Introduction and Doctor Bio

I tell patients 70, 80%. I mean, I have I've seen almost nobody and that doesn't get help if you especially if you go up to the like, I called the Wolverine pack and are doing something else with it.

I've had maybe 1 or 2 patients that didn't get pain improvement and also potentially improvement on the MRI. It may have been just too far gone, or they have some other issue where the pain is just continuing.

But I tell them patients 70, 80% that they're going to get some improvement, if not more. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you are seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi. This doctor, Kent Holter. Today I'll be interviewing Doctor Parvin.

Doctor provides a goal with all his patients. Is to optimize health in the first 60 minutes. He is board certified in family medicine, anti-aging medicine and regenerative medicine.

Osteopaths, Pathak manipulation, functional medicine, cranial sacral therapy, and medical acupuncture. So, a wide range of, modalities. He has helped top executives, Olympic athletes, top trainers and, celebrities optimize their health.

Now, Karpov is a featured on the New York Post. Nutritious life, fasting, M. D., and many other publications and podcasts. His practice is based in Manhattan.

He also serves clients from many states, including Florida, California, really across across the country with telemedicine. He is traditional combined with alternative treatments to help his patients.

The patients see, doctor, Paul in for his, expertise and biohacking and health optimization in addition to. He specializes in healthiest patients with hormones.

Peptide therapy. No topic. So, improving brain function, which is such an issue today. And natural functions for pain relief. Like Paul and I, welcome you to the Peptide Summit.

And thanks so much for, being on today. Thanks for having me. Looking forward to it. Great. So what we're going to focus on kind of your your sports medicine aspects.

But tell me how you got started in, in peptides. What when did you discover them? And, what's been kind of your journey? I do a lot of, like, both.

How He Discovered Peptides

My practice is either health optimization, like we mentioned, like, brain energy and also sports. So I got introduced to what I think one of the ones are really going to talk about today, BBC 157.

And they're like this medicine. It can help with gut health. It can help with sport. Injuries heal and I was into like doing things like PRP and all that stuff my way.

This works well and there's really no side effects to it. And it's like more than one thing. I'm like, this is awesome. And then I started dubbing more and more into it.

I'm like, these things really work with almost all my patients, and there are a lot of easy to do. Patients don't have to worry about coming to the office a lot of times, and it's just they're so great, and I think they're part of the future of medicine in terms of just being able to do things much more cleanly and easier.

That some of the things that are out there. And do you find when you tell patients about BPC 157 it's almost like and there's so many studies that show that there's so many things.

And when you tell them, it's kind of like, hey, this is must be snake oil. There's no way something can can really repair all these different tissues.

Initiate did I mean, then it was a combination of the fact that I've treated patients with it and I've seen the results myself. Now, at the point now, I have literally had patients every day coming in.

They're calling me and say, hey, my doctor won't doesn't know about BP. BBC 157 I want to use it so and and it's amazing to, I think is that, you know, Standard Medicine has never heard of this stuff and I don't want to lecture as doctors all the references.

It's like hundreds and hundreds of references, you know, peer reviewed. And it's like, oh my gosh, why haven't I heard about this? And, do you have patients say, well, that's so great.

Why does a my doctor know about it? Again, same thing initially. Yeah. They're like, why is no doctor using it? Why am I. Tell me about it. It works so easy and so clean with minimal side effects.

Now I unfortunately, I mean, that kind of medicine as it is, there's some doctors who practice in one box and there's some doctors who kind of like what I do.

You got to play on all sides of the field to help your patients get better. So again, patients, more and more patients now are becoming their own doctor in a good way and being advocates for their health.

So they're not surprised anymore. They think they find the doctor rather than not than feeling bad. Yeah. You know, I think that is good that patients are realizing that the days of just going to your doctor and saying, take this, not knowing what it is, are gone.

You know, they really have to understand, what they're taking and seek these, you know, different therapies out because, I don't know, I just I'm sure you may feel the same.

That standard medicine is so disappointing for so many conditions. Even the docs, you know, from standard conditions and we're talking about, you know, even sports injuries and, you know, joint issues and muscle skeletal problems, and then you get into complex problems.

And I think that's where really theater of medicine just falls apart. And where if you don't fit into a little box and have the one medicine for it, they're gone.

They're the doctors just say, oh, it's psychological. And, so what what what, type of peptides did you use? And, and type of patients you treat besides the sports medicine that, that we'll get into, I mean, I use it, I think you do.

I probably now use all I mean, I, I mean, there's all of them at this point, but I use, there's 30 or 40 that are in my toolbox at this point. I, my main core and then and there's ones are always now that are kind of like not true peptides, but they, they're kind of cousins that we kind of use with them.

But and I use a lot again, I use a lot of practice the sport. I have a lot of athletes who don't really want to heal their injuries if they want to cover quicker.

So I use a lot of the peptides like thymus and beta four and some of the, you know, the growth hormone to help them recover quicker, five amino unmc they love, and I also use it for in terms of anti-aging with the brain.

Patient Skepticism and Growing Demand

That's really where I combine that over any of my patients, from my athletes and executive patients who just want to be like, I don't 11 all the time.

And then unfortunately, like my line patient or my other patients, when they have the brain fog and or the memory issues or autoimmune issues, and it works there too.

That's what I love about them. And like I said, it hits every patient I see. Pretty much. I could give them one or 2 or 4 of them, once they jump on board.

