Introduction and guest background

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi everyone, it's Dr. Jenn. Welcome back to the Peptide Summit.

We are going to be talking with Dr. Mark Sherwood. He is a naturopathic doctor and him and his wife Michelle Neal Sherwood, she is a DO. They have a full-time wellness based medical practice in Tulsa, Oklahoma, and it's called the Functional Medical Institute, where they adopt a whole-person approach.

It's an outcome-based looking at each individual's unique needs, and their goal is to lead people down a path of true healing. To that end, there are two purposes.

One, to eradicate all self-imposed, choice-driven disease conditions, and number two, to eliminate the usage of unnecessary medications. Through their unique clinic, various diagnostic tests are used.

Healing and prevention of common disease patterns are the norm. So Dr. Mark has also completed training and certification in age management, nutrigenics, nutrigenomics, peptide therapy, hormone therapy, stress management, GI health, and immunology.

He's a 24-year retired veteran of the Tulsa Police Department where he logged a decade of courageous service on the department SWAT team. Thank you for your service.

And additionally, Dr. Mark traveled the world for over 10 years with the world famous power team. Mark is also a motivational speaker whose presentations are sought by nationwide audiences and was a 2024 Guber national candidate for Oklahoma.

Welcome Dr. Mark. And I want him to tell you guys he has some movies out and he also authored many books. So welcome and please tell us more about those.

Well, first of all, I'm grateful to be here with you. It's such an honor to meet you and I'm just really blessed and humbled to be with you. Thank you for the kind introduction, of course.

And we have been also, my wife, Dr. Michelle and Sandy, before we started recording, you know, she's my best friend and I want to give her honor, of course, because I appreciate her so much and she puts up with me every day and my vision, right?

Books, movies, and Sherwood.tv

But we've written several bestselling books. Fork Your Diet is one, Quest for Wellness, We have one called Surviving the Garden of Eden, kind of a cool title there.

And then our newest one is called The Narrow Road. And it's more of a devotional book for those that like that kind of stuff. Movies-wise, we started off with what I called a healthumentary, kind of a documentary in the journey of two guys in their health journey.

One pretty much doesn't do anything at all. The other one does pretty good. It's called Fork Your Diet, it's a movie. And then we also started getting into the faith-based family entertainment business with movies, and we created another forum for that.

The prayer list is my wife's story and how she overcame a lot. I really encourage people to watch those things. We did one called WWJR, which really stands for When Will Jesus Return, but it's really, really, really funny.

It's got some pretty famous comedians in it. And then we've got Heaven's Date. And these are all family friendly. And then our most recent one is called Homely Flicks.

Great message behind that. So, you know, they're all available. I know, you know, you know how to get those people and go to Sherwood.tv and there's drop down boxes for that.

Yeah, that's so awesome. I love the faith based movies. I'm going to check them out with my family because Dr. Mark said they were family friendly. So awesome.

Well, yeah. I am so excited to dive into peptides with you and I know you have extra peptide training and let's dig into it. Let's talk about general peptides and their rotations and why we should rotate peptides.

Well, I've used peptides for a number of years and Probably like many out there, they're listening, you know, we hear about them and the middle of training on them.

I really don't know how they are in practicality. You know, what do they do and how do you release out? We kind of came in this at a disadvantage because out in the biohacking fields, you know, they were already using those for a long, long time.

And so they've been around for. really several decades. And the study that's in the functional medicine space is just coming upon us now. And I'm grateful for that.

But as anything gets in the functional medicine space, they start getting attacked by the FDA, of course, because that kind of seems to be part of the course.

But what we've done over time is we have several that we use. And I'll just go over a few of them that we use. And then we can talk about why we rotate those.

I use a mitochondrial peptide called MOTS-C, which I really like a lot. I pretty much run that one the majority of the time. I cannot find any real negatives on that about the need to sort of cycle on and off of that.

I also like BPC-157. That's one of my pretty much continual ones, too. I know there is an oral form, which I use typically for those that have you know, GI problems, but I generally use the subcutaneous delivery the majority of the time.

There are some times where I've used both at the same time. And frankly, I haven't seen any negatives at all on that either. So those two right there are probably my two favorites.

I have used a lot of the Thymacin alpha one and Thymacin beta four. I tend to bounce those back and forth rotationally because, you know, they both, sort of positively affect the immune system.

