Introduction and guest background

Hi, everyone. Welcome back to the Peptide Summit. I'm Dr. Jen Pfleghaar. Today we are joined with Jay Campbell. He's a five time international bestselling author, a men's physique champion, and founder of the Jay Campbell Brand and podcast.

He's recognized as one of the world's leading expert on hormonal optimization and therapeutic peptides. Jay has dedicated his life to teaching men and women how to hashtag fully optimize their health, while also instilling the importance of raising their consciousness.

And we're going to talk all about hormone optimization and therapeutic peptides today. Welcome, Jay. Jen, thank you so much for having me. It's an honor to be here.

I'm very excited to talk to you on the show. Yes. So how did you get started in all of this? Did you wake up one day and you're like, I want to optimize my testosterone and live better. Tell us about your story.

Yeah. For sure. high level summary. And I've always been, like, off the beaten path. Like, I like to say I'm a wanderer for people that, like, understand what a wanderer a wandering soul is, but, like, you know.

And when I was six years old, I ran out of the back of a Catholic church, and my dad chased me out. And he's like, what are you doing? Where are you going? And I'm like, away from that cult, right?

So I was like six years old and like, I just knew that things weren't as they seem. But, getting into the testosterone path, I was a basketball, soccer, baseball, soccer and basketball player in high school.

I played basketball at a Division two school in Georgia, Georgia Southwestern University. and I played at a pretty high level. and then later, once I graduated from college, and it was in the end of my 20s, I was literally almost 30 at the end of my 29th year, I was playing in a men's adult basketball league, and I was kicked in the testicles in a game, checked myself out, you know, went over, and within a couple of weeks, probably 4 or 5 weeks or whatever, I started feeling super rundown, had no idea what was going on.

I went to a doctor and it was all like to say, there are no coincidences, all these synchronicities in the universe. And that PPO doctor, referred me to an endocrinologist, and it happened to be that the endocrinologist was a Harvard trained world class endocrinologist by the name of Dr. Raymond Scruggs.

And I was in Southern California at this time. And so he said, look, I'm going to do you I'm going to take your lab panels. But I have a feeling that you have, testosterone deficiency.

And I was like, what the heck's that? And so he did. My labs came back. Sure enough, I was class two or type two hyper gonadal. I had like a total testosterone level of like 175 or 180 or whatever.

And he said, look, I can put you on a course of therapeutic testosterone, and, HCG and I'll have you right as rain in 8 to 10 weeks. Right. So he was like, go home and talk to your, fiance at the time, almost wife to be, and find out if she was okay with it.

And so we did. And she was like, look, you're a smart guy. We didn't have children at the time. She's like, let's do it. Let's see what happens. So as he exactly instructed, I went on therapeutic testosterone.

And 8 to 10 weeks later, as he said, I felt absolutely amazing. I went back to visit him for my visit and he said, okay, we're going to take you off. And I was like, no way.

You're not taking me off this. Like, I feel like $1 million. Like, this is like life altering for me. So at that point he was like, okay, no problem. You know, he explained to me, hey, you're going to have to be on this the rest of your life.

I'm like, okay, no problem with that. Like that's worth the trade off. But from that point forward, this was literally in 2000, 1999, 2000. there was no information, right?

Like there was if you wanted to read stuff on therapeutic testosterone or hormone optimization, you have to read Russian training journals or Bulgarian strength generals, which obviously I couldn't read that the internet wasn't translating things like we have today.

so I just, you know, went on to really like, I would say a vision quest of learning about health optimization, understanding what testosterone was doing to my body.

I saw, like, how it changed me physiologically. And so I was like, I want to learn everything there was. And so I just started searching again. This was a very infancy of the internet.

I met or I didn't meet, but I read the book, testosterone a man's guide by Nelson Vergel. Nelson Vergel was, there a man who's been very instrumental in my life and me writing my books.

But anyway, his book was about men who were on, who had HIV or, had a diagnosis of Aids and were using testosterone and everything else to survive. but anyway, to fast forward, it's a long story.

as I would meet people in my, you know, now through my 30s into my early 40s, and people would see me, I had a very impressive physique. They would say to me, they're like, wow.

Like, what do you do to stay in shape like you do? And I would tell them right to their face, I used therapeutic testosterone and it would always be met with like 1 or 2 responses.

It would be like, oh, you're on steroids. You know? Or would it be like, wow, fascinating. Tell me more. So the fascinating tell me more. group of folks eventually won me over and said, hey, dude, you got to write a book on this.

Like, you know more about this than probably most doctors.

Hormone decline and environmental toxins

You got to put it out there. So, you know, fast forward to, 2013. I started to write a white paper on it, and then I sent an email to Rick Collins, who's like, to this day, a very close friend of mine now, but the world's foremost attorney on, performance enhancing drugs.

He represents, you know, the WWE, he represents Major League Baseball, all these different sporting agencies. I said, hey, look, if a nonmedical license person wanted to write a book on therapeutic testosterone, what would be the risks?

And being the attorney and the wise one And of course, he said, well, you know, there were many. And so I shelved the idea, but at the same time that I had sent him my white paper and that email, I also sent it to Nelson.

And four months later, Nelson, out of the blue in the middle of the night, literally, he sent an email to my Gmail account saying, hey, I don't know who you are, but I read your white paper and you have to publish this.

This is fantastic stuff. And so stepping on his the shoulders of giants that like to say and allowing him to, kind of mentor me. In about a year and a half later, the book was published.

And so the first book was published at the end of 2015, when it should have been published in 2014, but end of 2015. And then from there, I've met amazing people.

I've attended medical conferences, I've lectured, I've presented, I've subsequently written seven other books since that book. As you know, I've written books on therapeutic peptides, intermittent fasting, fat loss, you know, understanding bioregulators and hormones.

So just it's been a whirlwind ever since 2015. Fast forward up until today. but here I am now, speaking to you. It's amazing. And you're helping people.

And it was kind of like a pain to purpose. And that's what happened. That's what happened to me. Now, do they think that that insult to the groin when you got injured, that that changed your testosterone, that your testes got injured?

Or did they think that you were slowly just declining? It's probably a combination of both. I mean, because like, it's a it's a great question. I mean, you know, we're talking 1999, 2000.

