Peptides & Cancer: How to Personalize the Journey Without Overwhelming the Body Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and guest background

Well, doctor Tracey Stroup, this is such a pleasure to have you. And, and and I'm so excited about what we're going to share talked about today a subject that is dear to my heart and I know it's there to your heart.

And it's such a powerful tool for people navigating cancer. So thank you so much for for spending some time with me. Well, I'm honored to be here with you.

You are such a pioneer in this area, so I truly appreciate you having me on. Oh thank you. Thank you so much. So talk to me a little bit about you. I know we want to get into peptides and cancer, but I wanted people to kind of understand a little bit, you know, why you are so passionate about a quarterback in people's cancer journey?

Because I know that's such a fragmented care that a lot of cancer patients are receiving. Well, it is, and it actually comes to personal experience. My best friend and assistant in my business was diagnosed with her two positive breast cancer over two years ago.

And, you know, prior to that, I was a purist. I have to be honest, doctor, I was you know, I'm at traditionally trained natural doctor. So my mindset always goes to supporting the body and God's design.

And when she was diagnosed, you know, at 37 years old and she had two little kids, we jumped into all the things that we knew natural. We did all the detoxes, all the testing, all the diets, all the juicing.

And then we added the complementary modalities. And, you know, she was doing great for a while. And then it took a turn and we had to embrace some traditional and allopathic cancer care in the form of immunotherapy.

And to get to that point, to be perfectly honest. They wanted to give her a double mastectomy. They wanted to do chemotherapy. They wanted to do radiation.

Just as Doctor Nathan Goodyear always says, the unholy trinity. Right. So we kind of just paused there, because what I noticed in the entire diagnosis process was fear rushing.

And it just for me, honestly, I was like, wow, this is the only diagnosis that comes with the sidekick of death. And why is that? Why is it so fear bound and fear based and rushed and they don't give you time to think or pray or even give it a second opinion from somebody?

So that was my first real experience with the allopathic side of it. And, you know, we went home. We we sought other thought leaders in the industry. We looked at, you know, people that were doing the integrated approach.

Long story short, I just felt she was completely overwhelmed with the navigation of the whole system, whether it was or natural, you know, on the allopathic side, fear, rush surgery, chemo, radiation.

But on the natural side, there is this tendency to kitchen sink cancer, to throw everything at it that you possibly know, to look up every video, every expert, everything that you could possibly do.

And I just step back and I prayed one day and I just heard God speak to my heart and said, you got a quarterback this war. She's got enough going on. You got to figure out a system of how to navigate it.

And I was like, okay, I will. So I started talking to the other side, which they don't normally talk to me, and I started asking questions about testing and genomic profiling and understanding mutation pathways and nutrition.

And, you know, some oncologists were open to it and some weren't. And the whole program that I came up with, quarterbacking cancer, was truly to help people navigate the system, to help them ask the right questions, to approach whatever care they feel they're led to take in a non-judgmental way, and to support their walk the entire way, and to give true, informed consent.

Because I don't think that's happening on either side. I think informed consent gets thrown around, but you're not really informed about the other types of testing that's possible in the traditional allopathic model.

You know, you are just given a protocol, given a treatment regimen. And those people that are diagnosed, they don't know what questions to ask. They don't know what testing to ask for.

Why cancer patients need a quarterback

They don't know, you know how to navigate with the oncologist what they truly want for their care. And sometimes that conversation gets shut down, but other times it doesn't.

And what I've noticed is if somebody walks into an oncology office and has the right questions respectfully, the oncologist will answer whether or not they agree with it.

They'll still answer. And so the answers are what we truly want. And then on the natural side. How do you navigate all of the things that are available that can complement or, you know, step in the place of some of these other traditional treatments?

But how do you do that without losing your life financially, losing your life overall to the time constraints that it that it requires? You know, how do you actually maintain living the life you're trying to save without going into debt, without being in worry, with keeping a strong faith?

