## Introduction and background in complex chronic illness

Doctor. Nafysa. Parpia. Welcome to the bio regulator 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'm hope I believe and I hope 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, I would love to hear from you.

Like, 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 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 patients who had Lyme and co-infections.

And a long time ago when I graduated from Bastia, I was I was, working in the clinic of Doctor Dietrich, clean Heart. And he was I was shadowing him and his other top doctors.

I was just new to the field, and I learned a lot about complex chronic illness. And in those days, I knew, okay, this this is my patient population. This is who I am going to be working with.

I just knew I remember sitting on a table with him and goosebumps at my arms the moment I knew this is my path, that well, yeah, you're a brave woman.

It's a tough population and very and complex is the exact word we need for this. Yes, it's very complex, but it's 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's a gift and a blessing for me. Also. Beautiful. That's a great attitude. So, you know, so before we jump into the big sea, let's talk about some of these other seas, because I've my impression from the people I've talked to and people in my communities is that it seems to me, and you correct me if I'm wrong.

It seems to me that the people with preexisting Lyme and co-infections are often the people that are the most affected by long Covid. Is that is that would you agree with that, or is that just a bit of a fallacy?

I would say for sure, yes. Yes. And and in one way, no. Yes. In that there are people who I'll say this, the people who were at our clinic prior to the pandemic, we were treating them for Lyme, Bartonella, but Busia mold issues.

We're modeling their immune systems or treating their viruses. We were detoxifying them. We cannot okay, our patients are going to be in trouble when when this happens, they are going to get long Covid.

Well, it turns out that the our patient population and also in other similar clinics who were treating such patients, the patients didn't get it. Why?

Because they were already being treated so exactly right. But then the people who had these preexisting conditions, but they didn't know it because low grade, they were just simmering under the surface or their immune system could keep these things in check.

All sudden, here comes the virus or spike protein. And now the immune system can't keep it in check. And suddenly they're in in a state of chronic line.

They didn't even know that. A tick bite. Yeah, yeah. No. Exactly. Oh. So I guess I should word that differently. Like people with untreated and or unaddressed.

Lyme and co-infections. You know I guess because you know would essentially be that the immune system's already busy. Like it's busy trying to keep this stuff in check.

And now you get this new intruder coming in and that could easily wear the bucket over. We talk about the bucket. The bucket could overflow at that point.

Absolutely. That's what happens. Yeah. You know bucket.

## Why untreated Lyme and co-infections worsen long COVID

So okay so in your work you've basically you've gotten to a point and I, I love this because when I saw it on the notes I was like this makes so much sense to me that you've really broken down long-covid into two different, subtypes.

Do you want to maybe go I mean, go through them, what they are and what brought you to this realization because. 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, and this is a lot of good tests now that can give us a really good sense of this.

So sorry. So before you go on to the two types, can you describe to people what are the what would someone 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 they should. Yeah. Okay. So 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've become insomniacs. They were never that they've got G. I issues. It could be, anything ranging from diarrhea and constipation to those to alternating.

They've got Sibo all of a sudden they've got, gas and bloating that they never had before. I don't know if I said joint pain, but they have joint pain until, you know, for the people who it tends to be just subtype one, where everything is mostly everything, related to their illness is, is mediated by the SARS-CoV-2 virus or the spike protein.

It their presentation is going to be a little more, a little more gentle than the people where it is mediated by SARS-CoV-2 and many, many other things.

Which which I'll get into. But but basically they come in and they have these symptoms and then I want to test them, of course. Right. I want to test them for, for testing will help me understand if they have long Covid.

I also want to test them for me to understand if they have these other issues which have woken up, as a result of having long Covid. So I'm talking about multiple other, microbes.

So most of these patients also have, Lyme disease, a Bartonella. So Lyman co-infections, they have issues with mold. They have issues with parasites. They have a high viral load Epstein-Barr virus.

I don't make virus HSV six, HSV one and two. They've got colonization in their sinuses are funguses or bacteria that don't belong there. So they've got multiple different microbes in multiple different systems of the body.

But it's not like it's an acute infection. It's like if they've got multiple low grade chronic infections going on and or a two. No. They also have a high load of environmental toxins.

I see glyphosate, I see lead, mercury, arsenic, cadmium, microplastics, solvents higher than what you might see in a health optimized, health optimizer patient.