And now here we are in 2024 where that question is highly relevant because the environment is so contaminated now. Right. Like, you know that like anybody who watches this show or this interview understands that.

I mean, there's so many end of construction chemicals. We've got plastic, you know, we've got blue light, we've got dirty electromagnetic frequencies.

I mean, there is no escaping endocrine system disruption in today's modern society, modern day societal living. So it was probably a combination of both because I was living in Southern California and I was, you know, a very hard charging athlete, still playing competitive sports, still lifting competitively and stuff like that in my late 20s.

So I would say was probably a combination of both. Yeah, that makes sense. Yeah. And everyone listening out there, we're we're living in a toxic soup.

I was just having this conversation with someone. So you have to be proactive and this is why we're talking about peptides and bio regulators and optimizing our hormones.

Because you have to be proactive. This is why sperm is declining. You know there you know how many kids are going to be infertile. I, I always joke, I have three boys, I have a daughter and three boys.

And I'm always like, you guys, all the girls are going to love you because you're going to have such healthy sperm because we're taking care of you. but it's totally true.

Yeah. It's. So why? Why does this happen? And, you know, why is this so important to to deal with these hormone imbalances? You know, with fighting disease?

Well, with sperm, I mean, let's talk about sperm for a second. So, you know, there was a giant meta analysis. It's called the Hebrew University study.

And it started in there, actually, when I was right after I was born, in the late mid to late 70s. I was born in 71. And for you guys watching, that means I'll be 53 on February 24th.

Yes, I'm a Pisces, but, they started this meta analysis on all seven continents, and they measure, like, 48,000 men and over four decades, or really three and a half decades.

And in 2011, they published the results of the study that was basically showing that fertility had dropped by literally more than half. Right. And also as a, side of the study, they showed that testosterone levels were declining in that the testosterone levels of men, in the post-World War Two generation were literally three times higher on average than the testosterone levels of men in 2011.

Now, obviously, Jen, let's fast forward to now, where we are now again, I always, use an or quote. Dr. Anthony Jay has an amazing book, you know, transcending book Astro Generation about how if you put a male fish into any

freshwater aqueduct, stream, lake, estuary anywhere in the United States, and really, it's also Canada too.

In the West, there are a female by the end of the year. So all you have to do is understand that literally the chemicals, the birth control and the water supply, again, all these different phytoestrogens and, you know, and deconstructing chemicals like, you know, atrazine and glyphosate, all these things are literally changing the DNA.

They're literally changing biological feature sets in the species. And it's not just in animals or fish, it's in humans, too. I mean, again, look around.

I mean, how weak is the average, you know, 120 year old man today when like if you measure their testosterone, you will find out that almost every single one of them have a deficiency.

I mean, that's an unheard of an insane. And I do have my tinfoil hat over there if you want me to go put it on, because that's where this conversation would go.

But, you know, people ask, is it purposeful or is it indirect? And I would say, again, it's a combination of both. The environment is contaminated, but modern day societal living with industrialization and chemical ization and then all of these different things with technology, again, because blue light is also very, very harmful.

it's a combination of all those factors that are literally destroying, if not decimating, male and female endocrine systems. And that's why you have so many men who are, you know, let's call women two who are sexually confused.

You know, you have this entire, you know, gender crisis where people like, don't really know what they want to classify themselves. So but look, I say this and I'm very outspoken when I say this, and maybe you guys might have to remove this from the video.

But the truth is, is that sexual, identification issues are due to a lack of testosterone in utero. It's literally that simple. No one wants to talk about this.

But if you really went back and you look at all these babies being born and look at their actual hormone levels, which of course is very difficult to do, and nobody's actually doing this, but you would see that both male and female have low levels of testosterone in utero.

And so once you then come out into a chemically laden environment and you fast forward 16, 18, 20 years when they're now prepubescent and, you know, entering adulthood, they have these very severe low levels.

And again, it's effective and all levels of society. Look at sports. Like I always talk about this. There's people putting these memes on Instagram. If you look at professional basketball players and how spindly and skinny and like like just how little they look in comparison to just 20, 25 years ago in the NBA, it's insane.

And again, this is all due to a lack of testosterone. It's all due to, stronger bones and bone mineral density because they don't have the hormone levels that they would have had 20 to 30 years ago.

So all this factors in to where we are today, and that is lower birth rates. Right now we have the lowest birth rate in the history of recorded history in the United States.

Almost everyone who's in their 30s and early 40s that's trying to get pregnant has to use in-vitro fertilization or has to use, fertility medications.

I mean, that's where we are. So we are in, as you said, a contaminated, toxic environmental soup. And this why it makes optimizing your hormones and understanding how to do this, and working with doctors that know how to do it.

So much more important today. Yeah, it makes it difficult to when women go into their doctors for irregular periods

and they're put on a birth control pill to regulate their periods.

And just for those listening out there, that's not how you regulate your your cycle. When you have an abnormal cycle, it's probably because you're not detoxifying estrogen as well, or you have too many xeno estrogens.

And you know, this is crazy. J I, I went to the mall with my kids, after Christmas. And there it was after Thanksgiving. There was a line, from probably like with 50 people in line to get the special Black Friday deals at bath, bed Bath and or Bath and Body Works, you know, and that's just slathering chemicals on you.

And it's your stuff too. Yeah, it's draining them. Yep. Exactly, exactly. And you know, if you go to other countries, obviously the food's different. The chemicals are different.

Even companies here, when they're shipping products out to Europe, it has a different standard. They can't have mold in their products. You know, all this stuff.

So yeah, it's very disturbing. And talk about environmental toxins. There is a mold that can activate those estrogen receptors and can cause problems with males with extra estrogen.

So, a lot of different things. So when we're looking at hormones, so someone is curious that maybe they have a hormone problem. So they, they just go to their conventional doctor.

No. Right. What do they need to do. Because they're not going to get the right help if they don't. Yeah, it's a great question. And that's the last thing that you want to do.

And then again, this is not to disparage physicians, but the average insurance obligated PPO or HMO doctor doesn't train or has no training. Again, there's no standard patient of care model, right, for hormone optimization.

So they're not aware that it's not their deal. It's you know, they're not it's not in their crosshairs every day. So most of those people, if you happen to go to one of them, they're going to write your script for an SSRI. Right?

