Introduction to Long COVID and Complex Chronic Illness

There are five reasons someone is sick. Infections, structural integrity issues. Our patients either have lax ligaments or tissues are too tight, the fascia is tootight.

Diet issues, usually by the time they come to us, they've got their diet honed in pretty nicely. Maybe it's the after effect of a standard American diet throughout their life.

And their lifestyle issues like trauma, sleep, five reason we can be sick Imagine if someone just had one of these chronically for years. That's going to create a state of persistent inflammation.

These patients have all five of this going on. This is Dr. Talks. Dr Nafiza Parpia. Welcome to the Bioregulator and Peptide Summit. It is such a pleasure and an honor to have you here today.

Thank you for having me. Yeah. Well, I'm excited about this conversation. I mean, this is one of these conversations that I think for, well, for a long time was a tricky conversation to have and to kind of broadcast broadly.

So I hope, and I believe, that that landscape has changed a little bit, but really what we're going to talk about is long COVID. But before we jump into that, What's your journey been on this?

Because you really seem to have honed in on a very, very specific area, which there's huge need for. But what brought you to that kind of focus? So I've been working with patients with complex chronic illness for the past around 15 years.

It started with patience who had Lyme and co-infections. And a long time ago, when I graduated from Bastyr, I was working in the clinic of Dr. Dietrich Klinghardt.

I was shadowing him and his other top doctors. I just knew to the field. And I learned a lot about complex chronic illness. In those days, I knew, okay, this is my patient population.

This is who I am going to be working with. with him and goosebumps up my arms the moment I knew this is my path. You're a brave woman. It's a tough population and complex is the exact word we need for this.

Yes, it's very complex, but it is such an honor to work with these patients because we're really guiding them through the darkest hours of their lives.

So I feel it as a gift and a blessing for me. Also, beautiful. That's a great attitude. So, you know, so before we jump into the big C, let's talk about some of these other C's because I my impression from the people I've talked to and people in my communities is that it seems to me and you you correct me if I'm wrong.

It seems To me that the People with pre-existing Lyme and co infections are often the Is that, would you agree with that or is that just a bit of a fallacy?

I would say for sure, yes, and in one way, no. Yes, in that there are people who, I'll say this, the people that were at our clinic prior to the pandemic, we were treating them for Lyme, Partenella, Babesia, mold issues, remodeling their immune systems, treating their viruses, We were detoxifying them.

We thought, okay, our patients are going to be in trouble when this happens. They are gonna get long COVID. Well, it turns out that our patient population, and also at other similar clinics who were treating such patients, the patients didn't get it.

Why? Because they were already being treated. Exactly. Right? But then the people who had these pre-existing conditions, but they didn' know it, because they were low grade.

They were just simmering under the surface or their immune system could keep these things in check. All of a sudden, here comes the virus or spike protein and now the immune systems can't keep it in checking.

Suddenly they're in a state of chronic Lyme. I didn't even know they had a tick bite. Yeah. No, exactly. So I guess I should have worded that differently.

Like people with untreated and or unaddressed, crime and co-infections, you know, I guess, because, would it essentially be that the immune system is already busy?

Dr. Parpiau2019s Path Into Chronic Illness Care

Like it's busy trying to keep this stuff in check. And now you get this new intruder coming in and that could be easily where the bucket over, we talk about the.

The bucket could overflow at that point. Absolutely. That's what happens. So, okay. In your work, you've gotten to a point, and I love this because when I saw it on the notes, I was like, this makes so much sense to me, that you really broken down long COVID into two different subtypes.

Do you want to maybe go through them, what they are and what brought you to this realization? Yeah, so over the past five years, our clinic has seen thousands of patients with long COVID, whether they came to us knowing it or not.

We do the evaluation and yeah, we can tell on the testing and from the clinical history. They've got this, there's a lot of good tests now that can give us a really good sense of this.

Sorry, so before you go on to the two types, can you describe to people what are the most common symptoms of long COVID and then maybe go into a little bit of detail about the types of testing that you…

Sure, yeah, okay. So people come in and they say things like, I have brain fog. I have joint pain, and I didn't have these issues, all of a sudden, they're there's they've got sleep issues.

They become insomniacs. There were never that they got GI issues it could be anything ranging from diarrhea and constipation to those two alternating.

they have got SIBO all the sudden. You've Got gas and bloating that I never had before. I don't know if I said joint pane, but they joint Pane. Now for the people who It tends to be just subtype one where everything is mostly everything related to their illness is mediated by the SARS-CoV-2 virus or the spike protein.

Their presentation is going to a little more gentle than the people where It is mediated by SARS-CoV-2 and many, many other things, which I'll get into.

But basically, they come in and they have these symptoms, and then I want to test them, of course, right? I wanna test for tests that will help me understand if they had long COVID.

I also wanna testing for me to understand, if I have this other issues which could have woken up. as a result of having long COVID. So I'm talking about multiple other microbes.

Most of these patients also have Lyme, Babesia bartonella, so Lymen co-infections. They have issues with mold, they have issue with parasites, have a high viral load, Epstein-Barr virus, cytomegal virus.

HSV-6, HST-1 and 2. We've got colonizations in their sinuses, of funguses or bacteria that don't belong there. So they've got multiple different microbes in multiple systems of the body.

