Bio Reset Medical Introduction

Welcome to our recent medical. We're a concierge regenerative medicine practice. We believe that the body has an ability to heal itself and using biologics and natural materials.

And that probably is one of the main things that distinguishes us from other medical practices. People ask me why you should come to buy a recent medical for complex illness.

We're able to address the mental, emotional, spiritual, and we have more tools from high dose ozone therapy, ozone dialysis, the full spectrum of I. V.

therapy, regenerative medicine. We do things to help with PTSD, such as, different kinds of injection therapies and ketamine therapies. We do sports medicine injuries, chronic pain, chronic infections.

Super common for us to see people with hip pain. Knee pain, shoulder pain. Like when people come in, a lot of times they'll say, oh, I already saw ten doctors.

And they said I was going to have a total shoulder replacement. The culture that we're created angered by a recent medical is one that is very empowering.

You're going to get all the way better, even though you might have seen 20 or 30 doctors and you're still in pain. Oh, that's just really kind of crazy.

Yeah, there's nothing in here in the front anymore. Wow. Awesome, Incredible. Everybody needs healing. And our attitude is everybody comes here to get healed.

Everything's been great because of Doctor Kirk, and he's doing amazing. I'm able to enjoy life, enjoy my wife. I love this place. And I love all the people here. They've.

They've changed my life. Together we can partner with you and you can heal. This is going to be amazing. Hello. This doctor can't heal. Talk with another episode of the Peptide Summit.

And today I'm very excited. We have Doctor Matt Cook, who has just done so many things. I've known him for a long time and disrespected everything that he does on the cutting edge in so many areas.

But today he's gonna talk about peptides for pain management, and he has a new ways of doing things, and he's coming up with new ways. And it's pretty incredible and just getting great results where, other people, they've gone, you know, the typical five, ten, 15, 20 doctors. So, Welcome, Matt.

Hey, thanks. I'm delighted to be here, man. Oh. Thank you, thank you. And just a little bit about Matt. He is a board certified anesthesiologist and completed, fellowship in functional medicine.

You don't see that a lot. His practice bio reset, medical provides treatments for conditions ranging from pain and complex illness to anti-aging and wellness at Bio Reset medical.

He treats, some of the most challenging diagnosed and difficult, to live with ailments that people suffer from today. I know that's true because we talk all the time.

Lyme disease, chronic pain, and he's just amazing with chronic pain. He's doing things that isn't in the literature. Post-traumatic stress disorder. Autoimmune micro toxin illness.

Throw it at him. He has a way that no one else does. He is, approached to use the most noninvasive, natural and integrative ways, including event peptide therapies.

And, he also do invasive stuff, but he does it. It is a very different label. We're just talking where, like, for joint injections, you don't need to go in the joint.

He treats the nerves, and injects all around the nerve has some unique things. Twist. You know that so-called cutting edge doctors are doing. He's improved. Those those therapies.

So welcome. I'm very excited that we have you. And thank you for being on the summit. Oh, thanks. I'm delighted. I'm just thinking about a must have been ten years ago when we first met.

And we were sitting next together at the Nine lads meeting, so. Yeah, we're up and, bam! And it was like Siberia. I couldn't. I don't see how people live there. Yeah.

Crazy. Like driving to Calgary. I got out, to get gas, and I'm like, I can't breathe. How do people live here so much? By and from your short. But, it was good.

Yeah, I see him and, all the conferences and, just have great conversations about him, cutting edge therapies and, it's such a pleasure. So, God, we have so many things to talk about.

I love to I'd love to hear from you. But just talk about pain. Your approach to pain, is are so many different things, but, aspects of it. Let's say someone comes in with neuropathy.

What? What's your approach? Okay. So that's a great question. Neuropathy I think is one of the scourges of, of our era. I'm going to shut this door here, and I, I had the property with Lyme and yeah, I have almost every illness.

You had that with anxiety, and it's just a miserable time. And just taking 50 showers and eye baths, getting up and down. Can't lay down. You can't stand up.

It's one of those things, like, I can't live this way, you know? Yeah. And so it was interesting because neuropathy was one of the first things that I tried to tackle.

And I've been tackling it consistently for the last ten years. The, as an anesthesiologist, I, I what my practice was in anesthesia was I would use an ultrasound and basically put a needle real close to a nerve and then create a halo around that nerve, fluid that was numbing medicine to put that nerve to sleep.

And so I was thought, I wonder if there's something that I could do to help. Now, most people don't use ultrasound. They just kind of shut them. Right.

It takes a super long time to learn how to use ultrasound.

Peptide Summit Interview Begins

I happen to have been doing it since like 2000, and you can come very fast in 2 or 3. So for me, it takes less time to use ultrasound because I'm just kind of used to doing it all the time.

And so I, you know, I was really oriented towards treating nerves and fixing nerves. And so the first, the first thing that I did, which is pretty interesting, is I went into a field of functional neurology, which was, which is, a field that was really, pioneered and, and developed by chiropractors who were basically using things like light photo via modulation, electricity, creating really anti-inflammatory diets to try to decrease inflammation because around that nerve and the nerve is always running with an artery in a vein.

And if there's a lot of inflammation in the nerve, in the artery, in the vein, the idea was if you could do something to lower that inflammation, you could get people better.

And generally what we found is if we really dialed people in and got them to quit eating sugar and optimize their diet and did all of these things, a lot of and you start to do like and you start to do vibration techniques.

And so we were doing all this and it seemed like you could make nerves about peripheral neuropathy about 20% better doing that stuff, which was for me frustrating because it was helpful.

But it's not that helpful. But that was kind of my first entry into it. Yeah. And to with that, I mean, I found like, you don't sleep and then you're so hungry in the morning, you know, it's like you crave center and exactly.

So as soon as soon as, as soon as that comes on, there's inflammation. So you're not sleeping, you're stressed, you're in pain. And then the other thing that happens with peripheral neuropathy is craziest.

People get muscle spasms and cramps. And so then they wake up in the middle of the night. And it's just like a ten out of ten ice pack in the back of their calf.

Yeah. Yes. Yeah. And so then I started doing, things like putting exosomes and placental matrix years ago around peripheral nerves. There was and what I think is that there's probably 4 or 5 different versions of peripheral neuropathy.

And we're going to start to go through and identify them. And I'll walk you through this a little bit. What I found is, you look at that a little of I got some green tea, but it's just the liver.

Yeah. And this is not in textbooks, folks. This is right. Right. So then what the the the regenerative medicine techniques to the peripheral nerves helped, but they didn't help everybody.

Okay. And so then the next thing that happened is the peptides came out of the scene. And so I and I really because I've talked to you and I've talked to other people, I've had so many patients who came to me with Lyme disease where their manifestation of Lyme disease was nerve pain.

And so, you know, a lot of people with horrible peripheral neuropathy from Lyme and a light bulb went off and on my head where I said, I wonder if those nerves are kind of inflamed because of an immune mechanism.

And we know that some of the peptides that we have have an effect of modulating immune function. And so the best one for that is thymus and beta for but I like when I inject thymus and beta for a lot of times I'll put some BPC 157 with it and together I find they're synergistically.

And yeah, they're, they're very synergistic. Yeah. And so then what I started doing was I started doing nerve hydro dissection. And so then if somebody can, can you explain hydro section.

Oh yeah. So what, what hydro dissection is, is, and I like to say I spent the first half of my life to start hating surgery and putting nerves to sleep and putting people to sleep, and I'm spending the rest of my life waking people up and waking up nerves.

