VIP Peptide Use and Safety

Yeah. Yeah. You know, the other one is rapamycin for that. But we'll get down to that topic. It's another one that I'm really liking to use right now, but Milana and I do a lot of VIP spray.

I really like the IPA. You know, there's this myth that you shouldn't use VIP until the, like, years into treatment. That's at least as Schumaker initially said it.

I don't agree with that. I think everyone has their protocol. It's like asking five chefs how to make a cake and six different answers, you know? Yeah. Well, that's just it.

You ask a ton of people and and yes, you do have to monitor, serum lipase. You will see pancreatic inflammation in scenario shows in certain cases. And ultimately I will say like the two things I tell patients about VIP, you have to pass a VCs.

You have to pass your visual contrast test, and you have to have a home where you're Ermey, the, the molding is index in your house needs to be ideally less than two.

So don't do it if you're, exposed, if you're got mold and your visual contrast is not normal yet, you'll just see it make you worse. Yeah. You'll see pancreatic inflammation.

And people will talk about, you know, upper left quadrant pain. And, you know, so you got to do lipase levels regularly enough. And I tend to start pretty low on that.

We're not starting at 50 microgram to guide dosing. It's like 5 to 10 start real slow. But VIP is is it's just huge. You know, it it's a vasodilator. It regulates smooth muscle and increases blood flow to the GI tract.

It works as a paragon. Mediators or cell to cell communication. In in studies where people used VIP and bio toxins, they found that the the treatment group after, I don't remember the time.

I want to say it maybe six months. Their symptoms eventually equal the control group. Meaning like everyone, they normalized in most of their symptoms.

You see hormones improving estrogen, testosterone, vitamin D levels. You'll see markers like C4 and NGF improving. And it's great. Yeah. And that's what I love is is upstream.

And like you know the a battalion we're using more Pi million and yeah and it's that I were talking before like hypothalamic inflammation is causing insulin resistance.

Yeah. You get you know basically you don't secrete the hormones. You get less bioactive t h. So the TSA that they check is just the amount of protein.

But it matters the carbohydrate rates and how active it is and affects everything you know and fix that. You're going to fix a lot of stuff. And that's and that's the idea behind why I said I tend to move in this order because, you know, you can throw, you know, a bandaid on something, but you're not really fixing it at the end cause it works the other way.

It works. Yeah, that's right. It works from a bottom up approach. But if you go top down and you say, oh, your testosterone is off and oh, you've got, you know, problems with, you know, autoimmunity and you've got, you know,

inflammation and your mitochondria aren't working.

Well, you can start there. But if you start upstream, a lot of times a trickle down effect happens and you see the sex hormones normalizing and you see energy levels improving, you don't need to do more stuff.

Right. And it's like parts patients and they go to neurologists, they go, oh, you, you know, you basically got you know, but it's causing your fatigue.

No, that's a symptom of it. And they try to treat that like that's not the problem. Well it exacerbates but you fix it upstream and like we're like it's not an issue you know.

Yeah. Right. Yeah. Yeah. It's not a midbrain deficiency. Right. Yeah. Exactly. Depression a Prozac proficiency or four and a half or whatever. But yeah.

Thymic Peptides and Immune Modulation

So I mean so so so I will say those neuroendocrine ones, Mylanta tan VIP and epithelial in are all things I, I really love, I really like and and I'm thinking epithelium get home more affordable now which is going to be huge for people because it was quite expensive.

But epithelial in is as well like you know probably I mean I think it's one of those things I think everyone should be on it I agree. Yeah. And you're really responsible for even me doing this online because there's studies on cardiovascular mortality when and and the studies in cancer incidence and lifespan.

And overall it's the question when you read those studies is why isn't everyone doing this like and and then you talk about adding like thymus and beta four into that.

And the synergy you get, it's it's mind. But I mean these are this is the this is our modern day fountain of youth. This is how we avoid serious medical costs as we age.

This is how we retain our vitality. This is how we play. Wait, wait, we got cut this out because you don't want to cut out the number of bypasses and all that.

Yeah. It's like, you know, they put people on, you know, a thymic peptide and a battalion and with significant cardiovascular disease and if not for 15 years and the standard treatment got worse and the people on that combo even also each one of them together, but, separate but together, even more powerful that their cardiovascular has got better and dramatically less mortality, morbidity, risk, quality of life, less cancer has a nice little side effect.

Yeah. It's it's crazy. You know, and one of the things that I think was remarkable in that study you're talking about is after that, you know, 13 or 15 years where they did the study, those people were in their 80s and they had a 10% increase in exercise tolerance compared to where they were almost 15 years prior.

And it was and and and they in that study, they barely treated them. I mean, imagine if there was the lowest dose. Yeah, they treated them, what, twice and in ten years like yeah.

Yeah. It's so tiny. And it really shows like how how shifting the dynamic and the ratios in the body in this anabolic catabolic ratios and all this stuff and the pineal gland, I mean why does it calcify.

Why is it just, an MRI marker for us like it's you know, is it solvent, is it TV, is it emfs? I, I don't know, but, it's obviously a major key to longevity.

