Introduction and Dr. Holtorfu2019s Background

They all had chronic Lyme. And I'm like, how the heck did they get Lymen in Afghanistan? There's no Lyne. But then we found out they all went through Fort Bragg in North Carolina and laid in the bushes in north Carolina for months.

Antibodies against all their receptors to their brain, dopamine, serotonin, merponephrine. You wonder why the VA is treating them with antidepressants, antipsychotics.

Wonder why it's not working in 60 plus vets a day killing themselves. This is Doctor Talks. Welcome back. We're continuing our conversation on reversing chronic gut conditions.

I'm your host Sinclair Canale and today I am joined by the wonderful Dr. Kent Holtorf. He is a pioneering medical innovator and the driving force behind Haltorf Medical Group.

His work at integrative peptides has revolutionized patient care through groundbreaking advancements in peptide and bioregulator therapies, which now includes pets with peptids.

He specializes in a wide range of health issues, including tick-borne illnesses, chronic fatigue syndrome, fibromyalgia, SIRS, MCAS, long COVID, TBI, PTSD, neurodegenerative diseases, autoimmunity and inflammatory diseases.

GI dysfunction, healthcare reform, and evidence-based medicine. So what I love about Dr. Holtorf's work. is that he has taken his own personal experience reversing, quote unquote, irreversible heart failure caused by chronic infections and used his innovative approaches to creating these products that are actually very easy to use, very well tolerated by even the most sensitive of folks, which is why we rely on them so heavily in our practice because we get really complex chronic illnesses walking through the door all the time.

For all your sins. Right. Yes. And yeah, so making this easy for people to reach these tools and to actually be able to use them. So thank you for your work and we're really…

So let's talk about immune dysfunction and how… Let's see, I want to cover a lot with you. I wanna talk immune modulation for autoimmunity and chronic inflammatory conditions.

Can you discuss how the thymus is involved and what does it do? And what this immune shift is? revolutionized everything that we do. I mean, it saved my life and, um, you know, I had chronic Lyme, Babesia, Bartonella was on seven, eight, nine IV antibiotics at three to five times a max dose, which I would never give to a patient.

And I just did nothing, and I'm in the ICU and remember the nurses are making a shift change and they hear the one go, this is that. AIDS patient who keeps turning up negative for HIV, you know, because it had no natural color stuff on it, it was zero.

So the wonder of the antibiotics didn't work.

Immune Modulation and the Thymus

And so modulating the immune system, so if you think of it as, immune systems are very complex, but really clinically you can break it down and TH1 gets stuff inside the cell, TH2 gets stuck outside the cell, then over here is also TH17, which causes autoimmunity, and on this side also Treg.

So as you get older, just from getting older and also if you have more stress, environmental toxins like, oh, that's

not a problem, or weight, metabolic issues, poor lifestyle, whatever, so the thymus starts involuting and that controls this ratio.

So even just as you get older, the TH1 goes down. So now you can't fight infections, but now, you have all this inflammation going on. And so really it's an aged phenotype of the immune system.

And that's why if you look at, so the thymus starts involuting around teenage years, and it drops down to its lowest point at about 45. A little bit after that, that is when you see all those diseases of aging go up.

You know, so the autoimmunity, cancer, osteoporosis, cardiovascular disease, you know all that stuff. So if you can bring it back, there's a study. They just did another one on it where they, they did growth hormone and some metformin and barely made the thymus bigger.

Like, okay, it was like a big, big thing. And well, hello, we have thymic peptides that are safe. In fact, just give the thylamic peptide. So you want to bring that back.

And yeah, so it's going to lower the inflammation and raise that TH1. Really though, your immune system is the number one biomarker. for age, you know, and basically in how healthy you are.

So really anything you do now also then if you get chronic infection, stress, especially emotional stress and it's kind of interesting how that works and also how it drives mast cells and really everything we see, chronic inflammatory disease, autoimmunity, degenerative diseases, even osteoporosis, that it is the immune system that's driving all that.

Okay, so that's a really great base layer of foundational context for us. How does that relate specifically to autoimmune gut conditions like, for example, colitis and Crohn's?

direct correlation with autoimmunity and inflammatory. So, you know, just, and if you look at, a category of bowel disease, they likely have also Hashimoto's or, some other autoimmune that's going on, somebody goes up and down or chronic infection.