So that has been our experience in over the last two and a half years. We have put together this program where we do that for people. Yes, we do supplements and lifestyle and we help them with all that, but it's really about the navigation of the journey that they want to experience as they work towards, you know, need no evidence detected.

So that's kind of where it comes from. And I mean, a lot of the biggest challenge I see. And I know also for myself when working with cancer patients is, you know, how much is enough.

You know what is. Yeah. Of course here you're dealing with the disease like you're saying it has that that touch of depth to it. Yeah. And and obviously, you know, it's very sobering.

And you want to make sure that this individual gets the care that they need, that we don't do too little. But then also too much can have the same kind of implication.

Yeah, absolutely. And we've experienced that too with, you know, certain I don't want to say anything in particular, but with certain modalities or treatments that aren't available in the United States, we have embraced those and had the experience of an overexcited immune system to a treatment which led to a lymphocytes of the lungs and basically almost killed her.

So we had to slow that down with some traditional interventions. So even an overexcited immune system or an active immune system are both detrimental to the pathway of supporting cancer or getting to know evidence.

And we have to be willing to have those conversations and to learn. And that's what I did when I walked into the anti conference. I spoke on peptides.

The first year I walk in there, a purist mindset, you know, all natural, let's do all these things and we can get to know evidence. And I walked out enlightened.

And I think that was by God's design of putting down my own principles in ego and really just truly stepping out of

that situation and saying, I have to listen to the person in front of me, what they can do, what they will do, and what they can afford to do.

And everybody story is different in those three questions. So that's where we we approach it. So I also appreciate your approach because I know we share some people and they absolutely love you.

I just am so grateful there's people like you out there. Well thank you. And then ditto and ditto. I mean, it's such a difficult journey. And when an individual is diagnosed, you know, all of a sudden they it becomes that anxiety frantic.

You know what information don't I know. Yeah. What what do I and they like you're saying they listen to every podcast or read every possible book and they're like 300 recipes that they try to mix together, you know, to create their own solution.

And like you're saying, they're thinking, you know, more is better. And then they, you know, start. Maybe they are afraid then and start on the chemo journey.

And now they can't take all these supplements. They can't do these therapies and other thinking, well, you know, because I can't do it now. I'm not going to have a positive outcome.

Yeah. Great. Yeah. And that's unfortunate because that doesn't have to be like that. No, no. And I like to touch a little bit about your faith. You know, I'm, I'm Christian myself as well.

And I feel that, you know, at the end of the day the true healers is God. And and, you know, yes, we can do all these different therapies. But yeah, if if you're not having that connection, it is really difficult to navigate when you're in this place.

And obviously cancer kind of puts you in that place where you're, you know, either have to step very close to God or, you know, the or just step away right away.

Yeah, yeah. I walk from a position of faith simply because I know how God redeemed my life when I came out of New Age practice into being fully in with Jesus, in the Holy Spirit, in my practice now.

And I just felt like I got a second chance and I was sick and was made, well, not in an instant. And I think that's the best part of my journey, is that I was sick for two years, very chronically, and during that time I did all the New Age things because that's what I knew.

And then I was reading in Christ and I was still sick for a year later. But honestly, looking back, I know that if he would have healed me in that moment, I would not have had the true healing that I needed in my soul and in my spirit and in my emotional and mental side of it, in the redemption that I needed, the healing in my marriage, the healing with my children, and all the other healing that came outside of the physical.

So I truly believe that God knows the journey of every single person and that he walks with us. And sometimes we need to be patient. And I think that patience, being a fruit of the spirit is so important.

And cancer care, because I think the enemy uses it against us, that if we don't get instant gratification or results from something we're doing, you know, we go into fear and desperation and we start to hop around and we look for things that are outside, just this patient walk with Christ.

So faith is super important in our model of what we do. We pray with our patients. We pray for them. You know, we pray with each other on our team meetings.

We pray for direction. And I always tell people, you know, I'm honored to walk this with you. I don't know what the Lord has for you, but I do know that he's here.

