Peptides Explained: What's Real, What's Hype, and Why It Matters Transcript

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Introduction to Peptides and Aging

So I'm assuming this also affects your visceral fat as well, which is obviously the disease cause. One hundred percent. It's like nothing. That is one of the biggest breakthroughs that we found with terzepatide and then retitrutide is the elimination almost of visceral fat.

It's fairly incredible. Uh, it's ability to do that. You can track it. I've done this on a DEXA scan. I was someone personally who was very fit before taking a GOP.

But when I went on a DEXA scan, I always had a high level of visceral fat. Probably from partying too much in college, maybe because I like to drink a little bit on the weekends here and there that does cause a visceral fat.

And so no matter how much you work out, this refact can be nearly impossible to get rid of. Well, this does it, and it does it rapidly. Getting rid of that gets rid of your inflammation, and it is truly life-changing.

Welcome to Proactive Healthcare with XL Medical, the podcast where we redefine what it means to age well. I'm Leif Womwell, your host and co-founder of XL Medical, where we are rewriting the rules of aging.

Join me and expert guests as we explore topics like hormone optimization, boosting energy, losing stubborn weight and achieving mental clarity. Because aging better isn't just about adding years to your life, it's about adding life to your years.

Let's dive in. Hey guys this is Leif Onewell with Proactive Healthcare and today's guest is Kyle Holland over here who is an expert on peptides. I appreciate you being here and what I'm hoping to learn today is the intersection of peptides, hormones, how they all work together.

And also just some basics, because those of you know me, I'm not exactly an expert on this. So I just love to get the background. Let me ask you this, Kyle, what is a peptide?

The peptide is a short chain of amino acids. Okay. And basically what that is, is the building blocks for a protein. So if you were to combine a bunch of these peptides, eventually you would have a protein.

And if one of these short chains gets to be longer than 50 different amino acids, it is then called a polypeptide.

What Peptides Are and How They Work

Okay. And how do we use peptides in the body? So in our bodies, there are around 700 known peptides that everybody has. And what we do with them is when we are using them synthetically, we are coding them in the same way that a software engineer might code a computer program.

We can code these peptides to do a very specific task inside of our bodies. So once we inject them or however we ingest them. They then are like little messengers that tell the body exactly what to do in a very effective manner.

So they kind of like they issue instructions to areas of the body? That's exactly right. And so we figured out how to code these, you know, it's going to look just like a powders into doing exactly what we want to.

It's like they get into the body and they're just zooming around doing exactly what we want them to. So is it, would it be correct to say that I already have these peptides issuing instructions throughout my body, but then through the addition of peptides, you can reinforce certain processes.

Is that the idea? That's exactly right. And so. We can transform them to be slightly stronger or send a slightly

different signal than we have when we're born with them.

But it's the same premise. is exactly what's already going on in your body. And sometimes through just lifestyle or injury or whatever it may be, some of these peptide signals that we're born with may be damaged or degraded to a degree.

And so when we take them synthetically, then we can get back to where we were, you know, maybe five, 10, 15 years ago. You see a lot of the stuff with the anti-aging.

And that's all stuff that happens over time. Did your own peptides and production decline with age? It does. Just about like everything else in our body as we age, and it's not only age, but the factors that come along with that, how we eat, a lot of it has to do with our insulin resistance and so many factors like that.

Got it. Got it. So why is it peptides, they've existed forever. Why is everybody talking about them now? It seems everything, every time I turn on social media or TV, it's peptides.

So that's a great question. I would say it's not all peptides. For example, insulin is a peptide, which people have known about and used and talked about forever.

But to answer your question, I think that Ozempic, which is semaglutide, came out in the early piece and it's in… You realize it was… It is. And so there actually has been a lot of studies, a lot of long-term studies that people don't know about.

However, it was looked at as a diabetic compound or drug that had the side effect of weight loss. Yeah. And I think what's changed is now as people started looking at it as a metabolic drug with the side effect of lowering A1C, which in turn is beneficial to diabetics.

And once people realize that, right, then you hear about those epic craze and all this stuff, you realize, wow, there's a lot of stuff we can really, we do with this.

And so once people, you know, honestly, everything revolves around money. You see how much they demand for weight loss is. So a lot of scientists, chemists start looking into this stuff and say, wow, we can really come out with a lot of very helpful and beneficial stuff to our health.

So semiglutide is apemtide. Yes. And what specific, what instruction does it issue to the body? Like how does that? So semiglutide, which is a GLP and what does that mean?