Yeah. What would you say? It's really changed your practice? Yes. I mean, I totally I mean, initially it was maybe 5 or 10% of my practice and literally one started talking about it and word of mouth spread and I put 1 or 2 blog posts up.

It's now probably 50 to 60% of my practice as a core. Why patients are seeing me. So it's definitely exposed in the last within the last calendar year.

Yeah. Where were people are getting educated on on these things and they're actually seeking you out for peptides. Exactly. Yeah. Between groups, Facebook groups, Reddit, word of mouth.

That's why it's it's kind of become a cult. But I'm more than it is from the doctors. Time to use it. That's great. Have you seen any major side effects from using peptides?

No. Not many. I mean, there's 1 or 2. I mean, I know one thing I really seen, is, in terms of some of the growth hormone peptides, I get companies, we get a flushing with it, we just lower the dose.

That usually gets rid of that. Beyond that, it's just all in one other one I don't use as frequently as, except maybe some live and Sibo patients would be L 37 or that's probably other one.

Where you really going to go low and slow and make sure that I'm a side effects to, you know, agree. And I'll just tell the audience that all 37 is an antimicrobial peptide.

And studies show that it kills friends. A line cystic form better than the antibiotics. Just tonight is all. And you know Lyme patients in general very sensitive.

You know, they can react to supplements and things like that. I just want them to to let them know what that actually is. Yeah. So by the way, yeah. And that's the nice thing is if you look at the studies that you, they give, you know, a thousand times a dose or 100 times a dose and there's no side effect.

Try that with Tylenol, try that with, with any medication. So the nice thing is it's still there very effective. And you don't have that those side effects.

So talking about BPC so stands for body protection compound. 157 how how does that work. What. It it's kind of interesting that it's the advice from the stomach acid battery protection compound that's part of the negative.

They still aren't really sure. I've, I always kind of put that in there, but they know now in terms of that what it does and certain things we know that it decreases the a lot of the inflammatory chemicals.

In the by the look of trying to throw boxing that caused inflammation. We know that it works on muscles, tendons and ligaments to help heal. It helps produce collagen and helps increase growth hormone.

We know that it helps to heal stomach and gut ulcers and ulcers in the cornea. So that's what we know. And also works on, serotonin, dopamine to help with certain, issues with the brain, other issues.

So we know some of the mechanisms on the mechanism there still not is one of those ones. We're still not completely, flat out, but that those are things that we kind of know how it works.

And a lot of that applies to sports and gut health, which is, where it's kind of got start. Yeah. And I think, I think it's interesting how, you know, they've really been around for a long time and it's, you know, trying to elucidate the exact mechanism because it's like they have multiple mechanism, complete trophic, where they basically have a cascade of effects and which I really think adds to the safety because you're doing a bunch of things, you know, modulating a bunch of different things like medications.

Do one thing, you know, turn this one thing off and, yeah. So that's what we find. It's just you look at the studies are so, so safe. And what what do you generally, sounds like you use it for a lot of things.

If you can name a few things that that you use it for. I mean, the main things I use it for are, I mean, my I do a lot of gut patients, I do a lot of c both, which is small intestinal bacterial overgrowth.

I do a lot of like ulcerative colitis and, Crohn's. And then I do a lot of that by one go to and then sport injuries. All either have them do it by doing the injections or the creams or the pills or I will locally actually inject either on its own or with other substances into the joint, into their near their shoulder.

That was a little more initially another study. So that may not be as necessary.

BPC-157 Uses and Mechanisms

I still do it to really get that local effect, especially my high end athletes who may have a I may have had a competition or whether we really wanted to get them back as quickly as possible.

Gotcha. And yeah, that's the nice thing is studies show that, taking it orally actually is equal potent to injection. One of one of the, one of the few, which makes it so much easier.

And you treat athletes, is it, is it a banned substance? BBC, as of now, is one of the few other in the peptide family that's not banned. Which is as far as I know, and they always update it.

So it's not banned yet. All the other ones are. So in terms of the peptide anti-inflammatory ones, as far as I know. So it's still use it. It's great.

Again, it's it's great because it plays well with other things that we can still use as well. So that's it's great for anybody from an Olympic athlete down to the weekend warrior.

Yeah I mean it's and that's a big a problem. It's nice it you know helps people recover. And then they want to ban it. And then it gets a bad name and it kills it for so many people, you know.

And they associate it with, oh, must be, you know, it must be a steroid. And, there's also is the fa the tension from the side effects of steroids and things like that.

So what what injuries do you typically see? What what do you use it on? In terms of injuries, I use I, that I, it's my go to really I love in the shoulder.

I mean I've seen a lot of patients with either rotator cuff issues, small tears, partial tears of the rotator cuff and label tears. I've had some patients who now it's been long enough where they had an MRI before we started.

And now afterwards we've seen recovery in the the Or their traditional orthopedics are like, what are you doing? And they're amazed. Let me I try to explain to them work backwards.

And then also I use it either superficially on like a lot of back issues, a like work, like really tough back issues. Patients who can't have surgery or don't, don't obviously just really aren't surgical candidates.

We I do that mixed with some other substances and it works incredibly well. And the other sport that usually use on sports wise is some like, patellar tendon AIS, which is in the knee.

And I'll do some injections in the knee as well. That's kind of where I've used, I've used for everything from patella from Achilles tendinitis to traps and inflammation in the trapezius.