To to improve the depressive effects or depression symptoms that you have. Because if you have a low, you have low hormones or low testosterone if you're a male or even female, and then also they'll address the sexual dysfunction by giving you, you know, a, erectile dysfunction drugs.

So, yeah. So, like, that whole world is broken, from the standpoint of, like, helping you get it optimized. So, again, as a person, first thing first order of business is get your blood work done.

you know, there's millions of private labs out there. You know, obviously, I happen to work with one of its private BMD labs, but there's a ton of them.

Discounter labs, direct labs. There's all these places out there, and any male or female with a hormone deficiency can go on the go on the internet and spend 100 bucks and get a total free.

And if you're a man as sensitive astronaut pool, if you're a woman and you want to get progesterone and an astronaut and testosterone. But it's very simple to find out if you're functioning with the deficiency.

And from that point, if and when you are. And again, most people are people put a gun to my head all the time and say, J, how many people out there in normal, everyday society today are functioning with a with a hormonal deficiency and I say it's 80% or higher.

And the saddest part is it's 98% of that. 80% have no idea. I have no idea. Right. So it's like if you do these lab works, if you watch this podcast, if you happen to come across my brand or read my books or, you know, follow me on social media or whatever, and you hear this kind of stuff, it's then incumbent upon you to find a physician that is clearly a cash pay, you know, opted out of the allopathic system who has an experience or body of work working with male and female patients and optimizing their hormones.

So when I say an experiential body of work, I'm saying, you know, if possible, you want to work with somebody who's been doing this for ten years. Look, I there's doctors out there right now, and I happen to work with many of them who've been optimizing hormones for 25 years.

Right. So there are plenty of amazingly resourceful doctors who understand how to do this, and they understand how to do it in the context of health and longevity.

Because as you know, Jen, you know, there's also a lot of doctors out there too that will just. Right. You know, we call them hormone clinics or windmill clinics where they'll just write you a script for hormones to put you on hormones, and then they don't know what they're doing, and then they send you down a path that's really, really bad.

I mean, the best doctors today will tell you to a man or woman if you have a conversation with them, that the majority of their job and I'm talking hormone optimization physicians the best the majority of the things they do is getting people.

I'm effed up from the previous doctors that they originally saw, whether it was their primary care physician or their HMO doctor, or even just, again, somebody that they looked up on Google that was on a what I call hormone windmill clinic.

You know, some people call them emails. Yeah, that happens a lot. And I see these popping up because my phone can hear me talking about GLP ones to my patients.

So then I get all these ads for like, you can get a $200 a month and that's with a doctor. And and it's like, no, you don't just want to be prescribed these.

You want someone to guide you through these hormones and these supplements. oh, gosh.

Getting tested and finding the right hormone doctor

I had a patient that I was helping her through perimenopause, which could be a ten year process for women. Absolutely. I was on progesterone. We were starting low and going slow.

Her OB put her on a progestin and I'm like, did she even look at your what you were on and taking and and these are synthetic chemicals that are usually prescribed.

So you know I, I said no, this has happened a lot. I've had patients just their doctor knows that they're working with an integrative doctor, but they still try to give them birth control pills.

Unbelievable stuff. But maybe underlying everything you guys do, I know. And I literally try to question all the things that you put them on, and then you confuse the patient even more. Right.

Because now the patient doesn't know who to trust. Well, they got to write the scripts, right? I mean, my patients, they know that I have their back, but I don't know, maybe they're they're worried that their rep's going to be like, why aren't you prescribing these? I have no idea.

The the only thing I really prescribe is, you know, a lot of compounding pharmacy stuff and then a lot of continuous glucose monitors. So. But when you're in what, northwest Ohio, you know, like that one of my good friends is Dr. Rob Coleman dark.

And he's in, south of Dayton and Centerville or right around in that area. And he he's like, I live in the capital of metabolic emergency land, right.

Because, well, I mean, look, we you talk about that. I mean, you know, it's and I'm not making excuses for people in the Midwest and just say, no, I was born in Cincinnati in Christ Hospital.

So shout out to the Bengals and the Reds. But look, the reality is that if you live in the middle part of the United States, you are being blasted and inundated by chemicals, whether it's glyphosate or atrazine.

I mean those poor people that live in the Cincinnati area get hit with Procter Gamble. I mean, I just went to a funeral three weeks ago and it was cold, almost died.

You know, I live in South Florida. We went up there to see an uncle, a very close uncle of mine, who died, God rest his soul. But we went to the funeral and I was looking as I was driving from where I was staying, in my hotel south of the river, in riverfront, you know, Riverfront Stadium.

But right across the river, the Ohio River is right there, and there's the Procter and Gamble plant, you know, and I'm I'm I was born there, and I lived there until I was, 11 or 12 years old.

So I remember that distinct smell waking up, you know, from the plant 60 miles away. And it's also the hotbed of cancer, like the southern Indiana, southern Ohio, northern Kentucky is like the triumvirate, right, of the most cancer ever.

And it's all from Procter Gamble again, chemicals and all that stuff. But it's like people don't realize living in the Midwest how slammed they really are with chemicals. Yeah. And stuff.

And they blame themselves. And we also normalize things. We normalize the dad boards and all this. But I do tell my patients, especially when they have kids that are having medical problems, I'm like, we live in a really toxic area with the glyphosate.

You need to drink clean water. You need to just mitigate at home everything you can. It's difficult. I'm glad you brought that up because people are sick here.

Sometimes I'll talk with colleagues about certain cases I have and I'm like, oh, like my patients are more difficult because because the environment. We live in, you said it already.

I mean, I go to Mexico often, I live my life. And I lived in Mexico in Playa del Carmen for ten months. We sold all of our stuff, both of our houses, all of our things in 2022.

And we went down to Mexico and we just got tired of living in Mexico because of the corruption in the government. But in Mexico, they don't spray the skies.

There's no GMO food. All food if you eat at a restaurant is farm to table. I mean, if you lived there for ten months and you said it earlier to some places in Europe or similar Balkans, like you taste the difference when the chemical, the food is not laden with chemicals.

Being back in the States like I've been living here now for, this is my seventh month because we moved back here in June. I live in Tampa. the food is different.