Peptide basics and rotation strategy

Adaptation, of course, but I still think that we need to sort of look at that because I'm not sure over the course of time, continual usage of those, what that means.

And I don't think really anybody else does because they haven't been around quite that long. I like using GHK copper a lot. Probably 90% of Our ladies that are in our population across the country use GHK copper as a night cream, and they love that one.

But that one works amazingly well, and I don't see a negative behind that. Now, if you use an injectable, which can be done some cutaneously, It is really important to make sure you dose up with the zinc behind that because you can develop a copper-zinc imbalance there.

That's important. Epithalin, or epitalin, depending on the spelling and pronunciation of that, that's one I will cycle off

two or three times a year as well.

That's going to help lengthen the telomeres to allow us to repair DNA more. I like cerebral lysine as well, along with C-max and C-link to help develop more BDNF and I just kind of look at that like brain fertilizer.

I want to keep my mind strong and vibrant. And then certainly when I look at some of these, there's a lot of usage we have for like a PT-141 for libidos.

That is a great peptide. I think it's probably underutilized quite a bit. And then right above that, kind of in the chain, A lot of our patients, believe it or not, cycle off and on melanotin, too, because it has a little bit of libido, a little bit of tanning, and a little bit of appetite suppression.

Most people are familiar with the GLP-1 agonist out here. It sort of has a little bit of mimicking effect of that. I find that that doesn't have that quite as strong effect as the GLP-1 agonist, but it has enough to sort of help a little bit with people that overeat.

So that's just a general overall broad spectrum, Dr. Jen, of what we like to use as a rotation. I love it. I love it. Now, how did you start using these in your practice?

Like what, what piqued your interest in these? Cause this is kind of like a rabbit hole sometimes for practitioners to get into. You know, you, you just, you dip your foot in and then you just, it feels good.

So you jump, right? Yeah, honestly, I got into the, looking at the, the mTOR and autophagy sort of antagonistic pathways. That was kind of my entry point and.

When I got into that, I thought, you know, okay, there's people out here that will say you want to shut off the mTOR pathway because the history tells us that, you know, the dwarfs live longer, don't get cancer.

I mean, I get the logic behind it, but I also understand that muscle tissue retention and development is important for functionality, metabolism, mobility, et cetera.

So I think there's a balance there. So I kind of got into it that way. And then at the same time I was looking at that pathway, we started looking at genetics.

And that opened up a whole Pandora's box, man. It was not just a rabbit hole, man. It was a tunnel that kept going and keeps going. So I started looking at the SNPs that were around methylation and the SNPs that were in the oxidative stress pathway, the SNPs that were in lipid metabolism and inflammation and detox.

And I started thinking to myself, how can we make things happen more naturally to help offset any sort of genetic sort of vulnerable places. I don't believe the genes are bad.

I think it just shows vulnerabilities in this environment. And then how can I have that under the guise of balancing the mTOR autophagy pathways? Because I realize that you don't want to be in the mTOR, the mammalian targeted rapamycin pathway all the time because you're perpetually building.

That's not good. And I've used the analogy of like a house that's never being repaired from the wiring to the plumbing. And we just keep putting sheets of paint on that and keep putting a roof on that carpet.

Well, that house is going to fall apart eventually, because all you're doing is continue to paste on top of dysfunction. So that got me going on this.

And as far as the rotation goes, I mean, this is going to sound crazy. But we just started coming up with it on our own because it made sense. Nobody taught us that.

And before I knew it, I was trying it on myself. My wife was trying it and of course, aren't we the N of one or two,

right? And so we started doing that and we started seeing really interesting results.

We started measuring, you know, using one of those age clocks that are sort of through true diagnostics and glycan age. And we started seeing our ages, biological aging processes, sort of hold tight and even go backwards a little bit.

And not to say we got it all figured out, because I'm still learning. But it's just been a journey of learning how to really optimize function in life.

And again, not trying to necessarily bring more years. That's not the point. But maybe more quality in those years is what we're trying to do. And trying to actually live younger, older, and perhaps die younger, older.

I love that. So yeah, how old are you really? Like 30 or something? What is your biological age? My biological age is, depending on which clock, it ranges from 20 up to about 47. But my actual chronological age is I'm 59. That is amazing.

Yes. And you wouldn't have guessed. And I love how you talked about the ladies using the GHK copper peptides. I love them. And yeah, there are so many things that we can do too.