But it's not like it is an acute infection. It's like they have multiple low grade chronic infections going on. They also have a high load of environmental toxins.

I see glyphosate, I lead, mercury, arsenic, cadmium, microplastics, solvents higher than what you might see in a health optimizer patient. It's never just one bug, it's just never one toxin.

They've got issues with structural integrity, they've gotten multiple stressors. So this patient population, if I were to just give them a stack of peptides for long COVID, It's not going to work for them.

Or if they were to go to a long COVID clinic, they usually come to us to our clinic afterwards because it didn't work or it backfired. So this is a patient population.

You can give them the right medicine at the wrong time and everything is going go south. Yeah, that's so interesting that you say that because one of the things I, you know, although I'm not a clinician, one the of things that I talk about a lot is the forgotten, the missing step to a of protocols and a a thing that people try and do for themselves is removal of what needs to be removed before you layer on the therapies.

And sometimes maybe you can layer some therapies at the same time, but that unloading, clearing of toxins and metals and all the thing you just described, If that doesn't happen, the body just, it's like, you know, I often use the contractor in the house analogy.

The house is so filled with junk, he can't possibly get the work done, do the repairs. Right, right. Yeah. Okay, so, what kind of testing, your first group are people that are fortunate enough not to have this underlying landscape of Lyme and co-infections and mold.

They're really just coming to you for, they come to, you test them for all the stuff. And then your second group are people who really just have a high load, whether it's viruses and or toxins and, or metals.

So, you know, it, what's interesting to me is a lot of these symptoms that you described can be attributed to so many different things. Like, I don't know if you've heard of it before, but there's a, there are a number of different types of symptoms.

Who Develops Long COVID and Why

women going through menopause could have brain fog, joint pain, sleep issues, GI issues gas and bloating all of these things could be attributed to menipause and then you know and to many other things so I guess do you I, guess you must go through this whole testing of hormones and where people are at like maybe describe a little bit about your trajectory on the testing front yeah absolutely so If a patient hasn't tried other things, we don't want them coming to our clinic.

Not yet. We want you to try everything, okay? I want to have tried a good general functional medicine doctor or a general naturopathic physician because usually patients can get better, it's the people who've tried everything.

They've been to Mayo, they've be to Stanford, been everywhere. It didn't work. Those are the patients who come to us and now I'm doing extensive testing.

Of course, I'm going to do the testing of their terrain. A lot of those patients, if they haven't been to a good functional medicine or naturopathic doctor, they They've just been given some LDN and some metformin and an anti-anxiety or antidepressant and been told to go home.

And that's that, right? So I have to do an excavation. Good word, actually. So the first intake is anywhere between two to four hours. That's how long I'm talking to the patient for.

From taking a thorough clinical history, that is how I decide what labs I am going to Often I want to understand what's happening in their terrain, meaning what is happening their entire system.

So I'm looking at their hormones, their sex hormones. Their adrenals, they're thyroid. Looking at the microbiome. A lot of them do have sinus issues, so I am doing a sinus swab or having our nurses do a sinus swab for them.

testing their toxins, their heavy metals, unprovoked and provoked, they're glyphosate, there are other toxins could be microplastics, solvents, insecticides.

So all of these things. Also, when it's appropriate, the testing is expensive. It's not for everybody. I'm really deciding what I am talking to the patient.

Am I going to test you for tick-borne disease? Do you have a history of a tick bite? A lot of people don't even have the history have it. So we still have one because they could have been in the back of their head or their armpit and never seen it or bit when they were four years old and they didn't.

The people who they've been to a long COVID clinic or they had a stack of peptides that didn t work and still had issues, if it's a woman and she's on bioidentical hormone therapy and got these issues I'm starting to think about tick-borne disease, especially when it's pain that's wandering from joint to joint.

The medical system doesn't know what to do with that. It's not rheumatoid arthritis. Not just in one place. Everywhere is unpredictable and they've got neurologic issues as well.

They've go pods, they got migraines, anyhow. I'm then testing for tick-borne diseases as well. I am also testing all the viruses I mentioned earlier. So I do a thorough screening of microbes, toxins, and of course, how could I forget, their basic blood work, just the CBC and the CNP.

And then that, yeah. Are there any neutrophils here? Yeah. For sure. Okay. So that's, I mean, that pretty thorough. It's interesting you say you don't want to see someone until they've been to lots of other places.

Like at some level, you, it's it interesting. You say that because so many people I've interviewed lament the fact that by the time people have been them, they been through the mill.

They've done so much testing. Tried so things that don' work. There like, there coming in as the Hail Mary plan. And so people wish they'd come to them first.

I've had to do it kind of just start right. You know, it sounds to me like your process is a process that if people went through, you know a two to four hour intake is very thorough.

So if. Went through that degree of discussion and thinking about their health timeline and the testing and even not all the test. But some of the tests.

They could actually save themselves a lot of pain and misery and money. They could, but we are outside of the insurance system. So I want people, I don't want to people wasting their money.

I them trying, you know, often a good naturopathic or functional medicine doctor can help a lot of women who are menopause or help with their microbiome issues, right?