But those are kind of like the core ones that like that are my go tos. And so what what do the orthopedic surgeons say, you know, after because they, they always want to do surgery.

And I, you know, I had Lyme, which really caused a lot of the generation of connective tissue. And they want to do, you know, hip replacements. My rotator cuff was just that, shredded all the tendons.

And it was funny. And I ask him, I went in and got the cheapest, the cheaper the group above us. And I just said, you know, what do you think? Peptides and even PRP and, you know, stem cell, that it was a study show.

They don't work. And I'm like, okay, well, I have 100 my bag here that show that they were. And what what are they say when when they recommend surgery.

And the patient comes back and they don't need surgery anymore. They're pretty amazing. Megan. Most a lot of surgeons are surgery first, second and third.

So they're a little bit surprised. Initiatives like, oh, this is just placebo or less and miraculously, magically healed. Yes, it's short term, but then when you can, they sometimes will see the the change on the x ray and actually on the Cat scans or MRI's, you're like, okay, then they buy in, they'll, they buy in more and more.

Those are actually or the are if you show them again you can prove it's a to be easier. Same with the stomach things. If you can show an ulcer healing it's still A to B.

It's not certain other cases. It's hard to prove what's actually causing it. This is A to B where you look at the x ray, look at the the colonoscopy and you can see, wow, that heals in six months.

This is this stuff must work. Which is also cool. What has any of them adopted using the peptides after seeing your results? A few have, in Manhattan, which is very, very old school.

It's a very old boy network where unless it's been proven for 20, those theory that takes 20 years for something to become into the medical literature. Yeah, yeah.

That's Manhattan, so. But there are some that are using it now. As part of the mixing with their PRP. I know some will put it if they do an ACL or some type of surgery, some of the back surgeons are using it now.

So it's getting in the last year to 18 months. It's become into some of the repertory, but it's not commonly used. And it's kind of like the, guess urologists are now discovering probiotics, you know.

Exactly. But, you know, I found interesting and now I'm used to it. But, you know, doing this for 15, 20 years that, a doctor of a patient for ten years, it can't get better.

You get them better and patient. A great relationship with the doctor and goes back and tells them, I would think the doctor was is is awesome. Let me let me call him and find out what he did.

I found out of, you know, 90% time at least where I'm in Southern California. They're mad. They're like, this is ridiculous. I won't see you anymore. And if you stop, I just like, wow.

You know, it's, you know, kind of eye opening. It can happen. I mean, I haven't had that type of maybe once I don't get that much a response. And they just happen for the patient.

But I can see I've seen it once or twice, and it gets. It gets kind of nasty. Yeah. They're not like, hey, you're taking away all my income, my surgeries.

Yeah. No it's it there's this. Surgeons are losing their step like between PRP, stem cell exosomes, all that stuff coming down the pike. They, they had to learn to adopt some new stuff.

You know, it is true. And I'm amazed seeing, like, cardiovascular surgeons and neurosurgeons, like doing regenerative medicine, you know, what you're like.

Wow. I think that's incredible. And, you know, they see that. Hey, I'm. I'm feel good about what I'm doing. I want to, you know, treat patients. It's so much safer.

You know, people think I want to do surgery. It's going to be fine. So many, you know, potential risks of side effects and recovery that no one mentioned.

It's part of the potential side effects, you know, That's great. You you combine the peptides, with that.

Sports Injuries and Orthopedic Recovery

You use multiple peptides in a patient, all the time, like I have paid. I, I love to it's a question I always tell my pain when the first thing I tell my patients is, you guys, you're a lot of cases, they can dictate how fast you want to go.

I can say, look, I can. I have a couple pages on double digit peptides at one time. They're used to doing the creams and the pills and the injections, and they have it and they don't care.

I've some patients only want to do 1 or 2. That's the first they have to understand going in it every day. It's every day or 5 to 7 days. So it's commitment, not a one shot deal, no pun intended.

Where they do it once or twice and they're done. But when I do do it, I mean, now it's kind of become known as the Wolverine stack, which is for recovery, which is BPC, TB for some people, known as TB 500 and some of the growth hormone ones, which is this, the CJC and them around or somewhere else.

And that works really well for healing, especially back, rotator cuff Achilles tendinitis. If you're dealing with the gut, then you, some of those similar ones, I will add kind of what we talked about there.

There's, l 37 will be maybe involved in some cases there. Cfpb, which is a new one that just came a derivative out there that I'm, I'm starting to fall in love with.

You guys we'll talk about throughout the summit. Because it has so many and are using that oral or how are you using that? Which one? The Cfpb yeah. I was using at Oral.

Now it's it's hard to find then I don't want it every now is you want to use at this point. I can't find it. So now I'm having patients use the injectables.

But the pills are supposed to be coming back, so. I love the pills. The pills were the pills, and the cream were the most perfect thing ever. I mean, those have become one of my favorite.

That was that were out there and. Yeah, let me. What did you find with it? So KTV is a, small tri peptide fragment of alpha melanocytes stimulating hormone.

So it's a piece of like Milana ten two, which will basically it's kind of like the Barbie doll peptide. It's like you get tan, you lose, you lose weight.

And you increase libido. It's like, hey, you know, great. Do you use it for that and use the lantern? Just out of curiosity, I do a little bit, I just, I warm up, I think I don't, I use it a little bit.

I use it more for weight loss and I athletes, and I do for the tan. I had one patient ask for tanning. I just warn them. It's not like you can't always dye. It's not.