And whatever the outcome is, his will, his way, we are going to give it our best. We are going to seek the wisdom of the Holy Spirit through this whole thing.

But I'm not your Savior, Jesus as your Savior. But I will walk with you. And you know, most of the time people come to this place of like, okay, you know, if they can't get in touch with me, probably happens to you.

This desperation that happens, like they're messaging me, they're trying to get Ahold of me. And sometimes I don't see it because I'm not in the portal or I'm with a client, and, you know, they by the time I get to them, they'll come back and be like, it's fine.

I got Ahold of my friend who who prayed with me, you know, so sorry. And I'm just like, I'm sorry I didn't see your message. I you want to talk later, but I've watched God take me out of so many things and him step in to be their savior, which he's supposed to be.

And I've watched people come to faith through my practice, and I've watched people, you know, just be at peace through that. And I think it's important that we talk about emotional wellness.

We talk about spiritual wellness in regards to being in aligned with Christ. So that's where we come from.

Faith, healing, and emotional support

And we're very bold about it. That fits some people, but we certainly don't turn anyone away that that is not a Christian. We absolutely work with them. We don't force anything on them.

But behind the scenes, I am praying for them. I must say. Yeah, that's what so we have, you know, a prayer circle here every morning for for patients are flying in and and receiving receiving care.

And I think that's a so important for any kind of healing. And it just kind of set the energy upright, you know, at the center, you know, if, if Christ can be part of everything that we do at every moment.

And also I remember know a good friend of mine is oncologist doctor, you know, Stephen a yeah, he's even written a book about it. He, he started as a Catholic, became, you know, then became all about science and thinking that medicine had all solutions and became an atheist.

And then after working with cancer patients for many decades. Yeah, he just came to the realization that the people that have strong faith and that are rooted in in their connection with God and Christ, they always had a better outcome doesn't mean that all of them were going to survive, but they always had a better outcome.

And if they did not survive, they were more peace with it. They were they were actually healed spiritually, you know, prior to so to me, healing is not just physical healing is so that spiritual relationship that you need, whether you're here on earth or whether you're you're taking a step to, you know, then the next, the next part of our journey.

Yeah. And I always tell people we're going to be healed at some point. All of us have the little things that we worry about. Hang on to. You know, everybody has ailments.

It's it's just the fall of man in the way that the human body is. I do believe we can do all the things. And sometimes, you know, they don't work, you know, all the things don't work.

And there's no real rhyme or reason why, you know, unless we go into the emotional side, the spiritual side, how you grew up and all the things that make you the human experience.

But I believe Jesus heals completely, either on this side of heaven or the other side. So I'm I teach people to wait for the healing, like be patient, you know, and if it doesn't come here, as you said, we talk about that.

And those are hard conversations that nobody wants to talk about. Yeah, I love that. Love that. Well, so one of the

tools that you use a lot, you know, are peptides.

Yeah. And I love peptides I think they are powerful tools. You know, alongside with obviously all the other tools we have in our arsenal. What are some of the peptides that you feel that somebody on a cancer journey it should really consider?

Well, I, I mean like a lot of different peptides, there are certain ones that I think are the best use case and ones that I kind of avoid until we're at no evidence.

And even for that stage, sometimes I continue to avoid them. But I term something when I call the great peptide trifecta. And there's three that in general, not 100%, but overall I'll recommend for every single person that I work with.

One is a metabolic pet, whether that is semaglutide tied or Redditor tied. Redditor tied is my preference. Another one is called CFPB and then a third is thymus and alpha one.

And those are the three that I normally put in. Not all at the same time I do base it on data. You know I'm getting back their blood work. I'm looking at their profile of the cancer and or tumor and just making a recommendation based off that to support those pathways so that we can do the best possible protocol for them.

And what really attracted me to peptides initially was how specific they are. And in natural medicine, I think we're very much accustomed to nutrients and herbs and food and exercise and lifestyle, and that works.

But peptides for me opened this second layer because they interact with the receptor sites and the signaling pathways in a very specific way, but they need all of those things in order to work.

