Part 2 - Follow Up To Dr. Bill Lawrence Episode: Answering Your Bioregulator Questions l Ep #424 Transcript

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Intro and follow-up episode setup

This episode is brought to you by Primadene, Nature's Marvel's Bioregulators, and O3 Oracle from Wizard Sciences. Each one with special offers just for you.

See the show notes below for details. And now let's dive into the Show. Hey, Erin Ryan, welcome back. We're here again. Here we are. Here we are. So for those of you who bounced through the intro, I'm here with my producer, Erin Ryan, the wonderful and talented Erin, Ryan.

And we're doing part two of the follow up questions. We could probably do a 10 part series on this, but we'll not going to do that because for people who aren't so big on the bioregulators, plus I have some guests coming up in the bio regulator space that is really, really exciting.

But we decided to do a part two to this from the Bill Lawrence episode that we released in December that now on YouTube, Erin, I think we're sneaking up on 200,000 downloads of that episode.

Yeah. It's making moves for sure. And it's make and moves. So of course, an episode with that many downloads is going to generate a ton of questions. We picked some out.

And Aaron's here to help me so that I don't just sit here and chatter the whole time. I'll keep you guided by myself. So Aaron, fire away. What's our first question?

Okay, so I just wanted to mention that when we got all of our questions together, like I said last time, we put them into different themes. And so not for any specific reason, but these themes ended up being a little heavier, a lot deeper questions from what we did last time.

Last time was about how bioregulators are, or how our body uses them, is it in food, can you get it from food? All these kind of lighter topics. These are deeper question, and just as a reminder upfront, neither of us are doctors, nothing here is any kind prescriptive, especially because people have a lotta questions around the topic of cancer.

and menopause and things that are very serious from a health standpoint. So we'll go through the questions and don't expect for Nat to give you a prescription on any of this because that's not what this is for.

It's just simply, she knows a hell of a lot about bioregulators and can guide us in the right way. Let's hit the hard topics first. We had a lotta questions about cancer and peptides and bioregulators, I'll just start with the first.

So could telomere-lengthening peptide accelerate cancer? That's a question that many people have. Powerful question. And that's really good question, the peptid we're really honing in on here is the pineal gland bi oregulator peptite, which is known as epitalon, and which has the synthetic version, endolutin, Which is a natural bi-regulator, epithalamin, is which the injectable natural that Cavinson used in his studies.

when he did the old people studies.

Cancer, telomeres, and bioregulator caution

So it's a great question that doesn't have a very clear answer. I would say that if you read all of the literature that Kevinson produced, there is nothing in there that indicates that it does drive cancer.

I will say this, he didn't report that in the elderly studies there was any increase in cancer. If anything, there were

dramatic reductions in mortality, particularly when he paired the pineal gland bioregulator with the thymus gland bio regulator.

Having said that, in active cases of cancer, I would never recommend that somebody use any bioregulator. There's too much that we don't know, right? So there's no, I'd say there is no evidence currently that the pineal gland bi oregulated would cause cancer.

If anything, there was an interesting, now this is a mouse study, but there were a really cool mouse studies that Kevinson did looking at epitalon, which is the synthetic version of the pineal gland bioregulator.

And they also looked at Vilon, V-I-L-O-N, if you try to type it into your computer, it will automatically get auto corrected to violin. I've gone back and forth like five times.

Anyway, he looked those two bi regulators and he tested them on transgenic mice that were predisposed or had a genetic predisposition for HER2 mammary tumors, HER-2 genetic tumors.

And with both of the bioregulators, actually, I call it vilain because I'm French. Vilain was even more effective than epitalon, but in both cases, it reduced the incidence of mammory gland tumors and the size if they even got them.

Having said that, We don't have cute little whiskers and tails and furry ears. So to my knowledge, there's been no follow-up human study done to follow that up.

It seems to help in mice. We do not know if it helps in humans. The short answer to the question, could telomere lengthening peptides accelerate cancer is there's no evidence to date that says it does.

But if you have, if somebody has an active case of cancer, I sure wouldn't take a chance on that. Because we just don't have the research that tells us that it doesn't.

