Introduction and Guest Background

All right, this is Doctor Kemp. Whole tour for another episode of the Peptide Summit. Today we are graced with the presence of Natalie and Needham. Really remarkable person.

And she has a huge internet, Facebook following. And she's gonna be talking about peptides for biohackers and really talking about real life experiences.

And, and our knowledge base is huge. She has a podcast, but, I'll give you a bio. But, Natalie, thanks so much for being on. Thank you so much for having me.

I'm honored to be here. It's a pleasure. It's great to meet you. I've heard so much about you, so I'm gonna believe it. And so. No, the same here. And you're just doing great work.

And a knowledge base is huge. And, just your experience and hearing back from real people, you know, is is great. So a little bit about Natalie, an amazing super woman.

She's a self-proclaimed, science geek, with a passion for human health. She's certified holistic nutritionist, appearing on Academy of, epigenetic and epigenetic coach.

And we've had a number of people from appearing on, on and as a member of the first graduating class of Bulletproof Training Institute. And her team, she fought with ongoing health and digestive issues, as she learned many years later, to tap into her body's own healing and repair mechanisms, and now want to share her knowledge to help others and take control of their health.

And her unique method blends an array of human performance fields like neuroscience, personalized nutrition, nutraceuticals, biohacking, peptide therapies, ancestral health, and, resilience training.

She works with the International roster of clients, one on one, guiding each work tapping their own unique genetic code to personalized supplements, nutrition and lifestyle in order to deliver results that lasts for a lifetime, which is really key is bringing all all together.

And very few people, which are very few doctors are able to do that. She's host of the Biohacking Superhuman Performance podcast, which, I suggest you, check out.

And she runs a large and growing, health optimization community on Facebook, and she gets like, 50 requests to join our Facebook a day, so, oh, my God, I did.

Wow. Facebook. Facebook took care of that. So, then they this whole censorship, they kind of knocked her down for a while. And, man, I wonder if the Kardashians get that many requests.

Well, I I'm sure they do. I think they get more and I, I just, I, I just changed the name of the group and everything got better, so. Yeah. So, that whole.

It's driving me crazy with the censorship. I think the word biohacking now is, is for the, for the bone. And so it was called optimize a Human Performance.

Chips in Toronto, in Toronto and Canada, as I don't know who's getting worse, us or Toronto with all this stuff. Contest. Right. But with there has been and many labradoodle call.

So, thank you so much for being on. I'm very excited, for this this interview because I, you know, you've been out

there and the trenches and hearing back from people and what works, what doesn't, what their complaints are, you know, and, and how everything works and, and other things that work with peptides, you know, it's not just take a peptide and you know, and live forever type thing.

But yeah. So how how did you start all this? Well, what to tell me about how, it all began. So, you know, it's, I mean, I guess how it all began was I growing up as a kid, I always wanted to be a doctor, and, So I went to college.

I studied human physiology, and, you know, it's funny, I think I had some health issues at the time. That kind of threw me off course a little bit. And I spent most of my career as a salesperson in the advertising world as an adult.

But I was always kind of I was always a fitness instructor. I always had a hand in health somehow. And, until one day I woke up, I was like, you know what?

Nobody's paying me enough to do this. I miss, I missed science, I missed the whole, you know, I, I was always fascinated by the human body. Like this miracle, that machine that we all own, like even the most broken body.

When you think about it, it's like there's so much going on in there every minute of every hour of every, every second, right? Like all these processes.

Anyway, so I went back to school. I became a holistic nutritionist, and then I became and then, you know, you become a nutritionist and you're like, awesome.

Now I know everything I need to know. Of course, nothing could be further from the truth. You really start learning the minute you leave school. Then I became a bulletproof coach.

Then I really got fascinated by epigenetics. And then I went to a conference and I heard about peptides. And as they say, the rest is history. Yeah. And I was I find the stand or whatever degree doesn't make that much, but it's what you learn after.

And I think that's the problem with so many physicians. I mean, they're still practicing what they learned in medical school residency. And it's it there's so much to know.

And the more you know, the more you know, you don't know. And we found like we sent a patient back like better that let's say doctors treat for ten years and they go back to we think they're going to be happy.

They're usually mad. And the less a doctor knows, the more adamant they're right that whatever you're doing is just crazy, you know, because you know, they've made up their mind.

Don't confuse it with the facts, you know? But, yeah, I mean, so it's continually learning and I think it's also key to happiness, you know, having a passion.

Yeah. I think makes a big difference. And the fact that is helping so many people because we need more people like you, because, you know, you got the doctors and, you know, we're usually very geeky and we can't talk to patients very well and explain anything for you actually.

And I, I take it as a comment, people go, you don't seem like a doctor to me. I'm like, thank you. You know, I'll take it. Especially in my younger days, a little crazy.

But, yeah. No, I think that's great. And so I how did peptides, when did those come into your world? So they came in a, you know, a few years ago now, I went to a conference.

I sat in on a talk. And, you know, when you go to conferences, I don't know about you, but and especially like some of the conferences I go to, like some of them, the ones I go to, I don't leave the conference room.

I sit there and eat up the whole thing. And then there's the other conferences where you basically spend your whole

time in the exhibition hall because you're, you know, especially some of these biohacking ones because there's all the cool stuff is out there, right?

You want to know what's new? And there's this one conference, and I think I went to four talks, and the one talk I went to was on peptides. And I literally sat there.

I think my mouth was on like my jaw was on the floor. I was like, get, like, how is this possible that this exists? And I've never heard of it. And at the time, I still believed that I had shiny object syndrome, and I was like, no, no, no, no, I don't need another thing, you know, I don't need another cause I, I, my husband keeps saying you, you know, everything you need to know that you don't need anything else.

And I have now redefined my shiny object syndrome as a as the fact that I'm just a lifelong learner. I just need new stuff all the time. Anyway. And I came home and I came and you know what it was?

I think I heard a podcast and it may have been a podcast, which I've also had the owner of Kent Lab, who I think, you know, and I was like, all right.

That answered, the summit. So we'll go. Yeah. And he's in Quebec. I'm in Ontario, he's French, I speak French. I thought, I'm just going to call this guy up and pick his brain.

And there was no turning back after that. After that, I just he loves to talk, so that's good. Yeah. He's the best. So. So we started talking and, and then I met a guy here who is a bit of a cowboy.

He put me on this crazy peptide protocol that was. That worked really well for about a month until my immune system decided it wasn't having certain peptides.

And, you know, it's interesting because that experience has really shaped the way that I guide people when I help them with peptides. Because one thing I've learned about peptides is you can't assume that the body is necessarily ready to receive.

I mean, there's certain peptides you get a lot more latitude with.

How Natalie Got Into Peptides

But many cases, particularly when people are very unbalanced. You I mean, I don't know what you found, but I personally and maybe because I'm not a doctor, I'm I'm a little more cautious.

I like to give myself a little bit of time to kind of level out the playing field, as it were, like, give them the time to level up the playing field from an immune system perspective.

Before we start to introduce the the other working peptides, as it were. Yeah. And I think what you found is actually very true and even myself. So when I was we talked a little bit off air is when I was sick, I was reacting to almost every peptide and, you know, big red marks and because I was just so much of the 817 allergic, you know, response was just ready to go.

Then as I got better, I'm like, okay, I can take that peptide, you know? And so we find that in some are more prone to it like CDC off of Maryland. Okay.