Right. So yeah, but it's never just one bug. It's never just one toxin. They've got issues with structural integrity. They've got 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 yeah, this is a peaceful place and you can give them the right medicine at the wrong time. And everything's going to go south. Yeah. That's so interesting that you say that because one of the things I'm, you know, I'm although I'm not a clinician, one of the things I talk about a lot is the forgotten, the missing step to a lot of protocols and a lot of things that people try and do for themselves is the removal of what needs to be removed before you layer on the therapies.

And sometimes maybe you can layer on some therapies at the same time. But that unloading, that clearing of of toxins and metals and all the things that you just described, if that doesn't happen, the body just it's like, you know, it's like a I often use the building that the contractor in the house analogy is the house is so filled with junk he can't possibly get the work done, do the repairs.

Right? Right. Yeah. Okay. So so what kind of testing? So, so so your, 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 that. Or they come to you. You test them for all the stuff. They seem to be in good shape, which I'm shocked that anybody in this world is in good shape any more.

I'm sure everybody's got at least something going on, right? 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, what's interesting to me is a lot of these symptoms that you described can be attributed to so many different things, like 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 menopause. 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 them to have tried a good general functional medicine doctor, a good general empathic physician, because usually patients can get better.

Okay? It's it's the people who've tried everything. They've been to Mayo, they've been to Stanford. They've been everywhere. It didn't work. That's. Those are the patients who come to us.

## Long COVID symptoms and comprehensive testing

And now I'm doing extensive testing. Of course I'm going to do the testing of of their terrain. Right. I'm one of those patients. If they haven't been to a good functional medicine or naturopathy doctor, they haven't really had their hormones tested.

They've just been given some LDN and some metformin and, and a, you know, a, an anti-anxiety or antidepressant and been told to go home and that's that, right.

Yeah. So I have to do an excavation. So it's so good where it actually is, you know. So the first intake is anywhere between 2 to 4 hours. That's how long I'm talking to the patient for.

And from taking a thorough clinical history. That's how I decide what labs I'm going to do. So often I want to I want to understand what's happening in their terrain, meaning what's happening in their system, in their entire system.

So I'm looking at their hormones, their sex hormones, their adrenals, their thyroid, their microbiome, a lot of them do have sinus issues. So I'm doing assign a swab or having our nurses to assign a swab for them, testing their toxins.

They're heavy metals, unprovoked. Unprovoked. They're glyphosate out there. Other toxins could be microplastics. Solvents, insecticides. So all of these things.

I'm also when it's appropriate, the testing is expensive. So it's not it's not for everybody. I'm really designing when I'm talking to the patient. And I'm going to test you for tick borne disease.

Or do you have a history of a tick by? A lot of people don't even have a history of a tick bite, but they still have it. So yeah, we still have one, because I think a bit in the back of their head or their armpit and never seen it or bit when they were four years old and they did so.

So the people who they've been to a long Covid clinic, or they've had a stack of peptides that didn't work and they still have issues there. If it's a woman and she's on bioidentical hormone therapy, and she's still got these issues, you know, 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. You know, it's not rheumatoid arthritis. Not just in one place. It's unpredictable. And and they've got neurologic issues as well.

They've got pods, they've got migraines anyhow. So I'm then testing for tick borne diseases as well. I'm also testing for all the viruses I mentioned earlier.

So I'm doing a thorough screening of microbes. Toxins of course. How could I forget their basic but for just the CBC in the sea and then that. Yeah. Are there any neutrophils here.

Yeah for sure okay. So that's I mean that's 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 you know it's it's interesting you say that because so many people I've interviewed lament the fact that by the time people have been to them, they've been or they've been through the mill, you know, they've done so much testing, they've tried so many things that don't work.

They're like, you know, they're coming in as the Hail Mary plan. And so many people wish they'd come to them first. I had yeah. 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 2 to 4 hour intake is very thorough. So if people went through that degree of discussion and and thinking about their health timeline and the testing and even not all the testing, but some of the testing, 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 people wasting the money. I want them trying. You know, often a good naturopathic or functional medicine doctor can help a lot of, women who are in menopause or help with their microbiome issues.

Right? Yeah, just really good. Natural and functional medicine has a lot to offer. It's one that's failed then. Yeah. And that's it's kind of like that's when you know that there's something blocking the progress.

Yeah. Yeah yeah. That 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 there bodies having an issue

dealing with the spike protein or the aftermath of a Covid infection.