And that's even a tricky thing to even research, like who knows what kind of answer and how far along and like, who, those studies will ever even be done just because Well, I mean, they'll do the studies.

If those studies ever happen, it'll be in vitro to start, then it will be ex vivo where they will take the cells and put them in human cells. But it would be pretty tricky to do a human trial on this.

I just think that in the absence of clarity, we need to be cautious. The two C's, right? Clarity, caution. And conservative. And cancer. You should be cautious.

Yeah, the four C's, right? Already caution, conservative, and cancer, so you want to be… When it comes to peptides and cancers, you'll want be working with a physician slash practitioner who has experience in those two arenas, or will work with your oncology team in this arena.

The stakes are too high, folks. biohacking as it were, it has a connotation of being a bit of a cowboy. And being cowboy is awesome in many, many ways.

But I would say that even people who are pushing the edges of alternative health or looking for solutions outside of conventional medicine, it needs to be balanced out with that clarity and knowledge, right?

Because there's too much at play here. We're happy and grateful for the Cowboys because we find out more about how some of these things work. But as you said, especially when it comes to cancer, you got to have a team.

The next question, and it's kind of just you know, tails on from the last question is if cancer cells rely on telomerase, is this dangerous? Again, we don't know.

Right. So telomeres is the enzyme that restores and maintains the length of telameres on the ends of your DNA, which is what allows the DNA with the cells to replicate.

And of course we know that cancerous cells have this superpower of being able to replication replicate replicate, there's a Hayflick limit to how many times a cell can replicate.

And what we want, of course, in healthy cells is we wanted to help them to be able to replicate healthily over and over. So if cancer cells can hijack that ability so that they can replicate more, it can be dangerous.

It goes back to what were just saying a minute ago. If someone has active cancer, we would want to stay away from it. should people with cancer avoid bioregulators?

If it's active. I haven't really talked about this publicly yet. Like I've gone through a pretty intense health journey over the last, since the beginning of this year, which I will eventually share with you.

And I have been used by regulators at all. My immune system went offline and went kind of haywire off to the side. And some people may have said, well, why didn't you just take the immune by a regulator?

Well, sometimes when your system, your body gets so far out of balance, you've got to manage what's happening before you can bring any of these compounds into play.

So there's a time and a place for bioregulators and they can be helpful therapeutically at times. But I would say when it comes to cancer, again, you've got to be working with someone who's got experience in this area and who is willing to work with your team.

Hey folks, I just wanted to throw a little message in here for those of you who are sending me all these incredible questions on social media or through YouTube or even on Spotify, wherever you're listening to the podcast.

I wish I could get back to each one of your personally, but unfortunately I can't. And because I cannot, about a couple of years ago now I created a membership community where I get to hang out with people just like you.

I do live weekly Q&As, almost weekly anyway. We also do have podcast guests come in to answer everybody's questions and do presentations. You get live with those podcast guests.

We will sometimes do challenges with some of the partners, like in 2026, we have a mitochondrial enhancement challenge coming up, where we're going to be testing mitochondria function, testing people's deuterium levels.

If you haven't heard about deutereum, there's a podcast coming down the pipes on that. And then people will be invited to follow a personalized protocol and then retest their mitochondria on the other side.

We offer that in the membership community and we do it at incredible discounts that you just can't find anywhere else. So if you're interested in hanging out with me and other like-minded people, which actually happen to include some pretty awesome practitioners and even some previous podcast guests who've come and joined the community, then I invite you to check it out on my website natnidam.com slash the dash longevity dash community or just go to natnim.

com and look for the longevity community tab at the top of the page. Click on that and see if this is right for you. I would love to see you there. and we could make 2026 our best year ever together.

So once again, that's natnidam.com. Just look through the Longevity Community tab at the top of the page. Now let's get back to the show. This one's more specific and you know, maybe some of these are just going to be a duplicate answer.

Are there peptides supportive in breast cancer recovery? And it sounds like what you're saying is, look, if there is a person out there, a doctor out very closely for 30 years with breast cancer patients and maybe has some experience anecdotally with peptides.

Maybe, I think that's what you're saying. Well, there's actually, so that an interesting one because there is a book

called The Peptide Rev, The Bioregulator Revolution.