So when I work with clients, I don't put them in initially out of the gate. Obviously, we have to get the foundations right. We have to look at the lifestyle, the diet, the phenotype, nutrition.

We have to make sure the supplements and nutrient deficiencies are taken care of. We have to look at what possible toxicity is coming in and challenging the immune system.

But there is an appropriate time to bring these in. And these are always the first three that I choose. And so you talk about some glue tied to tied or to tied.

And I mean there's a lot of bad press about it as well. You know, in regards to you know, so some people are scared, you know, talking about that digestive concern, you know, gastroparesis.

And they're also, you know, some people feel, well, you know, if you just do that you lose. I lose weight, you know, I'm sick anyway, you know? So should I, should I bring this in?

You know, the last thing I want to do is, is not eat enough. So so talk a little bit about the rationale and some of the concerns that that people have.

And, and, and you know, answer that as well please. Yeah, absolutely. Well, we have to understand that when the metabolic peptides hit the market, especially semaglutide, which is known as they were massively overdosed in a population that already was compromised, probably already had gastro issues.

We have to understand that GLP one glucagon like peptide is produced in the digestive system endogenously. Naturally, it's an amino acid chain bonded together by peptide bonds.

That's what makes it a peptide. I think there was a couple of things that happened. It was put into the hands of boutique type Botox places and spas that were already doing weight loss programs.

The trial that was done on it was done on a very small segment of people at a very high dose. So dosing matters

as with anything. And I tell my clients, if I would give you an entire bottle of vitamin C, you would probably be in the bathroom all day.

It doesn't make the vitamin C bad. It makes the recommendation of how much you take the wrong thing. You'd probably have gastric upset. You would probably never want to do vitamin C again, and you would tell all your friends how terrible is it?

But it doesn't make vitamin C bad. It's probably the most studied nutrient that we have, which with the most validity. But if you overdo it, overdose it, and you abuse it, you're going to get a side effect.

Any any treatment has risk any of them. So we talk about that.

Peptides in cancer care

We also talk about the fact that, you know, if you do an individualized dose or what we call a micro, which is a better term that people know, then you're going to get the results and benefits that GLP ones produce naturally in your body and not the side effects from overdosing it.

So that's first. Second, the overdosing comes from the fact that there's no foundational education or change. So again, the people that were taking these peptides when they were just handed out willy nilly at these massive doses, were not being talked to about, let's enhance your gut microbiota.

Let's make sure that you have low inflammation in your gut so you can produce your own endogenous GLP and get you off of this eventually. Let's look at your hormones and your thyroid.

And to make sure the inflammatory markers are down, let's look at your diet and how you're eating. And if you're challenging an inflammatory pathway that way, or adding to much glucose into the blood, which will create an insulin resistance over time.

Let's look at all these things. Let's look at deficiencies. Let's look at vitamin D right. That really help with the synergy of peptides. Let's look at all the things.

And then once we get those foundations set up where we know we're filling deficiencies and taking out things that might challenge you, let's put this tiny little bit of a peptide into signal correctly, until you can produce your own and get metabolically healthy.

That's how we do it. And I can honestly tell you, I don't have anybody. It has side effects. Nobody better insulin numbers, better A, one C better IGF one.

We can go through this thing better. Galactica three. Let's just walk through all the numbers that we look at. Right. And metabolically we have to understand that cancers metabolic in a way not always but is also GLP ones work in the brain with, you know, gray matter formation and neurotransmitter signaling.

They work in the cardiovascular system. They work in the immune system. They work in the hormones. So GOP ones don't just signal weight loss. They signal immune surveillance, mitochondrial biogenesis, brain, you know, health.

They also help with cardiovascular disease. So they work in many pathways. But what happened was the propaganda came out and we saw what happens when something is put into the hands of the wrong people.

And just so everybody knows, semaglutide has been around since 2009 and you safely without any issues and nobody ever heard of it until it was abused by the weight loss industry.