Yeah, that's the one. I get the calls from people in the car going, oh, holy crap, what's going on? Why am I so itchy? Right? Yeah. And the nice thing is, sometimes it goes away and, you know, and like, where I found a lot of minded, but, I feel like full estate, and I still want to take that, you know, forward, lean muscle.

And so, which is a it's expensive and hard to find, but, I still can't do that one. But I was at one time, another, you know, allergic or, reacted to most everything.

But then as I got better then, then I wasn't. So I, I think that's very true. And it sounds like you kind of. Did you start with the immune peptides? Yeah.

So, my tendency is to start with a thymus, an alpha one, just because. And you know, it's, it's and I'm, you know, and I, you learn a lot also from the people that you interview.

Right. So learning about thymus and Alpha one, how it's even anti-inflammatory. And even with people who don't seem to have inflammation, I think we all do.

Oh yeah. We all have a degree of inflammation. And you know, I'll use things like molecular hydrogen I think are amazing for like it just to balance things out just for oxidative stress.

And it's not over anti-inflammatory or antioxidant, but it just seems to be like almost adaptogenic. And so you have these tools like the thymus and alpha ones and the molecular hydrogens that are balancing effects.

They're not boosting or suppressing anything. They're just allowing you to create a foundation to build from. And, you know, and then it's not even just compounds.

It's, you know, one of the things I find in the group that I run and I can I swear, they must sit there going like, she's only got like, like this woman sounds like a broken record, but but I keep telling them, like, until you're sleeping, until we've we've met, we've helped you improve your diet until ideally.

And I don't care what you do. Like, I'm fully agnostic when it comes to diet. I don't care if you're keto or carnivore or paleo or whatever. I mean, I'm not as friendly to vegan, but whatever.

I mean, I don't care what it is, but until you found you found that diet that works for your body and where you are today, and you're sleeping and you're managing your stress and you've dealt with like major problems putting peptides into a body that's in an inflamed, crazy state.

With a few exceptions, it's a little bit like sending a contractor into a burning house to fix your kitchen. It's not going to happen. Oh, I like that.

Yeah. Oh, I get oh, so much crap from the doctor. Why? I because I'm do as I say, not as I do. And, you know, Skittles for breakfast. Starburst. You know, I just, I exercise religiously.

I, I don't care, rain or shine, every four months for eight minutes, I don't care. There's nothing to get in my way. So I'm like, so I'm very lenient.

I don't want to be a hypocrite. Don't talk much about exercise or diet, but, it really does make sense. And it makes a big difference. Yeah. No, I think it does.

And I think and frankly, I and for me, because of what I do and my background, I'm not I'm, I and you know, and truthfully for, for me to even take on a client, it's it's a mutual interview.

Right. It's true. Like you are we a good fit for about the client and they care about themselves. And I used to write I used to lay awake, kill you or kill you and not.

Right. And somebody once said to me, finally, I had a friend who said to me, not if you're working harder than your client, there's a problem. Or, you probably get this a lot too.

So like at whatever cocktail bar some people call them like, oh, my God, I'm so sick. I got this and this and this. And I'm like, well, you know, I want to this, this, this.

And when my doctor said, I don't have that, I'm like, okay, well how's that working for you? You know, it's like, why are you asking me? And you know, they're not going to you.

I used to give people lab slips and all this, and they would almost never do it. You know? Well, and you're also working. You're not doing anybody a favor including yourself, because you're you're not getting the full picture from them.

You're they're not getting the full picture from you. And, and, you know, and we were talking about this earlier, I mean, I'm, I'm, I'm, I'm a little bit kidding.

Like, you know, peptides like thymus and alpha one BPC 157. Like there are certain peptides that you can use before you've done a lot of the hard work because it helps people to feel better sometimes.

And if we can get someone feeling better, they have a bit more energy. They're better able to take on the work of, you know, fixing their diet and and their lifestyle and that kind of stuff.

So it definitely like with it to a certain point, there's there's, there's a point where you can bring the peptides in just to help give someone a bit of a lift so they can do the harder work.

But because you fit, you know, a lot of people are working their butt off and trying to lose weight. Well, nothing works like, oh, screw it, forget it.

But, you know, with the immune modulation, you just look at, you know, as you get older and your thymus in invalids, and that's when you start getting all the, you know, chronic illness because it modulate your immune system, you know, low T1, t rag and high t to t 817.

So increase our immunity, degenerative diseases, inflammation. So just doing that, even the CDC says that, 80% of the people over 50 years old have at least one chronic illness due to the evolution of the famous.

So it's like, why not give people thymic peptides, you know, thymus and alpha one that was in beta for, you know, yeah, I mean, right in the water, you would think they would put thymus and Alpha one in the water at this point.

Yeah, yeah. And and, and just so. Yeah. So thymus not the one that's approved in like 30 countries for everything from cancer, chronic infections and, and it's a very good, one booster, which is that good immunity that as you get older or you're sick or have that that starts drop, especially chronic infection.

And then kind of simple way to think about it. So TH1 boost this thymus and beta four it's the most prevalent in the body. It kind of does both more of a balancing.

And then like BPC 157 it's not a tonic peptide but kind of lowers that too. Now there's stimulants which I like a lot is probably the most anti-inflammatory.

Yeah. And then we have the tb4 frag, which is TB for just for amino acids, which has basically the majority of the immune modulating and healing. And it's about ten times as potent as TB for a full, chain based on, on weight.

And it's orally, totally orally available. But, that's really interesting because thymus in beta for, you know, it has those seven frags, right? And there's a bunch of friends and they all do different things.

And one part stimulates mast cells which you don't want. Now if you give TB for like normally it's great for mast cells for most people because it's moderate immune system and all the mast cell guys, the mast cell gurus, I mean all the mast cell masterminds, they keep their stuck on direct mast cell inhibition.

I'm like, look upstream, look upstream, you know, and and and modulate. You get such a better response. But for some people that one segment actually can override the other so that the tb4 frag takes that out.

Now there's another segment that grows hair, okay. And the fragment that we have does not because it doesn't contain that. But we also have a tb4 hair frag coming up.

You know. So all of that exciting.

Immune Support and Starting Peptides Carefully

And then there's the one for musculoskeletal healing. That's very powerful right. Yeah. And so the fragment that we have has the, the, the healing and the immune modulatory effects.

I need to try that. Yeah. It's more, anti fibrotic actually. Yeah. Than, than than the full length. But it's hard to compare it to because it's, you know, if you go by weight, it's like ten times as potent.

So, you don't need as much. Right. The key before itself is what, 43 amino acids like. It's a pretty big patch. So it keeps the price way down to you know.

Yeah. Amazing. Cool. Yeah. So we have it coming out for pets two. So I do it for their pets before they play it for themselves. It's so good. Let's give it a rover.

See how he does. Oh yeah. Your goldendoodle is down there laying next year. Now she's locked out. Oh, okay. Yeah. So what do you see in particular type of patient or or what's the your bailiwick or you're really.

No. My my client because I don't call them patients. Not being a medical doctor, I don't I don't use the p word ever. But so in my, in my world, I'm really working with people mostly who are looking to optimize their, their performance.

Like they want to find that edge they want to be. I don't typically work with people who have serious illness going on at that level. I'm referring them out to other to other practitioners to get themselves to an even keel.

But bottom line, anybody that comes to you, you're dealing with digestive. I. I'll deal with people with digestive issues, musculoskeletal issues, sleep issues.