We we everything is laced with chemicals here. Preservatives you can't even buy. Whether you go to sprouts or Whole foods or any of that, you know, the quote unquote healthy whole food, health stores or groceries.

You can't even prove gen or determine whether or not your grass fed, sustainable wild caught really is until you eat it and cook it because you can taste the chemicals on it.

So the United States is a toxic soup bowl of chemicals at this point. So as you said, in order to maintain health, to maintain physical, spiritual and mental optimization, you have to be extremely proactive.

There is no one out there looking over your medical records or ING through your case histories to understand, like whether or not you know you are at risk.

It's up to you. And so like all these different things that we're talking about here today, like hormonal optimization, I know we're going to talk about peptides.

Like these are massive tools for people to use and to take ownership for. And again, there aren't a lot of doctors out there that can really help you with that.

And thankfully there are some because obviously you want to get compound pharmacies, you know, scripts and stuff. But as you know and you know, this is a big part of the stuff that I'm involved in, not guides not to transition because you might have some more questions with with testosterone.

But peptides are literally like crypto for health care. That's what I tell people. Like, right. You have this gigantic, deregulated or decentralized financial world now with all these cryptocurrencies and NFTs and all this stuff and peptides is the same exact thing in health care because it's unregulated.

You've got the FDA trying to classify what the new, you know, the class two classification with 28 of the peptides and all the docs you use that are all working and all beneficial and all proven, to do things.

And obviously the FDA is like, oh no, we can't have those out in the wild, because then that's going to, you know, erode the big pharma. You know, petroleum, there's still a drug supply because that's the model that makes them money. Right?

Remember, Chris, Chris Rock said, there's no money in the cure. The money is in the medicine. So peptides seek and treat the fundamental root cause of the illness or the issue.

And they don't want that. And so now they're going to tell everybody all of these are dangerous. These are not safe. Or you know whatever other nonsense they're going to label it.

But we all know it's all like to say the genie is out of the bottle. You cannot stop human beings from using peptides, bio regulators, and even better stuff that's going to come from that, because we all know that it works. It's been around.

I've been using peptides since 2004. Yeah. It's amazing. I did want to ask you because I know you're passionate about this. If someone is listening right now, they are on testosterone.

Maybe they're not on the right formula and the right the right way to get it into their body. So you have two preferred ways that we were talking about earlier.

Yeah, 100%. It's a great question. I'm glad you I wanted to bring that up anyway. So there's a lot of delivery systems. And unfortunately again, because big Pharma makes money and you know, they want physicians that earn a good living, which many of them still do.

They also have compounded versions of oral tablets. Now I think it's called ten zero and there's no testo. There's even a nasal mist. There's so many delivery systems that are substandard.

And so it's like as a consumer, if you want to do this right, you have to really be cognizant and again proactive on what delivery system you use. And as I was telling you, you know, before we started to show off air today, there's really only two delivery systems that are absolutely tried and true.

And again, I speak because of my personal experiential knowledge of using them. And that's injections. and then of course, the trend and this is for men we're talking about right now.

We can talk about women if you want to, but there's also the trans scrotal compounded cream, formulation that you can use. And again, at the base of the scrotum, you have the peritoneum skin, which is eight times more permeable than any other skin location on the body.

So when you apply, trans scrotal or testosterone, compounded cream there, it's much readily and faster absorbed injections are tried and true and have been used literally for more than 70 years because, they again simulate or not simulate, but once they get in the bloodstream, they cleave as testosterone, depending on the you're using at basically the same rate and speed.

And that I always tell people like, because people get all caught up in the different testers, it's like at the end of the day, it doesn't matter, because what matters is that your the frequency of the delivery system of injectables is at a level that simulates the body's natural production.

So three shots a week for men is usually like the one that most settle on. However, if you could inject yourself daily and again, very few people are that anal retentive or, you know, organized to do it, it would be best because then the body would see that is literally like a, you know, a pulse or a mimic or a, limitation of like what the body is naturally producing.

But between every other day shots or the trans scrotal, application, those are the two tried and true delivery systems that will cause the least amount of harm to the endocrine system, the least amount of side effects, the least amount of, endocrine perturbations.

Everything else is fraught with issues. the two most expensive formulations or delivery systems are, of course, pellets, which are absolutely ineffective, both for men and women.

I mean, don't get me wrong, they're worthless. I mean, I know some people will say to me and I've had these people is like, hey, man, I'm an active duty.

I'm a special Forces soldier, both men and women. And I cannot inject, I cannot carry needles with me. And I also can't carry the cream because I can't have any kind of, you know, prophylactics or, you know, banned substances or whatever.

With the way I travel, everything has to be, you know, copacetic. So I understand that those type of situations that some testosterone in the form of a pellet is better than none, as you're the agent for optimization, but at all for other than those type of people, you'd never want to use pellets.

I literally have Jen A and obviously for confidentiality purposes. I never talk about this, but I literally have a desktop folder on my computer that I've had for more than a decade of people sending me pictures of pellet extrusions of infections.

I mean, it is insane saying that people are still choosing a medieval practice of pellet insertions. It's not. It doesn't make sense. And a lot of like, med spores are jumping into this, you know, and they're not.

It's just like the GLP one.

Testosterone delivery methods and why pellets fail

They're like, you know, here I am. I've been using peptides for, you know, five years in my office and then everyone just jumps on this bandwagon and every and and I'm like, this is just not okay.

And then pellets they yes, people need hormones, but pellets are not the way to do it. No. And it's just like this trendy thing now. And it's giving really high doses and it's very organic excretions.

So because your body is absorbing at different rates. Exactly right. People should understand what you're saying. So pellets are inefficient because everyone cleaves the testosterone faster molecularly at different rates and speeds.

So you can't put and we're all biochemically unique. We're all in of one. You cannot put a pellet that's supposed to last for eight weeks or ten weeks or six weeks, you know, in you or me or my wife or your husband or whomever,

and expect it to cleave at a at a universally accepted rate.

It doesn't work like that. There are people who literally are what we call HyperX screeners of testosterone who will burn through a pellet in three weeks.

Now imagine what they feel like when they have to wait 5 to 10 more weeks or five eight more weeks from their physician who says, oh, I'm sorry, I can't give you any more.

They're dying. Literally dying, because now they're like eunuchs, because their natural hormones are way lower than when they started, before they had the deficiency.