And like you said, we're not trying to like, we're reversing aging, but not really. It's kind of like when you see an apple and it sits on, you know, you take a bite of it, it starts to brown, right?

Yeah. we're just trying to not be oxidized. We're trying to reduce all of that. And, you know, you talked about epitalon and that, you know, you're not going to be able to see your telomeres, you know, getting longer or stopping them from shortening, but it's all these things happening inside.

So we don't turn brown, right? On the inside. And obviously there's basic things like, you know, nutrition, which your books are about and you know, all of the movies and everything like nutrition and sleep and movement, we have to obviously optimize all of those too.

But these peptides can just really, really maximize longevity. So as you age, you're feeling good. And I don't know about you, but I talked to my patients about that.

I'm like, once we fix, you know, gut health and the chronic conditions that they're coming to me at first, because they're symptomatic. Then I'm like, we can have fun and do the longevity things, do the fun things like peptides and biohacking.

So it's such a fun world. And you obviously have a decent amount of muscle mass. I guess your personal story, you were on the SWAT team and all of that.

How did your body change when you started introducing this rotation of peptides? Well, it's a great question because I got into this whole area of health kind of when I was on the police department, you know, and I traveled the world with the power team.

You know, we're out there breaking bricks and breaking through ice with our heads and blowing up hot water bottles, using it as an evangelistic tool, you know.

Okay, sorry, what is this power team? I don't know what it is, so maybe other people wouldn't. Yeah, so it was a group of men known as the Power Team, and people can Google that.

And we used to go around the world and we would stack up big stacks of bricks and break them with our arms and heads and break baseball bats behind our back and blow up hot water bottles.

And it was designed to get people's attention.

How peptides entered his practice

And then we would use that to present the gospel. That's what it was. It was an evangelistic tool. And then the guy that started it, his name is John Jacobs.

So it was John Jacobs and the Power Team. And it was well known back in the eighties to early 2000. And it was just, we had a weekly television show. It was national TV and it was on all the time and got the opportunity to travel on every continent except Antarctica.

So it was kind of cool, but you know, that kind of got me into it. Cause here I was this little token bodybuilder with these big old ex NFL linemen or something like that, you know, and, and I always wanted to be.

a little bit better. And I never was the most talented guy in anything I did, even though I did play professional baseball for a time. It's hard work, you know, and nothing's free in life.

So I wanted to figure it out. But then fast forward, when I was on the police department, I was put in charge of a wellness program that didn't exist.

And Dr. Jen, I didn't know what to do. And so I started to look around And this one statistic changed my whole life perspective. And it was this. And it fits very well into our conversation.

I determined by statistical analysis that the average life expectancy for the 20-year male police officer, 20 years of service, was 66 years of age. And that was an FBI study back in the 70s.

And then when I was looking at this early 2000s, it hadn't changed. And that broke my heart because I saw some of the finest men and women I'd ever seen in my life and known that are going out there every day serving their public.

Then they can die. And it was interesting because I wanted to figure that out. How can I help them? But then I quickly learned that that was the world, wasn't it?

Stress, the chaos it is, the constant connectivity. the way things are, the poor diet that we just do and nobody seems to talk about, the lack of sleep that is not addressed, the lack of movement.

And I wanted to solve that equation. And that got me into this whole idea of peptides. And then I started studying this stuff. And it's almost like Forrest Gump started running and didn't stop.

I started studying and didn't stop. Even back in those days, and I decided to go ahead and, you know, change career directions and keep it going. And, you know, I'd always worked out, tried to continue to stay in shape.

And I do eat right. We do practice what we preach and no excuses on my part, you know, none. I'm going to do it. I don't want to live and represent hypocritically.

Right. But since I've been using peptides and this is, and this is me talking here, this is Mark again, talking in the audience. I probably can do. exactly what I did 25 years ago, but probably a little bit better.

I still work out every day. I eat right every day. I work hard every day. Doing what we do to represent, to help mankind every day is a load. It's a heavy weight.

But I'm able to maintain a lower percent body fat, maintain my energy, I don't need chronic medication usage to deal with these problems that people have.

I don't have high blood pressure. I sleep well every night. And the people that we help, and you're in the same boat with this, they experience the same thing.

And sometimes you look at that and you go, you know what, how do I measure this? And measuring rehabilitation or proactive care is a little different.

It's something you've got to get your mind around, because most people measure stuff by disease. Did I get the disease fixed? Did I get it corrected? Did I get the symptom managed by whatever?

