Creating A New You: The Use Of Peptides, Hormones, And Regenerative Medicine Techniques To Look Your Best for Life Without Surgery Transcript

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Introduction to the Peptide Summit Guest

Ice doctor can't hold turf with another episode of the Peptide Summit. Today we'll be talking to Doctor Meehan. Real. He's going to be talking about anti-aging, esthetics, everything.

You know how to look and stay young from the inside out. Title of, the, interview is the newest cutting edge treatments to look and stay young, and beautiful throughout your life.

So, Doctor Martin is a monster, skeletal expert and health optimization specialist focused on total transformation. Of his clients. He is author of the Amazon number one bestselling book.

Pretty impressive. A new you, using the body's regenerative restorative powers to optimize orthopedic, hormonal, and sexual health function. So broad range of stuff.

It's at a really broad range of knowledge does does a wide range of things. So really impressive guy. He's currently midst of writing, two book chapters for compilation book called The Code Codes of Longevity, due out in late 2020.

He holds board certifications of physical medicine and rehabilitation and pain medicine. And with 20 years of experience, his treatment plans a coordinate on conservative and non operative measures to help the injured improve their function.

Pain, pain control, mobility and longevity. Instead of the typical going to go to a surgeon, you're going to get cut on, he's evidence based interventions to restore regenerate.

The client allowing them to live a truly limitless life. Employees proactive approaches, including including fitness and strength training, mind body techniques, hormone optimization, peptides, epigenetic testing, sexual health interventions, and esthetic procedures to maximize healthspan and vitality.

You know, so that healthspan instead, if he wants to live longer, if they're, you know, in a nursing home, as you live, you want to live better, longer.

And that's great. Is confident that his client will progress and evolve if they are honorable and embrace the process which I think that is key. You know, it has to be, you know, teamwork, that the patient has to be actively involved and proactive.

I think the days of just listening to what your doctor says and not knowing why you're taking this blue pill are gone. It's a big problem. Is professional opinion that the client must become comfortable with, being uncomfortable and be willing to push the limits of precision medicine to become a super being.

I love that, and. Yeah, and so many doctors like, well, tell them do some work at a party. You may get this. People complain how bad they feel and and and then you tell them that, say, oh, my doctor says no, that's not it.

Well how's that working for you? But anyways, thank you for taking time to be on, looking forward. It's, I heard a lot of great things about you. And you just have, so much expertise and, love just the passion that you have.

Well, thanks, doctor. Whole tour for. I really appreciate it being part of the summit. Yeah. So, let's get right into it. And, we have so many areas that we can we can talk about, but, you were talking right before, kind of about,

Well, let's go back to what what would you say is the core foundation to implement, optimize health and beauty? What would you say are your core basic things that you do for people?

Right. So, you know, there's all the shiny objects that we have available and all the neat toys and tools and meds and things that we're definitely going to hit on and talk about.

But I think the bigger point and probably the most important take home message that we're going to start with right off the bat is you gotta get all the lower hanging fruit pieces of your health in order.

Things like sleep. Are you optimizing the way that you're resting and sleeping? And if you're not, then that's definitely an area that must be addressed and or hit.

Yeah. Otherwise you're not going to heal. You're going to be chronically inflamed, all those sort of pieces. Second diet. And again, I'm not a big fan of this diet that the other diet, it's more of a lifestyle piece and kind of looking at things that are going to help you.

Core Foundations for Health and Longevity

And, you know, diet definitely is important from providing proper nutrition, but also trying to keep your levels of chronic inflammation down. I think the two big take homes again would be to keep your blood sugar down and keep your insulin levels down.

If you can do those two things, you're going to prosper in pretty much every part of health, including the way you look, the way you function, the way you feel, the way that you do pretty much everything that you do.

I've been trying to come out with the Starburst Diet, but got, perfect diversity in beer. Absolutely. And then, you know, along with what you're taking in, I mean, it's important to get the proper nutrients and that sort of thing, and we'll touch on those type issues.

Exercise is a big piece, both just with, you know, relieving certain activities and stress. It tends to stimulate multiple genes that are incredibly important for your health and the way that your genes are expressed.

And, you know, the other thing is controlling your stress and really trying to get your cortisol levels down. Cortisol is vilified, and almost everything you say, oh, keep your cortisol down, keep cortisol down.

Important if it's chronically elevated. I agree with that 100%. However you do need cortisol to heal. And if your cortisol levels are chronically low, that's as bad as being chronically high.

Yeah. So like anything we want to have a proper balance of things to try to maintain good overall health and benefit. Because if you're in the ICU and your cortisol levels normal, you're going to die, correct?

It's all it's all relative. And really, you know, inflammation is such a key thing, as you were saying. And the problem may not be cortisol so much, but it's at CRH which then stimulates action and makes cortisol huge mast cell stimulator I mean it's a major one.

So just stress is a killer with the immune system. And inflammation. Yeah absolutely. And you know it's it's something that's often ignored especially in the musculoskeletal and pain field.

You know it's always we're looking at the anatomic issues and we're taking films and all those sort of things. And yeah, it's it's important to talk to the patient and say, you know, what's going on with your life or are you was asked if they're over there, you know, or bunched up like this, you kind of get a pretty good idea that they're they've, you know, their sympathetic nervous system is on all the time.

That thing that kind of allows you to run away from tigers and cars and that sort of thing. And that's great. At that point. You definitely need that for quick bursts of things, but you don't want that on all the time.

Otherwise you're you're going to be a wreck. And again, you're not going to heal. You're not going to prosper. You're not. And how do you particularly what do you tell people, okay, stop being stressed.

You know. Right. I think we try to give them the tools and things that are available or that, you know, they can maybe implement into their activity levels.

