Introduction to Dr. Neil Pavon

All right, everybody, welcome to the Peptide Summit. I'm delighted to be here. And today, my guest is Doctor Neil Pavon, and, he's an osteopathic doctor who is board certified in family medicine, anti-aging and regenerative medicine, osteopathic medicine, functional medicine, cranial sacral therapy, which we like, and medical acupuncture, which I also do, he's helped top executives, Olympic athletes, top trainers, celebrities, to all optimize their health.

He's been featured in the New York Post nutritional nutrition, Live Fasting, MD, and many other publications and podcasts. His practice is based in Manhattan, but he also serves clients in multiple states, including Florida, California, Illinois, new Jersey, and Connecticut.

Over telemedicine, he uses traditional and alternative treatments to help his patients, patients see Doctor Polman for his expertise in biohacking and health optimization, and in addition, he specializes in helping his patients with hormone optimization.

Peptides, nootropics, and, natural options for pain relief. I'm delighted to have you here. Thanks for joining us. Oh, pleasure. Thanks for having me.

Well, so, we're going to talk a little bit, about sports medicine, and we're going to talk about anti-aging, and we're going to talk about, complex illness.

I thought we might jump in on, some of the, the things that people are doing in complex illness and, the, we got a chance to, chat. And we're having a great conversation just about biology and strategies for doing things.

And so then, I, I, I was real interested, and, you were telling me we were talking about how to deal with patients with pain. Muscle pain, Lyme disease, and, and, and you're telling me about, a strategy of using, peptide.

Okay. And combining that with frequency specific microcurrent. And I think that might be something people are going to find interesting and unique. Tell me, tell me about that a little bit.

Yeah, sure. No, I mean, it actually started, somebody, a patient had tried so many other things without really any great improvement. And they linked up with, one of the big doctors and, FSM or frequency specific microcurrent.

And they tried several peptides and they found the ones that were giving in the most generally, for most, the most common part of the line was combining GPC with Tb4 times and beta for TB 500 which is more readily available now.

As well as some patients are actually using some combination of c lang for some of the brain symptoms or anxiety related to it. And what they're trying, they're doing is they're doing the treatments anywhere from 3 to 5 times a week.

The MSM treatments. And then they are either some patients are doing, injections very close to the area of their irritation. Some patients who have very systemic centers are doing the typical subcu, abdominal injections.

Patients who are in near a doctor's office are getting injections much more invasively depending on what their complaint are. In terms of in joint or into the fashion of their getting neuro therapy, if it's a nerve issues some some combination of that as well.

I got an unfortunate page online, have got complaints all over the spectrum. So you kind of start with that core protocol, especially with the GCC and the FSM and then you kind of build out depending on what, what their specific, the problem set is that, you know, I was really interested and in hearing that, you know, we're not doing a lot of FSM, but we have a lot of other electrical, strategies that we use in the office.

And one of my sort of defining ideas, I think, is if you can put something in, tissue, then what's going to happen is, is that's going to work its way through the lymphatics and through the connective tissue, back to the central circulation.

And, we know that GPC is really a great peptide for connective tissue. And so then when I heard that, when you said that, I go, oh, that makes all the sense of the world.

And then if you can and I've been working on this myself quite a bit of putting, GCC k and tb4 also good for connective tissue into a facial plane. And then and sometimes we do that with hydra dissection.

A lot of times we do that with insulin needles.

Peptides and FSM for Pain and Lyme

But then using electrical strategies to help move that through connective tissue makes a lot of sense, particularly for complex immune problems like Lyme and mold.

I know you take care of patients with Lyme disease. Tell me a little bit about your your philosophy on Lyme disease and how you think about it. There's two pieces.

I mean, Lyme is such a complex illness. If patients especially have had it for a long period of time, and it just affects every hormone and hormone system, from everything from joint complaint, immune complains, they get Sibo, they get I mean, they just run the gamut.

So it's it's really trying to initially trying to give addressing, all those in as simple ways you can. That's why peptides are great because a lot of them will I tell players, will check off multiple boxes for the patient as opposed to working, giving us something for each specific issue.

The thing I've learned in other tech practitioner really realize is you really need to go low and slow. Everybody thinks more is better with Lyme patients.

I've usually seen the opposite where the the higher dose that you give somebody like that, they hertz, they will have a mass l reaction or combination of both.

Or they may and they're like, I want this happen. I feel worse and it takes them another month or six weeks before you can start over. I mean, I really start usually really in the immune system.

Like, with some type of refinement mass. Now for one, some other type of supplementation, initially to get things regulated and I may get them like a in beta for, for if they have severe pain and I may address their brain fog.

Either with I like that hacks. I've had really good success on my Lyme and more patients with my hexa, which is a cream, as opposed to giving them another injection.

