

through jello, just as a kid. That's what got me into nutrition.

And I remember, you know, just going to different doctors at University of Florida, I was probably 18 at the time saying, you know, I just don't feel right.

I don't think I should feel this way. And they'll go, you just have allergies. Oh, yeah. Yeah. Oh, you're just the one I'm going through. Right. So I actually saw, do you know Dr.

Dooley, Bruce Dooley? He was a big chelation guy in like the 90s. I saw him, he said, I had Candida, you know, probably did, put me on a Candida diet.

Well, that definitely changed my brain. Like it just cleared up that brain fog. And I thought, gee, if I can just do this with Candida diet, and if I took an actual vitamin, maybe it'd make a difference.

You know, I, early on, I think I started checking my blood, my 20s, found out my thyroid was bad and my adrenals were, I already had like a DHEA 50 at age 25, you know, so I was already burned out just getting out of school.

So I'm like, if it happened to me, like how many other people know our crowns that we see? Uh, and they're tall, normal, everyone's tired, you know, and use genetics at all.

Sorry. Do you use genetic testing at all? Oh, you know, I was doing, um, I liked it too. The intellect's DNA. I really was impressed with that one. You know, first I was using 23andMe because you could integrate that platform with a lot of free things on the web, but there's a lot of controversy still about the SNPs.

Like just because you have a SNP doesn't mean it's being expressed. I mean, then really that is the genetics are your potential. And it's for probably 20% of what you can work on.

If you get identical twins, one gets diabetes and heart disease. The other one doesn't. They have same genes. It's basically acting on them. And essentially, I just went through a genetic test with Dr.

Miller, with my girlfriend, who just developed basically dermatographia, so mast cell. And she had some lime and stuff and all the things that you think you would give.

He's like, no, that'll probably make it worse. And they did. Yeah. And like glutathione probably is going to backfire on you. She goes, yep. you know and when she's sick if she gets better she can take it but it's interesting how those make a difference but yeah you can alter your genes if you look at we're going to study on even you want the peptides ghk i think it was showed like 40-something good genes it raised and activated and 22 that they know of, bad ones that it suppressed.

So the peptides work quickly, but also work epigenetically at the gene level and change the way those genes are. So if you have the gene, you could turn it off.

Doesn't mean that it's active. And that's also like the gut. The gut plays such a big epigenetic part of our system. Right. Hence, you shouldn't be drinking Splenda.

You know, so I was talking to my trainer the other day, his guts bother him. He's drinking. I'm like, what are you eating? What are you taking? What are your shakes?

He's showing me all his supplements. Every single thing he's taking has super lows. which is basically chlorinated sugar, and it's just drinking bleach.

So he's drinking basically bleach all day. I'm like, well, no wonder your gut's a mess, right? So it's gonna be having leaky gutches from that. But just when you're talking about the GHK, it made me think of the VIP.

Like the VIP, when we just were in California, we learned about how that was pretty much the only thing that they

found that epigenetically like turned back on the genome to make it work properly.

I remember when, who was saying that? Oh, it was Andy, Dr. Heyman. Yeah, I liked him. I had to say a little bit because it does tend to raise TH2, but you know, everything has its place.

Right. But I was just impressed that he showed that slide that pretty much everything that every line and mold patient has wrong with them, you know, with whether it's the dermatography or the mass cell syndrome or the brain fog or just problems with detox, methylation, look around Asian, selfish, and every single pathway he spoke of that VIP fixed if you can get there.

So the problem with the VIP is you have to clear the marcons, which is very difficult. Yeah, and that's what we found is that you try it, it doesn't work.

You got to kind of do a lot of other things first. And can you just mention what VIP is? Sorry, can you mention just talk to me like it's a zero intestinal polypeptide.

So it's a nasal spray peptide that we love to help with the gut and it gives you energy and it just makes you feel great, especially if you have mold or Lyme.

But to be able to use that peptide, there's all these steps you have to follow, which is difficult, which is why I really like the thymose and alpha peptide.

because pretty much everyone I see with autoimmune or if I think they're autoimmune, like, you know, I'm just with the Nassau or the red, you know, my hands turn red when I eat that kind of thing.

If you put them on the thymus and alpha first and kind of prime them with your basic supplements, most everything else you do will get better along with the BPC.

But that thymus and alpha, very few side effects, no contraindications that I'm aware of. Do you know of any? Yeah, no, it's all the thymus. And you look at, basically, your thymus here in your breastbone, it basically involutes and stops working.

It starts very early on. But then by the time you're 35 or 40, it's about 5%, 10%. And so what it does, it causes that immune dysfunction, lowers that TH1 T reg.

increases th-17 which is the autoimmune and the inflammation. So all the thymusins, so you got like thymusin alpha-1 probably the strongest th-1 booster, thymusin beta-4 kind of in between thymusin in between as well probably more anti-inflammatory.

And then BPC lowers at TH2. Now thymus and beta 4 is a long peptide. You can't take it orally. And it does have multiple domains that do different things.

It has one domain that stimulates mast cells. But overall, if you give it 9 times out of 10, the mast cell is going to improve because you're fixing that immune system and not stimulating the mast cells.

Diet, Nutrients, and Environmental Triggers

But so with the TB4 frag, that part is taken out. before I started using the integrated peptides product, the TB4FRIG, I really love the shots, you know, but they're expensive, you know, and the oral peptides are a little less expensive.

I wasn't quite sure how well it would work. But with one of my case studies, I couldn't, I was floored. I think it brought her thyroid antibodies down like 200 points on one, within just a few months.

So I mean, the oral peptides, absolutely. Like if you can figure out how to get the absorption, which you did, to work

properly. I mean, it's a great, affordable alternative to doing the shots.

And there are a lot of people that don't want to do shots. You know, they've got that needle phobia. So TB Fullerag absolutely works. All right. So you're diving deep into peptides and longevity on this podcast.

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It's time to elevate your journey, starting now. Yeah, like BPC is shown to be equal potent if you take it orally, subcutaneous, IV, intraperitoneal, but some of it was just like shot.

Some people, you know, like oral, but people think… Do you think milligram for milligram for the BPC versus the shot? Like, so like 500 oral? Yeah. Yeah.

Yeah. That's, well, that's what the studies show. A bunch of studies show that it didn't matter which way it was given. Some people may have gut issues, but people just think of it as a gut hormone.

But it's actually a longer, it's still a very short peptide, but it's longer than what typically absorbs. The problem is you get people throwing these peptides in sublingual, they're only three peptides you think they're going to absorb.

No, because it matters what they are. Most of them are very hydrophilic or lipophobic, meaning they like water and don't like lipids, so they don't absorb very well.

So even a tripe, a very small, may not absorb. So, you know, people are just given those. So we're doing the studies to really look and see, okay, which one's going to absorb.

And now how the heck did these longer ones absorb? What happens is they can form where all the lipophilic side chains, amino acids are on the outside so they can penetrate.

And so it's interesting. So generally the smaller, the better, but not perfect correlation. Well, that's why VBC is so good. I mean, it's only 15 aminos.

Yeah, but even usually like a four amino acid is tough to absorb in general. And even three could have a lot of problems, but some longer ones absorb just their confirmation.

And there's a lot of, and it's interesting to look at studies on bioavailability and there's so many theoretical way okay you do you know uh liposomes not don't work so well with with those but you know microspheres and and i'm not a big fan of like stuff where it breaks down the tight junctions and that's it in i'm really got a big enough problem with leaky gut i don't want to make it worse the oral diabetic cut tide that's yeah yeah also so i think it is Yeah, so that's a big peptide, but they're breaking out the gut barrier.