And in that book, There is small section that talks about Actually, I'm pretty sure it's breast cancer recovery, but what it is, is there's the immune bioregulators.

So the thymus gland bi oregulator and Vilon, that V-I-L-O-N, your violin bi-regulator, there is some literature that says that they've been used post radiation and chemotherapy.

Breast cancer recovery and immune surveillance

What do those things do? Once the person is cleared and they have had radiation in chemotherapy, Why do people then end up very often developing cancers later down the road is because of the damage that was done to the immune system in part, right?

Also, sometimes there's some cancer cells that may have evaded the system, like the treatment, whatever the case may be. But so there is some evidence and there going to go back, always work with your practitioner.

But it's worth researching and looking into, maybe tapping into those immune bioregulators post, after recovery, to try and help the immune system to kind of recover and come back online in a balanced way.

There's some evidence there. That's a good thing to know. And what was the name of that book? And do you remember who wrote it? Yeah. So it's called the bio ray.

Hang on. I have it right here. For those of you on YouTube, you're going to get to see it. Where'd it go? Oh, here it is. my old copy with all the things in it, it's called the peptide bioregulator revolution.

It's very Russian. Okay. And who's, who did it? The author who actually is going to be a guest on this podcast in the next couple of months is Marios Kiriasis.

Oh yes. Indeed. You can find this book. it is a great little primer, if you will, on bi oregulators and you can this on the website, the Profound Health website.

Okay, cool. We'll put the link in the show notes, which is where I get a lot of my natural bioregulators from. Okay. Next question is, could bi oregulator help immune surveillance?

Yes. Theoretically, yes. That's the thymus gland bi-regulator, along with the pineal gland, right? Because pinea gland kind of has this overarching effect on the endocrine and immune systems.

Theoretically, yes. If you're bringing the immune system back into balance, there's also a bone marrow bioregulator. So if we address these systems and help to bring them back in to homeostasis, theoretically, it should help with immune surveillance over time.

And we're going to talk about sourcing later, but if people are looking at different bioregulators, is it just called thymus? That's a great question.

It depends where you buy them. So definitely, Profound Health has done the work of saying, you know what, the bi oregulator nomenclature is a little bit like walking into Ikea.

I'm only reading those labels. It's crazy. And every bioregulator has two or three different names, sometimes four, depending on whether it's synthetic or natural or what have you.

So what they've done is they'd gotten rid of that whole nonsense and said their boxes, the brand is called Nature's Marvels. All the boxes are pineal gland biorangulators.

Immune, thymus bioregulator. So they've kind of just made it really easy for people. You don't have to remember

kilo heart and Stamacort and all of these different crazy names.

Okay. Because when I was combing through all the questions, I did see a few people say that they were maybe on the hunt for bi oregulators and should they just look for quote unquote thimus gland, or is there another name for it?

You know what we can do in the show notes actually, is maybe We have a, leave it with us folks, but we have list of the different bioregulators with all the names that they have.

We can maybe create a link for people to try and download that. So let's see if we can figure something out with that Okay, and if we don't do it in the time of these show notes, we'll get that out and talk about it.

And then we will link it back on the show. But we could get to it before then. We'll try. Speaking from the producer side, I'm like, well, When is it inappropriate to use them?

I would say it's inappropriate when you're in a health crisis. If you are in health crises and you think, oh, I'm just going to throw bioregulators into this blindly and hope that it fixes it, definitely I've seen them be helpful when people are trying to address a thyroid issue or sometimes even with hormones, they can be They can be helpful as part of the picture, but if you're in a major health crisis, like you were going to the hospital or you are just incredibly ill, that's not the time to bring them in.

If there's a forest fire on, you going want to at least get it down to under control before you start thinking about bioregulators. Okay. All right. So we're going to shift over to the theme of the questions was menopause and ovarian aging.

Good questions. Yeah. The first question is, are there studies on peptides delaying menopus? I'm not sure that there's studies, but there are definitely a lot of people working on this.

And again, are we talking peptides or bioregulators? I think we're talking bi oregulator right now. So I have definitely spoken to a number of practitioners and even individuals who've used the ovarian adrenal thyroid and central nervous system bioregulators through perimenopause.