And what the studies actually show, if have toxins and a chronic you're going to get autoimmunity and especially a lot of times to the brain. And with the, we've been doing, you know, treating all these veterans that were, special forces guys that we're a hundred percent disabled and we were doing every, paying for everything so we could get great tests.

We kind of tested everything and I thought they'd be all over the place, right? But we found that they all had the worst immune system you can imagine.

Their telemeters were so low. I mean, they were, and these guys are look, you know, it looked like they're in good shape, but they we're like 10 years older than their chronologic age, 20 years old.

And you have tons of toxins and, um, tons, of inflammation, traumatic brain injury, so they've all got their guts are just a mess. What we've found is they had chronic Lyme and I'm like, How the heck did they get lime in Afghanistan?

There's no lime. But then we found out they all went through Fort Bragg in North Carolina and laid in the bushes in north Carolina for months. So, and they ended up with pans, you know, so antibodies against all their, receptors to their brain, dopamine, serotonin, norepinephrine.

And you wonder why, okay, the VA is treating them with antidepressants, antipsychotics. You wonder, why it's not working in 60 plus vets a day are killing themselves.

Right. You know? And so we got these guys better and, uh, and now they're so grateful. You think special forces guys, I mean, they are just so humble and you know, cause they, They don't have to say it because they know they

can kill you.

It's like, if you don' get me better, i'm gonna kill ya. Okay, incentive here, but no, it was really satisfying. So, then we actually just got a grant to publish that data.

Hopefully that will be coming out. This is such an amazing correlation to be able to finally put together, and I love how you simplify it, toxins plus infections equals autoimmunity.

Yeah, there's a number of studies, I won't go into that, demonstrate that. Well, one that was like a cobalt mine in Africa, they all had these tons of heavy metals, but no autoimmune except for the people that got malaria.

And once they got malaria, boom, it was like auto-immunity central. They ended up being disabled and all that. That's just one of the studies, but there's a lot of other ones demonstrating that as well.

It's super interesting. So what, what can we do about this, you know, using, like you talk a little bit about, these key peptides. for IV, for example, to unpack those for the audience.

And then we got the bioregulators, which are really exciting now. But in terms of, so you want to give a thymic peptide, right? So you actually will boost that TH1.

So, you can use thimus and beta-4, thiamine, those are injectable and they've been banned basically. But actually, the thymus basically is about a hundred times as potent as the themogen.

So thimogen, which is orally active, is shown to be dramatically, many full times, as potency injectable.

Autoimmunity, Toxins, and Chronic Infections

That's so interesting. I didn't know that. bioregular bilon, which is also amazing. It's classified as a thymix, splenic, also pituitary bi oregulator.

And it just so many things, lowers inflammation, modulates the immune system. Then you have, you want to boost that side, then you things to calm down the TH2.

which would include BPC, which also kind of repairs everything, TB4-FRAG, so the TB-4, again, was banned, 43 amino acids, it will not absorb. But TB 4-frag will, and it actually, in TB four, has multiple domains.

So the first part, what we use is the immune modulating part. There's a part that stimulates mast cells, right? And then there's parts that do different things.

And so it cuts out the part, that simulates mast cell. For normal people, the mast-cell part kind of helps heal, but for our patient population, like, yeah, you don't want that.

It's shown to like heal reverse, basically MIs and things like that, And then KPV is really pretty amazing. It is the last three amino acids of alpha monocyte stimulating hormone and it's super anti-inflammatory.

So it is great for mast cell activation. But the interesting thing is that it actually improves immunity. You know, so it's kind of like giving a steroid that improves immunity.

It's also very antimicrobial, more potent against, for instance, fungal. And there's a lot of studies showing fungall infections and Crohn's and motor bowel disease is a major issue.

it was more potent than diflucan at one one thousandth of dose. So against staph aureus at like a hundred times. One one hundredth dose So it, and if you go to myrecovery.com, there's a patient, it wasn't our patient.

She had a blog, she has autistic sons, had big blog and then she got long COVID, a lot of gut symptoms. It's big

following and everyone has gut symptom.

And she took the KPV and is like, Oh my gosh. People are going on like, oh my God, it made me so much better. And I'm like stop. It looks like we're, like they're made up because there were so many, but, uh, and she's so nice.

She, we donate stuff to her and gives it out to all the people. But it really isn't, It's a nice review of, of KPV and you know, these are the. The toughest, they're all super sensitive and we're like, wow, it was just overwhelming.

But, uh, so KPV is great. And then so PPC will basically lower that inflammation. TB for frag will work on the tight junctions. Okay. And then KPV will lower the inflammation, also work as an antimicrobial and also balance the immune system.