What else? Like, you know, like basic, like, immune stuff going on, like, so none of the very serious things. But basically what I'm doing is I'm taking them.

You know, if their baseline is here and they're down here, we're getting them back to baseline. And then from there, the fun begins. We start, we start to move, move up the ladder to, to the best cells.

And really a lot of people are coming to me. Also, I don't love the term anti-aging. I will use help. I gotta know what to see. But bottom line is, you know what?

What we all want, whether we can articulate, whether we articulate it or not, we want to be kicking ass until the day we're not right. Just don't. I just never.

And I just had this conversation with someone. Like, the last thing any of us want is to be, you know, in incapable and dependent for the last x number of years of our lives.

So, yeah, a nursing home with Alzheimer's and yeah, forget it. You know, I think a lot of it we can influence, if not 100%. Like, of course, there's things we don't know and things and it's it's decades, right.

The time we get started. I have 50 odd years behind me of whatever I've done. Well, not because I, for at least the last 15 I've been in virtually perfect kidding. I'm right.

But we can. We can do so much to turn back the clock on this stuff. Oh, I think it's totally true. And we just see it with Alzheimer's patients. Parkinson's patients.

You know, we get ALS patients coming in. They they're jogging, right. And and you send them back to the neurologist like they're diagnosed with three different neurologists and they go, oh my son.

This diagnosis, like, do you ever say, oh wow. What did you do. You know. Yeah. And it's it's interesting. And, we have the ability and my I'm surprised that people's unwillingness, let's say they have Alzheimer's or Parkinson's or ALS, like, no, no, I'm fine.

My doctor says I can't do anything. And well, they they put their faith in their doctors. I have a friend who died of ALS last year. And I talked to him about peptide.

Not that I would have run the protocol because that's, you know, that's above my pay grade. But I know people who work with ALS, patients with peptides and, yeah.

He said, well, my doctor's so smart. He's like the top expert in his field. I'm going to talk to him about it. And I'm like that. His doctor had him in a clinical trial for a drug that we knew didn't work.

Yeah. Or we had a person who said, no, I want to wait till this one particular clinical trial comes out. We're offering them exosome and, you know, peptides.

And the clinical trial was on exosomes. And we're like you can get those now. You know. But I think it's it's about making a decision. They're so scared to make the wrong decision.

They make no decision and just go. My doctor says you know, well they put their trust in someone, right? And and they do the best they can, you know, they do the best they can.

And it's not like we don't have nobody has a cure and a guaranteed treatment. But I think that I mean, for me and it's such a personal decision. But I know for me, if I had an illness, that was that definitively, degenerative and terminal.

There'd be no stone I would leave unturned. I, I, I'm not biohacker person. Right. I'm not. I'm. And what does biohacker mean? Like, to me, a biohacker is someone who is so open to what are all the things I could be doing, and and I will pull from all the disciplines, you know, like to be, as we were talking about earlier, like conventional medicine has its place.

Like, I mean, we're we're very lucky to live when we and where we live. Like, I had a preemie at 28 weeks like neither of us would be here today if it wasn't for convention. I was born at six months.

Yeah, I was supposed to be retarded or not live. So yeah. Him too. Yeah. Like meanwhile, look at you and he's Mr. Rockstar over there. I've been called the, the the politically incorrect R-word. So.

Okay. Well, anyway, so, so yeah, I think that it's, there's so much, there's so much more available to people now, but it takes, it takes it takes a person with the right open mind.

And also coming across someone like you, like a practitioner who has the experience and is willing to walk that road with them because that's what we're doing with.

And that's what I do with my clients. That's what you're doing with your patients. We're we're accompanying them on a journey and, and or another weird response to me is have a terminal illness.

You know, they were given a death sentence by their doctor. And then you tell them, here's some things, and here's you can talk to these people who went to treatment, you know, that or whatever.

And like, well, no, it's not covered by insurance. Like I'm like, okay. I mean, I remember when I had horrible Lyme and but I mean, just hit by a freight train just felt so bad.

It doesn't matter which one you have. It's like you can't do anything. So I'm pretty much an atheist, but I said, you know, God, I know it's a woman because she hates me.

But, and I said, just take everything. Take everything. Just give me better. Yeah. She held up version of the bargain. I got divorced with someone who hired Gloria Allred, and I was left with less than nothing.

So. And I want a better. So you're better. And you can make more. That's the quote. Okay? It doesn't matter. It's when you have when you're when you're sick, it's like it it's worthless.

Yeah, yeah. But you know, people can only do what they can where they're at kind of we, we have to meet people where they're at and how that's very true.

And, you know, I'm very A. D. D. and want things fast. And do you know, tons of things at the same time? A lot of people that's not their style, you know, or I'm like, come on, you know, but you.

Yeah, along with it, you know what I mean? You don't want 20 things, you know, respect and zen. Yes. Yeah. No. It's true. And, so yeah. How do often or do peptides fit in your picture for your patients?

Look, it depends on the client and it depends on, I mean, to our to our discussion. It depends on their goals and where and where they're at. But I would say that I will introduce peptides at any given point, depending on what their journey is like.

If I'm dealing with digestive issues, I'm going to offer peptides up. You know, they're just there. Two there are two powerful not to give some favorite combinations or.

Yeah, I mean I would say for I mean for basic stuff, I mean BPC 157 and CP v are those these two peptides that kind of seem to like CP just puts out the fire, if you will.

Gut, Recovery, and Musculoskeletal Uses

So then BPC can come in and do its things. And I those are probably my favorites, but I will always use the thymus and alpha one at some point in there.

When it comes to things like muscular musculoskeletal healing, which a lot of people are dealing with, whether it's from their workouts or sauna or even with arthritis.

Again, the BPC 157 like that triad, the BPC 157, the thymus in beta for the CJC up in Maryland like that, that little family, that repair stack, I think we call it people call it the Wolverine and work great just right.

And and you put someone on BBC 157, thymus invader four. You throw in a little bit of that and whether you're dealing with you're trying to help them with an elbow or their gut or anything else.

You know that three weeks later they're coming back to you and they go, you know, oh yeah, my stomach's feeling better. But, you know, I've had this back problem for the longest time, and it doesn't happen anymore.

Is that even possible? You're like, yeah, I didn't want to say anything, but yeah, yeah. That's possible. No. It's interesting. So yeah, we'll give like, you know, it was 157.

Like it's funny, we were at a conference on this ahead of the conference was just yelling at my girlfriend not to do something or whatever. And then so she was limping. Here takes some of these. Yeah.

So what is it? Just, you know, and then she goes back the next day. She's not limping. He's just. Thank you so much. Oh, you can do whatever you want. You know it's.

Yeah. Yeah. Kind of funny. So it's people that don't even believe in it, you know. So my husband, who is a bit of a suffering husband, like he kind of deals with my craziness and all the, you know, I've got a mouth taping right now.

He literally is sitting there going, oh my God, like, I can't believe you're doing this to me. But he doesn't believe in

any of this stuff. But he is an athlete, so he sweat.

He's, he swims with a masters club. He plays hockey. And he had he had this knee injury. And finally he now couldn't push off the wall properly. And when he was doing a slip turns in the pool and he said, okay, I'll try that stuff.

And so I was like, okay, are you sure? And he was like, yeah, just, just give it to me at all. I used with him was BPC one, five seven. That's all I did.