And as you were saying, to like extrusions, infections, I mean, it is insane how people tell me their stories of how like, oh, you know, I did it for two years.

And then it just got to the point where I had scar tissue build up from where they were cutting me. I mean, it's insane. Don't do pellets. The other thing is, why do physicians and nets balls prescribe them and use them?

Because they're the most expensive form of hormones. So it's a profit center for their business. Now, again, very few people ever talk about this. The other thing I really want to mention to this, because I've never put this on a podcast before, is they'll be doctors will watch this and they'll they'll come at you or me or whoever and say, that's not true.

I've been using pellets for ten years in my clinical practice and it works great and blah, blah, blah, blah, right? And that's cool. But here's the truth. And this is what nobody can overcome.

There has never been a single randomized control trial in the history of medicine with pellets. Why do you think that is? Because science knows the pellets are worthless.

They're a gimmick. They're really a scam now. Yes, they will deliver testosterone again. Like I said, in a military got a person in who's in harms way, who can't get shots or can't do the cream.

And yes, some testosterone is better than another. But again, it is so inefficient is such an inexact science and it will fail. That's the last thing almost anyone who's ever used pellets will literally tell you if they're honest, that within two years they can't use it anymore because it doesn't work.

The body rejects the pellet. Yeah, yeah. And you're putting something. You're just putting a foreign body. It's just weird to me. Yeah. Because I mean, owning a business like I own, you know, all these companies, they try to get me to buy these pellets, and I'm like.

They've got their they've got their applicators, they've got, like, the instant surgical applicators. Oh, take the, take the take the scalpel out of the podiatrist hands and use art of ice.

and and this is where things get a little dicey, because sometimes it's hard to know who to believe and who not to. Right? Because I even see this with health influencers.

You know, they're they're getting paid, to support these companies. And, you know, people reach out to me on social and they're like, oh, can you try my product?

And I'm like, well, no, I don't like your ingredients. I'm not going to. So you really have to be careful who you listen to and what you watch because, you know, Greta, Greta is a real thing.

Well, let me add to that because I'm really grateful that you brought that up. I mean, anybody who's follows me and knows me. And unfortunately for the world, there's too many of those people now.

But like, they know I'm very transparent and I'm very authentic and I don't care. Like you can said to me, shadow

means suppressed me. But I will say this straight up and I don't care.

And I'm grateful that I even have the opportunity on your forum, because I know there's a lot of people that watch this. If anybody tries to sell you a testosterone boosting supplement, you're being scammed.

There has never, ever. And I don't care. I can name names, I won't, but I could, as you just said, are very, very influential health influencers. Biohacker influencers who sell these bullshit, testosterone boosting supplements.

None of them have any clinical efficacy. Any one of them that's ever shown any kind of an increase. It's been transient. It's never going to actually optimize male or female testosterone levels over time and again, nothing will replace or equal therapeutic dosages of testosterone.

That's the only tried and true method. Don't come at me and say, oh, that's not true, clone Muffin or ACG or God forbid, people or even using AIS aromatase inhibitors for testosterone optimization, which is insanity.

Don't even get me going. If you want to go down that path, we can. But at the end of the day, ACG and Cuomo within and HMG, they're all wonderful fertility medications and they're all great as analogs or adjuvants.

In addition, concomitantly with therapeutic testosterone or hormones, if you're a woman estradiol on progesterone, but you can't use them in isolation.

Now again, I know they're really smart. Doctors will say, yeah, but it's not your medical license. And with younger people I have to put on my clothing.

I got to put them on CG or, you know, in Oklahoma or whatever. And I'm like, look, I get all that. But at the end of the day, we will see that none of those things in isolation will ever replace therapeutic testosterone or estradiol or progesterone again, when given in clinically precise dosages, even though they want to say that they will.

And again, I understand that doctors have to play this mysterious game well. They have to like, establish a chain of command. And especially with younger patients now, which they're seeing more and more and more because they get hormonal deficiencies or the state of the state of the norm.

But it's like you will know, if you've been in this game long enough, that nothing is going to replace or optimize like therapeutic hormones. Well, they just won't.

Yeah, I love that. I love your passion too about it. You're like, you're you're the man with testosterone. I mean. I see it all. I've been in this game now for this is my 24th year, you know, and I've seen everything and I, I'm look, I'm very blessed to have worked with the best doctors.

I've worked with people who've been in this field for close to three decades or two and a half decades, and they've seen it all, too. And we've shared so many stories with each other, and I just know it works.

And, you know, after a while you see what doesn't. And it's like, it's my job to tell people like, hey, look, you can go down that path if you want, but, you know, in theory and practice or sometimes two different things.

Yeah, absolutely. Now let's talk about peptides a little bit. So you've been using peptides for a really long time. Yeah two decades now. Not only that but it's great.

Well I mean this is something. And I remember when I first heard about peptides and remember it was like five years ago, 5 or 6 years ago when the FDA was going to jump in.

And I was like, I don't want to spend hours and hours and take courses on something that might be taken away. And then I was like, screw it, I need to help patients and and oh, amazing, amazing stories from adding in peptides while optimizing, you know, sleep of course, gut health.

You know, we know peptides work best when you're optimized in other ways. But you you, were in the sports for bodybuilding a little bit. And your wife right now fitness. Yeah. Yeah.

So the fitness why why don't you talk about your favorite like peptide stacks for for that for for leaning out building muscle. Yeah for sure. Well something you just said, which is genius.

And that's why I know, you know, your stuff is like the biggest issue with people on peptides is and I'll just give you like a little short history. So I've literally been using peptides, you know, research based peptides since 2004, which was only found in quote unquote, the bodybuilding performance enhancement, you know, fitness, competitive world where they were like, using anything they could get their hands on to alter their body composition or, you know, speed, the rate of fat loss or muscle building or any of that stuff.

And obviously, this was at the same time, you know, literally four years later that I was using therapeutic testosterone and experimenting with delivery systems and working with various doctors.

So I kind of cut my teeth in testosterone optimization or hormone optimization. At the same time, I was learning about peptides, so they went hand in hand.

But I never wrote anything about peptides. And I had people, you know, five years after I wrote my testosterone book saying, dude, you know more about peptides than you do about testosterone.

