Introduction and Guest Background

Welcome to another edition of Mycotoxins and Chronic Illness. And today we're going to be having the pleasure of talking to Doctor Can't Hold, talks about, how he uses peptides and how so what I probably what was more interesting to me is his thought process behind how peptides, affect the body.

And, really allow us to, help get past the micro toxin issues and really begin to deal with the other inflammatory conditions that the body is confronted with in chronic illness.

So first, welcome, Kent, and tell us a little bit about yours. You've had quite a background, in, in medicine. And I know, like you said, you didn't like the term alternative.

I guess I'm old enough. I kind of do, because that's what we called ourselves in the, seventh standard of medicine. Yeah. Sucks. Basically. So anything alternatives? Good. Yeah.

But but you you've really, done a lot, to help, really get the news out. Not just on the peptides, but on appropriate uses of hormones, especially thyroid.

So we're good. So feel free. We're going to touch on all your favorite areas. You know, we'll just kind of guide the way. But first tell me audience a little bit about your background.

Yeah. So basically during medical school residency I got very sick. It was so I was so fatigued, I couldn't see a patient. And I go to the standard doctors.

They go, oh, you're stressed or just, you know, depressed. I'm like, I'm not depressed. And, here's antidepressant. Well, that didn't work, of course.

So I'm thinking, I want to drop out of medicine. And then I then I figure that, well, maybe I can do anesthesia because you don't have to talk to a patient.

But you have to be up at 5 a.m., which I didn't think about until after, but, and it's also the mine. This was my only specialty ever. No offense to the anesthesiologist out there, but to me, it was.

So anyways, it was ingrained in us not to go to any alternative medicine conference because alternative means no evidence. Right? Which so. But I don't know what to do because I can't function.

And, and so I got a number of them. I'm like, damn, they're more evidence based than the stuff they're teaching me in residency. And, so basically I went on the high dose T3 immunomodulators growth hormone, testosterone, you know, a number of things.

And I'm like, damn, I'm a new person. So I'm like, I'm getting the heck out of anesthesia. I'm gonna go do family practice so I can treat the patients like myself.

And, so opened up, took over a family practice and then incorporated this stuff, and people were just coming out of the woodwork because they were getting better at word of mouth and converted, you know, an insurance practice.

I just did nothing for people to basically we're helping people. But you got to do cash. You can't do it on the insurance model. And, and then, some guy with fibromyalgia, who was a health care entrepreneur basically went all around the world looking for treatments for fibromyalgia, and nothing ever came to us.

And two visits was dramatically better. So he goes, we got to bring this to the rest of the world, whatever. So we

opened up 22 clinics. Corporate clinics, and then, they, we got they got too many and we got too many investors and they kind of took over and like, I'd be saying, look, this is not going to work.

It's not Jim Co, whatever it is that ages me, but it's it's medicine. And they'd be like, I'm a Harvard MBA. You don't know what you're talking about.

I'm like, so I said, okay, I'm out, I will find another medical director or whatever. But, so I left and I ended up firing the CEO and the CFO. We all started it.

And then six months later, it it tanked, basically. But, even though they got an offer for many millions and then they're like, now, I don't know if we want to, but, and then so started, clinic in Torrance and we moved also condo, but, and then I got terrible line, you know, so my chronic fatigue syndrome was actually Lyme bobcat, Bartonella and went through a stressful divorce, which that's when we find a bunch of studies.

I talk about this how stress people think it lowers immunity, but it modulates the immunity or that good immediately to get rid of intracellular infections goes down, but all the inflammation goes up.

I was just so sick and miserable. Neuropathies chronic, you know, restless leg syndrome, brain fog. I mean, I could not function. I went to heart failure on top of that and could not stand up straight, could not walk up stairs, and the cardiologist avoided me.

Immune Modulation and Peptides for Chronic Illness

In ten years, you can get better from the heart damage and tons of arrhythmias. And that's where most people get a heart transplant, you know? And I said, no, I'm going to go look for a damn treatment for this.

And, so I kind of went around the world, at two miles an hour, bent over, you know, trying to catch flights. And then I found peptides in Europe, and I took, wasn't expecting much.

And then, like, a couple days later, I'm like, I just walked up the damn stairs. And then I was able to use those on myself, but I couldn't really sell them to patients because they were from, the country.

And, you know, a lot of regulations on that, and some people do, but and then once they came here, I'm like, oh my gosh. And, so I'm speaking on that, and so it's really become the core of our treatment.

Well, we were a Lyme center. Like we're really kind of more of a Horowitz model, like massive antibiotics. And I went on three and a half years of it, and they biotics at doses, they would never give a patient like, you know, at seven at a time.

And, and I didn't get better. It didn't help me. So but then when I had a peptides on my. Damn, I'm starting to feel better, you know, and a lot of other things, too.

I love ozone, heparin, you know, a lot of things, but it's a core piece of our practice that allowed us to treat these Lyme and mold and, patients with, you know, shorter terms, antimicrobials.

We just we don't use a ton of them, like, for years and years and years. We just need them in the short term. And people are so much better. So, that's, that could have happened.

Yeah. No, I, I think that that that's a, I think a view of many people who've used, high dose antibiotics who actually watched their patients is that I call there's a subset of folks who I call that going through the front door.