And three days later, three days after we started. And this is like, it's actually still shocking to me. But, you know, I hit him kind of with a higher dose.

And so three days, then he goes for a swim. He comes back that night. And I'm not asking. I'm not asking. And he's like, you know, I'm not sure. But I think that maybe my knee felt a little better in the water today.

I'm like, oh yeah, that's interesting. But you know, let's wait a little longer. Yeah, yeah, yeah. This morning he went to play hockey and he came home and he was like, Holy crap, not my knee doesn't hurt.

Like I haven't been able to push off like that in forever. I'm like, yeah, I know. But I was even surprised at how fast he responded. So not everybody's going to respond that quickly.

But he to me is the acid test for all this stuff because he doesn't expect anything. There's certainly no placebo effect like nocebo of anything where he had not to work, or for sleep.

But what do you like to do for sleep? So for sleep, you know, I again, like people ask for sleep all the time. I would say that CJC in Maryland, if people can tolerate it is a really nice thing.

But the truth of it and Dr. Sippy again, it's it's a very complicated peptide. It's not straight up a piddle on another one because it helps to reset circadian rhythm.

But the but this is the bottom line for sleep. If people aren't doing the work behind sleep, if they're not paying attention to their sleep hygiene, if they're not wearing the blue blockers before bed, getting off the screens, doing stop eating a couple hours before you go to bed for the love of God.

Like, just stop putting things in your mouth. Yeah, I think the blue poll thing. Wi-Fi at night. Yeah, like any of that stuff. So. Or, you know, I mean, I love I've got this thing called a perfect sleep pad on my bed that cools my mattress.

Like, that was magic for me when I got that thing. So I find with sleep and peptides, it's very hit and miss because fundamentally, if they're if we're not taking care of the house here, I don't I don't know the peptides do that match.

Yeah. Sleep is but I love the combination of delta sleep inducing peptide. Yeah. Uptown and either CDC up a Maryland growth hormone, EOD. And it can be magic for some people.

Yeah, but it's not a sleep man when you take it in your sleep takes a couple weeks. And then really, if you're look at the Italian, actually Cfpb, the Delta sleep, they're reducing inflammation in the hypothalamus.

And and that's where it's like with inflammation hypothalamus like with the Lyme patient and stuff. It just you can't shut anything down. Right. And the what's the emfs what they find like these.

Put a phone in the middle of rats for nine days. They get lesions in the hippocampus, you know, in their brain, and it just activates the heck out of it so they can never get to sleep.

And that combination is can be a godsend, I think. Yeah. Well, just getting people to turn their phones off at night is a thing, right? Oh, yeah. And get that away.

Put it on airplane mode. Get it away. Blue blockers. And then turning off the Wi-Fi. I've had people that don't even believe I said just try it. So I came back and guys, you know, I didn't believe it.

And then I forgot to do it. One night I didn't sleep. I'm like, oh my God, you know, but I think very much, yeah, I do think some people are more sensitive to Wi-Fi than others.

I don't very much. It doesn't. But definitely, I mean, look, but but but again, with the sleep, people have to be willing to, to go at it because it's, it's multifactorial.

You that is one thing. You cannot throw a peptide at it and think it's going to work. Yeah. And you know, you could get lucky. But yet I find because I'll stay up two days to finish a project or whatever.

I've been I have a whole life of line my whole life. And I didn't sleep anyways. And what I found really helps. From where you just get that brain mush, where you can't do anything and you're just, like, irritable is, basically the trigger, Bryson.

Which kick anybody with cerebral part, five amino one MQ. Defects. See length. See, like the brain peptides, and the mitochondrial peptides Motsi could not see.

Yeah. They keep your brain working where otherwise they're mush. You know I'm and I know it's like though when I don't sleep for two days, it's kind of like.

Okay, I know I'm, I feel like I'm aging, you know, but at least I can keep my brain because everyone's yelling at me going at this, you know, it's the month late, you know, like, supposed to be on a talk and last night text.

You ready to go on? I'm like, what do you mean, that's what now? Yeah. So, I mean, but I learned that I can do that. Not saying it's a good thing to do, but, it it it really helps.

But like, an NMDA sip in some ways mitigates the effects of lack of sleep, right? Oh, it does. I mean, it lowers that information, you know, so much information.

And then it will also, reduce insulin resistance. So, all those reduce hypothalamic inflammation, which is the cause of so many problems. Insulin resistance, you know, chronic pain.

Yeah. You know, insomnia. We did a review article is function and kind of fix it and via manager and we found that they're very similar. The only difference in fibromyalgia and chronic fatigue syndrome really the same illness.

But the fibromyalgia patients had more inflammation of the hypothalamus, whereas the chronic fatigue syndrome patient had more inflammation. The pituitary, which makes that pain centers their.

Yeah. But they all had little hormones, low thyroid even though they're on low growth hormone. Right. Which was quite crazy morale and would be so magical for these guys.

Just I mean assuming they'll it'll respond to the stimulus. Right, right. And that's and that's the thing. So you know, some people it doesn't. But then you give the other stuff and now the subject more on them works.

Yeah. Yeah yeah. Nice. Yeah. Cool. So and so it's a big thing is gut and and musculoskeletal. Like do you treat the neurodegenerative diseases things like that.

Not typically. No. I mean I will I'll support them. But that's not my that's not my zone of genius particularly. So I will work with a practitioner on that stuff because there's so much of the lifestyle and the diet and the, and there's so much of the other stuff has to be taken care of.

Like I did work with the Parkinson's patient years ago, but that was before I even knew about peptides. But even then, just with molecular hydrogen, it's amazing what we were able to do, right?

Yeah. Well, what has been your feedback on that? Molecular hydrogen. Yeah, I've got to tell you. Like I'm pretty amazed at that stuff. Like I had a guy last year.

I had two clients last year that had really bad arthritis in their feet and which was weird. Like I'd never had people with bad arthritis in their feet.

Well, actually, I had three, three people with arthritis in their foot or their ankle. And the first two I started with molecular hydrogen, and both of them experienced an incredible reduction in pain.

One of them was willing to do the BPC 157, and he just about fell over and he was using your product. He was using the integrated, the oral. He wouldn't do he wouldn't touch a needle.

So we had him do the oral and I mean, it fixed his, got it fixed so many things right. And then the third one, her, she came to me out of my group and she was looking for peptides.

So we did molecular hydrogen BPC, thymus and beta for CJC up in Maryland. And you know what? I didn't hear from her for about a month. And then I get an email from her and I was like, oh no.

Yeah. You don't know. Is it good or bad. Yeah. And she, she was a new person. She's like a nice she was like, I feel 20 years younger. I haven't had energy like this. And I'm.

And she was gushing, right. I'm sleeping and I, I forget that my foot even has arthritis. Like, I can walk like she was. And I was sitting there going, yeah, I know, but I didn't.

I mean, you know, that's the you heard someone say, yeah, yeah, I know, but you're, but even then, you know, like and so I find with molecular hydrogen is one of those products I feel is supportive with the peptides.

It just helps the peptide. It's kind of the ultimate antioxidant. Right? I mean but it's an adaptogen right. So it doesn't overdo it. It doesn't it just kind of it's as a signaling molecule.

It just seems to flip the right switches. And is there a particular brand you like? So I, I support Alex Nava, who's the drink guy, because I love the work that he does, and he's the one that came.