That can be helpful. So, for example, try to get them into something they enjoy. A lot of times people will come in and they're taking care of everybody else as opposed to themselves. Yeah.

So the first thing is to try to carve out some time for them. So if even if it's 15 to 30 minutes a day, which is incredibly important, try to get them into some type of hobby or something to enjoy them, you'd be surprised how many people don't even get outside nature at any point.

I mean, just to have them go out and take a simple walk outside, get a little sunlight on the face and just, you know, relax and just, you know, smell the flowers.

And that's what I got people pointing at me out there, and I got some, but I don't get it. I got to finish this PowerPoint, you know. Yeah. Nature is very important now, you know, you know what strikes me as interesting?

Because it's like normal. Okay. You're a pain guy. Musculoskeletal. Most people go to a doctor like that, and they don't ask you anything. This is okay. Where's the problem? They look at your knee.

Whatever. And you're looking at everything, like. So how much time do you spend with with patients? Like like, what's the process? Because I don't see pain again. Muscle.

All the guys doing all of this. Right. So I think that's really unique. I think that's great in that is some of the challenge to and, you know, most orthopedic practices is you're banging them out about 15 to 20 minutes, which makes it very difficult to do deep dives and that sort of thing.

However, you know, as I've gone on in my career, I saw diminishing returns on how people were responding and how people were improving as far as the things I was doing.

And, you know, like everybody else, I used to use high dose cortisone or steroid, which is terrible for a good number of things in the body, including, unfortunately, it quells inflammation short term but long term and actually increases it because they're jacking up their blood sugars.

And and you know, the hypothalamus, pituitary and adrenal axis. You're actually affecting their bone health negatively and increasing their risk of things like osteoporosis.

It's actually negatively affecting the skin a good number of things. Right. So you're breaking everything down. But you can get them out of the office real quick.

Correct. So I started looking at things a little bit differently as I was starting in my career and kind of seeing, hey, things I was doing or that I was taught my fellowship aren't necessarily making people better.

So that's when I started learning about interventional and or generative type interventions, like all of therapy is kind of where it started using dextrose, which is basically, sugar compound that's in almost all of your fluids that can be injected into pretty much any tissue, be it a tendon, be it a ligament, be it a muscle, or even in the joint, and can kind of set off a cascade of healing and restoration.

So that kind of the next step up from that was PRP or platelet rich plasma, which we can use in any form. And a good number of things, be it from an orthopedic standpoint.

But yeah, from an esthetic standpoint, be it from a, sexual health standpoint or that sort of thing, to really try to, change the environment of the tissue, bring in the cells to incorporate aid and encourage healing, and really try to

change the environment of the tissue.

And then the next step up from that are the stem cell interventions that are kind of the Cadillac of procedures right now. But there's other things on the horizon, including things like exosomes, which are kind of signaling cells, and kind of tell your stem cells in your body what to do.

And, you know, a good number of allowable moving forward, to call them exosomes. They're now these of your eyes growth factors. Very nice. That's, I gotcha.

But, yeah, that's kind of how I got into that. And, that kind of dovetailed into learning about bioidentical hormone replacement. I'm sure you're familiar with Doctor Neil Ruzicka through World Link Health.

Okay. And by the way, yeah, Neil's a great guy. And he came and spoke at one of the, orthopedic meetings I was at and kind of blew my mind and basically turned everything I think we had learned at medical school.

180 Am I was like, wait a minute. And it's so study after study after study after study. And and that's what I found. You know, I was sick myself and just orthopedic wise, they said, you need a hip transplant and a hip replacement.

And I'm like, you know, what about PRP and stem cells? Yeah, it doesn't work. And the orthopedist was limping. Here's what you need. We need to go in there to do the surgery.

And he goes, I got it done myself. I'm like, you're limping as well. Yeah. My bone collapsed. And I was in traction for, you know, two months. I got nerve damage and like, oh, great.

I think I'll go and then, you know, so I did, you know, some stem cells, some ozone, some PRP. Within a year, it's like 80% better, right. And then I do it.

I was do it once a year now. It's been fine for five years. You know. Right. Who knows what would have happened? And how many times have you had people come in and say, one pulling, knee transplant and that knee replacement or hip replacement and you're like, well, let's try this right now.

I mean, a good majority of them do. And then we still send people for surgery. I mean, there's certain cases like, yeah, yeah, that you're not going to be able to benefit.

Regenerative Medicine and Conservative Orthopedic Care

But I would say the vast majority of folks, especially for knees, knees tend to do incredibly well even when they're in the moderate to severe range hips not quite as predictable, but definitely can be worth the, process if you can save, a joint replacement or at least extend the ability to continue to do the things that you want or need to do.

But, you know, or people say, well, my insurance will cover like, okay, what? Like like who? Because people think these things are risk free, you know?

Right. And huge time to recover. And so it's yeah, it's right. So I think it's, it's definitely in the armamentarium and, you know, I think, you know, the, the tide shifting and, and things are starting to move more toward the conservative management approach.

And even a lot of surgeons are starting to embrace it and at least, understand that there is literature and data that supports the use of it. And there's some that, you know, says, look, maybe this isn't the best form of treatment, but I think that's part of the process.

So, yeah. It's an interesting and very exciting part of what I do and what I really enjoy doing. And, I think it really makes a positive impact on the folks and kind of the beauty of what I do.

question, how long do we spend with folks?

Usually anywhere from about 30 to 40 minutes, sometimes 45. So you pretty quick going going through all that. Yeah you do, but depends on, you know, how you got it primed for your intake.

And I usually tell folks, look, this isn't going to be a 1 or 2 visit thing and we're going to fix everything that you have. I kind of set the tone that, hey, this is going to take a good 6 to 12 months to try to get things cleaned up and get you moving forward.