You can go to a to sometimes you may go to a seven with a tan and you can't control it. I've had pages. Not like that. Yeah. No, I just, And the problem is, I think.

And I found myself like I used to when it kind of first came out. You on the dosing. I'm like, this isn't working and can't be used more. I looked like a strange geometric.

I had so dark. And I think all the people kind of, you know, some age spots can come out and things like that. And I think it's kind of ideal for, you know, some younger, younger people.

But, that alpha one is like, stimulating hormone, you know, so an increase in myocytes, but it also is very anti-inflammatory and very restorative. And that's, that's why is it the nice thing with Kttv?

It doesn't have any of the tanning properties. So, that that's why, I think really you can use a liberally. And there's so many things it's like that you, I think that you can't believe, like, hey, I got another tool in the toolbox, and so many doctors are.

No, but. And you said you use how many peptides are you using? There's probably a 30. I mean, I guess the 32. And then you can you have the ones like a traditional peptide, but it's there.

And so that's on track. Someone just kind of not a cousin. But it's always kind of always involved there. So it's one that that I always kind of mix and match.

And then the, the topics are their own family of stuff. So they're always kind of thrown into. So yeah. And then no topic. So you know, improving brain function and, and things like that.

So sounds like you do a wide range of, of things with, with all the peptides. What what is your, your basic favorite thing to use? BBC4, BBC 157. I ask you, I mean, I like the sports stuff because that was my first love.

I was always doing some sports stuff because we're going to work in a small town, and there wasn't really a good sports medicine doctor, so I was it. But now I always even Manhattan, I like the gut, the gut healing the bass just because it's amazing to me.

I'm in Manhattan, but I had patients come to me with ulcerative colitis, Crohn's and Sibo, and they've been suffering for years. We get them on a a combination regimen, and in 2 or 3 months they're like, wow, I, I don't have pain.

I can come off my Remicade. I can live a normal life. I don't have to be taking the six different medicines. And that is such a light bulb moment of a light bulb moment.

It's such a great feeling and such quickly produced that. But if you have been suffering for so long and like that, things kind of change for them. So that's why I really that's like the doctor moment right there.

We like little angels come out and start singing more than anything else because I think it's, it's, it's, I mean, it's an amazing I mean, because these people generally, you know, with, let's say also colitis, you know, all the inflammatory bowel disease.

I mean, they've been to generally been to, you know, standard expert. I recommend you know, they basically go

down the algorithm chemo and they say, okay, we've got to remove your colon and they come to you and they're and they get better.

Is that what you're saying? We get a lot better. I mean, it's been proven now, like I said, I've had several patients get colonoscopy six or months or a year later now who are doing, PPC.

But even by itself and they say the ulcers are diminished or gone, they're ulcers or, the inflammation is diminished. And again, like they're coming off their meds or the the meds have been diminished.

So it's it's it's been proven so many times. So I mean, and you just think, how do you just change that person's life, you know, or they could have been having to have a colostomy bag forever.

Exactly. That's that that that's just incredible. And, and so for let's talk about the sports medicine. What, what typically is your strategy and protocol for, let's say someone comes in with a knee or a shoulder.

Do you mean we go to peptides? Do you do other things first? Do you, use multiple modalities? What what is your kind of strategy for that? It's all the in most cases, all the about most of the patients are seen me have already seen at least the primary in the sports medicine ortho and they're coming to see me.

So I'm kind of there to fine tune things and also look at everything. So I do a lot of, as you mentioned, manipulation. I do a lot of hands on things.

So what I'm looking at is the peptide is the acute. It's a great way to stop things short term, but also if they have poor range motion, if they're a pitch or just lifting a lot, and you don't forget the range of motion in the shoulder to strengthen the shoulder, adjust the joints, make sure things are moving the right way, then they're gonna be back three months, six months down the road with the same issue, because you're just kind of doing the same thing and just causing the same problem.

So I work with, I say, look, the PPC or the TB 500, that's going to kind of calm things down for you. And now we got to work on preventing it from happening again, which we do.

I do a lot of hands on. I work with great physical therapist and just specific fitness trainers who who can kind of work on their everything from their range of motion to I just them make sure that the fash is all lined up.

And then when we're done with the BBC TB 500 CDC treatment, I don't have to see how I look. If I don't see you back again for another two years. That's my goal. I don't want you back. So that's the goal.

We give them the full package. They can not only we're treating the acute problem, we're making sure they don't come back and again. So that's where that's where it's great at that.

That's the way it should be done. This is not just okay here's your shot.

Wolverine Stack and Combination Protocols

And we'll just keep doing this every 3 or 6 months. That kind of is nonsensical to me. Gotcha, gotcha. And do you find I always love it when you're treating one thing and they go, oh, by the way, this other thing that I mentioned went away.

And now, exactly. Yeah. Which is kind of interesting how, how quick to the peptides generally work? I've seen work as quickly as ten days a week to ten days, depending.

And I have some patients. It may take up to two months for it to really kick in. It depends on how good they are taking it and how severe the injury is.

Their immune system. All of the above. I mean, I tell patients a lot of times it may take six weeks to two months.

You also got to play with the dose.

I mean, I'm a little more aggressive than most. Especially with DPC. Like we said BBC, the dose is we haven't released any side effects. I push it harder than what the suggested dose is sometimes, compared to some of the other ones that are out there.