You know, you go and you go into, you know, two, three months of antibiotics and, hey, they're better. But when they're not better or they're worse, another year usually isn't the answer.

And it's time to go back and like, see what's happening in that immune system. And that's what's been so exciting

about the peptides because, you know, to be honest, I mean, I played with peptides for, you know, I mean, we we used to import them from Panama, but I didn't use them enough.

And I think that's what I've learned from you over the last few years is that when you use them and stick with it, you'd be amazed at the responses the body has.

So tell us more about how you use and we'll we'll talk about them in all different flavors. But just since this is we're talking a lot about mycotoxins, let's just start there.

How do you, position the peptides in treating mycotoxins? Also, they're an excellent fit. And let's talk about just in general immunity. And so think of it.

It's oversimplification. Like anything we talk about immunity because you have to because it's so complex. Yeah that you know think of two one and two.

So one gets stuffed inside the cell tissue stuff outside the cell. When you're young they're balanced as you get older, in your thymus, which controls that envelope and basically drops by the age of starts about age 14.

And by age 30, 35, it's it's like one tenth of what it should be. So what happens is a one goes down, two goes up. So now you have all this inflammation but you can't fight intracellular infections.

And so what a lot of the peptides do is modulate that immune system lower the inflammation and raise that to one. Now I like one marker. It really is in AT1 cytokine or cell.

But it it downstream it ends up being its natural killer cell function. If you look at chronic fatigue syndrome about 25% will have low not triple a cell number, but 75% will have low natural killer cell function.

So you can't fight intracellular infection. Like when you get lime, it secretes cytokines. It's suppressed, and then it goes inside your cell. Now it's long term stress lowers t h1 raises t H2.

Any inflammation other autoimmune you're more prone to autoimmune disease. All the diseases of aging have this immune shift. So if you snap that back, then not only is it anti-aging, but now you can fight.

You know, the mold, you know, occurs and people that are basically immunocompromised and you'll see that people in a house, there's tons of mold that it's many people won't reactor of a problem.

But the person if they have Lyme or chronically ill, they're the ones that that get it. And it's really interesting. I usually do IgG tests the people in the same moldy thing.

They won't even have a response to it. Their body just gets rid of it and doesn't care what. When you have that high teach to your body's just constantly overactive, overactive mast cells and just causing all this information.

So if you can snap that immune system back, you are so much better off. And that's one thing why the antibiotics didn't work for me. You can't kill enough infection for the immune system.

Take over, so your immune system always has to take over. But you can't take enough antibiotics to get rid of all this stuff. So you gotta bring down the inflammation, raise your good immunity, and that's when you're going to be able to heal well.

And one thing I think we forgot right in the beginning here is to mention, your disclosures, since you are somebody who's done a lot to help bring, these peptides to everybody, to people who are afraid of needles.

We should perhaps talk a little bit about, Oh, yeah. Yeah, that's that's a very good point. Thank you. Yeah. So just as a you know, upfront disclosure, the, CEO of Integrative Peptides, where we sell these peptides, which we make orally available, which a lot are not, and, and effective.

And we have four currently we have four more coming out with special delivery, methods. And, so anything I say. And this has nothing to do with integrative peptides, I'm talking about my own personal and as a physician.

So nothing to do with integrative peptides. So thank you for that. Yeah okay. But it is a it is a company that we have all been appreciative of since it's allowed us to really get, you know, a lot of people aren't happy or comfortable sticking themselves, even with tiny needles on a regular basis.

And it's nice to have oral forms, you know, and, and we're able to bring down the cost. And, you know, our margins are super low, I tell you that. But it's okay because we want to get there, get these out to help patients.

And it's it's amazing the feedback we get. Yeah. No it's really good. And again it is something that just balancing the immune response I mean this is something that you know I'm not big on the H2 model only because I think it's such.

But you're right. It's a great way. It's a simplification. And I the problem is, is that it's good for patients because, the immune system is so complex that we need to simplify it.

My issue is I think too many doctors, have done the same thing and stay in that simplified world view that they don't understand. It's actually it's every model's an oversimplification.

Yeah, we need them to think, but we have to remember not to get locked into believing them too much because, you know, they're discovering, new T-cell regulatory, cells and subpopulations, you know, every few months.

I mean, exactly. They used to if you look at the old studies, they'll say this autoimmune disease like, Hashimoto's is ATH1 driven, autoimmunity. But graves is too.

But I'm like one of the same treatments work. Yeah. And it's because they thought these there was one was actually t h 17, which looks like t one. And then you got t regs in there and you got a bunch of different basically it's a very complex interactive communication system.

And since it's a communication system, any place you move one piece moves the other piece. Absolutely. That is what we have to remember. So don't get hung up.

If somebody says you have a, a two disease and you need something that might, increase to just look at, let your doctor think about it in contextual terms, because, yeah, to move might be having a good communication with the TH1 system.

Oh, it does the problem too, with the literature throughout the years. The basic of how they assign a cytokine weathering T 22. Yeah. Some use the cell that secretes it, other use the response it does.

And usually whenever you might two it's going to secrete something that increases t one to keep that balance. So some things and some papers are named as two and they call it anti-inflammatory.