Like, why don't you write a book on peptides? I wouldn't because they were like, so underground, you know, it's like you said, it wasn't until like 2017, 2018 that the FDA and the AMA and, you know, people started saying, oh, okay, we can use peptides in medical. Right?

But it was still really disdained. I mean, they still would not pay for the research. I mean, we both know what happened to our friends at TaylorMade and all that stuff.

I mean, it's crazy how weird the peptide space is in the clinical community, because you and I both know they work better than anything. Right? But even someone like me, I was like, reluctant to write a book on peptides.

Anyway, I finally put the book out, which was last year, literally two weeks from this day was the very beginning of February, and the book exploded. You know, seed's book was out before my book, but between seeds book and my book, we both are benefited because all these people are now talking about peptides.

Listen, the real truth is, is that I was in the right place at the right time. He was a year too soon because when my book came out, people were looking for alternative forms of healing for the body.

Right. So you have all these people who don't know anything about peptides, who aren't even affiliated with you or me or the clinical space or even the research base, but they're looking for alternative forms of healing because they have been injured by the VA.

Right. So it's like perfect world now, all these people in the last year, it's exploded. Peptides is mainstream. So many people are experimenting with peptides.

So many people are trying to get peptides. Obviously in September of 2023, the FDA very end of September, I think it was the 29th of 28. They classified 28 of the peptides that we all know and love.

you know, as class two restriction. So here we are. Fast forward today. So to answer your question, peptides are insane. insanely amazing. You can use them to burn body fat, enhance cognition, accelerate healing or wound healing.

improve longevity. Right. You have the telomerase expression peptides like, what is it epitope on. And by I mean just there's so many amazing peptides.

And you know, what's crazy is that there are literally thousands of peptides that nobody talks about, that I don't even write about that because we don't have access to them.

Right. But the Russian community, the Russian sports science community, who's obviously been involved and instrumental in by regulators, they know about them and they've been using them a long time.

I watched this documentary the other day, you know, because Dr. Victor Cavett's and just died. He's the father of by regulators, and he was given a medal.

He was given a medal by Putin. So Putin is using by regulators a peptide. So Russia and the United States are so far apart when it comes to medicine. And I shouldn't say Madison just healing, alternative healing like understanding, like what's out there. Quantum healing might be the better line.

But look to answer your original question like there are peptides that can pretty much do anything right. But what's available to us and what's out there are two separate things.

So like to answer, like on fat loss. My favorite peptides for sure for women are epidural and for men is Tessa. Maryland. Right now in Maryland, without going into a diatribe is amazing.

Peptide used in isolation. A lot of people also combine it with CJC 1295, you know, to get a more profound growth hormone, release effect because one's the DNA.

HR and one of the greatest. So you can get both of those tests in Maryland is actually a clinically approved or FDA approved peptide called a grifter.

That was created for men that have, again, wasting or not wasting but light history for lipo dystrophy from HIV, which is like, you know, really hard, visceral body fat and center mass.

So when you take it as a normal or otherwise normal and healthy aging male, it tears through belly fat. So like, you know, men that have belly fat or beer guts or whatever, it's an awesome peptide if you obviously change your lifestyle.

But the other thing is, and you said this, I kind of went off on a tangent, but this is important. They're not magic bullets. And I feel like too many people start down the peptide, right?

Without doing the first order of business, which is finding out whether or not you have a hormonal imbalance or a deficiency, because peptides will not do very much if you are also massively, hormonally dysregulated and metabolically deranged.

Right? So it's like if you got a giant belly and you're not letting insulin controlled and you have, you know, you're on the border of type two diabetes and you have an A1, C of like 5.7 or something like that, and you start on the peptide train, you're probably not going to get the same results as someone who is hormonally optimized in living insulin controlled.

So I think it's extremely important to let people who watch this physicians and of course, lay people to know how tides are going to work a lot better.

When you start off by addressing whether or not you have a hormonal deficiency, a thyroid deficiency, and also whether or not you're not living insulin controlled than you would if you did the reverse.

Yeah, and this takes time and patience. A lot of Americans don't have patients. I remember I had a patient come. She's like, I want to be on a GLP one.

I want it now. I have 10 pounds to lose. And I'm like, we did not finish.

Peptides, GLP-1s, and recovery strategies

Your gut health were right. Because she was an auto. She was an autoimmune thyroid patient. I'm like, trust me, I put her on five amino. When I'm Q I'm like, let's have you, you know, do that for a little bit while we do this gut health routine.

Then we'll put you on the GLP one for a few months. Then you'll be golden. And then I saw her, you know, six months later she was like, thank you for making me wait.

She was like, I feel better than I ever have. And I'm like, yes. I'm like, because if you and she could have just went to a med spa down the street and gotten her script right, but you need to have the right guides with you.

so CJC it and that's kind of on the buy buy list. So, Tessa Maryland. Tessa Maryland is going to be what I'm going to be moving towards for patients now because I can't get the other.

So how how do you like to use that. Because I think I remember you like dosing in the morning and not at night. Right. Because I usually have them dose at night.

So let's talk about that because that was different than what I'm used to. Yeah. And something also you just said which is really important is like understanding that you got to get mitochondrial optimization.

You know, there's a lot of things that you can do before you start peptides. And let's talk about the GLP. I will answer those questions. Well, let's talk about the gold piece.

Because so many people are really misinformed about the GLP. And the GP's are an issue because the truth is it's in the middle, right? When people say there's a lot of side effects and a lot of safety issues with GLP, it's true.

But it's not because the GLP are ineffective or bad science or all these other nonsense that people read about in the media. It's because the instructions that the physicians give or don't give, that's probably the better way to say to the patients using GLP is like you just said, the med spa prescribers or the people that are just willy nilly throwing out semaglutide and, you know, which is, ozempic and obviously with goby, which is Majuro or Majuro, if I'm getting a mixed up, which is there's appetite there, these people are using these things recklessly and what I mean by recklessly is like, if you use a GLP one agonist and you also don't know that you have to eat enough protein, you have to resistance train and do cardiovascular exercise and you have to get enough sleep.

Dude, you already know these people. These drugs are so effective, so, so effective that they will shut down the person's appetite. The person will stop eating.