Or maybe they have to deal with. And that's my starting point. And then we'll kind of like march through the individual steps will raise their dosages as much as they can tolerate.

And then I tend the ones I will add in later on would be L 37, which I really like. I've added in Cfpb in some cases, either injection or orally, depending what their gut health is.

And then you add and I may even add in GSK which you mentioned, or Mylanta tend to if they have the brain fog. I love stabilization, in the sense of, again, because they help connect with neuropathic help with some muscle pain, it helps their brain fog.

Again, it checks off multiple boxes. It's just a more complex treatment regimen for patients. If you're not treating locally that some patients are going to give themselves a shot every day.

For that 20 days, I usually do like a 20 day protocol with them multiply spaced out a little more again to see how they respond to it. Initially. So really and then I, I love adding things in like red light and LDN and things like that kind of mix and match depending on where they're at.

Okay. So that was the entire, integrative approach to Lyme disease. And and two minutes. That's a good one. But then I like, I like all of that. And so then that's interesting for people to hear about and think about, because within someone comes in with Lyme disease.

That's such an interesting one, because it runs such a spectrum from debilitated, can't get out of bed with overwhelmingly intense symptomatology to a relatively mild, fatigue, low energy pain, and in mild brain fog state and so then I also have seen the, that it's important to start to put small inputs in and see how people do so that you don't do anything too overwhelming.

And I like how you're covering a lot of the bases working on the brain fog. What the heck's, working with the immune peptides, that kind of low dose thing, trying to develop some strategies to help with pain and musculoskeletal stuff.

What, what, if you could only do one thing for somebody with Lyme disease, what's your what's what's been the most profound impact that you've had for those patients?

It's one it's still the immune peptides initially. Because if you don't fix that that's kind of the the big ping pong ball or whatever, whatever analogy you want to use there.

So if you don't fix that, you're going to have a hard time fixing everything else like that would probably. I see so much. I got involved in so many different systems that that would probably be second.

But immune system is just as the big as the big ping pong ball. And so then, you know, a lot of people will say, and I found this, that, one trigger for triggering problems with, with Lyme disease is often gut problems.

And, and so then we're always looking for strategies to improve and heal the gut. And, so one of the things and that, you mentioned was this peptide V, which is one of the few peptides is actually available in an oral form.

What's been what is what's been your experience with that? Both kind of it as an injectable, as an A and as an, an oral both kind of in Lyme disease and in general, I love it as I like it actually orally better than injectable, unless I'm doing it as an add on.

In terms of somebody as arthritis is not my number one go to, but in terms of Lyme patients and patients who also have an autoimmune component like psoriasis, I love it.

And now they make it in a cream as well. So again you can mix match. But in terms of orally I I've seen some really great success in again Lyme Sibo which tend to be like I call it an overlap syndrome or I call it kind of like Venn diagrams and everything just kind of merges into one thing and it hits so many different things.

It's going to hit mass, so it's going to hit any type of if there is a Sibo issue, it will hit mold. It will. It does everything. And one thing that I found really a success with that, so I like it more orally. I tend to, I tend to push the dose a little bit, but again, that's something I'll put the caveat that make sure you discuss that with your doctor.

I tend to push the dose when I see that it's working with people. Because I haven't seen really major side effect with that. But what sort of dosing will you do early?

I mean, I'll depend on the patient. I'm either going to maybe even three times a day as opposed to twice a day, or I'll even go to a couple milligrams higher than the recommended dosing.

Depend again, depends on the patient or wait what's going on. And I'll I go baby steps with it. But I tend to be more graphics. I've found it works well and again, I'm I don't love using BBC in Lyme.

Multiple patients as my first go to and TV for has been harder to get. So CVS kind of really filled that niche. And well, you know, there are some formulations of CP V that come with BPC.

Have you, have you like those or do you tend to just do CP v by itself? I do what I do with any combo that especially with that type. It depends if it's somebody who just has arthritis, I'll use it.

If I can find it. It depends on what the peptides come on. Every conversation. It's such a state by state issue now because certain pharmacy, every pharmacy only ships to certain states and the regional where I can get it.

I love it for joint. I don't in terms of some of the chronic illness. I try everything separately and then if they work, we figure out what they're happy doses.

Then I'll do it that way. Yeah. That's, that's a good one. We were we were talking about, a little bit in our, our pre pre talk about BPC and there's what a lot of people would really love it.

And that's been probably one of the more famous peptides. But interestingly some patients who are immune patients well have some mast cell symptoms with BPC.

Sounds like you've seen that as well. You know, as I mentioned, I say probably in a quarter to a third of me, it's hard to tell exactly what it is, but they have that the brain fog or they get gut or bloating issues or even some neuropathies symptoms.