And health and, and, I, you know, I think it can be huge. I'm still working out its role in bio toxicity, but it synergize is great. It especially is good for people with chronic insomnia because its ability to restore melatonin levels, is is incredible.

I mean, we have Dci-p3, which is, you know, delta sleep inducing peptide, which is a knockout. It works great. I mean, it's it's, you know, as effective or better than any sleep mat I've ever used or, you know, naturopathy.

Come on. Just to tell one, it's not like asleep, but it doesn't make you sleepy and reset your body to sleep. You know, it takes a couple weeks. It's not like you take it.

You're sleepy. It's fixing the problem, you know? Yeah. And I'm. And I'm horrible. I'm do as I say, not as I do. Like I mentioned, it's like I'm passionate about exercise.

It's religious to me. I work out every four months for eight minutes. You know, and and I stay awake for two days and doing, you know, PowerPoint and which is horrible for you.

Horrible. Right. I I'll take a shot, you know, and, so giving away all your secrets. Yeah. But, Yeah, it's funny. Out of the air. It's, it it's amazing that it's one of the things that I really think everyone should be on.

It's kind of the same thing, although totally different. And I always be on statins, which is the worst thing to do, right? Which I think they have a small place and they try to make it into a giant wine place, and it's hurting more people than it's helping.

But, I mean, this is stuff that when you also when you can't find a toxic level, it's try that with any medication, try it with water a thousand times a dose and they can't find toxicity.

Right. There's nothing like that. No, no I, I know and that's the beauty of peptides in general is the safety of these things is is incredible. I mean they're they don't work on nuclear receptors.

They work on these membrane receptors. So they've got really selective of effects. And there's no real known toxicity. Yes. There's things you need to be aware of like we talked about with Vit.

But but if you're talking about compared to alternatives like what prednisone like what you're using for an F or mid-range or or you know, or, or, you know, any number of interventions to treat symptoms that are hundreds of times more potential side effects are toxic for the person and, you know, affect cardiac and all these things.

So but the FDA wants to get rid of them. Yeah I know. Well that's yeah, that's why I even go there. I mean, I'm, I'm like my one of my medical assistance is pulling her hair out, dealing with every compounder I'm trying to chase around the country that has advertised some new peptide available right now because they're, you know, they're it's all this ephemeral in and out sort of.

It's horrible. I didn't say it. It was Corey just depending on what I was being prompted. Yeah. So so you know, so that's the first thing that upstream neuroendocrine stuff and then, you know, from there, if it's not working, we'll move into inflammation reduction.

I use BPC 157 a lot I of course use, you know, the BPC from integrative, peptides, which is amazing. Works great for GI tissue. It has equal parts systemic absorption.

So we can see things like people are having joint pain or, you know, myofascial pain or whatever, reducing that inflammation. You know, I'm hoping it becomes injectable again.

I really did like using it for, as an entry point. Some people just oral seems work better systemically. Other people shots like anything. You know. Yeah. Yeah, exactly.

And usually we're going to try oral. Most people don't want to do shots if they don't have to. KP vas we talked about is another great anti-inflammatory and one that I really don't have a ton of experience with, but would like to see available is an lacks and OCS, which is an oral anti-inflammatory peptide that inhibits histamine and Luca train release it's traditionally used to treat ulcers.

But as you mentioned, I see a lot of mast cell activation and I see hyper IgG syndrome, and I, I feel like this could be a huge, you know, something that's not sedating like, catarrh often that we can use to prevent histamine systemically and in the mucous membranes for these people, which would allow them to tolerate a wider array of, you know, diet and, and, and, you know, they can get out in the world a little more.

I mean, yeah, there's so many people in there, no one knows about them because they don't go out. But. Right, all these, like, IgG patients, I don't think I've seen one that didn't end up being the BCA and RSM us off anxieties, horrible illness.

And they get like they get steroid dread. Larry King I mean and everyone that I've seen has been a huge amount. But they're all babies, you know. And you know what's really hard about that. And you're right.

And I've seen this in some of the worst mast cell or hyper IG cases. But the problem is, is you start trying to treat the infection. You take a you take a single infection.

And now you just exploded it into, you know, 300 little pieces. And now their immune system is worse, is freaking out. And so you're it's this cycle. So it's it's one of the most immuno suppressing.

Endocrine Restoration and Hormone Support

And we had a patient. So we had actually awesome microscope and we had and we were flushing antibodies which were highly specific. And we double BCL or Lyme.

And you can see them. And this person had so much BS. Yeah. I mean it was just covered. Right. So we put her on like triple therapy. The standard best stuff for the VCA.

Check that. You know, I think six weeks, eight weeks later it was multiply by ten. Oh wow. Yeah I mean so it shows. It's tough. This stuff is is tough.

You know it is. And this is where again like these peptides can I I think of them as being so potent because they can break the cycle where you can actually finally start treating someone.

I mean, trust me, I'm trying to use things like Zola, which is crazy expensive and not as effective as I'd want, but peptides, there's no problem. There's no side effects.

And so this, you know, like so this is a great we're we're just moving right along along my my my progression. Because the next thing I would do is is immune modulation as we're talking about right now.