If you're fat and metabolically deranged, you're like, well, this is good. I'm losing weight. This is amazing. Look at my pants are shrinking, my dress is shrinking.

But as you know, there'll be hell to pay because now you're shutting down thyroid, you're shutting down metabolic metabolism. And again, all these people are going to get rebound weight gain.

They're going to get would go V bought. We go. We face all these. Going to say that the but and you can tell right. You can tell when you look at people.

Yes GLP one and they did it wrong the wrong way. And then you can tell people doing it the right way because they're ripped. Right. The people that do it the right way are literally they they're never humans.

They're elite. That's why I say this to people in the bodybuilding community all the time, because I laugh that they're not recommending these drugs more because it's like they're doing all this other BS 30 or 40 years ago.

Type of fat loss adjuvants, clenbuterol, all this nonsense that's just bad for you. That causes all sorts of side effects. It's like, dude, just learn how to use his appetite or a microdose of semaglutide and you will get the most amazing

results.

But yes, that's very much true. And so it's very important that people that are watching this who have bad, you know, quote unquote Intel or insights about these drugs being harmful, they have to understand that they're not.

It just like anything else, the difference between a pill and a poison is the dosage. And you also have to have the correct instruct or user manual. When you do these things, you cannot just willy nilly start taking these.

And then you also see people that literally will take what, 2.5mg and then go to five milligrams the next week and then 75mg the next week or ten. I mean, it's insane the titration of dosages.

And again, that's also done to make more money off the patient and screw up the patient's metabolism. So anyway, just to cut over and stop on GLP, they're the greatest drugs statistically right now.

According to what big pharma in the history of big pharma interventions. And the best part about them is they're not negative. They are literally rewiring in people's brains.

They're making people have better impulse control. As I was telling you, off air, the fast food industry, the CEOs from the fast food industry are all gathering together now saying, oh my God, what are we going to do?

Because these things are biting into our profit margin. People are not going to the drive thru at McDonald's or KFC like they once did. So they have amazing, effects and amazing, obviously synergies and helping people live, more healthy life.

But again, the understanding or the awareness is that you have to follow them correctly. You cannot just willy nilly use them. And that's where people screw up.

Now to your question about, Tesla, Maryland, going away from the drugs that are being, you know, controlled, I still think and again, I don't think not because I know because I talk to a lot of the pharmacy owners, a lot of the compound pharmacy owners are basically pushing back.

They're basically like a lot of them are suing the FDA. Some of the biggest names in the industry are suing the FDA. And they're like, look, we have efficacy controls.

We have a history of helping people. We don't care that you classify these as type two and harmful or potentially harmful or whatever that type two classification means.

We're still going to use them. Again, a lot of these people also two gen, you know, they spent a lot of money last year ordering raw materials to manufacture these products.

And so they're like, hey, man, they're going to have to raid my facility and shut me down. So I think, you know, today's February 13th, I think the next 4 to 6 months in the compounding industry especially, is going to be really weird, because a lot of these guys are going to be testing the FDA's metal to find out whether or not they have the decency and the manpower to actually come out and shut down their facilities.

Because, look, you and I both know they're not harmful. They don't cause side effects, you know? Yes, they're side effects with all drugs, again, relative to the dosage and administration and all that stuff.

But relatively speaking, they're harmless. You've never going to see somebody overdosing from a frickin Tessa morrell or Marilyn, injection. And the effects that they cause from a beneficial standpoint are a profound.

And I mean, it's I just I don't see them going away. And then obviously, we're not even talking about it yet, but I will, because obviously I'm one of the biggest guys in the world with that.

But I mean, the research chemical companies are going to step in and fill the void. I mean, do you know how many

physicians have already just said, okay, well, fine, I won't get anything from compound pharmacies, and I'll just buy research.

Now, obviously, you can't prescribe them to your patients, but you can damn sure recommend them to your patients. I mean, so it's a weird space to be in and peptides right now, but at the end of the day, they cannot.

Again, the genie is out of the bottle. They they cannot suppress the sales of peptides. Sure, they can regulate the compounding industry, but there's still going to be Compounders are going to be selling them.

Yeah. I remember one time as an alpha one, you know, got taken away and really hard to find. I mean, I, I don't know any compounding pharmacy that makes that right now.

Maybe, maybe we could talk later about it. But it's it's frustrating because, I mean, this was being used during the pandemic in China. There were studies on it with improved outcomes with hospital patients that had severe Covid and it's just it's just like a slap in the face when you're trying to just get patients better.

and it's also, you know, the stuff is not being taught, obviously in medical schools or anything like that. Right. And going through medical school, I know I was groomed, I was groomed to see symptoms as diseases and diseases that's only treated with medications.

When symptoms are not diseases, there's symptoms. And then you have to find the root cause. So this is why I love peptides because it's letting the body heal.

like let's talk about I'm sure you love BPC 157. I literally injected BPC 157 into my back shoulder literally earlier today. I have, not a rotator issue, but it's the, the supraspinatus and the trapezius are locked up in there because when I was in Mexico with my wife, I was I went to a, a snow day, and she, she was supposed to pull me up to help me up to get on this unstable platform.

And she let me go in my arm, just, like, shot out. But, I mean, the bottom line to that is I want to say something about tier one real quick. Two, because it's such a profound peptide.

True story. I don't go anywhere in the world without taking three vials of thymus and alpha one with me. I take it before I get on a plane, I take it when I get off the plane, I always enhance my immunity or upregulate my IMU.

My my immuno dilation, or what is my immuno modulation by enhancing my all cause immunity with thymus. Now, for one, it's one of the most profound peptides in the world.

I mean, I literally carry an insulin pack with me whenever I travel around the world, and I carry, a pen of my, Pfizer growth hormone, and I take my 5% off the one.

And I usually if I'm going to an exotic place, I take a ten one. But that's how, you know, irreplaceable thymus and alpha one is. But with the healing peptides like BPC and 500.

I mean, Jen, it's insane that still 80% of the planet doesn't even understand about these things. Like they're still doing exploratory surgeries, you know, stupid stuff into the knee, stupid stuff into the shoulder.

I mean, I hear, you know, from orthopedic all the time or from people that are, you know, being seen by orthopedics all the time. They come to me and they say, hey, should I have this shoulder surgery?