He's the one that came up with the formula for the tablets that dissolve in water. Oh yeah, I haven't tried. I use more colas, but yeah, they're all the same.

They're all coming out of the same factory, the same thing, same.

Sleep, Brain Support, and Inflammation

And they're all basically the only thing is that Alex has, he's developed a tablet that you drop into bath water so you can soak and you can absorb the transdermal, and that's a really cool product for people who have any kind of skin ailments or arthritis, that kind of stuff.

And then the other thing that I use is, but this is for people who are willing to invest in hardware, as it were, is, I interviewed on my podcast, George Wiseman, who developed the Aqua Cure machine, which is the Brown's Gas Machine, which is kind of like molecular hydrogen, only different.

And that thing produces crazy results for people. Wow. I'm. I have to check that out. Yeah, it's these electron donor. It's like, it's when you put the anode and the cathode in the water to make molecular hydrogen.

If you don't have a membrane between them, it creates this fourth phase of water, that which is not the fourth phase of water that pull it talks about.

This is a different one. And it's almost he describes it almost as a gel. And it's this electron charge like this, this, this

charge the water. And so you can inhale the gas, you can drink the water, you can use it topically.

It's I've seen some pretty cool stuff happen with that stuff, but it's more of a commitment. Do you like ozone? I love ozone, I don't I'm I have a little ozone generator that I'm supposed to put in my sauna, only it's stuck in Florida where I have not been able to get to ever since.

Yeah, even. You know, the thing is like rectal ozone. Yeah. Or ozone water. Well, I know it's kind of the opposite of the spectrum hydrogen, but it kind of ends up doing the same thing.

So they all balance out, right? So I mean, I don't typically use a lot of ozone in my practice. I found that the molecular hydrogen, it's just been with the peptides a lot easier to. Yeah.

And people are more accepting of it. It's easier for them to to use it. Yeah I'll totally agree. You probably get a lot of weight loss issues and and yeah increased performance.

What are some of your go to things. Yeah. So on the weight loss front it really depends again on and I know that, you know a lot of people will use the modest C.

They'll use the five amino when I'm Q stuff like that. I will sometimes also call in things like set tide, which is a derivative of your of Milana, tend to more for people who have.

And it's really about what are the what are the levers we need to push. Right. And what do you get increase in melanocytes with that? Very little. I mean, and it's equals 141.

Yeah. You got to watch out. You do. But I think it's more when you live in a sunny climate, when you live in Canada like me. Unless it's if it's the summertime, like last summer, I, I did a run of setting a line of tide for just to play with it for a while.

I had the best hand ever. And I have to be careful with Milnerton, too, because if I inject it, I get a stain at the injection site, which took me a while to figure out, and by the time I figured it out, I had a few spots on my belly, so I'll use it intranasal.

Yeah, it's good on the younger people. If you have like dark spots, it's like, and I did it, you know, I'm A. D. D., so like, this isn't working and I'm doing the cream and a also, there's a delay and oh my God, I was the weirdest looking, I don't know from African whatever.

Like Esperance. Like, what the heck? Well, like, you're if you don't get somebody else giving you feedback, you can go over the line. You can just, you know, you just walk around looking like you spent far too much time in the sun.

But then I got our jury. Yeah. So I was blue, which I can talk about. It's like, because I, when I wrote a paper, the natural genetics, silver hydro saw, which was great for was doing liters at a time and you can't turn blue it it basically flushes out.

And another doctor convinced me to do this other product, which actually is the silver salt, silver protein was deposited in the skin. And all of a sudden I was a Smurf.

And it's it's really considered irreversible. And then I took DAP zone and I got methyl globe anemia, and then I was fluorescent blue and you know, and I took methyl packer, aren't you.

This is these are the stories of the biohacking community. Right. Have almost this that happened. Yeah. And it was like, oh my God. It looked like I was like had makeup off blue Smurf makeup, you know.

So you're like that X-Men character, the blue. Oh, yeah. Yeah, yeah. So, it's kind of funny for a couple of days, you're like, oh. And then if even after.

So finally it's, you know, doesn't kill it out. But I found a lot of things. I have lots of color in my things. That if I got a laser and I'm like, oh my God, it's like a tattoo, you know, because it was silver.

You think I would be totally immune to any infection, skin infection because it's embedded with silver, but it's pretty much gone now. But it's again thought to be irreversible.

So, Wow. Well, you know, you don't look blue now. But, you know, anyway. But to answer your question, on the weight loss side, I'm, I'm, I have a I use a very light hand with the peptides because I really believe it comes down to balancing people's hormones.

That's the other piece we haven't even really talked about yet. But if checking in on those hormones to make sure that they're balanced and then and then again, like the sleep, the I mean, it sounds so basic, but if you're not sleeping, if you're eating the wrong foods, if you're not moving, if you're not getting outside, you're not seeing the light, like you're going to stay stuck.

And so and so. I don't love to bring the the big guns in until we've done the work. But things like set Melina tide can be helpful for people so that we take away that constant need to eat while we're building the good habits so that when we can take it away, they now know exactly what they're doing.

We've balanced the blood sugar, we've gotten rid of the cravings, we've taught the habits, and they're ready to kind of fly on their own. Yeah. And, you know, we kind of started as a thyroid clinic because it helped me so much.

And, you know, so many people are low thyroid even have normal TSA. And, you know, we'll check everyone's basal metabolic rate and they're basically be the relaxation phase of, of their breakthrough rate.

Alice, which is shown by the British Medical Journal. They better test the blood tests and more. Actually, I've been trying to develop this test for 15 years, which will show that the TSA you know, I've written review articles on our, which are available on our nonprofit National Academy of Hypothyroidism.

But when people say, I have no metabolism, I've wrecked my metabolism. And people go, oh, yeah, sure. You're eating Ding Dongs in the closet. And, you know, is that we find there are usually about 25% low.

So in order just to stay even, they have to basically restrict 500 calories a day. And if they don't they're going to gain, you know, basically having to race to the bottom right.

Yeah. It's it is it just gets worse and worse and worse. And so on. It drops more. Yeah. So we find T3 like if you don't supplement, with tires, keep your metabolism up that long term weight loss very difficult.

Yeah. Absolutely. Yeah. Because you just keep hitting these new lower set points. And that's the thing I was going to say. Like, I'm not going to give someone tied to someone who is already not eating enough.

So it's really understanding where, what, what it is that's going on and what are the mechanisms that are working against the person before you can, before you can really help them.

Because the people who come to us for weight loss, I mean, you know, this, the people who come to us for weight loss are not the people who can go run around the block and eat a little less and lose 5 pounds in a week.

Now that they've tried that, they've been on every dollar that well, like there's nothing they can they they just can't. There's, they have nowhere left to turn.

So clearly moving more, eating less is not. So I quit calories in. Calories out is not true for a ton of people. I mean to some degree, you know? Yeah, I mean with it within reason.

But I think that it's it's I think it's like everything else. Right? Both are true. If you're metabolically healthy and you're overeating and not and not burning enough, you're going to put on weight.

And if you stop overeating and you move more, you'll be fine. But most of the people I can tell you, yeah, you give someone to, you know, steroid, you know, prednisone, like they're eating the same, but they just gain weight.

They go up. Yeah. The turn on. So we we do find a lot of people like or refined people, not even in sources, but leptin resistance. Yeah. You know, so leptin goes up when you gain weight, goes back to the brain, sugar back the brain.