And I just take it. I say, look, I tell them I've now I tell them ahead of time, if we get it to stop the medication, let me know what's going on. And we do something else or proactively, we give them something, everything from either quercetin to like a amount of cash.

If they're more prescription persons, we go kind of one or the other. It's kind of protect both of us. And that sometimes works. I mean, I'll even use Crumlin if I have to, but again, it depends on the patient.

Now when we talk, if, if we the next every time you talk about Lyme, you probably got to talk about mold. And what's, what's been your experience of patients who are struggling with mold and how do you think about it?

And how do you think about peptides for patients with more than and, and how it impacts them? Mold it. It's kind of I still view as kind of the second or third part of the spectrum in terms of treatment, the mold patients initially, I mean, it's still the mold, especially as you got to get out of it, get out of the space.

You definitely got to do the whatever binder happened to work, get the testing done. So that's always that first part. I tend to and also depends what the lab work is showing me.

Lyme Disease Treatment Strategy

If there's a I mean, there's symptomatology and how good or bad their lab work is. Especially like their alpha message. Their C3C3C for a if those are through the roof where their inflammatory markers are through the roof, then I tend to be more aggressive with the peptides initially.

Again using something like a cpcb or TV4 again as opposed to doing the BPC. The, the part that I probably will jump in first with is, you know, if they have a brain fog issue, which a lot of them do, unfortunately some very severely.

I use it and I also again, I use they also have live and I see it more and more now. They have a lot of bloating and weight gain. And these are the patients they look, I've tried everything under the sun for weight gain. I'm gained 20 pounds. I don't know.

And they say have you been exposed to leaky or moldy building. Oh yeah. Yeah, that happened to me a year ago and I did some but it, I thought I was done and then so, again we have to address the gut and again KB kind of

jumps right back in there.

And I've had again minimal side effects and it's worked pretty well. And again it addresses MSG and for my acid. So it's stimulating hormone. So it does a lot of things there.

And then the on the back end, again, once they've been cleared, you, they know the Ma condition has been addressed or is being addressed. Then you can I VIP is is it I kind of call Ferrari in the sense that it works incredibly well and patients heal really quickly.

I've also used in some line patients or unfortunately is kind of a like a Ferrari out of control and some patients have actually regressed. So you got to be some people want to do mega dose VIP.

That's what's out there. And some groups and stuff I tend to be. That's one of the ones where I kind of go much more controlled with on the back end, just because I've seen either great effects.

I've seen some people go back, take a major regression with it. So I tend to be a little more careful than most with. But how do you like the dose? The VIP, I tend to, I mean, I know some people do up to four times a day.

I'll tend to do it up to also a patient either once or twice a day, depending on where they are in their whole, in their whole spectrum of where they are, and also how many symptoms they have.

I and I'll tend to do low again, low dose progression every, but I tend to go like biweekly and see where they are. I tend to either me or my health go to check in with them and I know where they are.

Because I'd rather again with Lyme and with my anti-aging pages and verdict graph is very weird dichotomy anti-aging them and I sports medicine very aggressive Lyme old foxy patients.

Very conservative initially. And then I push and push and push. Yeah, that's kind of a, similar strategy that, that we have. And, and I think that that goes along a little bit with the Shoemaker idea of working on getting people, through those initial hurdles and, and then once they've, they've stabilized and kind of starting to improve, then layering in kind of the VAP near the end of the the therapy.

But now you mentioned, the what, what I personally consider to be potentially one of the them the most challenging things that I've actually faced in my career is taking care of patients.

And I'm super interested in this topic. The the phlox patients, patients who've been damaged by taking an antibiotic, the fluoxetine and antibiotics. Cipro would be kind of a classic one.

Tell me, tell me a little bit about that one, because I loved hearing hearing that you're doing that and, like, like to kind of hear, hear your thoughts about it.

Yeah. I mean, it's become bigger and bigger population. I think more and more people are becoming aware of it. Which is good. It's just unfortunate. A lot of doctors say I know I've had literally ten patients in the last month come to me and they're like, my doctor now knows what it is.

But he's like, I have no idea what to do. Go see the find. You need to find someone who knows what they're doing about it. So that last year or so didn't actually even know it existed.

Really didn't believe it. In terms of treatment, that's actually like I said, that's something where it's usually like a complex of usually six and six parts of it.

There's the anxiety component of it. There's the muscle joint pain component of it. There's the severe tendinopathy, fear of rupture, which is unfortunately, a lot of patients.

That's what they're most concerned, that they're most fearful. They see stories about people just spontaneously

rupturing their Achilles or their ACL or that they're afraid to even leave their house, which I thought was a part of the problem, the issue with it a little bit, so that they have those issues, you have mitochondria issues, you have a lot of stuff going around with the issues.