And other papers. They say it's inflammatory and it's location location location. The same cytokine will have different effects if it's in your bloodstream or if it's in a tissue and in different tissue.

And that's where we've all, you know, gotten into trouble. I mean, again, one of the big things we've talked about in the series is like, the markers that people have used, initially they thought they were mode markers for mode the to go TG that the human transforming growth.

Yeah. Transforming growth factor TGF beta one and that you know bitch ass and amp and these are just markers of immune activation. When they're up, your immune system is doing something you would rather it wasn't doing, but it doesn't tell you what caused it.

And I. Right. And we'll see certain patterns. And what I tell people is that this shows something's going on, and I

think it's most likely this, but there's certainly a lot of crossover.

But like, we like do it next. We can do that through Standard labs. And then because you tell someone, I think you have Lyme or mold or like I don't have any more than that.

I'm not a camper, you know. Yeah. And but they see it on paper and we'll do like 40 tests is initial and and they but all my labs are normal. And they said, what if you don't find anything?

I said, well it hasn't happened yet. You know, and because they just do a, you know, CBC campaign on cholesterol and try to treat them with the statin for their cholesterol, I'm like, yeah, yeah.

Well, you know, I mean, so let's talk just a bit a minute.

Testing Strategies for Lyme, Mold, and Immune Dysfunction

What are your few maybe like three, 2 or 3 of your favorite tests just to explain is that the problem with the CBC and the, which is the complete blood count and the chem screens, is that they're designed to find illnesses that are going to kill you or that you're actively, you know, like the liver function tests are a reflection of the increase in liver cell turnover, or their liver cells are actively dying, but they don't tell you if your liver is functioning.

Well, you know, albumin a little bit, but, you know, so what, doctor? Also, if I think is talking about is more is more tests are going to show, it's going to look under the, under the hood a little bit more and not just something that might kill you.

Because the good news is, is that and and mycotoxins, and water damage, building issues generally don't kill people, at least not if you just want to die.

Yeah, yeah. And and and and so that's why these are regular tests which are designed for, you know, death or life, you know, they don't work. And so, so on that and that note, what are your 2 or 3 favorite, tests just to.

Yeah. And and with that I'll, I'll give you the answer. But in general I like to run so many is I like to paint a picture because there's always a test that and what lab does it.

And it's, it's different. Like if you want Coxsackie virus to be positive then do it. Lab core. If you want that negative do it on quest, you know, and it's a little scary.

And we even did I had our, our visual guy do the same test. Just basic test, like, you know, hemoglobin A1, C and, sugar levels, insulin. And he did it at is Questar lab core.

And there's one right above it. And you went right up to the next one. And one. His hemoglobin C was 5.9 and the other one was 5.4. And so one he may very well be need to be treated for diabetes.

The other one is, you're totally fine. Don't worry about, you know, and, and that is not an instantaneous. It's over, you know, like three months, but, you know, we like, looking at a lot of ratios and, basically light subsets.

But, I would say we kind of use as a marker, which correlates aids as shown to correlate with disability with chronic fatigue syndrome and really is a one marker is natural killer cell function.

Through quest now lab core is so much easier to work with. Like you've talked to, other medical directors have come in. I said, you need to do this test.

And they say they have a test, but it just doesn't clinically correlate, you know, and then on the two side, we'll use human transferring growth factor beta and see for a, you know, just as a clinician and say in those but those are the three tests they screw up like half the time. Yes.

And so it's, it's a pain in the butt. Yeah. But and just to be fair, is that especially the TGF beta, you really have to draw it correctly. And it's temperature sensitive.

So it's something that is difficult. But when it works it's helpful for information and the C for even more so. Yeah. Or like or like VEGF through quest always comes back zero because they don't process it.

Right. And you know I had Bartonella my VEGF was hundreds of times, you know, or hundreds over I think ten times as high. And I had these veins that were just gigantic and they weren't varicose.

And like, I remember walking up the stairs or somewhere and this kid goes, daddy, what's wrong with his legs? It was just like, just huge vessels. And then so I go to this thoracic doctor test.

Some said whether or not that's where I've got these, the biggest damn veins I've ever seen. And, so he sclerosis them, including my greater saphenous.

And then I get rid of Bartonella, and I have. No, this can't happen. So, Yeah. So anybody can get into trouble in medicine? Yes. Doesn't matter what, you know, but so, so getting back. So.

So those are 2 or 3 of. And what, what do you do with the, with the peptides as far as, you know, maybe helping, lower the inflammation that, you know, I, we do believe the risk.

I believe that, and I think you do, too, that without a preexisting infection, it's unusual for people to become very sensitive to mycotoxins, smoke because we're constantly exposed to them.

Most of us do. Okay. In our experience, it's infection. Tick borne diseases are high up there. I'm. What's doing it? So how do you help protect our systems?

Yeah. And and so, just like, we're just what you just said about reacting is I remember when I would do some injectable peptides where it looked like a terrible allergic reaction.

Right? When I was sick, but then when I wasn't flaring or was doing well, like, it was fine, you know? And tell me about the red response. You. Yeah. When you do an injection.

Injection. Yes. Yeah. So in general, if you think of the famous pins that usually your thymus are producing that, you know, there's thymus and alpha one, the most prominent one is thymus and beta four which basically lowers at T to raise that one.