Yeah, it's just really good. Natuopathic and functional. Medicine has a. Lot to offer. It's when that's failed, then. Yeah. And it's kind of like, that's when you know that there's something blocking the progress.

Yeah, yeah. Makes so much sense. So, okay, so subtype one is the person who somehow has escaped all this misery of co-infections and Lyme and mold and whatnot, and just has an issue, their body's having an issues dealing with spike protein or the aftermath of a COVID infection and then subtype 2 is the person that has that problem plus all this other stuff going on that needs to be unpacked.

So You know, do you wanna talk a little, I mean, this is, and you said this earlier, that for, probably for both these populations, it's about using the right, And this summit is all about where peptides fit in to all of these different

issues we're talking about.

And I know that I've heard many doctors in the past, actually you've said at the beginning of the interview, you've got to be doing things in the right order at the time, or you're looking at a complete disaster.

So do you want to talk a little bit about where and when the peptides get introduced?

Symptoms, Testing, and Hidden Co-Infections

I mean, without, you know, I would guess every patient is a bit different, but kind of giving us an idea of what that process is. Yeah, before I go there, i want talk about how the SARS-CoV-2 virus and the spike protein can affect people because yeah right it's going to affect both patient populations subtype 1 and sub type 2 and then from there I'll bring in how I weave in the peptides and I will answer what you just asked.

Perfect. That's good. Let's start with that. Okay. So I would say prior to this pandemic, the medical community and most patients, most people for the most part thought with the exception for certain viruses like polio virus or hepatitis that a microbe could come and go and have one of two options.

The first option is it could come. If the person get an acute infection, say they get food poisoning or the flu, the microbe goes away and the persons illness goes way.

It's acute, short-term, life goes back to normal. In fact, they forgot that they ever had that infection. Right? The other option, God forbid, A microbe comes and goes and a person dies.

Right. But people were not considering that there's another option that a micro can come and go acutely, but then stay in different sites of the body.

Now, I know you're probably already thinking about the bioregulators, because this is where I like to weave them in. Not to interrupt myself, though, but I got excited about them right there.

This virus can come and stay in multiple different tissue sites. It's been seen in them all long after the acute infection, and it can't be tested for via the normal.

So it's seen the testes, the ovaries, the microbiome, the central nervous system, and the peripheral nervous, system the cardiac tissue, thyroid everywhere.

Is there really anywhere it wouldn't go? Do you think? I don't think so. I think there are ACE2 receptors almost everywhere and so that's how it gets let in.

So those are the reservoirs of the virus itself or the spike protein hanging around and in insidiously doing its work of persistent inflammation. So now we have persistent information meeting the various tissues of the different systems, different organs of our body.

And then we immune dysregulation. The virus and the spike protein can cause that where there's this hyperactivity on one hand and this dampness, this weakness in the immune system on the other hand.

They've got mast cell activation syndrome. They've got autoimmune conditions, usually the autoimmunity, those manifestations are in the people who have subtype two, right?

But at the same time, they can't mount the appropriate immune response to take care of the infections they have or their bodies are more permissive to infections.

So, we've got reservoirs, persistent inflammation, immune dysregulation. This virus or its spike protein can also cause microclots in the small blood vessels.

So now we have inflammation of the blood vessel and we get less oxygenation, less blood flow to the various tissues or systems that these microclots are in.

And then the fifth thing the virus or the spike protein can do is it can wake up. We were talking about this earlier. It can make up dormant infections.

So somebody had Lyme, Bartonella, Babesia, it goes quiet. The immune system could keep it in check. or Epstein-Barr virus or cytomegal virus, mycoplasma pneumoniae, these are the bugs I see the most that have been quiet and all of a sudden you're in type what I call type 2 long COVID where you now have not only the other things I talked about but as well these other multiple chronic infections.

Yikes. It's sounding very, very dire. There are things to do. That's the thing. So I just, before I paint this dark picture, I want everybody to know that yes, there's no A goes to B.

there is no protocol driven medicine here. protocols work well for many, many people when they're just symptomatic because they've got GI dysbiosis and they have got menopause.

You can give them that. It's going to work. Now I'm in the gray, I am in middle of the ocean and there's waves and it's different for each person, but there is always a way out.

Not always, usually there are ways out, so there this light at the end of telon and the doctors myself, the doctors I work with are bringing that light as we're excavating, like I said earlier, we are digging up, what are your multiple diagnosis?

It's not just one diagnostic. It is not one symptom affected. Not just a symptom. Multiple diagnostics, multisystemic illnesses we talk about here. So I have a question.

In a world filled with, in this world that's filled, with chicken or the egg situations, and It would appear, from what we're saying, that the spike protein and or virus is really at the core of what's happening here.

Is it a question of clearing, somehow figuring out how to clear the spike for protein slash virus first, and then seeing what else falls into place, or is it combination kind of, because it sounds to me, like what you said earlier is, these are people who are coming to you, nothing's working.

Like the BHRT's not working, the medicine they're using isn't working the peptides they are using, isn' working so it, it sound like, what has to happen really, And I mean, and at the same time, if there's heavy metals and there are toxins, whatever, those have to be cleared.

But it sounds to me like until that spike protein is addressed in some way, nothing much else is going to change or work. Or is that? You know what? Tell me.