So those three are key. You know, I have a funny story to tell you about KPB before we move on. A couple years ago, all hell broke loose in our clinic and in practice and could not figure out what was going on.

And we've always worked with very sensitive folks. I call them pioneers because they're super gritty. They're tough, they are willing to do the work. you know, they could be really sensitive.

And that's the whole point, how they end up in our practice. For some reason, for a few weeks, everyone was having a huge increase in symptoms. We realized it was because KPV was out of stock, and they were all right.

That's funny. Yeah, it's pretty amazing. I wasn't giving it the credit due until then. There you go. And actually the one we use is an isomer. So it's a natural occurring isomers and it has about 20 times the half-life.

Oh, interesting. Yeah. Same with the BBC, stable BBC versus the arginine BBC which they call stable BPC, which is really unstable BBC. Well, so if it is 20x the Half-Life, what is the halfway?

for your KPV with that, I see. Yeah, so the normal is about I think like 20 minutes and now it puts it out days. Nice. Very cool. I'm sorry, interrupted your train of thought.

Were you going to go on to the bioregulators? Yeah. And then, sure. Also, with the bio-regulators, okay, what is a bio regulator? Let's say, well, Okay, so peptides work differently than hormones.

Let's say hormones go into the cell, basically will attach to the DNA and repressors or activators and work slowly on, slowly off and kind of change things in a broad sense.

And then peptides work on the cell surface and have pleiotropic multiple effects, right? And you kind of think, well, seems like they would have more side effects.

But it's the opposite because like supplements, they're very much like supplement. So supplements have a lot of effects but this happened to, you know, this one keeps this from happening.

but when you have drug that goes, super targeted, like it messes everything up because the things can't compensate. And now the bioregulators, they're by definition less than four amino acids long.

They are orally active, so small that they don't get broken down. If they are acetylated and amidated, and they also go in and attach to the DNA and work that way.

And they work very epigenetically and so they will just happened to like turn on all the anti-aging genes and turn off the sickness genes. And there's so many studies, like you look at, yeah, phymogen and cancer.

I mean, it's just like incredible. Epitalin. This is a 15-year study on people with significant heart disease.

Peptides for Gut Inflammation and Barrier Repair

They gave them epitalin, which is the pineal peptide, and followed for 15 years, just six doses. The ones that got the epinalin. Another part of that, they also gave the thymogen and they had traumatically less cardiovascular disease, mortality, morbidity, their quality of life was better.

Their cardiovascular system got better, not worse. And you know, you can see all these things and, or like epicalin what is like they'll give it to, we use it for fertility.

Like they gave it to menopausal rats. They all started menstruating, 25% had normal live births. So it is, if you add a pineal peptide and a thymic peptides, it's certainly the best anti-aging insurance policy.

Wow. Interesting. Okay, so talk to me about how that applies to our guys with chronic gut conditions. Anything that they need to think about as they layer these into their protocols?

So, yeah, when you look at, you know, the gut brain access and the brain-gut access, and then I say about the peptides because, people are seeing kind of gut-brain access.

You know like with the, all these neurodegenerative diseases, that gut is making a big difference, but also the brains totally affects the guts. So peptide work on both sides of that.

but although one article is actually reading, I don't know, like six hours ago. But they found that, because they used to think that there are multiple mechanisms, but they thought it was like the brain's effect, causing ulcers and things.

They found a huge effect was due to the pineal, hypothalamic, pituitary, adrenal, and thyroid axis. This was a thing we found out, is if you look at these patients, they often have low cortisol, but very high ACTH.

And so what that means, the body's pumping out corticotropin releasing hormone, trying to get that cortisol up. In CRA, cortisotropic releasing is a huge direct stimulator of mast cells and inflammation.

So you really want to work on that HP axis. You can take the pineal peptide, the pineal bio-regulator, the adrenal bio regulator, and also the thyroid is shown to play a big part.

And all these people have low thyroid, but their TSH looks normal because they have pinellial hypothalamic pituitary dysfunction. So the T SH is low and their thyroid's low, If you're taught in medical school, thyroid's easy.

If your TSH is high, your thyroid is low. It's low, if you are high. if it's normal, it is normal. So they don't show that they're actually low thyroid, but huge effects on the gut.

And we check everyone's through a thyroflex, which the British Medical Journal showed it was a better test than blood tests for thyroid measured tissue level.

