Introduction to Dr. Mark Sherwood

Hi. This doctor can't hold her for another episode of the Peptide Summit. And today we have doctor Mark Sherwood, and he's going to be talking about managing the obesity crisis and shedding pounds with peptides, which is just such a huge problem in our society nowadays.

So is to let you know how to fix that. He is, got mazing background and he works with this with his wife. He's not traffic doctor and his wife is a doctor.

They are full time wellness based practice in Tulsa, Oklahoma. It's called the function Medicine Institute, where they adopt the whole person approach, which is outcome based on really individual needs.

Their goal is to lead people down a pathway of true healing to the end, that there are two purposes to eradicate lifestyle driven conditions. So it sounds like it really partner with the patient.

And and to get for, for optimal health and to really eliminate the usage of unnecessary medications that just, you know, mask the symptoms and wait until you get, oh, you get this medication when you got heart disease, why not prevent it 20 years earlier?

Through their unique clinic, they use a lot of different diagnostic tests, including genetics. And we're loving the genetics test. I think it's really help or or genomics, I should say.

Bio impedance, neurotransmitter testing, vascular aging. And does that ultrasound? It is we have the ultrasound. We had one I love those, stress management, which specially nowadays.

My gosh. I think you need to come to our office. The couple hosts a weekly television program airing regionally in the Midwest. They serve patients in every state, and several countries around the world who simply training certifications and age management.

Neutral genetics, neutral genomics, peptide therapy, hormone therapy, stress management, GI health and immunology. And as we've talked about, these really all go together.

And that's key with kind of standard medicine. It's like everything's compartmentalized. But you put them all together. That's really what the power is.

They, coauthored three Amazon number one bestselling books. Pretty incredible. The quest for wellness for your diet. Good title. And surviving the Garden of Eden.

They have been on, national TV is quoted on CNN, and they're regularly, regular contributors to many national publications. And they have a full length movie for your diet.

That has had over 15, million minutes viewed in the US, in the UK, but pretty amazing stuff. And they're now in production of a second motion picture.

With the broad social media network, that spans the globe. Doctor Mark and Michelle's influence are far reaching. The couple understands the importance of nutrition, medical food supplementation, exercise programs.

Rest. Yeah. You don't sleep, you don't lose weight. Stress management is huge. Easier said than done. So I'd love to hear how he solves that problem. I need some advice on that.

Hormone balancing, peptide therapy, of course. And functional movement and functional medicine. So he's really

makes them the modern day. They're the dynamic duo.

Duo of wellness. So, so nice to have you, Marc. Well, we've, spoken a lot, and I've told people, oh, my gosh, he's just the most pleasant. Polite person who had no ego.

Functional Medicine Background and Patient Approach

Which is. Which is wonderful. So I thank you so much for taking the time to come on, the summit and really looking forward to, what your knowledge and share with our viewers.

Can I really appreciate it? It's really an honor to be here. And it's been, the utmost pleasure to get to know you. So I feel extremely blessed and extremely grateful to be here.

And I'm excited about the information we get to share together, because without question. And and I want the listeners to hang on because it's going to help them with 100% certainty.

Use the principles we're going to give you right now, and it will absolutely work to help eliminate this obesity. And I'm going to use the word pandemic.

That's exactly what's happening right now. It's the worst pandemic there is not minimizing anything else. But we have more people than Covid. You bet.

And we'll talk about those disease processes. And it's it's not that hard to fix if you just have a formula that works. And we've got data that show you, well, we're 500 people over the last 12 months that we've tracked, so it's going to be cool.

Well, did you have a book coming out, the beer diet? The beer? Yeah, just taking the gluten. It's all good. Yeah. Okay. There are a lot of health benefits to beer, actually. It's like, There you go.

Yeah. So antimicrobial, but. Yeah. So tell me, like, you know, how long these and peptides when did you incorporate this into your practice? Tell me how this kind of. Oh, yeah.

We heard, a doctor named Edwin Lee speak on peptides, and I was intrigued because I had. Yeah. Of summit. Yeah. Yeah. Just amazing, man. Just, again, a very nice guy, very unique in his approach.

And I heard him, I was, like, completely blown away and intrigued. And I said, I've got to learn more. So we went on this quest that lasted about a year to really learn these things.

So we started kind of exploring the data about maybe two and a half years ago, and we probably been using the peptides now about a year and a half isn't that great.

Like when I give lectures on peptides and like the doctors say, how come I never heard of this? Because there's hundreds and hundreds of studies. Yeah, but because they can't be patented, most of them, that who's going to bring them out?

Who's going to, you know, basically put them out of a pharmaceutical and they're compounded right now or we have them out as a, as, you know, as supplements.

And we're bringing out more. And we actually have a weight loss one coming out low molecular weight cell wall peptide. So I want to get that. Yeah. Love to hear that feedback which decreases ghrelin which lowers appetite increases leptin.

And as you know, so leptin goes up when you gain weight. Tells the brain, hey, stop storing energy, increase your metabolism, decrease your appetite, increase your thyroid.

But when you get inflammation, you start gaining weight, you get leptin resistance. So the leptin goes to the brain, but the brain doesn't see it. So your brain thinks your body's starving and tells a body to gain weight and, lowers your metabolism, lowers your thyroid.

So, we're we're excited about that. But, and so you started using, let's say, to, let's say someone comes in as, hey, I can't lose weight. My husband doesn't believe me.