And they don't use them all the time, but kind of in cycles and have felt that it's helped to bring some balance back into their system. So there are practitioners that are working with fertility patients that swear up, down and sideways that they've been able to enhance fertility.

and also working with the men as well. So not just the woman, but there's a bioregulator for the testes. It doesn't mean that the bi oregulators by themselves are necessarily going to do all the work, that incorporated in with all of the other work that's being done in that area, it seems that they can assist.

They can really be helpful.

Menopause, ovarian aging, and fertility support

And as we're going through menopause, if we can help to bring some balance back to the ovaries, And that whole HPA system, right, the adrenals, HTA and the pituitary, all of these systems, if we can help to restore balance to them while we're doing all the other things.

I don't know that it can delay menopause, but it definitely can make the transition much easier. Yeah, they seem to be a good support friend for a lot of what we discuss.

If someone's listening to this and is trying to find one of those practitioners, are you comfortable giving a couple of examples of names or maybe we'll mention some people in the show notes?

Maybe we will mention people from the Show Notes. Let me think back on who it was I was talking to. There was definitely a few of them. just, they're very busy and they don't, you know, have a very large podcast and to start

sending a ton of people to any one doctor is like, we have to warn them first before we talk about.

Yeah, definitely. You know one of the practitioners who works a lot with bioregulators, there's a couple of them. One is Dr. Gus Vickery, who I've had on the podcast.

before. Now he's not necessarily in the fertility space, but he definitely incorporates bioregulators in his work. Another one is Dr. Grace Liu. She's the gut goddess.

So people really associate her with gut health, But she did a deep, deep dive into peptides and bi oregulator. And so she incorporates them in her practice quite a lot.

Those are two people who definitely work extensively with bi regulators. Yeah. And even if they're not taking on new patients, you can look at what they were doing in their practice.

A lot of these practitioners have so much helpful information and content on their websites nowadays that it's not just like make an appointment. You can actually kind of find out what their up to and what there interested in.

Okay. The next one is could pituitary rejuvenation affect ovarian aging? Probably indirectly to a point, but I think o varian ageing gets driven by know, it gets driven by so many different factors.

I mean, this is nowhere near my area of expertise. So I'm not sure that I can give a really full answer here, but I think that if we're working through perimenopause on supporting the ovaries, you know using the pineal gland bioregulator, the ovarian bi oregulated, and even bringing the adrenals and thyroid into the mix, because all of these things affect these hormones, right?

And the production of hormones and stress and all of these different aspects. I don't know that they're necessarily going to delay the aging of ovaries, but I think what they are going do is they will support the ovary through this transition.

Again, you'd have to have a study that measures, and there are people working on this. There was a guy that I had on the podcast a couple of years ago, his first name is Zach.

I can't remember his last name right now, but he's working heavily on delaying ovarian aging and they're looking at mitochondria in ovaries because of course your ovary are very, very dense in mitochondrion.

It's one of the densest places because it's so energy intensive making babies and stuff. I think as a matter of fact there, they were maybe using a peptide called MOTC that was helping on the ovarian side, but they we're assessing ovariant aging and they had protocols in place and maybe with even stem cells where they weren't delaying menopause.

They are extending o varian lifespan, health span, if you will. He's this great, giant Greek guy with like big hair. Very, very dynamic individual. He's a great speaker, actually.

Episode 274 for anyone who wants to go back and listen to that. The title is Reversing Menopause for Peak Health with Stem Cell Therapies and Lifestyle Habits, but I'm sure he talks a little bit about what you're Yeah.

Well, and I think it was mostly with stem cells. It may not even have been Matzi, but you know what? I introduced him to Dr. Anna Kabeca, who's the girlfriend doctor who we were talking about before the podcast.

And the two of them, I introduce them and it like, it's like this crazy magnet and that was the end of the to them for anybody else at the conference.

for the rest of the night. They were so deep in conversation because she, of course, as an OBGYN, a functional OB GYN has done a lot of work in this area as well.