And the two primary things I'd use for that are the thymic peptides. So thymus and beta for is more commonly what I'm going to be using in bio toxin cases.

Because its ability to, stimulate T cell differentiation and help develop, B cells, while suppressing Tal receptor production of, you know, IL six, IL one, IL eight, and have kappa B it's it's perfect for someone who has an innate immune inflammatory response.

You know, and you see it effective in other fibrotic diseases like RA and mice and Alzheimer's. You know, you know, all these one sort of dominant illnesses.

But, you know, people don't realize there's models of using thymus in beta for, for neurologic injury, for cardiac injury. And it's it's huge. It's huge. Yeah.

And you know, and and all the TH1 they say if you, if you look at our TH1 autoimmunity it's all wrong. It's actually killed 17. They couldn't differentiate the two.

And one actually suppresses T 817. But if you try the T before frag I have and I've been we're using that for frag

plus right now. And we're just really getting into that.

And I love that you brought up the 17 part because we didn't really talk about TGF beta one. Right. It's just like if you look at the literature, it's like it's anti inflammatory.

It's pro-inflammatory. Yeah. Exactly. And and the way I think of TGF beta one and I do this on a lot of my patients is I say look it's the shut off valve.

When you have too much THC 2 or 1, we have too much inflammatory driven, you know, immune response TGF beta one shuts it down, but it drives THC 17. And so then you suddenly see high IL 23 and you start seeing autoimmunity coming into the immunity automated fibrosis.

You get kidney disease and go cardiovascular like all these diabetics. And you're right. And I think there's so much confusion literature it reminds the same thing is like with us, you know, doing all the studies.

But on biotech hormones is that they would in the studies called progestin, progesterone, and, and, and and so basically it's, they, they confuse us like, okay, what is one is it something that secretes that or.

Because usually they secrete something that's opposite to balance it out and so. Well, what really is that t 1 or 2 H2 or DTL. So it's such a gross oversimplification all the time.

But we got to do that or else you'll never understand. It's. Yeah. But it's yeah, it's very complex. And and I think the literature becomes very difficult to understand because the call one thing in this study and another thing in this study, it's true.

And then, you know, and so then my thought along the same lines, Kant was, let's test cytokines. But it turns out that cytokines in blood versus cytokines and tissue versus cytokines in your brain are all different.

And how much how much value is that? And and how many us all these things are great in a research setting where you have you get the blood, you know, the people that are, totally, you know, they're basically doing the study.

They run it. But no, you go to, commercial lab, you let it sit, they go to lunch, they don't spend it. You know, and everything. Zero, you know, so it's a different world.

Yeah. Yeah, yeah. So. So. Yeah. So I use a lot of TV for a TV for frag. I'll do injectable TV for. We'll do whatever. We'll mix it with, as with Mylanta tonight and have them do them together.

The contrast of that of course, is Thymus and Alpha one, which I love dearly as well. And I use that more to increase natural killer cell function. I use it more in scenarios where we see these two dominant like immune inflammatory response is we're trying to help clear infections.

I'll use it with like 37 a lot or I used to when Ella, 37, was available as a, you know, as an antimicrobial agent to assist in clearing it. But yeah, that that's that will be available.

Yeah. And that's. Yeah. You keep saying great things Kat, about all this available. I'm excited. All right. But yeah people don't realize it's like it it increases you know antigen presenting cell signaling.

And so it augments T-cell function and it has it increases the MHC class one, toll like receptor expression, which is for intracellular infections. Right.

So it's ideal when there's still an infection present that you're trying to get rid of, as opposed to a truly. And so for the versus an antimicrobial peptide.

And so it works directly. It punches holes in like it works better on the lime system. Then tonight is all broad

spectrum. It also new modulator. It's inflammatory at some point but it's also anti-inflammatory.

And it's, it's it's unique and can can be very beneficial. It's great. It works well and it and you know, it works. You see perks reactions on it and some people for sure.

So, well, when I first did it many years ago, there was no dosing. So I'm like, all right.

Mitochondrial Peptides and Energy Repair

And I have Lyme. And so I get it. And I went to work and I was like, jump out of my skin. And people are like, oh my God, I see patients. So I'm like, so, you know, I'm like, okay, what's wrong?

Yeah, yeah. This guy, a friend of mine who said, I've never seen anyone like that, you know, I was just passing and just like, sweating and and I'm like, okay, Rhonda, you know, but, and then some better studies come, after that.

But, yeah, I always try everything first, but, it it works for a lot of things. Yeah. It helps. Like, I think everything's at all right. Everything's a piece of the puzzle.

There's no one magic bullet. And I think with the peptides, I think you'll agree is, is actually, they get even better the more of them you use. Like, you know, it's one plus one equals five.

Yeah. And that's exactly. And that's the sort of synergy effect you get. I mean, and you know, and again like the next step in this whole process is endocrine restoration.

Right. And this is as you just said, like this synergy you see. Because guess what. Not only is there a physiologic aging and things that happen to our, our hormones, but we see, you know, the effects of infections or chronic, or bio toxin exposure.