Supposedly short time and it heals, but what are these people who are not healing? Those people. Yeah. So you mentioned the peptides that you like most for auto.

I mean, do you use any of the melanocortins, KPV? Oh, you know, I just started getting into KPV. I only have one person on it. I don't know why I was so slow to use that.

It wasn't in my initial certification. I don't know if I just… Well, because no one had it. Yeah. uh, just came up. So, um, I'm using right now in a lady with a gastritis and colitis and she said she was smelling like 20% fire on it.

Oh, I think you'll get some good improvement as probably one of the most anti-inflammatory and mast cell inhibitors. And the thing is, so like, I know like Corey Turcher, he talked about Lyme, he'll use melanotan.

which is great. It has all the anti-inflammatory and has the benefits of making you tan and losing weight, increases libido. But if you're young, the tan looks good.

But if you're older, you get AIDS spots that come out and all those things. So the K-EV is actually just a tripeptide of it that has the anti-inflammatory actually even more potent than the full peptide and but doesn't have the melanocytes stimulating.

So it doesn't make your skin darker. But the one nice thing about the Melanotan, besides the skin thing, it does help alpha MSH. Are you checking that many people?

Well, the alpha MSH, these are alpha MSH agonists, so they're going to work on the same receptor. Right. So with everyone you check their low, like the range is zero to a hundred, which I don't even know why they have zero, right?

Oh yeah. Yeah. Why is that zero? Like, I love it when they do estrogen zero to something. Oh yeah. Yeah. Oh, but I'm in range. I'm a two. But anyway, the alpha MSH for like most of my mold patients I check is like nine, eight, 10. So I will use the thymus and alpha for them and I'll use the melanotan to pin them as well.

And it goes up, which I was impressed with, but I mean, there's so much more to it. But yeah, unless you see alpha melanocytes, you see my hormone go up with melanotan?

Yes, it goes up with the melanotan. That's what I see clinically. I can't tell you what the research says, but when I use it, and maybe it's the TA-1, the thymus and alpha-1, but when I use those, alpha MSH will go up.

Yeah, that's interesting. Because usually when you use an agonist, it's kind of replacing it. Right. I'm going to check more into that. Start checking your patients.

But again, I'm using it with the TA one. So maybe it's the thomac and epiline, but I like them together for immune system help. But if I'm worried about the tan spots, the sun spots, I will use the GHKCU.

And then you can do that topically too. And it seems to help. It's not like tremendous, but it definitely helps lighten those spots because they happen to me.

You know, I was using the Melanitan and I was like, Oh my God, you look like an old baby now. I've got all these freckles everywhere that I didn't have.

And I don't have time to get lathered. Like I'd love to, but I don't have time. So I started. Yeah. I, I did the Melanitan and you know, I'm ADD. So my guess isn't working.

And then, you know, there's a leg. All of a sudden, I was so dark, I looked like, it was like, oh my God, where are you from some, you know, like, tribe of, you know, it was, I just looked like a freak.

It's an odd color to you, right? Like, you're tan, but it's like a, tinny almost color like there's a it's a weird and then I turned blue from a long story but true color silver cannot make you turn blue and I wrote a paper on that and I didn't have a problem till someone recommended another product which actually is silver salt silver protein because it was stronger within two weeks I was totally blue and it's irreversible in in general is able to reverse it and they would do laser on me and then the person's like oh my god it's like a tattoo and because it's basically metal in there is it still in your nail beds yeah it's still in my nail beds yeah it's better but uh and then i took gapzone which is an basically anti-malarial i thought you know broad spectrum very oxidative and i got methyl globinemia and then i was purple And the rest in purple.

And thank God I was at home. And I'm like, this isn't good. And I had methylene blue. Why would you treat blue with methylene blue? But that's the treatment.

It's very antioxidant and reversed it. But I was very freaky looking. I was a smurf. Yeah. Now, how did you do the

methylene blue? Did you do it like it's all nice to drink the water?

I did an IV. I had a PICC line in at the time. Yeah. Gosh, you're always so interesting to talk to you. Yeah. Oh, I've almost yeah, I do everything myself.

I do toxicity studies on myself. You'll see that we weren't. And yeah, I've felt like I was going to die a couple of times here. But yeah, don't give yourself complex.

Honestly, I'd rather deal with it than go to the hospital. That's where bad things happen. But I think you told me you gave me you gave yourself a mic or be complex shot.

That was like from 2016. Oh, it was the poly-MBA, which I think is great. But I told my IV guy, oh, there's some on my shelf, but he didn't look that it was open and six years old.

Oh, that's crazy. And so I just injected pre-formed toxin. I'm just shaking, you know, and blood pressure's dropping. I wouldn't go to the hospital because they're going to help you out there.

Yeah, but like blood pressure got down to what was it 40 over 20. And I felt like you still deal with it. But then someone called the ambulance, I got really mad.

And then I went in and I said, Well, can you I got sepsis, you know, I'm just telling on that. And I, you know, I can't stand up. But you know, and then I asked for IV vitamin C and a bunch of stuff.

And they go, What do you mean IV vitamin C? I'm like, it's only been every journal for the last four years showing that the only thing to lower the death rate in sepsis, you know, and totally safe.

And they're like, we've never heard of it. And these are the ICU doctors. And so I give them the studies and like, no, they're not going to do it. And then one nurse went and convinced them.

I convinced them. And then eight hours later, they come in and give me 500 milligrams of vitamin C. Chill I go get there in an emergency at 7-eleven They are using it now for COVID, you know, so that is nice.

Genetics, Epigenetics, and Peptide Mechanisms

They're actually doing it. Yeah, but they're not. It's like, you know, and good if I don't know if you saw the article by Horowitz where he tried to get this patient some glutathione, which probably would have saved the patient's life.

The senator tried to get the hospital to do it and Horowitz tried to beg the hospital to do it. Senator drove like four hours to pick it up. They were on the hospital, wouldn't do it.

And by the time they approved you, like three days later, the guy died. but you can reverse and I gave a talk on peptides and stem cells for COVID-19 and the studies on stem cells, exosomes, peptides, just reversing it like immediately within 15 minutes.

Lothelosin alpha. I mean, it pretty immediate. So my patients that I have a cure to have it, use it. One of my doctor friends got it. I put her on thymosin alpha, 50 units for three days in a row.

She cleared it, made antibodies. So it was tested positive, made antibodies in five days. Very few symptoms. And then when my husband got COVID, same thing, 50 units.

Now I know you can use a full syringe or full vial rather, IV. I just, I don't know, I was a little conservative, but he had it for five days. Oh, no one should be dying.

Even just giving their study, people on ventilators where the death rates like 50%. So their control group, 50% died. The other group, they just gave vitamin D, not even a big dose, went from 50% to 5%. Wow.

And hello, why aren't we just handing out vitamin D, zinc, a flavonoid, and then also with sepsis, thymus and beta-4 is shown to go to zero. And they don't know if it's used up or it's suppressed, but giving that tremendous benefit with sepsis as well, all the thymus is like thymus and alpha-1, thymus and beta-4, thymulin, thymogen, all those things so again it modulates the immune system lowers that il6 and the inflammation which which is the problem and it's also boosting the good immunity where steroids help but they're lowering the good immunity as well you know where the thymacins basically are going to modulate that immunity Right.

That TB4FRAG, I have to say I had a handful of patients I put on while they had COVID and reversed their lung issues and definitely knew like post-COVID cough that you hear about or post-COVID complications, you know, and that's not like I did a study, but clinically I'm seeing like it reversed all their complications with their lungs.