Did I get this issue solved? But we look at it like, I don't want to have the issues. I don't want to deal with that. Sickness is way more expensive and way more costly and way more destructive than wellness is.

And so I'm more motivated today probably have been in my life, for the idea that we have peptides, we have the idea of how we can, you know, we're gonna die at some point.

But I think we've been shortening our expectation of what life is too much. I think we, you've heard it, I've heard it, the listeners have heard it. Well, Aunt Sarah lived eight years, she had a good life.

But what does that mean? I tend to come from the camp that, And I don't push this on anybody, but I do believe in God and I do have a faith relationship.

And I believe personally that our organ system functionality most likely. Dr. Jen is probably 120 years ish. And I think that looking at the centenarians and some of our, you know, our blue zones and all this stuff, I think we kind of see that playing out in front of us.

Some people might not take that angle. That's okay. But I think the facts are that most times people can see that whether what side of the court you're on with faith is that that lifespan potential is probably around that time.

So my question always is for especially the people in America, you know, that seem to think we've got it all figured out is, can't we do a bit better than that?

And so I know that was a long answer to a short question, but it's important that we get that across, that you can indeed feel better about yourself. You can honor this thing we call the temple better.

And frankly, I have responsibility to my wife. I really, really do. And I've got a responsibility to the You know, 12,000 odd people we deal with in our community and the millions we touch, they're just unmerited blessing, you know?

And so I just want people to know that there's better out there. And I feel that way. That was all so beautiful. And it made my heart sad about the police officers serving the communities that their life expectancy is 66. And then that gave me all these ideas.

I'm like, maybe I should reach out. Do they want a lecture? You know, it's that's so hard. And we'll talk about like police officer stress. Stress can really shorten those telomeres.

And that's why It is so important to to make sure you keep that stress under control. Our bodies are really resilient, but it's a lot, especially post pandemic.

I'm seeing a lot of people that are just dysregulated from their nervous system standpoint. You know, so that brings us back to peptides. I mean, peptides can really help, you know, calm down a gut that's inflamed, you know, help you build muscle so you can do your daily activities properly, you know, all of these things.

You were talking about your peptide rotations. And I think a good point to bring up is, you know, some people might be thinking, can you take peptides together?

You know, sometimes you can't take certain medications together. So how does that work with peptides? Well, what I've seen and experienced, and again, I think a lot of the peptide therapies right now are sort of under live investigation, if you will.

I mean, I think we're all trying different combinations and, you know, as far as history goes, we don't have 100 years of experience here.

Body composition, GLP-1s, and dosing

We probably got really 20, you know, probably the last 10, they've kind of been more mainstream. There's a ramp up on those things right now. There really is.

And it's not thank you to the doctors for that. It's thank you to the community out there in the biohacking space that sort of pushed that one. And so we've got to give credit where credit's due.

I will have, and this is just today, for example, and I have all these going right now. I'm not saying this is for everybody. This is part of what we do.

I'll cycle through these things today. I injected MOTS. I did that today. Today, I injected AOD9604. Today, I did BPC157. And today, I did thymus and beta-4.

So I will have these varying angles going at the same time. I have not seen anything that shows me and tells me, again, I'm up for learning all the time.

I don't have to figure it out, that tells me I can't do that. Now there's some oral peptides out there that I've still, I question and I'm working through those such as phylamino-1MQ, which sort of inhibits the fat cell growth.

And I have used that a few times and I've been kind of testing that head to head with maybe an AOD9604 to see maybe which one works better. And I've even done a lot of the BPC orals and I've done BPC oral and injectable at the same time.

And all I can do is measure that through perhaps my percent body fat because, you know, pretty much consistency exists with what we consume. Not that we consume the same thing in food every day, but I don't get bound by food.

I just eat when I'm hungry and don't when I'm not. And when I am hungry, I'm going to make sure I feel that fist-sized stomach full of high-quality nutrients.

And I even put supplements in that category, Dr. Jen, because when I eat a big old handful of pills, man, I don't think supplements. I think high-quality food.

And I think, how cool is that? I can take food in a capsule. And so it's been an interesting sort of perspective change with that. So I have not seen where you can't take them, certain ones, all at once.

And if there's new information out there, I'm up for it. Yes. I love that. I, I like five amino one. I'm cute. I think genetically to that one particular, I have some patients that love it.