And guess what? You'll see. Low levels of growth hormone. You'll see low levels of sex hormones. And and so I'll run IGF one I'll look at standard deviations and say look this might be helpful if you have someone who's got everyone's sick, they allowed to go down or I can't stand it.

A lot of hormone levels are normal. Is zero to something, right? Right. It's it's yeah. And what what is normal I mean, and that's where you come up your, values like MSH.

If you measure MSH, there's no, you know, they're just looking for tumors that are, you know, MSH producing tumors. There's no. Yeah. They don't get it. They don't get it.

There's no marker to say it's to look right. So if it's less than 25 and this is kind of my thought with KP and Milan often is if it's really low I'll use a milana tan.

But if you're MSH is maybe 20 or above, I'm trying to get it at least 25. Then I'll probably want to use Cfpb because I you know, it's going to have less, tanning effect.

As you talked about VIP. Same thing. There's no marker for low VIP levels. So and it's interesting that you know you said about hormones. And so I ended up giving a talk.

It was out of they were doing it was a peptide conference. Thyroid example. They said let me combine them. And I'm a big T3 guy. Say, one of the things that just made my life I was able to function was, you know, high dose T3.

My levels were normal, but so I love T3 or work for so many patients. But I showed that really the thyroid problem is not a thyroid problem. It's everything else.

It's the Apollyon pituitary thyroid access. It's the it's the transport and how you can get peptides to actually fix that. And one study which I came across, showed that the up Italian will actually take out the pituitary and increase TSH.

Where the hell the TSH come from? That's what I said. Came from the thymus. Wow. Yeah. And so it it's amazing. And the level. So they took out two years of people's thyroid to be at zero.

Right. And it didn't bring it back to normal, but it definitely brought it up. And the TSH. Wow. That's incredible. Yeah. Yeah. I mean, another another example of using epithelial and, for everyone.

Right. Because we know that I already resistance happens. We know we lose sex hormones. I mean, I mean, why wouldn't you want to have, you know, your levels restored to where they were when you were 30, 35 years old.

And I don't are you seeing this, too? Like, you know, I see kids coming in, you know, seemingly healthy. 18 2225 their testosterone levels are 200. Yeah.

I mean, you know, it's it's scary. And in plastics, pesticides, all this stuff, it's it's not you're totally right. And ideally these things change it.

But you know there's things we can use to try and increase it. Like unfortunately out of the secreted guys we have available to us now. Right. Right now, I think the only one I can use is, Sarah Morrell, in which, you know, it's, it's a growth hormone releasing hormone analog.

Right? So it causes increases in IGF, innate and human growth hormone, but it has sort of broader effects. It effects you know, hormone balance and sleep and sex drive and, and muscle mass and all these things.

So I, I've actually really liked it. But prior to that I, I guess I would I was using a little more of the ephemeral and crazy combination. I feel like that was just a knockout.

The CJC has got about a three times longer half life than Sarah Moreland, so you can't get it. I don't think you can get CJC 1295 and oh oh no. Yeah yeah yeah.

Oh you can't okay. All right. We'll get it. All right. We're getting. Yeah. And that's what I've been working on I've been frustrated. But what we all need from you, Kat, is a spreadsheet with every peptide telling us where to get it.

Because it's like I trying. I'm getting it's working with every problem. But. Oh. So, Yeah. And I find some people do better on straight growth hormone.

Yeah. You know, and I think the whole craziness on that is died down. It had we're getting the fear of growth hormone that like who's died of growth hormone going to get cancer.

Yeah. There's no studies ever shown that giving growth hormone gives us cancer. Right. And and people say, you know, what about eggs? Where, you know, increase ed and I basically say, I've never seen a person rich enough, to to do that except for Barry Bonds.

Yeah, yeah, his head got bigger. It's in. I grew a lot, didn't it? Yeah. So. But, Yeah, I know we've been, I know I've got to deal with it going on for a while.

Other peptides you like. Let's see, I use I did them all in. There's a secrete, a guide for people that are sick. Really have a lot of weight loss. I think it helps, like, they're really hungry, though, right?

It does. Yes. Which is great for people who need to gain weight. You know, there's a whole sex hormone world of things. I don't use a lot of them. You know, there there's selective androgen receptor modifiers.

I will use those in women sometimes. You know, I was just talking to someone, about that who supplies all of this stuff, and he had bad effects on this arm from the Psalms, you know, sect of androgens under modulators.

But I love nandrolone, you know? So, the problem is, so you get testosterone, especially if they're all these. Yeah, inflammation. They're going to make it all into messenger and upregulate, you know, basically, they were omegas,

especially if you are the cream and upregulate this make a bunch of aspirin.

So for diabetics like nandrolone, but it's also considered a bodybuilding hormone. But it's been around forever. It's equal potent to testosterone. So I find let's say you do half and half and it doesn't come up on the test.

So let's say their testosterone level and also the normal has shrunk down because everyone's low and they're oh my gosh, they're high testosterone Erin freaks out.

But the nandrolone is not going to come up. So let's say they're 400. You really know they're 800. And they don't make so much. And so you can give testosterone with aromatase inhibitor and all that.