We'll check everyones basal metabolic rate. pretty much every single person that comes in as chronic illness or has dieted significantly has about 25% lower metabolism than a person of their same age and weight.

So they're actually only burning of calories for a persons 60% of what their body weight is. So, you know, with no metabolism, there's no mitochondrial function and all that.

So you want to take care of that and the thyroid bioregulator is amazing. It's like you give it, and let's say a high thyroid, it brings it down. If you have low thyroid it bring it up.

You have Hashimoto's, dramatic reduction in the auto antibodies. And so really, that's… I have a talk coming up, what's the 11th? It's part two of the thyroid on T3 and peptides and bioregulators for Hashimoto's and low thyroid.

But yeah, and so, I mean, all these things are amazing. Or like the kidney one, you know, some leftover chronic kidney disease from the infection. And so my creatinine would run like one three.

But I would take a thyroid bioregulator, but there's a little too much information. But, I know it was always dumping protein in the urine because the, urine was very foamy, right?

So you take thyroid, bi-regulator and about two hours later, and for about three days, there was no. and the urine and we give it out to like my one of our employees gave it to her mom was on dialysis and and forgot about it and she goes oh my mom called me and says the doctor can't believe it my never seen someone's kidneys get better on the dialyzes you know and but so there's also a gut bioregulator okay which lowers the inflammation and it works like great for You know, it goes, especially you take, give it along with the BBC and the, and, the other ones.

And then there's a, which isn't, I don't know if I call it a bioregulator, but we discovered a anti-H. pylori bi-regulator totally non-toxic that just wipes it out.

Cause H. Pylorii actually think it's just a local infection. It causes the same immune shift and all those problems. When you look at these people, a lot of them have H-Pyloria.

And, but they don't connect it. It's also kind of a marker of low immunity and the cause, like, so many things that cause again, everything cycle. So then you get, you're getting that pineal hyperplastic pituitary dysfunction.

You get mitochondrial dysfunction, get immune activation coagulation and then the leaky gut and all that. Yeah. And they're not producing enough stomach acid because H.

bylori bumps up from like a two to a six, you know, so it's really hard to regulate. Yeah, and then you can give the pancreas bioregulator, which actually now it looks like we've had people with type 1 diabetes start making insulin and type 2 traumatic reduction in their blood sugar and inflammation.

Oh, but that would be so important, like the pancreas. Yeah, or the heart has been a lifesaver and people like, you know, with the palpitations and the myocarditis and endocrine and, the best thing for it, along with BPC, KPB, TB4FRAG, and TB 4Frag, you know, it does a lot of things, but it kind of gets labeled with what studies were done, right?

So there are a ton of studies done on heart and showed that it rejuvenated the heart with, uh, from MI and stuff. But also with you also got to realize too that.

for autophagy, right? So the body, you know, it's really a hot topic now because with anti-aging that your body needs to be able to recycle these cells that basically when there's like basically oxidative stress, they get damaged, and the mitochondria sense you're basically when there's something going on.

Bioregulators and Hormone Axis Support

So they'll go into cell danger response, which instead of now making energy, they start pumping out reactive oxygen species. They're not even doing what they're supposed to, but they are making everything worse by increasing inflammation.

If you look at diabetics, congestive heart failure, most of their cells are senescent and now in order to and the reason that they're not getting wiped out uh is that that th1 the natural like natural killer cells need to be able they are just too weak to go get rid of those so you can give you want to boost that and that you'll be to start you know killing off these I say recycling it's very healthy you're getting rid the gunk, and then they can start, then all of a sudden the inflammation goes down.

You can give direct analytics like FOX04, DRI, or the satinib and fisetin, you know, things like that. So it's a really hot topic in terms of aging and chronic illness.

We'll have chronic Lyme patients and they're just stuck. And then we'll give them the senolytics and then like all of a sudden inflammation just goes way down.

Same, same thing. Um, or for instance, we had a, let's say our last Crohn's patient was a nine year old who came in scheduled for colectomy. And, uh, so said nothing worked.

She did all these alternative, all the standard stuff. And we take out our colon. And so we talked to her and we went through all this and she's very conservative though.

So we gave her, she wanted you to just BPC. With that, probably her symptoms dropped by 50-60%. Then we added, you know, KPV and then thymogen, alpha one was thynus, the thyma gen and bylon and essentially eliminated all her symptoms.

And, and it was funny because she went over to this person's house and told them, Oh my gosh, this, this Dr. Hoff, Hofferhorf or something like that. But he doesn't have to get her, her colon taken out.