They, they do so well with it. It's so good for their energy. And then some, they're just like, eh, you know, I'd like to take it when I am traveling and maybe across the time zone and you know, everyone reaches for their caffeine and all that.

And I'll just. I'll bring my five amino one MQ with me because it's convenient because it's, it's a little, little red pill capsules. So, but that's, that's fun that you, you know, you're using your metric, your percent body fat to, to play along with these.

Do you, have you done any of the GLP ones, GIPs, anything like that? You know, I have this, this sounds a little bit wacky, but you probably, I presume would have the same mentality.

I'm not going to roll something out in the patient base until it's rolled through my own body. And my wife and I

remember this, this is probably dating back to maybe, oh, perhaps the late fall of maybe 2022, I suppose.

They were hearing about the GLP-1 agonist. Okay, whatever. And so we got some and I used it for five months. Five months. I want to know how to dose up on it.

I want to know how to dose off on it. I want to know what would happen if I just stopped at cold turkey. I want to know what it affected me. And my wife, we kind of did this experiment.

And this is interesting. I can see both sides of this. And I think I'll talk about the negative side first. Used for weight loss purposes only. I think person is a bad idea because if we don't talk about nutrition, and we don't talk about filling that stomach up with good spatial density of nutrients, Dr.

Jen, I think we end up seeing a lot of muscle tissue loss. So I looked at this from the standpoint of, I'm not gonna use it for weight loss, but I'm gonna see what I can do to inhibit me from eating too much.

Genetically speaking, I have, I know a lot about the SNPs, but in the taste receptors, I have what's called TASR2, T-A-S-R-2. And it's really a taste receptor for sweets that I have a hypersensitive sweet tooth.

And I also have melanocortin-4 receptor, which is basically what I call the death by buffet genes. I mean, I don't hear the signal very well. And so further, I don't produce, genetically speaking, the GLP-1 very well anyway.

So when I sort of looked at that, I sort of tailored it to, I can tailor it to a genetic profile, and I determined that I was able to lose body fat, maintain my energy and maintain my muscle, even put on muscle while using the GLP-1s.

So I have used semaglutide, I've used triseptide, which is the GIP GLP-1 and I've used those a couple of times just to kind of sort of make sure I'm tracking well so that I communicate well.

And I think at the time, I mean, more or less, I've got an in-body analysis machine that I check a lot. I think I maybe dropped a couple percent body fat.

And I maintain somewhere around 13, 14 percent-ish, more or less. And it may have dropped to 11 percent, something like that. But you can also measure your skeletal muscle mass and total body mass.

And I may have gained a pound in that area. And it could have been just kind of a weird coincidence. But what wasn't a coincidence is I didn't lose. And this is an important thing, too.

In my exercise, I always take a pen out and I document my exercise. So it's a notebook. I want to make sure that I'm able to maintain strength because strength maintenance is also muscle maintenance.

So as I was doing that, I determined that I couldn't maintain strength, which was akin to maintaining muscle mass. and lose body fat. So I think under proper guidance, under a proper environment and control and encouragement and knowledge, they're great.

And they can be used for great, great benefit to reverse, you know, high blood pressure, to reverse that thing called type 2 diabetes, which I frankly shouldn't exist in one person.

I don't know what we're doing with that. And I've seen it reverse those things in a hurry. And if people would begin to think like that, like we just talked, they can be significant game changers.

Now, what I don't know is, over time, is long-term usage. I don't know the answer to that. And I don't think anybody does at this point. I've used them off and on.

My wife used it off and on. But it's not something that we feel. is needed continually long-term under that context. Yeah, we're definitely on the same page with that.

And I would say to anyone listening out there, it's a big red flag if you're going to a local med spa or anywhere, a gym, anywhere recommending these.

And if they tell you, you have to be on them for the rest of your life, because I've heard that that's what they're saying. Well, if you don't come back every week for your shot, You know, you're going to gain all the weight back.

Well, yes. If you have someone not well versed in peptides, knowing that they should be rotated, your body should get a break. And like you were saying, we're teaching them how to eat lifting protein.

I counsel every patient before I put them on a GL. P1 or a GLP-1 GIP, I counsel them. I'm like, you need to have 30 grams of protein each meal. What are your protein goals?

You need to be lifting weights. Otherwise I won't prescribe it. You know, I talked to them about all of those side effects and, you know, we have to make sure they're pooping well too because that toxic loads.

