Introduction and Guest Background

She sat in her home for five days one time with a broken wrist before she called anyone because the pain became unbearable. And she was definitely in agony.

I said, well, what can we do? I implemented a peptide protocol that I use for recovery, particularly post-operatively, and got her pain free. But sadly, that was after so many years of decline.

So I thought, What if we just started a whole lot younger and prevented the decline? you Hi there, it's Dr. Jenn. Welcome back to the podcast. Today we have Dr Rekha.

She is actually a good friend of mine, she's so sweet. I've known her for a couple of years, so only the best on here. So Dr Rehka is a leading functional medicine MD.

she is an award winning speaker, She's a best selling author, a mentor to practitioners, and an expert in longevity medicine, anti-aging, and nutrigenetics.

She has helped thousands of high-performing executives, entrepreneurs, and celebrities recover their energy and performance so they can have the biggest impact in their lives.

And she's known as the go-to doctor for other doctors. she sees patients one-on-one in her clinic that she founded, Simply Health Institute outside of Chicago.

and she also trains other practitioners on peptides in our program, Peptide Practice Mastery. Welcome. Thanks. So excited. Why have we not done this before?

You know, I don't know. Maybe because we're having so much fun as friends. We never like set aside the time to work because, we work so, much right as women and mothers running a house and a business.

Yeah, we do, and we talk about that a lot. We voice memo each other a lots on being physicians and being mothers and wives. And it's a a and you actually still see real patients, which a lotta people don't realize.

sometimes people aren't seeing patients. So this is why I value our conversation so much because you actually know what is going down. Seeing patients for over 30 years.

See that you look amazing. People probably don't think you have that much experience. Well, I have a funny story about that. Can I share? Yes. I had my daughter really late in life.

It was just shy of 40 and that was the infertility that we resolved naturally using very similar approaches to what I use now. And something come up in a topic of conversation with my daughter.

Personal Motivation for Longevity Medicine

She was 10 years old at the time, so I'm 50. And I was telling her how a patient thought I looked amazing and she wanted my secret sauce. I said, well, work with me and you'll have it.

And she goes, mama, I think you look a lot younger, too. And I said, oh, well, thank you, Living. She's like, i'm glad you don't look your age. I say, why is that?

She says, because then you'd look like my grandma and that would be embarrassing. out of the mouths of babes, right? I love it. Well, and you have the energy because a lot of times people might look good and maybe they get

some work done, but they don't have that energy and that glow.

So that's really important too. What got you interested in longevity medicine and functional medicine? Functional medicine was my journey with fatigue.

I became the stereotypical patient over many years. And I always joke and say, I have more energy now at 58 than I ever did in my 20s and 30s. But then I really started looking at what does healthy aging look like after my mom's kind of downward decline over And, you know, one thing you and I are passionate about is hormones for women.

And she was never offered that. It was just really sad to see the biggest cheerleader in my life who showed up at every step of the way. We lost our caregiver for our son when he was three or four months old, and she stepped in.

I'll move there. And I ran the marathon. She was there at the finish line. Every city I moved to across the US and world, she was in a heartbeat. And, you know, the last really four years of her life were without much quality at all.

And at one point, she'd be like in the hospital, in rehab, back home, and one of the instances she was really short of breath. I'm trying to assess her by phone.

It was clear. My sister was on the other line with her. that she needed to go in, and then I came home shortly after. She had actually re-dislocated her shoulder.

They call that acute on chronic. And we begged and pleaded and the orthopedic surgeons put it in. But they had her so sedated on narcotics that, she took her arm right out of that sling post operatively.

Because she's, you know, off her mind on these meds that never takes. It dislocated. So I arrived to spend the week with her advocating for her rehab.

And she's just in agony. And this is a woman that, you know, she is Eastern European. She is tough as they come. she sat in her home for five days one time with a broken wrist before she called anyone because the pain became unbearable.

and she was definitely in Agony. implemented a peptide protocol that I use for recovery, particularly post-operatively, and got her pain free. But sadly, that was after so many years of decline.

So I thought, what if we just started a whole lot younger and prevented the decline? And I just don't want anyone, I'm sure there are people in the audience that know someone or have a friend or a neighbor that they've seen gone downhill, there's nothing more.