And then subtype two is the person that has that problem, plus all this other stuff going on that needs to be unpacked. So, you know, do you want to talk?

I mean, this is and you said this earlier that for probably for both these populations it's about using them. Right. And this is this, this, 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, and I'm sure you're I actually you said this at the beginning in the interview. You got to be doing things in the right order at the right 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? I mean, without, you know, I would guess every patient is is a little different, but kind of giving us an idea of what that processes.

Yeah. Before I go there, I want to talk a little bit about how the SARS-CoV-2 virus and the spike protein can affect people, but definitely yeah, that's right.

It's going to affect both patient populations subtype one and subtype two. And then from there I'll bring in, how I weave in the answer. What you what you just perfect.

Yeah, yeah. I'm not good. Let's start with that okay. So 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 the person get an acute infection, say they get food poisoning or the flu. The microbe goes away. And the person illness, the person's illness goes away.

It's acute. Short term life goes back to normal. In fact, they forgot that they are the infection rate. The other option is God forbid a microbe comes and goes and a person dies, right?

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

Now, I know you probably already think about the by a regular because this is what I. This is why I like to weave them in. Not to interrupt myself though, I got I got excited about the virus there's right there, but you know so the so this virus can come in, stay in multiple different tissue sites.

It's been seen in them all. Long after the acute infection. And it can be tested for via the normal. So it's been seen in the testes, the ovaries, the microbiome, the central nervous system, the peripheral nervous system, the cardiac tissue, the thyroid everywhere.

Is there really any where? It wouldn't go, do you think? I don't think so. I think there is two 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 insidiously doing its work of persistent inflammation. So now we have persistent inflammation meeting the various tissues of the different systems, different organs of our body.

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

So they've got mast cell activation syndrome. They've got autoimmune conditions. You see the autoimmune those manifestations are in the people who have subtype two.

Right. But in time they can't mount the 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, we've got persistent inflammation, immune dysregulation.

This virus or its spike protein can also cause micro clots in the small blood vessels. So now we have inflammation of the blood vessels. And we get less oxygenation, less blood flow to the various, tissues or systems that these micro clots 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 wake up dormant infections.

So somebody had Lyme Bartonella that basically is quiet.

## Two long COVID subtypes and the role of spike protein

The immune system could keep it in check or Epstein-Barr virus or cytomegalovirus, 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 two long Covid where you now have. Not only that, the other things I talked about, but as well these other multiple chronic infections.

Yeah, it's. I think dire sounding very, very dire. There are things to do. That's the thing. So I just before before I paint this dark picture, I just want everybody to know that yes, there's no there's no egos to be there's no protocol driven medicine here.

Has worked well for many, many people when they're just symptomatic because they've got sugar dysbiosis and they've got menopause. You can give them that. It's going to work.

Now. I'm in the gray. I'm in the middle of the ocean and and there's waves. And it's different for each person. But there's always a way out. Not always, but usually there is a way out.

So there's this light at the end of the tunnel. And in the doctors myself, the doctors I work with are bringing that light is we're excavating. Like I said earlier, we are digging up what are your multiple diagnosis?

Not just one diagnostic. It's not just one of them affected. It's not just one symptom. It's multiple diagnostics, multiple systemic illnesses we're talking about here.

So I have a question. So, you know, in a world of 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, at the, at the core of what's happening here.

Is it a question of clearing somehow figuring out how to clear the spike protein virus first and then seeing what else falls into place? Or or is it a 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 bar charts not working.

The the medicine they're using isn't working. The peptides they're using isn't working. So it it sounds like what has to happen really as and I mean, and at the same time, if there's heavy metals and there's 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 your work. Or is that you know what? Tell me for for for the patients who are in, subtype to the for all these other issues, I'm actually coming in and modulating their immune system first.

Yeah, leave it or not. It's something I believe it, you know, it's something I wanted to do. And I tried to do, you know,

I would hear a long time ago, Doctor Clinton heart saying, you want to modulate the immune system first before you kill the bugs, before you detox them until the end.

Well, yeah, but but nothing could work like the peptides. Nothing. Nothing. And so, you know, we'd use things like mushrooms or curcumin or green tea extract you have or whatever wonderful herbs are out there to modulate the immune system.

For these patients. We're stuck in subtype two. It didn't work. So what I would do was modulate the immune system by working on their terrain. First there was their microbiome, their adrenals, their their thyroid and these things first.