He thinks I'm eating bonbons in the in the closet, exercise every day. Nothing's happening. How do you approach that patient? Well, you got to approach him from a holistic standpoint.

You know, can't from number one, you know, are they getting enough sleep? Because as we talked prior to coming on, if you don't get enough rest, you're going to drive that cortisol animal, as we call it.

Driving yourself to this condition we call fat loss resistance. And that's just the body's natural survival mechanism. So we gotta look at stress. We gotta look at lifestyle.

We gotta look at current age. And life because hormones are going to play a part. And you mentioned correctly that the more, elevated adipose tissue they have, the more left and they'll have and that signal supposed to say, hey, it's time to turn up the thyroid.

But when it becomes so elevated, it becomes where the body says, I can't hear that signal anymore. And they have a lot of joint pain. So we we talk a lot about dietary principles.

We don't put anybody on the diet. We give them a list of foods to eat. We'll give them compressed window which with to eat inside. We'll talk to them about the benefits of fasting, how to incorporate that, the benefits of fasting, how to do that.

When that happens, we measure the body composition. I don't want to know weight loss. I want to know percent body fat, even though weight is, is a measurable, of course.

And so we'll put them through all that gamut. And then we talk about peptides. I like to think peptides are the missing link or the secret weapon, if you will, to really making someone go from a good program to perhaps a great program with predictable results.

And we really try to get people down in the percent body fat range, 2 to 3%, reduction per month. And we've been very successful with that. That's that's nice.

And like we'll check, you know, people come in, they can lose weight. I've wrecked my metabolism. Everyone says, oh yeah, right. And we'll check their, you know, basal metabolic rate.

And we find that also like sick people. Anyone with information diabetes, that have significantly diet studies show, if you like, do drastic diets like, let's say three times in a row, which who hasn't done that?

It drops your metabolism and you go back to normal eating it doesn't go back. Yeah. And so we find they're about 25% lower metabolism. So they have to eat 500 calories less just to stay normal.

And so they're starving. Oh that's right. And, and they're, you know, thyroid is low in those. The, the tests are normal. So yeah, I think it takes all, all those different things.

So it's someone comes in and they can't lose weight with the first thing you said. You talk about sleep and what what labs do you do. Yeah. We're going to use a comprehensive panel.

I like to do one that sort of, encompasses all of our vascular inflammatory markers, because if you have, lack of good blood flow, you know, the principle is the life and the blood, right?

So how do we transfer things to the blood stream without good flow? Our another inflammatory markers from the omega index as well vitamin D I'll look at certainly blood sugar.

The classic markers, the hemoglobin. We're seeing the glucose. But I also look and put a lot of stock in a CPAp tide and insulin because I find that that's the underlying trigger.

You can really see these people that are against the resistance before they're actually clinically referred to as insulin resistance. And then finally, I don't look at their hormones not just from the thyroid, not just TSH, maybe T4.

We're going to look at TSH, T4, T3, reverse T3 and the antibodies and then a full hormone picture of course, along with, you know, our complete blood chemistry which is standard of care.

And then our hematology. So we'll do a complete panel right up front because I want the best, you know, observatory picture I can of their live.

Peptides and the Obesity Crisis

And then it's up to us, isn't it, to convince them that we know we're talking about and teach them. Right. If they understand, it makes sense. Anybody is going to go man.

It goes from here to the heart and then it becomes normal. That's the only way to get lifestyle change. Can't when you go from, you know, knowledge is going to become internalized.

And once you do that, people believe it and then it becomes something we do. And it's not something even though it's counterintuitive to our culture. Right? It goes different.

It will sound very normal because frankly, people should not, and I repeat, not be walking around with excess body fat that is abnormal to our physiology.

It's abnormal to our genetics. It's not something we should expect and accept as normal. That's just accepting sort of mediocrity, if you will. In our world, we can do better than that. Yeah.

And so it sounds like you also look at optimal and like you look at testosterone ranges for men is every decade they drop significantly. Right. And because they take 95% of the people, it's just lower and lower is normal.

And so it's like, you know, basically you're getting a if you if it was 30 years ago, you'd be low. Oh, now you're normal or it's like heart disease is normal or cancer is normal.

You know, it's funny you say that because it's like I look at the labs, those normal ranges. And when someone says, you know, again, not poking fun at anybody, let's say my doctor said it was normal.

I'm like, no, that kind of freaks me out, because that tells me we're using these normal ranges from a normal population saying you fit right in there.

Stocks matter. They check. Yeah. The sick population. Yeah. And people are, you know, right in the lowest 2.5%. Is that where you got a d-minus. Oh don't treat it you know.

No we will we're going to optimize things and, and I hope people don't take this wrong. But, you know, labs are simply pieces of information. And our job is to look at those things as pieces of information.

But, man, we got to treat people. I got to treat can't, can't sky treat. Mark and I, I can care a lot about those last. But if I start treating a lab, I have lost sight of the individual person.

That makes personalized health care. Kind of what it's not supposed to be. And most likely that happens a lot. And maybe this some. It is a way people can kind of get out of that box a little bit and realize, you know, there's another

way to approach it that's going to give you, predictable, beneficial outcomes.

It's going to optimize your life. I love that I tell patients and we do big set of labs, it sounds like you do. And try to paint a picture. Yeah. And, tell me how you, do you incorporate the genomics and into that?