And so I basically, by introducing them, lost them both. By the time I left, they were talking about collaborating and working together. It was amazing.

then the next day they're like, where were you? You're right there. I just became invisible all of a sudden. But you know, I think that's one of the coolest things about doing what I do is sometimes because you get insight into all these different people and what they do.

And then when you can bring people together who, and I literally ran over to Zach and said, you have got to meet Dr. Anna Kawecka and he was like, why?

And I'm like you'll see. And within 10 seconds, he's like oh, right. Okay. That's so cool. So for the next two questions, I mean, maybe this is maybe a question for one of them.

I don't know. Is ovarian longevity measurable? Well, it is. If you have a woman who's 58 years old and didn't go through menopause and is still cycling and still has all the vibrancy of a premenopausal woman, then you've essentially done that.

Yeah. You've found out that she's very lucky genetically. And what I'm saying is if you've done it therapeutically, then, you know, so is it measurable in that sense?

Do they have other metrics that they use? I can't really remember. Like folks, if this is something that interests you, definitely check out that episode.

I should actually reach out to Zach and see what he's up to these days. It would be nice to have him back on and because he was pretty excited about his work.

Yeah, episode two something would have been a while ago. I think it would have been 2024. Yeah. Well, the last question under that theme is any clinical outcomes in women?

And I don't know how much- Yeah, so again, I've spoken to clinicians who absolutely would say that they've been able to favorably impact fertility. using bioregulators in women as part of their protocols.

And then you've got guys like Zach, who are using stem cells directly into ovaries, and who also has affected fertility and has delayed the onset of menopause.

So the short answer is there are clinical outcomes. Are there massive clinical double blind studies showing this? It's still very anecdotal. It still is very much based on individual work by different people.

Well, let's move into our next section, which was a grab bag, because I could no longer get themes out of certain ones, but I thought they were good questions.

The first one was, how do GLP ones affect absorption of bioregulators since it slows digestion? It's a good question. So what we're talking about here are the natural bi regulators that you would take in capsules.

And so whereas, right, so the synthetic ones sometimes are delivered as an oral spray or they can be, you know, there's injectables, of course, but for the oral bioregulators, I would say, that's a great question.

I don't know anybody that has done a study on it, for sure. But I do not think it would be a material problem. because you've got a very tiny amino acid sequence that has transporters that get it from the stomach across the lumen into the bloodstream.

I mean, whether it gets there in 20 minutes, half an hour, or an hours doesn't actually make that much of a difference. Okay. So I don't think it'll affect the efficacy of the bioregulator.

It'll, because we're not taking a bi-regulator and expecting to feel something in 20 minutes. Yeah. Let's say you

were delivering insulin orally, which you wouldn't, but let's you did and you needed that insulin to kick in before you had a blood sugar event.

You wouldn' want to delay the delivery of that insulin. With a bio- regulator, it's not going to create a problem. The next question came from a few different questions from different age groups, so I just threw in all the age group.

And there may only be one answer to this, I don't know. Yeah. But, and not to say that it would be any kind of protocol, but just some, maybe your thoughts on what you do for support.

The question is, what to do support for someone in their 40s, 50s 60s 70s 80s 90s. So I think just a global question of like, what part of your life is it a good idea to maybe start some supportive bioregulators?

And I mean, for women, we kind of just talked about what party you like it might be interesting to start certain bioregulators, but I think that's the overall questions that we're getting is like people wanting to, not to solve a problem, to prevent problems in the most positive way.

Yeah. That's a really good question. So from a prevention, so we are putting the therapeutics aside, right? So the analogy that I use a lot around bi oregulator is the tire analogy.

You've got tires on your car and when you first get those tires, they've go the fuzzy little things on them, the treads are super deep, there are going to be beautiful, great shape.

And as you drive on those tires over the years, the tread will wear down, you lose the fuzzies, all the things. What the bioregulator is bringing to the table from a preventative support is it's restoring the thread on the tires.

Now, it is not restoring on tires back to when they were new, but it hopefully restoring tread on tire so that they keep going longer and still give you traction.

So, depending on your age is what might dictate how often you might tap into the bioregulator. So as a 40 year old, you don't, your tread's still pretty good.