And then I would start to detoxify them because as we detoxify 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, for this, this subtype one where really in there, there's a lot of them out there where it's mostly about the virus. Right. And getting around the spike protein.

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

Right. We can use LDN for that. But I want to I want to, because it's so complicated. I'm going to start with talking about subtype one because they're they're the easier ones.

Right. So for them and they start with whatever bio regulator it is that they need, not just the lung by a regulator, but really whatever system it is, I can tell by the labs, I can tell by what they're telling me.

What system is compromised by regulators for that system? The blood vessel by your regulator becomes universal, right? So. So everybody needs a vessel, right? Yes.

And so I'm testing for micro clots. If they've got clots, I think it's fair to assume as well that they've got, inflammation of their blood vessels. So vessel by regulator and the panel by a regulator that's going to help bring down inflammation.

It's going to help, reset their circadian rhythms. They've they've usually sleep is a big issue for these patients. BPC 157 to help reduce inflammation.

Systemic tb4 for that reason as well, to help modulate the immune response, but also for tissue regeneration. It's going to help with, with with blood vessel regeneration as well as nerve regeneration.

These patients need that. And to one you know, there's been, research that's shown that TR one has actually helped, people who have Covid who were morbidly ill and in hospital.

And when they did it, didn't they do a stent? And I actually I got I think I got taken down, 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 ten milligrams day of famous an alpha one.

They were more like totally about to be put on a ventilator. And the control group that didn't get the to one got put on the ventilators and had whatever horrible outcomes they had.

But the people that got the thymus and Alpha one never had to be ventilated. Yes, exactly. That study plus high dose five and C IV's as well. There were multiple studies at high dose IV.

Vitamin C can also help with this virus in morbidly ill patients. So now what's interesting is to one is a peptide that that's one that I can give someone to at the wrong time.

The right medicine at the wrong time. 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 inflammation. If I start to use to one I'm going to kick up that immune response already. So treating these chronic infections is not like treating an acute infection.

Someone is acutely ill. I want to kill the infection right away. The chronic I'm waiting. I'm doing other things which you alluded to earlier. Wow. What about the thymus by a regulator?

Are you do you lean into that? Because that would be one that really that truly modulates the immune to it. I mean, we I used to talk about thymus and alpha one 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 missed by regulator. Just just low dosing it for these patients. And I meant to mention that once that you did it's okay.

I mean, you know what there's so there's so many so so my question to you is when you're using the bio regulators, so the hallmark of the bio regulator is to restore homeostasis in the body.

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

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 narrow NATO, kind of like the peptide, the neo kind of Sarah peptides.

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

But I'm reading the peptides. One thing I meant to say earlier, and Alex, really important, is that a patient would have taken me five years to get better prior to the advent of peptides.

It now takes two years when we in the peptides in and out with everything else. Yes, someone who would have taken two one now takes one. So using peptides and by irregulars it it makes the treatment process so much quicker people can get their lives back quicker.

Oh they're still in love with them. That's so amazing. So I have a question for you. What about vaso intestinal peptide? It comes up a lot in these discussions.

And I you know I once there was once a woman in one of my membership communities who was, you know, going around doing her own thing. And actually, I think she was a health practitioner.

And she took a vial of VIP for a vial of something that she would have used in milligrams. Oh, yeah.

## Immune modulation before detox and infection treatment

And so her husband, it got to witness her and probably lost a couple of years of his life from this. He got to witness her passing out, coming back to tell him, don't call 911 passing out again, coming back.

Under no circumstances should you be calling A901 and passing it like, you know, until finally her body was able to restore its its blood pressure normally.

Do you want to talk a little bit about VIP because as, as a result, I have PTSD. Like, I mean, I'm like, I'm very when I talk about it to people, I'm like Uber cautious, you know, VIP has to be used.

This is this is another one in the right patient at the right time. 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 it just my patients I'm seeing a lot of, funguses or bacteria etc. in fact, I'm often seen, bacteria from the gut in the nasal. Yeah, yeah. I think that has to do with the masks that we wore.

There was just so I'm not against masks. I'm happy to wear masks. Right. But also there's a there's an upside downside to everything. And so I believe there was a recirculation or or you know, or why are there suddenly more funguses than I ever saw before?