And so interesting. What I do is I look with an ultrasound and I take a needle and thread that needle through the muscles. It doesn't hurt at all. And I put that nerve in the fascia right next to the earth, and my needle on the fascia right next to the nerve.

And then I inject that. I create a halo around that nerve with the peptides. And for a peripheral, they're operated by far the best ones is the thymus and bit of foreign the BPC 157.

So then I create that halo and then I treat wherever they have pain. And so sometimes I'll treat them and their ankle. Sometimes I'll treat them for the if they have neuropathy in their foot I'll treat the tibial nerve and I'll treat the central nerve.

So I treat the nerves on the inside and the outside. And then often I'll treat the staff and s nerve, which is another

nerve because of the foot and often in addition to that, I'll treat the sciatic nerve up above the knee.

So I'm treating and then often I'll do an epidural, I'll do a caudal epidural. So I'm treating the nerve in a whole bunch of spots along the way. Yeah.

And then interestingly we can inject quite a bit of fluid. So when I treat the tibial nerve I will generally create a halo of fluid that will track almost all the way back up to the knee.

And then when I go up and I treat the sciatic nerve, I'm up a kind of somewhere above the knee, and often the fluid that I put around up there will track down and up, and so I might cover 30 or 40% up the entire length of the nerve with peptides.

So are you basically diluting it? So that's a much higher volume. Yes. Yeah. Now I'm I've, I've done I'm constantly sort of testing this. I've done techniques where I'll put relatively high concentration in a low amount of volume, and I've done high, high volume and lower concentration.

But same goes. Yeah. And the same goes and I'm in both work. And so then this is an evolving conversation for me I love it I love it bring it out. But so then the the idea now of how I guess my approach to peripheral neuropathy is then to try to put all of that together.

And so to take that a page out of your book and say, okay, let's do a real functional medicine approach and try to figure out everything and optimize their biology from that perspective.

And then I do the peptide or dissection. But then the thing that I find there's a couple things that I think are important are the same peptides that I, were treating their nerve with.

I put them on those peptides, and I let them go home, and I let them do injections every day. And for people that have enough subcutaneous tissue, I'll actually get them doing injections on their legs at home.

So then they're content doing the treatment and they're doing that every day. And then what I'm doing is I'm supporting that treatment with other peptides.

So I found that the, everybody that has peripheral neuropathy just about will respond very well to the mitochondrial peptides. They tend to respond fairly well to NAD.

So I'll do all alternating approaches where I'll do some energy and then I'll stop the NAD and then I'll do some mitochondrial peptides. So we have okay.

And again you play. So you're doing the NAD lives that you said you're doing nad I've, we're doing nad subcutaneously. And what what type of dosing do you do on the.

So you know there's some different ideas that I've had.

Neuropathy and Nerve Hydrodissection

One thing that I found with NDI in terms of dosing that people kind of like is I started doing NDI in an insulin syringe, and so 50 units on insulin, on an insulin syringe, just one half of a sec.

And so then if you do 50 units it's super easy to draw it up and inject it. And that is 100mg. And I find that's a great dose. It's not too much. What I'll tell you is with NDI it can turn on your immune system in terms of healing.

And so you got to be real careful. And so if somebody came in and they had Lyme disease or any complex illness, I'll often get them doing any Ed, but I'll start with like 5 or 10 units.

So baby, baby, baby doses, I might only be given 25mg and then I'll slowly ramp them up. And when I do that, they

tend to tolerate that very well. And and do you think people tolerate the dose of the subcu much better than IV is probably the IV.

It just takes so long. Right. So the only takes that it takes quite or quite a while. Now there's a couple of things that I've discovered. Number one, when you do the IV, it creates a lot of methylated metabolites.

So for example, like they did these studies where they gave people niacin, which is like an it is kind of like a, almost like a derivative of niacin. And when they take niacin, you get all these methylated niacin metabolites in your urine.

And so then I started thinking, wow, I wonder what would happen if you gave somebody a lot of methyl donors beforehand. And it turns out if you give people a bunch of tri methyl glycine, the stress of doing an ad afterwards is about a quarter.

So it's way easier to take the IB if I have people doing NAD at home, I give them, htmg and I have them do 2 or 3 scoops and drink it, and then they have less side effects.

If you do, it's Perl right there. Oh, yeah. That's a home run. Perl. That's that's a total home run. Perl. Ozone. If you do, like a major out of chemotherapy or a really any IV ozone technique afterwards, NAD is much easier to take.

So do they nad then the ozone, ozone and then the NAD because of the ozone makes the ozone. I think the ozone somehow has a balancing effect on the vascular or an ozone is also quite analgesic.

So I'm not sure exactly what the market is going to. You're going to get that rebound antioxidant probably methylated. They maybe you know in their yeah.

The ozone also naturally increases your NAD. So there's a there's a number of mechanisms. But regardless what I'll do is if they're in the office I'll give them an ad.

And sometimes over there we're going low dose, sometimes medium, sometimes high. And what what what doses are you doing when you say low, medium high when I'm doing low, for me a low dose is 100mg.

And so the nice thing about that is, is if I have somebody and we're working on immune modulation and we're doing so, they might come in and do vitamin C, b-complex, quercetin, CoQ10, and then I might give them a baby dose of nad, some glutathione and some peptides.

And so that might be kind of a I like that. Yeah I do 20 times a week you know. But but try if I set and instead of course if it's like much more potent.

Oh really. How are you how how do you deliver it? Acceptable oral. Okay. Yeah, it's. I was looking for a head to head study. I. Okay, and. Yeah. And it's it's like a, you know, mastermind mast cell guys in Crumlin.

It's so weak. And this like, blast and blows it away in terms of potency okay. Awesome I'm going to try that next week. See it just paid off being here I knew it was going to be worth it.

You got something? I got 50 things. I would I would love to come and hang out with you and see what you do, because you've been such a, luminary. You know, especially everything you've done on the thyroid is so awesome.

Well, I appreciate that coming from you especially, but, let's see. So nad so you so you doing that. So, so then, but to kind of circle back on the peripheral neuropathy, it's really interesting because I think there are more conditions and more problems that have a component of inflammation that's immune inflammation.

Now almost all of those people also have vascular inflammation okay. So now and and then they're just generally inflamed in their tissues. Now what happens is one thing we're doing when we do hydro dissection is we're treating the nerve.

Another thing we're doing is we're treating that fascia, which is like a signaling kind of almost tissue. Yeah. Which is amazing to me. And, originally from, Kathleen O'Neill just she had a lecture on fashion.

I'm like, oh, boy, is this going to be. And I'm like, damn, I didn't know it had, you know, that she didn't do anything. But sit there and be a connective tissue.

Oh yeah. So then imagine, you know, have you have you ever like, opened up, like if you were cleaning a chicken and when you kind of open it up, you see almost like that spiderweb of.

So fascia is like this intricate, unbelievable three dimensional spider web that connects and holds everything together, and the ligaments are running through it and nerves are running through it, an artery.

And we think of it, I think, you know, a picture, a flat, you know, it's the power. Yeah. You know, so it is immaculate, three dimensional kind of, structure.

And so then what happens is, is when you inject in the fashion, oh, just, can you, can you define fascia what it is? Oh, so fascia is that when you kind of peel that chicken apart and you see that spider web, that spider web, the connection between the muscles where the nerves and the arteries and veins live is the fascia.

And so then sometimes you'll see a gigantic nerve, but there are millions of tiny nerves that live within the fascia that are carrying electricity to every muscle.