But, I, I like doing that and I've. Yeah, kind of shied away from the Psalms just from there's not a lot of studies on, and and I've heard some people have some negative side effects.

What do you, what do you think about fullest? And because, I mean, that, you know, there's another one for really, you know, circuit clinic patients, you know, where you get an a testosterone like effect, right?

Independent of testosterone without actually affecting testosterone levels. Yeah. I love your statin. And I found it. Either it's amazing or it just doesn't seem to work on people.

It's like we've had some, like, women come in. I got a wedding coming up. You know, six weeks, I got to lose 20 pounds again. The force that and, you know, increases, body fat.

I am fortunately became allergic to it. Also, the 344 and 305, and I'm really bummed. Yeah. Because I end up gay. Wait for it. Because it was like, keep my weight down, I terribly and I, you know, I've like this breakfast that just getting.

But, Yeah. No, I really like it. It's just it's expensive. Yeah. And it is complex molecule. And, but I, I think it can really work.

Brain, Sleep, and Neurodegenerative Support

Human in, like, in a lot, in which goes along with more, you know, kind of mitochondrial peptides, which we have talked about and maybe briefly, we'll just talk about those, you know, human in, really reduces insulin resistance.

So beneficial effects mitochondria might see, which I'm, I think I like I don't know, I, know I've had some people oh my gosh, their triglycerides came down there.

You know, and then there's SS 31 which avenues a lot of because it's expensive and really hard to get. I don't know if you can really compound it because it's in clinical trials.

But the five amino one and Q yeah, great results with, and we were mentioning before we talked how, people with, bipolar Lyme disease, like, you know, more energy.

The bipolar went away. Another doctors, family member had OCD two days later of taking it's gone depression. So that's been one of my one of my favorites.

They hex, I don't know if I go with mitochondria with more of a brain stimulator, but, Yeah. Yeah. I think, you know, part of that thing of aging and and disease is mitochondrial dysfunction.

Yeah. I mean, so you're echoing so much of what I would, I would say to cat. Mozzie weekly. Mozzie, I, I've seen it really help with some people in the bio toxin world.

Like it it it acts on the, the cell nucleus in, you know, the very the cell danger response. So, you know, in response to, you know, metabolic stress, cellular energy deprivation under toxic conditions, that's kind of the key.

No, for it. And, and it's great. But, I also like Nadia. We do IVF. Nadia, we're starting to do, you know, patches for it. Really, really helpful at reducing, you know, free radical damage from bio toxins, increasing mitochondrial biogenesis.

All these, these really great things. And you do oral and ad or RNA or, and my thought is like, take that. I think I have, I think I have I don't do a ton of it.

I mean, we use, you know, we're using a combo, resveratrol and, I think it's like nicotinamide, it's the precursor or resveratrol. Get the methylated.

It's, it's about, let's see, seven times a half life. Wow. How many times of potency? It's, three using that, venom. What's the name? The terror spillover or something like that, stuff.

Yeah. Yeah, it's. Yeah. So it's the methylated was very virtual. If you look, the study said they had like, people use quercetin. You can bind compare that to by setting, bio flavonoid by setting blows it away.

It's probably seven times as potent. It's a hassle. I'm loving the bio guys. And when I did my, And we're doing more and you may be doing it, genetics testing, which I think has its issues because genetics and the next epigenetics are.

But it'll tell you what to try to fix, like everything was taken by a lab and mistake by a noise. And it was where because the things that it told me to take, I just kind of naturally gravitated to because I felt better with them, you know?

But I think that's that's a huge that's huge part. That's why that I'll try that, methylated version. I mean, yeah, I mean, I love nad we use it a lot.

I think it's just great it increase, you know, improving the Krebs cycle energy production. But my one of the newer ones and SS 31, I'm like, I can't even tell you how excited I am about that one.

But because I'm a membrane guy, I kind of always am thinking of fast colon and cardio lifting and, and, you know. Yeah. Just to tell people SS 31 it's kind of a mitochondrial antioxidant a little bit, but it does other things.

It's in a lot of clinical trials. I do it all for neurodegenerative diseases. Yep. It helps so many things, all these mitochondrial things do and and also I think like what's your thought on Leo Peak.

You might have you I think those are, you know, good to take don't. And I kind of rescued someone that when I gave my assistant. They have a meta one of you that I gave her de hacks and, But I think I just stimulator mitochondria too much, and she had no antioxidants.

And so we gave her PCU, and then she went back fine. But, I think that's there's, there's a lot of money being billions being put into those. Yeah. And because they work, they, they, they do, they really work.

And and you're right and could I like to because it also has got that, you know, it's, it's a neurogenic factor too. So it increases, you know, neurogenesis.

But the, the new thing I'm really playing with right now that I've really seen some great results with, is rapid myosin actually, oral rapid myosin. It's great.

It's really affordable. You can do it a couple times a week. It has two really pronounced effects that are, in my opinion, huge in the bio toxin world. So one is, you know, I hate to use the word immune suppressant, but it it in high doses, we know it's it's kind of an immune suppressant.

And that's why I've been a little reluctant. Because if you start off with low doses, like, you know, low, low, like one milligram twice a week or even once a week, it inhibits antigen induced proliferation of what's part of the immune

system, you say immune system that's like can be any part of it, right?