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

Yeah, yeah. And so a lot of the, the series doctors of the mold doctors, they want to use the IP right away but not know we've got to kill what's in the sinuses first actually kind of goes that way with with the peptide super sorry C link and C max when we're, when we're spraying it, it's not going to work for these patients when they've got, microbes, they've got colonization in the sinuses.

But the IP I've seen, go south for people C link and c c max, I haven't seen it go south. I've seen it just do nothing. So what about something like because I.

What are the intranasal antimicrobials like something like K-p-d or. I know we used to talk about KP v being a fragment of Milnerton and having the micro anti-microbial effect.

Yeah. So KP actually what I would love now that you're bringing KP, I would you know what I want to talk about if the timing suits you right now we have lots of time don't you.

Okay. Good I wanted to talk about how I use I'm going to bring in KP v here how I use peptides for immune modulation for this patient population and how you and in.

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

Infections. All the ones I talked about earlier. Toxins, all the ones I talked about earlier. Structural integrity issues are patients either have lax ligaments or tissues are too tight.

The fascist too tight. Diet issues. Usually by the time they come to us, they've got their diet holding pretty, pretty nicely. Actually 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 the trauma sleep.

So five reasons we can be sick. So yeah, if imagine 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 these going on. Yeah. Affections, toxins, diet, lifestyle stress, integrity issues. It's been years. It's slow insidious.

And now they're in this state of persistent inflammation and then immune dysregulation with that hyperactivity and the weakness in the immune system. And so any sort of mass mass nervous system dysregulation.

And so I tell my patients, look, we were talking about you and I were talking about pulling, you know, working on root causes earlier. But I'm going to talk a little, talk a little bit more about it now.

So I tell them you've got these, these nasty roots. Imagine we're on a, on the side of a cliff and they're these big roots. I want to pull them out, but the soil is is not stable.

If I come and pull these roots out. Yeah. We have a landslide, right. Yeah. So. So I want to pack that soil in first. I want, I want to I want that tight.

To me that's immune regulation. And and when I was talk looping this that what we were saying earlier about about immune regulation, I have found that with peptides I can modulate the immune system of these patients who have type two.

That stat we talked about earlier, it's not going to work for them. Right. So I'm modeling the immune response. Then when I pull the roots out which is the infections the toxins, I'm going to 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 that is peptides to calm that then I'm pulling out the roots.

Yeah. Yeah. This really is where peptides shine right. Like especially the ones you were talking about like the thymus enough. The ones the VPCs, the thymus like the signaling longer chain peptides that have a much more immediate kind of effect.

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

They don't have multiple components like herbs, which I love. I became a much better doctor because I love herbs. Right. And they have multiple, multiple chemical components in them.

Highly sensitive patients can't deal with that variety of chemicals. So they need a more simple structure, simple and structure, but powerful and specific in the way they work.

Yeah, I guess they're just more targeted. So, so okay, so immune modulation is the master of the of this process. Really. It's it's and probably it sounds like you kind of have to keep going back to it because as you pull through the immune the immune system is being challenged.

More inflammation goes up. You have to re modulate, pull the next route. Yeah. Yes. I'm so happy you said that because I'm going to start with I want to go to the peptides.

The reason I brought this up because you mentioned Cape UV. Yeah. Part that's a part of this. But yes 100%. Now the I'm wanting to begin with immune modulation.

And then as I'm pulling the roots out I'm maintaining immune modulation with the peptides weaving in and out of different ones for different patients depending on who they are and what they need.

But yeah. Well, and I think what this really speaks to is that, you know, people might be sitting there going, well, two years is still a really long time.

And that this is not a linear process like this. This is, you know, you're going to feel better and then worse and then better and then worse. And then probably it's just the better starts to get longer than the worse.

Eventually you it exactly that. Yeah. Yeah okay. So let's talk. So let's go back to those immune modulating peptides because I think as you mentioned like they have different places at different times like famous and Alpha one is not the gimme that people might think it is in all situations.

So you the individual has to be ready for that. The famous by regulator probably is the closest thing to the gimme as. Yeah. So the way bio regulators work.

Yeah, absolutely. This is one of the first things I might even start. But it's I'm actually beginning with bio regulators truly including the thymus one.

And whichever one the patient needs based on their history in the labs. But then I'm often coming in with lorazepam, right. Because it's going to heal leaky gut.