Yeah and there's so many treatments that are like that and look at you know the brownstein study he gave people with you know moderate to severe covid where they had decrease in sats he gave them nebulized hydrogen peroxide and all but one were just discharged dramatic improvement symptoms on average within 20 minutes sats came up one person sent to the hospital of sats came up but not quite as much as they wanted, just to be sure, and they immediately discharged them.

But you can't even mention it. You know, we had an article on taking zinc, vitamin C, flavonoids are very good, even probiotics are good, with tons of references.

Within 24 hours, the FTC said, take that down. It's fake news. where he had a post it like on his website. Oh, yeah, on his website is the same with us.

You know, we weren't selling it. They were saying, here, take these thing. And 24 hours, boom, warning letter from the FTC saying you can't say anything prevents.

Now, the FTC, they're different than the FDA. They don't care if you make drug claims or whatever, as long as they're true. And we had 50 references. And no, so you can't make any claims.

I don't care if they're true. It doesn't matter. I mean, this is what we're getting to more and more. I mean, we'll look at Twitter and Facebook and Instagram.

Yeah. Yeah, it's bad. But anyways, we can go on and on and we'll probably get. letters ourselves. So let's see. So what else? Yes. So some common autoimmune, more systemic lupus.

I don't get a lot of patients come in where they go to rheumatologists. They get diagnosed with mixed connective tissue disease, meaning they're at a lot of autoantibodies, but don't fit into any pattern.

And you'll see, you know, antibodies kind of come and go multiple antiphospholipid syndrome. We'll, we'll see that. And once the doctor up is genetic, you're not going to fix it.

Like it's going to go away and it goes away. Yeah, have you seen a lot of the nuclear speckled pattern lately? I don't think I've never ever seen that much in my life this past year.

Have you seen one of the two? Yeah, you know, we'll check in, but I don't pay too much attention because I just say it will go away. And they go away and at the end of the diet, the peptides, some supplements, but this nuclear speckled pattern and the oven check in a and a for 20 years and I just recently seen like so much so I'm thinking there's some new trigger that I'm missing besides mold and heavy metals and deficiency.

Yeah, well, I think it's I think it's multifactorial. And for instance, another study showed that heavy metals weren't really a cause of autoimmunity, didn't increase it much at all, unless this was a study in Africa on people in mind, what was this cesium or gold or something, but whatever, so that they didn't have autoimmunity unless they had malaria.

then the heavy metals just shot up the autoimmunity with that combination and even just exposure. Yeah, so Andy

Heyman, Dr. Heyman was saying with mold people and Lyme people, when they have that toxic exposure, all of a sudden they can't detox.

So a small amount of aluminum from like, you know, drinking out of a Yeti cup or drinking out of a liqueur, you know, camshaft like that, that would be toxic to them.

And so maybe that's why maybe it's just like that genome, you know, like their ability to actually shut down. And the problem is, is that doctors go or like multiple-grain sensitivity stuff or even people with these allergies, well, I'm fine or mold.

Well, I'm fine. I live in that house. Well, yeah, you're not susceptible. Or even people, if you just have Lyme, you're probably going to be fine. and you may never have symptoms.

It's when you get everything else. It could just also be stress, age, toxins, pesticides, plastics, chronic infections, so many things that affect any mitochondrial dysfunction.

Everything's a vicious cycle. And then once you get there, it's like, well, what's the cause? It's kind of like, there's so many, which is why you really need multi-system treatment, right?

And we're in standard medicine, you got the neurologist doing this, the cardiologist doing this, gastroenterologist doing that. They don't put it together.

I love when I hear them say, oh, you don't need to detox. Your body does it on its own, right? You hear that all the time. Yes, you need to detox. Your body's not doing it on its own, clearly.

Otherwise, you wouldn't be 300 pounds with psoriasis. You're falling out of here. Yeah, let me ask you what what do you like to do for detox? I love that desk bio kit.

Have you done that desk bio comprehensive detox kit? Oh, it's like it's like six little vials and it's got all these different homeopathic remedies in it and tinctures, but it's It works like you'll get people with like six line bands after you just do this cleanse, they're gone and they feel better.

Or, you know, their mycotoxins will go down. But it's just these little tinctures you put in water and drink throughout the day. It's relatively incessant.

That's my favorite. Or I'll do YB Detox. I'll do my Total Body Ozone Biolysis, that EPO2, that's great detox. Ozone Sauna, Infrared Sauna. I like a lot of those shakes like they'll use OptiCleanse from Zymogen.

or the core restore detox. That's a good one too. That's a seven day kit from Ortho Molecular. So what's in that in general? Oh, so the core, they all work on like, it's got like calcium deglucurate, minerals like molybdenum.

So what else? Methylated B vitamins, water grass. Are they binders too as well? Sorry? Are there binders in those? Not too much. Like there might be some like artichoke is in there.

Maybe I don't even think they have bentonite clay, but a lot of fiber inulin. You know, so I think they're using binders just with the fiber, but I'll use it as a gentle cleanse in the beginning.

And then I'll go to something like the GI detox from biomechanicals or I'll use Quicksilver. Quicksilver has a great detox cube. Have you used that? They're actually a great company.

Yeah. Chris Shea is a genius. I love him. And actually like BPC is shown to bind and protect from toxins as well. Do you do any lymphatic work or anything like that?

With our hocket, there's a lot of lymph drainage, and I'll refer to that.

VIP, Mold, and Immune Modulation

I love the hocket. We had the hocket, but explain what the hocket is. So the hocket is this ozone sauna that has infrared, it has a rife machine in it, it's got pulsed electromagnetic frequencies in it, it's a PEMF machine, carbonic acid, Basically, the carbonic acid dilates your vessels before it puts the ozone in.

Yeah, so you sit in this little egg for five minutes, you get the carbonic acid, it helps with circulation, blood flow, calms you down, makes you feel very chill.

Then they've got infrared going on the whole time. Then they pump in the ozone, you've got oxygen on your face, you're talking about don't breathe the ozone in.

But it's like 30 minutes, very relaxing, but it's working on every single thing possible. So that's an excellent detox, but you have to go to a clinic that has them.

And there's a pretty good amount of clinics around that have them. Yeah. And we had one and we just couldn't get people, you know, this, the staff, they were mentioned, doctors had mentioned it.

Plus we only had a tiny room where you have to get naked or your shorts, you know, and it wasn't conducive to it, you know. You have to have the right staff.

You have to kind of make it like very zen and sparse, but it works. I mean, for people who can't afford IDs and peptides even. Well, I'll put them on BPC because that's pretty affordable and I'll show them in that little detox pie.

make it better. So we gave it to our CPA who loves it. She's got her own pocket. Oh, I guess. Yeah. But yeah, I have a lot of, a lot of gadgets that I think work well, but it's, you know, unfortunately marketability, you only got so much space and you know, what the doctors, they want to kind of make sense or make sense to the patient.

You know, sometimes it takes too long to explain how something works. It's like, well, you know, or it sounds crazy. Well, that's why honestly, I generally would try to get a gift.

to medications like the first time I see them just because they don't know me, you know, this word mouth usually don't really advertise and sell say, you know, try one of these packets on the or I'll say, you know, try this supplement.

I mean, sometimes I'll even give them a BBC because like that is a wait, I think it's like almost 200 bucks, but it's a very pricey supplement. But I met when I met you like that if there's only one thing I give somebody VPC 157 makes every single thing you do work better just because it wakes up the brain it tells the gut to work again helps with absorption it's like all the signals are back on oh I love it for fertility like I didn't even it wasn't trying to use it for fertility but the people I kept putting them on it for other things they kept getting pregnant so now it's part of my fertility yeah It's inflammation's a fertility killer.