For the patients who are in subtype two, all these other issues, I'm actually coming in and modulating their immune system first. Believe it or not, it's something I wanted to do and I tried to.

I would hear a long time ago, Dr. Klinghardt saying, you want to modulate their system before you kill the bugs, before And so yeah, but nothing could work like the peptides.

Nothing, nothing. And we'd use things like mushrooms or curcumin or green tea extract. You have it, whatever wonderful herbs that are out there to modulate the immune system for these patients who are stuck in subtype two, it didn't work.

So what I would do was module the system by working on their terrain first, their hormones, they're microbiome, work on these things first, and then I would start to detoxify them, because as we detoxified the patients, that brings the immune system back into a state of balance, right?

But now, now these people have spike protein. So there's that layer on top of everything. And I still want to modulate the immune system first. I know because I've been doing it for the past eight years using peptides and watching my patients thoroughly and really collecting information.

Right. So but I first of all focus this subtype one where really there there is a lot of them out there where it's mostly about the virus.

Why Treatment Must Be Sequenced Carefully

Getting rid of the spike protein. Yes, we're getting rid of the virus. We can use the nicotine patch to help work on removing the spike protein. There's a whole protocol for that, which we can talk about another day, right?

We could use LVN for it. But I want to, because it's so complicated, I'm going to start with talking about subtype one, because they're, they are the easier ones, right?

So for them, I'm going to start with whatever bioregulator it is that they need, not just the lung bi oregulator, but really, whatever system it, is I can tell by the labs, can I tell what they telling me, what system is compromised, bi regulators for that system, the blood vessel bi regulator, Because- Universal.

Right? So universal, everybody needs a blood vessel bioregulator. Everybody, yes. And so in testing for microclots, if they've got micro clots I think it's fair to assume as well that they got inflammation of their blood vessels.

So blood-vessel bi regulator and the pineal bi-regulator, that's gonna help bring down inflammation. It's going to help reset their circadian rhythms.

They usually sleep is a big issue for these patients. BPC 157 to help reduce inflammation system TB4 for that reason as well to helped modulate the immune response, but also for tissue regeneration, it's going to helps with blood vessel regeneration as aswell as nerve regeneration.

These patients need that. and TA-1. You know there's been research that's shown that TA1 has actually helped people who have COVID who are morbidly ill.

In hospital. Didn't they do a study? And actually I got, I think I had a video taken down on YouTube for quoting that study that was done in a hospital in China where I, think they gave these people 10 milligrams a day of thymus and alpha 1. They were more like totally about to be put on a ventilator, and the control group that didn't get the TA-1 got put in the ventilators and had whatever horrible outcomes they had, but the people that got the thymus and alpha-one never had to ventilated.

Yes, exactly. That study plus high dose vitamin C IVs as well. There were multiple studies that high-dose IV vitamin c can also help with this virus in morbidly ill patients.

Now, what's interesting is TA1 is a peptide that that's one that I can give someone to at the wrong time, the right medicine at wrong times. So in these patients who are subtype two, they've got multiple issues, multiple reasons to be sick.

They're stuck in this state of persistent inflammation. It's difficult to break that persistent information. If I start to use TA one, I'm going to kick out that immune response.

not ready. So treating these chronic infections is not like treating an acute infection. If someone is acutely ill, I'm going to kill that infection right away.

When it's chronic, i'm waiting. I am doing other things, which you alluded to earlier. What about the thymus bioregulator? Do you lean into that? Because that would be one that truly modulates the immune system.

i used to talk about thimus and alpha 1 as an immune modulator, but really Yes and no, because as you said, it

kicks up the innate immune system, which if it's already overactive, you're just going to send people to the moon.

Yes, I'm definitely using that. I miss bioregulator, just low dosing it for these patients. And I meant to mention that I was glad you did. That's okay.

There's so many. So my question to you is when you're using the bi oregulators, so the hallmark of the bio regulator is to restore homeostasis in the body.

It's not trying to make you a superhero, it's just trying to make it back to a normal human being. And there's some tissue and organ regeneration happening at a cellular level.

Do you, is your thought that, or have you observed that is it addressing the spike protein in the tissues? Or do you think that's more of, we got to get into the nato kinase, like the peptide, the Natokinase seropeptase.

We need to into that. Those proteolytic enzymes to really go after it. Yes, exactly. Exactly. So I'm using, I, not giving only peptides. These patients are coming in all kinds of treatments that they need.

I'm weaving the peptides. And one thing I meant to say earlier now, it's really important, is that a patient would have taken me five years to get better prior to the advent of peptide.

It now takes two years when I am weaving in and out. Yes, someone who would have taken two, now takes one. So using peptides and bioregulars, it makes the treatment process so much quicker.

People can get their lives back quicker, which is why I'm so in love with them. That's so amazing. I have a question for you. What about vasointestinal peptide?

It comes up a lot in these discussions. There was once a woman in one of my membership communities who was going around doing her own thing. And actually, I think she was a health practitioner.

And she mistook a vial of VIP for a file of something that she would have used in milligrams. Ooh. Yeah. And so her husband, it got to witness her and probably lost a couple of years of his life from this.