So again, we have to have proper information, right? Truth. The enemy does the same thing. He's 98% true, 2% lie. And that's really all it takes for the population to be like, oh, this is bad.

So really getting down to the truth of the matter. And then I think the other thing Doctor Kerr felled was, you know, some peptides have to be injected because they're very long amino acid chains.

And when you get to an amino acid chain that's 40 amino acids or more, it's a protein. And your body just absorbs it like a protein. So when we look at metabolic peptides like scimitars or Rita, they're up there at the, you know, amino acid chains around 40.

So injecting them is the best way to assure that they get where they need to go. If we would take them orally, you know, they would break down. And so I think after the whole Covid debacle and injecting things, you know, that line of thought got misconstrued that anything that's injected is bad.

And, you know, because these were so bad. And so while I agree that I'm not a fan of any type of injection into the bloodstream in the name of health, that way, by injecting disease, we have to remember that we're talking about vaccines, we're talking about injecting attenuated viruses, etc..

And over here we're talking about peptides. It's the subcutaneous and it's an amino acid chain so completely different on so many levels. So those are a couple of things that come up that we have to talk through with our people.

And these are things that exist natural in the body anyway. You know, it's not like you're injecting something that is foreign, that the body doesn't recognize, doesn't know what to do with.

And yeah, so these are natural things. Yeah. And they are natural. They're not drugs. They're classified in a gray area. At least they always were until now.

And I always tell people, you know, Big Pharma is going to come in and try to take them because it's impacting their pharmaceutical sales. I mean, we've seen 8% reduction in prostate cancer since 2023, 13% in Alzheimer's.

For people that are using these, 22% reduction in cardiovascular disease for people that are on these, I mean, can you imagine the lack of statin sales that are happening right now?

Of course, they want to get their sticky little fingers on them and they want to take them off the market. And my guess is either bury them because they can't patent them because they're natural.

So the word synthetic comes up a lot with propaganda on peptides. And just to address that, since a lot of these are naturally occurring in your body, like GLP one and or BPC 157, it would be hard to extract them from the human body without ending someone's life.

So that's probably not going to happen that we get a natural source. The synthetic part is just the way that they take natural amino acids and bond them together in a lab.

That's the only part that's at it. But if you're taking an amino acid supplement or you're doing vitamin C that's even created from astral A cherry but is in a scorpion acid, that doesn't mean the source is bad.

It just means the way that they can encapsulate it, preserve it, and put it on a shelf so that we can use it. Sometimes there has to be some biochemistry involved that doesn't make it a bad product.

And CFPB, I love CFPB. And we're going to finish with alpha one because I love that one as well okay. So you know why is that so important. You feel in cancer care.

Well mostly because it's tiny. So it's almost like a bio regulator where it can communicate and change DNA communication, which is what bio regulators do.

They're very small, two amino acid chains, but a tri peptide, it's lacing proline and valine. And it's derived from what's called the C-terminal portion of alpha msh.

And that's a big thing to say that that works in the inflammatory pathway. So when we look at inflammation I always tell inflammation clears the path for cancer to move.

So we don't want that.

GLP-1 peptides and metabolic support

So the inflammatory activity is actually shown to be anti-inflammatory. Now some of these things are preclinical. There's not a ton of evidence you know with FDA studies but I don't care.

But it helps with cytokine signaling, inflammatory pathways, immune cell behavior gut barrier tumor microenvironment, cancer microenvironment. So what we're creating with the metabolic peptides is, you know, controlling glucose into the blood and cutting off pathways of feeding cancer, which we know that cancer likes glucose as an energy source.

It likes other ones but prefers that first. So we use the metabolic peptide to come in and do that. And it doesn't have the side effects when done right as things like metformin not better or worse. It's more of a choice.

And I know a lot of people that take metformin as a repurposed med. They have a lot of gastro issues, ones out there complaining about that. But when we bring in the metabolic peptide, it works on so many other pathways that they have an enhanced well-being as well as less side effects, control the glucose, decrease the fuel for the cancer environment.