And so then when we stick our needle in and we can see with that, we're in the fascia, and then we start to inject whatever we're injecting. Could be peptides or could be something else that starts to expand that Basha.

And that will spread up and down and that fascia. But that we're playing in that plane and that's healing. And so how would someone get into the fash of their own motor sound?

How would they know? So then what there is there in German biologic medicine, people have been doing approaches to treating the fascia forever. And then what they're doing is they're using the feel of the needle to feel when it pops into the fascia.

And interestingly, you're going to be happy to know that I'm so old that I don't look it. I'm so I'm so old. They're all, and basically Yoda, you're you're Yoda.

And, if you're young and then I'll be I'll be one. But then the interesting thing is that when I did my anesthesia residency, we didn't have ultrasound because the only ultrasound we had was to look at the heart.

We would do echocardiogram, echocardiogram, basically to put an ultrasound and, safe, I guess, to look at the heart and actually went we did one. I think we did probably the first ultrasound guided brachial plexus injection, like in 19 and 1999, that one of the first ones in history and I, I kind of it hit me at that moment, I was like, oh, this is going to be the future.

But we were using a cardiac ultrasound that was the size of an operating room table. They. Yeah. Well that thing and. Yeah. And, and now, the ultrasound that I have is about a thousand times better than that.

And it's the size of this computer right here that I've got. So then what happens is, is we used to just do everything by feel, and then we would use a nerve stimulator.

And when we got real close to the nerve, then we would unload our medication around it. Okay. Now you go in and as soon as it really hurts you when you hit the, you know, the muscle, the faster.

Can you tell by that, by the pain? You can't. You can. But then, you know, the the thing that has been the highlight. So this is kind of this thing that I, I've developed my most recent kind of idea is I developed this idea called the bio reset shot.

And so then what I do is I take these insulin syringes and we just do subcutaneous injection, as in all the same places where I normally do my big complex injections in the office, but I teach patients how to do it.

And I was what, you know, what happened as I was doing all this telemedicine con calls with Covid to people all over the world, and they were like, well, this is changing the way people are doing everything right.

Oh, it's changing the way everything. Because what happened is it used to be people would call me and they'd be like, hey, I can't wait to see you. I'm going to fly there.

I'll be there in two months. It'll be awesome. And then I started doing all these calls. People. I'd be like, my country is closed. And so, I'm going to see you in 2021.

I hope maybe it might. I might not even be able to come back. Brilliant. I can imagine the ivory tower always having the patients inject themselves, like, you know, you well, you would think so, but.

So then what happened is I started having people. Somebody had shoulder pain. And I would teach them all of these points where they can inject just in the subject igneous tissue.

And it turns out the nerve that goes to your joint also will have a little branch that goes to the skin. And so if you heal, then the part that goes to the skin, a lot of times the joint will feel better.

But also if I put peptides right next to the joint, you'll have an area of about 4 or 5in where you'll have a real local effect from those peptides. So then what I've I'm going to start.

Then the next week or two, we're going to do a call every week. And we're just going to tackle a different part of the body where I, I say, okay, we're going to do the shoulder this week.

We're doing knee this week. And I have to tell you, it's been amazing because people call me now and they say, hey, you know what? I don't have a penny more.

But I do look forward to talking to you sometime. That was super cool. And and then we have this. Yeah, exactly. And so I'm putting myself out of business but creating.

But then, you know, it's, I've learned this used to be like, oh, don't tell people things or, or like doctors or what are you going to do? They're not going to come in, you know?

But you do. It's right. And it works out ten times more for you. Yeah. Yeah. And and I'm super excited. And it's interesting because one of the what happens is remember that big immune problems cause nerve pain.

So you've got Lyme. We think of Lyme as a big immune problem. And so there's a lot of patients that will have pain particularly peripheral pain with Lyme.

And I think a lot of the migrating pain that people used to have that we thought of was myalgia as more as more nerve pain with Lyme. But what is super interesting to me is I've been seeing a lot of people who are post-Covid with nerve pain, and then I'll I've taught them how to start to inject the peptides.

And we've we've been having a lot of success treating those patients, which has been super probably one of the highlights of my life. I think they have a heart inflammation.

There is a ton of heart inflammation, and this I've got some great cases, like I have a person here today who was great who, had Covid. This is a typical case Covid three months ago and then basically came to see me, after having chest pain for three months in a row.

And so then, three months in a row, because how old was this person? Just under 40. So that so and and so then this is the 10th or 15th person that I've spoken to that had Covid a month or two of basically daily chest pain,

multiple trips to the emergency room, and they ruled out for me.

And so then this is most of that. Oh my God, this is crazy. Every one of those is every one of those admissions is, you know, $20,000 and, and and so it's interesting because they're, they're coming in with chest pain.

And then. Hey, bud, I've got a call. I'm on a podcast. I gotta call you back. Don't worry. Thanks. But, Ken, I'm here. Oh, I'm so sorry. For some reason, no.

Hey. Live TV, it's just like live. Okay. So then. So what happens is when you say this is super interesting for patients to understand, when you say that someone rules out for me, it means they didn't have a heart attack and their EKG is not showing any changes consistent with the fact that they're not getting enough blood to their heart.

Yeah, that's their Laura one thing, but they still have this chest pain. And so then I'll tell you the things that I've done, these people, I've given them thymus and Alpha one and in relatively high dose, and the thymus and alpha one seems to help.

NAD, Ozone, and Mitochondrial Support

And I think that that is regulating some of the immune mediated inflammation of the heart. So that's one thing that I'll do. I've given them thymus and beta four and one, five, seven.

I've done all of these both subcutaneous injections and I've done them all as IV injections. And when I do it I v I'll often break the pain right there.

I've also done that like we, we've done the high dose team before and people on felt like my pain's gone. And now I think time healing is even better at that.

Oh tell me about that. Yeah, it tends to be a more, a minus. The ones they suppress it, but it's much more anti-inflammatory, than the other ones are more immune modulation where we're I kind of think this is a very simplistic virus about the one raises t it's one, t rag TV for kind in the middle.

The BPC lowers at teens 1417 and then by mule. And in that raise TH1 lower t 817. It seems to lower the the inflammatory IL six, which is a major, cytokine.

It seems to work better. And we're finding, also, epithelial, we're using a lot more, which is, which is kind of resetting the thymus and then chameleon or people pronounce it very differently, but, we'll have that out as a, as a supplement as well.

We're excited about that kind of resetting the whole adrenal access from the pituitary. Yeah. And it we're finding that high both, the hypothalamic inflammation is key is so many things.

I totally agree, I totally agree. And that broken insulation, insulation, and, insulin resistance. Yeah. Can reset the, the basically the, pineal, hypothalamic pituitary thyroid axis, adrenal axis.

It's it's kind of amazing. We've been messing around for quite a while. Right? I'm 100% with you. And so then I, I agree with that. And then essentially that axis is derailed and and almost all disease.

Yeah. I think so that I. Hallelujah. I have real and forget it. And it's interesting because your your work is interesting because you've been so focused on this thyroid.

And interestingly, when you heal that a lot of times that has this retrograde effect of kind of healing, that whole cascade a path. Yeah, it's the same.

And it's kind of like it's a mean modulation, same mechanism for, you know, you look at if you do a big panel, the, you know, Lyme patients that like the autistic patients look like, you know, chronic fatigue.

And people say, oh, there's no studies that there's no tests we can do for chronic fatigue syndrome. Well, we can do it. And probably Gage, who has chronic fatigue syndrome or, you know, that's just the syndrome could be Lyme disease, whatever.