So, I mean, that's the one that I think the side effects are also because they're not getting titrated properly. They're just like getting slammed. So my patients aren't having those crazy side effects that we're hearing about, right?

I mean, you said yourself, you kind of just played around with it so you could titrate it perfectly. And people do really well on that because peptides shouldn't be something that's a terrible thing.

And I hate how GLP ones have gotten this terrible stigma and, and I'm like, ew, no, it's fine. You're just using it wrong. Yeah. They, they, they have the ability to really be a significant change agent for the betterment of our world.

And we need to, because right now it's big pharma, $1.7 trillion industry. You know, the sick care system is the most profitable system out there and it's not okay.

for our population. I've always believed that the greatest enemy we have is within, the way we destroy our lives. And you look at obesity, which is the fastest growing non-communicable disease in the history of mankind's existence.

What is that? And why are we allowing that to happen? But you nailed it. There's a lot of charlatans out here, and I'll call it for what it is, that is doing things for the money.

You can make some money. You can. But money is not what changes lives. My wife and I have this discussion a lot and it goes with peptides it goes with everything You know, even though what we're talking about here if people use these things, right for the right reasons Money and provision will follow truth every time Count on that principle money and provision.

Does that mean there are certain amounts? No, but it means what you need is going to be there and that's really important to understand But there's a lot of things out here as you nailed it, even through the med spa world.

I'm not saying they're all bad, but for someone to come in, and let's just use a semaglutide as an example.

Avoiding peptide pitfalls in practice

First time they come in, they give them a quarter mil, something like that. They're going to get nauseous. They're not going to feel good. But then they're told, come on back.

We'll do it again. That'll go away. And they'll see their scale weight. And then they magnify the scale weight going down because they got nauseous and wouldn't eat.

And that doesn't do any good. And also, I've seen this too. I check micronutrients all the time on a cell level. And if people are not getting micronutrients down there to the cell level, you're not going to be able to maintain

functionality of your organ systems and your organ systems are what protects you.

It all goes back to cellular nutrition. And one way I know how to get nutrition in my cells is to consume it, inject it, but it still has to get inside the cells.

And in most cases, Sad, but true. They're not being counseled on nutritional density, robust nutrient intake. They talk about calories, which I'm sure can have some benefit-ish, but that's not a perfect science.

High nutrition is, though. That's been around since the beginning of time. So I think that there's a lot we can do with this, and I hope that people listening will really replay this again and again.

And if you're a practitioner, please, I beg of you, I plead with you to take these principles we talk about here and use them under that guidance. And if you need guidance, you know, you reach out and get guidance because there's ways you can help people.

There's ways that you can bless people and they can get truly better. Yes, I love that. And really getting the body back to homeostasis where it wants to be, the body can heal.

We just have to use the tools in our toolbox. Now, have you ever seen any pitfalls, anything negative happen with peptides? And if so, how could you talk to maybe other practitioners out there or people that are listening that want to dive into peptides?

How can they avoid those? Well, I think that knowledge is power, but I think even more powerful than knowledge is the correct use of knowledge. Some would define that as wisdom, I suppose.

But ultimately, when you get into peptides, the biggest pitfall is we get too many things going. You learn one peptide, master that thing, and then go to the next one.

And then there's many, many certifications out there. Find one, learn it. Get a book, read it, and don't get ahead of yourself because getting ahead of yourself is going to get people off base.

Some of the basic ones that pretty much anybody can use, BPC 157, that's kind of being intact right now. You can get that. That's great. That's always a good one.

It's pretty safe. It's good. The GHK copper cream, that's simple. put it in your hands, rub your face and move on. I mean, just master the little things and expand the big things and then work on how to get those pushed into the practice where they become norm.

They become regular. They become an expectation. And this is really key out here. And I think this is a tip that I've learned. If you have a staff out there and they're not using peptides, that's your fault.

make it happen for them, make it possible to them at cost by informed doing because they're your biggest spokesperson. The biggest spokesperson is the person answering that phone out there or greeting somebody or, or even sending an email.

Um, it's important as you make somebody else's life happy and better, they'll talk about it. So those couple of little simple principles and guidelines will go a long ways towards probably increasing the usage and effectiveness of the peptides in the person's practice.

Absolutely. And how have you seen peptides work in your practice? Can you give some examples? Yeah. It's sort of culture. You create a culture in your patient base of expectation.

So this was just yesterday. We always talk about peptides. So there are really seven areas of focus within our practice. And everybody that comes in, you know, gets the spiel, gets the story.