Have you used epitalin for fertility? Not for fertility. I use it for sleep and longevity. The one study showed a rat study. I think it was 135 menopausal rats.

They gave them all epitalin. 65% started menstruating and 25% had normal birth. with it, it's probably ultimate anti-aging peptide. You know, show you another study, people over 65 years old with cardiovascular disease, 15 year study about the people on the epithelium and they also combined it with thymulin.

So thymusin, like thymusin-alpha-1, thymusin-beta-4, TB-4-FREG, they work very synergistically down their cardiovascular system got better, not worse.

and they had like between two and four fold decrease in cardiovascular events, mortality, morbidity, and cancer. And they only did it every three times six months apart.

Yeah, you don't have to do that much. Yeah, I mean, it's like no downside, like, and we're sitting here playing with statins and which they'll, if you look at the studies, it's like, that in placebo or like right here, they do huge studies to try to get that statistical significance because it's not that big a difference.

You have to treat 99 patients with a statin to get benefit in one, and you're getting all the side effects from the others, including diabetes, memory loss, dementia, neuropathy.

Yes. And more and more studies are showing that statins aren't the way to go or it makes me sick. It's malpractice to get some 40 year old guy with high cholesterol statin.

I mean, it's it's nuts. Or a 90 year old female. You know, put her on statin at age 90. You know, really friary. Yeah, it's shown not to work for diabetics, elderly, the people you would think.

Yeah. Yeah. So it's nuts. So with the thymusin juice, it sounded like you like thymusins. Can you mention the mechanism? So they work on the T helper cells.

So like you were saying, they just help. Basically, with autoimmune disease, the immune system gets confused. And it makes all these little antibodies to attack the spore invader, which happens to be your tissue, but you know, so it's attacking your thyroid or your fortuitary or your gut if you've got IBS.

So thymose, then I use more alpha than I hardly get it. It just seems to tell the T helper self, hey, like, don't attack this, calm down, attack that.

just decreases the inflammation and then makes the immune system work the way it should. That's what I find. The beta, like for hair, I have to say. Not the frag, but the shot.

No, the frag will not work for hair, but we will have a hair frag. A hair rat? The fragment for hair. You'll have what? Oh, you're going to have them coming out?

An oral TB4 hair frag. So it will be much smaller. So there's domain, domain that has all that anti-inflammatory mean modulation. There's domain that stimulates mast cells.

There's domain that grows hair that is only for amino acid. So much smaller. So gets into the scalp. So what's that coming up? Are you doing an oral version of that one?

We'll probably go out with some cream with the, I should say someone's coming out with, ideally is a very potent stem cell exosome product. Exosomes will get in the tissues and then add the peptides to that that are shown to stimulate hair growth.

Thymulin also good studies showing significant hair growth, maybe even better than TB4, but thymogen does not, and thymus and alpha-1 does not. Oh, yeah.

Just like I use the GHKCU per hair, annulus is beta, and of course, BPC. Can you talk about GHK? Yeah, I mean, just the GHKCU, right? I think that is amazing.

I mean, it's got some anti-cancer properties. It seems great for hair, skin, nails, lightening of the skin. I like that. And then for COPD, like really good for like issues with the lungs.

I've been using it for that lately with my elderly patients. So are you doing that as injectable? I started doing a little bit in the IV, but I don't have enough experience to say like, oh, it's great or not.

So I just started, it's too difficult for the patients with COVID now to be coming in, getting the IVs. So it's easier to stay here. I'm going to ship you this peptide and give yourself a shot every day.

But- Oh, sorry, you'll see it in cosmetics and the whole problem with, you know, there's a ton of peptide cosmetics,

ton of, you know, stem cell cosmetics are usually Apple stem cells.

And the amount of peptides they put in these things is so small, you know, they work actually, but not nearly as much as a good dose. If you have GHK and it's not blue, there's hardly any.

Oh, that's all blue. But so what do you think about the products that they're compounding topically? I think they work. Again, Botox in the bottle now, the topical, it's got the GHKU and then something that sounds like arginine, but it's not arginine.

Yeah, that's been the mainstay. Arginine. Yeah, something like that. And then the new version of that, Lufazol. But I always announce all this stuff with no one to talk to them about.

And then combining those even works better. So they're really like Botox topically. So they'll paralyze the muscles and they work. And then you get like GHK and then we like adding like the TB4FRAG, BPC, kind of the rejuvenative peptides as well.

We have some, or some people come up with some special ones that you may not have heard of. It's very cool. but like what huh like which ones though like you're holding out on me yeah it's not like you're holding out we don't know yet well it'll be a surprise but yeah and and we're we're finding it's very interesting that very small peptides let's say two peptide bipeptides like how the heck could they do something And very interestingly, they couldn't find a receptor.

Right. And it looks like the studies show that their work harmonically. So, you know, each molecules vibrate at a certain thing and it stimulates the cells to do this, which makes me a little scared of all this, you know, EMF, Wi-Fi, 5G.

How much is that going to mess up? that you know and do you do anything with emfs and tell people like turn off their wi-fi or oh definitely i mean it comes up like i do um so those like those uh biofeedback machines i think we're talking about that the other day there's a new one i'm using called ao scan that i like lately but it picks up everyone's full of emfs so yeah turn off the wi-fi keep your cell phone like eight feet away if you can oh even like so We usually get a meter and look at the European standards for what is acceptable for long-term exposure of EMFs and you put your cell phone next to it.

It should be less than 10. It can go up to a million. I've had lymphoma patients don't have a lot, but they come in and I asked, did you live by high tension wires?

Thymosin, BPC, TB4, and KPV for Autoimmunity

Bingo, because it's more of the there's, you know, basically electrical field. And then you got the magnetic field and those big high tension wires. The big problem is the magnetic field and seems to be lymphoma is like one of the major things, which also makes me worried about electric cars, you know, that are those cancer mobiles.

That's a good question. Yeah, my brother has one. He's a pilot. So you're always getting fried all the time. Yeah. Who's up. And he's got every single gadget known to man.

Cause he's loves all his electronics and he's only two years older. And I love them to that. Yeah. Just tell you. It's getting radiation. I know whether it's MF New Year's and I'll check throughout my house.

My husband thinks I'm crazy, but in my old condo, I could never sleep. And right behind my bed, I don't know what was in the car, but it was like the meter was off the chart as if my cell phone was like right on it.

And so we had to move the bed and I've slept a little bit better, but I think condos were just wired. Oh, they are. And then you get, you know, dirty electrodes.

There's so many sources. And you're actually, it also stimulates mold growth. Yes, yes. Everything else. So we're

in downtown West Palm Beach, where my clinic is, and there's a lot of high rises.

And I'm like, why is everyone full so many micro toxins? Like, it's definitely they're all in the condos. So I tell people, we've got to move. And if that's what you can do, sorry.

But what do you think about this whole 5G thing? I know it's off topic, but I'd really like your opinion. I'm very worried, you know, and the thing is, so the electromagnetic field basically activates.

So it's, you know, especially at night, you want to turn off because it's it's activating where the magnetic part is the cancer part. But we're being bombarded, you know, and you look at like how much damage like you look at the Cuban embassy, right.

They sense electromagnetic waves at these people and they went crazy or you look at space sickness You know, they're being bombarded with electromagnetic waves and they go nutso and so it's it's scary and I think it is Again, it's a long discussion, but it can make people like kind of very black and white polarized You know, don't see other points of view.