Who has it and who doesn't and how severe it is about 70%. You know, yeah, I, I would agree with that. And these are multifactorial. Yes. Issues. And so then and then just like with peripheral apathy, what we're going to have is there's going to be 4 or 5 variants because there's going to be different variants of immune mechanisms.

Sometimes we see a lot of people that have a traumatic brain injury that will begin to disrupt that. And, and I've actually seen a lot of cases where somebody basically had like Lyme disease and they got a traumatic brain injury, and then all of a sudden it was like, that's what seeded the brain.

And then all of a sudden they start to get this autoimmune and adrenal axis dysfunction. Yeah. You see it's like and I think to emotional stress is the killer.

And that's what put me in bed bound heart failure. You know. So, you know, I was told I, I would get 10% better in ten years. I couldn't stand up, boy.

I couldn't walk up stairs. And someone tell you that I'm like, I can't live like this. And, right. And basically what, peptide saved my life. And I walked and, you know, year later when they did my tests, like, your heart's normal.

Yeah. Do I know what I did? Yeah. Why don't you tell me, like, oh, okay. Thing. Okay. Like, you know. Okay. Yeah. And it's like, it's like for a year, you're like me when I found this stuff out, I'm like, you have got to be kidding me.

This is the greatest thing in, like, just about in history. And then I'm, like, basically studying and day and night and thinking about this stuff every minute because it's so spectacular that we can do things like heal heart failure, which doesn't.

It's so sort of outside of the realm of, of the anesthesia residency that I was kind of trained in, because the idea was we were just going to manage that condition.

Algorithm, algorithm. Yeah. It's funny. Did you sleep because I got an intervention last night from my staff, and I couldn't sleep because I just, I start getting into the research, but I will show you all around.

There's just papers everywhere, and I love. And all of a sudden it's daylight. Now we have a meeting in the morning, you know, and I get that all the time.

And like, you have to stop, but you have to get balanced. You have to go out on the weekends, you know. So that's, you know what, I, I had this idea, this was a good one that I was aiming for an A minus like an in, in kind of life.

So I'll work super hard. But then I generally kind of try to take the weekends off now especially. And I'm building in the balance. I know it, it's just like, and then I'll tell you, you know what?

There's a lot I think sleep is one of this huge this, that. It's a huge opportunity, for people that can't sleep, I'll get them to do their a peptide stack at night. So, and so, you know, Dr.

Sleep has been really great for us. And so I love it. And it reduces hypothalamic inflammation. It's, you know, we're the number one tissue where it's down.

We're in jeopardy. It's, the gut. Oh. That's right. Yeah. You told me that we're also actually going to have a product with that and, and k-p-d with it, which is, Mylanta and it's very anti-inflammatory.

And a great. I've been. Have you had good results with cGRP, with your Lyme patients? Yeah. So we just started using it because we couldn't get it right.

And. Yeah. Marcel. Yeah. What's it all pretty much have? So, Right. I can't believe what a big deal Marcel activation syndrome is. And we didn't. I know we didn't have this 20, 30 years ago.

Yeah, yeah, although I still remember. It's one of my favorite, like. Yeah, you have these memories. There is a general surgeon that I absolutely loved at Harborview.

He was like, the nicest guy. And he doesn't go together. It doesn't go together. But he's super nice guy. But there was a woman who was saying all of this stuff that didn't make sense.

And then I remember he just said, get that crazy lady out of my office. And so then they're like, I, you just you have to go. I guess there's nothing that we can do.

What happens? I think with a lot of micro glial activation and what spinal cord is, is that you get an overlap where the spinal cord kind of mis communicates.

And so somebody might have pain in their groin, but, they also have pain in the outside of the foot because the spinal cord has a little overlap and they're both coming up.

But it doesn't make sense because different nerves go to both of those locations. And so we didn't understand this on line patients and almost all patients with big immune problems.

And especially these days Covid patients will have this type of phenomena where their presentation doesn't exactly map the textbook. The way that we were taught, you know, 20 or 30 years ago.

But I remember when I was taught 20 or 30 years ago, they said, what we're teaching you now is just how to learn, because the rules are all going to change, but they're going to change to the opposite.

Now they teach you not how to learn. They teach you to memorize. And that's like when we, you know, to a hair doctor, you know, they're the best schools.

They're like they're like what's the algorithm. There is no there isn't one there. All it's everyone's different. It's concepts. Yeah. They freak out.

But you know I had this I'm you know, I have been a huge believer in Chinese medicine and ended up getting a doctorate in Chinese medicine and medical qigong.

But then my first kind of foray into it, at my medical school, we went and we, we did, exchange change in China. We went to Chengdu and studied acupuncture with these theories of acupuncture is the greatest.

My my favorite thing I ever did. And it was it's really I think helped you like, you know, kind of oh yeah, it was so good. And what happened is the University of Washington was doing this program of what was called problem based learning, which is kind of thinking in a in a broad sort of systems approach to dealing with the problem.

And so we went over there and it was interesting because we were there to teach them that. And it's interesting, you get an idea and you kind of run with it, you know, because of the Chinese health care system was based on the Russian model at that time.

And so as a result, it was memorization. So I remember this kid came up to me and he goes, he came up to me, smiled, and he goes, can you name the 72 college and vascular diseases?

And I was like, no. And he was horrified because they had they had all 72. And yet, like we had a model of approaching things. And so it's very interesting kind of cultural.

Can you tell me the one underlying cause of all of them with that? Exactly. So then, in a way that was like this idea that I got in 1997, it was right before the changeover.

There was countdowns to when I was going down. And that idea has been with me basically ever since.

Fascia, Immune Inflammation, and Chronic Pain

And, and now really, I think, you know, what I'm trying to do and what you're trying to do, what a lot of people are trying to do is pick systems based thinking and then use, use basically functional medicine approaches and techniques that involve peptides that involve regenerative medicine, that revolve around kind of a coherent model of of putting in inputs that are going to optimize how these systems work, that begin to have diverse effects on biological pathways.

Yeah. And and it first become and this is where the action is happening and where people are getting better. But I worry where we are now, the FDA is trying to take it all away.

Yeah, I hope that doesn't happen because, you know, it's interesting. I, I have people it's like I have this this kind of grandma and grandpa couple that I basically adopted that I just totally love.

And, you know, as interesting, I was like, I've got him out of pain now. And he was like in like eight out of ten pain for like 30 years. They're like 80.

Nothing we can do. Yeah. And so then you realize you realized I like I think that in a fairly profound way, you can begin to impact some of these conditions.

And so then, you know, this is we're going to we have a lot of work in front of us for the next 20 or 30 years to kind of define these approaches and kind of figure out which patients benefit, what the protocols are, and trying to approach it in a real serious way.

And, and, and that goes with for really all of musculoskeletal medicine, all of immunology, all of cardiovascular medicine. The system is kind of I it's it's I'm so excited to be a doctor that I can't I actually can't like I pinch myself I can't believe I get to do it.

Wow. Yeah. Go unceremonious standard doctor. So many of them are have they're miserable. Yeah. They're they're miserable. It's kind of it's kind of interesting, but I, I always say that I felt like I'm kind of a bridge to, to the traditional who actually, I hate to see you get where you are, but I have a sense that you should be teaching like at a university.

I would love to if they would, they would have the world in that way. You know, I would go I would go there, I would go help them tomorrow. Because, you know, the interesting thing, this is the greatest.