But I do see anywhere between back to ten days to two months, depending on the whole package. And and so what you say you use more in general? Do you, how how fast do you move up on the dose and do you add different peptides?

You increase the BPC, what is your maximum dose or how fast you change doses? I mean, usually it's going to be about 2 or 3 weeks. I'll, I'll bet. I mean, again, it also depends.

I mean, I had people who had a racing a week and a half and I'll in that case I'll up it really quick. I say, look, take this for a day or 2 or 3 days.

If it's not working double, I, I'll go to 1000mg a my grams on the BPC. I'll even go a little higher than that, depending if you can get somebody to compound it that way for you.

But I do it really short in short bursts. So that's what I tend to do in somebody who's in my 75 year old osteoarthritis patient. I usually wait a month, a month to six weeks.

It depends what you're dealing with, but I've done it as quickly as a week to ten days. I've switched. I've raised the dose because they knew I needed to do and it just wasn't working.

I mean, if it doesn't work, I might as well go up with it. There's no point in me just sitting around the patient. Wait for sure. And again, for my more for my younger athletic patients and anything else.

Yeah, I mean I like that and I'm very add to I'm like, I don't want to the weight. The nice thing is I think the side effects are so low you can, you know, change the dose very, very quickly.

And what what percent of patients would you say patient a patient I come in and say, okay, I have, you know, basically, you know, tore rotator cuff and they said, I need surgery.

What's a chance that this is going to help? I would, I, I tell patients 70, 80%. I mean, I have, I've seen almost nobody, and that doesn't get help. If you especially if you go up to the like, I called the Wolverine pack and are doing something else with it.

I've had maybe 1 or 2 patients that didn't get pain improvement and also potentially improvement on the MRI. It may have been just too far gone, or they have some other issue where the pain is just continuing.

But I am patient 7,080% that they're going to get some improvement, if not more. That's like almost it's really unheard of, you know, and in medicine, 70, 80%, I mean, you look at studies and medications, you know, they get approved when they have a 4% improvement over placebo.

You know, it's it's crazy. And these are often people who said they need surgery. And you're doing 70, 80%, you know, no one guarantees anything. But that's that's what you're seeing.

Oh yeah. Yeah I definitely yeah. And well what's the patient's response usually they they're my new best friend. I go they, they're, they're, they're your best advertising.

So no, I mean, they love you because I'm an athlete. I'm a runner. My knees hurt me already at my age. I'm going to keep running. They're going to keep their back.

So they're going to keep going. Gym. They love the fact they go back to their life. They can go back to their

passion, which keeps them going. And they love. That's what makes it even better.

It's like they're a runner or they want to go to CrossFit, or they want to do whatever they get back. That's what makes it even sweeter when they feel better really quickly because they they they'll never forget.

I think you just treated their sore throat or something. This is their passion, their livelihood, their their fun. Yeah. So it's a really it's you know, with especially with these athletes is that, not being able to do that.

It's like their passion. They live for it and you're able that allow them to do that again. I imagine you get some good Christmas gifts. It is some good Christmas gifts. Yeah.

I guess between the Christmas gifts, the referrals and, it's an it's nice to. Yeah, it's nice to be on their good side. It did. I'm not gonna argue that at all.

That's nice. I think it kind of makes it worth it, right? You know? Yeah, it's definitely worth it that. That's wonderful. I just love to hear that. You mentioned the gut.

And tell me what your thought is. How the gut plays a role, and PPC plays a role in the gut with, you know, other systems in the body. Okay. That's that's a long question.

That's how to summarize that there. Hey. Yeah. I mean, a lot of a lot of info in that one. Yeah. Yeah, exactly. I mean, the main thing is, I mean, it's become pretty common slogan at this point.

I mean, I got 70% immune system. So if anybody if you can work on healing the gut with PPC or whatever, combined with whatever your regimen is, that's going to help.

If there's any type of autoimmune issue we know about the gut brain connection that that's going to help in terms of, I mean, it's going to help any person, athlete or chronic Lyme patient.

It's going to help them with focus or brain fog or energy or all of the above. So healing that that's going to help that it helps with your neurotransmitters.

So it's going to help their mood. And we know if patients who help their mood, their pain may diminish, they're going to be better more healthy to begin with.

So it just by fixing the gut. I mean, we know there's, I mean, everything else in terms of where the hormones are produced and metabolism and they get they got injured, they're going to gain weight, which causes inflammation and other issues.

So the gut is pretty much gotten the brain and the heart are kind of the core to all medicine tradition and alternative regenerative medicine. I mean, I kind of knew that going in, it's it's becoming more and more proven when you fix one thing, like, say, when you fix your gut, you're fixing a lot of other stuff, too.

For them, making life a lot easier. Right? Right. And it's amazing the studies that are coming out on that. Now, if let's say I come in and I twisted my knee, do you, talk to them about their gut or, you know, or do that?

Do they look at you like, doc, I came for my knee. What are you tugging on my gut for? I mentioned it again. Yet we have to kind of gauge your patient.

A little bit, too.

Gut Health, Autoimmune Issues, and Brain Fog

I mean, I have patients who come in with ten pages of literature, and they know all this stuff. They're on Reddit and they know what they want, and then I can have a conversation with them.

I have other patients who are no, like, very serious. And they're like, no, I just want to fix my knee. I don't some that they may not totally buy and everything else.

And then you kind of do you kind of just drop it in here and there especially, hey, so you feel bloated or hey, are you having any type of downloads and, and maybe related, you got to kind of be more subtle about it because otherwise you're just going to think that you're just making stuff up.