It's going to prevent leaky gut. These patients have muscle activation syndrome. And a lot of the times, you know, I'm trying to prevent the the mass cell mediated chemicals, histamine and a thousand other chemicals from 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. And it didn't work as well. Not until I killed the microbe that the inappropriate microbes in the microbiome, but with the rest Raza tied, it does something different than than the other things we've used for leaky gut.

And it works right away. And I love it for that some after coming in with La Raza Tide and then Alexa knocks and Alexa knocks is a muscle stabilizer. But it was also, used in Japan clinically to help with people who have chronic rhino sinusitis and bronchial inflammation, asthma.

And this is something that a lot of people with long Covid have as well. So I'm starting with La Raza, Tide often and then Alexa knocks. Then I might come in with them.

Some data for this is to to calm down the immune system. It's going to lower the pro-inflammatory cytokines. So it's also helpful for tissue regeneration for nerve and in blood vessel regeneration.

It might be at this point I'm going to come in with Cfpb because Cfpb is a muscle stabilizer. It has many. Anti-inflammatory effects. But it also has antimicrobial properties against different staph species and, and Candida species.

Now a lot of these patients have issues with Candida.

## Using bio-regulators and peptides for immune support

If I give them IV notice, if they take Katy V early on, some of them can't tolerate that. It's like the Cfpb starts to pull out the roots and they're not ready makes them sicker.

So that's why I'm going to bring Cfpb in later on in BPC. 157. This is the golden child of everything. Do this one first. And and it yes it brings on inflammation.

If I if I inject it subcutaneously in someone's tissue or locally where there's pain, we can bring the 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 meeting first and bringing in later. And then now GHQ. This is one that I'm actually bringing in earlier on in these patients. It helps, you know, it helps stimulate collagen and elastin and, like this amino glycan synthesis that helps with skin regeneration.

And of course this one the biohackers use for skin and hair. And for my patients, it's got those happy side effects. But really a lot of my patients have lactate ligaments.

They've got muscle activation. So with the chemicals from the muscles, tenderizing ligaments that are already loose. So if they didn't have pain cervical instability before now they do.

So are these EDS patients. So yeah sorry to interrupt. These are the Ehlers Danlos syndrome people right. Yes. Yes. But they don't even have to have that diagnostic.

Well, most people don't have it diagnosed. I think at least that's what I find like unless they're in a very if, 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 or 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? And normally they they've been able to manage it until they get sick. All of a sudden now their joints are popping out. They do have cranial cervical instability.

And you know, GHQ helps greatly with this. So patients who've had cranial cervical instability, I've just injected small amounts of GHQ subcutaneously in their muscles along their neck.

I could alternate that with BBC 157 injections. Or just giving them GHQ as a cream from the compounding pharmacy on the side areas, having them injected themselves subcutaneously.

This has made a huge difference. So not only for structure, right? But also it's I've I've seen it relieve, people's pain. Yeah I've seen it help people's mood I should say anxiety.

Like it's, it's an actual lytic right. It is, it is and so 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 it's not like someone should just hear me say this and just go and do this and run off by it.

Yeah. Yeah. Not oh please don't. Well, I mean I think you've 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 to be presented by the individual as their journey progresses. There's not a there's not a defined timeline here that once you do this, this will happen and that'll happen and that'll happen.

That's it's very much based on the individual and their particular terrain and how they respond to the treatment you're offering. Right. When somebody has become sick for a long time, it's complex and it's chronic.

It now the illness now becomes their own, their own manifestation because it's their own biochemistry. That's it's no, meeting their genes. Yeah. Their own genetic expression.

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

Let's talk. You you mentioned, you mentioned k-p-d being anti-microbial, which is which is one of its many superpowers for a little three amino acid peptide.

It's it's pretty versatile. But what do you what are some of the other peptides you like to use to address infections? And, 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, like 37.

I mean, people hear about oh 37. They're like, oh, perfect. I want it like I'm just going to do that. And they get so sick. Yeah. Okay. So 37 it's cytotoxic to many different types of cells, meaning it perforate 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 L 37 as well is that if somebody has an autoimmune tendency, it's going to feed that particularly psoriatic arthritis.

So really. Yeah. So I'm not wanting to give somebody a low 37. If they have an autoimmune tendency I'm going to want to mediate their immune system first.

I'm going to give it to them in low dosages. I'm not going to give it to them before I give them to one. So to one I'm going to give it to them before I give L 37.