What I do is not that hard like you. Well, yeah, maybe for me, but what I'm what I'm actually saying is, is that, like, if you give me anesthesiology, allergists and interventional people, we're going to we can basically begin to tweak the way, how we approach medicine and this is the first time I'll say this on your podcast.

I think that Covid is, you know, whenever something cataclysmic and, and crazy happens, it it often leads to pervasive changes that lasts a long time.

And Lyme disease represented, kind of a fringe population. And accepting it was would have meant accepting a whole bunch of other things that the traditional health care system just didn't want to accept.

And and they had no incentive. And it's expensive. And difficult and none of their none of the approaches to traditional medicine really work, you know, except for antibiotics.

They don't get paid more for spending an hour with the patient instead of the six minutes, you know. Right. And then they're not to believe it. It's it's there, you know, and then that population, that population of line population has so much PTSD and stress and stuff like that.

So it's a difficult population. It turns out that the biology of Covid is very similar. It's like a model of Lyme. And so then what I and then what happens is, is to go back to kind of that chest pain case.

Now we started seeing more and more people and they look just like our chronic Lyme patients. Yeah. Is it going to be the next chronic fatigue syndrome.

It's got I think it will. And yet what's going to happen is people are now having the conversation. People are now going to listen to this conversation and people are going to realize, oh, okay.

So there's a model that would begin to explain a lot of these symptoms and then those. And then there's a model. So peptides different approaches words except that they're not oh it's a crazy woman.

It's stressed out right. Which goes back to that. Get that crazy person out of my office. And I remember it's like I remember in the back of my mind I go, this isn't right.

And there's something else going on, but I don't know what it is. And I was and there's kind of like, they just tell you to do something. And so it's like the it was my first real profound cognitive dissonance that I ever had professionally.

And it was totally amazing because I wasn't able to reconnect to that moment until about 6 or 7 years ago. And I remember that moment. I go, oh, that was what was happening, that poor lady, you know what I mean?

So hopefully they can listen. She was like, yeah, I wish I could go back there. And I would say, God, I'm so, how did you answer to the functional medicine?

What's that? How did you transfer to the whatever? But I hate that all the terms. But I guess functional medicine, precision medicine is better than anti aging.

And alternative. But, how did you transfer. And this is I think you're kind of like me where people ask what I do at a party. I don't know how to answer.

I just say I'm a quack. Just leave it at that. Then they ask more questions, right? Oh, that's that's a good word. Or you tell them what to do. They go, well, my doctor says it was not more.

Well, the way you talk to me. How's that working for you? You know, but but how did you get into out of standard medicine to this crazy alternative? More evidence based, I'll tell you that. But yeah.

So it's you know, it's interesting because I was, I, you know, my I had this deep interest in Chinese medicine. And so, you know, I was doing medical qigong and I was doing acupuncture for and so I was treating some musculoskeletal stuff with that.

And then I was doing a lot of myofascial therapy and treating the fascia and doing hands on approaches. And, and I realized that systems approach of functional medicine, the approach of of was very similar to that thing that I found so appealing in medical school.

And so I thought, you know, what I'm going to do? I'm going to go get certified in functional medicine, and I'm going to have an integrative wellness practice, and I'll wrap the myofascial stuff that I was doing.

And I'm going to I want to tell your colleagues, so you're crazy. They thought it was you know, it's interesting that I was like totally beloved by like the surgeons and stuff and I that I work, but they turned on you and no, they, they love me and they just thought I was kind of mildly crazy for doing that.

They were like, yeah, don't know. There's like, there's no money in that. I don't like they talk to me like kind of a loving big brother. They really like, like, that's good for you.

And I'm glad you think that, you know that. Yeah. But they were like, I don't think there's any money there. You're not like, there was a very coaching me to kind of let that go and just focus on anesthesia.

So that was I was doing that. And so I had this kind of dual life where I was spending part of my time doing this integrative stuff and talking about it, and most people were not super interested in kind of integrative stuff back then.

I was like all the these people, I was talking about being gluten free like ten years ago. People are like, what are you talking about? Nobody's crazy.

You know, nice, but I don't know. And so then at the same time, all I did all day long was ultrasound guided nerve blocks. So I was doing 2 or 3 tibial nerve blocks, a couple sciatic nerve blocks, a couple of femoral nerve blocks.

I was brachial plexus. So all I did all day was that. And then about five years ago, I found out if you put stem cells or other things around nerves, you could start to improve nerve function.

You crazy man. And then all of a sudden, immediately, I just quit doing anesthesia because I got overnight busy doing that. And then I began and I at that moment I realized functional medicine and these systems, approaches to health care help nerve pain and myofascial and joint pain, and then also fixing that stuff too often had other systemic effects.

And so then all of a sudden I turn and kind of pulled everything together in my life into kind of one kind of cohesive approach. And then I've been doing that ever since.

Well, I, I think it comes down to your passion to learn and keep investigating. Yeah, I think that's what makes a difference. And and I don't go there in robotic Samoa just a bunch of miserable doctors.

And I can't get out of this, can't get out of this. And I say, and I used to post and say, do something great and better than anyone else. And then get out of the system.

I can't do that. You know, it's like it's like my brother, they call me Anthony Tony Robbins. It's like, do this and give me a thousand reasons, like, right, right.

It's it's just like, But you know what? I'll tell you, I remember viscerally, I bought, like, a Tony Robbins program when I was 17, and I was like, I'm going to make it someday.

Like. And I was I started doing Tony Robbins style programing on myself. And like, I've never said this. It's insane how much how in credibly helpful he was to me.

And so then I listened to those tapes. Then I took I got the CD's and I transcribed them and I would like and and then now what I always tell everybody is and people tease me about it, but I always say it's going to be amazing.

And in a way I'm kind of programing that. And so many people have a lot of stress and PTSD, and I became probably one of the favorite things that I do in my career is kind of help people with that stuff.

Oh yeah, it's it's major. Or it's like, I mean, veterans now and then they have post-traumatic stress and it's been so strange because I said, I will treat you for free.

And there's one guy at a party was basically telling me everything, and I'm like, let me guess, you know, that, that, that, that, that, that, that any, like he says, no one.

They say it's all in my head. And I'm like, it's not show you on paper. I start crying, he starts crying, but they never come in. I don't know what it is.

Yeah, it's it is very strange. But let me let me tell you my thought on PTSD. That's a good one. First of all, so many

people with PTSD, they're stuck in fight or flight.

And so then that you're trying to get out of there, you got to do something. And so next thing you know, there's self-medicating. So a lot of times there's a little bit of alcohol and drugs overlaid now on top of it.

And so what I found is I figure that out if there's any alcohol and drug stuff going on, I miss it better for as a, as a peptide has been fantastic for me on the addiction front.

And so what I'm doing is I'm getting people on that, I'm ramping them up and I'm using that with BPC 157. The issue is if I think that there's a lot going on on the immune front, I'll preload that with Thymus and Alpha for a time healing, but then that thymus and Beta four seems to be really good for addiction, and it starts to help these people feel better intrinsically a little bit.

Yeah. And like it's shown to reduce, you know, intake of substance and BPC shown to reduce, you know, basically withdrawals and, you know, cravings.

PTSD, Ketamine, and Brain Reset

And yeah, I think the only static, yeah, is that you're, you build a lot of homeostasis with those. That's exactly right. And so then that becomes a place to now to kind of start from.

And so then ketamine has been really amazing. We do a lot of work with ketamine. And we always do an ad before it. Because when you optimize the mitochondria then ketamine works better.

It turns out that if you democracy and human and ketamine definitely works like twice as effective. So we're doing a lot of work combining mitochondrial peptides.