Sure do. And I like to look at the genes in a way. And this is a this is a cool way to understand it in the sense that the genes are like a dam in a, in a, in a river.

And I've explained this to patients like this and they get it and even clinicians. So the dam has to sort of deal with upstream processes. The upstream processes come in two categories.

Number one is those things we do control and those things we don't control. So the dam has this interaction with the genes. And this is this neutral genomic or perhaps epi genetic environment.

Genetic expression. And the dam has to make a decision. If the dams are genes, it has to deal with this stuff and make a decision to handle that water out downstream.

Downstream would represent perhaps disease process for dysfunction. And classic medicine is if a little floodwater comes up, we're going to throw a sandbag at it, a sandbags like a pill.

Now does that help? Is it necessary? Perhaps about that long. But it doesn't solve the upstream problems. So I want to know how someone's dam works so that I can give the right things coming into that so that I get the right expression downstream.

And get this. We can predictably increase disease resilience by putting our genes in the right environment. Therefore, we get the correct expression and it gives us great confidence.

So we see many, many disease processes go away. There's a kind of behind and there's a big bag full of empty pill bottles. And so I become a master of D prescription because it's not the prescriptions were bad.

It's just created function now. So there's not a dysfunction that the symptoms are being treated with that. Yeah. They don't have a statin deficiency or Prozac deficiency.

And I think it's great to using those you instead of shotgunning you go here's the supplements you need. That's right. And oh wait a patient with mast cell and she just doesn't make B6.

Her B6 asthma went away. Yeah. You know and it just it's really nice. So you can actually target goes back to that precision medicine that that you're saying that's right upstream healing.

Yeah. Exactly. And if we would look at things differently upstream healing is really looking at disease as a non existent non needed process. And here's what I mean by that.

If diseases are nothing more than groups of symptoms we cluster together to name. But I think we'd all agree that's probably what it is. If we would eliminate the clusters of symptoms by going upstream and figuring out what caused those symptoms in the first place.

Therefore, disease becomes unnecessary, and we really got to stop focusing to become perhaps Master diagnostician and become master upstream diagnostician instead of downstream.

And that would give us, probably a better perspective. We need both ends. But if we can master the upper end, we're going to go a long ways, because I fully believe that the majority of our illnesses today that are rampant, rampaging our nation and around our world and frankly, started in America, a lot of them are driven by lifestyle choices, if you will.

And so so I think what you're saying is that you may have the genes, but you can turn those off. You can genes.

You know, we don't treat the genes. We have to understand that we can't change the genes.

But through epigenetic modification, we can change the expression of those things to make them express themselves or speak or act or appropriate to our benefit.

And that's wonderful when you look at that, because for years and years we thought the genes were stuck and you're stuck with what you got. And too bad people sad. Deal with it.

But now understanding that just because one has a set of genes I like to look at like this man, that's freaking empowering. I want to know, man, that empowers me.

If I got the ApoE4, which I know that's part of our subject, but that's for those who are listening. That's like the the heart attack gene and or the Alzheimer's disease gene.

So if I got those, I want to know because I want to know what to do and take the the weight of susceptibility off of that through lifestyle. And wouldn't you know, you can do that, which is really cool.

And you can probably go from increased risk for heart disease and Alzheimer's to lower risk than average right interventions. Without question, 100% certainty.

Yeah, I did I really think I think that's awesome. And really looking at, at the big picture. Yeah. And so, so tell me how, peptides play a part in this.

Yeah. So peptides, I use them a lot to sort of, lace into a lifestyle protocol. And I've prepared a PowerPoint for us if I, if I may, at this point.

Labs, Hormones, and Personalized Assessment

Yes. Yes, and I think so let's let's go ahead and do the PowerPoint. Great time to show the PowerPoint to people right now. And here it is. So I think everyone should see that right now.

And obviously we know that, the obesity crisis is horrible. And I just saw a couple of statistics here that we can see. I was looking back at 2000 by the color code map.

And it doesn't take a rocket scientist to understand everybody, that certainly in 2000, there were a very, very few states that were, you know, really a problem.

We saw some of them approaching 40%, but that was in the South. And that was rare. But we go forward just nearly two decades and we see it's shocking.

Some states are over 50%. You projected that on how this is this is what I find is is terrible. Look at this map. This is projected by 2030. Now hey, obesity is going to be the norm.

It is now granted. Yes. People would say that, obesity is measured by BMI, which is I get it. It's it's fallible. I mean, my wife and I just because we have muscle in our frame, we are we are obese by that measure.

But this is not the norm either. This is a great way to measure population statistics. So we can sort of dismiss it. It really means something. You go certainly down in the numbers today if you want percentages.

This is what it is right here for the obesity rates as of today. And this is men 35.5%, women 37. That's right. Now now we talked about just a few moments ago, the the idea that, these obesity rates and obesity itself contributes to disease.

Let's pull this off. The CDC. I mean, clearly we have these all causes of death, all mortality. But we can read there some of these things. Again, let's understand that heart disease is still the number one killer of men and women

across our country.

I mean, I don't want to know why that is. I don't want to manage it. I don't want to deal with it. I don't want to have it. So isn't it better to be rehabilitated rather than rehabilitated with our processes?

Now it's very understand. We got to make some more science into this. And I want to show a chart right now. That's a little bit cumbersome. But it's going to show two pathways, two pathways, one being building pathway and one of a, a cleanup pathway, the bodies to build appropriately and clean up appropriately.