Then you have like the fatigue issues. So the main thing I try to do initially again, which is definitely try to detox as much as I can again, the basic things obviously need to be aware.

No NSAIDs, no. No entered, no steroids and no, no PPIs. We are proton pump partners like proton X or Nexium or things like that, because those can set you right back in some fluorinated inhalers that you got to get them on that baseline first.

And then like I mentioned, I definitely will address the inflammation is usually the number is going to be one of the big issues. Because that almost everybody has in the tendinopathy.

And tendinopathy is an interesting component because if it's somebody I can see in the office, I can use either do an IV combined with doing what I winter call either paranormal injections, or you probably do hydro as a hydro dissection.

Where I can go in there right with an either doing is, what they call sugar water or the old school dextrose injections, or you can mix and match that with either du prochain or, with some of the peptides, either generic, which we talked about before, TV force or replacing even that I or a low dose PBC and you can mix batch there and then like I said, the mitochondria is I've had decent success with combining the, the nutrients they need, things like, with virtual carnitine, things like that with the mitochondrial peptides such as a maxi or an SS 31.

And then I, if I can find it. Oh, you man, I've seen some decent success with too. But again, so it's really that one. There's just so many components and that's one way combining it to, compare it to a safety deposit box.

We kind of have to turn all the keys at one time to a certain degree. Otherwise, if you just treat that to an obviously you don't treat the mitochondrial issue or you don't treat the muscle issue, you kind of are just chasing your tail in some regard.

So you got to be costly, aggressive. There. Okay, good. You gave me a bunch of questions that I can ask. So then human and I love human. And have you seen good.

You've had a positive experience with human and and the patients. Yes. At the right time. Yeah. It's yeah. It's not my first go to but it's definitely second or third tier.

Yeah. So then that's a, that's mitochondria. So that's a good one. The you know, I, I, friends with John left off who developed, neural injection therapy used to be known as neuro parallel therapy, and had him to my office, and we had a bunch of fun doing header dissection and talking about sort of that whole concept.

Gut Health, BPC-157, and Mold

The idea being that you could do injections with 5% dextrose that would go close to a nerve, and that being an approach to putting something, by a nerve that would, be therapeutic.

The idea being that if a lot of patients have impingement, they may get decreased blood flow and then decreased glucose. So they could he would call it, glucose at around nerves.

And so then he would be putting, dextrose there. How is how's your experience been with that? In the last patients. Have you seen that to be helpful? The Pitt?

Yeah, yes, I've definitely seen for a patient of localized issues, I've seen, especially around the Achilles, like a Perry neuritis or peri tendonitis.

I've seen really great improvement pretty quickly. It's. Or if it's like the, the typical, I call it, but it looks like a hand on the knee, the with all the different nerves that go around the need.

It works incredibly well. Or around in the legs I've seen very prominent. Yeah. Overall I've seen really it's very simple. The it doesn't hurt the patients really at all.

If you're if you're have good injection skills, it's pretty simple to give them some pretty dramatic improvement somewhat quickly. If I like combining again things like red light hyperbaric to kind of augment it as I go on or even, but it works really well.

Okay. Yeah. That's the. Yeah, it's interesting because we do we do a lot of hydro dissection around nerves. And the first thing that people were really using and, and, including myself was 5% dextrose.

And so then and so one and interestingly, I think one so many people are doing peptide injections now with, insulin syringes. And so then I have some people who are, doing sort of their own injections, kind of like, with a peptide injection, but with 5% dextrose.

But I found that those patients respond quite well to placental matrix. I found that they can respond to peptides as well. I, and so you're using good K and Tb4 for them.

And I think that this does make a lot of sense because Tb4 has some peripheral neuropathy benefits. And K is great for connective tissue. How often will you treat somebody.

Well. How often or how do you think about when you treat with, peptides for the the phlox patients? In a perfect world, when I came into the office, it's I try to once a week for at least the first month.

I also have tried, doing the IB, that the I be doing, cerebral icing as well sometimes with the patients as well. Starting to dabble into like the, the personal matrix and things like that too.

But I usually try to do it like once a week, at least for the first 4 to 6 weeks, and then reassess where I am and then go from there. And for the flies patients with the anxiety, because that's interesting.

I've really seen had a profound anxiety. Those patients get what what's your approach to that? I it's a combination. I mean, it's a I take their lab work, we check their hair and see if they have a lot of time.

They'll have, like a mask issue. So you got to control histamine. I check their B-6. And then a lot of times we either will work on their Gaba. I love, theanine and, functional serine.

And now that, Chuck have, any type of kava product I find really good. And, the CBD, CBD products have they have both have I found have been very if some people either work or they just don't do anything one of the other.