You're still feeling great. Now you may pay attention to certain aspects, right? So if you're a woman going through menopause, that kind of stuff, You may kind highlight certain bi regulators a little bit more, but I would say in your forties, If you're in really good health and things are great, you might run the epitelon and the thymus and blood vessel, those three, the pineal gland, blood vessels and thynus.

You might do a 30-day hit of the oral ones. maybe once or twice a year, right? Now, if you had the budget and the bandwidth and wherewithal, you might run through…

So there's 21 bioregulators. There would be a couple that wouldn't apply to you because you don't have testes, so you probably wouldn' use that one. And for men, But you could say, I mean, if you had the budget and the wherewithal, you might do a 30 day round of that.

So if there's 21, let's say there is 20 divided by, If you did three at a time, that would be seven months. That would Right. So you wouldn't necessarily need to do 30 days.

You might do 10 days a month. He might you 30 of that big anti-aging stack. And then you might 10 of months of the other ones and you could cycle through all like three different, you can do three at a time.

Okay. In your fifties, definitely you'd move into the twice fiefies and sixties probably twice a year. By the time you're in your sixtys, that kind of longevity stack, You might run that three times, so go every four months.

And as you age, you might increase the frequency a little bit. But you know, the study that Cavinson did, his old people study, they were given the pineal gland and the thymus gland bioregulators.

I think they only did a couple of rounds a year for two years. They didn't use them all year long. Now he was using a much more potent form of the bioregulators than we have access to.

So he is using these animal extracts that could be injected intramuscularly. You couldn't get your hands on that right now. It was kind of like the strongest medicine form, if you will, of those bioregulators.

So I, you know, in thinking about it, and actually, this will be a question for one of the bi oregulator experts I have coming up. And these are people, one was the wife of Kevinson and who herself is a medical doctor and researcher and did a lot of this work.

And that will be, you know, in the absence of being able to access those, would we do maybe a longer cycle of the natural bioregulators instead, but still only use it twice a year?

So these are all questions that need to be answered, As we get older, you could argue that there's a use case scenario for running them a little more frequently and doing longer runs maybe than when we're younger.

And when you're young, just you just providing like a reminder. So a 10 day cycle might be enough, especially in the absence of any issues.

Bioregulator use by age and long-term cycling

Yeah. Okay. That's a good rule of thumb. Let's see. The next question is, and I don't know if people like to say it epitelon or epitalin. I dunno. Yeah, is epithelin safe long-term for longterm use?

So again, that's another good question. And one of the reasons why I think it's good a question because on the one hand, I've seen a number of practitioners talk about using epitellin every single day, all the time, without stop.

I don't think there's any use case for that. I do not think that there is any evidence that says that when Cavinson was doing all his studies, he never talked about doing that, and so I did not know.

There is no research that would give us an indication here, but I didn't know there was any need either. Think about the way that the body responds better to pulses than it does to constant stimulation.

And so, and this is my personal opinion, like Erin said at the beginning, I'm not a doctor. I am not the researcher here. But from what I know of the way the human body works, it's A, necessary and B, don't know if it is safe.

So why would you? Use it for a while and then give it a break. Step away. Let your body do its thing. Like let's the body reset. and then go back to it maybe in three or four or five or six months, depending on where you're at.

Okay. And the last question under our grab bag is who should avoid telomere peptides? Yeah. So we kind of covered that earlier. Like at the end of the day, the telomer lengthening peptide is going to be for primarily, you are going want to avoid them when you in a scenario where, You're not so sure you want promote telomear lengthen in your body.

That's generally in the situation of cancer. So I just think in those situations you just have to exercise extra caution. That's not the point right now.

When you're dealing with cancer, you are trying to reignite the immune system. You're trying manage growth that is not serving you in the body. Your trying clean out the toxins.

Do you have a lot of other work to do? You can worry about lengthening telomeres on the other side of this journey. This is no the time. Yeah. Well, since we're getting close on time, let's treat the next or the last two sections as maybe quick fire.

Okay. See how that goes. Yeah, so this is just about sourcing and access because of course we got a ton of

questions. Are bioregulators available in the U. S.?