It's a little scary, like a little mind control is, you know, and then the concern is all the heavy metals will react to almost like an antenna with the five G.

That's my concern. Yeah. When you add that to heavy metals and yeah, it's oftentimes, you know, never one thing, but when you have, you know, four things, it's like, you know, one bus, one bus, one bus, one equals 50, you know, Yes, that's in it all.

And she was from BPC at all your lover of BPC 157 body protection compound. Yeah, it's colitis, Crohn's, constipation, you know, digestion, hormone issues, brain fog, traumatic brain injury, migraines.

I mean, that pain, it used it for like just plain old arthritis, skin issues, eczema, psoriasis. Like pretty much you name an illness and I'll say use BPC.

And when I lecture, like people, this is crazy. You can't do all those like snake oil, but it's like, Here's all the studies. And then the biggest comment I get is, how come I haven't heard of this when there's so many studies on it?

And they go, wait a minute, you know, this is crazy that something can do so many good things and have no toxicity. You know, they can't find a toxic level.

You can't take a thousand times, take a thousand doses, no problem. You can't do that with water. You know, so it's anything but you're not condoning high doses after your position.

So do you start one peptide at a time with someone with autoimmune or what's your well, what's your protocol? I hate I'm not a big protocol person. Yeah, it depends on the patient.

I have to say probably enroll in general wordy. So in general, I use the BBC first if they can afford to layer it with the TV for free, I'll do that. So those are like right there on my shelf.

Easy. They can go home and start that today. That's become our core to have to say that's what I do. And then and then they can afford the extra and I'll use that most enough.

If it's more like Lyme viral infection stuff, maybe I'll start with the alpha and the BBC first. I don't know, I'll add in the TB4, but it's always those three, honestly.

I'm pretty boring, but I get great results with those. So now the 8DB, I'm going to start using that too, but I just love how affordable and how easy I can access the TB4-FRED and the…

And how has it changed your practice using heptides? So I don't have to use as many supplements. I don't have to

do as long of protocols with IVs and with the detox.

It seems like it's changed because I get results faster. So it helps my outcomes, which then helps your bottom line because then people refer to you like, oh, I saw this person and she helped me in just one session, which used to be like maybe three or four, maybe five sessions, right?

Maybe even a year it takes to get someone to change. So it's changed my practice because I get results more quickly. And it's changing people's lives, which is much more important than my practice.

Yeah. And, you know, I give a lot out and, or like our conferences, so that knee pain, you know, take this and come back and go, I did not believe this is going to work, but my knee pain I've had for three months is gone, you know.

Yeah, you know, people say, well, it's not that expensive, especially compared, I mean, supplements are so expensive now, unless you get some cheap thing from Costco, but you actually save money because you don't have to do all the other things.

You don't need as much, right? So when people come in with these cytokines, like really high and all these markers and inflammation, and normally I'd have to get like a fish oil, CoQ10, CoC10, and you get capsule fatigue, you know?

Yeah, so I can just give him like a BPC and one other thing and say, okay, you know, let's see in a month what happens. You work in tiny doses too. So a lot of things, like with supplements, you got to take the powder because you got to like, you know, take so much or eight capsules.

And these work in actually even nanograms, you know, basically 100,000 less or mostly microgram doses we use, you know, which is where supplements are usually milligrams, which is a thousand times more.

And tiny doses or even TB4 was TB4 or BPC, basically compared to a cycloters as an antiviral outperformed it at one hundredth a dose. Oh, wow. And that was that a human study or a rat study?

I think it was a human study. I could be wrong, though. Yeah. And every study I've seen on, there's not that many, they've all been on viruses. I want to see studies on bacteria, but it's been tremendous, you know.

So you're using it a lot for ST bar then? Yeah, all the herpes viruses. Yeah. Well, and everyone I test is positive for HHV6. You know, you mentioned that earlier, and we see that I tested for dementia, but I guess we all have it, right?

Do you see that in patients, too? Yeah, and the thing is, if you look at the herpesvirus is, you know, standard, we're taught in medical school, and unfortunately, infectious disease still think this, is that You know, you make IgG antibodies first, which aren't very good.

They just kind of hold on to the organism. They don't activate complement, which kind of explodes the thing. Then you make IgG. So if you have symptoms, they'll say, well, you know, there's IgG.

It's old infection. It's not active. Well, no, because it's a reactivating infection. And you'll see the opposite with Lyme is that they'll be IgM positive, right?

And so they'll say, well, you've had these symptoms for a long time. So it's obviously a false positive. But if you don't have good Th1 immunity, you can't convert IgM to the more potent IgG.

So you give the thymosins, or you can also treat the infection, but if your immune system is low, you don't have good results usually. So let's say you give the thymosins for that, all of a sudden your immune system now, all of a sudden the IgG lights up because now your body's able to start fighting it.

And you'll see when you do a Western blot for Lyme after giving the peptides, the thymosins, even sometimes BPC

for me, all of a sudden you'll get five or six bands where you only have one.

Yeah, which is proof that they have it or also like, you know, they want five bands which is crazy to be officially positive but you have like bands like 39 like no normal people have those bands and then you add it's like the lotto if this one is Let's say one percent of people's ones, five percent of people, you add those together and it's like point zero zero zero zero percent chance that it's a false positive.

But they go, oh, it's negative. Like. So you can sense our frustrations if you're listening in with what happens in real medicine and why there's so many so much misdiagnosis and why people are still so ill.

And my doctor says I don't have it. Yeah. So just look at the up. It says negative, you know. Yeah, there's nothing wrong with me. You know, you've got fibromyalgia.

Well, where do you think fibromyalgia comes from? You know, or? Yeah, there's a cause. I think that did a disservice because it labeled people, but allowed doctors not to look for a cause.

Right. And to say, oh, here's an antidepressant. Go away. You got fibromyalgia. Yeah. Yeah. Despite me. What do you think about this global pain syndrome they're using now?

Oh yeah you know and there's like ME which and then yeah so they changed chronic fatigue syndrome to the oh my gosh post-exertional fatigue syndrome so really if you exercise or have stress you get worse or the fibromyalgia diagnosis is so ridiculous 11 out of 18 tender points there is nothing special about those tender points And we're watching this rheumatology video of I took a delamatory a little machine to measure And it took them like 30 minutes.

I'm like, there's nothing special about those points. How do you diagnose fire magic? You have muscle pain. Yes. Okay, you have sleep disorder. Yes. Are you fatigued?

Yes. Do you feel worse when you actually yes, you have brain fog. Yes, it's like So, and actually I did a review article on the hypothyroidary adrenal axis in cardiac fatigue and fibromyalgia, and they found they're really the same illness.

One just diagnosed with basically an exam, and the other one's diagnosed with symptoms, but they're the same. But the fibromyalgia patients had more hypothalamic inflammation and dysfunction, and the carnivorous syndrome patient more pituitary, which ends up being kind of the same, but the pain centers in the hypothalamus.

So the fibromyalgia had more pain. So what's your go-to for a fibromyalgia patient with your peptides? That what? Unless you go to peptide tree. Oh, now you're putting me on the spot.

Wait a minute. We're not hosting. I'm going to read it. Yeah. Yeah.

Detox, Ozone, and Heavy Metal Support

No, it's kind of saying, I mean, you know, and people say, oh, there's no task that I love doing a lot of tests, getting a lot of information upfront, painting a picture, and we can tell.

Without talking to patients, knowing any history, how sick that patient is, and if they have fibromyalgia, Lyme, Sears, whatever it may be. So don't tell me it's a made-up illness.

As doctors say, oh, it's psychological because they don't want to look into it and have to treat it. Because once they believe in it, now if they don't treat it, they're a bad doctor, right?