Tell your brain, hey, we got enough stored energy. Let's increase metabolism, increase your thyroid, lower your appetite, burn fat. But you find people with high leptin.

Just like people with high insulin. Insulin resistance. The brain doesn't see it. So your brain thinks your body's starving too. Is increasing your appetite on the body store.

Fat lowers your thyroid, lowers your metabolism. Yeah. And which is really the hypothalamic inflammation again. Yeah. Yeah. Yeah. Like I using that to one so often works because it brings down inflammation.

Yeah. The inflammation is is is the killer. Yeah. And let's see. So where do peptides rank in your whole thing I'm sure lifestyle is, is. Yeah. Either right up there.

You know, it's like it's like asking me to pick my favorite child. That's an impossible question. Oh, I can do that easily. Nothing. No. But I think what I'll say about peptides is they've changed my practice.

Like they've changed my ability to be effective with people because they're the tiebreaker. They're the they're the game changer. They're the thing that it's like it was the missing key for so many different things.

And certainly on musculoskeletal healing stuff, you know, you can give people essential amino acids. You can give them bone broth and collagen and use all the stuff.

But when you can bring a peptide on board for some some of those things, like I've had a couple of people that I've helped where they I've had orthopedic surgeons kind of dumbfounded, but they'll never admit it.

Oh, actually, in one case he's like, all right, bring me the papers. I don't know what he did with it in the end, but yeah. Okay. And this is a woman who had a nonunion joint fracture in her inner wrist and was heading for surgery, and she actually was in my bulletproof class, and she had heard that I was doing something with this weird stuff called peptides.

And so she called me up and I said, okay, well, and and I gave her, again, like, it was a fairly aggressive protocol because we didn't have a lot of time.

It I think it took eight weeks and she went for her next X-ray and she didn't need surgery. She was like, I, she and she's in the medical field herself.

And she was like, I can't even believe this, that this is even possible.

Molecular Hydrogen, Ozone, and Weight Loss

And I'm like, me neither. I'm like, because I was like, okay, well, we'll try it out. And then my brother recently had a full tear in his quad. His knee was a disaster.

It was his fourth joint major joint. He had both shoulders and the other knee done. But in his case we used peptides, but we also used hormones. We optimized his hormones like that.

They go together totally. And and his, his surgeon had told him he would not get full range back in his leg. And three months after his surgery, he went back and the guy was again like, oh my God, how did that even happen?

Right. Yeah, yeah. So emotion and yeah. And you know with with Lyme I the same thing I was supposed to get both hips replaced rotator cuff. Everything was shredded.

And this was years ago. But I went to the orthopedist up upstairs and I and and he goes, well, yeah, you need surgery. And he's limping. And then, I'm kind of asking like, well, you know, he goes, I had the same surgery.

I'm like, why are you limping as well? My bone collapse. And I was in traction like a nerve impingement. And I'm like, okay, you're recommending that?

I said, Sam, I said, what about, you know, PRP and stem cells? If everything goes, no, they don't work, you know. And did it, you know, within a year, 80% better, after a couple of years, you know, basically back to normal.

And I was doing every six buns like, you know, whatever, some stem cells, peptides. You know, I kind of go, yeah, like a OD nine 604 with highlander acid in a joint, you know, is is but I mean, that's not work I can do.

That's work. I can refer people out to. I mean, you need someone who's in stem cells. Exosomes are great ozone, you know, and it's cheap. And, and so a lot of things work, but I've never had surgery.

And, you know, and, you know, I, I could not lift my arm off of that. Yeah. Yeah. And they don't want to believe but even. Yeah, you've kind of mentioned you know, kind of game changer for, for your practice.

And you know what? I had Lyme and I did, you know, three and a half years, the highest dose I. V. antibiotic, seven at a time, 3 or 4 times a dose was never any better.

And that's when I went out looking for things and went to Europe, found and found peptides of like, oh, my God, you know, I was in heart failure and, I couldn't stand up straight.

So I'm like in a walk and hunched over and the cardiologist said, you know, you can maybe get 10% better ten years. And that's like, I can't live like this, you know?

And then after like a two hour take home after like even a couple days, I felt a little change there, like, something's weird. And then I show up at his office like a year later, and it's pretty much normal.

And he's like, wow, that's interesting. But doesn't, you know, doesn't ask me like, what was that radical remission thing? Right? There's a whole body radical, a miracle, you know, and that's a doctors will say, oh, know.

So you rather believe it's a miracle? You know, you're an outlier. We can't explain it. Yeah. And so we've really it's really totally transformed our practice because, you know, like with Lyme disease, we haven't we have treated a lot of that.

And we used antibiotics have their place. But you know was kind of horror which is awesome. Huge dose of antibiotic. And there is using selectively. And we found like if your immune system so low like that one is like, you know, natural killer cell function which monitors your body for infections and cancer of your cell.

Your infections like mine was zero, you know, and I remember I was in the ICU with sepsis and the nurse outside, I hear together one, this is the guy with Aids, but he keeps coming up negative for HIV, you know, and I'm like, and because the doctors did not believe in like chronic Lyme you know.

So I'm like fine I don't know what it is. Tell me what it is like. Now we know we don't. You know, it's like, no, no interest. But, yeah, just. And so it doesn't matter how many antibiotics does, antibiotics never kill everything.

Your immune system has to take over. So until you get your immune system up here, the antibiotics will work. Because I can knock it down here and your immune system take over, you know?

Well, you know, I think what's what's amazing about peptides and and what, what we what we're what we learn as

we go is that because they're not ultimately foreign to the body, they aren't unlike a drug that's basically trying to do something for your body or to your body and to your point, like there's a place for antibiotics.

Sometimes the the bacterial or viral load is just too high, like there's just too much for the body to deal with. But what the peptide does, it's it's like it it enables the body to do what the body does and the what the body can do.

We have yet to be able to reproduce. So if you can kind of play those levers appropriately so that you're using your, your, the antibiotics or whatever it is appropriately without crushing the body and then bringing in something like a peptide that signals the body and reminds the body, we know how to do this like I belong.

We I'm from here, you know, like it's they're all in some way, shape or form native to the body. They all are extracted from naturally occurring compounds in our, in our bodies.

So what you're really doing is just awakening, the reawakening the body's ability to do what it can do innately. Yeah. I think that's why we see such amazing things with peptides.

And they're all they don't get. You know, they're not known for this, but they're so anti-microbial. And like, for instance, BPC, compared to a cycle of air for herpes viruses, outperformed the 1/1000 the dose you know, and for fungus, bacteria, parasites like everything.

TV4 also, you know, has the indirect because raising the immune system but also directly shown to be very antiviral and antimicrobial overall. So they have a lot of other effects that we kind of don't even think of them.

Right. Where then you get a like an L 37. Right. But that one you kind of have to treat Ella 37. We have to give a lot of respect now. Yeah, I, I hear it because like so when I first at L 37 there was no dosing.

I could not find any study on dose and calm people. No one. No. So I just drawn up out of the syringe and I take it and I go to work and oh my God, I was gonna like jump out of my skin.

And then I had, this guy who's now my partner with integrated peptides, but he was a drug rep at the time, and he's like, I've never seen anyone like this.

And I'm seeing patients and I'm just like, with a panic attack, I like, how are you today? You know, and I'm taking all this Gaba and all that stuff, but, yeah.