Think of famous and alpha one which is approved in 35 countries, or 40. Now for infections, cancer that generally raises to one. And then we're going to have a replacement for that, which a couple of different thymic, peptides that actually absorb orally.

What's going to be more t one regulated and tb4 is more also kind of rejuvenating. Powers not just immune modulation. And then, the BP, the BPC think about is lowering to lower that inflammation, but also adding, growth, and healing factors.

And then KTV is super anti-inflammatory, especially on mast cells. So it is the terminal tri peptide that from alpha monocytes stimulating hormone, which there's like Milana Tan stuff and PT 141 for erectile dysfunction.

But they can they make you tan what you think sounds good, which is good when you're younger. But if you do it when you're older, like dark spots and stuff like that.

But this doesn't do that. Just let me unpack. Some of this could be an awful bunch of things I want to get to. But since you're talking about TPV, I will just hit there.

First message is something that, that was one of the early campaigns. A doctor shoemaker actually was very

interested in early on. Except again, it was available for a short period of time.

The gynecologists were using it, because it also helps balance, some of the, you know, the materials. But the FDA took it off the market because it was a biologic.

And again, biologics that don't, you know, can't be. On one hand, the FDA says you can't use them, but you really can't patent them either. So it's hard to get a company to spend a few.

Yeah. No one's going to want to do it. What do you mean to do it? Yeah, right. 1010 to 100 million or a few hundred million to prove that this stuff is safe and effective, even though your body makes it and we've been using it.

But anyway, long story MSH went away as an injectable. But it's nice to see that that, you know, some of the derivatives and, you know, we had developed the melatonin, too, but we used to have to get that from Australia eight years ago, and it would make people very tan, but it did help the immune system.

Oh my gosh, I like I'm very A. D. D., so my ass doesn't do anything at all because there's delayed response. I was the weirdest looking, some kind of strange, African-American or something.

I was like, what? That, you know, it was so dark, it was freaking out. But, And I know a number of Lyme doctor were using it, you know, for the anti-inflammatory properties, but but you got that, you know, basically increase in, melanocytes.

Yeah. And that and there was some, you know, lots of concerns over that. But so, but tell you've brought out this part of this k PV, which, is very exciting because it seems to be it does not have the effect on the skin tones at all.

Right. It doesn't seem stimulate that it's probably 100 times as potent per weight as the parent compound.

Peptides for Gut Repair and Detox Support

Just because it's shorter. Okay. But even compared molecule to molecule, it has much more anti-inflammatory effects. But they can't figure out, you know, like melanocytes receptor one through four generally.

But it doesn't seem to activate any of those. They not quite sure how it works. Which I started doing some research on these like five peptides and, you know, super short.

They also never receptor. And one study showed that was harmonic. Right. Wow. Which stimulate the cell. And I'm like, who the heck do MPs do that. Yeah.

You know so and how do you get a indeed, that's a investigational new drug approval to study that because you can't, you know, if you're if you're describing, a system of effect or an effect that, most scientists don't understand, you're never going to get nobody's going to look at your studies.

Yeah, but if you look at the drug's approval, SSRI eyes, we think, oh, it's simple. They raise their tone, and that's not even how they work. No. What is it? It's a story.

And that's what you need for. This is a good story. But one more thing, just important point for our listeners is that, you know, what are the size of the peptides.

So I think that's really important for people to understand that these are small molecules. Okay. Yeah. So they're generally there was a rule of fives of what's, what absorbs, less than three, three or less amino acids, will absorb.

But then, you know, the exceptions like, BBC 157, an oral dose is equivalent systemically to an injection, dose wise, but it's 14 amino acids, but it lives in the gut.

Yeah, that's where it's produced. So it makes sense. It matters how it folds. So there's lipophilic outside and things

like that. But also you look at try peptides like okay.

And it's in all these creams unless you do something to it, there's almost zero absorption. So it, it depends and it costs a lot of money and we're spending a lot of money, you know, showing what absorbs what doesn't.

We just got a guy that does computer simulations, which is like big pharma stuff. For the least, narrow it down, and then we have to do the studies on animals and things like that.

But so we're, we're making sure that what we give is you're getting it, you know? Right. Absorption is important. But I think the thing is that these are peptides are generally, you know, no larger than 40 to 50 carbons long.

And yeah. Those. Yeah, the, the 4050 amino acids won't absorb in general. Yeah. Like almost impossible. But you got the GLP one oral you know, for diabetes that they're all injectable.

But they what they do is the big pharma. They give it with a substance that breaks open the tight junctions, which I'm not going to do. I mean, they say, well, it's just temporary. Well, yeah.

And a healthy person, but we got people with leaky gut that. Yeah, they're not repairing these things. So, and they have and they only got 1% absorption on that.

Oh, wow. So they have to give 100 times the dose to get that level. And it was a big breakthrough because it's such a big molecule. Right. But the good thing is these peptides are small.

Yeah. And I've got 50 amino acids 4050 not carbons. Okay. Big difference. But still they're relatively small enzymes have thousands to even up to, you know, there's one that has like 3 million, amino acids.