Now they can blame the patient. But yeah, really, you know, we've turned into an immune modulatory clinic. I think we found that we get the patients from point A to point D much quicker, even if they're positive for Lyme, because I'm giving antibiotics, you know, not yet.

They won't work. I did four and a half years of the highest dose IV antibody. It did nothing. So it made me sicker. And that's when I went, you know, found and really look at the immune system that if you have no immune system, you can never take enough antibiotics to kill something.

Your immune system has to take over. right may have to knock it down and then with the low immune system you're reactivating viruses which suppress immune system more they make but th2 higher so you get autoimmune you get all these things so you know we really look at immune modulatory look at the gut and thyroid is key you know i've lectured so much on everyone's low thyroid with a chronic illness or aging i would say give me t3 peptides in ozone and you could cure more patients than most specialists.

I agree. Maybe a little heparin thrown in there. Yeah. And, or LL37, chemical peptide. I think you're, do you use that? Yeah. Yeah. I like that for autoimmune.

I can't start there because it kind of will hurts a little on that. You'll have a little bit of action. You got to watch out. You got to watch out. Cause when I first did it a number of years ago, there was no dosing data.

So I just go, okay, let me, Let me just do that. I did like a CC and oh my god I thought I was gonna jump out of my skin and I had to see patients and I was like having a panic attack and like talking with the patients like and then My partner integrated peptides is looking at me like, I've never seen anyone like this.

I'm like, I'm doing all this GABA, like max relax and doing stuff. And I'm like, don't touch me. I know, but I got to see patients, you know? So I've learned, yeah, go slow with that one.

That's funny. Yeah. So I'll usually use thymus and alpha first and then the BPC, then I'll throw in the beta and then LL37 is my last one. Yeah, because it's nice.

It, you know, gets into biofilms, also BPC and especially the TB4 frag is so small it gets into those biofilms as does LL 37 and breaks them up at even at nano grams.

So one one thousandth of the microgram to it breaks up biofilms. So even super low dose is going to is going to help your patients. so when it's breaking up the biofilms do you feel like people have a little reaction to that on the oral they can but not not a huge amount that i see people react to that too much sometimes when mobile patients if i hit them too hard with the bpc at first which sometimes i'm I'll get aggressive and like, Oh, dude, two, twice a day to two, four times a day, you know, something crazy.

And I'm like, well, that was too much. Cause in general, it's kind of a new module. So it's, it's a treatment for herxheimer as well. I think of the phymacins, uh, I mean, like BPC to lower that TH two in all the time.

This is work for herxheimer, but fine mulin probably is the best. It's much more anti-inflammatory. You know, I don't use Thymulone. I need to use that one.

Yeah, and not many people use it. What's your dose? It's basically the same as the others, you know. Yeah, yeah. And you can go up higher. And first is with TB4.

So they're very synergistic with so many things, as you know, so they'll boost stem cells. And when we were doing a lot of stem cells, we switched more to exosomes.

are decellulized growth factors now, which are how stem cells communicate. Stem cells don't go to an area and start growing. They don't do that. They've had studies where they separate the stem cells from the injury, and they work just as well.

But they work through, they secrete little packets, protected packets, lipids that go to the cell where they're needed, fuse, and dump the contents right in there.

So we were giving thymacin beta-4, BPC, AOD, LL37, also great stimulator of stem cells, and I put one on the

dose, right? And so I meant one cc, but our vials had one milligram, so thousand micrograms.

They were doing one vial, which was 30 milligrams. right and which is I know I should lip this little thing but I didn't know because there was never a problem and after months I go oh my god what happened tell me they all become bad effects no one have people on fentanyl said my pain's gone you know so it's like it shows this so that's what the studies show that they gave healthy people I think they went up to 1250 milligrams IV of TB4.

IV, no reported side effects. I wanted to ask you this. So they found a cancer patients that they made more TB4 like to protect themselves, to protect, I think it was a lung cancer study I was reading and they had higher amounts of TB4 in their cells.

Can you comment on that? So when you look at the studies on TB4, there are some studies that will show that there's higher TB4 in the area of the cancer.

And if you look at it a couple of ways, is that you look, hey, there's a fire. There's firemen every time I go there. They must be causing the fire. And so it's secreted in response to infections.

But also, the cancers will secrete a TB4, which happens to be a little different type of TB4. Right. And the level is so much higher around that than because it simulates healing and growth and healing.

So basically a cancer can use it to grow just like giving vitamin D. And it also can increase angiogenesis with people go, oh, cause cancer. Well, yeah, so does vitamin D and vitamin C, which are shown to reduce cancer.

But there's no way you can get the level of TB4 in that area by giving it. You can't come close. But most of studies, for instance, on melanoma, they just give it directly to cancer, it suppresses the cancer.

So it listed as anti-cancer, but there are studies showing that, hey, there's higher levels around cancers. One explanation may be it's a body's response, or it's like, hey, high white cells cause cancer.

Yeah, so it's the response and it's actually a different modification of TB4 that the cancer cells are secreting. But in general it's good because it's raising and if you look at or I see this so much and the studies are clear and I have this on like my one of my lectures where when you get like something resected that say oh we got everything there's still cancer cells around, right?

And the rate of relapse directly correlates with your level of natural killer cell function. So natural killer cell function is that TH1 marker that monitor your body for intracellular infections, for cancer, and which as we find is a marker for chronic infections, chronic Lyme, chronic fatigue syndrome.

One study found chronic fatigue syndrome, which a lot of those are Lyme. Most all have chronic infections. that 75% had low natural killer cell function.

So they had natural killer cells there, but they were infected and didn't do anything, and 25% had low number. And that number correlated and was directly correlated with the amount of disability.

So the lower the NK cell, the sicker they are. And I remember mine was, you know, sometimes zero to three, normal should be 30. I remember when I had sepsis in the hospitals in the ICU and I hear the nurses outside saying, well, this is that AIDS patient who keeps turning up negative or HIV.

you know, and I've been tested, you know, I don't know how many times because, well, now my immune system is good, but it was so low that I couldn't find anything.

And it was really Lyme, Babesia, Bartonella, Babesia, probably the biggest immunosuppressant in my opinion. but that directly correlates with symptoms as does c4a which is the you know and then human transferring growth factor beta problem is those are probably the three tests they screw up the most and yeah that what of course seems to be the best getting those for a while and You can get them, but I've talked to them so much and I love

them.

You know, they brought their whole team in and I go, director, I said, your tests are not correlating clinically. And it's a little scary too, as we sent our web guy, just really basic tests to a class in a lab core on top of each other, just to the same tests, each one, like just went one to another.

One showed he was diabetic. The other one showed his blood sugar was great. Thank you. One was out 5.9, the other was 5.2, hemoglobin A1C. One insulin was like off the charts, the other one was two.

COVID, Sepsis, and Acute Immune Therapies

And these are just basic labs. Hey, do this to me enough to know it's like, it's often you'll send them in to do tests. Sometimes they'll run it twice and they'll give you the report and they're totally different.

And it's from the blood. So then I think, well, is it someone else's blood? I don't know. And I don't even know why they ran it twice, but I'll get the report.

I'm like same day, same person. Yeah, it's, it's discouraging as a doctor and as a patient are, you know, I had like, when I was sick, I had my veins were so gigantic.

They were just like garden hoses, like all my legs, I remember like, walking up the stairs, this kid going, Daddy, what's wrong with his legs, you know, and they were huge.

So I go to this cardiovascular surgery, sclerosis, my greater saphenous even, and my legs were small for so long. And then he did, I said, you know, I got this vessel here.