And then I, I've had and then same thing with the like the ceiling type of combination. It either works really well or it doesn't move the needle. So it's kind of hit and miss.

I just, I know, unfortunately, I've had a couple pieces that go on like a Zoloft or a Paxil, and 80% of the time they get worse because they have a reaction to it.

That's kind of the the rub to it, at least initially. I had one, so it's kind of a balanced sake there so that I, I want to echo those sentiments. I like your your thinking there because for, for I think for Lyme and mold and the phlox patients is complex on this patients compared to anti-aging healthy people for for that for the health of people with almost no problems.

Everything works. And for the people with a lot of problems, often you may have to work your way through a few things in the protocol, and what works for one person may not work quite as well for the other.

And so finding that the diversity of, of of products and then finding what works for the actual for each specific person is, I think the challenge, but also the holds the secret to probably success.

Would you say? Oh yeah, it's it they like you said the and I do patients is kind of more cookie cutter. But this is that you have to have a whole shopping cart for them.

Otherwise, and you'd let the patient know that ahead of time, too. I've trained I've learned that. Now, you see, like, the first thing may work. Don't get disappointed.

We have five of the things in the toolbox that are there for you. And just let me know, okay? I think we have to understand how the process is going to go.

That also makes things work a lot more smoothly. Otherwise you get really frustrated and they tend to go down the rabbit hole a little bit too much. Okay, so then let's say I'm an I'm, I'm an anti-aging patient, actually.

So I want to I want to come see you. What, what would you tell me? What's what's your thoughts? What would what do you think we should do. And, how do you how do you how do you like to put that together for me?

Okay, let's flip the brain here. Okay. So anti-aging patients. Again, that's totally different spectrum. I mean, again, a lot of times we're working. I mean, no matter what we're still work on inflammation.

But that's where, again, we're we're going more I mean, I love again, VPCs got to be part of your because it just so many different things. But it has an effect on growth hormone.

It helps heal the gut. It helps the brain implement. So it does so many different things. VPCs is definitely a component. I love again, I, I use, to one, drop a high dose to one in patients who can tolerate is more of an anti-aging.

I again I'm, I'm, I just did a lecture on. I mean, mitochondria health is so important now for every component, both for general health and longevity.

As well as preventing neurodegenerative issues. So I, I will pummel them with mitochondrial peptides. I'll have them do some combination cycle in there.

I might see with human in or patients who are really aggressive. We'll do SS 31 SS 31. Again I don't think is is fine tune is ready for prime time with some of the other mitochondrial peptides yet.

And then I love I'm a licensed junkie. I've mentioned it several times already. I think it just has so many brain benefits to it. That's my core. And the last one, if they're ready for it, is a pill on or PD, which is a in terms of there's some studies.

So it may affect telomere length, which may or may not have relation to the, aging. That's kind of still from what everybody I talked to is still disputed where the direct relationship is.

But also works on, circadian rhythm. It helps, regulate the gland, pineal gland. So it does all those different things for you. So I like doing, usually a 15 day round with the patients with the pill on.

But again, I always ask the patient how many needles you want to give yourself at one time. And then we kind of cycle things. So I always start with the mods and the BPC, are usually always a great place to start and then kind of go from there.

Yeah, I like capital as as, as a bio regulator. And I also have found that it works nicely.

Fluoroquinolone Toxicity and Nerve Pain

For circadian rhythms, a lot of people will tell me that they will sleep really well with that. And so then that one's an interesting one because there's some protocols where you do a lower dose and then you can do a lower dose over time as part of taking with other bio regulators.

And then there's also some strategies where you do a high dose, maybe a couple times a year. Yeah. Like the ten milligram. Yeah. So that and so then you could do like a, a low dose maybe a milligram a day, a higher dose, ten milligrams a day.

And so then, but, I, I think that that's one that, that, I mean, I keep my eye on in, in the years to come because I think that that is, something that people really feel, feel good when they're taking, now, in addition to anti-aging stuff, you do, you're, you're working in, in sports medicine and, using peptides.

Tell me, tell me your experience there. I love them. I mean, again, I again, I'm like, I think we're early conversation. Unfortunately, a lot of them I've for my higher end athletes, they're pretty much banned. Are they.

They've just took off. A lot of those. I think there's a last one that was left in terms of being legal. But if you're not an elite athlete where you're being tested, I just I've had such incredible results with them.

And I've had patients who were torn labrum. So I've had who six weeks later are back to their PR and they bench press their weight and now they're back to a PR.

I've seen it with arthritis patients. I mean, again, for patients who have like a trigger point where I combine them in a billet, I'm a doc, so I do a lot of hands on osteopathic manipulation with doing is either a trigger point or a joint injection, and it works wonderfully.