Yes, they are. As a matter of fact, we'll have a link in the show notes. I believe Profound Health, by the time this airs, will be shipping out of the U. S.

Yay, finally. And so finally, those poor people have been working at it for so long. So we will have links and codes for you guys, and they'll be shipped to the US from the us.

There are companies that ship from outside the u.s. in, but if you can get them from within the United States, that just makes life easier and more affordable.

Yeah. Why are many sourced internationally? So to that point, just for access, I think that's where people find them. They somehow think getting them from a foreign country makes them more.

valid, I don't know, but at the end of the day, you know the raw materials are coming from one of two places. And then you have to trust the manufacturer who's putting it together for you.

Yeah. Okay. Can someone get a prescription? They're not usually prescribed. These are over the counter. As a matter of fact, the natural bioregulator is considered a nutritional supplement.

Cool. So you don t need a Are the few suppliers of bioregulators created equally, meaning do you get the same exact results? Yeah, I think this question is great and it applies to bioregulators and any other supplement.

You want to make sure that where you're getting them from is that they're not blowing smoke, that their trustworthy, they are putting in the capsule what they say they were putting and not something else, and that there measuring what's in there.

As a matter of fact, there's one supplier that we'll link to in show notes and they make some of the sprays. I had a meeting with them and they test every batch before they produce the product and after they produced the products.

And they've had to throw away entire batches because sometimes in manufacturing, things go sideways. This is why I typically promote certain manufacturers over other or sources over others because I've just spoken to them, I have gotten to know them.

I trust them so I pass that on. But that doesn't mean there's not other good ones. It's just that's where those are the people that I've gotten to know myself.

All right. And then if you can believe it, there are some people who were asking about peptides or bioregulators they may have seen on Amazon. So I just made a section for this so we can make it our recommendation.

Yeah. I think in general, Amazon is not a great place to get any supplements or anything you're putting into your body. I think we've all had the experience of ordering a product on Amazon and what lands on our doorstep is just, this is not even like supplements, just like a dish or a household article.

And what you get, the lines on your door step is this weird thing with a lot of writing from a foreign country on it that was substandard, that happens with supplements too.

And there's very little control over, and there has been a written about this, there is very control whether you're getting the legitimate product or a knockoff.

So for that reason, as far as I'm concerned, when it comes to peptides and bioregulators, just don't. Early on, I remember getting a supplement that the packaging looked very similar, but it wasn't the same.

It's a it's supplement I'd been always getting. I just didn't have time to buy it from the company. Oh, i found it on Amazon. And it came to my door and I was like, Could this have faded or why does that label look just a little

different this time and it's never looked like that?

So I think it made me a bit nervous. I'm like, should I take this? I don't know if I believe what's in it. So certainly it is a risk. Don't pitch your supplement on Amazon.

Personally, I just wouldn't. It's not. You know, like, listen, and you know that there's people will say, oh, well, that's because you don't have an affiliate link.

I'm like I could have a affiliate from Amazon, I choose not to. Yeah. And I just won't do that. Well, there are things like if it's a cost thing, things are like full script and other kinds of places that have wonderful supplements from the source where you can get a good deal on it.

Yeah, absolutely. So let's just wrap up really quickly and then we'll do our call to action for the audience. What do you have to say about emerging science and bioregulators?

I think you kind of already alluded to some exciting episodes we have coming up, so. Yeah, I think there's, you know, it's interesting. The guest that I have come on just sent me a text, an email this morning.

She's in Italy at a university where they're studying the interaction between bioregulators and stem cells, for example. Cool. So they're being studied.

We don't always hear about everything, but there's a lot of interest in these compounds because they've been shown to move the needle.

Sourcing, safety, and emerging science

The problem is that unless, and I don' think I would wish this, unless a drug company with big deep pockets took on a formal study that cost bajillions of dollars, right now what we have is the the evidence that we're getting from clinicians that are working with them in practice.

And that's not, yes, it's a double blind controlled placebo controlled study, but you start putting enough of these anecdotes together from the clinicians who are measuring um, the effects in their patients and you start to be able to paint a picture of what we can expect.

So the science is emerging and I'm always looking for those people and having them on the podcast so that we share as much of that information out as possible.