Can you do that? And he does, he goes, Oh, shit. I'm like, well, he goes, can you see? I'm like, yeah. You know, and then he does it again on the other side.

Can you see? And I'm like, yeah. And then it necrosis my forehead. But anyways, but like no one will do that. And then it turned out to be on my VEGF basking in the growth factor from that Bartonella stimulates made my vessels huge.

They weren't varicose. They were just gigantic. Then I got rid of the Bartonella and now I have no veins. But yeah, it's that's now if when you check the bed, Jeff Quest seems a big problem running it.

If it's zero, it's worthless. OK. But if you have a number, it's good. You'll see that is another marker for Bartonella Quest. They don't do zero. They do less at least in Florida.

They do less than 31. So it could be 29. It could be two. I have no idea. Yeah, but if you get a number, it's probably okay. But when you get zero, then it's just worthless.

LabCorp, they're by Jaxx, are better now. There's a plasma and a serum. Which one do you order? I think we figured. I ran them in parallel. I'm not going to mix them up.

I think this is real. Yeah. I don't know which one you're talking about. And eosinema, cation protein, ECP, do you check that? So that's a marker, it's made by eosinophils, and it can go up with some significant allergies, but usually you don't see it that high.

But if you check it on someone, oftentimes it's high normal, then if you treat them for parasites or anti-malarials, it often goes way up. Now you just have the diagnosis for babesia.

Oh, that's good to know. Yeah. And then the other test that I love is do on pretty much everyone, you look at the immune system, do those markers, because checking for these infections, oftentimes, I mean, a negative means nothing, you know, there's no insensitive is the coagulation panel.

So you check basically D dimer, human transferring growth. No, I read it again. Fibrinogen, prothrombin frags at one and two, thrombin-antithrombin complex, and plasma, and activator-activator, PI1.

And if any one of those are positive, they have immune activation of coagulation. And so what the body does, it tries to lay down this fibrin to block off the infection, which is good in the short run, but now your body can't get at it.

And it also prevents nutrients getting in, hormones getting in, waste products getting out. And if you find nothing's working, often we've found that we did IVs and just nothing.

And it wasn't getting in. And all of a sudden you treat that, you have a low-dose heparin, people freak out, like heparin, it's safer than aspirin, the doses that we give, 5,000, twice a day.

You feel good. Don't you feel good? You feel amazing. How toxic am I that a heparadrip makes you feel good? Yeah and this immune modulator and it it actually suppresses babesia and Lyme and the thing is once you clean that up it usually takes two to three months and they feel so much better there's a little test that you can do it's a little part of our trick kind of it's not perfect because it does depend on patient motivation but you put a pull socks on right so it measures the amount of oxygen your blood amount of hemoglobin that's saturated so usually 97 98 and then you let people blow out all their air and Hold their breath as long as they can so now there's no oxygen coming in from the lungs into in the bloodstream through the heart going to the cells that it should go into the cells and and then be used up and come back as deoxy hemoglobin.

So a saturation should start dropping after 10, 15 seconds. Now you'll find people with a coagulation defect is it barely drops or sometimes none at all.

And people, that's great. Your oxygen in your blood is still 96. It's bad. Your cells aren't getting oxygen. So normally it takes two seconds to get into the cells, but it takes two minutes with this fibrin.

And so a lot of people kind of air hunger, give them a little heparin, boom, solves it. And there's one patient, we're doing IVs, all of a sudden we gave him, he was just resisted to heparin, then we finally gave it to him, he goes, everything's working, you know, because we cleaned out the gunk.

So it now got into the cell. So when I have people with a coagulation defect, which is so common, immune activation of coagulation, a lot of research studies done by Berg, but I say have good news or bad news.

The bad news is you have coagulation defect. The good news is you have coagulation defect because we can treat it. And the nice thing is you clean it up and it stays away.

Do you feel like, do you feel like the nanokinase and the Beluk is that? Usually not strong enough, at least 80D over time it will be. I think it's good to keep it away, but you can use that with the heparin, but usually a little heparin for a couple of months will act much quicker.

Lovenox also works. Other ones don't work. Aspirin doesn't work because that's a platelet issue. All the newer anticoagulants don't work. I've used a lot of them because they're so expensive and they don't cover it.

Where's the clot? Well, it's everywhere. But it's a pre-clot. But warfarin, forget it. Don't even use that. And then, you know, I'm like the mastermind's mast cell group, which they think heparin's bad, right?

Mast cells can secrete heparin. You know, all these things. So I'm like, you can kick me out of the group, but I'm telling you, heparin will suppress mast cells.

You're crazy, you know. And so I got kind of convinced. I'm like, let me take the patients off Heparin and put them on something else, at least lovin on.

And I call them. I'm like, can we switch it? No, I'm not switching. You know, so I have seen like three people out of 10,000 or whatever feel worse where I think it's releasing all the infections from the gunk and they can get a heart

to diver.

But in general, so I don't worry about it. It's not enough to raise the PTT either. And you'll find people with coagulation defect, they'll have, you know, a low end PTT at a low sed rate, which is interesting.

So normally we think of high inflammation, high sed rate, but if it's low, think of coagulation defect. Well, you know, we do see a lot of D-dimers hazard with mold and fibrinogen.

I have not been checking that full coagulation panel. I'm going to do that now. Are you using LabCorp? with that one doesn't matter too much. I remember I brought my test in just to my cardiologist to see what he had to say.

And normal is less than 0.5. Mine was 50. And I said, what do you think? He's like, you got a pulmonary embolus? I'm like, no. And he's like, I don't know, he didn't care.

He's like, I don't know. And then he walks away. So other my blood was so thick, you could not draw it out with a 14 gauge needle. Well, so this is the problem we have with some people doing that total body ozone dialysis the video to like, you know, even though we give them heparin, this includes me.

So I'm starting to worry like, Oh, my gosh.

Fibromyalgia, Lyme, Coagulation, and Heparin

But we'll you know get however, and then it's like slow comes out like uh like ketchup, you know Yeah, so i'm gonna go out and visit mac cook and check it out But that's what I worry about because i've done a lot of stuff for like the 10 pass With the machine it claps I've never got more than three.

So we do 10 pass just fill up a big bag of blood and then put in a liter of ozone, you know, and then do it that way and doesn't clot. And two, you don't have to sit there and watch the machine, but a trap machine.

Yeah. You know, we found a better way to do it and get the great results. You know, that EPO2 machine is very helpful and having good success with that with patients.

But yeah, so that also has a kind of a dialysis, but also a plasmapheresis filter. Yes. Yes, that's from Bruce's filter. And then we are using UV with it too.

So as it comes out, it's going through the UV and on the grismick back in. And I think I use the red light on the opposite side. Or is it the red light, the UV?

I forget. But we have two different lights and people feel great. Sometimes they, no one's hurts, which is nice. Some people get a little tired, but the first time I did it, I felt like I could run a marathon.

Second time I did it as like, well, the second time I did it, my blood seemed a lot thicker. So I don't think I got the full treatment because you're supposed to be able to get five liters of blood in an hour with the pump because there's like a pump to like pump your blood and you have a 20 gig.

Yeah. So it's fast when you come, you know, Dr. Cook will do it to you, but I'm certainly think I need more heparin. So how are you dosing it daily for people?

usually work up to 5,000 twice a day. Now, side effect of heparin can be heparin-induced thrombocytopenia, so platelets drop. Never seen it. I think it's impossible with the doses that we give, but to be totally safe and conservative, check up CBC after a couple of weeks.