Interestingly, I did a can we get them back this hard to get them I know. But then what happens. We're going to have the five minute one in Q, which we've had like one of our in employees and, you know, terrible, OCD. And also she had line which is started.

We didn't work it up yet and three days gone and they're crazy. Yeah. Three days. Of a five amino one and Q yeah, that's awesome. And so interestingly, yeah, we were in my first foray like the things that I have done a lot of for, for PTSD has been, stellate ganglion block, vagus nerve, hydra dissection, a bunch of different peptide protocols, ketamine.

But we also have done a lot of neurofeedback. And there was always this question, is it soup or is it spark? Is it the biochemistry of what's going on, or is that the electricity.

And so then we would do these programs where you would where the EKG leads on your head and try to train a broad area, an area of the brain that was kind of physiologically off to turn back on.

And so then we're trying to get that to happen and with some modest success. But it's a lot of work. And typically those it takes 40 times to do those protocols.

Now what I'm really focused on is realizing if I can turn the mitochondria on in the brain and started biochemically, you start to have experiences like what you're saying.

I mean, I want them to I mean, everything physiologically is psychologically, you know, it's neurons firing, right? And so now, now it's super interesting to begin to say, oh, okay, I have a bunch of ways to physiologically start to turn parts of the brain on, start to reset the the balance between rest and relax and fight or flight.

And basically and it was it was based upon this concept that I named my company Bio Reset because we're trying to do a biological reset. But then what that does is that's a reset.

And now you go live your life. And so then you're coming back in and getting reset and living your life. But basically the idea is we're trying to reset you basically kind of to the factory default settings.

And interestingly, that means you're not going to be on drugs forever because we're turning these biological systems back on so that you can do what do you do?

You're not used to that. Yeah. And and this is if like for people out there listening, I think this is a, a really big con cept because then all of a sudden this is an alternate strategy in terms of the practice of medicine.

Then giving you something that you're going to take as a drug to tweak how you feel every day. Instead, what we're doing is we're doing something to kind of reset the mechanics.

I always tell people I kind of, I think of myself as a McKinsey consultant, which is a big, you know, you're not your typical anesthesiologist, but but we're we're just kind of looking into the hood, trying to figure out what, what parts of that biochemistry are off, reset it.

And then once that happens now we got a blank slate, like where do they go from there? But so then what I say is then once you're a blank slate, then program.

And so now program. So one program is is going to be amazing. One program is it's safe for me to be me. One program is it's like, oh, my life is super fun.

Actually. Maybe you should be a cult leader and you can, yeah. I don't have enough energy for that. But the program follow up that says. But yeah, well, I kind of, I kind of I'll say to people like, I'll say intentionally this, I'll say ketamine is makes you super hypnotize of all people.

And so I always say this. And so I say, guess what we're going to do? We're going to decide what you program in, and then we're going to program in whatever you want to program it.

I don't think I will be hypnotized. I've never been on ketamine, so I don't know. But yeah, I think you can. Because basically what happens is, is there's a there's a can you hypnotize me to get more balance in my life?

Yeah. Yeah. That's kind of come I think that that's going to come. And as that comes. Yeah. What happens with all of these peptides is as the protocols get better and better, you start sleeping better, you have more energy during the day.

The more energy is interesting. These mitochondrial things, when you have more energy in the day, you actually sleep better at night. Yeah, but I get energy like a lot.

And and then I'm awake. But I'm excited about what I'm doing. I don't even realize. Also, the sun comes up. You are. Somebody told me everything is reading studies and trying to find new crap, new interesting things.

Well, and it is, it is astounding. You know, somebody told me that's a good one. Somebody told me, you gotta just go to the hospital and just walk around and pay attention.

And then they said, you're gonna you're gonna notice problems. Like, there was this one guy that his name is Fogerty, and he was noticing that, you know, it's just they do these huge surgeries for people that have, like, a blockage in their artery, and then, they would stick a cath.

They would they would have to do open up, and then they would have to take a vein out and they would bypass the blockage. And this was because everybody's smoking at the time.

And it's smoking causes disease in your arteries. And then he thought, what if you stuck a catheter in there and then blew it up and then just kind of did.

And so then that literally totally revolutionized medicine forever. Okay. So then just to be outside of your element to think or, or I have a little notepad in the shower cause they always come up with the ideas in the shower, all the negative ions or whatever it is, you know, it's like, oh my God, did it here and so. Right.

And so then I remember I was hanging out, and I'm from Missoula, Montana, and I was hanging out with these cardiac surgeons because they were like the king of the heat back when we were, you know, young.

And so they were like, hey, I'm going to send you up to see this cardiologist. But they go, just go up there and get out of there, because cardiology is not that interesting.

But you got to know where these patients come from. And so I was like, okay. So I went up there, I was like 20. I was on my way to medical school. I was 22 years old.

And so I go up there and this guy goes, I still remember to this day because he goes, you know, those guys down stairs? He goes, how many rooms are they running?

I go, three, he goes, that's what I thought. At that time, every small hospital in North America was doing open heart surgery in three rooms, three times a day. So.

And they were the king in the hospital because they brought all the revenue to the hospital. So then I go up there and he goes, kid, he goes, I'm not gonna be sending these people down there anymore.

He goes, this is the future of medicine. We're putting stents and and it's the same thing that it was doing in the arteries, in the leg. And now they're opening it up.

Now, interestingly, what I think is going to happen is in 15 years, we're not going to be doing most of these orthopedic surgeries. I presided over kind of an era of orthopedic surgery, doing everything.

We're going to start to fix these tendons and ligaments and fashion and nerves and joints. Percutaneous LED and patients are going to begin to take control and start to do things.

And then there's going to be an entire new era of pain management where nothing is done in the future. They're going to look at what we do now is relatively barbaric and like, oh, you're just doing that.

Yeah, yeah, yeah, yeah. We they used that and we'll say we'll get on a podcast, me and you, in 20 years it'll be like, oh yeah. Remember when we like we're talking about that.

And it's amazing because if you have a I have a talk 17 years ahead, it takes on average a proven new therapy. Except the mainstream medicine takes on average 17 years, unless it's a new drug where there's a sales force.

Yeah. Okay. So so then this is my idea. This is why I'm so grateful for you and for for people like you and what you're doing with this. Because. The other thing that's happening is, is that with media like now, I mean, I'm getting phone calls from people from Kuwait and Germany and England and and what I think is going to happen is, is that ideas travel much faster than they did before, and ideas are traveling and patient communities, just like, you know, Covid, you know, we're on Facebook groups with thousands of people and people are following all the suppression from Google, the mainstream media, the media.

It's there's this amazing group thing where you can't find the true. Yeah, I know that's, that's disturbing. And at the same time then I think it creates an opportunity to then share the truth. The, the I always wear these shirts from this the that have the logo inscribed knowledge, wisdom, truth on the inside.

And then Graham and and I think that what's going to happen is, is that, truth is going to percolate, percolate up to the top and, and then what's going to happen and then you get crushed, then probably it's going to get crushed here or there. But, you know, light shines and then it it's light is the opposite of darkness, you know, but it's the light is going to rise up to the top.

And what's going to happen with the, like we have seen what I think is almost it feels like an exponential rise of immune and autoimmune and inflammatory conditions, like everything partially related to culture and diet and lifestyle and all of this stuff.

Yeah. It's multifactorial. It's multifactorial. And we have we haven't really had multifactorial approaches like functional medicine is a multifactorial, multifactorial approach to a multifactorial problem, which is, and you're criticized for it.