And I kind of go back to the things that we touched on in the beginning. A lot of times I don't even suggest doing the regenerative piece until we've got some of the other parts in place.

Yeah, it didn't happen overnight, correct? Yeah. So it also if you don't have the building blocks to heal, for example, if you know, if you're, you know, nutrients or micronutrients are low, your vitamin levels are off, your hormone levels are diminished to the point where you're just not going to recover.

Then we're going to fail, unfortunately. So that's where I think getting people up to those optimal levels for those type things is incredibly helpful and important.

Now, some people will balk at it, and some will walk out of the office in a huff and and really not come back and, you know, I understand that to some degree.

But by the same token, well, yeah, that's like it's just they made up their mind. Yeah. Don't confuse me with the facts. Right. And I see doctors like that, you know, it's like here's, here's 50 studies showing that.

No I don't believe that. Yeah. Right. So you know and I agree with you from that standpoint. But overall or were they going to be accountable all the way again and do the things that they needed to do, at least from the regenerative part, questionable.

So if they're not willing to do some of the other pieces to get their health and or are they going to do the rehab, are they going to do the other pieces that are going to really accentuate this?

Because you're right, it's not something you just do the injection. Have a good day. I mean, it's going to take still a good anywhere from 3 to 12 months for this thing to fully recover and heal.

You're going to be on your feet a heck of a lot quicker than if you had surgery. No question about that. But it's still some work. I mean, I've had some work done on my knee on a couple of occasions, and it's been about a 6 to 8 month process for it to really feel good and really allow me to get back to the things I want or need to do.

And I kind of set that table early as well. But I think again, my goal is to have a long term relationship with my clients and with my patients. I don't necessarily want to be a one and done, or have you to see me on 1 or 2 occasions and call today.

I want you to kind of, trust me, understand me, you know, and you know, some of the things we talked about before with being accountable, sometimes I'm going to push back on some of the things you're telling me a little bit, maybe not agree with you, but I think that's part of a positive growth process.

And I would expect the client or patient to do the same. And a lot of times they do, they'll come in with something that I may not have heard of and definitely something I need to explore or research and that sort of thing too.

But I think that's the beauty of it. Yeah. So you're open minded. I tell patients like, go on the internet or, you know, read everything. Look, there's great information.

There's listen for let's talk about it. But so many doctors are not breathing. Like, why are you questioning me? I'm a doctor, you know, run from that guy.

Exactly I agree, yeah, it's because they can't support their treatments. I can't defend them, you know? Correct. Yeah. And gut. Oh, yeah. So you mean you do so many things.

So and we're talking about, you know, the esthetics and the concept of symmetry. Correct. So I think in this kind of goes back to all parts of what I've been involved with.

But I think symmetry is very important. And, you know, it goes back to the statement and I'm not sure who came up with it initially, but form is function.

And if you've got symmetry in your facial structures, you've got symmetry in your jaw. And certain things that's going to allow you to breathe normally, that's going to allow you to interact with your environment normally.

That's going to allow you to, you know, move pretty readily and pretty successfully. And you can tell a lot about people by the way that they stand, move, walk, that sort of thing.

And you can kind of get ideas on what they've been doing with their diet, what they've been doing with their exercise, what they've been doing with flexibility type activities.

You know, what they've been doing with their breathing and or, you know, respiratory type function. How many times, a minute they breathe. I mean, most people think normal again between 12 and 16 breaths.

Really, we should breathe anywhere from about three to maybe eight times a minute. That sounds minimal. But if you look at the data, it's pretty profound and pretty pronounced for that.

So yeah, symmetry is a big thing. And, you know, as we look at folks and as we look at beauty, it seems like it's vilified at this point, especially in the media, on social media and those sort of things.

And we're shaming people or we're fat shaming this person or that sort of thing. I don't think that's necessarily the case, and I don't think that's necessarily the goal.

I think the way that you look kind of sets the tone for a good portion of your life. I mean, if you're looking and feeling comfortable with yourself, then your confidence is going to be much better.

Or, people look at you differently and, you know, there's no two ways about it. People that look better and or or esthetically pleasing get better jobs.

They make more money. They get more promotions, they get more dates. They get more of, you know, the, you know, potentially positive things in life. Is that perfect? No. Is that always right?

Unfortunately not. But, it is part of life. So I think it's something that we have to look at and really try to improve upon. And again, does everybody going to look like Marilyn Monroe?

We're going to look like Tom cruise. No, that's not the point. But I think you try to be the best version of yourself and really try to continue to move yourself forward.

If you have something that you don't like about yourself, let's work on it. Let's talk about it. Let's see if we can make some inroads to it. If you have a functional or a, you know, musculoskeletal deficit, there's definitely some things that we can do to make that better, to help improve your overall function and movement.

And then going back to the symmetry piece, similar to what you were talking about with your hips or with your knees, if you're standing differently or if you're moving differently, it's going to affect all portions of your body in the way you move, the way you function, the way you sleep, the way you get in and out of a chair, on off the toilet, climb stairs.

I mean, all those sort of things have a significant impact. And then that's going to affect, you know, potentially your

your cortisol or stress levels to some degree, how you recover from exercise, a good number of things.

So I think that symmetry is one that's very important to really look at and really try to focus on. And so you know, ways to do it. I mean, functional movement screens, either with physicians, with personal trainers, with even our physical therapy department is incredibly helpful, incredibly important to do.

I think looking at respiration, there are multiple tools to do that. You can look at VO2 max, which can be very important, a little bit higher level type thing to look at.

But I do think all of those pieces are really important to focus on. And if you look at some of your higher level athletes, actors, actresses, anybody that's in the public eye, you notice how symmetric a lot of their structure is, and it actually translates over into health.