And he goes, he says, is it Holthorpe? And she goes yeah, do you know him? He goes. Yeah, I worked for him. So it was kind of funny, but yeah. And that's what we see.

Standard medicine is just failing in so many different ways. But there's so much ways to look at the underlying issue and treat it. I really appreciate you saying that because obviously, you know, the folks that are watching this summit have been down a really long road where, but they have to suffer for years, if not decades before finally getting a diagnosis only to be told, well, You know the path for you was let's put you on some immunosuppressive.

They're made to feel like maybe they are crazy that they're making up the symptoms. Yeah, yeah, and that it's just about managing the symptoms and, you know, hopefully avoiding surgery.

You know it is a really dismal picture that Western medicine is doing. It's like so many things in this immune modulation, like ALS patients, they come in wheelchairs, their jogging, And they go back to the neurologist and they say, oh, it, It is not curable, so it must have not been ALs.

Well, three of you diagnosed him, but, You know, there's just so many things like that and all these neurodegenerative diseases, and there are some good peptides that are stuffed because someone's paying for these not to go through.

And the other is the proved one that 60% of the people approving it had stock in the company. Shocker, right? Yeah, this is what we're getting down to.

I want to mention acromansia, the probiotic, which is really unique. It's kind of hit the market because it was shown that inverse correlation with weight, so the more acromancia you had, basically the skinnier you are, and it basically goes into, it eats mucus.

But so it goes into the mucus layer, and so, it has very close connection to the cells in the gut lining. So it's a very profound effect. But it actually kind of eats me.

It's going to be bad, but it ends up increasing the the mucous layer and dramatic reduction in permeability of the guts. That's another one that we found.

There's been a number of studies on immunoglobulin. Uh, so we have that with his BBC, KPV, uh, violin, acromancia, prebiotics, probiotics, and the IG.

Yeah, can you talk about gut feeling and what that product does versus like other, you know, general gut support? Because I think that this works completely differently than other probiotics.

Yeah. So we kind of, again, what we're learning with the bioregulators is group them together. Because right now they're like, most of them are in Russian and there's extracts and you're, like what the hell is going on?

You know, and, uh, so we're going to put them all together. And so it's like, here you take this and you know for, for

gut, you always want the immune and the brain, all that stuff.

But that, we basically put the BPC, the KPV and together, and then with the IgG and the acromansia as a formula. So just all in one. It's a powder now, but we're also going to put it in capsules.

And then we have coming out a liposomal brain formula, a combination of three bioregulators and also a thyroid bi oregulator, which has three thyroid bilayers in it and a pineal.

We're trying to make it easy and normally like those, they're about Let's see, retail is usually a dollar to two dollars a capsule. It will be like a fraction of that cost.

That's really amazing. So is that, like, I'm thinking about the typical person listening to this who has a lot of food sensitivities, probably histamine-sensitive, if not, you know, full-blown MCAS.

Also, obviously, serious bowel dysregulation, mitochondrial dysfunction, for the long term, may have additional autoimmune conditions like for example, hashees.

Where should they start when they're thinking, okay, peptides, to reverse my Crohn's disease. And as I mentioned something about, you know, the, all these food sensitivities now.

Yeah. It's really any infection, any toxin actually is going to magnify that like crazy. Absolutely. VPC is shown to bind up the toxins and not only kind of bind and flush them out, but also prevent the activity of them.

Like it also will, like, you know, EMFs in these patients are really sensitive to EM apps and they'll get palpitations, all this stuff. So it actually blocks the, doesn't block, it modulates the abnormal calcium channels in the heart.

like it does for other tops. And so they don't have the side effects in it. So they, don' have palpitations and it also like prevents overdoses of med.

It's kind of a smart peptide in that, let's say your blood pressure is low, it raises blood pressures, but there's high, lowers it, If you're hyperquaggable, it basically, you know, makes you less.

And if you, if he can't clot, that allows you actually the leading time goes down, but stops that hyper quagguability. So that's probably like, I would say start there and then add in the KPV, the thymogen alpha one, which is the endothymogens.

You're going to boost that the violin, right. Which has that effect.

Senolytics, Chronic Illness, and Crohnu2019s Case Examples

I mean the gut. product is probably a good start, but then also really do the pineal and brain because it is, again, their thyroid screwed up. They don't know it.

Their HP axis dysfunction, like I did a review article, HP access function in chronic fatigue and fibromyalgia found that 90 plus percent have adrenal dysfunction.