And this will give people an idea of how we can use peptides to benefit us. Here's the pathway right here. And it's a little confusing. So I'm just going to use my mouse.

And I'm going to be looking to my left because I have a screen over here. So as you can see the mouse on the screen, this is the M tau pathway. And there will be a test.

Yes. There's a there's a 15 question test that will not be open PowerPoint. Right. But the idea is mTOR. It has a name. It's called mammalian target of rapamycin.

But nonetheless I just want people to see quickly what upregulate says. And I'll start over here in the right corner. Cytokines. So we're talking about a cytokine storm has been much in the news lately.

So this is inflammation. So inflammation is going to trigger it. We also know that there's iron and there is high fructose corn sirup. There is MF right.

You know this this electromagnetic frequencies. And then we see dairy over here. These hormones in our meats and things like that. We see pesticides. And lo and behold, over here we see this thing called a ATP that is energy.

So this mTOR pathway is going to sense when we're when we're fed when we're in a fed state. So if we're not in a fed state, the body will bounce out of mTOR and go into autophagy, which I'll talk about in just a moment.

But right here I want people to note this IGF one. It stands for insulin like growth factor one. And this can be measured in blood. And we want to optimize that thing.

We don't want to have it chronically upregulated. But we don't want to have in the tank either. This one is going to signal mTOR as well when mTOR is working.

Right. And it's supposed to we're able to build things like muscles like repair cells. That is good. However, if we are building things that from a dysfunctional state, that would mean clearly dysfunction upon dysfunction upon dysfunction.

And it doesn't take a rocket scientist to understand that if we have broken cells that are continuing to build and build and build, that could be a player in this disease process called cancers.

So we don't want to have immature upregulated all the time. So we need to mix in a little bit of fasting. We need to upregulate this pathway called autophagy which is cellular cleanup.

I like to look at like cellular cleanup as a building that's become the lab, dilapidated like torn down. And we have to go in there and fix it up so it can be repaired again.

That's our physical bodies, isn't it? I mean, we certainly need to be understanding that our body is going to break down and needs to be cleaned up, break down and clean up.

So I understand over here there are peptides that will upregulate this pathway. And there are peptides that will upregulate this pathway. And if we can use those appropriately, the body will not be growing as rapidly with generating excess fat over and over again.

When we're in autophagy, we can break down fat when one mTOR we can't. So that's the key point here I want people to take away. Now again, very busy pathway.

If somebody wants to study this they can these in the orange are all these different genes that matter. So that's another discussion for another day probably.

But when we talk about the peptides to use based upon building and cleaning up, here is the protocol. And I went ahead and put exactly what they are. We use our Moreland and or CJC 1295.

If a Moreland and the way these guys work is they will in a secondary signaling manner. They will upper regulate your own body's production of growth hormone, which goes down the pathway to eventually make IGF one.

So these will help build this will give you more of a youthful appearance with your skin, with your body healing, with body fat loss, and yes, muscle building.

So these are good. Now the only caveat is with this one is I want people to understand that a bit more. And I know you spoke of ghrelin earlier within our discussion.

This one will upregulate ghrelin so it can up regulate the hunger just a bit. So I have lean more towards this guy over here. This Somalian to upregulate the pathway.

Now you can, can you just describe what those are. Yeah. So these Somalian and CJC 1295 people more than these are peptides that are going to they operate on these G-protein receptors that are outside the cell.

So many times when people take a hormone it has to sort of hit a receptor. Right. So these don't have to do that. They can sort of go by and knock on the door and say to the cell, hey, I need you to behave yourself tonight.

So we take these. Typically I like them before bed so that our bodies will respond well by producing quality growth hormone like we produced as we were younger.

So right. Makes sense. All right.

Genomics and Upstream Healing

And then I like to use the BPC 157 the thymus and beta four and the moths here for these reasons BPC 157 is going to induce healing. So think about better cleanup process, reduction of inflammation.

And through the process of possible autophagy, thymus and beta four is going to upregulate the proper immune function, reduce inflammation and again induce autophagy.

Because we saw cytokines when they build up they're going to upregulate the building process. And then we use March. It's going to upregulate Ampk and autophagy.

And if we look one one time back at that and then we'll jump forward. There's autophagy. There's mTOR. And we really want to make sure we have a balance between those two.

So if we use those peptides and I'm going to give you an order with which to use those two and even dosages. That's worked very well, which works nice.

So here's our peptide here's our peptides. And we go forward. We have to talk about exercise two because I already told you that strength training would upregulate mTOR.

And cardiovascular training up regulates autophagy. So if we have a for instance, exercise protocol it says strength training Monday, Tuesday, Thursday, Friday and then Wednesday, Saturday, Sunday, maybe some cardio on cardio days, we're going to compress our eating, as we talked about, so that we're not, eating all the time, don't

have a presence of calories and one more time in a, in an unfed state or a fat state.

And then we look forward here. Here's our rotation schedule. So our strength training is on Monday, Tuesday, Thursday Friday we're going to use Somalian or CJC 1295.

Now this.20 is 0.20ml. Skew means subcutaneous. So I hope everybody is not unfamiliar with what that term is. But we're talking about the subcutaneous injection into our fat in our belly with a little bitty baby insulin.

And the promise you it does not hurt one bit. Maybe mosquito bite at the most. Mostly nothing. It's so easy. Men can do it. Yeah, I've had guys that are more scared, you know, than that.