And I think it's very important to really address and health. Healthy is beautiful. I picture you like kind of like the psychiatrist analyzing everyone, here.

Like at a party, analyzing everyone's posture and, how like, did you need to better. Okay. Yeah, yeah. I mean, it's definitely something that's hard to turn off, I'll be honest with you, but, Yeah, I mean, I think as you start observing some of these things and picking up, I mean, that we'll talk about something similar to what, your expertise is.

You know, when I started learning about PCOS or polycystic ovarian syndrome, I mean, I don't know how many patients or women that I had seen that had that that I just totally missed, you know, with on it.

And now now I see the patterns and I see some of the things, I don't miss those as much as I used to. And those, you know, women, if you can affect them positively, they are incredibly, you know, ingratiated to you.

And you can really help them multiple different ways, including fertility in some other ways as well. So let me ask you what, PCOS. Yeah. What do you like to do for a, just it's true.

It's like, you know, that person is low the person low testosterone, you know, but, you know, for PCOS, what what what are your key treatments? But what do you look at, right.

So, you know, definitely you want to look at, you know, their their blood sugar and insulin levels. It's usually, you know, an end to current issue and sometimes it's difficult to define because there can be multiple things that are all over the place.

But the vast majority of the women that have it, have blood sugar and or insulin issues. So definitely trying to affect those positively. So things I like to do with that is really look at their diet and see what they're eating and try to clean that up, try to get rid of any type of processed foods, anything that comes in a wrapper and that comes in the can or anything it comes on a bag needs to go.

Typically. And the other thing that can be very helpful is trying to shrink their feeding window, doing more of a fasting or intermittent fasting type region.

Now, sometimes with women. With that it takes a little bit of time. So most people eat in about a 12 to 14 hour window. And unfortunately that doesn't allow the body to rest.

It doesn't allow it to restore, regenerate itself or any of those sort of things that your blood sugar is constantly going up and down, up and down.

Symmetry, Movement, and Aesthetic Health

Your insulin levels are up and down, up and down, basically, your inflammation levels are kind of the same thing. So if they're in that 14 hour window, okay, let's drink it to 12 to begin with.

And then let's try to maybe get it down to ten or even eight where they're eating in that eight hour window and kind of fasting around it, not doing some snacking and some other things.

If they're still having some challenges, then that's where things like berberine can be incredibly helpful, which helps to control blood sugar and also can be very helpful for controlling triglycerides, even blood pressure a little bit if that's an issue.

And then metformin is another piece that's very nice. And sometimes dovetailing those two medications together can be incredibly helpful and powerful.

Most of the time they're progesterone is going to be incredibly low, which, you know, can manifest itself a number of different ways. Sometimes they can have headache issues and migraines that have been undiagnosed, or they've been treated by multiple people haven't really gotten that, any satisfaction with relief.

Sometimes if you're able to get them on that progesterone piece, their headaches either improve significantly or sometimes even disappear. And then the progesterone piece, also, if it's low, makes them at a much higher risk for things like uterine cancer and breast cancer.

So you can help to kind of decrease that risk. Actually really good for skin. Progesterone is a really good anti-inflammatory. There are things that most of them have joint related issues to.

And progesterone has tons of receptors in the joints and soft tissues, as does testosterone. We'll get to that in one second, but trying to get them on some progesterone, most of the time the thyroid is going to be off.

So intervening with thyroid, whatever your thyroid medicine is just, I'm finishing a PowerPoint on, basically all the conditions that it's amazing. Like PCOS, diabetes, obesity has hypothalamic inflammation.

And so they're really a central hypothyroidism. So they're all thyroid, right? Yeah. Right. And then a lot of times their testosterone is going to be off.

Now at times it will look high. But the reason is that is because there's a protein in your blood called sex hormone binding globulin is typically low in folks with PCOS.

So a lot of times if you're able to kind of reshuffle some of the other things that you're treating, that will come up and actually bring their testosterone down and can kind of clean up certain things where they've got some facial hair, maybe a little bit of a mustache or chin hair.

They may be losing a little bit of hair on the top of the head. So that kind of dovetails and some of the things we're looking at esthetically, you don't necessarily come in and go, hey, I'm going to jam PRP in your head.

Let's look at the whole piece here and say, maybe there's some other reasons from either a metabolic or from a hormone related standpoint or something else.

That's the root cause of this. Let's try to see if we can fix that before we start doing again the the fun and shiny stuff that that I love to do, don't get me wrong, but may not be indicated right yet.

So I think that's another piece, to look at. And then, you know, sleep can be another one. That is incredibly or is negatively affected by, by PCOS. And so many of the pieces typically, and this isn't always true.

Most people think of all these women being overweight. And I would say probably at least half are. And I don't know, you guys know the day a little bit better than I do, but those they're typically are helped a great deal.

But there's plenty of women that you would look at and think, yeah, there's no way. And they're abnormal weight and that sort of thing. And they equally have as much, musculoskeletal type pain and discomfort that, you want to address

And if we get into the peptide piece, a lot of times they're, you know, IgG4 one is very low. And, growth factor and or growth hormone analogs at times can be helpful.

Again, I wouldn't start that right away. But as we're kind of going through the chain of command here to try to get them better, that can be another piece that can be helpful.

And, you know, vitamin D levels definitely are something that typically are off in most people. But, a lot of times in these women as well. So there's a whole cadre of things that we can look at and really make some significant impacts.

And, you know, again, not going back to going back to Doctor Roos. Yeah. He always tells a story that he apologized for almost every woman that he he missed the diagnosis on.

And I agree with him. There's so many you come in and you're like that's it in the head. When you learn the news you're like, oh my God. Yeah. And but generally with this, because they have hypothalamic, inflammation which controls not only metabolism, pain, all the other hormones.