He got witness, her passing out, coming back to tell him, don't call 911, passing it out again, Coming back under no circumstances. Should you be calling a 911 and passing?

Like, you know, until finally. her body was able to restore its blood pressure normally. Do you want to talk a little bit about VIP? Because as a result, I have PTS VIP.

When I talk about it to people I'm like, uber cautious. You know, VIP has to be used, this is another one, in the right patient, at the Everybody wants these cookie cutter protocols and you see everyone out there doing it and then mistakes like this happen.

VIP is one of those that can be very, very helpful when infections have been treated, particularly in the sinuses. So my patients, I'm seeing a lot of funguses or bacteria and in fact I am often seeing bacteria from the gut.

in the maze of it. Yeah, yeah, I think that has to do with the masks that we wore. There was this, not against masks. I'm happy I wore masks, right. But also there's a there is an upside, downside to everything.

And so I believe there was a recirculation or, or you know, why are there suddenly more funguses than I ever saw before?

Spike Protein, Viral Reservoirs, and Immune Dysregulation

Perhaps somebody had exposure to a mold and then put the mask on and it wasn't it, it You kind of get this translocation of bugs from one place to another for some reason.

Yeah. And so a lot of the Sears doctors or the Moll doctors, they want to use VIP right away, but no, we've got to kill what's in the sinuses first. It actually kind goes that way with the peptides C-Lanc and Cmax.

When we're spraying it, it's not going to work for these patients when they've gotten microbial colonizations in their sinus. But the IP, I've seen go south for people see like, and see, Max, see Max.

I haven't seen it go South. Just do nothing. So what about something like because I, what are the intranasal antimicrobials? Like something, like KPV or.

I know we used to talk about Melanotan, but KPV being a fragment of Melantan and having the antimicrobial effect. Yeah. So KP, actually what I would love, now that you're bringing KPVI, you know what?

I want to tell about if the timing suits you right now. We have lots of time. Don't you worry. I wanted to. Talk about how I use, I'm going to bring in KP here, how, How I used peptides for immune modulation for this patient population.

tell you and our people listening, you know, how I, when I tell my patients when they come to me and they're sick, like why, why am I sick? I'd tell people, okay, there are, they are five reasons someone is sick.

Infections, all the ones I talked about earlier. Toxins, structural integrity issues. Our patients either have lax ligaments or tissues are too tight, the fascia is too Not so the issue isn't anymore, but maybe it's the after effect of the standard American diet throughout their life and their lifestyle issues like trauma, sleep.

So five reasons we can be sick. Imagine if someone just had one of these chronically for years, that's going to create a state of persistent inflammation.

These patients have all five of this going on. infections, toxins, diet, lifestyle, structural integrity issues has been years. It's slow, insidious, and now they're in this state of persistent inflammation and then immune dysregulation with that hyperactivity and that weakness in the immune system simultaneously.

What a mess. A mess, nervous system dysregation. And so I tell my patients, look, you and I were talking about working on root causes earlier, but I want to talk a little bit more about it now.

So I tell them, you've got these nasty roots. Imagine we're on the side of a cliff and there are these big roots, and I wanna pull them out. But the soil is not stable.

What's gonna happen if I come and pull these roots out? We're gonna have a landslide, right? So, I wanted to pack that soil in first. I don't want that tight.

To me, that's immune regulation. And when I was talking looping this back to what we were saying earlier about immune regulation, I have found that with peptides I can modulate the immune system of these patients who have type 2, that stack we talked about earlier, it's not going to work for them, right?

I'm modeling the immune response, then when I pull the roots out, which is the infections, the toxins, I mean, increase inflammation that just comes with the territory of bugs and detox.

I don't want to add further inflammation to a patient who's in a state of persistent inflammation and immune dysregulation. So once I've used the peptides to calm that, pulling out the roots.

Yeah, yeah. This really is where peptides shine, right? Like, especially the ones you were talking about, like the thymus and alpha ones, the BPCs, thimus, and like, signaling longer chain peptide that have a much more immediate kind of effect.

I mean, you know, without being drugs, they kind work like meds. Right? In a best case scenario. They do. What's amazing about them also is, I tell my patients, look, their very simple in structure.

herbs, which I love. I became a naturopathic doctor because I loved herbs. They have multiple chemical components in them. Highly sensitive patients can't deal with that variety of chemicals.

So they need a more simple structure, simple in structure but powerful and specific in the way they work. Yeah, I guess they're just more targeted. Okay, so Immune modulation is the master of this process really.

And probably it sounds like you kind of have to keep going back to it because as you pull a root, the immune system is being challenged more, inflammation goes up, you have remodulate, pull the next root.

Yes, I'm so happy you said that because I want to go through the peptides, I brought this up because you mentioned KPV. That's a part of this. But yes, 100% Natalie, I am wanting to begin with immune modulation and then as I'm pulling the roots out, I'm maintaining immune modulation with the peptides, breathing in and out of different ones for different patients, depending on who they are and what they need.

Yeah. And I think what this really speaks to is that people might be sitting there going, well, two years is still a really long time, and that this is not a linear process.

You're going to feel better and then worse and the better starts to get longer than the worse. Okay, so let's go back to those immune modulating peptides because I think And as you mentioned, like they have different places at different times.