But I definitely try to get it in there most of the time. But medicine is an art, too. They always say that. And you got to learn. Every patient's nice.

That is so true. I don't mean to cut you off there. Yeah, I just, it's it's amazing. And and how many symptoms patients have. And let's say someone comes in with an an athlete comes in with an athletic injury.

How often do you end up like mentioning some things and taking over their care for everything else and becoming their physician a lot of the time I do now, especially with everything that's kind of coming out.

I mean, again, things like that think that the tools I had ten years ago or even five years ago, compared to what's out there now, is, is totally changed.

So now a lot of times they want to know about their hormones, they want to know about the recovery. They want to know about how they're, again, like how their gut health or how their brain health can get affected, or even that their blood pressure, their sugar or the their wearable now.

So it's all become integrated more with not just, okay, we we did your test once a year, your LDL is fine. I don't need to see you again. Medicine now has become much more comprehensive.

The patient now we're seeing it changes. The patient has now become much at least peers. My peers are much more proactive about their health. And then some of their doctors are.

So they are more know what they want they and that we I just I'm like I tell them I'm the traffic cop. I can I can dig as deep as you want to. And like I said, it depends and get you where you want to be very easily.

And then you kind of like that. I also, again, I let the patient kind of guide me a little bit a lot of times. And it works out better because they feel they're the ones guiding you.

They're going to buy in a lot quicker. And a lot of this is always about buying. If they're not going to do what you tell them to do, you're waiting the 60 minutes.

But I think it's really essential nowadays, a take an active role in their in their care. And some friends who see me and I refuse because they don't care to know what they're on.

And I'm like, I can't treat you like that, you know? And but I think to, you know, the way kind of medicine is gone or everything's so compartmentalized.

Okay. You know, you mentioned all these things that, you know, someone comes with a knee and they have some gut issues. Brain, high cholesterol. Well, they'd have to see a cardiologist, a gastroenterologist, you know, orthopedist.

And but they go to one source who can actually look at everything and how it all relates. And it does. You know, these are not separate systems. And I think that's so powerful.

And I'm glad that patients seem to be realizing that finally. Oh, yeah. It's it's it's getting loose on the East Coast. Here it is. And it's great. It's and it's so much it makes life easier and it's good for the, it's good for the patients.

But that's why they take care of themselves for the long run. So you're kind of the one stop shop as much as I can

be. Yes. Good is good. If you get too busy, then you kind of you do what you can and then you have other people to help you out.

But yeah, and I, I do as much as I can for them. And then, and then I said, I have helpers and I have other doctors in the area. And it's a good thing about Manhattan.

There's a doctor every block. So if I. Hey, I can do all these things with you. And I know so-and-so is really good and I just had them help me out, but that's good.

And that's, you know, that's the way it should be. It seems now it's kind of like the so-called, I don't even know what to call myself. And I hear what you like.

How do you describe what you do? Like the standard doctors don't like the integrative doctors, or they call them alternative. And there's and there's no, you know, oh, that's quackery or whatever.

And, you know, with my story, which I told that, you know, I would never have gone it's ingrained in medical school that alternative medicine means no evidence based.

And and it's amazing that, you know, I hate that term. And by the way, an integrative functional medicine doctor or whatever is it's so much more evidence based than standard medicine, you know, and I, I just feel like, you know, so many doctors are kind of like standard dogs just doing what they've been doing in residency.

And, you know, don't confuse me with the facts. And, but the system is made like that. I mean, they're not bad people. It's the system's not going to allow them to spend more time with the patient.

They don't get paid more. They're already, you know, bust their butt to see a patient every eight minutes or whatever it is. So, it's, I think, you know, things are changing.

And I think with, with all the Covid 19 and the telemedicine, I think it's going to really, you know, change medicine even more. And, like, what else do you use, peptides for, in terms of like anti-aging or weight or, what what else do you, you, you use peptides for.

So you see kind of for you'll see most anything. It sounds like our I mean, my second big one is besides gut is brain. I mean, doing, that's what I use a lot for.

I get it for all the patients I brought up before, weight loss. Weight loss I like is an add on, They're great. I mean, a lot of a couple. The ones that I used to use right now are very are hard to find.

So that that's made me kind of pivot a little bit away from them in terms of weight. I you said the M2 in one of ten two is good for a weight to certain extent.

But again, that's where you kind of use the cousins like, there are gluten, which is a prescription medication. I use a lot of help to patient with weight loss on my athletes.

I use it a lot for, with the other ones. I use it for, but and I use it a lot for autoimmune. I have a lot of autoimmune patients who come to me like Hashimoto's and, rheumatoid arthritis, which I'm treating their pain complaint, trying to keep their pain control.

And I'll use it to 1 or 2 times now for one, as, to calm their immune system, I use a mix that with low dose. Now track zone. And then that really gives them A12 punch, return their acute pain, and then we can calm things down by treating their gut with either the PPC or one of the other ones entry in your immune systems.

You're getting acute and then treating a long term. And again, you can kind of get them off their medication. That's kind of one of the other ones I use.

And the other big one now has gotten more and more popular, of course, is the ones for erectile dysfunction and sexual dysfunction that are coming down the pike, too.

That's, the PT 141 and some of the ones that now cause pepped for testosterone, things like that, which are kind of getting more and more pressed. Suzanne Somers did a big thing on it last year.