So yeah. So they're low growth hormone. They're basically they have pain oftentimes, their metabolisms. Terrible. Right. Yeah. So their thyroid looks normal because it TSH is low.

Yeah. So they just have a whole slew of problems that aren't picked up because for some reason, endocrinology is based on, oh, everyone must have a normal hyper hypothalamus and pituitary, you know.

So yeah, I agree with it. With everything there. And so you also do, bioidentical hormones. Correct. I mentioned that. So, yeah. I mean, I think that's the other piece that's been, you know, very helpful.

Would, you know, moved on into the peptide realm, but, you know, hormones, you know, again, is not something that is taught well in medical school or even residencies or any of those sort of things whatsoever.

And most of it is vilified, unfortunately, which is just, in my opinion, malpractice. And again, if you're looking at the lay media or lay press and, and some of the, social media type sites, it's kind of still that way.

And, you know, it's really, I think an integral part of management for any type of condition. But if you're looking at orthopedic issues, anti-aging issues, if you're looking at esthetics, you're looking at just overall health.

In my opinion, this should be bread and butter type stuff that we really should be working on. Yeah. But basically the way I look at it is and I tell a lot of my folks, you know, if you want to know a person that really has no hormones, look at your nursing home population.

I mean, that's a very much of, a great illustration of what happens when you lose your hormone status. And we start doing that around 30, 35, 40, depending upon the person.

So it's not something that happens when you're 60, 70, or 80. These are things that start happening. You know, when we are all young and I still consider myself that even though I'm 52.

So, but, you know, I think it's important to look at all these pieces because, you know, how many times do people come in to their primary doctor's office and complaining of depression?

And the main issue is either, you know, testosterone deficiencies, thyroid deficiencies could even be something as simple as vitamin D deficiency. And what happens?

Well, they first they're put on to, SSRI or an antidepressant and they're put on to an anti-anxiety medication and then they're put on medication to treat the side effects of those medications and those sort of things.

Whereas, you know, and I know you've seen this as well. If you're able to replace the hormones and you know, I

look at thyroid and or testosterone as the feel good hormones, you hit women and or men both with those pretty quickly.

They feel a heck of a lot better. I'll just give you an example. I had a gentleman who was just morbidly depressed, and his wife came with them to multiple appointments with me, and to other providers, and she was concerned significantly about suicide and some other things from that.

You know, got some labs and he was low on thyroid and vitamin D and DHEA and testosterone. And, you know, it was to the point where when he was in the office, he wouldn't even look me in the eye.

I mean, he was looking down at the floor. I mean, the the guy made you feel down. And so we talked about a good number of things and, got him going on testosterone.

Got him going on thyroid, vitamin D and DHEA. Six weeks later, he came to see me, and he's looking up at me. He's he's interactive. He's smiling, is, you know, talking with his hand.

Lots of people want to change his life, I'm sure. Yeah, exactly. So you see it every day. So you don't think much about it, but it's like, look how much his life has changed.

Yeah, right. So he was like family. Exactly. And he was interested. Hey, I want more. And he, you know, we started him on some peptides and started doing some other things as well.

But, you know, I think the big take home message with that is, again, trying to get back to the root cause. Don't just treat the symptoms or don't just treat it with a med just to try to get them out of their office.

So let's try to figure out why this is happening and let's try to, you know, treat some of those issues because the nice part of the hormones or any of the other things that we tend to do is they tend to be atrophic, meaning that they help multiple body systems help, you know, if you're looking at things like this tossed around, I mean, the higher levels and the data is very clear, higher levels of testosterone and lower levels of Alzheimer's and dementia, lower levels, same same with estrogen, same thing, you know, thyroid levels.

Definitely. You know, much lower risk of things like, depression and anxiety and those sort of things going back to testosterone. It's very good for cardiovascular protection, reducing risk of heart attack, stroke.

In fact, I just talked to a person and they, there's a friend of a friend said they had sepsis to calm, like, and it's not good, but, and it turns out he's so low testosterone.

But his doctor, Kaiser wouldn't give it to him because it's going to cause heart disease. I'm like, oh, my God. Like, can you please read a study? You know?

Yeah, exactly. And, you know, if you're looking at the times we're living in now with the Covid infections, I mean, men have had lower testosterone levels, typically have been sicker and or, you know, both men and women with metabolic disease.

And unfortunately, it's very prevalent. Yeah. Depending on who you read, it's 80 to 90% of the US population is metabolically unhealthy. Yeah. We're second only to, I think, Saudi Arabia, I think where we can where the big things that cover it up.

But just talk about thyroid and depression. So the largest study ever done, an antidepressant star report, 4000 patients.

PCOS, Hormones, and Root-Cause Treatment

They did basically multiple, anti-depressants, a typical way a doctor would do step care. And they also had T3. Right. And it turns out is the and that is, is T3, regardless of the starting thyroid levels, was a better

antidepressant with less side effects than the antidepressants.

But guess what? It wasn't put it in the abstract because doctors never read the whole thing because they weren't part of funding of the study. It's not, you know, and another study, they had 135 bipolar patients, totally treatment resistant.

They tried on average, 14 different medications without any improvement. Put them on T3 again, regardless of whatever their thyroid levels are normal.

80% responded, 30% total resolution of symptoms. It's amazing. It it. And you know something? What? Why am I just doing this? You know. Yeah. I mean, a lot of times you don't hear about any of that information.

You don't read about it. And talk. Oh, drug prep so on it. Correct? Correct. But, yeah, I mean, the hormone piece I think is integral for pretty much every form of medicine.

And with the orthopedic part going back to kind of where I started and things I've talked about in my book, again, people weren't progressing and weren't healing and weren't getting better with some of the things I was doing.