And then we move to CFPB, which is the inflammatory environment. So that one is incredible. We do that as either oral or injectable. And for people that have dysbiosis, that have parasites, that have Candida, that have viral instigators, that could be challenging the immune system, it works in that pathway to.

So again, you're getting these signaling molecules that are in there that are working on so many different pathways with one little injection or one capsule when it pertains to CFPB.

And one of the challenges when for an individual going through cancer care obviously, is the intestinal lining the lining. Yeah. Chemo we know is is going after fast dividing cells.

And we know intestines are are that. And you know we are then yeah they're dealing with tech sexy. Other notches are not able to eat. And now they also have our interfered with the transport of nutrients, you know through the intestinal lining of what they eat.

And if they get the leaky gut, you know, then you have them, you know, food that enter into the bloodstream that are that's that's too big. You know, and the immune system reacts to it.

And then now you have more in the inflammation within the body. So KP can be a really powerful ally in that situation. Right. Absolutely. And we talk about BPC.

There's tons of studies on BPC and gut health. But a lot of people can't use BPC, especially with a hot tumor or something that's angiogenic getting vascular fed.

So we kind of sway away from BPC a little bit. We kind of sway away from TB 500, which is great for inflammation as well. But you can use CFPB because it inhibits inflammatory pathways like PNF kappa B and will reduce those pro-inflammatory cytokines.

It acts directly in the intestinal epithelial cells. So CFPB can actually be transported into the cells through a peptide transporter Pep, T1. And that's really interesting because T one expression increases when there's inflammation in the intestinal tissue.

And it can really help preserve that gut barrier that you're talking about. By decreasing that inflammation at the

epithelial surface, it can protect the tight junctions.

I would phrase it as supporting conditions needed for barrier repair. Right. That's where CFPB is super beneficial. So I'm not making claims that it's going to heal your gut or whatever.

But we do know how it acts in the digestive system. And when you're using certain chemotherapies that are oral or other meds that you know can break down that digestive barrier, you need to combat that.

And CFPB is not the only thing. I mean, we know we gotta, you know, support with the probiotic and the other nutrients that are going to keep inflammation low.

But it's so anti-inflammatory in the way that it works directly with that epithelial tissue. And any place that there's epithelial tissue, it's going to help.

So it works systemically as well. And then we have an alpha one. Yeah. Which is the the great immune system regulator. Yeah. And I think I mean obviously all of these CI everyone should be on when appropriate times.

And alpha one is almost, you know, one that I you know you should be on no matter what when going through cancer. Yeah it's it's probably the strongest member of the trifecta and the one that if, if people are comfortable with Retta fine.

They don't really understand CFPB. But most people approach me and ask for thymus. And so this is a peptide chain that's made from the thymus glandular.

When where babies are thymus is very active. It is supporting our innate immune system. And then as we get older we get an adaptive. And I really think the miscommunication between innate and adaptive is one of the things that we need to reiterate when it comes to immune modulation within cancer support.

So I like this because obviously cancer doesn't develop in isolation. It it develops from immune system dysregulation, mitochondrial dysregulation, you know, metabolic dysregulation.

There is much that makes up the tumor environment or the cancer environment. But when we have this tumor or cancer, that's avoiding the immune recognition, that's creating an a immunosuppressive microenvironment, that's where thymus and alpha one really inserts.

So it's unlike any of the peptides today. You know, Simonsson actually is being studied in humans with several malignancies in combination with other conventional treatments.

So you can use it safely in that regard. But, you know, a lot of the studies involve melanoma, hepatic carcinoma, lung cancer, all of that. And there's great evidence that's emerging that shows a substantially healthier immune system, because we know that a lot of these treatments are repressing the immune system.

A lot of the code treatments that are administered with the treatments repress the immune system. And we need that T cell modulation. We need the T cells to come out to activate, you know, our NK killer cells to go in surveillance mechanisms of going through and looking for cells that shouldn't be there.