I just had a book come out or something that a lot of people started asking me about it. It's interesting how the celebrities, really can, can drive things and and and drive and drive awareness.

Anti-Aging, Weight Loss, and Sexual Health

And do you have any cases that you can talk about or, were, for instance, any names? But, you know, just kind of how the process went. Sure. I mean, the two that I can really allude to, I kind of hit it out before I had a patient, you had, big CrossFit guy, 240.

He's been lifting for 20 years, five, six days a week. Had torn labrum, could even lift his arm up. He had probably couldn't carry a 2 pound bag. We put him on the Wolverines, which is the CPC, the TB 500 and the CJC.

And we also so let me just kind of go back. So he, was was probably knowledgeable about all this integrative medicine stuff, and he had, rotator cuff problem, poor range of culture.

Okay. And he did he go to the orthopedist? Yeah. He. Yeah. They were telling me he didn't. He either tell me they want they want to do surgery on the shoulder.

And they told me probably be out of commission potentially for six months or so, which he was, didn't really want. He also was big part of an exercise company, which would affect things too.

So we have a mutual friend who sent them to me and within two months he's like, wow, at least the pain is diminished. I'm back in the gym. He's not exactly where he was before.

But he's getting close. And I used one with him, which we really talk about, which is GCC copper, which locally with the cream I find is a nice little add on.

Find a perfect one for something like a rotator cuff, but it's a nice little add on. And the other one, I have the bag. I had a patient who had really been ulcer of colitis, had just had her colonoscopy done with her gastro gastroenterologist.

Six months later, just on BBC had another colonoscopy. We already knew her pain, but diminishing her magic. I don't need to take my bag. I do like to take my meds anymore.

They did the scope again and I think the two were gone. One was like a third of the size and that's where the gas was. Like, what in the world was. He was mystified.

Well, I again, I just think we have some ulcer class patients and it's like this eight year old girls and they get a, you know, basically a colon removed and, came in kind of didn't believe and, and the stuff and, totally fine now, you know, and I just think, you know, how how many lives you've changed, but but the peptides, and and do you think so?

You, we use them after the, acute problem. Do you think they're good for anti-aging in general? Should everyone be on these peptides? I think they should.

I think, I mean, there's the combination of the anti-aging protocol, things like a pedal on and formula in and my C and you mean, I'm sure you'll be talking about throughout the summit that have their, their own protocol.

And you enter the whole senescent cell protocols with things like rapamycin and NAD or N and N, which are kind

again, they're they're always involved with the peptides, but they're not actually peptides.

What they get time is another one comes in and metformin all those things. So I take it myself I have my patients who those are those are my clients more that are on the ten, 11, 12 peptides.

And a lot of them will come to me and say, look, I want to be on this protocol. I know that they're expensive. I know that's going to be ten, 11 needles for a couple weeks.

I don't care. And now that they work, they needles. Do you have them do separate shots of each peptide, or do you combine them into one syringe? I'm so old school at that.

There's certain ones I combine a lot and I don't because I don't know, I haven't seen any studies saying that you can combine certain ones. So again, unfortunately they're not inexpensive.

Some of them are not inexpensive. So I buy the most I give them the shots. I mean I found them and they're doing nasal spray anyway so they don't care.

But most of them are doing separate shots. Yeah, yeah. So yeah there's not a lot of studies showing you know, and but it's also interesting where, you know, people say this is FDA approved and, you know, which they want.

Don't get me started with, with with all that. But you have, you know, there's no controlled studies showing someone on a statin and four different meds, you know, what does that do to their life?

And you know, really how it, you know, just destroys their mitochondria, and increase risk for diabetes and all these things. And, you know, I think it's, amazing that there are so many studies and people look to the FDA approval, which more and more, just so disappointed with and even things that, you know, getting something published in a major medical journal, if it's anything outside the realm of, you know, big pharma, it's it's difficult.

And despite that, I think things are moving so fast in the so-called integrative alternative. Again, I hate that term, functional medicine, where if we want to call it space, where, as you mentioned in your study and as a term medicine show takes on average 17 years for a proven, new therapy to get accepted to mainstream medicine.

And, you know, it's kind of jokes like, you know, how do you hide something from an endocrinologist, you know, put it in their journal? But, and, and it's it's amazing the stuff I think that is going on in this integrated space and how fast it's moving.

And, to, to help patients, you know. Yeah. I mean, I mean, that's one of the silver linings, of the Covid stuff is that things that people really know about are being studied for Covid.

They're coming out other studies, like things like hyperbaric and ozone and even peptides are being used and checked out. So I think that's going to help push things in for because people are like they want everything now integrated.

They hear about IV, vitamin C, they hear about peptides. They want to be on timers. Now for one that's driving and even more there. I just there's nothing traditional for it that's going to help me.

Really. Right now this stuff is going to vitamin C and all this stuff is now vitamin D is as we come to the fore. So it's pushing people even more to this, which I think is one of the unfortunate silver or unfortunate. Yeah.

And I don't want to get too this to get a little political, but it, it's scary how all these basically therapies where studies show they work and it's so safe.

I mean you even, you know, vitamin D well high dose vitamin C, zinc, ozone, IVIg, heparin that if you put that on the internet, you get a letter from the Federal Trade Commission saying you can't say that about, you know, treating Covid, which is nuts because, we got one for basically saying, here's some integrative therapies and with

references, you know, so, I think I'm a little worried, certainly, a little word scared about the politics of medicine and, how things are being, you know, dominated and suppressed. But, I think that's that talk is for another day.