I was like, something's missing here. And then when I heard, you know, Doctor Ruiz's talk and started bringing some of that back and looking at the stuff, it's like, yeah.

So then you start getting their levels up and all of a sudden magically, they're able to do more. They're able to, you know, tolerate more. And lo and behold, they tend to respond much better or in general medicine, because now they've got the building blocks, they've got the ability to heal their inflammations down and, and all the pieces associated with that.

And it's, it's pretty refreshing to see and, and it it's important because I think, it's, it's, you know, integral to, helping improve our overall life and the health span of some of the things that you talked about in my intro.

Yeah. Nice. And it's and like, it should even be a debate. Like the bioidentical hormones used to be, like, quackery and now there's so much overwhelming evidence, like, if you want to get breast cancer, taking progestin, if you want to prevent breast cancer, take a progesterone.

But the standard like OB is and they don't differentiate between the two. It's like they both progestin is got approved because they do protect the uterus, but they have exact opposite effects on the breast or just to stimulate breast cancer.

Progesterone protect you know. Right. And it's just it's nuts. It's nuts. But so peptides. Let's get what what do you like? What. Sure. Patients. So again, I mean, the nice part with, with many of the peptides is they tend to do multiple things for multiple reasons.

And have musculoskeletal indications. They have esthetic indications, they have weight loss indications, they have esthetic indications and all kinds of things from that standpoint.

So, you know, we do, use a fair amount of, BPC 157 and tb4, both orally and subcu injection wise, and sometimes even we'll put it in, in near soft tissue or even into the joint, from an injection standpoint to try to help with those issues.

We do some and, you know, kind of back in the day, just explain a little bit more. Yeah. So, you know, it has, positive effects for healing, tissue and a lot of the data and, information suggests that putting it close to areas of either trauma, inflammation, if it's a nerve, nerve compression or those sort of things, it's actually been shown to hasten the healing because it can be very potent as an anti-inflammatory.

It does stimulate, you know, influx of fibroblasts and other cells to heal. It cuts down on cytokines and some of the other inflammatory cells that sometimes can reduce healing, changes the environment for the positive and all those

sort of things, which are very much of a positive.

So BPC and Tb4 kind of staples that we use others. There is one called AAD 9604, which initially was used for weight loss, although it's kind of, hit or miss with a lot of people.

Anti-obesity, drug, they try to really correct for that. But yeah. So it's a fragment of growth hormone. That's correct. So it has the effects but doesn't increase IGF one.

Right. And you like that injecting locally right. It actually yeah. It actually comes in from certain pharmacies mixed in with ironic acid, which is basically the, gel injections that we do, like SanDisk or soup parts or, gelatin that help to kind of change the environment of the joint and can help to improve pain function, that sort of thing.

So adds another one that can be injected into articulately, that can be of benefit and or help, musculoskeletal conditions. And that's another one actually, that's been shown to grow hair.

So actually either doing it subcu or even doing it into the scalp potentially has some growth benefits for trying to improve hair growth. Other things that we like to use from musculoskeletal standpoint one is called pentose and poly sulfate, which technically is not a a peptide, but it is kind of thrown into that.

And that's another one that you can either do subcutaneously or you can do inter articulately. Another one that's really good as an anti-inflammatory and actually has been pushed a little bit to, to try to help treat, the cytokine storm of Covid.

I think was in the same. Yes. Yeah. And so that's. Yeah. Really a mast cell inhibitor? It's approved for interstitial cystitis. But yeah, it works everywhere, you know?

Yeah, yeah. And inflammation is the key. Absolutely. No question. And then some of the growth hormone analogs, looking at things like Tessa morrell in Ippr Maryland and CJC 1295, I can continue, just say how those work, what you're doing.

So you're not keeping them on these, right? So the beauty of these is they don't tend to quell or turn off the endogenous production of your growth hormone.

So they work in a couple different ways depending on what you're using. They either stimulate growth hormone releasing hormones or tell your pituitary to release more growth hormone, or they go through a hormone called ghrelin and grow and actually tends to stimulate hunger, but also has the ability to help with growth hormone release.

And these are pretty impressive compounds, to be honest with you, because again, they can help with, you know, muscle recovery and growth. They can help with, strength gains.

They can help with fat loss and or weight loss. They also help improve skin, skin integrity, they help improve even mood and, and things from a brain standpoint overall.

So they've got a lot of positives to, and in, in a number of different ways. So, they are all darn well tolerated. The one thing that's been a little bit, you know, dodgy lately is the FDA kind of came down with tests in Maryland and made that more of something that could not be made by compounding pharmacies.

So there is a prescription based one, but it is incredibly expensive. So it's crazy. This whole the FDA is the basically, enforcement arm for big pharma.

Yeah. Good question. I probably shouldn't say now they come after me, but, no, it's very true. And I would agree with you. But yes, I mean, they are pretty impressive compounds and can be used, in a number of different ways to benefit overall health esthetics, function energy, that sort of thing.

So again, we use them both in the orthopedic realm as well as the esthetic and use of them. Delta sleepiness peptide or a battalion, have not used Dci-p3 a great deal.

And familiar with Uptown, but I have not used it myself or have not prescribed for other clients or patients. But I think the literature is pretty impressive with its, ability to really, you know, improve overall health, improve, you know, telomere function and that sort of thing as well.

Yeah, it kind of it works great with so many things. I found like the best sleep combo is a battalion, the Delta sleep and either, growth hormone, a body.

Right. Can just work really well and that's the delta. Sleep is hugely anti-inflammatory. And it doesn't make you sleepy. And it takes a couple weeks.

It kind of resets. But. Yeah. So we're using it for pain and, you know, doing it throughout the day. Doing it. I've enjoyed you know, I want to give that a word.

I love to hear what your thoughts are on it. Yeah. I think that would be great. And again, going back to what we talked about with trying to optimize sleep, no question.