You know, I always tell my clients, you don't want zombie cells. You want a healthy cell or a dead cell, nothing in between. So we need to help the immune system get better at targeting for T cell activation to come out and target certain specific cells to die.

And that's what thymus in can do. Again, it's an injection. So when we look at this you know that it has effects that involve T cells dendritic cells.

CJP, gut health, and inflammation

It's an innate immune system SignalR. It's immune regulation a lot of people don't love the injection. But I always tell people it's the first one that's the hardest.

And then moving on from there is easy. But definitely it's one of those that I tell everybody, like, if you have to pick, if you can't afford all of these, choose that innocence.

And how does you know? So some of the concerns is when you do like let's say immunotherapy, which, you know, a lot of people, you know, move into if the chemo is not working well.

So five is an alpha one then, then, then there's a concern, you know, I, I'm afraid to do anything that would stimulate the immune system. Is there a concern.

But time is an alpha one in regard to that. Well with immune therapy, that's really the beautiful thing about peptides is you can't do them wrong unless you're doing too much.

Right. So I tell people, we have to watch the data. And part of the data is their symptomology. I actually have noticed more issues with mistletoe with immunotherapy than I have thymus in, to be perfectly honest with you.

And we do mistletoe as well. I was trained by Doctor Zubin Marula from Mumbai, and when they are receiving their immunotherapy for that week, I tell them not to do their mistletoe because I've just seen an overexcited reaction, mostly in the form of a histamine response with thymus, and I have not seen that.

And actually it helps regulate those lymphocytes. And also to keep the neutrophils under control, we normally see a flip or we see a widespread of repressed neutrophils and very high lymphocytes.

Or we see a really low lymphocytic action and really high neutrophils. That's never we want those neutrophils to lymphocytes to be 2 to 1 right. And to stay regulated.

When I see immunotherapy it's kind of like this wonky seesaw that happens. And I think can step in there and help with the regulation of that modulation.

So I have not seen that personally. That does not mean it does not happen. And every body is different. So when it comes to the therapy we have conversations about that, you know, and if they're not comfortable injecting a week of then we don't and we go back to it. So it's not going to hurt anything.

It's not going to stop your progress. It's not like you are trying to. It's not like a medication where you know it's going to build up and you have to stay on it and you can't come off of it.

That's not how peptides work. They signal that's all they're going to work with what you give them. And a lot of the immunotherapies are not targeting T cell modulation.

You know a lot of the immunotherapies are working on a different pathway. So they work differently in the body. And you still need T cells to help them.

Even if you're getting dendritic vaccines right. You still need T cells to go even though the dendritic are are out there signaling as well. So everything works in synergy.

And it's just really about what the person needs and what they're experiencing. Personally, at the end of the day, you still have to be the practitioner.

There's no cookie cutter when it comes to cancer. I'll tell you that. Nobody's the same. It'd be easier if they were, but they're not. And you mentioned dendritic cell.

You know, most people they know natural killer cells and T cells. You know they heard about that in regards to the immune system. But here you have them dendritic cells.

So what do they do. And I know at times and alpha one is really beneficial in supporting their activity. Yeah. Getting into all the microbiology of everything.

You know the we had our first experience with the dendritic vaccine. But these are essentially the immune systems intelligence officer. You know dendritic cells kind of encounter a cancer cell.

Cancer cells die or shed proteins called tumor antigens. And the dendritic cell takes up those antigens. So he goes through and he surveillance everything.

So they're kind of like I would say like the scouts of the immune system. They go, they find the enemy, they take a picture of it.

Thymosin alpha-1 and immune modulation

They carry that picture back to the T cells and say, right here, this is what we're looking for. So do we need T cells in that action? Absolutely. So this is how it ties so beautifully back to thymus and Alpha one.

So it's really about understanding right. And you don't have to be a microbiologist I mean you know listen to podcasts like this like learn and then put things in.

So when we did dendritic vaccination with, you know, it wasn't us, but we went and received care somewhere else for my assistant when she came back. You know, part of the protocol moving into it later was thymus and alpha one.

