Introduction to Dr. Suzanne Ferree

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Hi everyone. It's Dr. Jen. Welcome back to the Peptide Summit.

Today we have Dr. Suzanne Ferree. She is the senior physician at Vine Medical Associates in Atlanta, Georgia. She is a double board certified physician in family medicine, anti-aging and regenerative medicine.

Doctor Frey is an award many teacher of medical students and residents, and has been on the faculty of Emory University, a former IPS Academy and SRP.

She has been a featured guest on several podcasts, including Superhuman Radio, Health Matters, and Unique Medical. Doctor Frey uses bioidentical hormones, peptide therapy, neuro therapy, regenerative medicine to treat patients with endocrine, mitochondrial, infectious, autoimmune, and neurodegenerative diseases.

Her thriving practice treats executives and athletes from all around the world, as well as patients with chronic or unusual diseases. Her new book, Counterclockwise, comes out March 4th, 2024.

And in her spare time, she lifts weights, salsa dances, study cellular medicine, Christianity, and plays with her dog, Natasha. Welcome. Welcome to the Peptide Summit.

So excited to to talk to you. Thank you Jen. So great to meet you. So let's dig in a little bit. Why why did you get into peptides. You are really well known in the peptide community.

We were talking about this a little bit before. You're you are taking back your maiden name and your married name was Suzanne Turner. So a lot of people might have heard you on podcast before, and then they're like, oh yeah, now I recognize.

So tell us how you got into peptides.

How Peptides Entered Her Practice

I had injured my hip, so I was a competitive runner for a while and had injured. It's a condition called trend Ellenberg, where the glute just turns off and, you and a lot of runners will end up with a high hamstring injury because of this.

That is really difficult to repair because it requires a multidisciplinary team to, resolve. And so I was, desperately trying to find a way to correct this problem and went to a off shoot, breakout session at a forum meeting where they talked about McKenna growth factor.

And they were presenting a research study that had been done on the benefits of making a growth factor, supplemental or exhaustion in, humans. So I said, what is this magical world of things that we have that I haven't heard of before, and started looking for ways to learn more about what was available.

Of course, went to Google Scholar and began to research. And then, a forum did their, peptide courses. And being one of the first at the peptide course, I was invited to start speaking for them, and that was a tremendous blessing.

So, I love teaching and it's part of my genetic makeup, I think. So it was really fun to be part of that. That's so great. And it's silly a little bit because we're not taught these things in medical school.

And, right. And I even have some patients that are physicians, and I talk to them about peptides and they're like,

wait, what? It's just because they work so well.

I guess what we can say with that. So it's so great that you turn a corner and that that works, you know, that happens so much where conventional medicine is not working for doctors.

And they're like, wait, why can't I fix this with conventional medicine? So then we start to look into other things that are not taught in medical school, right?

So there's always patients who are sick. And then, you know, the first thing I found out about was in, in just in thinking about thinking outside the box was bioidentical hormones, of course.

And, I think that's our toe in the water for a lot of people. And you get a good number of those unwell patients better by treating them with hormones.

And then you still have a cadre of patients that aren't better, that aren't getting better with conventional things. And so you start saying, okay, what else do I need to do to get them better?

And so peptides was a beautiful add on, to the things that we were already doing to try to help patients get better. Of course, realizing that people are where they are on their journey and they're going to get better at their own pace, and maybe it's while they're working with you, maybe it's while they're with another provider.

But, having another tool in your arsenal can be super helpful to getting people better. Yeah, that's a great point. Sometimes it can really move the needle and I'll see that and I'll even talk with patients about that.

Be like, you know, let's just work on the basics. Let's work on the foundations, gut health. But we have another thing, another tool in our toolbox. And sometimes it can be intimidating because peptides, you know, they are a little bit expensive of some.

Most of them are injection injections. And sometimes that can scare people off. But you have to let them know, you know, there are other things that can really move the needle if they're stuck or not getting better as fast as we want.

I think it's what I love about the FDA coming down on some of these things recently is because it's making us be more innovative, and so we're being innovative with oral options.