But what you'll see is very interesting when you give a heparin is that your body's clotting everywhere. So it's laying down fiber and breaking it up.

Now, if it's just there, the test can be negative because it's measuring actually the body breaking it down. So some people will still bruise initially because what happens is you're using up all your, it's like a mini DIC, like people get in the sepsis, they use up all their coagulation factors.

So they bruise wherever you hit them and you give a little heparin. So for a little bit, couple of weeks, maybe, maybe sometimes longer, they bruise easier, but then it goes away and gets better because now they're not activating their coagulation and they're not using up their coagulation factors.

So they're ready for where you need them, but they're not clotting everywhere. And with the plasma floresis, I remember I went up to Isaac and Santa Rosa.

I forget his last name. And I did it. And he's like, I've never seen, as a container of the dunk that's filtered out, he goes, I've never seen anyone with this color.

It's like, I'm always the unusual one. But then I went to the hospital and asked, I want to get one plasmapheresis, how much would it be? And they go, well, I don't know, but it's 80% off.

I'm like, OK, great. Well, how much is that? She turns back and says, $38,000. And I'm like, OK, 80% off of that. She goes, no, that's with the 80%. For one treatment, I was paying, I don't know, $1,500 or something like that.

So it's crazy, but a lot of great treatments like that. And, you know, pause freeze is nice because it, you know, will freeze out auto antibodies, all these, you know, inflammatory cytokines and things like that.

So I love that treatment. I got it down also with Omar Morales at Lyme Mexico. He has some great treatments down there. He can do some things that we can't.

So, you know, the way the FDA is looking, they're trying to ban, you know, if something works and is totally safe, they want to ban it. You know, they're really the enforcement arm for big pharma.

And so I was thinking we've got to get a bunch of doctors together. I probably shouldn't be saying this on here. But and then getting a big ship and going 14 miles off the coast and practicing medicine there, you know, Yeah, because, you know, people are moving.

I've talked to so many integrated doctors are like looking for places to move to other countries. What's the skin peptides? I would just I mean, for skin, I love GH KCU.

That's like a no brainer for skin, right? And then BBC, it gives you a nice glow. And I think it helps with collagen and elastin. And it definitely makes my bow chaps last longer.

There you go. No, I like it for that. And then a lot of patients with just like psoriasis, you know, I know those auto amines can make it better. But you know, something Jim Lavelle taught me that was genius was a lot of those skin issues are fungal related systemic, you know, and you'll see it if you do micro toxin testing, or if you would just check candy to antibodies or basic spit test for candida so yeah people don't yeah i can't be in the you know it's interesting if you have a chronic infection don't go to infectious disease they won't treat it and they'll say when you mention you know oh stomach candidiasis oh the person would be in the icu you know Yeah, and that's not how medicine work.

It's not black and white where you're here, you're fine, but that's how they treat it. So as you know, what are lab values? They take 95% of the people, only the highest and lowest 2.5% are considered abnormal.

And so if you're the lowest 3%, oh, you're fine. The lowest 2.5, oh, you're abnormal now. Also, they take a bunch of people and the labs have to do their own reference ranges.

And so they take sick people, obese people. You look at testosterone levels, the reference range 10 years ago was much higher, 10 years ago that even higher.

And they just keep lowering the reference range. And so now a person is like a 90 year old, they say, oh, you're within the normal range. It's great. They do that with testosterone.

It's crazy. So now I use Empire Labs throughout New York. So they're saying now that a testosterone for man is 175 to like 850 years old. 175! I'm like, there's women I treat that are 175. They should be ready.

And they just keep trying to demonize testosterone. All these studies show, yeah, low testosterone, increased heart disease. I mean, just increased cancer.

So many issues, the grumpy old man syndrome, or you had talked about worked out dysfunction. And also, as you get older, you downregulate your receptor.

So really, you can argue that you should have higher levels. I'll treat some men in their 60s, their testosterone level 600, 700, but they have all the symptoms, right?

So I'll say therapeutic trial, testosterone. I like a combination of mandrelone that doesn't convert to estrogen or DHT, but go in that, give a shot, and they go, oh my God, I'm a new person.

But they were totally mid normal, but 20 years ago, they'd be low. And oh, diabetes, blood control, depression with low testosterone, same with women with low estrogen.

And, you know, they let these women be men, but it's natural. Yeah, you're going to get dementia, you're going to get heart disease, you're going to be depressed.

So I'm 47. My hormones are changing. I can tell. Like I can see my estrogen dipping. I'm watching my lats blood. Oh my God. And you just don't get as much pleasure out of life.

You're not as happy. You don't sleep as well for sure, but your mood. And I'm like, no wonder. Like if I didn't know any better, I would think right now I need Lexapro.

Well, so I just started some estrogen, you know, and I use a regular, a regular guy in college would say, you don't need estrogen. Everything's fine. But I do like my brain for sure.

My skin, but my- Oh, then they want to give you birth control pills. Oh, yeah, in your 40s. Yeah, because that's because they do that. And people go, Oh, I'm good.

You know, I just basically have my period every day, increasing clotting factors, increasing inflammation. Yeah, it's low as a spouse. Of course, all your hormones are in your growth hormone.

And if you want to cause cancer, take a progestin. If you want to prevent cancer, take a progesterone. Oh, and I love when they think the progesterone is the one that's a progestin.

I'm like, no, that was that women's health initiative study. You know, it's it was the prem pro causing the cancer. And and so I did the review, the biotech hormone debate, which looked at there's progestins and progesterone.

The problem is they'll use progestins in a study called progesterone.

Hormones, Testosterone, and Closing Remarks

But you look at every head to head study and also mechanistically that The progestins like Provera was approved because it protected the uterus like progesterone, which it does, but it has the opposite effects on the breast.

The progestins cause cells to divide and stimulates multiplication. Progesterone prevents it. So right there, very different heart disease, the progestins dramatically increase heart disease, progesterone prevents it.

And anytime you take oral, you can take oral progesterone, but oral estrogen, you know, they gave them Premarin, which force estrogen as a quinoline known carcinogen.

and they use clotting factors. Now, even if you take bioidentical orally, you're going to increase your clotting factors, some, but not as bad. But when you do transdermal, let's say someone's had a pulmonary embolism, don't take estrogen, which is wrong.

You can show the studies. If you do transdermal, no increase in clotting or PE, actually a trend to decrease because they're going to get less cardiovascular disease.

But those are going on for a long time. I can hug you forever. I know you're such a genius. Thank you. I always learn so much. No, same here. I love talking with you.

So you can have like a series of lectures that you post like on your website. I think you should. Yeah. So due to overwhelming, that wasn't going to do it.

But I have so many lectures on peptide. We're going to start a peptide training course after a couple of webinars and then kind of do a more of a deep dive type thing.

I don't want to make it where I want to make it affordable. And, you know, just worried about time. But if we don't have the summit off sometime, but yeah, so I think it's kind of my duty, whatever, to give back.

So thank you for having me on. Yeah, and thank you so much. I know you're in such demand and you get all the celebrity patients, which you can have. You're just on the cutting edge.

I love your passion and I know how many patients you've helped and I don't know. I've heard of a lot of them and that's just a tiny fraction. I just hear so many good things and easy going person, humble and I award you with this trophy.

I'd like to thank the Academy. So I think it's getting late. This is one of her lectures. So thank you seriously and for what you do and wonderful. We really appreciate your knowledge and sharing with everyone.

So thank you. Great. Thanks so much. All right. Thanks for joining us on the Peptides and Longevity podcast. If you enjoyed today's episode, don't forget to subscribe, share and leave a review.

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