But it looks normal on the blood test. And if you see someone with a high ACTH, okay, and you'll see this, Those are, it's going to be like very typical.

And so you can either give a little cortisol, but if you give the pineal bioregulator and the adrenal, that will move. So what kind of timeframe are we looking at to beyond peptides before you start seeing, or these bi regulators before we start saying some shifts and some symptom relief?

Yeah. I mean, everyone's different. Bioregulars, I've seen them and I say, well, they're kind of made for, you know, kind long-term because a number of studies are coming out where they put people on them.

Three-year studies coming and the people lost on average, it was, 5.5 biologic years. Some lost 17, but they'll actually… What period of time, the three years?

Those are the 3 years, yeah. Okay. and didn't tell them, haven't changed anything except just, just take those. And, but you don't have to take them forever because you look at those studies, like they gave six doses and 15 years later, they're still reaping the benefits.

So the standard way is like, do, you know, well, y'all do usually 60 days worth of different ones, and everyone has their own different protocol, But it'd be like okay, You do 10 days, And then three months later, you tend only 10 days and then, but there's a lot of them.

So you got to like rotate and you're like, You're on something all the time, But that's why we want to put them all together because so you just not taking like.

You know, capsules forever. Right. That's really good point. And that feels more doable when you think about it that way. Cause everybody's telling you to take something and it's like a whole time job to recover.

Yeah. It's capsule fatigue. Definitely. What do you think is the most overlooked tool in your peptide or bi-regulator toolkit for Crohn's and colitis right now out of everything we've talked about today?

You know, I would, yeah, you'd think I'd say the gut one, because it does work, in terms of the bioregulators, would say, the got one because, it works really well.

But really it would be the pineal, or the epithelium, pineleon, which is like a subcortical, and the thymus bi oregulator. And choose those. Because that is going to modulate your whole immune system.

And so you're over here, but why are you treating over there? Because that's the problem. When you talk about immune modulation, can you just, for the newbies in the audience, really underscore the difference between these tools and the immune suppressors they might get prescribed?

Cause those that come with such high side effects versus immune modulations and how supportive that is. Yeah. And, and so what the typical immune modulators, let's say, you know, spread, they'll knock out like a cytokine or a particular white cell.

It's like, it just, now your body can't, It needs some of that, right? You know? And so you end up getting, You know, chronic infections, cancer, all this stuff.

Yeah. And Candida, which now we're finding and other fungal infections that are a major issue. Well, these actually improve your immune system. See, but it's not about lowering the immune.

System. It's about modulating, put these things lower. If you give steroids, it lowers. When people think stress lowers your immune system, it modulates it.

So it lowers that TH1, but raises that Th2. Right. Emotional stress is huge. Like it is like, you know, death or a divorce or something, that's when people all of a sudden, and if someone's in a very stressful household, like it's either with a narcissistic partner, they're the toughest to get better.

Yes. Yes, I know that one from experience. I don't know, there's something going on. And I'm not going to blame the recent treatment, but it's like, it just exploding.

It is. Yeah, It's bizarre. Especially here in California. We'll call it an invitation to heal is what we'll it. There you go. At least it is not too late.

Not so good at framing things. Speaking of, for the practitioners in the audience, what advice do you have for them? Because we obviously want them to get peptide lift.

Find another job. No, I'm kidding. Yeah. So really it's like, and we're going to start a year long training. It's launching in August and it is called Peptides Bioregulators and Shit That Works.

Yeah. And because people go to all these conferences and it's just blah, blah blah. Yeah, like all this minutia and they're, because of the CME, they can't like tell you what lab or you can get these studies.

Right. Like it's going to be our duty to make sure everyone totally understands and like passes through, you know? And so we're several, like we want to really set up a community and you have a accountability partner and all of the stuff.

So we'll try to to making a thing. And you can say, look, something else, the treatment, a lecture on this. Okay. We'll do it. You know, so, we were trying to change that whole thing and that will be available coming up soon.

But. Yeah, I mean, it's kind of like with the peptides and it, when I started my practice, actually, that's when it was sick and I wouldn't even go to an alternative conference because you're told that it is no evidence.

And then when they finally did, because no one's getting me better. I'm like, they've been lying all this time. It's more evidence-based than the stuff that they're telling us.

And I started, I went into anesthesia, which is mindless, but anyways, so I won't say anything. I get complaints when I say that, it wasn't for me. But went into family practice and then I just took over a practice.