And I in the South we have a saying don't be scared. And they're not scared when they do it. They actually, are like, I can't believe I'm giving myself a shot.

So they they grow confident like that. So maybe they're better fathers like that. I don't know, I'm hoping, but Wednesday, Saturday, Sunday, this would be our cardio days, right?

Cardio is going to upregulate autophagy. So we're going to capitalize on that. We're going to repair. Remember BPC was repairing. It was recovering. It was redoing things.

We're going to work on thymus and waiting for because that will absolutely down regulate the inflammatory action and improve immune function. And in March from these three guys game changers, they will induce a lot of fat loss.

So we've got our proper building. And then we got our fat loss. So with BPC you can use it subcutaneous or oral gray no problem. Thymus and subcutaneous or oral and mods.

It's going to be subcutaneous. And again like I just want to mention you said you know BPC subcutaneous oral is studies show that oral and shots they're equal potent for systemic.

And I don't know I think we sent you some of our thymus and beta four fragment which is orally active. Yeah. And so I'd love to hear your feedback on that.

And I just got it, but, yeah, the might see you can't, you can't do orally for, you know, for people who don't want to do the shots and, and I, I think I, I won't exercise unless I'm doing the peptides because I'm like, I got to exercise three times as long, right?

Yeah. That's really, you know, the the thing about exercise, you know, a lot of times we put so much emphasis on that, it doesn't take much. I mean, but when you have a sort of a program or a protocol that you can say, like for example, on Monday, Tuesday, Thursday and Friday, if I can just dedicate 15, 20 minutes to a well-designed, very efficient strength training program, that's enough.

It really is enough. And then with the cardio, you just need to move more, move more, sit less. I mean, on my computer, I a little thing that pops up for every 20 minutes I need to stand up.

Right. Just standing up will sort of help upregulate, you know, the even the, the enzyme lipase, which is great to break down fat by standing up. And this is great because I just started using thymus and beta for about a week and a half ago.

Thank you for that. That was awesome. But you're right. I was looking at the studies and lot of efficacy. So someone says, man, I don't want to stick a needle in myself every day.

Okay, use oral. And certainly this is just a suggestion. This is what we do. We'll go three times a week for seven weeks. Each of these as we roll through this.

And we will keep bouncing these things in and out. And we've had incredible results. Now, I guess I would be

remiss if I didn't give somebody a little bit of, you know, kind of idea of what to eat.

You know, again, I told you beforehand, we don't do diets. So, you know, how do you mix this in? And what does that look like? Just really quick. And then we'll come back to our pathways here.

But, you know, I tell people, you know, don't diet, you know, when you're hungry, chill out when you're not, relax. Always practice some, some sort of, fasting, you know, remember the body when it's in a building state, when there's calories around, it can't repair very important.

Understand that from the standpoint of diseases. Yeah. Those are when you say fasting, like how long do you like fasting mimicking diet where they're eating something or don't eat I know after 9:00 or whatever.

And then don't eat lunch or how how do you like to do it? Well, I prefer, you know, because it's easiest I prefer targeting people to an 18 hour fast, couple times a week.

They do three times a week. And that looks like about 6 p.m. to about noon. And yes, people say, can you have a cup of coffee? Of course. Have some black coffee, if that's what you want. Right.

Just don't put any, any substance in there like cream. But, general rule, if you can do that and get 18 hours and then not eat in a three hour window prior to going to sleep, well, you're going to do well.

So take pressure off and just do that little formula there. There's all kinds of products out there. There's a fasting mimicking diet. There's longer term fasting.

Peptide Pathways for Fat Loss and Recovery

There's other terms that people use, but 2 or 3 times a week, if you do do that without question, you'll have you'll have a lot more positive results because we're accomplished.

I think from a science point, what we really need to do now, there is list that I give people. Here they are. This is this is our anti-inflammatory foods.

And I just like there it is. And I tell people to select wisely. I don't give them limitations. I don't say no more then or no less. Then I just say, this is your selection list.

And just a quick point of note. Low glycemic non-root, non-starchy. If someone is obese, rabbit excess adipose tissue in the frame we've got and lower that glycemic load and therefore it's going to lower our insulin output.

And just remember when we're measuring insulin in labs, folks, when that's elevated persistently, you cannot lose weight. It's not going to happen. Insulin is a building hormone.

Think insulin in your mind as a fat storing hormone. So if you eat like this, you're going to drive down the insulin, which gives you more platform regardless of peptides, to be able to access fat tissue for utilization or for fuel.

You put peptides on this. It absolutely causes the, success to go up. And these that I've got listed here are generally speaking, and I use the word general anti-inflammatory.

I want to give you a place to start. We have to look at the inflammatory foods. And here they are. You know clearly I know the ones on the the left side would be like this low hanging fruit. Well, of course they are.

And then you've got that, caffeine and alcohol that can be a variable because some people genetically metabolize either or very quickly. And there are people that can get some benefit, perhaps from a little bit of red wine and alcohol.

There's there's some benefit there. So but if we do anything too much we could have problems. Breads and grains

probably are the ones that people have the most trouble with.

Just a side note, when they are digested in the belly right now because of their genetic modification, they create these substances that act like morphine in the brain.

They're called absorbance. And those things will bind to your receptors in your brain, and making you feel really good and not feel pain. And so that's why they're addicting to everybody.