And we do it every time. The four areas we have control over, nutrition, sleep, stress management, movement. We always talk about those. And then the three areas we don't have control over, which is genetics, hormones, and peptides.

So we go through the checkbox and make sure that people are informed about that. And then I will put resources in their hands every time. So whether it be a book or some piece of literature, I always do that.

And then they'll go about their business and some of them will use things, some of them won't. You know how that goes, right? But then eventually, there's one, two, three, four that come back in and say, I'm ready for those peptides now.

And then it just sort of dominos. And now, People do come to us and they say, you know, that age management thing that you're doing or that biohacking thing, whatever they're calling it.

I kind of call it biological aging optimization is kind of what I like to use. And they'll come in and say, Hey, can you put me on a plan? Can you guys put me on sort of a plan?

And then I will immediately go, you've got to have measurables to keep people motivated. Measurables motivate. Always remember that one. And then you've got to have the tools and a purpose behind what you do.

So you don't just take peptides to put on muscle like a test of morolin just to put on muscle. That's a great peptide that I like. It can help lose fat.

It's good for vascular health and correction. It's good. The surmorilins of the world, the CJC1295s with ipimorlin, they're nice. But you've got to measure it.

Body composition, good blood labs, not basic. age clocks, micronutrient metrics and measureables y that are actually quantifi peptides. That's a win.

Measuring results and future peptide use

Th Yeah and especially if you're coming if you're not in the medical world because we know like things are working and we know we're doing things preventively but someone that maybe doesn't know the science they need to actually see something and you know yeah just your pants fitting better is probably not enough so I like that to measure things people definitely like that.

So where do you see peptides like going in the future, like for opportunities? And I know, you know, they keep discovering more and more peptides that they can then compound.

So where do you see all this going? I think it's unlimited. I really do. I think we're only limited by our belief system. Dr. Jen, I think that potential is out there for us to continue to, if we keep asking what could be or why can't it be, What are the possibilities?

Those kind of questions. I think we'll keep discovering things that really have always been under our noses. They've always been part of our function because life really is about giving the body what it needs and keeping the information that it reads, that it understands fresh so it can do what it does.

And peptides are just that, you know, the simple idea of using structured together amino acids to benefit the human body. That's what the body does. It brings them together.

It makes peptides. It makes polypeptides. It makes hormones and proteins. So we're not doing anything that's weird or woo woo. It's natural. And I think that we look in the areas of what the body's doing.

in its normal optimal function, we shift our paradigm that way. We start studying the healthy populations more. What are they doing that so well? Start testing them more instead of just testing the sick model.

If we shift that paradigm, we'll find out information that's going to be a blessing to that element of optimization of that biological aging processes and speeds.

And I think that the sky's the limit out there. I think that there's so much to be discovered. And I think we're just on the very tip edge of some really cool, awesome things if we get our minds in the right direction.

Yes, absolutely. Now, with you doing the bodybuilding and doing that before, where do you think the future is going to be with peptides being allowed or not allowed?

Because I know that is a little controversial. And I know that BPC-157 is banned in a lot of things. I think most of that's done because of just erring on the side of caution with water and all that stuff.

And I think there's just a lot of unknown out there. What does performance enhancing mean? Is it an unnatural edge? I don't really look at like a BPC 157 as being unnatural edge because it's a natural thing.

Now, if you add a bunch of exogenous testosterone, exogenous growth hormone, I suppose that's a whole different story. But I look at it like we need to be a little more open minded in the area of what is performance enhancement?

That's a question. But what also is injury preventive? What also is longevity acting and creating? What is about health? Because if you look at the bodybuilding situation, for example, it's got so far away from health.

And that's a freakish thing. I remember back, you know, when when I was competing, you know, quote unquote drug free, you know, I didn't know peptides at that point at all.

But, you know, I thought I could do pretty good. But you get out there with the big anabolic steroid, Pete, there's no way you're not going to be there.

And that shift has happened. But I think as we go forward in athletics, professional athletics, college athletics, high school athletics, and even bodybuilding sports, we need to start looking at peptides more from a prevention standpoint.

Even as far as like, let's think about the NFL for a minute. What would be the thing that would be harmful to have every player Using cerebral license, you see, I mean, what would be bad about having players use months, you know, what would be would be so bad about having them use that be telling periodically is that give them an edge.