Sleep definitely reduces pain and inflammation. Some of the other things you talked about, I mean, even dovetailing on that, I mean, melatonin is another one that's actually very potent as an anti-inflammatory, actually a very good anti-cancer agent.

A great for overall health and function. And, again, tends to be something that doesn't turn off your endogenous production from your pineal gland. So, there's the beauty of a lot of these compounds is they, again, have multiple effects and not just one focus thing that it tends to do, which is, yeah, I'm excited.

That's key. And you've mentioned that you like, you know, hormone the safety is because they're doing multiple things like weird drugs will like stop.

One thing and it just throws everything else out of balance where these like stimulated cascade of growth, you know, are healing. And there's yin yang for so many things that they keep in balance.

Absolutely. Like find a toxic dose and a lot of these peptides like BP spray tb4 like these keep going up. It's like, well, a thousand times a dose, no problem.

But safer than water. You know, try that with water or Tylenol. Yeah, that's very true. Yeah. Yeah. I mean they're all natural compounds coming from your body to some degree.

So, you know, you're right. I mean, the, the lethal doses on some of them are isn't one term. Yeah. Tylenol. It's scary. I should also mention that Tylenol may be one of the biggest causes of autism.

I read some study. Just I want to get that out there. I was just amazed at some of the evidence on that. But we in Tylenol to kids like crazy, you know?

Yeah. No question. But, biohacking. So, I love the term. What's your thought? Biohacking with health and beauty? No, I think, you know, again, this is where some of the gadgets come in and some of the other things that are a little bit higher level once you've got some of the lower hanging fruit cleaned up, your hormones are good, your supplementation is good, your diets get all those sort of things, you can incorporate them at any point.

I'm not saying they can't be, but things like hyperbaric oxygen therapy, which is a little bit higher level, has been shown to be incredibly helpful for brain health.

Peptides, Biohacking, and Recovery Tools

Another one that's incredibly helpful for reducing all over body inflammation and pain. It's another one that actually helps to stimulate your own endogenous stem cell production, and can almost help you turn over, yourself.

Usually you have to get up to at least two atmospheres to do that. But, if you got a a high level facility that can do that, it can be incredibly helpful and powerful.

And it's very good for your patients that have things like Alzheimer's, dementia, traumatic brain injury, not healing wounds, a good number of things.

So it's got a lot of positives and utility to it. And you also have a chamber or do you send them somewhere? We do not, unfortunately. Definitely on the wish list for sure.

Because if you have a heart, it's like a because it's like a bomb, you know? Yeah it is. Those are issues that are really tough with it. They are. And they're quite expensive.

But, you know, they definitely have a pretty significant role. I mean, other things like, sauna or infrared sauna can be incredibly helpful and powerful and usually one of the things I tell folks to try to talk to themselves is to sweat.

And if you can't, if you can't get in a sauna, getting a hot shower, if you can't do that, get outside and move around and, you know, nice degree weather and get a good sweat and get a good lather build up.

That's good for just getting rid of stuff that's really good for, you know, stimulating mitochondria, especially when you're in the sun on some of the other things.

Following that with a cold shower is really good for stimulating your vagus nerve, which is great for mind body and or your gut. Really good for, stimulating what are called heat shock proteins, which are very beneficial overall for health.

That combination is very good for blood pressure control. If you can do it at least four times per week. Got a lot of positives to it from that standpoint.

So just, just, maybe think of you say cold shower or heat shock proteins. Do you like cryotherapy? We had our, cryo can be reasonable. I don't know that you necessarily need a crowd chamber.

I mean, a lot of the, data has been shown to be better, either with cold shower or with, immersion in a cold pool or, cold bath. You can do that very easily.

You don't necessarily have to have it at 32 degrees, but you can put water in it, put some ice cubes in. And goal is to stay in at least 2 to 5 minutes.

You do want to shiver. You do want to make your teeth chatter a little bit. I know that sounds a little bit sadistic, but actually, you know, helps. Overall health is actually that really stimulates your metabolism.

It does. It's great for weight loss. So you just took the words out of my mouth from that standpoint. And then it actually stimulates your white fat to turn to brown fat, which is actually metabolically more healthy because it's got more mitochondria.

That's why it looks more brown. The one yeah, I have a two degree temperature tolerance. I don't know if I can do that, but I, I can't believe these athletes that get in those ice baths and sit.

Yeah. Like oh my god. You know like forget that. So you, you kind of dovetail that into toxins or toxins. What do you check for. What do you think are problems?

I mean, there's we're in such a toxic environment. That's correct. I mean, I think, you know, you could you could test out the wazoo for everything. I think you have to have somewhat of a a clinical indication

And again, I think going through some of the simpler things that we've already talked about, and if folks tend to improve, the likelihood of them having a significant toxin issue is low.

We all have it to some degree. It's just a matter of what your body and or you can tolerate. But if you're starting to do treatments and you're just not seeing the patient or the climate progress, that's where I think you've got to think of things like mold.

You got to think of things like adding metals. You got to think of things like glyphosate, which is basically the chemical. Why is found, around man, I understand BPA, like BPA, blocks the plastics receptors in the periphery, but not pituitary, you know, and and I, I think what you're saying too is that or to say I agree like let's say you have just toxic exposure, you're fine.

Or if you just have, like I'm telling you, if people just have long, they're fine. But it's when you get everything else. It's just when your immune system is compromised and then you start seeing some of these things come out and, you know, it can be challenging to treat.

There's no two ways about it. And these folks are at times have been told, you know, multiple things or exactly or they've been told of the treated, it's your fault.

It's for, you know, and, you know, these folks are significantly altered or limited. And again, it's another one that if you're able to help improve them, they will, be ingratiated to you for life and they will send you a good number of folks and a good number of patients, too, which is always nice having that work type.