So they're big molecules, enzymes. Peptides are small guys. But but still, within a even, you know, peptide is arbitrary. Less than 4050. Right. You talk to, but still those aren't going to absorb orally, and they're going to be broken down by all the enzymes that go right.

So yeah. Yeah. So that that's what's so interesting is that you guys have brought up things like the like the first time, the debate the before, which is a crack the frag.

So we have pieces of them and yet the pieces seem to have significant biologic effects. Yeah. And so when you look at like thymus and beta for so thymus secretes that and it has multiple domains meaning has multiple parts that do different things.

And there's one big part that stimulates mast cells right. But which we don't want. But so if you give someone TV for a few people flare but the upstream immune modulation is going to fix the mast cell problem that overrides the direct stimulation.

But unless you've got somebody who's super reactive and that's that's the people that will yeah, that will react. So what we did is took out all the parts you don't want in the part that has all the immune modulatory.

So it's 100 times as potent as the full length before and is fully orally absorbable. It doesn't break down in, in the gut. So it's going to, it's anti-free protic.

It's. Yeah. I mean, more jittery. Tons. Like, it's shown to, rejuvenate the heart after heart attack, prevent and treat traumatic brain injury. Reverse diabetic kidney disease, antimicrobial.

Tons of studies on that. So it's kind of you got the best of both worlds. You took out the bad, left all the good. Yeah. Which is which is pretty remarkable.

You know, and then you have something like the BP, like, you say, the BP safe. 157, which, you know, because it's made in the gut, you didn't have to do as much work to it to keep it biologically active.

Yeah, it happens to be biologically active on its own. And it just when I give talks on it, there's so many studies showing it does like again. Well treat you know basically mice get the hard work and better traumatic brain injury.

Anything in the gut will protect the liver against toxins. It's kind of a homeostatic peptide in that if your blood pressure is high will lower it well versus low res it.

If you're hyper flexible, bring it down. If you can't quite you to bring it up. And and in so many instances does that it kind of brings it back to normal.

And it's shown to protect from basically toxins and overdoses from mycotoxins, neurotoxins. You know, they throw this stuff at rats that, you know, most everything.

And one study, they, they did it, from the same animal. They gave them basically inflammatory bowel disease. And then, Ms.. So they both of those and treated it with BPC and both got dramatic.

Both conditions got dramatically better. So I mean, which would make sense since there is a lot of evidence that, you know, it is the, the quote unquote leaky gut that is often a underpinning of a lot of.

Yeah. Because my gut, yeah, you get the inflammation. Everything is a vicious cycle and you get the leaky gut. These big proteins are coming in. The body's responding to it.

It's going to drive this inflammation and you fix the leaky gut. Now that gets better. And there's probably direct effects and there's probably indirect effects around leaky gut.

But the nice thing with the peptides is, you know, people always think the gut effect in the body, but the body also affects the gut. So let's say someone with Sibo or, you know, all these other issues is that they go, well, that's the cause.

Well, it's when you see that usually in a systemically ill person and it comes back because they're not they don't have the motility they don't have. They're not secreting the enzymes.

And so you want to treat both sides of that. And that's what makes really the peptides so powerful with with the leaky gut. And that you had you know, BPC is kind of the go to one or it's going to reduce the inflammation and boost the healing of so many things.

And then TV for frag will work right on the tight junctions. And then you had KP, which is amazingly, anti-inflammatory. And also BPC is shown to whether it's indirect effect or not that it will help restore normal flora, and all that or may just be because it's fixing that gut normal, function.

Yeah. You know, you you brought up a point that, I hate how often I forget it. And it's, I think all of us. You. Well, I shouldn't say speak for all doctors, but I think many doctors do.

Is, you know, my example. Right in the beginning of walking through the front door by treating Lyme with IV antibiotics, you know, or neuro line especially, or, you know, tick borne diseases that how you know that that that typical medical approach of there's something there we kill it or one drug one comes.

Right. But well, we don't. Yeah. You just and you know, it's when it works. Okay. But when it's not working, the most important thing to keep in mind, which is the point you made, is always be thinking at least 1 or 2 steps above and below the problem, you know?

So like if your gut is always inflamed and you've done, you know, the Sibo treatments over and over again, well, you know, okay, step back. You know, as you say, you know, maybe the guts can go into the brain, but the brain is going through the gut.

And you know what else is what else can be modulated? In the system instead of just the system that's making

noise. Because, remember, we're one big bag of chicanery.

True. And I think most people that have Lyme and they're healthy, they may never have symptoms. You know, it's as they get older and stress and toxin and pesticides and, you know, basically the thymus involution.

That's when they start getting like migraines, Sibo or, autoimmune disease. And they're just treating all these different things when they're not looking at the, the underlying, then they get sensitive to mold.

And that makes it worse. And all that. And I just read a study very interesting that it showed that fast food, basically modulate the immune system like an infection.

And when people went back to normal eating, it didn't go back. So certainly contributor. Then you had all the, you know, toxins, pesticides like BPA drinking plastic water bottles and most of our BPA free.

But you're still getting it in a lot of different places that it like blocks the thyroid receptor in the periphery but not in pituitary. So it's totally different receptors for different transporters.

And they're highly sensitive and very difficult to block. So they're fine. So the TSA is low but the rest of the body's dying of basically low thyroid. Yeah.