So it's very heartbreaking. Yeah, and starting that younger and younger. And I really do think for women in their 30s and 40s is kind of the secret sauce time.

I agree with you, I feel better in my 40's than I did in 20s when I had Hashimoto's. Hindsight's 20-20, but that's why we're so passionate. We wanna help people, women particularly, You know, on social media, everyone's making fun of women and feeling fatigued, and you know they make fun at it, like Misery Loves Company.

And I'm like, no, you can feel good. So let's talk about something that's really popular right now, peptides. I remember when we've been in the same groups and stuff, the physician groups on Facebook, we'd been on the peptide group.

What Peptides Are and Why Foundation Matters

for like eight years and and like you know you're one of the OGs for using peptides and now they're kind of uh it's just it"s not right. So first of all explain what are peptide because people don't even know because that term is just thrown around now.

Peptides are naturally occurring in the body and I say the most well known is insulin. outside of Ozempic and Wigovia. And we have 7,000, they decline with age, just like everything else.

Hormones decline or muscle mass declines if you're not paying attention or you are not replacing. I always say they are a direct cellular signal. The way to think about it is like a text message.

Remember back in the olden days, you called someone on the phone and who answers their phone at any time unless it's like someone really close to you.

Nobody answers there phone. And if you're busy, you won't answer. But we have our phones next to us at all times. If you send a text, it exerts that effect almost immediately.

So it is a quicker onset of action. but it isn't the magic bullet. It can be the amplifier, but you really gotta lay that foundation. Yes, exactly. I always say that we need to prep the body before peptides.

And right now, people are using peptide as a fix-all. You know, I'm gonna use this stack and they'll feel a little bit better, But they're still not working on the root cause.

So what do you say to people before starting on peptidetrends? Well, I have a whole protocol I wrote about in my book, and I call it the Executive Edge Protocol.

And the first part is laying the foundation. It can be easily remembered by the three Ds. So it's diet and nutrients, digestion and detox. Optimize the second, well then thereafter optimize the third and you know doing it out of order and I always say it's the right steps in the Right order, and we have coaches to support all our patients with the amount of support that gets you a whole lot of game so I tell them we can do them simultaneously but You know, how many of us know people who haven't lost weight on these weight loss drugs?

And I'm like, you know it's because their foundation hasn't been laid. So that's only the first step in that protocol. And now I am going to allude to something and I was super excited about there.

I really passionate. My second step is leveraging a patient's genetics. This comes into play two times. So one is the chronically unwell, and two is a high performer who wants to mitigate risk and doesn't want to spend their wealth on their health as they age and enjoy every last day on this earth with the highest health.

Well, I've now have started working with a company that can identify which peptides work better in certain patients. And so I'm excited to roll that out.

So it's not, don't be buying these black market or what they call them gray market peptide from someone selling them at the gym or out of their basement.

We can get into the whys on that, but I'll do it simultaneously with the commitment that they're going to walk the steps, walk through the step. Yeah, it's really hard, I think, in a world of instant gratification to tell people that they have to do foundational things.

And I that comes with when we work with patients, we're like, this is a partnership. We have do the steps because we know what works and what doesn't.

Like you said, a lot of people will go on peptides and they won't have the results. Some of them will, but then they can't get off of that is another problem, or they're losing muscle.

I've had a patient say to me where we had to fix her years of mold illness and mold colonization, and then she lost the inflammation, she still had some insulin resistance, so we added in really low GLP-1 and she said, thank you for not going too fast.

Growth Hormone Secretagogues and GLP-1 Synergy

Thank you, for making sure I'm lifting and eating protein because she has friends that just get the GLPs ones from a med spa and they look like a bag of bones.

But that for longevity, if you're losing all that muscle, it is really, really bad. People don't know the consequences of using peptides incorrectly. I mean, we could talk another thing about, could you explain growth hormone secretagogues and what happens if you're not cycling them correctly and that kind of stuff?

I've had to educate some people on that because people are just plugging, thanks Jim bro, I'm going to inject this. Yeah, so growth hormones secretogogues.