And that's why when you say some somebody give up your brain's grains and breads, they're they're going to look at you like you're from Mars or something.

But you're just a little side note with NutraSweet. So I my family stutters a lot, and I was just stuttering so bad I could not answer a cell phone. I didn't care yourself because I would just stutter.

Oh, and I read an article on NutraSweet causing stuttering went off and about two weeks later I stopped stuttering. And if I accidentally get some NutraSweet and I start stuttering.

But it is very hard to get off. It is cytotoxic and but it shows out what a toxin it is. It causes stuttering. Yeah. And these, these substances in our, in our body that are generated from our food supply.

I mean, we know I use air quotes, the Environmental Protection Agency, I mean, I'm not sure there's any protection about that because all of these thousands of chemicals and, and five digits are released, you know, every year.

And we don't have studies on them. They say, well, this little bit won't hurt you, but honestly can't. I mean, you're talking about stacking the deck.

And so a little bit becomes, and it just it's what teachers, people over the edge. And so, you know, I've found that people just do these two slides, you know, just bring in anti-inflammatory foods, remove most probable inflammatory foods, and they get better just with that, you know, no diet just with that and just follow the principles.

I tell people that too, that it's really important to understand that, you know, don't don't use exercise and try to exercise a bad diet. That won't work either, because that's just going to create more inflammation.

I, I tell the story all the time of I call her boot camp mom, boot camp mom goes to boot camp five days a week, twice a day, and can't lose any weight.

What? She's chronically inflamed because of the the stress she's putting her body under, chronically up regulating, more chronically building. And her body is in a fat loss resistance mode.

So certainly, you know, this brings us back to to this guy. You know, our pathways here. Remember we have to balance four days a week with the IGF one up regulators.

And that was with Sir Maryland or CJC at the Maryland. And then we use our BPC five is in beta four or Mott in the protocol that I gave you to upregulate autophagy three days a week by just using the protocol I gave you.

That's it. Real simple. This is the results that we've got over the last 12 months of over 400 men and women. We've tracked this. They will lose 2 to 3% body fat reduction for women 30 days.

And men sometimes get 3 to 4. And this for them is a is a game changer. Because I've already told you, the percentage of this obesity that's in our world and I let the results speak where they may.

And and so people ask me, does this work? Yes. How often 100% of the time. And I'm very confident about that. There's nothing wow. You know, you look at peptides, there's no negative, right?

Using them like this, it's great. And you're going to get results right? I know I love it. And if these results came out

as a pharmaceutical weight loss med oh my God, it'd be all over the news and would be $1 billion amount.

Well, here's a cool thing though, and we all I think we all can get this. I mean, all of our listeners right now said, I want that. I want to do that.

You can. It's not that hard. You know, it's not expensive. You just got to, like, invest yourself in a process that works. And when we talk about reversible disease processes, already stated that if you can reduce obesity and use this protocol, obviously, if obesity causes disease or it's associated with them, but you want to look at that, then when we lower obesity or matter of fact, eliminate it, which is my goal, then the disease processes by association would go down.

And then you have these necessity that when we had this, these processes of medications being used, you would eliminate the necessity. And of course at that point I'm sure big Pharma would not be happy.

But Mark in the shallow sure be really happy because I want to see this fixed because, yeah, we're really getting killed as a nation or as a world is the diseases of aging, right?

Yeah. So it's obesity ties into that. And I find it really interesting. You look at chronic fatigue syndrome, fibromyalgia, chronic Lyme, autism and obesity.

Diabetes. Yeah the same picture. Everything matches doesn't it. Yeah. And so it's like instead of like oh you get this drug, you get this drug. It's get it the underlying because it's, it's there's commonality there.

Significant commonality. I want to see a world where. And that's why I was so just really keyed up to talk about this subject, because I dream of a world where people, become.

And I hope people hear this fat gain resistant and let's say one more time, fat gain resistant, because that is normal. You look at pictures that were, you know, 75, 80, 100 years old.

Did you see people that were struggling with this obesity thing? It was rare. And when someone would go to the doctor in those days, I would presume I didn't live back then, although seems like I'm older than that.

But, you know, the bottom line is, I'm sure that the doctor would say, oh my goodness, can't look, this is serious. You're gaining too much weight. This is associated with all these these processes and they would be generally concerned about that.

But today we go to go to the clinic and we see you know again this is encouragement. We see doctors. We see staff that same way with cookies, donuts, oh hellos and sodas.

They're in the lobby for free. And it's not conducive to even health. It's an obesity genic environment. Whereas today if you begin to lose weight and I'm encouraging people to actually put this protocol to work, do it, it will work.

But when you lose weight, be prepared because you're going to have people ask you the question, hey, you're getting little skinny, you got cancer. You know, it's really odd the way it works.

It's flipped. But, as I like to say, become an outcast, become an unusual person, become someone that may be considered love. It may be a radical or a freak.

Because, look, we need more radicals and freaks, like, can't hold forth in the world so that we can, have changed because, man, we need it. We're exporting this obesity.

And the United States of America, it's the fastest growing, noncommercial disease on the planet today. This is a problem. And if you eliminate it, I don't think I mean, the timing of this.

We're talking about a Covid pandemic, serious, but we probably would not be having this discussion if our immune

system were healthy, you know, based upon our lifestyle rather than unhealthy, based upon our lack of proper lifestyle.