So it just helps those, those photographs of the criminals when they come back. Now you're going to send out the police to go get dirty. Cells are kind of like your private detectives, I guess.

And they go and they look for things. So essentially from what I'm hearing in regards to peptides is that you're bringing intelligence, you know, more intelligence and reinforcing that God given intelligence in the body with these peptides.

And yes, they're like 7000 different peptides. They all do different things. They're very specific. And what they do and kind of like herbs, you know, just using the word herbs, you know, doesn't mean that, you know, I've taken herbs and I didn't do well.

Doesn't mean that every orb is bad, you know, and with peptides, when done appropriately and the right dose, they are very safe. And they support body's own healing mechanism. Yes.

And to add to that perfect summary is they need something to work with. So as I said, you know, it's it's super important if you work with peptides in your clinic that you explain to people, not that they can't have benefits just using them.

But if you're going through the fast food restaurants, which isn't good for your diagnosis anyway, you're not taking your supplements, you're not exercising, you're not getting enough sleep.

Like they can just be a waste of money as much as they can be therapeutic. So it's really about putting them in at the right amount, the right time, for the right direction, and in the right foundational structure so that they have something to work with.

Yeah, I love that. And just and is there you mentioned there are some peptides that you would really not do. Are there what would be kind of that top to that?

You would say, these are ones that I would just probably not do during a cancer journey. Yeah. And that comes down there's a there's a lot of videos going around about like BPC can cause cancer.

That's that's not true. We have to understand that cancer is multifaceted. It comes from a repressed immune system, low mitochondrial biogenesis, you know, altered DNA from instigators.

Could be mold, could be infection, could be whatever. It comes from deficiencies. It comes from, you know, metabolic dysfunction. Very rarely do you get cancer from genetics.

But let's not even bring that up. But there are certain ones that if you you have a diagnosis and you know that you have a hot tumor or your cancer is being fed back, and just in general, like TB 500 would be one that I avoided, and it is one that we avoid.

Small amounts of things are okay, but there's lots of things we avoid in cancer that people aren't aware of, but definitely TB 500 BPC 157 body protection compound.

You know, it can be angiogenic. It can produce or help in the pathway of growth hormone. So again it's about the data. If you have a high IG one I'm probably not going to recommend BPC for you.

If you have a hot tumor that's active, I'm probably not going to recommend BPC for you. And let's be honest, when people are actively in the battle, we do want to support them.

But some of these things, doctor, we know that, you know, cancers can be mitochondria fed as easy as they can be. Glucose fed can be ketone fed. We have to look at the data.

These overarching keto as best. This is best. That is best. This days are gone.

Finding Tracey Stroup and closing remarks

We have too much information, too much data and too much opportunity to get it to put cookie cutter regimens over these people. And that includes peptides.

But I would say if you are not being led by a practitioner who understands peptide microbiology, KP excuse me, TB 500 and BPC 157 should not be in your repertoire right now. No.

So that's what I would say. I love it, love well and doctor through this has said it's absolute pleasure. And thank you so much for what you're bringing to the community.

We need so many people like you, and I think it would just be easier for people that are going through this very, very difficult journey. So thank you so much.

Well, thank you as well to you and your whole team. And where can people find you? You know, they have questions if they want to have somebody quarterbacking.

What where can they find you? My website is the easiest. It's just my name Tracey Stroup ND.com spelled with an E, and you can look me up on all social channels.

I'm on there. We also have a direct quarterbacking cancer social media page where we talk about it. I'm available through the Anti Seed project as well, which is a great resource for people to come and just learn about some of the alternatives.

Get in touch with integrative practitioners such as yourself, that are changing the game on how we support people with this diagnosis. So would love to meet each and every person and would enjoy helping them quarterback this.

If they're interested, just have a conversation. We offer free discovery calls to everybody so that we can understand what their heartfelt wishes and wants after this journey and if we're a right fit.

So if you're interested, you can reach out at my website. Okay. Thank you so much. Thank you.