Yeah. Awesome. And then what do you say to people about individualization when it comes to bioregulators? It's like anything else. Yeah. You know, it's what are your goals?

What are you working on? what Are the issues that you're dealing with? Whether it's bioregulators, a supplement, medication, new lifestyle practice, it always needs to be overlaid over your foundation so that you're going to get the best results and you are not wasting your money.

and working with qualified people, as you've said many times throughout this episode. That's so, so important. So all we have left to talk about for the end of this is just to look out in the show notes for Nat's trusted brands.

And that's not to say those are the only brands, but those were the ones that she's noted their third party testing and just how well their product is resourced.

something you can look for in the show notes. And then did you want to share anything about your growing peptide community? Yeah. I mean, it's more than a peptid community.

This community obviously is an outgrowth of the big, giant Facebook group that I had that people still message me about. What happened to the Facebook Group?

I'm like, Facebook took it away is what happened So, I started a membership community on a platform called Circle. And it's a great community. It's populated by really enthusiastic people and a lot of practitioners.

I hold office hours most weeks. We do experiments. In the next weeks, people are going to get to join and get special pricing on a me screen testing, deuterium level testing and then get access to special pricing on light water, which is this deutereum depleted water.

And then they're going to do post after three months, they are going retest their mitochondrial function. So we do kind of fun stuff like that. People want information about that, that link will be in the show notes.

That's the membership community. Then also we have a newsletter. If people aren't quite ready to join the community, you can sign up for the newsletter, we'd love to have you.

Yeah. And then I got a couple of questions in the YouTube comment section about the book you mentioned last time. So I just put that here if you want to name that again.

Yeah, so that was the peptide bioregulator revolution. It was this little primer that you can get off the Profound Health website and also there's peptides in epigenetic control of aging.

It's very small, but it's a very technical book and it actually is really interesting. So if you're either a practitioner or you are one of those people that just loves to geek out on the science, that's really cool one as well.

Do we want to mention anything about how meta is? responding to the conversation around peptides and possibly bioregulators next. So, yeah, less so on bi regulators.

I just came through a weekend of Instagram jail because there was a post that we had put up maybe a year ago that the algorithm detected and decided was offside.

The environment for sharing on social media is evolving very, very fast. It's getting really tricky out there. Sometimes I find the problem is you've got an algorithm making decisions, so it's picking up on words and it is not picking on context.

So you get people getting away with injecting themselves on Instagram talking about how this protocol is what got me to here and you can do this too, which should be banned.

right? To people, whether it's me or other, there's a couple of other doctors I know who've really suffered at the hands of the algorithm because it seems like once it puts its eye on you, you're cooked.

You can't do anything right. And they've lost their accounts. It's been really hard on people. Even when it is education driven and there is some level of disclaimer, they still seem to kind of wipe that out.

So if you're someone who enjoys getting any kind peptide content from that, I feel like the peptides community or the newsletter is the way to go because just, yeah, once you are on their turf.

Actually, the last thing I wanted to mention is we forgot to talk about this, is that I'm hosting a bioregulator and peptid summit in August. Okay. So if you guys are not on my newsletter list, get on there because that's where I'll announce it first.

And it'll be, you know, like all these online summits, it is free if watch it in real time. Yeah. Then of course you're always given the opportunity to buy the recordings.

If you don't get to watch as much as you want, there's no obligation to by anything. But I think that I, I'm excited about that one because in the past I was involved in one last fall and I didn't have full control over the guest list.

This one, I have full control over the guest list. So I can promise you guys, you'll be hearing from people that you

may not have heard so much from before in the past.

We'll have some new blood in there. Awesome. And that's for anybody to attend it. You don't have to be a practitioner. It's an online. Yeah, it's online Okay.

Well, I think that it for today and that are probably our last follow up solo unless you guys can think up, you know, 20 to 30 more questions I can sum up.

We'll probably, yeah, they probably can. Yeah. We'll close the conversation from the follow-up from Dr. Bill Lawrence. However, we will, of course, probably have him on the podcast again someday.

And there's some really exciting bioregulator episodes coming up very soon. So keep an eye out for those. Thank you, Erin. Always a pleasure.