There's two categories, the growth hormone releasing hormone and the Growth Hormone Releasing Peptide. Essentially the two of them signal the pituitary to release more growth hormones, and unlike growth hormon, which is illegal in the United States unless you have a deficiency, and signal the release.

So it doesn't cause that down regulation of receptors and what that means if you stop it abruptly, you're gonna be in a world of hurt. And then because the growth hormone is our cellular signal to work more efficiently.

What I say is I always measure something in the blood called IGF-1 and there's a sweet spot and I pulled all the literature because I trained the practitioners and anything below 120, or over the 180 mark, people do less well.

They have a higher risk of death and dying, what they call morbidity and mortality, and it's actually worse to be lower. And so you wanna keep them in that sweet spot, 120, 160, maybe up to 180. I know everyone has their different parameters.

You wanna cycle, first I'll share the results my patients report, is that they lean out a little bit, they sleep better, the recover better. And at the end of a month, I've been hearing from my patients that The libido gets better and that's kind of a side benefit.

So it's a pretty good thing to add, especially over 40, but I'd want to have a baseline and I also want a level a month into use. And like you had said, you want cycle on and off.

It's like seasons of peptides. We cycle people through peptide and we see them quarterly so we can decide the next steps and whether they even need them.

Yes, and their plan might change. So you haven't used growth hormones to create a gut? I have. I was going to say that. What do you mean you're a patient?

What are you like? what's your favorite about it? My favorite, so for the whole side effect profile or the symptom benefit, I do like the CJC 1295. But the tessameralin targets, and what do we all women complain about, is that belly fat.

And it does take eight weeks or more of that, but I definitely saw more I feel really even better. And you can combine that with epimoralin too. Correct.

That's what I'm cycling. It's been like a year since I've cycled it. You sleep well, you just like it, but okay, so here are some things. If you're using a growth hormone secretagog, a late night snack and then take it.

That will negate it, you're just wasting product. Because my husband, so sometimes we'll do the stack together and I'll just give him, I'd be like, do you want some?

And he's like sure, but then some nights he had a brownie sundae with my son and like no, like you don't get it because it wouldn't do anything. I joke with him.

But anyway, it's also a really nice one to pair with a GLP-1. Can you explain why? It's a synergistic effect, so you're going to need less of the GLP-1, and it's going promote preserving the muscle mass and exactly what you are

going get.

You're gonna have muscle loss, but the shocking thing that some of your viewers may not know about, it is not just muscle lost, if you have rapid weight loss and there is a certain percentage over so many months, you'll lose bone.

Yes, yeah, we've been seeing that more with the studies. So you almost, I'm wondering, gosh, do we get a bone density at the start and like three months later?

But I think more important is making sure they're not losing more than a pound max two a week. Exactly, yes. And a lot of the times it's inflammation with GLP-1.

They feel less inflamed because it does have those anti-inflammatory properties. It's really interesting. What's your least favorite peptide to take that you've tried?

Because I have one that, I've a funny story, but what's you least favourite? Oh, see, I've loved all the ones I tried. Now, have not dabbled in Melanotan yet.

I'm a little nervous. Right, haven't either. Have you ever taken injectable PT-141? No, and the reason is I know the side effects. So I like… I am more partial to oxytocin when it comes to bumping the libido.

Pineal and Thymus Glands in Longevity

Yes, yes. And I heard, here's the thing with PT 141, for men it seems to be less. invoking of the nausea. And for the listeners that don't know, the PT-141 boosts libido so that you're ready to go when it's time to.

I love it for perimenopausal women. So the nasal spray combined with oxytocin is a chef's kiss. But I love it. Yes, but I have a funny story. So this was just like two nights ago, because I knew I'd be out of town and stuff.

And we're trying to get the kids to bed. I'm like, let's do a shot of the PT-141 for Chip and I. By the time the kid's are in bed, it will be good timing.

And because we usually use the nasal spray, but I just wanted to try the injection, just so I knew. I know what people said, you know, we got to tried ourselves.

And I was like, I walking around the house trying to get the kids to bed, and I'm like I really need to go to the bed. Like I feel sick, like all flushed.