Now, I totally agree. And do you find I think you see patients, they go and they exercise, they diet and nothing happens. So they go screw it. Yeah. You know, and so it sounds like you can really I love the program.

I can see how that just would work. And it's not drastic, you know, and amazing. And we're all of a sudden they're like I'm getting results. Which then fuels the motivation.

And then you're seeing changes because, yeah, you go to the gym every day and again, 3 pounds like, forget it. Yeah. I had a guy come in, this is, this is a couple that came in and we've been working with him about, coming up on a year now.

And they're in their 60s. Right. So they're no spring chickens, right? So I can say that I'm good, but, he the male in this period, he put on 12 pounds of lean body mass 12, and he was just doing the same program, and he lost 16 pounds of fat mass, his percent body fat completely turned around.

His wife, on the other hand, she put on 7 pounds and this is cool, 7 pounds of lean body mass completely reversed.

Fasting, Nutrition, and Exercise Strategy

And then talk about this osteoporosis. So she went from a minus two to a plus one shocking in a 12 month period. And she lost 20 pounds of fat mask. We saw them and I just I mean I don't see them all the time because they come in about every 3 or 4 months.

But it blew my mind and I actually, actually cried. You know, I'm kind of an emotional guy. I cried because it made me feel really, well, good, because, you know, our job is to really this step is to bring healing to people's lives.

It's never was intended to to to manage anything. And we're supposed to help people, for God's sake, not keep them where they are. And so that's why, you know, I think if we really would embrace this philosophy that we have, it would work better.

Yeah. I think it is a very different philosophy than you look at, you know, like go to the endo, whatever they give this phosphor that's, you know, yeah.

And which basically kill cells from breaking down the old bone and putting new bone on top of old bone. Right. And people get femur fractures and all this.

But you've shown what you were saying is that all of a sudden you reduce the inflammation and go to a building, you know, of a, a basically system instead of breaking down, like, you build bone.

Exactly. And, you know, the best part for me is don't I mean, they might stop after your classic activity, but they're not going to they're they're not going to start osteoblasts, the activity which basically is with bone building for everyone.

But the bottom line is like, you know, I've got a pen here, but they're just going to make the bones more stiff and they're going to break easier like an old pencil leads to have in school, you know, so they look better on x ray, but it's not healthy.

No. Or what? What's your thought on statins. Yeah. Statins. I think, as opposed to some saying I don't think they belong in our water supply, I think that's a mistake.

And I think more from what I've seen, genetically speaking, I think they tie directly to the, the Alzheimer's increase clearly. And I think that, I've had an incredible success not using them because I think the only data out there is a little bit that would, would fly towards the secondary prevention, but not primary prevention.

Yeah. And so I've had really good success using registries and those things like that and really seeing the lipid particles, expand in size, inflammation go down.

So even with the protocol we just gave you, I mean, I'm going to go there, but we're not going to use statin drugs, and we have a heck of a time convincing someone because honestly, if we suppress, the, the induction or synthesis of, synthesis of cholesterol, I mean, what did we just do?

We just we just suppress the ability of our body to make hormones that really. I mean, this goes right in the face of what you just talked about. Osteoporosis.

Women lose bone when they reach menopause because of these hormones. Well, now we're just creating a situation where we're going to lose bone quicker.

So it doesn't make a lot of sense. I mean, I know the cardiologists might not care about the, the bone or not the brain, but I do I care about and and it is and I think all the studies are showing that they thought, oh, give it to everyone.

And it's really narrow. And they're showing like, even elderly diabetics would be, you think the ideal. Oh, no, it doesn't help. I mean, it lowers mitochondrial function.

You betcha. And your memory loss, muscle aches because you're, you're destroying the energy of the cells and it's so underreported. And people go, oh, I got these muscle aches.

Oh, don't worry about it. No. And, you know, time all the time and it's, it's gusting to me because people come in here with, you know, they got familial history of dementia and all this, and they're on a statin drug and they're told they're honestly told, hey, you can eat anything you want as long as you keep your LDL at 70 because they go in and the doctor does a CBC, a chem panel and a cholesterol.

And the patient's self-worth is based on their cholesterol level. The doctor goes, oh, I gave you this pill with your cholesterol. Oh, it's great. I you didn't do him a favor.

I kind of like, you know, and this is going to sound a little bit contrary to. I don't mind when I see a lab panel can't where LDL is elevated because there's there's a reason for it.

It gives me an idea, something to go look at, but I need to look at oxidized LDL. I need to look at MPO. So LP, a term for our listeners. Those are other markers.

You know, I want to look at them. The fraction eight, the particle size down to see what it is. That tells me everything, you know, but the LDL to sort of act on that in any way as or having the ability to make it a clinical decision on that, I don't think it's there.

I would consider that that marker by itself is pretty worthless. I agree, you look at the studies so people with lowest cholesterol, earliest heart attacks, you know, that's right.

And also anti-depressants 2 to 3 fold increased risk for osteoporosis. You know the doctors are telling that no they freak out when you're there. They're just suppressed.

Yeah a lot of the medicines we take there's a there's a website out there. If anybody wants to write this down, it's it's really cool. It's called my tab and my tab I in might have a in dot com.

And you can type in any medications you're taking right now and it will spit out the nutrients that are depleted with references. And boy, you if you know anything that your clinician knows anything about biochemistry and or genetics and stuff like that, you can clearly see whole entire pathways becoming dysfunctional based upon not a side effect, the effect of medications.