It just means, so a GLP would be a glucagon like peptide. And what that does is the only thing that semaglutide truly does is slows down your gastric emptying.

Okay. So when you eat, you're not going, your body, the foods are not going to pass nearly as fast. You're going to stay full for much, much longer. So That helps lose weight.

It helps with your blood sugar. How does that help with the blood sugar? Because you're not getting the same insulin spikes that you would. And in diabetics, that is very beneficial.

But in the normal population, it's not nearly as effective at changing lifestyles or overall health.

Why Peptides Became Popular

as something that's come out after that, like the GLP two and GLP three. Okay. So if explain to me what, what is, what's the difference between a GM that I'm assuming that just means a combination of two, whatever, whatever.

Yeah. Yeah. It's definitely a mouthful. So tersepitide is the one that came after that. And that is the G I P. So it has a GLP and a G I P what G I P stands for is.

glucose dependent insulinotropic polypeptide. Yeah, it's a mouthful. And that is the game changer for the population who is not diabetic because so many of us become insulin resistant as we age.

And the GIP fixes that. It makes us insulin sensitive. So what does it mean to be insulin resistant? It just means that when you're eating, so when you get your nutrients in your body, you want there to be an insulin spike because what that's going to do is send those nutrients into our muscles and carry them into whatever we're using our brain.

So if I were to rephrase then, so then when you eat the. Insulin, which is a peptide, is a notification system that's letting your body know that this nutrients are on the way and to prepare.

Is that the process? Yeah. It's something like that, except for what it's really doing is sending those nutrients into your body, into your muscles to be used for energy.

So they're not sitting on you and turning into inflammation or fat. Got it. And so that's, so when you become insulin resistant, What happens is what you're eating is not being utilized for energy nearly as efficiently.

So you're not following the instructions of what to do with that food. You're not, you're not getting the instructions is exactly right. Not nearly strong enough.

So a lot of the food ends up sitting on you. And when you, when you're sitting there, when the food is sitting on you, you're not using it. Right. So the calories, you don't need to use them.

So what happens is they get converted. into fat and then fat causes inflammation. And then that's where all these problems come down the road. Got it.

Got it. So now we're, so now we know what the original semi-glutide. So that slows that process down. It gives you a feeling of satiety for a lot longer.

So you're not hungry. So you're not thinking about food. Got it. Now it can make sense to me how that affects your insulin. Then what about the newer, the newer drug, which I can't pronounce for love nor money try There was one beyond semaglutide.

What was that? So semaglutide and then after that is terzepotide, which is what we were just talking about. That has the GOP and GIP. Okay. So that's the combination of both.

Semaglutide, GLP-1, and Appetite Control

Correct. Okay. Correct. Semaglutide is only the gastric slowing. Got it. Got it. So it does not have the same effect on urine. That's correct. Got it.

And what, but it was originally for diabetics that just because it slows your food production down, it stops spikes. Exactly. And exactly. But I do, but I think it should be looked at as a metabolic drug that can help diabetics rather than a diabetic drug that can help a metabolic shift.

That makes sense. I honestly think that is the reason for the, for why everybody is so obsessed with peptides now in that mentality. With Ozempic. It's everywhere.

So one of the biggest things I hear with these, especially semiglutide, you hear the ozempic face, etc., where you waste away your muscle mass, I'm assuming.

I'm assuming because everything slows, you're just reducing your mass in general. So therefore your protein and all the rest of it that would go to muscle is also going to be slower.

Is that correct? That's exactly right. semaglucide, which most people know is a big brand name, does not have that insulin sensitivity trigger in there.

And so when you just stop eating, you are going to lose your muscle mass. Got it. And same thing with fat. You would, you would do that the same way if you were dieting on your own without these.

But what happens is because people are losing weight so rapidly because they literally just forgetting to eat a lot of the times. That they're just not in sag.

So yeah, they're just not getting any nutrients. So you start to lose muscle and you can see, you know, the hollowed out eyes, but, and then that triseptide the next one, but the insulin sensitivity changes all of that because now you're sending what you do eat into your muscles.

So effectively all bodybuilders, the main thing that they try and do is become insulin sensitive. That is the main. Main ish thing that they deal with they try and figure out how you become insulin sensitive.

You'll hear people talk about very often 30 minute window right after a workout where you need to eat at all time, right? That's because after you work out very hard you become insulin sensitive and it's the same thing with fasting once you fast.