And typically after I've done everything I can to calm the immune system like I discussed earlier and, they, 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 do this anymore. But they had made, they had, they had linked to one with l, 37 and had found that, that very much modulated the toxicity, the cytotoxicity of the L L 37.

So they basically created like a new molecule that was part to one and part L, L 37 and found that the clinicians who used it found that it was much easier on the body than l l 37 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 then my crossing 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 K-p-d l l 37. Any other superheroes in the peptide world? You're going to IRBs, maybe. And, no, I'm going to IRBs. Some people usually don't need to go to antibiotics for my patients when it's neurologic Lyme I the antibiotics are the way to go.

But I'm using peptides for these patients as well. It's going to make them need the IV antibiotics for less time. And it's going to have them need the herbals for less time as well.

Like I said earlier. Yeah. Yeah. Well and the intervals can be pretty powerful. Like I mean it's you know just because it's an herb doesn't mean it's innocuous.

I think herbs can be pretty powerful. But the a lot of these patients, the herbs will backfire on them until I use those peptides I talked about earlier to modulate the immune response, then they're able to tolerate the herbs of a mess.

Response. Yeah. The herbs. Yeah. All right. So last category of peptides I'm going to ask you about here. Is what peptides do you like to use for neuroinflammation.

You just mentioned neuroinflammation just a second ago as it happens. Which is that is one of the cases I'm sure there's others, but that is one of the cases really, where you might resort to antibiotics just because it needs to be dealt with and it needs to be dealt with now kind of thing is no time kind of thing.

But but when you're seeing a patient with neuroinflammation, are there certain peptides or protocols or strategies that you've found to be more helpful?

Yeah. So what I found is that kind of like with VIP, right? When they still have multiple chronic infections going on the nootropic ones, they they're not going to work very well actually.

So I'm going to bring them in later on. Again, most of them aren't going to backfire except for VIP. It's just they're just going to be a waste of someone's money if they try and bring them on early, particularly the scene, the ones

that we can spray in the sinuses.

I want to clear the sense colonization first. So, and I'm going to say add one thing to that. I have noticed that cerebral lysine and hexa are the two peptides that I can use early on.

Interesting relation. They will actually respond to those two. The hexa more for that. That creative the creative thought process. So patients will wake up from their their brain fog when they start to use that one as well.

Of course I'm using the central nervous system via later.

## Peptides for infections and neuroinflammation

Of course. Let me see if there's any that I missed or was looking at my list. We talked about Sealink, C-Max cerebral, Lysander, HEXO yeah, those are those are the big hitters. Yeah, yeah.

Well, and they are big hitters, you know, and De Hexa is one of those peptides. I you know, when I first learned about it way back, I remember interviewing physicians who would say to me, you know, in their optimize, patients like patients who are, well, they would do a run of di hexa and have them learn a new skill because Di Hexa referred to as miracle Gro for the brain.

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

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

So I would imagine card comes in at some point also with your oh my goodness, how could I miss that one though? 100%. You know, they're all our favorite children.

We just can't. Oh right. I mean we could have talked about pancreas. We could have talked about liver. We could have talked about all of these are going to have they're all going to have a place here.

But I feel like ax is one of those ones. It's almost like I'm I think of it almost as foundational as the blood vessel buyer. Right. It makes you I Neve I did not mention, for instance, one of the first things because it's because I asked you too many questions.

But but it's because cod lacks it. Even though we think about it for joints, it's it's it's like GSK because it upregulate collagen and elastin. It's going to be critical for every one of those organs that you talked about.

Right. And the blood vessels. Yes. It's critical for this patient population. I'm going to give that with the blood vessel by very early on, whether it's subtype one or subtype two.

It's just one of my go tos and I rarely see any, I'm going to say never. I've never seen any side effects from that. Right. Is it? It's not like the bio regulators.

One of its superpowers is how I mean, I've I can think of maybe a couple of people who believe that they've had a reaction to bio regulators. And in those cases, if you pull it back, usually they're fine.

Yeah. But it's very rare to see people have a reaction. I've just I just remembered my question. Do you favor the natural by regulators 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 see, but they carry nature's marvels also. Right. So those are the ones that I've been using and I've noticed they help greatly.

I have not purchased the ones, from Russia. So yeah, no, the ones. And actually, you know, what if now that I think of it, I don't even think most compounding pharmacies are.