We're being innovative with smaller peptides like bio. By regulators, by a regular. Yes. With, by a regulator, peptides, so that we are able to do them orally and then we're able to, effect a lot of change that's just different than what we've been doing so far.

So I love this as much as it's been disappointing and discouraging. It's also been really exciting because it means we get to be innovators in this space again, as opposed to being stagnant and saying, yeah, let's do something. Okay.

Foundational Longevity Peptides

And I think this is really great because we continue, we get to continue to grow and learn as well. Yeah, and that's definitely good for for our brain health.

Right. Just yeah. And pathways and yeah I was talking with the compounding pharmacist I use and she's like don't stress about this. We will figure this out.

And I'm like, oh, that made me feel a lot better. Because, you know, we were all panicking last fall. And but it's a it's all good. So would our let's talk about these peptides and what are the best peptides for longevity. So there are a couple things that we do I think probably starting with the growth hormone secreted is where we're going to land with this.

Is this sort of foundational basis of everything that we do. You know I'm going to treat patients starting from their gut up. And so that's where we're going to go.

I don't mean to say that peptides are our panacea. I'm going they need to get sleeping. They need to be managing stress. They need to be doing, eating properly, getting adequate, protein intake.

They need to be managing their relationships in a positive way. So there's so many baseline things that need to be happening in order for people to be successful at, their health, and they need to be bought in.

So we want to make sure that patients are, engaged in what we're doing. But once we get all of that kind of going, there still are patients who don't who need a little adjustment on the top.

And so I'm going to start those patients with, some sort of growth hormone secreted Gog. I'll typically draw their blood ahead of time. I want to do an idea of one.

I want to see an idea of binding protein three, because I want to make sure they have adequate binders in case they over they they get too much production.

And so as long as those are adequate, then I'm going to go ahead and I'm getting or not, excessive. In the IGF one, I'm going to go ahead and, prescribe them.

I really prefer using calcium as one of my favorites. I know it's it is FDA approved. That helps me to be able to use it more, or comfortably. But I'm going to have a conversation with all of these patients where I say, look, these are, except for death, right?

And these are not FDA approved. These, many of them have few humans studies. Again, except for Maryland. And so, there are no guarantees of outcome. These are conversations I have with every patient as they come through the door.

And then we talk about what I think that these things are doing at the cellular level, based on the research that I've done. So I know how growth hormone and I do have one are working in the patient cells.

And I know what we're trying to accomplish. We're improving the way that the cells work in general in the whole entire body. So we're going to start with the growth hormone secreted.

And if we're using something like Sir Maryland or we're using, we'll be doing that a couple of times a day using the test tomorrow, and we can get away with once a day, which I think improves compliance for most patients.

So, I'll start with that. Of course, there's a couple of new ones that are on the way to that are being researched right now. And so those are that's exciting. Like I mentioned before.

But that's where I'm going to go right now is to, Maryland or a, in Maryland. And I like the test because they also don't have to be so, tight about fasting when they're using tests. In Maryland, we do monitor about every three months their, IGF one levels.

And all I'm looking for is that they're not going excessively healthy. If they do go excessively high, which for me is anything over 270, something like that.

And that's not excessively high. It's just I don't want to even have the thought that they're I don't even want to worry about that. So if they head in that direction about, three months, I'm going to drop their dose back down again.

I'm also, before we start anything, going to ask them if they have any personal history of cancer, if they have an active cancer right now, I'm going to ask that they manage that first and then we can go back to using them.

There are things we can do, but that's that's another podcast for another time. But I think, that's where we'll start

with for longevity. We know that these are improving the way that cells are able to use and create energy, for themselves, that we're, we're changing the efficiency of the cell in general, the heart, the liver, the kidneys, the muscle.

And so an exercising person taking in a nutritious diet, sleeping regularly, who takes a growth hormone secreted should have a very positive body composition benefit as well as improve the way that the cells are able to create and use energy.