Like thymus in alpha one is not the gimme that people might think it is in all situations. You, the individual has to be ready for that. The thimus bioregulator probably is the closest thing to the give me as the way bi oregulators work.

Yeah, absolutely. This is one of the first things I might even start, but I'm actually beginning with bioregulators, truly, including the thymus one and whichever one the patient needs based on their history in the labs.

But then I am often coming in with loracetide because it's going to heal leaky gut, it is going prevent leaky gut. These patients have mast cell activation syndrome, and a lot of times I try to prevent the the mass cell-mediated chemicals, histamine, and a thousand other chemicals from leaving the gut and entering the rest of the system.

So, you know, I used to try and do this without glutamine or slippery. It didn't work as well, not until I killed the inappropriate microbes in the microbiome.

Subtype One Long COVID and Core Peptide Strategies

But with loracetide, it does something different. than the other things we've used for leaky gut. It works right away, and I love it for that. So I'm often coming in with lorazetide.

And then amlexinox. Amlexinox is a mast cell stabilizer. It was also used in Japan clinically to help with people who have chronic rhinosinusitis and bronchial inflammation, asthma.

And this is something that a lot of people with long COVID have as well. So I'm starting with lorazotide, often in the mlexinox. Then I might come in with thymus and beta-4.

This is to calm down the immune system. It's going to lower the pro-inflammatory cytokines. It's also helpful for tissue regeneration, for nerve and blood vessel regeneration.

It might be at this point that I'm going to come in with KPV because KP V is a mass cell stabilizer. it has many anti-inflammatory effects, but it also has antimicrobial properties against different staph species and candida species.

Now, a lot of these patients have issues with candita. If I give them, I've noticed if they take KBV early on, some of them can't tolerate that. It's like the KPV starts to pull out the roots and they're not ready, it makes them sicker.

So that's why I'm going to bring KpV in later on. And BPC 157, this is the golden child of hepatitis A. I can do this

one first. Yes, It brings on inflammation if I inject it subcutaneously in someone's tissue or locally where there's pain.

it can bring that pain down quickly. Or if it's given as an injection subcutaneously, it, can help bring inflammation down in the whole system or in, the gut taken orally, right?

But this one in this patient population, It will make about 50% of them jittery. I don't know why, but, But it will. It's something I've noticed. So I'm not bringing it in first, I can bringing in later.

And then now JHKCU, this is one that I'm actually bringing in earlier on in these patients. It helps stimulate collagen and elastin and glycosaminoglycan synthesis.

So it helps with skin regeneration. And of course, it's the one the biohackers use for skin and hair. For my patients, that's got those happy side effects, but really a lot of my lax ligaments, they've got mast cell activation syndrome, the chemicals from the mast cells tenderizing ligamins that are already loose.

So if they didn't have cranial cervical instability before, now they do. Are these EDS patients? Sorry to interrupt. These are the Ehlers-Danlos syndrome people, right?

Yes, but they don't even have to have that diagnostic. Well, most people don' have it diagnosed. I think at least that's what I find, like unless they're in a very Unless they have a very bad case of it, you just have people who know they're hypermobile.

Oh, I've always been super flexible. Exactly. And 90% of the time, they never get a diagnosis, and yet they get these weird things that happen through their whole lives that nobody can really explain.

Right. Normally, if they've been able to manage it until they got sick, all of a sudden now their joints are popping out. They do have cranial cervical instability.

GHK-CU helps greatly with this. So patients who've had cranios cervical instability have just injected small amounts of GH KCU subcutaneously in their muscles along their neck.

I could alternate that with BPC 157 injections or just giving them GH-KCU as a cream from the compounded pharmacy on the affected areas, having them inject it themselves sub cutaneously.

This has made a huge difference. Not only for structure, right? But also, I've seen it relieve people's pain, help people mood. I was gonna say anxiety, like it's an anxiolytic, Right?

It is. It's crazy. And so these are the ones that that I'm going to use for immune modulation and typically in this order, But not always, and the dosing has to be very patient-specific.

So it's not like someone should just hear me say this and just go and do this. And run out and buy it. Don't do that. Please don't. Well, I mean, you've done a good job of explaining along the way that there's an order of things and that order is going to present, it's going be presented by the individual as their journey progresses.

There's not a, there is not defined timeline here that once you do this, this will happen and then that will happened and than that'll happen. It's very much based on the individuals and their particular terrain and how they respond to the treatment you're offering.

Right. Once somebody has become sick for a long time, its complex and its chronic, It now, the illness now becomes their own manifestation because it's their biochemistry that's now meeting their genes, their genetic expression.

Everything is highly individualized. Yeah. It makes so much sense. I mean, it doesn't make things easier, but it makes it more interesting for you. But it make it harder for people to just run out and buy a stack of stuff and self-

administer.

You mentioned KPV being antimicrobial, which is one of its many superpowers for a little 3-amino acid peptide. That's pretty versatile. What are some of the other peptides you like to use to address infections?

And one in particular I'm going to bring up, because this is one that also people get into massive trouble with because it's so strong, is LL-37. And people hear about Ll- 37, they're like, oh, perfect.