And that let's just re-emphasize that because this is something that I think is just so important because so many of our chronic, chronically ill patients have this element of, you know, they're tired, their bowels don't work, their skin is dry.

You know, they kind of look like they're hyper and they get they can't lose weight. They look like they're hypothyroid. But because that wonderful TSH, thyroid stimulating hormone test is normal, their their GP, their endocrinologist will not touch them because and and they won't listen to the studies.

Yeah. So the way we diagnosed with thyroid in this country is wrong. It's not evidence based. It's based on the fictitious totally healthy patient. And if they have any illness or living in this world, their low thyroid is under great, you know, and, it's it's it's a big problem.

Yeah. No. And I think and you have done a lot. And the reason I bring this up is because you've done a lot of work of teaching doctors about how important it is to walk past that first level of the TSH and be brave enough to say, oh, you know, maybe T3 is the answer, you know, is going to begin to because, you know, what we're looking to do is restore function.

Because, you know, I always used it when I was a kid, I was I was briefly a car mechanic. And what I the frustrating thing about being a car mechanic is you actually have to fix the problem.

You know, what a what a what car mechanic, a mechanic, car mechanic, you know, and the nice thing about people is that the body is a self-healing organism.

Many times if you just remove something that's blocking or give a piece of information that you may be is not even in the area that's most injured. The body will then heal.

You know, it's you don't have to get everything right. And that's where supporting the hormones is so important. But I just a little a little aside, even though it's not about peptides, I just hope it's appreciating your look at.

And the problem is, is that everyone goes by the societal recommendation, the Endocrine Society. And there's one of the doctors that wrote the Elephant Society's you know, guidance.

And he taught he believes in T3 and the not age is problematic, but the end of his papers are always synthroid and PSA to remain the standard, you know, for it.

Right. Yeah. And he writes this stuff down and, Yeah, one of our franchise, a hospital, bought one of our franchises, and the doctors were complaining that we're practicing medieval everyday. And I have a video.

So I had to rush down there and give a talk on evidence based medicine, which was a big mistake, because that was not what they were concerned about, was all of a sudden they showed them that we were evidence based and they weren't.

And then like the OB would say, here's the guidelines. I'm like, okay, what level of evidence are our societal guidelines? And, you know, you have double blind, placebo controlled studies, meta analysis.

Then you get case controlled. Then you get, you know, anecdotal story x x expert opinion, they call it. Oh yeah, yeah, actual opinion, which is what most of our guidelines are based on.

An expert opinion means that you get people you know and in my favorite line about experts in chronic illness is even for myself, it's true, is that you're usually expert in what hasn't worked because if we had all the answers, there would be that chronic illness anymore.

We would have figured it out. Totally true. And they found the lowest level is expert opinion. But even lower than that, we're societal guidelines because it's experts.

They get together and basically they don't. They cherry picked studies. They don't change for 20 years. They have a stance and they will stick to it. And so I say here it is. The W. H. O.

Thyroid Treatment, Evidence, and Medical Resistance

levels of evidence societal guidelines right here. So we're doing this I just showed you 15 double blind placebo controlled studies. I showed you five meta analysis that what we're doing is right.

And you're bringing me, societal guidelines. Yeah. You know, and and it was funny, in a small town outside of Kansas City, two hours outside. And a guy who grew up there said, they won't let you in.

And I'm like, no, they love us. You know? And, and then but it turned out they were mad. They then changed their thing to they think they're better than us, you know.

And then so they you got to go talk to the CEO. He's so pissed. And I'm like, you know. And yeah, I was given this talk and the rheumatologist stands up because I'm not listening.

Bullshit. You know, walks out and but you got to talk to the CEO. He's so, so mad. I go talk to him and he goes, you know what? All these frickin specialist clowns have been treating my wife for 20 years or 15 years, and she has gotten me better.

And two, visit to your clinic. She's dramatically better. I will control these doctors. I know you won't. You won't. Let's just change the name. So you divested that. It that.

And then I went to the satellite clinic, which was, a, pedes clinic. And the guy was like, into it, and he gets a call and he goes, well, I'm busy, you know, it's emergency.

So he comes back to call him because what the hell was that? This OB called, said, don't listen to you, you know? And so, anyways, they had a emergency management meeting of all the doctors, and they said they described it as like Frankenstein with pitchforks and torches, go and get them out.

But it was that they didn't understand what they were doing. And we were getting better results. And it was an thing, just to be fair. I mean, medicine is like anything.

It's not very scientific. I mean, that's what you know, I've said all along is that patients have to understand is that we

don't have enough science. We don't understand how the body works at the levels that the average person thinks we do.

I mean, and remember how, you know, genetics in 12, we were going to get the genome and we were going to have a well, that was now almost 20 years ago, you know what, 17 year, 18 years ago, we we had the human genome.

And guess what? We don't know much with that. We know a lot more than we did, but it's still minuscule. Okay. You know, we we know about things. We build, okay. Bridges, bombs, planes.

But yeah, it's, we didn't we didn't build people or nature, you know, we're here trying to figure out the operating system. So just have have just some, understanding for your physicians, and and they're putting to bed.