So that would be our first step in improving longevity. I think the second thing I would do is figure out a way to improve their thymus gland function, because we know, especially with the big pandemic we just had, that patients are having, their thymus glands are replaced with fat as we age.

So they're less and less and less able to produce the thymic peptides that we naturally need, the ones that have been available for a long time. Thanks enough.

One time is in beta for, those are naturally occurring peptides that we have created in a lab. And these are ones that are produced in less and less, amounts by the thymus gland as we age, because of that increasing thymic fat fraction, we know one of the things that growth hormone secreted dogs do is increase those, the production of those peptides from the thymus gland because we have less fat.

And that is very exciting. So we're kind of killing two birds with one stone by using the, the growth hormone secreted dogs, but working on that immune senescence by using some sort of thymus gland, peptide.

Health devotee now makes a great one. That's a, thymus in, oral. That's a thymus beat up for us fragment. There are others that make, peptide fragments that we can certainly use.

And then, if there are sources that we can find, still some places will still be making those other thymic peptides that we can use. So that's exciting.

There are, there's an organization that we belong to called Global Provider Alliance that allows us to get access to Thymus and Alpha One for our, patients that have no other options and that really need this medication for wellness.

So if you don't know about Global Provider Alliance, feel free to reach out. To me, it's a great group where you can, get access to that for your patients.

That's that's amazing. Thymus and Alpha one was got a lot of sticky patients like earlier, you know, during the pandemic. And really helped a lot. And so that is off like from compounding pharmacies.

They can't really produce them in the US anymore because it's now a patent and medication. So it's it's a little frustrating when we have these tools.

And they were taken away. And then you have these conversations with patients and you're like, you know we could try something that's similar, that's oral, but it's not going to work as well.

So let's go back to the growth hormone a little bit. So why would someone first of all why would they want to take growth hormone secrete a dog. Does does growth hormone decrease as we age.

And why is this different from the growth hormone that say like some bodybuilders have taken it because some people think that this might have a bad rap to it, right.

Sure. So, growth hormone is, is not what I'm talking about. So the in order for you to produce growth hormone, you have to have a growth hormone secreted Gog.

And so it's growth hormone releasing hormone. What we're talking about using Merlin serum. Robin was the, 1295

and, that them on our growth hormone releasing hormones, they are analogs of our natural.

And most of them are within 90%, of the same. They just are modified slightly to protect them from being destroyed by the, enzymes. Dpp4 is one of them that breaks down, growth hormone releasing hormone in that body.

And so these are modified to protect them from that.

Growth Hormone Secretagogues Explained

Dpp4. So, one of the reasons you wouldn't want to use growth hormone specifically, there's a lot of reasons, but one of them is there are around 100, variations of growth hormone in the body.

When you're taking a synthetic growth hormone, you're only taking one variation of that, so you're missing the other 99 that are very, important in the way your body functions.

We have a patient right now who has she and syndrome, and she, which is the condition of death of the pituitary gland due to decrease in, blood supply during pregnancy with, the loss of blood that occurs with pregnancy.

And so she'd been on growth hormone for years and years and years. Because of this, we were actually able to get her off of growth hormone and get her own pituitary to make growth hormone again by using growth hormone secreted.

It has been so exciting to work with her. She's been fully bought in on all the things that we're doing, and it's been really fun to, watch her be successful and and to come to a place of greater health because of, this, this great thing that we have, these, these things that we have available.

The problem with using growth hormone, which is what most you, you'll see most bodybuilders use if they're using it in, doses that are so that are super physiologic or higher than what you would that what you would naturally make on your own so you can get, growth hormone, secreted, I mean, growth hormone itself.

But it's not exactly what your body makes. So what I'm trying to do is increase your body's ability to make its own growth hormone. You mentioned a minute ago.

Do you decrease with your with your growth hormone production as you age? Absolutely. And there are research studies out there showing that as we age, as we decrease our growth hormone, that our risk of death from all causes goes up.

So there's really, there really is evidence that doing some sort of supplementation can be beneficial for, for all kinds of people. Again, most of the research is done in animals.