Because I had forgotten that I gave myself the shot. My husband's like Jenny. Jenny, like remember, and I'm like, oh, I am flushing from the shot. And I don't even want to use the rest of it.

I do not like it, but yeah, oxytocin, lozenges are nice, or like I said, the nasal spray is great. Okay, let's switch topics a little bit to the two glands that no one cares about and that are foundational to longevity, Yeah, I'd agree they're foundational.

And the thing is, do you remember learning before we tell the audience what they are? Do you really remember really learning about these two glands? Like, is it really from a mind?

No, because what's the point of medical school to have people in the hospital? I mean, we all wanted to go into medicine to help people, but the whole longevity thing, it's just not taught about.

So the first is the pineal gland. It's a little acorn-sized gland that sits in the brain, and its job is to produce melatonin and to bathe a part of the bring called the letter ventricles with stem cells.

And the pineapple gland calcifies pretty quickly in life, I'll share clinical outcomes in myself and in patients, so I cycle that twice a year. I was using a lot of melotonin, because I'm over 50, my melotone production's gonna be

naturally down.

About two weeks after I did a cycle, I was like, God, why am I so groggy? I'm like I can't, I am out of it. Like I had a, you know, a bottle of wine and I have no such thing.

And I went, oh, it's the epitalon. It kicked in, so I didn't need melatonin. That's kind of my tip off. I know I need another cycle. And it really correlates with longevity if you look at the studies and a lot of those, of course, out of Russia, but they're repeating it here in the United States.

And the second gland is the thymus gland, sits behind our breastbone. Its job is to fight, protect us against infection and to get us to childbearing age.

So guess what? When you're past child bearing, and we're talking mid-20s, it starts to infiltrate with fat. So you got one calcifer and in blue, and the other one's going away.

And you're not going to healthy age if you can't fight infection. That's why a lot of, it's usually the elderly, if they get an infection, they can go to a full body or bloodstream infection like sepsis.

They call that, there's a fancy term, the immunosenescence. So, you want to preserve both those two glands. There are various peptides you youcan use.

Of course, as you know, with the legal landscape they go on and off the market and fingers crossed with the latest FDA hearings or the proposal by the advisory committee on compounding pharmacies that one of the main ones will come back in.

into the forefront, thymus and alpha 1. Yes, that is my favorite. Well, we just got to the tip of the surface, I feel like, for all of this. So how can people take your listeners, take you course, who's it for, your peptide course?

And then if anyone is around Chicago, how they can become a patient? Yeah, so for practitioners, prescribing practitioners it's peptidepracticemastery.com.

It's an open enrollment. We do bi-monthly Q&As with eight foundational modules that we keep adding to.

Courses, Practice Access, and Rapid Fire

And, you know, the feedback I've gotten is really good. I had a few participants say they've taken up to three other courses and weren't able to apply.

So I like to say I make it Monday morning applicable. For patients that are interested, at the moment we're going to be expanding our, my licensure and the clinical licenure.

I can see patients virtually in state and out of state, and I'm licensed in California, Washington and Massachusetts. The other one's TBD coming soon.

Yeah, I didn't know that. So I don't about those two, so I could refer. Okay, rapid fire question. Just two questions to wrap it up. If you can eliminate one toxin from the world tomorrow, what would you pick?

mold. Yes, that's a good one. I know it's in Leviticus, it is in the whole testament, like tear it down. Anyway, okay and then second one, what is your favorite biohack that you personally do?

That I personally deny yourself food, how dare you? How dare I? We deserve everything at all times, you know? And it could be, it's great. It's a dopamine reset.

You know, that's self denial. Yeah, and even just the 20, I like going dinner to dinner. And of course I liked the fasting mimicking diet too, so I cycle through that if I need a little reset and I'm so mentally clear.

If I am going to do what I call a work-cation where I spend a week working on the business every month is I'll take two or three days to reset. And then when I'm working, I do a fast because then I don't have to cook.

I did the five day fast. It's all right there. Then I mentally sharp. Yes. Running on ketones. Yeah. Got to love that. That's great. Well, thank you so much.

You're a great friend and a source of knowledge and I can't wait for my listeners to connect with you. Thank you, Dr. Jenny.