I want it. Like, I am just going do that, and they get so sick. Yeah. Okay. So L L 37. It's cytotoxic to many different types of cells, meaning It perforates the cell walls of many different types of viruses, bacteria, funguses.

Now it's very, very strong, so I only want to pulse it. The thing with LL37 as well is that if somebody has an autoimmune tendency, it is going to feed that.

particularly psoriatic arthritis. So I'm not wanting to give somebody LL-37 if they have an autoimmune tendency. I want to mediate their immune system first.

So TA1, I'm going to give it to them before I give LL37.

Subtype Two Long COVID and Immune Modulation

And typically after I've done everything I can to calm the immune system, like I discussed earlier, and they pair nicely together, especially for those patients who have insults from multiple different types of microbes, but slowly, gently, patient by patient, Bit by bit, you know, there used to be a lab and I don't think they're, they do this anymore.

Um, but they had made, had linked TA1 with LL37 and had found that that very much modulated. the toxicity, the cytotoxicity of the LL37. So they basically created like a new molecule that was part TA1 and part Ll37 and found that the clinicians who used it found it was much easier on the body than Lll37 on its own.

That makes sense because when I use them together, I'm not having people put them in the same syringe because then they might cross and can create something.

I don't know what that is going to be. But in separate syringes, definitely people can tolerate it better. Yeah, now it's interesting. So are there any others for infections?

We talked about KPV, LL37, any other superheroes in the peptide world? Are you going to herbs maybe? Yeah. No, I'm going herbs. Some people usually don't need to go to antibiotics for my patients.

When it is neurologic line, IV antibiotics are the way to. But I am using peptides for these patients as well. It's going make them need the IV antibiotic for less time.

And it's going to have them need the herbals for less time as well, like I was talking earlier. Yeah. Well, and the herbs can be pretty powerful. I mean, just because it is an herb doesn't mean it isn't innocuous.

But a lot of these patients, the herbs will backfire on them until I've used those peptides I talked about earlier to modulate the immune response, then they're able to tolerate the Herbs.

They'll have a mass cell response. Yeah, the herbs. Yeah. All right. So last category of peptides I'm going to ask you about here is what peptide do you like to use for neuroinflammation?

You just mentioned neuro inflammation just a second ago as it happens, which is that is one of the cases. I am sure there's others, but that's one the case is really where you might resort to antibiotics just because it needs to be dealt with and it need to dealt now kind of thing.

There's no time. kind of thing, but when you're seeing a patient with neuroinflammation, are there certain peptides

or strategies that you've found to be more helpful?

Yeah. So what I found is that kind like with VIP, right, when they still have multiple chronic infections going on, the neurotropic ones, they're not going to work very well actually, so I'm going bring them in later on.

Again, most of them aren't going to backfire, except for VIP. It's just going be a waste of someone's money if they try and bring them on early. Particularly, I was saying the ones that we can spray in the sinuses.

I want to clear the sinus colonizations first. to add one thing to that. I've noticed that cerebral lysine and dihexa are the two peptides that I can use early on.

Interesting. They will actually respond to those two, the di-hexamorph or that creative the creative thought process. So patients will wake up from their brain fog when they start to use that one as well.

Of course, I'm using the central nervous system fire right later. Let me see if there's any that I missed. I was looking at my list. We talk about C-Lynx, CMAX, cerebralis and dihexia.

Those are the big hitters. Yeah. Well, and they are big-hitters, you know. And di-hexa is one of those peptides. When I first learned about it way back, I remember interviewing physicians who would say to me, you know, in their optimized patients, like patients who are well, they would do a run of dihexa and have them learn a new skill because di-hex-a referred to as miracle grow for the brain.

It's all great to provide the fertilizer, but if there's no seeds in there and you're not giving thebrain a job, it's not really going to do much. But in this case of neuroinflammation where you may have had a loss of neurons and and capacity, you're now just trying to come back to balance.

There was something else I wanted to ask you. It just popped into my head and then popped out again a second ago. Okay. Um, so we talked about, we did talk.

So I would imagine cartilax comes in at some point also with your. Oh my goodness. How could I miss that one out? A hundred percent. They're all our favorite children.

We just can't choose, right? I mean, if we could have talked. About pancreas, who could've talked to about liver. Or we couldn't talk to, but all of these are going to have, they're.

All going. To have a place here. But I feel like cartillax is one of those ones. It's almost like. I think of it almost as foundational as the blood vessel bioregulator.

Me too. I can't believe I did not mention at first that it's one of the first things. It's because I asked you too many questions. But it is because cartilagin, even though we think about it for joints, it like GHK, because it upregulates collagen and elastin it will be critical for every one those organs that you talked about, right?

And the Yes, it's critical for this patient population. I'm going to give that with the blood vessel bioregular very early on, whether it is subtype 1 or sub type 2. It's just one of my go-tos.

And I rarely see any, I am going say never, never seen any side effects from that. Right? Isn't that like the bioregulators, one of its superpowers is how, I mean, i've, uh, can think of maybe a couple of people who believe that they've had a reaction to bi oregulators.

And in those cases, if you pull it back, usually they're fine, but it's very rare. to see people have a reaction. I just remembered my question. Do you favor the natural bioregulators or the synthetics or do you use them differently?