And so although there are research studies in humans demonstrating that a low growth hormone level increases risk of death from all causes, the research is still being done on, these other these peptides.

And so it's exciting to be part of this, you know, leading edge of helping this to move the needle. And as you suggested, is a little frustrating that we have this setback, where we have less access because of the FDA.

And keep in mind, the FDA has not taken these off the market because of adverse side effects. There are other reasons that I could speculate, but I will leave that to others to figure out.

Yeah, absolutely. And what's great about it is peptides work with your body. You know, they're chains of amino acids. It's not like you're getting a drug that's changing the processes in your body.

And that's why I like peptides because it's more natural. And that's why you see functional and integrative practitioners, doctors obsessed with them because we're staying with, you know, working with your true body.

And that's why we see so much healing with them. Honestly, they're great. And overdosing, growth hormone can cause high cortisol. It can cause high blood sugar.

It can cause that small intestinal over that small intestinal, hypertrophy. And, it, it can be there can be lots of problems with them. But if I'm giving you a growth hormone therapy, all I'm doing is when it's time for you to release growth hormone, you will release the max amount that your body can make on its own, as opposed to, smaller, lower dose that you would produce without.

Yes, absolutely. Well, thank you so much for joining us today. I hope you found our conversation insightful and engaging. If you're a summit purchaser, stay right here.

Because we're about to dive even deeper into this discussion. If you're not, click on the button below or to the side to get access to the world of information of peptides.

Get ready to reclaim your health. If you are watching this, thank you for being a valuable member of our community. Let's dive back in. So, Doctor Farah, let's talk about perimenopause.

You know this is such a long time for women, right? I always have this discussion with my patients. I'm like, you know, it's it's a long journey. It could be a decade that we're in perimenopause and women are struggling with this, right?

How can peptides help? So I think it's really interesting. And one of the things I've read up on recently is how many women have gotten pregnant later in life.

And so, that is possible. And that the farther along we go, the better we're able to do. The being able to have, things like growth hormone secreted, like things like, gonadal raelyn, which is a gonad releasing hormone, a LH, encouraging hormone, in the same way that the growth hormone secreting dogs are, can be really helpful in keeping and allowing people to, to be able to reproduce into later life and to stabilize that hormonal imbalance period that you go through, that so that you're not chasing it all the time.

You know, one of the things that we as doctors do, I'm giving you a dose that's going to keep your dose here, but your body's going to produce hormones in and out of that.

So your total level is going to go up and down. It's very frustrating for patients and frustrating for her.

Peptides for Perimenopause and Fertility

Sad for providers because I want you to have this very helpful thing, but but not all the time. You're going to get that when you're using bioidentical hormones alone.

So sometimes using a growth hormone, you know, something like an Adderall and, even to captain, which is even harder to find right now, but, something like captain, where you are allowing patients to have their own production of their own hormones.

Always. That's our goal. How do I allow you to have your own production of your own hormones? And so we can use things like HCG, which also is difficult to access.

It is FDA approved, but it's only for infertility at this point. And, we can certainly use oral things like, in plumping, those that's also available, which can also help with improving the release of hormones from the brain.

I do think the peptides work the best. So that's where I would go if I can, treat it. These are cycling. You're not going to use them constantly. So, I really hope that we can, get patients to, to work with a provider who is trained in using these, as opposed to just going on the black market and getting them.

We know that a lot of the adverse effects that we see are from patients using that. Yeah, that's a great point to put

up is because compounding pharmacies, they're sterile.

They test the batches to make sure they are what they say they are. And if you're purchasing peptides online and mixing them yourself at home, it could get a little bit scary.

You know, you don't always know what you're getting, especially if you're getting them overseas, you know, from China or something like that. So we did that.

I'm sorry, we did have a, drug rep come in this past week that was trying to tell us about how the, the, compounded medications are not FDA approved. So I wanted to be very clear that the the source of the peptide that the compounding pharmacy gets, it has to come from an FDA approved facility.