But the Western model hasn't worked very well for those for that entire class one treatment, one disease. Yeah, exactly. I had a guy dealing with scares me.

It's like now Google is the basically determinant of true. And when you look at the levels of evidence, you know, it goes double blind, placebo controlled study, you know, whatever single meta analysis, single blind.

And then you have, you know, case studies, anecdotal stories. What's below that is societal guidelines are the worst. They are shown to be worse than anecdotal, you know, studies.

Why is that? They're 20 years behind the times. They don't look at the I look at one side. And that's what Google is saying. They're using like for this Covid thing.

They're going by the guidelines. The societies like W. H. O., and suppressing everything else. Like if you just give everyone a nursing home, vitamin D, vitamin C biased then, but by setting, you know, zinc, we no one should be dying from Covid at this point, you know, I agree with that.

Although I have to tell you, I'm, kind of. It's one of the most humbling things that I have. I have faced, in my own, I guess, stem cells, boom. Stem cells and peptides, it's, you know, reversed.

And, and I think, I think COVID's a multifactorial and a definitely, definitely from my perspective, the, the, the, the optimal approach is going to involve the ozone and and flavonoids and and regenerate downstream study.

COVID, Autoimmunity, and Systems Medicine

You know, we should nebulizer peroxide and they may take it down like say well they know there's no truth in medicine. This is the truth until another study comes along.

Yeah, but there can't be any alternative. They won't allow any alternative thoughts. It's like there's book burning going on right now that that is that is.

I agree with you. It's it's it's a shame. It that is a shame. And and yet I'm like, I'm, I by nature, I'm a little bit of a Pollyanna, you know, I'm I'm a very positive person.

And I've always been a super. You people. And but I and I feel that what's going to happen with Covid is going to be so many people that have fairly substantial issues.

It's like these people that I've been seeing that are post Covid that is fairly permanent, can be is written off and and you're you're not going to be able to write that off.

And so then it's like I, you know, I saw somebody that had three months, chest pain and they were treated in one time, and then that everything went away for ten days.

And then it slowly started to come back, and they came back in and we treated it. Or what was the treatment, by the way? Ozone nad quercetin, vitamin C, glutathione, thymus and alpha one, thymus and beta for BBC 157.

How dare you get someone better without a vaccine? Well, the vaccine. I would love it. I would. There's no one that would be more delighted than me if the vaccine works.

It's a little scary, though. RNA vaccines, you know, but I'm, I'm I would be I would be skeptical that it will be effective. Very effective. I've been trying for how many years we've been trying we have we haven't really ever had a I don't think a real successful vaccine for coronavirus.

There's more bandwidth being kind of, you know, put out towards that. And you know, not everybody does perfect with vaccines also. So then that's Yeah. Hey, I gotten so much trouble.

I don't even for saying something about vaccines on Fox News then I'm not anti-vax. I'm just saying let's just discuss it. Oh, God. It was like I was the devil.

Yeah. That's fun. I'm. You know, I'm actually trying to actively talk a little bit about that because I think, you know, I, I was vaccinated and I went through that and got vaccines as I traveled all over the world and stuff like that when I was younger and I was relatively healthy.

And so I didn't really have any issues. But the population of patients with profound immune problems per unit dysfunction or mitochondrial dysfunction, I've seen people devastated that they'll have big challenges.

I've seen the FDA and I don't do any more of you say, oh, no, no relation. But I have before I think we can talk forever. I love talking to you. Let's let's just, finish up, tell me about your peptide PSA.

Oh, man, that's super interesting. And so, I've been taking care of guys with erectile dysfunction for years, and we have a bunch of different approaches that we use.

We do, shockwave therapy, which has been helpful. We do some electrical therapies for the you kind of explain each thing a little, just a little bit. Oh yeah. So what?

There's a couple different forms of, shockwave one where there's basically a little jackhammer that is almost like a jackhammer, but it's just about this big, and it does a little shockwave where it's a there's a mechanical, little piston inside that sends sound waves into the penis, and it creates an inflammatory response, but it improves blood vessels, and it breaks up plaque and can have some healing effects for the nerves.

We have one that does that, and we have another one that has a is a piece of electric version of the same thing. So it has an electrical, sound wave that's different from the, the regular shockwave.

So we'll do that. The traditional approach was and, there's a guy named Charles Reynolds who has been the, the great leader in this area. And so what he did is he came up with this term, the P shot.

And so what he does is he takes, blood out and spins it down and isolates the platelets. And then you can inject those platelets into the penis. What I discovered is the the penis kind of looks like a double barrel shotgun.

And if I put my ultrasound on injected, if I put my ultrasound, I can actually see the all of the structures inside there. And so then what I started doing is using my ultrasound because I can look and I can see the arteries and I can see the nerves and not hit them.

And then I do in and then I inject the fluid around the nerve, and then I inject the fluid actually into the area, the double barrel called the corpus cavernous.

I'm missing the artery. And so that was, a great experience. And we treated a lot of people. And, and if somebody had mild erectile dysfunction, what I can tell you is a pretty darn helpful.

If somebody had mild a mild case, we would generally often see them get almost all the way better. And so, you know, it's different treatments, sometimes one, sometimes two.

But this is guys that they said, you know, I, my, my erection used to be a ten. Now it's a ten if I take Viagra, but now it's a seven and they're 45 years old.

Now, that guy generally I think has an immune component on top of everything else to the erectile dysfunction. As I was as I was telling you earlier, almost everybody that you see that has peripheral neuropathy has erectile dysfunction.

Yeah. Yeah. And and so that I started saying, well wait a second, what would happen if you start to put peptides in a because I'm fixing all of these nerves and nerve.

And so I thought, what happens if I put some peptides by the dorsal nerve to the penis. And I started just doing that. And then I started actually putting it everywhere.

And I had guys who the only way that they could get an erection is if they injected something called tri X into there. Now what these people. 141 how did that work with those that went for you?

When is this peptide that helps you, have an erection? And generally I find that very helpful. What I'll tell you is that that some of the patients, some, some immune patients, well, people with Lyme disease sometimes will have a hard time with PT 141 and it'll almost throw it into a little bit of a similar reaction, in a similar way to the way that sometimes people with a lot of other immune and Lyme will have a hard time with the growth hormone secreted Cox now.

Yeah, yeah. But even harder with anything I always tell them for a supplement, look at it for a week, smell it for a week, maybe lick it and then take a little bit.

Yeah, exactly. But but in general the PT 141 has been a home run. And so then what we will do is I'll have people do it. It fades if you do it all the time.

And plus I have problems with, you know, people getting dark, and if they're old or dark spots coming out and especially if they take it on vacation and they go to Costa Rica, they're in the sun every day.

Yeah. And so but PT one can be very helpful. As, as an approach. And, and interestingly, all of these peptides and molecules and platelets work in different ways.

So it's like I had one guy who had end stage, he could only get an erection if he injected himself with the, with these things that the, the urologist give to give it to force you to get a hard on. Yeah.

And so I and interestingly when he came in and I've seen this probably about 100 times now we're good looking guy. And he came in and I looked and it was kind of crazy.

His penis was gray like dusky was interesting. And so then I started I gave him a couple shots. Didn't help, at all in terms of erections, but all of a sudden his penis was pink.

And so I was like, oh God, it looks great. Was like, well, hey, hey, esthetically here's like, thank you, thank you guys. That didn't do anything for me.

And he's like a good friend of mine. So I was like, well, so then the great thing is, is and then we just started to work our way up the, the, the the chain.