It does. So you can use it in any part of, sports medicine protocol, like a trigger or a joint or just that, that I'm doing. Is that abdominal. I mean, everybody's right.

Any who's watching this is probably heard the Wolverine protocol, which kind of is the one that everybody kind of quotes back to you, in terms of healing and recovery and that again, tell me, tell us, tell us about the Wolverine protocol within the Wolverine protocol, based on the, whichever comic strip it is.

But, it's, BBC TV four and some type of growth hormone booster. You see the one that's called the CJC. And it's, I mean, again, when I've used something similar that I mean, again, in terms of patients who have a lot of tendonitis or a partial tear rotator cuff, or just chronic inflammation all over or anything, even from, like a somebody who just has horrible posture.

And the the range of motion is limited. It just works incredibly well. They've done a max two cycles of it. And I see just again, the improvement is usually pretty profound.

Again, you have to mix it in with other things too. They can't be on in perpetuity. So I tell them that they again get things like red light, hyperbaric mobility work.

All that stuff's got to be thrown in there. Again, working with the chiropractor, osteopath, all that goes together, the pep that you can't just beat your body up.

It'll just do some peptides that Doctor Paul. But. And I'll be fine. They. You have to understand, it's kind of like you do it separately and we all peptide I'm a cyclic person that again you cycle it on and off.

You mix and match it, mix and match your stack. So you can't be on like these things for two or 3 or 4 years and straight. It doesn't work as well. And for certain things you're going to get dust resistance and things like that.

I it was interesting to hear you, you know, talk about the whole trigger point concept. You know, we, you know, I remember I, I first learned about trigger point injections back in medical school, in 1993.

And, it seems like a hundred years ago, but, the you know, how I think about trigger trigger points now is, is that often it's nerve inflammation that creates muscle spasm.

And so then we started to look at that under ultrasound. And then, our approach to trigger points has been to try to put something good for nerves to close to where the nerve is that's causing the trigger point or potentially even in, within that, trigger point.

And, and BPC, I think is one of the best, one of the best things for nerves. And I also have been kind of relatively profoundly impressed by how helpful that that can be.

And, you know, we like to empower, empower patients. And, you know, with, with trigger points, particularly when you're injecting with insulin needles, superficially, to them, it's amazing when you empower patients to be able to start to do things that can really help with pain.

And, and so it's awesome to hear you. You talk about that when you do, when you do trigger point injections where you you use the insulin needle superficially or where you go with a needle right into the middle of the trigger point, muscle spasm, I do both.

I kind of training. Are we going to have a come between major additional training? I acupuncture I do is almost like a dry needling procedure. Sometimes, depending on how tight the muscle is.

I do neuro therapy. So all of them kind of you kind of after a while, you're kind of like a Jedi sensation of a Jedi mind feeling, okay, I need to do this with this patient.

So you mix and match all of them. So I'll, I tend to go more. I will either do one of the. I will either go very I don't think. But if I go deeper initially to kind of get the muscle to relax, I'm more of a dry needling type mechanism first and then I tend.

I've always been taught to come in and out, and I'll do more superficial nerves on the back end, because I finally get more relaxed if I get them the muscle to relax.

That's one thing. I guess it's most of that that way, but inflammation I probably go more superficial is probably the way I break it down. I think about it depends on what I'm dealing with.

It's amazing. The, I think probably every pro sports team that I deal with has people doing dry needling. You know, it's a that's been such an evolution of, of, of how we think about things.

And so they're always taking these needles and sticking them in. Interestingly, that's probably a good strategy of, of also treating that nerve. My friend Stan Lam over in Hong Kong who's a great ultrasound, instructor and just a human being, we'll do dry needling where he'll stick a needle under ultrasound right into the, the area and try to get a twitch.

Trying to trying to be close to the nerve.

Anti-Aging and Longevity Protocols

Kind of like what we do when we put a needle and and we're going close to the nerve, and then we'll leave those needles in as as kind of part of his modality, which is, I think just intellectually super interesting.

No. Yeah. I mean, it makes perfect sense. I mean, now they make again you have cupping. So you now there's cups that you can do like attraction type thing.

And then you put the needle, I'll put the, the stem attached the needle through the cup. So you got like multiple different modalities going one time.

And then you inject the area and it's again there's so many you can overlap always modalities at one time. It's just what how things are about is incredible.

The yeah. I also, you know, it's interesting for me to hear you talk about the the lights, the photo by our imagination. We're big fans of that. And, how and I think it's the the synergy of one plus one plus one.

Sometimes this is sex. How how do you use light therapy in combination with, peptide therapy in terms, I mean, if I'm doing it for pain, I mean, I use you, I like, if it's, if it's a localized pain, I mean, I love the light wraps.