And I found for me, T3 was awesome. Then I find it was great for almost everyone else and called the thyroid optimization clinic. We converted the practice to cash within a year and we didn't have to advertise.

It was just people waiting, you know, and that's just T 3. So if you use T three really well. and the peptides, and let's say throw in some ozone and some other stuff, like you can treat 90, I would say almost everything that comes through your door.

And these are including people that have been everywhere and didn't get better. Yeah. We often combine peptide and ozone, pretty much everything we use.

You see, the things that work are generally immune modulators. Right. Also take into account the level of toxicity your body has been subjected to. Yeah.

And if you have low TH1 though, you don't detoxify. Right. So I have that ebook out, which everyone's welcome to, the peptide protocol for the rapid treatment of Sears.

Because I had so many of these Sear's patients coming in and they're like, I'm on binders and I mean, how long have you been on them?

Gut Support Formulas and Treatment Strategy

Nine years, I'm like, okay, but I know I need better. Shoemaker says I've got to get better and I like okay. I am way too ADD for that. Let's just pick.

So what the difference is, and Shoemakers is such a great thing for the illness. And I would never, never. Wonderful advocate. We're just saying there's layers that it doesn't go fine.

The whole strategy is get rid of the toxins to raise the immune system. just go right to the immune system, and now you can get rid of the toxins so much easier.

With way less trauma, yeah. Yeah. So it shortens that path from, we'll use antibiotics for chronic Lyme, but most of them we don't. Yeah, we never use antibiotics for Lyme.

We get great results. And in part, that's because of peptides and ozone on, you know, knowing when to like what. Most people have Lymes don't have symptoms.

It's when the immune system, then they get, something else and now it just comes out and then now, it's just wreaks havoc. Yeah. Totally agree. Yeah. It's so fascinating.

And I hope this is giving people hope because it's never too late. I mean, we're talking about aging backwards. We're taking about reversing autoimmune diseases.

You've been told you'd have to live with forever. Well, like MS, it'll be fine in two weeks. There's a range, but yes. Like, yeah, or scleroderma. Sclerideerma, I can show you the studies, is a symptom of Lyme.

And we had a guy who went to the Mayo Clinic and he had sclera-derma just, he was just dying basically, his body was deteriorating. They said, we can't do anything to you, can help you.

I'd suggest you go to Hawaii, smoke pot and die. So he was on a plane to Hawaii and to go die and smoke pot. And he happened to sit next to this doctor I know, and she's, they didn't talk to him.

She goes, I think you should go talk this to doctor right now. So it gets land. He comes back and then he comes in, you know long story short, within a number of months, he's totally fine.

And he had Lyme, of course, because it is a marker of Lyne. Right. Now he was happy, but now he's really pissed, Of course. He moved to Washington, DC to be an advocate.

We saw the lady goes, it's impossible. There's so many cases. Everyone has this chronic multi-system illness. Are you seeing this? I'm getting All these patients, it's kind of the same, you know, multisystem illness, but anxiety is their number one thing.

They just can't, they are just so anxious and depressed. I don't know if I just got a couple in a row or something. No, that's really common at this point.

We've seen a huge uptick in that as well. You know, I think that's the, obviously it's, the bugs, and anxiety is not an emotion guys, it is an over-excitation of the nervous system.

It's brain on fire. Exactly, It is brain-on-fire. And so, its infections, Its toxins, And it absolutely reversible. Anxiety is NOT your temperament, An anxiety sucks, you know.

There's two things that suck. Not being able to breathe, Yep. Like heart failure, not fun. And then anxiety, because it's just like you're doing like, what is it when the people go into jail and they're coming off of stuff and also they do it double time.

For all? So you are miserable, like can't even go to sleep. Yeah, then you get Aladdinia, I had that, that's fun, you know, touch your skin and like. You know, yeah.

And people don't feel too sorry for you when you have alidinia because they don' get it. It's just like you touch me, you know. Well, I mean, the problem with all this multi-system chronic illness stuff is that you usually look fine and you can fake it for short periods of time even though your life is ruined and it's shrunk down to the size of your symptoms.

I remember this very well. And I'm being told that I was faking it by the people who supposedly love me the most. Yeah, because I am telling you, even people love you.

There's a limit to their empathy. It's like when you start saying stuff like, well, why don't you just go exercise or if you eat better, I'm going to punch you in the face.