I used to be very upset and just hated physicians because, like, you send a patient back better, you think they'd be happy? No. They're pissed, and they discharge the patient.

But Annals of Internal Medicine did a study and, also, some other major journals said that most doctors are practicing 10 to 20 years behind what's available in the medical literature.

And it takes, on average, a proven new therapy idea. Do you separate the mainstream medicine takes on average 17 years. Yep. And they said, why is that?

The one doctors don't read medical journals. They they don't. And you know, before I remember when I was writing books and doing research, like you have to go down the medical library and scan, see.

Yeah, I'm a damn zero now. It's now it's overload. Right? But still, if you bring a doctor. But they found the biggest reason that they don't change is you bring them.

Here's 20 study showing what you're doing isn't optimal. They will take those dumb and say my patients were fine. The way I do it is right. So I my, medical society agrees with me, so don't bring me this crap.

I don't care how much. And I wrote a, a review article on HPA axis of functioning qualities in a five year, and I gave it to a patient who was feeling so much better.

Anxiety brought to seven chronologies and it across goes, I've seen this, this is junk. And he goes, no, you have and it hasn't been published. This is you know, and he takes it.

There wasn't trash. It was I don't need to read, you know, I don't yeah. No, this is just, this is the problem of, of just of medicine, of science in general.

But in medicine in particular, is that, the average physician is now seeing too many patients a day. So they, they don't have an incentive to do anything different, even if they wanted to.

They're going to get dinged because, you know, I they have eight minutes, whatever, with the patient and the paperwork. I can't say alone minutes, you know, no combining the, the disincentives of of of of medicine today.

But the good news is there's a lot of doctors out there who I mean, in fact, most doctors want to help people. I mean, that's the bottom line. I've met very few doctors who don't want to help.

And as we educate them slowly, they change individually. But as a group, it's a very, very slow. But it's also that cognitive dissonance where they can't do it.

If they believe it now they're a bad doctor because they're not doing it. So it's much easier to oh yeah, to keep to keep doing what you were trained to do.

I mean, you know, the I if, if anyone wants a copy of ours because we always got we always get like, well, if this is so great, why doesn't my doctor know about it?

So I wrote a piece on our nonprofit, National Academy of Hypothyroidism, which has been hacked. So my answer type it a couple times, but, it's, you know, why does my endocrinologist know this?

And it kind of goes through all those studies. Yeah, yeah. No, this is the issue of T3. We've been fighting for 30. In fact, you can still lose your license in many states for using T3 and including California unless you, know how to defend yourself.

But let's go back to this key teacher what they like. So you do a lot of expert testimony, and I just can't believe what they do. You know, I it's just, do I lose you?

I'd say, what? Oh. Oh, I lost you for a second. I don't know what happened. Okay. Can you hear me? Yeah. Yeah, that's really weird. I'm sorry. To my our audience, but, my computer just decided to, lose its way where he kicked me off.

Yeah, right. Yeah. You you it. They must have been listening. But anyway. So I'll about. Okay. Yeah, yeah. Did it. That was the very strangest thing. I don't know why to shut down, but.

But we were as we, as you were saying. You know, educating your doctor is a very difficult thing to do, but it's worth it. Many will listen if it's given to them quietly and slowly.

Many of them, as doctor hold office have been explaining will not because, it it's it's hard. I mean, all of us it's hard to realize that we could have been doing something different that would have benefited our patients.

You know, I sometimes feel the same way. Just when I learn about a therapy that's been out there for years and I haven't been using it, and it wasn't it was just like this, sometimes a, an emotional will that doesn't make sense to me kind of thing, but I don't go for it or learn more about it until enough patients come back and say, hey, guess what?

That therapy works. So I have compassion. It's hard to learn new things, when you, you know, when you think you know what you're doing. And I think we heard members train other doctors to, you know, basically incorporate having the knowledge to get the full picture. And.

Yeah, so it it and just to review so basically your way of thinking about you know, treating maybe not treating but helping people deal with mycotoxins exposures and is really supporting the, the membranes and, and the detox.

So it sounds like, you know, the peptides that you're suggesting are, are, you know, the, the BPC for the, for the integrity of the membrane is going to protect the body from the mycotoxins and like it even protects like from alcohol, Tylenol overdose, vitamin overdose.

It's kind of a, again, homeostatic peptide. So will prevent, all those things to prevent a hangover too. But if you take too much and I don't know this mechanism, but you shouldn't.

It's hard to get drunk. But, I've heard from people, but, it, it will prevent the kind of, toxicity from alcohol the next day, and people wake up feeling good, but it also does that for mycotoxins and those other things.

And then if you look at Cfpb is a, amazingly, anti mi and antifungal or antipsychotic where it's shown to outperform food connoisseur and also with, with, staph infections, a tiny, tiny doses.

It works. And you look at BPC was shown to outperform a cycle over a year and 1/100 the dose. For herpes viruses. And the thing is not a ton of studies.

I'm sure they work for so many other infections. And also, shown to outperform tonight is all against the, Lyme cyst.

So it has a lot of them. There's antimicrobial peptide, which is also shown to be effective, which we use.

But you got to start low. We usually want to fix everything else first. Right. Right. You hear about the L 37 or. Yeah. Yeah. But the other ones are very antimicrobial.