Because now your body needs these nutrients. And so once you eat after fasting, you're ready to absorb them and it sends them boom, right into your muscles.

Got it. Now terzepatide puts you in that state pretty much 24 hours a day. Oh, understood. That makes sense. Now, what about the intersection of this and hormones?

Because obviously, Excel Medical, that male Excel we do. Tyne of hormone replacement therapy using bioidentical testosterone and thyroid, which one of the byproducts is typically muscle mass, fat loss, et cetera.

So do they complement each other, work against each other? In European, what's the relationship between the two? So the synergy between terzepotide or retitrutide, either GOP2, GOP3, however you want to say it, and TRT or HRT is incredible.

They could not be more complimentary to each other. I can explain that a bit more. Like how do they work? Yeah, absolutely. So we know when you are on TRT, right?

You're going to have more androgen signals. You're going to, it's going to be easier for you to gain muscle when you're on TRT.

Tirzepatide, GIP, and Insulin Sensitivity

You're going to have, you're going to increase energy. the increase in lean tissue is going to speed up your metabolism because Muscle takes more calories just to maintain yeah, then fat by a factor of three that makes it so the more lean tissue you have the more three gosh, exactly so by gaining this lean tissue, you're gonna speed up your metabolism and that's going to in turn burn fat, however TRT doesn't fix insulin sensitivity and you can't absolutely become insulin resistant while on TRT.

In fact, most people who stall out on TRT, it's not because the testosterone is not working. It's not because it's not doing exactly what it should do.

It's because they've become insulin resistant. And so once, once that happens, it's very hard because no matter what compound we take, whether it's testosterone or any of the craziest steroids you've ever heard of, food is always going to be the most anabolic thing that we put in our body.

And that's going to be, that is the thing that we use to turn into energy, to turn into muscle. So when you have the testosterone, sending those signals to the androgens and now you become insulin sensitive, you've created an environment that is very conducive to doing what most people thought was impossible for a long time.

And that's gaining muscle while losing fat. makes total sense so in other words it's almost like the holy grail for dudes that is it's in fact all that's a frankly exactly there's a very popular name If you're on online for testosterone, terzepatide, and ACH, it's called the Holy Trinity.

So you're right on the money with that. So one of the things I also hear a lot about is inflammation and how that is the root of just about every single physical evil.

How does this affect somebody's inflammation? It absolutely is. And that's another way that they work synergistically together. Inflammation and insulin resistance tie so heavily together because once you're insulin resistant, you're going to have visceral fat, the dangerous fat that surrounds your organs.

And that causes inflammation. And now the food that you're eating is not getting used for energy. It's being turned into different types of inflammation.

In fact, the root cause of cholesterol is inflammation. And once we become insulin sensitive, you end up clearing all of the cholesterol and triglycerides out of your body.

And so that's actually very helpful to TRT when you think about it, because we know that when you take testosterone, your blood is going to become thicker.

That's not necessarily a bad thing. In fact, that helps carry the nutrients that we eat into our muscles. So it's actually a very beneficial thing. If you don't clear out your, your arteries, then it can cause strain on your heart.

So by taking the GOP, right, you're clearing out all your arteries, you're getting the cholesterol gone. And so now you have a clear path for nutrient dense blood from taking the TRT to carry all your nutrients into every single muscle in your body.

And the results are pretty astounding. Oh, that does sound cool. So, so what about if you just take TLPs by themselves? Is it, you know, is this a lifelong like thing?

Do you take this forever? Do they run out of effectiveness or is it really long-term you need to take the two to have the maximum combination with hormone replacement?

So for the GLPs, you do not have to take them forever. but we haven't seen any reason that you would have to come off. Yep, that makes sense. The food noise does come back somewhat.

So the appetite suppression is not nearly as strong all the time, but that's a good thing because you can get back to living your normal life, eating like you want to.

You'll never have the cravings that you did before you started. What do you mean by food noise? I've heard that. Yes, yes, a lot of people it is hard to explain if you've never experienced but what that means is the when you're dieting you get a subconscious little voice in the back of your head telling you.

Hey man, a cookie would be good right now. When you're trying to die, you just, you kind of find yourself in the pantry. You're looking at like the bag of chips or the pretzels or whatever.

That's food noise. When you're working or maybe you're in college studying or whatever and everybody gets it, right? And so the first thing you'll notice when you take a GOP for the first time is that gets quieted and a lot of times it's muted.