There's 2 or 3 companies now have really good light wraps, and I'll have them do. In a perfect world, I'll have them do the red light first to kind of open things up and decrease inflammation, because you get some blood flow improvement there.

If it's somebody has chronic pain all over, I'll have them do the panel. That I think is as prize more bang for the buck in a perfect world. Again, lot of people can't afford the panels on when they're coming down in price, but that's something they have to come here and do that.

And now there's so many new cool red light things that are coming out. And it was a foam roller that's coming out of the red light. I think you may do the red light I've which has people don't know what the data is there yet. Completely.

So the photo by modulation and knowing which even now which wavelength that's going to work for them infrared red I mean something that you want to make sure that I'm getting much more specific now, depending if it's deep or superficial.

I mean, that's going to be the next 2 or 3 years is going to be really cool how that kind of is going to morph and combined with everything else that we're doing.

But I love doing peptides, I find it augments it really well. It's something they can do at home. They get it at 4 or 5 times a week. And it just again, it just I've seen much better.

I've seen definitely improvement. Been just doing the peptides by themselves. Well you have people inject the peptides and then shine the light on right afterwards.

Yes. Yeah. So then that's a good one. And yeah, I like, I love standing in front of those, when I go to Ben Greenfield's house. He, he's got this set up that I'm going to copy, which is this, that he has, red lights behind him that goes all.

That's the full panel that goes over the head, and then he's got one that comes to right here. And so then you basically get full immersion from the front and from the back.

And so then you it's like a you go through like all of these stations and then he can set up the computer. And so I'm in the process of, of creating that because it's kind of a cool strategy to to do.

And, and so then for people out there, interested in trying it, then, one great strategy would be to inject peptides and, and then go stand in front of the light.

Speaking of, peptides and pain, you were mentioning, how you like to combine peptides with low dose naltrexone. And tell us a little bit about that. Yeah.

I mean, again, I think, man, at this point, I think low dose, not traction should just be in the water supply at this point. Because it just has so many benefits.

But no, I mean, I love low dose, not track zone. In terms of pain, it just works on so many different facets in terms of it helps if somebody has chronic pain and they have essential sensitization, it disappears the inflammation with the

microvilli.

And so on. It also helps regulate the immune system. It's immune pain also helps to heal the gut. So you're treating so many different modalities. And some people think it may have some improvement with the neuropathic component of pain too.

So you can do it so many different ways. You can now do it orally, you can do it no spray and so on. So it has so many different facets. It really doesn't interact with any of the peptides.

So what I'll tend to do is I love BPC 157 with doing the LDN. And I'll cycle them through pretty aggressively, depending on what their pain levels are.

But what dosing would you do? I start as long as they're not having as if they're severe. If there are no autoimmune issues, I start one five and progress them.

My least I want to get them to at least four and a half. I'd go higher than that. In some patients. But these want to get up to four and a half pretty quickly.

If there's an autoimmune component, I usually go either I for 2.5 or 1. I mean, sometimes I even have to microdose because they can't proceed any further.

So it depends. That's kind of where I go with the caveat if you're only in narcotics, it's just unfortunate that that's the one contraindication I can't work.

So, yeah. So that's, that medication sort of an agonist antagonist and so it can impact, if you're on pain medicine, however, I would say my, you know, my, we were, for some reason, this morning, we were all talking.

I had, some friends at the house, and we were talking about, people dying from fentanyl, overdosing.

Sports Medicine, Recovery, and Trigger Points

There's a the opioid epidemic has become such an overwhelmingly big problem in America. And my friend was talking about, this good friend of ours, who we just saw, and talking to her kids about how to manage your life, and, how important it is to stay off of opioids.

And I reminded me as, like, the same conversation that I had when I was a teenager, with my parents and I. I am so overwhelmed with what a big problem that is.

Have you used, have you used, peptides at all for addiction and helping people get off of opioids and pain medication? I'm starting to dabble in that.

That's kind of my next. I was actually supposed to do training, unfortunately, right before the pandemic started around. I mean, between that and the advent, what we're seeing with the the psychedelic phenomenon, that's kind of really what I'm looking to help patients with now.

So I've done very little bit with it. But not really my expertise at this point. But I do a little bit if it's kind of an overlapping with everything else.

The, my, my thought process is, is that the peptides can be quite helpful for pain. And so if you can substitute out, peptides to some extent as an alternative to the opioids, that's helpful.

I also have found that, because they make you feel better, people are less dependent on the opioid as a coping mechanism. The immune peptides I found are probably helpful for the, the opioid problems.

Also, mitochondrial peptides also sort of seem actually like it's just such a interesting, topic. Tell me about tell me

about your sports medicine experience and peptides.