So which a lot of people don't, don't think of right now that, that's, that's, that is fascinating. And so it but again it's, you know, your whole I mean you're not whole, but a big part of your approach is just trying to get that immune modulation back in.

Right. And, and we generally found that you can get a person from A to B to functioning healthy much quicker. If you address these things first. And then if you need to do some antibiotics now you're looking at a couple months, not a couple of years.

Yeah. Know I think that that is the most important, important thing is we want to we want to get the body to the point that when we use a drug, it's for a short, focused period, you know, and that goes back to, I mean, to say you, you're you're you're talking just about bringing up the Sibo is that, you know, I said I, I have to I'm always once it's once the direct treatment has failed once, you know, and then twice it's time to, like, rethink the strategy, you know, really.

And like a person called the other day and it was kind of, more business, but you can talk to them. So, and one of it help his wife and, is anything wrong with you?

You guys, I just have this weird kind of chronic kidney disease, and then I, s a bunch of questions and said, are you on, like, a, you know, p ppi?

EMF Sensitivity and Closing Thoughts

And I said that raise your risk for progressive chronic kidney disease by five fold. Just taking that. He's like, oh yeah, I take it every day. I thought it was funny, you know.

Yeah. Well don't get me started. The, the the proton pump inhibitors are the, the medicines that guess are out there. It's basically approved for I think two weeks use.

And gastroenterologists think they're approved for daily use for the rest of your life. And that's a great example of evidence based medicine that doesn't exist.

No, because they don't want it to. Yeah. Or people like to go to the ER and it will suppress someone's TSH with T3 and they're freaking out and say you're osteoporosis.

And so I send over meta analysis, all these studies showing it doesn't for any woman who's on estrogen or as normal estrogen levels. If they're not you can see a slight decrease.

But being unnecessary, as you know, 2 to 5 times the risk of osteoporosis. Do you ever hear never stop one. No no no no. And osteoporosis is inflammation.

So you modulate the immune system. Their bone density is going to go up. Yeah. You know that that is something that I said we have to wrap up. But as a as a purl for the end is that when you have you know, dental, you know, like your, your teeth are loose or you're losing bone is that, you know, inflammation is almost always underneath that.

There's a few genes that, you know, that wrinkle us, as we say, the wrinkles and the il6 is I mean, it's a great way to turn on, you know, and and I'm I'm sure you've had some speakers.

Are they gone? MPs and mole. But MPs really will stimulate mold growth. They'll cause them to secrete 100 and, that's, one study a thousand times the mycotoxins, you know, so we're being bombarded with.

Right. You know, it's so many issues. Have you found, any of the, peptides that you especially like? You think that might, improve our ability to, deal with Emfs?

Just. Absolutely. So, one big thing happens with EMF. So normally we get EMF everywhere, let's say, from the sun, from lights, but they're scattered all over, and they cancel each other out.

So there are infinite directions, and they cancel to their out. But when it's from a manmade source, they're polarized. So they're one direction. And also so other ones will basically become very additive.

And then but the problem is in their impulses. So the EPA looks at the average level, right, which is low, but they get these massive pulses and it's also AC current it.

Right. So it's causing this back and forth of your charge cells. And what they do is they stimulate, the a particular type of calcium, voltage gated channels.

Right. Channels. Yeah. And that just dumps the calcium in and forms all these pyroxene nitrite il6 and it just goes down the cascade of inflammation. Now VPC will normalize, those calcium channels and make them resistant to EMF, activation. Yeah.

And then in genetics, with Bob Miller, I got him to find some, genes that are associated with people who are prone to calcium gated channel activation by EMF. So.

Right. We can see that now. Yeah. That, that that's exciting because, you know, again, all it takes is a little micro toxin exposure in a sensitive person.

Plus an EMF exposure because these are these are additive. Once the system becomes sensitive, overly sensitive, overly reactive, each insult is, it is multiplicative sometimes, you know, like when, when we're not in that reactive state, we tolerate a tremendous amount.

And that's why we have so much, pollution, environmental in all levels is because, still, thank God most of us can tolerate this onslaught. Fortunately, you know, we didn't see, like, everyone's sick.

Like, I go to a party. I had to carry lab slips in my pocket. You know, it's great because, you know, it's either they're totally sick or their daughter and they're like, yeah, for a daughter.

How many? How many? I mean, that's what we're seeing. How many times is you're talking to people and it's their kids that are now not functioning. And, you know, they're young and this, this is the next the.

Yeah. But unfortunately it's like, I think it's going to be a little bit like the climate, you know, as we, you know, as we lose our, our, our, our coastal cities will begin to go, oh, maybe there was an issue and I hope, you know, it'd be good.

We'll have waterfront property here then I, anyway, we got to wrap up. This is been fun. To hold off. It's a pleasure to talk to you. And, I hope we've, illuminated some of the some of the the the just the amazing, usefulness of peptides.

Hey, man, it's always good to talk to you. And so this is on now, we talked for, like, an hour about everything. We can go on about it. And hopefully, hopefully we have enough in here that that, that everybody is going to learn something from.

Okay. So hey awesome I yeah I think you're doing a great, service doing this, mold conference. And, I'm looking forward to it. Well, thank you. A pleasure having you.