I actually have a theory about this, I think that our loved ones are often the worst and the least compassionate because they're so attached to us returning to normal.

Wait, wait, who? Our loved one, they need us to be back to the normal… And they want it so bad, now they are pissed, you know. Yes. So they want to stabilize the family unit or your partner is like, hello, I need to be able to count on you or raising kids together or you're boss or colleagues or friends are like when are you going to back to you?

And you are as soon as I freaking can I'm doing everything. Plus they're like I want you out of the house. Because it's more work for them. It's tiring for the caregiver, you know?

Especially when they look fine. Like I have to go get your food, really? And, uh, but doctors are, I just, the horror stories of the things that they tell patients, like if a doctor can't treat it, it doesn't exist.

It's the patient's fault, right? It is appalling, a standard of care. The number of things people have said to me walking into our practice, my GI doctor said, It doesn' matter what I eat, or I will always have this.

it's only going to get worse. Or it is genetic. Oh, it's genetic. That's my favorite. My God. If one more person says that to me, I'm going to lose it.

Because, yeah, for the listeners, you know, genetics may be 20% and that's being generous. Epigenetics, You can turn these genes off. You could turn the genes on and we're not ruled by our genetics.

Yeah. Notice we've been talking about autoimmunity for an hour, and we never once said genes.

Hope, Practitioner Advice, and Where to Find Dr. Holtorf

We talked about toxins, infections, stress. we didn't say anything about genes Yeah, yeah. I mean, there's tons of predispositions. So listen to us. Yeah it's a predisposition, but you can shut that up.

Or it kind of like what the people with the broccoli gene and what Angie was doing, cut their breasts off, I'm like no, no. I know. It's so sad that that is medical trauma.

That is a medical malpractice. Woo, you're getting me fired up, Kent. Well, of course, that would have to be our interview. I've really enjoyed this. This is, it's always…

No, I always have the best time with you. And keep up the great work, by the way. Thanks. Back at you! I just love watching you expand your set of tools that's available for everybody.

Do you have any last words of wisdom for our wonderful audience today? I would say there's, oh, there is hope. There's way more than hope, Like you should get better.

You deserve to get. Better. And just the days of listening to your specialist and doing whatever they say is gone. Okay. But, you know, I said, don't even, Don't trust me.

I know. Go out and read everything, come back and say, Oh, this says you're full of crap. Okay. Well, let's talk about it. You know? And you'll have doctors go, if you read Dr.

Google, You can't be my patient. Run from that doctor. Come back with all the questions, be, uh, basically it's great. Just get a ton of information and then just clarify it, the doctor's not willing to justify their treatment.

I don't think I'd go. Absolutely. I completely agree with you. The days of doctors saying, don' confuse my medical degree with your Google search are over because what they're really saying is my one to two hours of education on your condition is more important than your lived experience.

That was so well put. For some reason, that just hit me because it's just like, do you know I'm a doctor? Okay, That's all you have going for you? And you haven't done any continuing medical education since you graduated 30 years ago and you're still doing the same damn thing that you were then.

You were never sick. This is all hypothetical for you. So. Yeah. Anyways, we didn't mean anything bad. We're just kidding. We're just teasing, guys. This is our passion.

We love our colleagues. Our colleagues are our practitioner friends. Want everybody to have access to this information. So where can people find you, Dr.

Kent? I'm usually at my desk for three days at a time. They call me at three in the morning. How come you never get back to me then? Rude. No, because to tell you the truth, I can't keep up with my emails and I don't even look at my phone because I've given up.

And I hired all these basically assistants and they have a nervous breakdown. So I'm getting some from out of the country. I have three that are just going to monitor my e-mails.

So then I can, yes, people are like, I've been emailing, have been calling, like I, can't even look at the phone because if I do, it's, there's a whole day.

Yeah. What was that about anxiety? I'm just teasing you. So, yeah, we're at, you know, whole health medical group in El Segundo and we are going to be launching a telemedicine group and, uh, We've got the peptides out and then integrative peptide.

And then we're doing some clinical trials and probably going to also working out, becoming a professor in Mexico. So we can even expand a lot of stuff like, you know, the anti-C, and there's so many treatments that are just like non-toxic and effective.

You can do even more down there. So yeah, kind of good stuff going on. Just I was trying my, you know, don't sleep for three days, then sleep. And I don' recommend that.

I think it aged me. It's like, but it's all good. Thank you so much for your insights today, your clinical wisdom, and also just some really great big picture, awareness of the tools available to us.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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