Oh yeah. The injectable by regulators. It's an interesting thing because in Russia they will use the synthetics that are, you know, they actually will use the synthetics with people who are very sensitive.

So with people who have a lot of auto immune dysfunction going on because they find that they're a faster hit and a little bit less complex as a compound that's natural.

I wish I could easily get my hands on those. Yeah, yeah, but I can't. Yeah. If you can tell me, because I want them, we'll talk off line. That sounds good.

You know, especially for my vegan patients. Yes. Yeah, yeah, that's a tough one for sure. Yeah. Okay. So is there anything else, like, maybe, maybe. Can we talk a little bit about, as people start to get better, how does that present like do you when, when do you start to feel because, you know, you were talking about being in the middle of the ocean, surrounded by waves and looking for light at the end of the tunnel?

And really, I think part of that is just finding the bloody tunnel in the midst of like, what's the what's the first tunnel we need to go down before to get to the next one that we need to solve kind of thing.

But do you and you mentioned earlier, like a person who would have taken five years is now taking you to person who would have taken two is taking you one?

Do you have, do you do you ever. And it's hard to say because it's so variable is how people are going to respond. But you are are you able to give people a little bit of a roadmap once you get into working with them?

Oh yeah. Oh yeah. Yeah. So I actually make goals for my patients. So long term goals and short term goals. And I want our goals to meet. And 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 going to bring hormones on board, or I'm going to bring in regulators AG to support the hormones first, then I'm going to bring the hormones on.

We're we're testing all the way along. Then I'm going to start detoxification therapy however is needed. Some people need therapy. Some people it's totally inappropriate to give them some therapy.

That's a whole talk on its own because for sure. Right. Some people might need plasmapheresis and our clinic some people. That's just not the right thing to do. So.

So it's really understanding what what what do I need to do for this patient sitting in front of me for detox? One thing I didn't mention is nervous system regulation.

A lot of these, just their bodies, they don't feel safe. The, body mentioned that you're walking around day to day and you don't know. You can't predict.

Yeah, yeah. Everybody feeling safe in your body. So nervous system regulation that the central nervous system by a regulator, 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.

Yeah. You know, to to help them with that. Yeah. And then with the appropriate guidance. So nervous system regulation is something to start with. And that's, oh 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.

## Recovery roadmap, nervous system regulation, and clinic info

Yeah. Yeah yeah. That's such a, that's that's really powerful. So to finish off, maybe, I actually I don't, 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 is which is foundational and I'm sure is one of the first things you talk to your patients about, is that can, in and of itself support sleep.

And they can and immune modulation and inflammation and all the things of that. Yeah. All of it. And it's easy. It could be alternate nostril breathing if that's what's accessible to the person that you've crossed out between the immune system of the nervous system, the nervous system, and really every system in the body, in the immune system, every system of the body, we like to think of it as this system and that system and, and, connected.

Yeah, I know for sure. I mean, look, there's a million other questions I could ask you about. We're coming up on time. You know, there's all the other tools, right?

The red, an infrared light, the vagal tone, all the things. But let's leave that for another day. We did. You did a beautiful job on the by regulators 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, and your clinic?

And then I think that you have a really cool event coming up that you'd like to invite the audience to. Yeah. So they can find us at Borden Medical. The website is called medical.com or located in the San Francisco Bay area.

People come from all over the country and all over the world for treatment. And they come and they stay or they, they go back and forth depending how close they live.

Yeah, yeah. We focus on complex chronic illness. I have an event coming up. Give me a moment when I look down at my phone to get the dates. Just a 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 you were going to talk about. And I think it's taking place at the beginning of December.

Now it launches December 4th is from the fourth to the sixth. Great. And how do people register for that? Where do they go? So just go to our website and home page.

There'll be a link for you there. Beautiful. And so that's gordonmedical.com. Yeah gordonmedical.com. And and then it's called Gordon Medical Forum Gordon medical form perfect.

And Doctor Papaya 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 going to there's going to be more coming. So you just read and medical on Instagram. Yeah, amazing. And I think Gordon Medical is now in this world of hosting internal kind of internal forums.

Yes. Basis. So that in and of itself could be a really powerful source of information for you for people. Yes. Okay. Yeah. Well doctor Parpia. Thank you so much for your time today.

It's such a pleasure to have met you and to have had this conversation. Thank you. Thank you for having me. The pleasure.