TRT, Muscle Gain, and the Holy Trinity

But to a certain degree that can come back and that's okay because we want to be eating nutrients that we need to replenish our bodies and to be healthy and to have energy.

Yeah, the answer is obviously not just don't eat. Exactly. Exactly. But especially when we've now become insulin sensitive. When we're eating that, that food's not getting turned into anything other than energy.

So that's a great, great thing for mental cognition, clearing brain fog for overall wellness, health, all of it. It's just all beneficial. So in other words, between the two of them, you're reducing your inflammation.

You're making your food more efficient. You're losing weight without losing muscle mass. So I'm assuming this also affects your visceral fat as well, which is obviously the.

disease cause 100% it's it's like nothing that is one of the biggest breakthroughs that we found with terzepatide and then retitrutide is the elimination almost of visceral fat.

Wow. It's fairly incredible. uh, its ability to do that. You can track it. I've done this on a DEXA scan. I was someone personally who was very fit before taking a GOP, but when I went on a DEXA scan, I always had a high level of visceral fat.

Probably from partying too much in college, maybe because I like to drink a little bit on the weekends here and there that does cause a visceral fat buildup.

And so no matter how much you work out, visceral fat can be nearly impossible to get rid of. Well, this, this does it and it does it rapidly. And it's a, that's getting rid of that gets rid of your inflammation and it is, it's truly life changing.

Oh, that does sound fantastic. So if you want to get started with both of these, what would you suggest? First and foremost, I would say get your blood work, do a comprehensive blood panel.

And I would tell anybody that whether they want to start with this or not. Right. But that is definitely the first thing you need to do. And then once we get that back, I would go talk to somebody, either a doctor or somebody that you trust that has done this before.

Listen to their experiences, listen to maybe even some of their pitfalls, where they messed up, what they knew, which they knew. or find an Excel medical, but find somebody who is truly interested in doing this the right way, because that's a big, big deal.

Like that's why I'm here with you guys is because I saw the, how you were preaching TRT done the right way, rather than just a clinic taking people's money and screwing with their hormones and everything else, because it's so, so important to do this the right way.

So find somebody who's educated in this space. Right. And talk to them would be the next step. Show them your blood work. If you go to someone and they don't even ask for your blood work, run.

But it also, I assume it's also a lot how you feel like the assessment. 100%. So if you are feeling tired, brain fog, if you are having trouble losing that last five pounds, you know, baby pouch is a big one that I see a lot that women have trouble with.

Yeah. It just anything little brain fog is a big need for that is for hormones and for the GOPs and the GOPs people don't really think about that. But I see it all the time is the ability to stay focused for much, much longer.

Once you get on the GOPs. That's fascinating. What do you think that's caused by? Well, it's caused by the GIP. One, the reduction of inflammation. It's a tough one to describe.

I always like to tell people that I'm working with. It's similar to, if you ever go watch a football practice, you'll see the big lineman, there's a blocking sled and there's five different pads and usually a coach standing on the back.

So in this analogy, the blocking sled would be a task that I have to get done. And so let's say I want you to visualize one lineman going out there and trying to push this heavy blocking slip.

They can't move it. It goes nowhere. Yep. Okay. So what do you do? That's, that's like me when I wake up, I can't even think about anything. I'm not ready to focus or anything.

So what do I do? I go drink a coffee, right? starting to wake up a little bit. All right. Add another alignment. Now the sled starts to move a little bit.

Now I'm starting to get into my work just a little bit.

Inflammation, Visceral Fat, and Brain Fog

Right. But I'm still not nearly focused enough. I've got brain fog from, you know, I had a beer this weekend, whatever, whatever is causing it. I didn't eat a burger.

Yeah. Right. I don't think anyone's ever done that. Okay, I had a couple dozen beers. Okay, so now what do I do? Maybe I go take an Adderall, a stimulant, another one, right?

Okay, so now I'm focused, I'm wired. Add two more life to the blocking slit. Okay, fine. Now that the blocking slit is moving, now I'm getting my work done because I've taken an Adderall and caffeine, I'm all stimulated up, right?

Yeah. Okay, but now take a GOP and add it in. What that's done is remove my subconscious, the food noise, and that's not just food though, that's everything that you're subconsciously being distracted by.

So in this analogy, when I take the GLP, remove the blocking sled. That's kind of how I like to look at it, right? Because what stimulants do is they give you the ability to push harder.

What the GLP does is it removes the obstacle. I'm no longer distracted by everything that's going on around me. I'm not thinking about the things that I'm not chasing that dopamine hit.