So I took like probably 50 times the toast that. So yeah. I'm very we're very careful with LR 37. We start that later. But it, it can be it can be a great addition.

Yeah. Well, it kind of. It's the cleanup crew, right? It's kind of like VIP. Like it's the cleanup crew comes in at the end and finishes the job kind of thing.

Yeah. It also boosts, you know, stem cell function, as does, CB4. You know, BPC will increase growth around receptors on cells, so you get even a better effect.

So every everything in medicine, I think it's a vicious cycle, you know. And they stay with like BPC two. It's like you were saying kind of homeostatic.

If your blood pressure is low, it res it if your blood pressure to height lowers it. If you're hyper coagulant it makes improves it. If you can't quite get improves it.

We're just starting. Like a study on pots and, Yeah. And the peptides. So, yeah, we're trying to be is in VIP also really great for pots. Yeah. I mean, a lot of I don't, I haven't used too much VIP because I, I can't go effect that raises to immunity, you know, which is, you know with it.

Yeah. And plus it's a shoemaker thing is so not my favorite part. He's he's brilliant. But. So there I have some bias.

You've got to take the good from all the places.

No, you you do, you do. And so I try to put that out of my mind. But I like to. But, Yeah. So you've had some, some you probably just hear so many great stories, you're probably just like, oh yeah, yeah, yeah.

You know, and I, I don't, you know, I think in our business we never get tired of the good stories. Right. And we you can never get jaded because there's always going to be another amazing story around the corner that you didn't expect.

So I think that what I love about what I do is, is witnessing what can, what can and what is possible. Right. And and it's a gift like, it's it's really it's it's it's a joy.

Like I feel very grateful to be able to do what I do and and to be able to hold space for people while they do what they do, and to be a part of just to be a part of this world.

Like I just think it's it's I mean, it's I think that's attitude you have to have. And what kills me is that you can help a thousand people at miracle save all these lives in one person, totally nutso, and they give you a bad yelp.

I take it so personally, you know, and, but it's always like, that's not what happens. You know, that's not fair. And you can't say anything because you can't mention anything.

But yeah.

Bio-Regulators and Small Peptides

So those details are off credit and the paperwork and the bureaucracy, you know, and just this, basically censorship of information like how is why is now Google the arbiter of, of basically medical truth, like, like give me a total break on that.

But that's a whole nother I can get going on that we can do a whole other discussion on that. I just, I think the world is there's a lot of craziness going on right now, and we we just have to do the best that we can and, and, people will find us.

Yeah. Yeah. I think that that's a great attitude. We'll talk real quick about, bio regulators. Oh, I love by regulators. I think bio regulators are and I don't know that we know as much as we could about by regulators because.

Yeah. Can you just can you, define by regulators or tell everyone what you're doing? Well, the way I think of bio regulators, honestly, is like they're, you know, they and these are really come out of the work of Doctor Kevin in, in Russia.

And it's like these, these tiny in very many cases like some of the most powerful ones are like three amino acids, right. Like a piddle on what, three amino acids long.

Yeah. And and they're, they're, they address a system or an organ. And and it's the way I and I haven't particularly used them therapeutically myself.

But what the way I've used them is I will build stacks for clients who are at a point where they're in a fairly homeostatic state, like they're in a pretty good place.

And I'm like, look for a couple of times of a year, we're going to we're just going to do a little refresh on the house, as it were. Right. So we're going to use a piddle on to reset our circadian rhythm.

And you know, the the the invitation to people is pick a period of time where you have some control over your life so that you can allow your body to do that, reboot so you can get the rest that you need so that that circadian cycle can reset.

The pineal gland gets that little renewal. You know, your you get a normalization of melatonin. And you know, people are like, well, and then it's supposed to help with growth hormone and, and bone density and blah, blah, blah.

Well that's all the melatonin right. Because if your melatonin is up regulated, you're sleeping better, your growth hormone is going to come up. And if you've got more growth hormone on board, well your bone density is going to improved.

And your sense of well-being and your reduction in cancer and cardiovascular disease and even holiday. Yeah. Some nice studies on cardiovascular raise over 65 on and for 15 years.

And they found that the card of vascular, function got better. Well, especially when you combine it with like, with thylacines. Yes. That it got better rather than worse.

And the control group, and significantly less cancer, less mortality and morbidity. So it's probably the ultimate anti-aging peptide. You know, it is.

But then, you know, you add in the cardio gene for the heart, you add and the liver, like who's who's liver. Couldn't use a helping hand right now. Right.

So you do a cycle of liver gin and panic region. And so you address you address the organs system the the vision for the blood vessels, you know, right, that it's it's hard to know if it does anything.

You know, you're not going to feel so you know, it's really cool. So I just recorded a podcast with the, with the SVP of this. I don't know if you've come across the bias trap, which is like, so the bias trap is, and I'm thinking I want to do a run of a surgeon when this when the thing comes out.

So bias trap is what is a health tracker. So it's it's a band that you wear and it's got the sensor. The, it's got the red lights. It measures your sleep, it measures your SpO2, it measures your HIV does all this stuff.

But the other metric that they can access with the sensors because of how powerful they are, is they can look at arterial elasticity, like your arterial stiffness.

And yeah. And so how interesting would it be to to have to wear a bio strap, look at that metric and then do around or to have a surgeon and see see if it actually made any difference.

Now it's not going to make a difference. Like I don't know. Right? I mean, this is literally a question you had one, device that did that and then it broke and we couldn't get anyone to fix it.

So but I loved it because it really tells you, you know, kind of where you are. We also were doing, vascular ultrasounds, you know, looking at, you know, all the blood vessels.

Now, if you typically do them and send it to a ready, you know, basically, a, you know, a standard we're radiography group, you know, and radiologist, but they're so used to just looking for like big plaques and stuff that they don't say, oh, there's little intermediate thickness thickening because they just think that's normal.

But we did in our office we could pick that out for people. And it's like, look, you got this is early, you know, heart disease and vascular disease. And it worked great.

We lost our tech and I can't find another tech. But I love that stuff. And yeah that's true. Yeah. Yeah. So I think I mean, there's so much we can still learn from it.

Yeah. And I think the surgeon, I think it's a real interesting peptide. Like my husband Scott recently develop Reynolds disease. So his fingers will turn white in the cold, which is not a good thing when you live where we live.

And I'm like, we're getting our hands on some, like I'm really curious to see. And of course, what's interesting about the bio regulators is you can use them at that, you know, on that 20 day or ten day cycle a couple times a year.

But you can also use a much higher dose for a shorter time as well, when you're looking for more of a therapeutic benefit. Yeah. Now your husband sure he's not infected and he needs immunomodulators.

I mean, yes, because I had Lyme. Oh my God, I had it all so bad. Like I couldn't shake anyone's hand, you know? Now it's gone, but, got to meet them where they are.

My friend. He. Yeah. He's not you. It's not going to do it. You got to tell him not to take it, and I. Don't you ever touch that bottle. Yeah, but no, we're liking a number we've been testing about, like, the, and like the the Apatow and we, we love.

We're concerned about oral bioavailability. We take it orally. But, Pantaleon, actually, is is good. The villain, which is basically it's only two amino acids, like, how does it do all this?

And it's a great immune modulator. And, and that we found that actually in our thymus extract where we actually isolated the tb4 frag. And it's expensive to like, isolate something and concentrate it, but there's violent in there so that we're going to be doing that then out of, you know, pituitary extract and the pineal gland.