Now, we're not talking about side effects. We know this. So it's expected that and we have to replace that just to get it back to ground zero or a homeostatic balance that point, not to mention what we might want to be doing.

So this this is a big deal. So I help people or even utilize that website. Yeah. And I mean, you look at commercials of medications that's causes that and death.

And I know a doctor tells all his patients, he goes, I can take out my prescription pad and kill you and I will. Nothing will happen. But if I arm you with this functional medicine, I'm going to be in big trouble, you know?

That's right. And, big difference. Just a couple. Yeah. We're, getting close to time here, but you mentioned EMF. Yeah. Just real quickly. Thoughts on 5G.

Are you freaked out about it? Yeah, it's going to be horrible. You know, I think it could be, actually. But I think that we need to look at it from a, sort of a soup sort of, viewpoint.

When you throw that in a soup that's already a milieu of, of a quagmire of mess, it's going to exacerbate it. Many times. We, you know. Yes. EMF does affect our bodies in a negative way.

I mean, we're all around this stuff. Yes, it is. And it's going to get worse for our environment. Period. So do we need to take precautions? Yes. Maybe move our cell phone to another room and and you know, there's there's some ways we can shield it with sheets and stuff like that. Yes.

All those are good. But I think that the bigger picture needs to be addressed. All these things, you know, there are food or stress or sleep, our lifestyle or exercise, you know, the way we manage things.

Do we take a vacation? Do we go stand on the sand with our feet in the water and just dream a little bit, you know, get some sunshine?

Inflammation, Medications, and Lifestyle Risks

That all matters. So, you know, I think that from the standpoint of 5G or EMF, yes, it's going to be more negative. But the other thing we have or any one thing I think that's right.

You know, I see like the chronic Lyme patients, like if someone just says Lyme, they're probably fine. You bet the symptoms. That's right. And, you know, emotional stress will destroy the immune system.

More I mean, you know, and it's everything's a vicious cycle, I think, too. Yeah. And does your program work for healthy people also chronically ill? What type of range do you treat?

Well, obviously, I think the prerequisite for someone that I want to work with or my wife wants to work with is like, I don't want to get well. I mean, they got to like, I had the mindset that I believe I can get well.

And the second prerequisite and this is probably the hardest, was they had to be willing to unlearn some things, unlearn some things, just like the doctors we trained.

Yeah. It's like, okay, we've got so ingrained and play on words ingrained in something, you know, that we just can't get out. And it's like those neurological ruts get so deep or we just do them.

We don't even know why. But if someone wants to get well and they want to unlearn and perhaps learn some really cool stuff about how to optimize health program works for everybody because it's not, again, something that's specific, healthy people only anybody can exercise.

Exercise is sort of, defined as just moving, isn't it? Right. Dedicated movement. Anybody could use peptides. Awesome. Anybody can change their diet. Anybody can work on sleep.

Anybody can learn this stuff. It's so it does work for everybody. And I really we work with people that are, you know, younger that are getting too much fat in their system and work.

People that are older, they gain too much fat in their system. And, and even people that don't have fat that want to grow muscle and lose excess fat. Yeah, yeah, this these principles do work.

I, I think it's great. And I think the days of just going to your doctor and my doctor gave me this pill, you know, and I think patients really need to take an active participation in their health.

Yeah. Unfortunately, the way the medical system, I mean, standard doctors are not bad people. They're in a bad system. Yeah. That's right. And so I'll be a partnership, right?

Yeah. And like, I can't say hello in nine minutes or whatever they have, you know, it's like, oh, here's a pill. Go away. So, you need to have a box of tissues in your office, because if you can connect on all those pain points and they do shed tears that means you're going through the life.

And so I got a big bottle of tissues right behind the screen here. It really sounds like I think it sounds like you really connect with your patients.

And I can see you've had so many success stories and, and your face lights up talking about it and yeah, I love it. It's not. And it's just, wonderful to see.

I just, I at a with standard doc. I just get so mad when I hear where that patients have gotten especially like we treat a chronic, chronically ill and the way they're treated.

But I just I love it. You have this dynamic glow, and, like, you're going to help. I mean, you do. It's like. And it doesn't seem that hard. It's not.

And I think this we got to, like, get out of this thing. We're identifying ourself with sick, you know, instead of my name is Mark and I happen to be a doctor.

People identify myself. I'm diabetic and it becomes a damage cuz quite frankly. And we set our bar about that high instead of setting our bar up here.

This is this is healing. This is where we are. And we think this is the only place we can get and the thing about doing that is you might just reach it if that's your goal.

And so we got to learn to identify ourself as, optimal function. I like to say I'm, you know, I'm a I'm a great husband, I'm a great friend, I'm a great father, and I live in optimal health.

I'm not going to say I'm I'm hypertensive, diabetic or demented. I mean, that doesn't make sense. That changes my whole chemistry within my person. I love it.

I can just see patients smiling walking out of your office. Yeah. Yeah, I, I love it. Hey, thank you so much. I think this, all this information, I think is just invaluable, for our listeners.

And I, I thank you for, taking the time. I just think you're awesome person, and, there's so much knowledge, and I've really figured it out, you know?

Well, I'm still learning. I don't I don't have it all figured out yet, but I'm still trying to unlearn and learn to. So we're in this together? Yeah. Well, thank you so much.

And, have a have a great rest of the week. And again, thanks for thanks for being on. Thank you. Can it's been an honor.