And I'm like, you know, and it's because that's what they're recommended. That's their training. Like you said, that's what they're going to do. They recommend surgeries.

But it's like if you understood about BPC and TV 500, you would you're considering going into these tendons are going into these joints to actually perform surgery when you have such a profound, you know, angiogenesis and inflammation suppressing peptides like both of those things.

But it just to me, it's mind blowing that there are still people out there that are not even aware of these peptides, especially considering that, like I've been using BPC 157 since 2008, literally since 2008.

So, I mean, I wouldn't even think of anything else. It's mind blowing. It's like we're in two separate worlds in a lot of ways. Yeah, it is. But I also tell people if you go to a surgeon, they're going to want to operate, right?

Of course they I think, you know, oh, just refer them to the awesome. Well, they know they want to do surgery. I mean, even crazy things. Like, I had a patient, she tore his ACL and I'm like, hey, ask them if they can, you know, use PR, PRP during your surgery.

So she she ask and I'm like, well, why isn't this being offered? You know, why does she. That's a really good question. I mean, that's a good question.

Because like, I've had this I mean, I feel like this is a crisis of conscience for orthopedic now because the best orthopedic surgeons definitely know about BPC and TV5.

And so they have to decide and look without saying names. And I know you know this person because this person is very active, but you know, she I give it away somewhat.

She's a she she's told me she's like, look man, I, I will have this consultation with the patient all the time, you know, versus a $70,000 knee replacement.

Because let's look, a 50 year old person plus doesn't have the stability, doesn't have, you know, the, what do you call it? The, the the nerve endings, the nerve bundle fibers that are, you know, in for the plants, the, the plantation to do a replacement.

Right now, if you're in your 20s and 30s, it's a different story. But 50 and up, most of those people who are getting recommended ACL reconstructions, PCL reconstructions, whatever the tendons in the knee joints, of course, of BPC and TD five 500 for 6 to 8 weeks, we'll do a far better job of repair, restoration and regeneration than those surgeries were.

And Jen, you know, I both know that's a 6 to $800 peptide intervention versus a 60 to $80,000 surgery. So how do they choose? I mean, at the end of the day they're surgeons.

That's how they get paid. Right? But it's like a definitely a crisis of conscience because deep down they know what's going to probably provide the better outcome.

And that's crazy to think that. But that's what they now know from. They're working on people themselves. They see it. There's just no reason for a 50 year old person to go down the reconstructive route when they can use up, you know, of course, the BPC and TB 500, they're going to get the same level of regeneration.

Well, I have noticed that doctors will just go, you know, they won't look at other options. They won't. They just have their blinders on. They go to work, they're like, I'm going to do surgery, I'm going to get my paycheck. I'm going to come home.

And there's this curiosity is is killed in medical school and residency. You're actually, you know, I mean, I, I've had, you know, doctors that think what I'm doing is inappropriate.

I'm like, how? Because you're hurting people, you know, by by not telling them the alternatives. And it comes down to informed consent, in my opinion.

that's also why that's a good point, because that's also why the patient has to inform themselves, because the doctor is not always going to do the job in defense of the doctors.

That's how they get paid. You know, their job is not to tell you about peptide interventions or bioregulator

interventions or hormone, you know, optimization interventions because they don't get paid that way.

Now, obviously they do have a, you know, responsibility, you know, their hip and that Hippocratic oath to heal, to do no harm. But at the end of the day, we both know, especially living in the United States, the corporation USA, Inc., everybody's got to pay their bills, they got mortgages, they got college tuitions, I got car payments, I got insurance.

So it's like I understand where the doctor is sometimes not going to tell you about much cheaper or probably more efficient or even better intervention because they got to pay the bills.

Yeah. And really, you could do so much healing at home. And that's what people to understand is watching things like this, listening to your podcast, reading your books, that kind of stuff, having that own like, information.

Yeah. So then just just use conventional insurance for what it's good for. If they cover some of your labs, if you have a bunch of kids like I do and they break bones occasionally, you know, that kind of medicine is good.

If I'm having a heart attack, I want to be in an American hospital. But you have to understand, for long term longevity, you're going to have to do a lot of the work on your own and a lot of the research on your own.

I call it the extortion model. You have to have insurance benefits for that catastrophic event, that life flight that's required, you know, for whatever, car accident somebody ejected, whatever.

But at the end of the day, you're right. Nothing from a longevity standpoint or from an anti-aging standpoint, I just like to call it living longer and stronger.

There is nothing that that doctor's going to do for you. Again, they don't get paid for that. If you're healthy and you want to become optimally healthy, they can't even help you. Why would you even consider it so?

You're right. You have to educate yourself. You have to go out of your way and look. There's a lot of really smart people online today that can give you amazing information is totally for free.

Yes, the signal to noise ratio is getting kind of high now, because there are also a lot of people out there that are putting out false and irresponsible information.

But if you're a decent searcher, you'll eventually land on people that will give you good information. And like I said, there's a lot of us out there now.

Yeah. Yeah, absolutely. Now, speaking of information, how can everyone find you? Read your books. I know you're really active on YouTube. Yeah. So the easiest way for everybody who's watching this podcast, if you want to get access to my books, I give all of them away for free.

the two newest books are, of course, optimize your Health with Therapeutic Peptides, which is February 2023. And then my newest book, which came out in late September, which is called 30 Days 2 Shredz which is a profound fat loss book because it's probably the first fat loss book ever written.

It talks about how you can use the GLP one agonists to your benefit, again, in the context of health and longevity. like that's why we call it 30 Days 2 Shredz Because if you understand how to use a GLP correctly and you're not a metabolic dumpster fire, you can absolutely lose 25 to 30 pounds of pure body fat in 30 days.

But all of those books are found at my website. It's jaycampbell.com/freebooks and we give you access to all my previous books as PDFs for free. And then those most two recent books, we give you the, introduction in the first two chapters.

And then of course, there's links to purchasing on Amazon, but it's jaycampbell.com/freebooks And then I'm on social media everywhere. @jaycampbell333 which is the master teachers.

Awesome. Well thank you so much and keep staying. You know passionate I love your energy. especially just with getting people healthy. It's so important.

And being a trailblazer for hormones and peptides. Thank you so much Jen I appreciate it. Thank you for your passion in this interview today. It's been great.