So GLPs remove the dopamine loop. So I'm not chasing whatever's going to give me that dopamine hit that my brain's telling me I need. Rather, I'm just focused on what's going to make me productive right now.

I can say from my personal experience, I've been on, obviously I founded XL Medical and I've known Craig who's my partner for years. I've been on TRT or HRT for years and years and years.

But what I've noticed, I've just started with the peptides is the off the nude energy, no crash. Not that I had a massive, but a surging. It's still surging.

I come home from work. There's a bunch of people here. It's stressful sometimes. I'll be. It's gone. I, I'm full of energy when I come back from home and I, I've, and I, and I wasn't overweight or I, and I was TRT man, you know, so it, I've noticed a real positive effect.

Absolutely. That's just, so that's, you have a cleaner energy when your blood sugar is spiking and crashing. And insulin was exactly my issue. Bingo. You got it.

And so once you get to that state, you are going to have a cleaner, smoother energy throughout the day. It's the same. premise that you guys talk about with daily TRT injections, right?

It's keeping your hormone levels stable. That's a big deal. And the GOPs are doing that with, with your blood sugar. And the TRTs, you, the way you guys do it is doing it with your, all of your hormonal levels, whether it be GV or estrogen or test or whatever.

So let me ask you, Kyle, how did, how did you get into this? How, what was your, how did you become exposed to this world of pain? Yeah, that's a great question.

So it was someone who played football in college. It graduated from the university of North Carolina. I did not have

a medical degree. And then I moved here to Charlotte to start working and kind of like everyone, well, most people, I looked in the mirror about five years later and I didn't like the way that I looked.

I went and got my first physical for the first time in way too long and was way too young, like my cholesterol. So I went, what is that? What do you mean?

What is cholesterol? So on and so forth. And so I started looking into this stuff. I got really obsessed with health and got myself to a point where I was very fit.

Getting Started and Kyle's Background

And that was seven, eight years ago. At that point, people started asking me, what do you eat? And yada yada. So you start to do that. And I started helping people with their diets and how to get in shape.

And this was mostly unintentional, right? I think I was helping a few guys for like 50 bucks a month, whatever, at the time. But when someone else asks you a question about their health, it almost scared me into learning every single thing about every facet of the industry.

I had, luckily I had doctor buddies. I would seek out doctors. I would seek out the best coaches in the country and get their advice. And then I would give that.

to my clients. And then that kind of snowballed from there and grew and grew and grew until eventually I ended up with one of the more notable client lists of anybody in the country of people that I was helping.

Got it. And then what about specific on peptides? What was the, how did that come about? Cause obviously health is a huge topic. Be completely honest with you.

I was helping someone who was a high level bodybuilder and their blood markers were terrible, truly awful. Like as bad as you can imagine. And so I'm looking for ways to try and save this guy's life.

I'm like, you're going to die, dude. If you keep and he didn't care, he wanted to win a show, right? He was going to do whatever it took. And so I'm sitting there like, wow, how can I help this guy?

Like, his his levels are terrible. Like I'm truly scared. Like, I don't know if I can continue working with this human because I'm scared to die on my watch.

Yeah, I just read I just saw actually article like 30 or 40 top bodybuilders died last year. Exactly. And so, you know, this is probably four years ago or something to be that I'm on the back corner of some Reddit chat room or whatever, whatever it was before anybody knew about any of these peptides, about semaglutide, any of it and saw somebody talking about it.

Wow. And so I'm like, tell me more. And somebody was talking about this again, four years ago, this probably three years ahead of this time, how it clears the cholesterol triglycerides and all that stuff.

So what do I do? I buy some, find some, buy it, try it on myself. And then I felt it and I was like, holy cow, this right here is unlike anything I could ever imagine.

And so then we started working with my client with it. Right. And we started looking at his blood work. better and better and better and better and better.

Cool. So I'm assuming he's still around. He is very much still alive, doing well, looking great and healthier than ever. Excellent. Great to hear. Well, Kyle, this has been fascinating as the origin of the intro.

If you don't mind, I'd love to have you back for another couple of shows as there's a lot of stuff I'd like to learn about this. Thank you so much for being here.

Anytime. Thanks for having me. That was awesome. Thank you. And guys, thank you so much for listening and stay tuned for next time. Thank you. That's it for today's episode of Proactive Healthcare with Excel Medical.

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I'll see you in the next episode.