You know, I have only purchased the ones through Integrative Peptides because they're easy to purchase. But they carry Nature's Marvels also, right? So those are the one that I've been using and I noticed they help.

greatly. I have not purchased the ones from Russia.

Infection-Focused Peptides and Neuroinflammation

Actually, you know what, now that I think of it, I don't even think most compounding pharmacies are the injectable bioregulators. It's an interesting thing because in Russia, they will use the synthetics.

They actually will use the synthetics with people who are very sensitive. So with People who have a lot of autoimmune dysfunction going on because they find that they're a faster hit and a little bit less complex as a compound than the natural.

I wish I could easily get my hands on those. Yeah. But I can't. If you can, tell me. Because I want them. We'll talk offline. Sounds good. Especially for my vegan patients.

Yes. Yeah. That's a tough one. For sure. Okay. So is there anything else? Maybe can we talk a little bit about as people start to get better? How does that present?

When do you start to feel, because you were talking about being in the middle of the ocean surrounded by waves and looking for light at the end of a tunnel, and really I think part of that is just finding the bloody tunnel.

What's the first tunnel we need to go down before we get to the next one that we have to solve? And you mentioned earlier, a person who would have taken five years is now taking you two.

A person would've taken two is taking one. And it's hard to say because it is so variable as how people are going to respond. But are you able to give people a little bit of a roadmap once you get into working with them?

Oh, yeah. Oh yeah, so I actually make goals for my patients. long-term goals and short- term goals. And I want our goals to meet. Usually they do. So long term, you know, they tell me what they, what their goals are.

I tell them what mine are and then short term is like, okay, right now we're going to modulate your immune system. Then, then in about three weeks, I'm gonna bring hormones on board or I am going bring fire regulators actually to support the hormones.

First, Then I will bring the Hormones on Board. We're testing all the way along. Then I'm going to start detoxification therapy. However is needed. Some people need chelation therapy, some people it's totally inappropriate to give them chelasion therapy that's a whole lot of talk on its own.

Be harsh, for sure. Right. So people might need plasmapheresis at our clinic. Some people, that's just not the right thing to do. So it's really understandable.

What do I need to for this patient sitting in front of me for detox? One thing I didn't mention is nervous system regulation. A lot of these are just their bodies.

They don't feel safe. Imagine that you're walking around day to day and you can't predict. Yeah, yeah, body feeling safe in your body. So nervous system regulation, the central nervous and bioregulator, but also programs like primal trust, that patients have had so much help from that cranial sacral therapy, puncture, meditation, prayer, whatever it is that the patient believes in, you know, to to help them with that.

Yeah. And then with the appropriate guidance, So nervous system regulation is something to start with. That's so powerful. I mean, you know, it's somebody who's stuck in a sympathetic state.

It's going to be so hard for anything to really work well for them. Yeah, yeah. I actually, I don't think we need to do much more. I mean, you've done a beautiful job really of describing this journey and finishing off with the nervous system regulation piece, which is foundational and I'm sure is one of the first things you talk to your patients about, because that can in and of itself support sleep and immune modulation and inflammation and all the things.

All of that. Yeah, all of it. And it's easy. Alternate nostril breathing, if that's what's accessible to the person. If you crosstalk between the immune system and the nervous system, the nerve system in really every system of the body and immune systems in every systems of bodies.

We like to think of it as this system that system connected. Yeah, no, for sure. I mean, look, there's a million other questions I could ask you, but we're coming up on time.

You know, all the other tools, right? The red and infrared light, vagal tone, and all of those things. But let's leave that for another day. You did a beautiful job on the bioregulators and peptides today.

So thank you so much for that. Maybe would you like to just let people know, where can they find out more about you and what you do and your clinic? And then I think that you have a really cool event coming up that would like you to invite the audience to.

Yeah, so they can find us at Gordon Medical.

Recovery Roadmap, Nervous System Regulation, and Resources

The website is gordonmedical.com. We're located in the San Francisco Bay area. People come from all over the country and all for treatment. And they come and they stay, or they go back and forth depending how close they live.

Yeah, we focus on complex chronic illness. We have an event coming up. Give me a moment while I look down at my phone to get the dates. Just a sec. Yeah.

I'll give people the name of the event in the meantime. It's the Gordon Medical Forum Structure, Inflammation, and Nervous System event is the one that you were going to talk about.

And I think it's taking place at the beginning of December. Yes, it launches December 4th. That's from the 4 to the 6. Great. And how do people register for that?

Where do they go? So just go to our website and there'll be a link for you there. Beautiful. So that's GordonMedical.com? Yep, Gordonmedical and then it's called Gordon Medical Forum.

Perfect. Dr. Parpia, is there somewhere people can learn more about you or follow you? Are you active on Instagram or social media anywhere? We will be active on Instagram.

We are, but it's gonna, there's going to be more coming. So just Gordon Medical on instagram. Amazing. And I think Gordon Medical is now in this world of hosting internal, kind of internal forums on a monthly basis.

So that in and of itself could be a really powerful source of information for people. Yes. Okay. Well, Dr. Parpia, thank you so much for your time today.

It's such a pleasure to have met you and to Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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