I don't think it would be something on the field, but maybe in life and maybe that needs to be our perspective. Yeah. It's a little bit frustrating because they, they'll inject steroids into their joints and destroy their joints, but they won't do BPC 157. It was interesting.

I was in Key West and there were some NFL players there and I was talking to the one, he was a tight end and I was talking about BPC 157. I'm like, how can they even test for that?

Like we make it naturally. And it's just when you see the injury and injury prevention and not only that, like you said, you know, like the longevity of that.

I mean, we know that these high performance athletes that they age faster because of their intense training. And that goes with back to bring it back to the beginning with mTOR and mTOR stimulation.

So, you know, it's this nice balance, but these athletes are, they, they're performing at their top notch, but you know, they might be 30 years old, but who knows if you do a, you know, a biological age test on them, they might be 10 years older because of their training, because they're not able to use things like peptides that would support their training and the hard hardness of it on their body.

Well, I would tell you, factually speaking, I've got a couple of NFL players currently that I work with. And both of them have a very high biological age.

Both of them have horrible nutrient deficiencies. And to your point about, you know, high level athletes using peptides, like a BPC, there's no way you could know about it.

So I believe my intuition tells me as a former athlete, it's probably used a lot out there, a whole lot, and probably not talked about. because it's not hard to get anymore and that's an unfortunate thing because you get out here in these these worlds where you get a peptide and I think this is worthy of mentioning this ordered out there and it's going to say right on it not for human consumption now I don't know what that is or what it's not and I think it's a chance that some people might take because it is a little bit cheaper and you don't have to get it prescribed but but do you take a chance yes Because you don't know that, let's use BPC.

If you think you order BPC, you get it in, and you think they can't test for it, that might not have BPC in it. It might have something else in it, and you might get yourself in a mess.

But that's your fault, because you didn't do your homework. So they need to be obtained from good sourcing that's for human consumption. But I suspect, Jen, there's probably a lot of uses out there that, because they're so good for injury prevention, that we probably don't know about it.

Right. That's a great point. And you know, I'd hope so, but like you brought up cerebral isin and how neuroprotective it is. And in other countries, they're using it IV with strokes.

And we're just, I don't know what we're doing here, but it's, you know, I do know, but it's, it's very frustrating, you know, and that goes into the whole sick care model and how it really, it, it's just about money sometimes.

So this is why it's so good to be informed and to know about people like Dr. Mark and what they're doing and how you can really stay well and feel good.

Yeah, we need to sort of connect together and that's why I'm super honored to be with you today because it's important. People need to know you're not alone out there and there's people that think like you, people that can encourage you.

My word of encouragement is always lean towards the area of helping people. Keep learning. Don't think you got it figured out. Don't get satisfied. And become the model.

Become the person that is the person that knows. And the only person you can help, that old saying goes, position, heal thyself. We need to work on that in our own lives.

And if we do that, I think that is infectious. And that's what draws people to you. And that's how you get an opportunity to be their audience, which is good, you know?

Yes, yes. Well, let's end. I would love to know what your you told us your current stack. Like what what are your favorite stacks that you do personally?

I love Tesla Moreland. I think Tesla Moreland does so many positive things. I like Tesla Moreland. I like BPC and I like MOTS and I and I have noted that I alternate a lot between AOD and the five amino one MQ.

And so from a sheer subcutaneous standpoint, that's kind of what I like. And then I like, of course, GHK. I mean, that's going to be in my in my little nightstand, my wife and I, it's forever and ever in a day.

Yes, I love it. And copper for wound healing too. Oh yeah, crazy cool. My kiddos, yeah, that in red light, he knows the drill. We've avoided, you know, some oral antibiotics with that.

So it's been great. So these tools are just so good to know about and to have. So Dr. Mark, how can everyone connect with you? I know a lot of people probably want to read your books, watch your movies.

You're such a great speaker, very motivational. I feel like I want to get up and like change the world. So how can

we connect with you? Well, we're pretty easy to reach and we're here just to serve people, you know, so people can go to Sherwood.tv real simple and it's got all the stuff that we were able to do.

We've got into product development, the whole kingdom line of food and we got cereals coming out and snack bars. They're all like good ingredients, no sugars and mess like that.

You know, so people can find our movies there and books and stuff. It's all right there at Sherwin dot TV. I love it. Everyone go check it out and thanks again so much for sharing your expertise today.

Thanks for having me. It's an honor. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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