But, yeah, I mean, you know, just, from a personal standpoint, my daughter has dealt with a chronic health issue for three plus years, and it's been a challenge for all of us and including her and starting to turn around, and she's starting to see some benefits and improvements, but a lot of it seemingly is in relation to some some gut pathology and issues and probably some autoimmune type problem.

And if you noticed, like, I mean, I just think standard medicine just misses so much and the empathy is gone. No, I agree, you know, and I think doctors are miserable standard doctors and the system also, even if they want to do it, they can't I guess, you know, so try not to blame them.

But I just get, you know, it's just the care is just so poor. In standard medicine and one of the crazy ones, you know. Right. And that's going back to the thing you talked about at the time.

I mean, a lot of those folks, unfortunately, don't have control of their schedules because they're employed by the hospitals or or other clinics. And, you know, they got them on a rat wheel and their job is just to try to do the best that they can.

And other times, you're right, they don't take the time or they don't listen or they don't hear or, that sort of thing too. That's where we've got to kind of change this paradigm and kind of, reduce the sick care model into more of a health care model.

Yeah, I think it's moving that way. But I would agree there's sure a heck of a lot of forces against it. You know, it's like money versus the people, you know.

Agree. This is great. This is I think you're, doing some amazing stuff. Yeah. Well, what type of test do you do on patients in general? You know, for the most part, I would say, you know, initial evaluation.

Really good history, really good exam. You know, if are now correct, if indicated, I do like to get Dexa scans pretty regularly because I do think that objective data and showing the client and the patient where they are and also how they progress and how they improve, I think that's as important as anything else.

And kind of looking at bone health and, you know, osteoporosis is poorly treated by everybody. Going back to some of the things we talked about with hormones, where I think that is beautiful for that, look at their body fat

deposition, but also kind of look at their muscle mass and then kind of checking it every six months to see how they're progressing and how they're moving forward.

Again, going back to the thing we talked about, a little bit of a functional movement screen. Look at their symmetry, look at their motion. Look at their skin.

Look at their hair. Look at some of the other things that they may want to address. Maybe not right that point, but at some point in the future, I do think, comprehensive blood panel is very important.

And, you know, that can morph and dovetail depending on what you're looking at. But I think there are, you know, a good number of things that are incredibly important to look at that just, you're not going to get from your GP.

And a lot of that has to do with your hormones and, you know, nutrient domain, those little is tested by standard medicine. I mean, they'll do a chem panel, a CBC and a cholesterol.

And your whole self-worth is based on your cholesterol, you know? Correct. And they give a statin, which is inappropriate 90% of the time. Good. And oh, then I give it this last minute, you know, for osteoporosis.

What? Which is nuts. But, I agree. Yeah, but, yeah, I mean, I think you have to again and some, some of it's relatively standard, but some of it's what you get from the history as well and try to guide what you're looking at.

So I, I do think genetic and epigenetic testing really is beneficial and trying to really become more precise with your management. It kind of takes a lot of the guesswork and a lot of the trial around with word love.

And I think it's going to be way more and more of a part. Sure. And then, interesting how it does correlate with the symptoms, you know, no question. And also, I think it's important to look at and we all, you know, say, hey, you should go low carb or keto or paleo, but that's not always true for everybody.

I mean, for the vast majority of folks, I would agree with that. But there are certain subset of, you know, and I had a colleague that done some course work with and we had done that.

But genetic testing, and we're looking at it with each other and trying to learn. And his genetics suggested that he needed to eat 200 to 250g of carbs per day.

Otherwise he wasn't going to lose weight. And it born out because he had done keto. He had done, you know, carnivore and some other things, and he wasn't progressing.

And when he did that, he started losing weight and started gaining muscle. So, yeah, I mean, for the most part, you know, even the things we say are more population based to some degree.

Not quite as much as as your general, MD population would be. But, it's still important, I think, to get that information that's germane to them. And then I also like to get, you know, if possible, wearable data, see how people are sleeping, seeing how their heart rate variability is, which tells me how they're recovering, which also tells me how their, you know, sympathetic and parasympathetic nervous system is working and how balanced they are from that standpoint.

Look at their exercise and look at a good number of things from that standpoint. If you if I was a patient, I'd be faking the exercise, say, okay. And then looking at cortisol levels, either via things like a Dutch test, which is usually a urine evaluation, or there are other ways that you can look at it through saliva.

I think that's an important piece too. Not the best way to look at all hormones, for sure. Serum is usually better for most others, but cortisol is much better either in urine or in saliva.

So and then depending on what we see, what we find, and, you know, we morph it and look. And then if you're looking at heavy metals and some other things, you know, a urine screen, I think, is that, at least a place to start

And then, you know, depending on what you see, what you find, you can start them on potential treatments. You can do some lation, you can use clay, you can use charcoal, you can use gasoline.

You can do it on other things. What's out? I'm sorry. You guys do IDs there? We do some I. V. treatments. We don't tend to do qi lation or ozone or any of those sort of things, so.

But yes, we do some I. V. therapies, but I feel like you doing some great work and, changing some lives. It's the goal, Will. Absolutely. You as well. Yeah.

So I really appreciate you sharing your knowledge. And, you're obviously, kind of a unicorn in your area where I actually care. Maybe. And and also, like, looking at all these things that contribute.

And I think that's a problem with standard medicine. There you go to this doctor for this little part, this you know, doctor for this. And. Right. And no one puts together, you're putting it together.

And that's the power I think. You know I agree I agree. So wonderful. Well, thank you for sharing. All your knowledge and keep up the great work I get, precious time as well.

And, thank you again. Great. Thanks a lot. All right. Have a great day.