That's what I'm saying. It's not it's not a global suppressant. So as we talked about like so much of the problem with like say, chronic Lyme is that your immune system is just constantly responding to the presence of a latent organism, even if it's not harming you or antigenic debris in some cases.

And sure, maybe you need to get rid of that infection. But the fact of rapid myosin, its ability to prevent that, that B and that that T cell proliferation and then B B cell based antibody production, it can you know, so in conditions where bio toxin exposure is due to the presence of a latent infection, it can break the cycle of immune activation, with my theory being that it's possible for the body to reset, immunogenic sensitivity and gain immune tolerance in the you.

Yeah. And then and then the second also in some sense at all you can unset. You can unset it, you can restore t rag cells. And you do that with some of these other things like we talked about like the or Mylanta or KP v that work on t rag cells.

You get the best of both worlds. But rapamycin also reduces m tau. And we talk we started this whole this whole lecture about you know, the cell danger response and senescence.

Cellular senescence and rapamycin inhibits cellular senescence. It reduces mTOR. And so it increases autophagy. And and so you'll see, mitochondrial recycling, you'll see, you know, dysfunctional mitochondria improves.

It's on top of G is kind of the body. As it gets older, the cells get senescent and they don't work. They almost don't have enough energy. They're supposed to be programed to die when they don't work.

And if you don't have a G, which is getting rid of these old cells, they're pumping out all these toxins and yeah, inflammation. So getting rid of them the bad cells is important as well.

Yeah. So so rapamycin upregulate interact to right and downregulated mTOR and reduces immune mediated you know constant T cell proliferation I I'm I'm you know ask me in six months I'll have a lot more data to tell you about.

But right now I'm seeing some really cool results. And we're combining it with stuff like low dose immune therapy to improve that immune tolerance and work with the IL ten.

We're using, you know, things like homeopathic IL ten to sort of stimulate all this. And I, you know, I, I like that that's stuff. You know, I'm, I'm not a only empathic guy, but I been, bought a bunch of those thing gamma.

I think what I yeah. Again it and I think they work you know they're they're German. They have to. Yeah. Yeah. And then there was what is the same study so as randomized and, metformin and there's a cognitive in, in longevity.

I think, yeah, I have yeah. Yeah. So, so there's mitochondrial ones. And then, you know, we kind of touched on this. The last stuff is all the brain stuff so cerebral myosin, and or acetate, I use for movement disorders, Parkinsonian syndrome, cerebral eyes.

And I, I'm, I hear that you're going to be able to source this soon because. No, we haven't. We just we're doing so much other stuff. But it should be out.

And so you take it, as a shot anymore. It's just not allowed. But it all the studies show it works orally because it's small molecular weight peptides.

And they have EEG studies. They have human studies on it. So, we actually have that and we're doing a lot of, you know, combining with other bio regulators.

We're kind of move in that direction. So, yeah, I mean, it, it, it helps and and usually like, you know, I don't I'm so dumb. I mean, sleep is so key and I'll be up all night.

I just all of a sudden I'll start doing research and then all of a sudden it's light out, you know. Oh, sure. I gotta be in the clinic, you know, in an hour.

Do a cerebral license shot. I do the oral, I do the mitochondrial boosters. I'll do Mots, I'll do, The, Amcu, and, I feel okay. Okay. But it's probably not the best way to go.

You know? It's like, Yeah, the, you know, the 5,000,001 Amcu. And I was a little worried about a hex, because it had a growth factor as, it's great for for, brain, basically rejuvenation, like with and stuff.

But there were some negative effects of hepatic growth factor that would sort. But I know it doesn't seem to have that effect, but so we may use more of that.

Clinical Practice, Patient Stories, and Closing

But, yeah, I think mitochondria just another whole area that and there's, you know, big Pharma is pumping so much money into it because it works that as.

Yeah. Well and that's like like I think, what is it? Fiberglass, glute peptide. I think they're doing a ton of studies on that right now as far as its ability to treat, traumatic brain injuries and stroke.

If I remember right, they got 50 or $60 million. Is a grant for that. And in 20 2016 or some somewhere in that zone that, you know, they're looking at, I don't know what the outcomes are.

There's even I mean, you look at, you know, TV for TV for frag, BBC for traumatic brain injury. I mean, just like football players should be on it. Yeah.

And I remember I was at, it was a stem cell conference, and it was, from the NIH, and they did a study on football players, and they could tell what position they played by where the brain damage was.

Oh, wow. That's interesting. Crazy. Don't leave with your head, I think is the motto of that story. Yeah. And, but you can reverse it. But, you know, and I know a lot of doctors that treat, you know, these athletes and things and even ones that are playing like they're like, hey, they're not all there, you know.

Well, it can't house. Yeah. Yeah. And I'll tell you, like in a lot of these really like neurodegenerative cases, like we'll run, you know, encephalopathy the panel or we run, what's called the neural zoomer.

Plus they're, they're labs that are looking for autoantibodies to neuronal structures. And so that's when we really start getting into these types of things.