No. Yeah. Yeah, it's it's great. I mean, in terms of, I mean, besides what we previously discussed, I mean, it's it's it's it's it's always changing. I mean, there's so many different new things that come out all the time.

I mean, again, the one thing mean in terms of, I mean, patients who have a back issues, it's progressing. I mean, it's worked really well. I've, I like it in terms of just it's because you can use it as part of just a patient's recovery process, along with whatever else they're doing, from everything from falling to hyperbaric or some other chronic injury.

It works as well. I've done some quote unquote parallel procedures doing the peptides instead of doing it with with the sugar water, doing it like either on the lumbar ligament or around, near a close to a facade.

It works. I'm not an interventional, so I don't go any deeper than that, but I've seen really good success with that type of thing. And like I said, I mean, I love it for, again, for Tendinopathy, it's somebody with a again, I love it for rotator cuff tears.

But again, and it's something that again, it's usually a 2 or 3 month protocol with me, I found that that tends to be the sweet spot, but I'm usually about 6 to 8 weeks.

Most patients are going to get or improving and then the pacing aren't improving. They usually have to go obviously a little bit deeper down the road, deeper down the, in terms of more advanced treatments.

But it's again, something that's so simple, an injection once, then it just works really well. And again, once they find that right dose, they could come on the BBC into four and one injection and they just and they just run and they just run with it.

So patients are very receptive to it. It's become pretty mainstream. Like I said. It's become part of a lot of protocols. Now, the, I like that you're talking a little bit about back pain.

The, you know, when, when, when I first started learning about nerve treatments, I'd been doing, you know, Hydra dissection since 2002 with, Republican and and local anesthetics.

And then we found about it using dextrose. It kind of in parallel to that, but starting much, much way before that, people started using dextrose, or sugar water at a but, nerves like dextrose at 5%.

And, and the pro low community was using dextrose that kind of 15 to 17%. So more concentrated to to create some scarring and effects. Hypermobility. And now I think that the, the concept of using peptides for to treat basically ligaments and tendons and fashion is exponentially better than prolonged therapy.

And, you know, if somebody came to us that we might treat their joints and we might do a hydra dissection of the thorax or lumbar fascia. However, I love the idea that you can if if you have, you can do superficial with insulin, syringes, injections in the back.

And you're treating that fascia relatively locally. And I'm amazed how helpful that can be. And and with the pandemic, you know how one of the, my favorite, my silver lining of the pandemic was I had all these people call me and say, I want to come see you, and I'm going to come see you.

And when this pandemic is over in a couple of years. And, and so that I got people doing peptide injections and teaching them on zoom just kind of like this, how to do injections all over the world.

And it really sort of cheered me up and gave me hope for the practice of medicine, because it was it was so much more effective than anything that really I had ever seen.

It sounds like you've had a similar experience. Yeah. No, it's great. And I think, like I said, I what I find is it's not

doctors refer like traditionally it's other doctors referring to us for pain.

It's the patients now being proactive, trying to find things that are going to work better and also don't have the side effects of steroids or narcotics, and they want to do it.

And three years ago, if you suggested a patient to do at home injections on their own, it'd be like besides die baby. Like five, 10% of people are into it.

Now, I'd say 75% of my patients are insanely open to just a learning online about it and not having to be in the office and be there. I'll do 2 or 3 injections on my own. That's fine.

It's like it's like nothing to them anymore.

Red Light, LDN, and Closing Advice

And I think if that's the way medicine's going, it's going between the telemedicine component and patients have becoming their own health advocate as opposed to waiting for their doctor, the mainstream docs to at least I mean, I'm in Manhattan.

I would say 50% of the docs have. Maybe besides BBC, I have no idea what peptides are or what they do and how they should be involved. Same with LDN. It's it's a shame.

But so I think what you're doing in this summit is going to get that word out there even more in terms of patients who are being proactive with their health.

Well, great. Well, we when we did our protocol, I realized we're treating a lot of the same conditions. So I said I should introduce you as my brother from another mother, but instead I'm going to close with that.

It's it's, delightful to talk to you. We appreciate everything that you're doing and, grateful, grateful, to have you on the podcast. Any any final thoughts you want to add for us?

Our thoughts? The that my final thought would be that more is not always better in terms of peptides or, and the other thing would be make sure I at least please work with a provider who knows what, who the better quality peptides are and how to dose them.

I see so many online groups that where they're just doing dosing wrong, and it's just kind of and then we have to kind of fix things like that going concern in part because have so much great potential.

Just use them the right way and make sure you're working with somebody who has a background of knowing how to dose them and which ones are appropriate for you that aren't going to set you back.

All right. Hey, thanks for taking the time. I really appreciate it. I hope you have a wonderful day. Thanks. Thanks for having me.