Exactly.

How Doctors and Patients Can Get Started

I agree, but, yeah, but I, I think about it, all the time, but, any last things you want to say about PBC 157 or peptides in general, or how to change your practice or anything?

Sure. No. And I think people if one that peptides are definitely going to be part of the future medicine. So definitely check them out. Secondly is that BPC is got should be if you're concerned about anything, it's definitely be your gateway that hits so many different parts of your health.

Like we talk about from your eyes to your gut to your muscles, to your joints. So it's so safe, so easy to use. We know that you can take it orally, cream.

You can take it rectally. So if this is your entree into peptides or the first time you've been hearing about them, this is the place to start because it's going to help you.

You're going to feel better. It's like, oh, this one works. So let me see what else I can do with them now. So I think it definitely check it out, learn about it.

And you can learn about more peptides throughout the summer. And I'm sure and yeah, it's interesting that, a doctor, walked up and we were talking about BBC 157 and you know, what's available as a supplement now.

Yeah, yeah. She came up and just said it makes everything else work better, you know? And have you found that? Yes, I have, when I take it in, my page will tell me the same thing.

It's it's becoming more and more ingrained as a part of their general health. And if, let's just say you're, giving advice to other doctors that are listening to this, it might be savage savages.

Say, good, that's the place to start. Or how would they best get, started using peptides? The best place is, I mean, is definitely now, I mean, definitely one take a course.

I mean, there's there's so many out there now find a good organization, a forum or AMG that are really good at getting the courses to get your framework or just how to use them, how to interplay them, how to employ them with other things you may use in your practice.

And then and just start with a couple. It's like juggling. You got to start with a couple, learn how to use them, learn where they're usable. If you try to learn 20 or 30 at a time, that are the ones that are all out there, and there's literally every week there's some new one out in a Reddit group or Facebook that you can say, oh, let me try this one.

It just doesn't work because it's just you need to understand or use them. It's just like any other medicine. We need to know how it works, how to use them, what patients not to use them with. So get a getting good foothold, get a course, start with whatever your specialty is.

And then then we'll kind of snowball from there and you'll get patients who love you. You'll get more patients into your practice. And let's say from the patient side now okay, I'm a patient.

I have no problem. Max. I want to look into peptides. My doctor, Mike Kaiser says never heard of them. What? What do I do? What do you do? I mean, there's.

And this is one case that we're. Doctor Google will work in terms of finding a doctor who does peptides again. Also,

there's, a couple of organizations I know a for.

And international peptides society will link you or the doctor in your area. And there's also a bunch of doctors now who will treat you over telemedicine.

Within their scope to help you kind of these guide you with them. And then also I mean there's actually some good groups that can these give you a guide of who to go see depending on what you're looking to do.

Because they it's like anything else in medicine, there's some people who just do the sports ones, or some people just do the skin ones, and they may not know anything about doing the autoimmune one.

So you want to make sure you know somebody, you're getting somebody who knows it's in their well house. And don't try to self those everything's I see plenty of patients come in on the wrong dose.

They're combining five things you need to take a break with some of them. The stacks are insane. And this is not always a do do it yourself type thing.

That's my first thing. I would always say, no, don't always do it yourself. Yeah. And you know it's Doctor Google and hey there's great information online.

There's also just, you know, misinformation. You know, so much, you know, kind of scary stuff out there. And and I tell patients, you know, go read everything.

And I also hear like a lot of seems like standard doctors are like, stop reading the internet, you know, and because, you know, they don't like the information.

But you know, what I'll say? Is it read everything and come and talk to me. I'll tell you what's right or wrong and defend the treatments. I just think these other doctors can't defend their treatments because they don't know, you know, all these things.

But I think, Would you say it? Who's your favorite patient? The educated patient that, really knows about these things, and and, as is heard about peptides and can, you know, really, question you on, Hey, why why, you know, why are you giving me this?

What about this? What about this? My therapy is a novel patient who is willing to have a conversation. There's some people who are. I heard this on such.

And so I'm not going to name names and stuff. Podcast. I have to take this dose for this period of time and you know that. And then you have and they they won't yield on it.

But most of my educated patients will have once they used to have a have a conversation like a tennis match. And said, what do you think about this? I heard this and they're very educated.

They have studies, they have PubMed stuff, and that's fine. I love that because it makes things easier. So like you're speaking them to them in a foreign language, but they are just adamant I must have this.

And then you're like, okay, I again, it's an art where you kind of learn how to play that game too. Yeah, yeah, I think, I think I saw true and you know, if they hear somewhere I read it, it has to be true, which isn't true.

And, and I think two of my doctors adamant that they should not do this and I found the less the doctor knows, the more adamant the more they are, the less they know.

Because I, I found the more I learn, the more I learn. I don't know, you know, but, it sounds like peptides have changed your practice and changed many.

Patient's life. Lives. And, that's that's just a wonderful thing to hear now that they've been great, and I, I so, looking forward to see what the future holds with sports and regenerative medicine.

Well, great. Thank you for, spending the time with us here. Summit, some great information for patients. And, we really, really enjoyed it. Learned a lot of new, and new information, which I'm sure everyone will find, very useful.

So I thank you for that. And, we really appreciate you, being a dancer. I mean, it was a good time. Great to talk peptides. Great. Right. Thanks so much.

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