And I tried regenerative approaches and stem cells and stuff like that. And still nothing. And then I started to do peptides and then next thing you know, sometimes he can have sex with nothing.

Sometimes he can have sex with Niagara. But he's not doing anything near what he had to do before where I kind of classify erectile dysfunction from class one to class four.

And he was like an end stage, class four. And we kind of moved him back up to a 2 or 3. And, hold was again 65 and other medical problems, not, not so much, but Lyme and mold.

He had that and all that stuff that was fairly well managed and stable. But that goes to this peripheral neuropathy and to this idea that you can have immune mediated nerve issues because it's I wouldn't think of a 65 year old guy being end stage like that if there wasn't an immune component.

And peptides are real quick at resetting the immunity around nerves and so then now you begin to think, oh, okay. So I'm looking at any era, that area of the body.

And so then think headaches. So then we're doing like hydra dissection of the greater occipital nerve, the nerves in the throat, the nerves in the neck, the nerves under the mouth, the nerves, basically everywhere in the body.

And then as you begin to reset this, you begin to physiologically sort of reset the inflammatory state of the nerve. And interestingly, like, that's everything because that's the electricity.

That's what's controlling the physiological, because I think I had Lyme, I thought I had BPH right. And every classic symptom would sit there forever during the peak of, of and then, you know, basically treated Lyme got rid of that, I don't know.

And they already had ultrasound. I don't have BPH. Right. Yeah. So there's this thing with Lyme disease and and what happens I think is with Lyme disease, there's a lot of people who actually have inflammation in their bladder.

I think there's a big association between Lyme disease and interstitial cystitis for women, which is which is a mast cell condition. Yeah. Yes.

Erectile Dysfunction and Peptide Therapies

Which is kind of analogous, to a BPH type of pain. It's almost like you were on the spectrum of kind of interstitial cystitis and probably had some mast cell stuff going on.

And there's probably, there's bacteria that can live in that. Even though we think of the bladder as being kind of sterile, there's probably a microbiome in the bladder.

And there's and then with when there's immune dysfunction, it's very common that little infections, particularly stealth infections start to get out of control.

So then, now all of a sudden people are see a lot of people with Lyme that I've prostatitis and inflammation. Yes. And so then now taking that and then realizing that, that I'm going to have a systems approach to that.

So I'm going to have an immune kind of approach to that. I'm going to think about the nerves. I'm going to think vascular. So what's the blood supply, what's happening with that.

And and how can we that and then what's going on with the gut. Because the gut has a huge impact, because the gut and the intestine is right behind that prostate.

You can touch the prostate from the colon. And so then now beginning to understand that now we have tools to modulate all of those systems, which is I mean, that's spectacular.

Have you tried the TV for free and BBC? I love BPH, the TV for a frag. So I was I was an enormously grateful because I remember, I was at, a meeting and I remember I felt like I totally made it because somebody walked up to me and said, hey, are you Doctor Cook?

And I go, yeah. And they go, doctor, whole turf wants you to have this. And then I had, no, I don't serve them. And so then I took them and I felt totally fantastic when I took them.

I have not used them for BPH, although I just saw a couple. You just kind of everything in place of TV for, you know, I want to see what you think. Yeah.

I'm in, good or bad results. Yeah. I'll give it a try because, because I think that thymus and beta for and then is is the key to resetting autoimmunity, central nervous system autoimmunity.

Yeah. And I think have to have component. Yeah. Yeah. And so yeah I'll say a bunch of it. But to see your feedback, talk me through it just for people to hear, because I think it'd be useful for them to hear explain the difference between T and Tb4.

Frag. Yeah. So T because a long molecule, has different domains. Different domains do similar but different things. For instance, there's we have a TV for if you want for hair growth there's one.

But the TV for a frag that we use was at the end terminal. And a lot of great studies on it shows that it has basically the same effects of TV for and better for a lot of things, much more anti fibrotic, but ten times as potent, per weight it takes out there's a domain if you get so someone TV for with Marcel it generally helps because you're helping the upstream immune modulation.

But there's part of it that directly stimulates mast cells. So that is basically taken out. Now if you try to take TV for orally you get no absorption.

So this is shown to absorb orally for very good absorption. In studies across cross blood brain barrier. So you get the effects, that you can take orally.

Yeah. I think that's going to be great for so many patients. And then we also added it to, with TV for which is the, Q for Frank plus, which because there's a lot of synergy between a lot of the dynamic peptides, which is small molecular weight that absorb, and so we added the, small molecular weight, process, thymus extract to that so that, that we may we process it so it has at least 150 micrograms of TV for in there as long as well as other timing peptides.

Yeah, I think that that's a very good idea because I think that diversity that diversity, if you're you're you're providing the whole symphony rather than just the violin soloist.

Which I think generally is like a better approach. Yeah. I mean, you tend to I mean, there's little bits of the drug models this is going to do this, but your body's uses of creating multiple, you know, of these things.

So but plus we guarantee here the one we know that has all these studies is in there. Yeah. So I'm going to send you more. Awesome. Are you Matt could. Yeah.

But Oh my God I can go. And I don't know how long we've been speaking. I can go on forever with you. It's just your your amazing. And thank you so much.

I think this was a great topic, and I've learned so much, and I'm sure, everyone who watches this is just going to be, you know, blown away. Yeah. I'm delighted to be with you.

If you ever want to talk again, I come on any time and I learned a lot, and, I learned a lot preparing for it. And, I look forward to learning from you and sharing information and.

Oh, my gosh, you know, I want to come up and and see all the stuff you're doing, so, be awesome. Yeah, it'll be great. And so how does someone finally get Ahold of you?

Oh, so you can our website's bio reset.com, and I've got a podcast by reset podcast.com. Now, how long has that been going on? Basically just since Covid.

And so we're, I'll have you on and we'll do, we'll do some we'll do a deep dive into some of the stuff that you're doing, and shut down yet. And your experience.

Well, I'm taking kind of a, a just what I think is a straightforward and kind of thoughtful, careful approach of not

trying to market anything, but just explain how, they can run things and hopefully, hopefully that's okay.

Like, that's that's my approach. And I'm hoping that that's going to be okay. You know. So yeah, it used to be the truth would set you free. And now truth is sitting in jail.

Yeah. Well but we have to create at least I'm going to create a new paradigm. We're going to be the we're we're representing like a, a small little corner of the universe where I it's it's kind of safe to kind of try new ideas and do it in a thoughtful and careful way and not hurt people.

And then, you know, hopefully that, that someday, you know, that'll be the dominant paradigm. And and that's the thing the better I've heard anyone that I love it.

I went to Robbins, who was the directors of you know, and he tells patients, I can take out my prescription pad and kill you and nothing will happen to me because that's a known side effect.

Most drug. But if I do this alternative treatment and they have misery and harm, I'm in trouble, you know, and so, you know, we're doing these things safely and effectively.

This were the accidents. But it's tough fight and you know big pharma and their enforcement they basically arm the FDA, you know. And so anyways, I can talk forever.

I have to stop talking seriously things. So anyways. Well, it's great, great to be with you and I look forward to more. Hey same here. Thank you so much for taking time.

We know you're so busy, you're probably going back to do some more treatments. I only have two more injections. Oh my gosh. All right. Back. It's going to be amazing.

That's what I always tell people. And then just kind of connect. These are kind of sketchy times. But just connect to this idea that like the human body has an incredible capability to heal and, and, we're here for you, and we're never going to give up on you.

Hey, you're a wise man. Appreciate it. Okay. Have a great day. For good.