And and the cerebral myosin is I mean, it's great because we know it. You know, it has an effect similar to brain derived neurotrophic factor. It's it's great.

But I, I usually combine most of these with hyperbaric, okay. I mean, we, we tend to get people in the chamber, increase. Oxygenation to the, to the central nervous system, use it with these peptides.

And it's, it's just a phenomenal synergy actually, for so many of these people. If you have a chamber, we have a chamber. Yeah. Oh you do. That's awesome.

Because I mean, it's, you know, it's not cheap. It's a time commitment. And I would add lime, I would, went and then I told the guy that text, I said, just crank it up.

He's like, no, I can't do that. I'm like, all right, get up. And then the guy leaves and all of a sudden starting a panic attack. It was, yeah, like hell no.

But you know, but, I do think it's it's just. Yeah, it's you do a number of treatments and, but it's. Yeah, again, all

these things are very synergistic, you know.

Yeah, I agree. And, you know, if you're, you know, my last two baptized that I'd have to speak on. I mean, right now, it's like nasal. It's like, you know, slack and Cmax, they're both like MSH, like, acts like peptides.

They, you know, we know they improve attention learning memory, while reducing inflammation. So, you know, you see a lot of anxiety and panic. You know, you kind of reminded me of that with your story, just nasal.

So, like, it's inexpensive, it works great. I know effects are comparable to benzos without all the side effects and the withdrawal. You know, Cmax increases circulation to the brain.

So when you start looking at all these other effects, I can see, like, also is great for, you know, basically immune modulating hey for Covid take see like to prevent you know.

Yeah. And I noticed too as I found that when I was stressed at work I'm looking for my see like you know it helps that tolerance to stress. But yeah. And you know, I had the worst memory of anyone I ever met, actually, and people attest to that.

I can remember medical stuff, but I can't remember anything else, but, And so I'm just, like, pumping all the, you know, the neurotrophic stuff. So I do like this stuff.

I think all combined, I'm scared taking Alzheimer's test. I might fail, but, but I would have failed it, you know? But in high school, right? I, I couldn't memorize anything, so, I mean, I think I'm even better now.

I can, I can, I can do that, but it's still, you know, I think I've had Lyme all my life, you know, and, you know, I was born in six months as opposed to be die or be retarded.

Had, you know, one blown people in my life and, stuff like that. But, so I think these things like, and also I just think, like, all these people with, you know, Alzheimer's and Parkinson's and it kills me because I know we can help them.

Yeah. And but they go, oh, my doctor says, that they're doing everything, you know, or they're coming at a party. My husband is there. So you tell them this.

Yeah, well, the doctor says, no, that won't work. Well, why are you asking me? But I just it breaks my heart because I know we can make dramatic change.

Those people. We can. And and, I mean, you see a in Parkinson's, I will say, alone, like, solvents are a huge deal. We see a lot of, herbicide, pesticides, just detoxing, getting.

I mean, you ask, why does glutathione, just independent studies on gluten give someone 4000mg of I. V. to retire, watch their tremors improve right in front of your eyes, and why?

Well, glutathione is probably getting rid of some of the cause that's driving this. You know, the the the, you know, the. Yeah. And the other studies by MacDonald were, you know, he based was head of the Harvard brain Bank, did biopsies and found all the Alzheimer's patients had Lyme.

Yeah. And it wasn't allowed to publish it because it was caused too much fear, like, hello. It's nuts. And also they're finding Epstein-Barr that probably comes up from the nose and, you know, travels up the olfactory.

And and they're thinking that, you know, the plaques are actually anti-microbial and are actually a defense against the infection, but then they yeah, I yeah, I agree it it's, it's creating like a sequestration of those, those infections or those toxins.

I, I totally agree. And you know, it's really interesting that we started noticing and some of these Lyme cases or Sullivan's cases with Parkinson symptoms is they were atypical.

Sometimes you would put someone on on, on level carbo dopa and they actually get worse. And then what I, I, you know, I and I work with molecular with this for a little while is we would start to see anti D2 receptor antibodies.

So it wasn't that they weren't producing enough dopamine. It's that they lacked the receptors for dopamine to bind to you because their immune systems are attacking the receptor sites.

And so you know I my plan is still to write the Michael J. Fox Foundation and ask for IVIg trial on these these patients. Well, I would call them too.

I and I called Stephen Hawking, and Michael J. Fox who said, did you know, need to be checked for Lyme, said he had Lyme and it was treated. That two weeks of doxy, right?

Yeah. And they said Stephen Hawking likes being the way, you know, I think is he died now, but, that and I made him more special or something like that.

He wasn't interested, I swear. We we could we could totally help you. I mean, you know, we've we've probably had ALS patients that they've come in in wheelchairs or jogging.

You send them back to their neurologist and neurologist goes, well, yeah. Occasionally you get, you know, just reversal for we don't know why. Like, so you want to call it a miracle, like, you know, and or misdiagnosis, I'll say.

But there were three of you that made the diagnosis and, but it's interesting and, and I see the so much is that say someone has ALS and you tell them, here's some treatments.

And I'm like, no, no, I don't want to. My, my doctor says, you know, I'm I've got the treatment like I might, you know, kind of how's that working for, you know.