We, we're loving those and, and we're seeing the good effects. I'm over ten years ago, I was doing cordage and injections. And I don't know how the bioavailability is or because it's a four amino acid, but, Yeah.

So I use the injectable ones. Right now. Yeah, that's what I mean. I did send, I did some send some of the oral cardioversion to my parents, but I typically but, you know, going back to what you said about the smallest peptides and how they seem to be the most powerful, like, look at GCC, which is this again, it's three amino acids.

And yet it seems to it's like it's like it's so little. It seems to have a receptor in every tissue in the body. And to, to upregulate some kind of function or effect.

Yeah. And you know what's interesting with a lot of these small peptides, they can't find the receptor. And it seems the one study I was looking at, it seemed to be harmonic.

So it vibrated and then stimulated. I'm thinking like, well, what do MPs do with that? You know. Yeah. So like, yeah, it gets scary. But yeah, some of those like violent and time again, that definitely works.

We found a lot of that in the thymic extracts. And then the pineal gland, what we're liking and uptown of of course is, is great. Yeah. Let's see what else.

Yeah. So we're going to be incorporating a lot of those because, I think it's amazing that something that small and they're also resistant to digestion.

Yeah. That's very interesting. Right. Because all we find them as, as an oral product in the I mean, you have to bring them in for from Russia or wherever, but, because there's nobody, I mean, other than you right now that's starting to where we're we're making sure they absorb and all that stuff.

But yeah, but mostly we don't find them typically in the oral form, and they're very expensive orally. Well, I think it's because they have to use a higher dose because you're going to have some loss.

Right? Typically. So yeah. But like for 14 days they are the this decision that I got, I was like, damn, you know ouch. Yeah. You said without health what's money worth right.

I, I agree but I wasn't sure of us working so. Yeah. So yeah. Yeah. I'm going to check out that bias trap. Yeah. The it's the new bio strappy though. And so they're they haven't launched that feature to the public yet.

They're just they're going to be going into a testing phase with something called heart Lab. And that'll be the one that can report back on the arterial on the peripheral arterial elasticity and age.

But they've done it a couple of even really interesting clinical studies, because they're providing clinical grade, data.

Health Tracking, Healthcare, and Closing Thoughts

So you've got hospitals that are using it. They have the kids hospital in LA, was able to use the bio strap, and they found, I think they found a new marker that's for kids with sickle cell anemia.

That is a pain. A few heart rate variability. Yeah. And when it reports heart rate variability, like you get like a thousand points on the graph. So it's reporting it's measuring your heart rate variability all night long.

I mean is it is it for home use where people. Yeah. No you just it's oh I don't have it. It's plugged in upstairs. Like it's literally it looks like a Fitbit but it doesn't have a face or anything.

It's just like, what's the cost of it? 239 bucks. Like, it's crazy. And, you know, because people say, oh, you know, all these things are so expensive.

And I'm like, can you imagine that you're wearing something on your wrist for $239? That's reporting back to you what your blood oxygen saturation rate was all night long?

It's telling you hospital to get that like right resting heart rate all night long. And so you can figure out, wow. Like I'm not breathing really well these days.

Maybe it's almost like, maybe I need to go get that checked out. It sure can. Yeah. And yeah, yeah, yeah. Or. It's funny. So we're we're getting the plasmapheresis machine and, it's funny.

So I was like, travel around, you know, getting plasma freezes, you know, it's like, like 3500. I went to the hospital and I said, you know, how much is for one plasma free cystic?

Oh, I don't know, but you get 80% off like, well, that's nice, but can I get the price? She goes back and she says, well yeah, it's the $35,000. I'm like so 80% off that, you know, that's with the 80%.

I like thanks. I'm good. Yeah. All right. That's our health care system. And yeah, that's another thing we started with. Like, we are the least free market health care system almost in the world.

And and everyone's like, oh, socialized medicine. Like what? Think we are? You don't have the opportunity to negotiate the price of a med or, you know, it's we're insulated.

We think we're a free market. It's it's crazy. And you don't even know the price until you're done. Like, you know, you just get the bill, which is actually crazy, right?

When you think, anyway, we don't have that and we've got our own problems here. But yeah, yeah. So I, I, I actually submitted, health care reform and it was supposed to be published in the, what's, oh, major, medical publication, that's a publication I on a break it up, but anyways.

But then they pulled it the last minute. I could tell. And then I actually got it to, through some finagling to Paul Ryan. Not my biggest fan, but, but he wrote back, and I decided things saying I won't quote them or anything, but this was officially from him.

But he says, the plan is very well thought out, and but do you know how many people are slurping from the trough of health care? It will never go anywhere.

You know, it's unfortunate. It's the politicization of health care is a sad thing. But yeah, it all comes down to the

same thing, right? I think it's individual responsibility and caring about your own health care.

And and that's where I think that the work that we do, I think that the work of helping people to upgrade their health so that they don't have to rely on health care is the most important work we can be doing right now and especially these days, especially these days.

And, and, and at the same time, it's about people being willing to take responsibility. It's a little bit what you were talking about earlier. Unfortunately, we still have a mental I mean, we we want to believe that we can just go to a go to someone else and give them full responsibility for our health and everything's going to be okay.

And the truth is that you are the master of your domain, and you've got to take care of that house first. You have to better yourself, and you got to realize the medical system.

I just get very mad at doctors, right? I miss like and but they're also putting in a system where there's no incentive to do anything different. You know, you look at, like Kaiser will remove the lowest 20% of, non cost effective doctors, meaning doctors that are writing for labs, making diagnosis using treatments.

And so they get these doctors just do nothing. And and then also so for a doctor, if he, it's better for them to say I don't believe in that because now they can go home and sleep if they believe in something, but say I'm not going to treat it, they're a bad person. Right.

So it's like with all these you know chronic Lyme chronic fatigue syndrome. They're like oh it's like a lot of you I don't believe in that because they can't do anything about it.

So it's much easier to, you know to think that way. But it's, it's a tough system. You know, their work and they're miserable, but they don't hardly know, you know.

Yeah, they're working hard. So anyway, that's why you do what you do. That's why everybody's like a you're from work around. This was awesome. I think you're just doing such an amazing job and just really get it and understand what people need and really how to get them better on their own terms, you know? So.

So you're a good, man and you have so many different hats, you know, a psychologist and, you know, but and and just know so much about so many things and how to help these people and always, obviously continually learning and, that so, my hat goes off to you and my praises and you, you we need more people like you.

So, so what's the name of the Facebook group? Oh, so the new name of the Facebook group is optimizing superhuman performance. Because, you know, just being human is not enough.

So that's the Facebook group, so you can find me there or, you know, they just search that. I don't know about Facebook. I don't know you should. So it got to the point where you could no longer find the group even with search, but now it's optimizing superhuman performance.

You should be able to find it if you can't find the group, you can find me under my name on Instagram, which is just Natalie Knit. Or I've got a website, not nytimes.com.

So I've had people now because of the podcast reaching out because they couldn't find the group. They're like coming into my website and sending me notes, and that's scary.

Yeah. So it's, nada. Am the server and, yeah, and I am. Yeah, yeah. Well, awesome. Again, thank you so much. I learned a lot. I think this was was great.

And just keep doing what you're doing. Thank you. And thank you so much for having me. This was great. Thanks so much. Thank you. Great.