But anyway, it's, it's, it's human nature that I've learned not to tell people like some person was telling about how wonderful or surgery was. I took out her uterus.

I said, well, you could have prevented it. Take giving you progesterone five years earlier. Oh, my God, she's gonna kill me. Yeah. So, But yeah, so there's some psyche in there too.

But, like, we go on forever. I don't know how long we've they've gone on. I don't know either, but. Yeah. No. So I, I don't know. I guess the moral of the story is I have a lot of favorites and I individualize for each person.

But, you know, I start with a way to do it. Okay. But that's not standard medicine. It's algorithmic. It's and I there's going to be a point where there's going to be like an the IRS is going to be you plug your everything in the computer, there's going to be official intelligence, and there's going to be one guy in Nebraska, Doctor Gong okay, approved that, you know?

Yeah. We'll see. But people don't fit in the box, man. It's I you know, the way I say it is, the art of medicine is changed from the art of treating people and understanding what's going on to the art of diagnosing and naming things.

Right. Can you name what if someone has its mask? Yeah. Put them in a box and you probably had this too. Is that what you people crying on the first visit?

Just because we believe them? Yes. And I'm like, of course I believe you. And I'll show you on bloodwork like, you know, and they'll say, oh, everything's normal.

Well, if you don't check anything, you check a cholesterol and a CBC. And again, panel, of course, you're not going to find anything and or people will call and the well, what if you don't find anything?

I said it's never happened. If you have some will find something, you know. And so it's nuts. So I think we have, you

know, parallel, lives here. But, it's it's challenging, it's tough, it's rewarding.

But, it's in to, I think, you know, doctors should the standard diet, fashion center doctors. But what incentive do they have to go learn new stuff? They can't do it.

No. Aren't allowed. Not even allowed to run labs. They lose money if, like, Kaiser will take the lowest 20% or the ones they do the most tests that make the most diagnoses and say, well, they're they're not cost efficient, so they get rid of those.

So they just keep getting the doctors that do nothing, you know. And but it is it they're forced to pay more a little bit, but it's also the system. You know, I agree, Eric.

Yeah, I know it's it's it's a mystery. It's a puzzled on solve and I think, you know, it's it's a good thing there is many good functional doctors out there like yourself.

Yeah. Educating others and putting together PowerPoints on topics like peptides because as I said, like, I don't know how I would have ever learned about this if you hadn't, like, you know, been so cutting edge and put this out there for me to think about.

And, and these light bulb moments, you know, all of these things happen from, you know, some other person who's thought about it and done it in some way.

And, I mean, I, I swore that, you know, I it's a horrible illness and you cannot describe to someone how bad you feel when you have life, you know, and people don't believe you.

You look fine at all. Just exercise, you know, and, and so I remember saying, you know, just give me well, take all my money, I don't care. That's going to happen. But I got divorced, so.

Yeah. Yeah. You don't have any money. Yeah. And it's put things in perspective, you know, it's like when you don't have your health and you can't get a bad like, it doesn't matter what you have.

And, so you do this amazing work and just hear great stories about you and love talking to you. And learning new things and bouncing stuff off. Yeah. So, how do people, if they want to find you? What?

Where where did they find you? Okay. Yeah. So you can go to, the website, which is Bear Creek Clinical. Com. You're always welcome to, you know, call the clinic.

We, you know, we have a phone number on there. You can email. There's links right on there to email us. We have a Facebook page. Of course. You're welcome to go on there.

And, you know, we can always link you to someone. There's, three other clinicians in our clinic right now who are all really incredible doctors as well.

Dan Smith, Tom messenger, and, Margaret Phil, who are all all just people that I would trust my own health to and scenarios that we're, you know, so we've got a really good, physician group.

We we do rounds, we talk, we do test reviews. You know, we've got, a large infusion center, we've got hyperbaric, we do LDA, LDA, and peptides. And, you know, I mean, I more things that I can I guess I can probably think of right real quick.

Well, with the chamber, a heart chamber. We're using a soft 1.3 right now. Yeah, I said regulations. I was like, you know, they treat it like a giant bomb, which I guess it could be, you know.

Yeah, it's it's something we've really talked about and, you know, I believe we I've more than one time, like, threatened to open a hyperbaric center in Medford with a couple hundred chambers.

You know, just to, to make that a separate sort of facility that ideally we can get, you know, other other people referring to. Yeah, but then you get to do care for yourself.

Well, you get kicked back laws like you try to do what's right and do you get slapped down anyways? Yeah. I hate to be negative, but yeah, pranks like nuts.

But anyways. Hey, so I think this is awesome. I think this is a great interview. I don't know how long I'm scared, how long we went. I'm scared to look at the time probably a couple hours ago.

Yeah, but I can keep going. I love talking to you because it's just so much knowledge and, and God bless you. You're doing great things for people. And, I'm proud to say, you're a friend of mine, and and thank you for taking the time.

Yeah. You're welcome. Thanks so much, Karen. It's really great seeing you and getting to finally talk to you. And this zoom Covid world. And, hopefully we'll we'll get a chance to, to sit down again in the future.