So the FDA goes to China to wherever the compounding pharmacy is using and tap the facility. So the compounder can't use a source that is not FDA approved.

So while it is specifically made for you as the patient, rather than being made on for a group of patients or for a population, it is from an FDA approved source.

Yeah, that makes a lot of sense. And that's the raw material because the compounding pharmacy, they have the raw material and then they make it specialty for you.

So that's because compounding pharmacies there are different levels too. There's some that are not approved to make peptides. So they just maybe will make bioidentical hormones.

I find that confusing for my patients. Sometimes they're like, wait, why can't we use the local compounding pharmacy? And I'm like, well, they don't make peptides.

We have to go. You know, you have to get it shipped so that that's another thing to bring up. But yeah, definitely I know you can get them on the internet.

It's just you don't always know the quality and you're injecting a lot of these into your body. And for me that's just a little scary, right? Especially because the method of, creation of the peptides requires them to be attached to a resin in order for them to be made.

If that resin is retained in the injectable solution and you inject it, it is liver toxic. So keep that in mind that the way they create these peptides requires it to be made with a toxin.

The toxin in the right pharmacy is then removed from the solution and they are tested for that to be removed from solution. Not all of the labs that are in the world use that process, or are as stringent with that process, as the compounding pharmacies are required to be.

So when I say things like, oh, there's a new, growth hormone secreted guy that's coming out soon, that's because it's still in testing and they will not release it until it is, it has been proven to be clear of that resin and, other toxins that could be there.

Now, we definitely don't want liver toxic things going on. There's not toxic, toxic exposure in the world. Any other peptides for perimenopause that that you like to use?

I really like Dr. Sippy. So Dr. IP works really well as a, not only for sleep, which is what it's it what's the thought process around it? But it can really improve the release of LH.

And so it's not going to help with things like male infertility if your sperm count is a problem. But it may help with, release of estrogen and progesterone from the ovaries.

If you were if that's part of the problem. So working with those patients will use growth hormones to create guards

in them as well. Some of the pharmacist, I mean, two of the providers will, will directly inject growth hormone into the ovaries.

That's above my pay grade at this point. But, but, I know a few providers that are doing that. For fertility reasons, we have great success using growth hormone releasing wormwood.

Now, keeping in mind these are none of these are, safe in pregnancy or studied to be safe in pregnancy. So I'm going to make patients. If they're going to come to me for their infertility, they're going to have to, use some alternate form of birth control.

My preference would be something like a copper IUD with no hormones. And, do, some sort of protection against pregnancy during the time we're treating them and then wait a few months before they try again, purely because I want to make sure that their bodies are, clear of it before they attempt conception.

We just don't have enough research to show they're probably safe. I just don't have any research to show that. And I don't want to put their baby at risk.

Right. Wow. That's really cool. Because in in northwest Ohio, there's just fertility centers. And a lot of them, it's just they they push a lot of IVF.

And you know, I wish they were doing stuff like injecting ovaries with growth hormone. That's that's really cool. It's great to know there's other options out there for those that are struggling with infertility or like you said, even just maybe waiting until later in life to have children.

It's exciting. Yeah. Know what peptides are good for women that that like to lift or, you know, you could tell your personal story out. You're this awesome power lifter.

Because I know I preach to my patients and women in my groups that we need to lift weights as women. It's going to help with your insulin sensitivity.

It's going to make you look leaner, burn more fat. You're not going to look like a man or bulky.

Training, Protein, and Oxytocin for Women

So even with peptide use. So what do you suggest for your women who like to lift? So I can't tell you how many times I've had that very conversation with my patients who come to me in their 50s and they say, 40s.

And they say, look, I'm just having trouble losing weight, and I don't know what I'm going to do. And I do cardio all day long, and I do, you know, two hours on this to treadmill and whatever.

And I'm still having trouble losing weight. And I say, I really know that you're going to fight me on this, but I want you to know that I think that resistance exercise is critical for us.

And then without fail, they all come back to me in the end and say, you were right. This is this is how I was able to lose weight. This is how I was able to get the body that I'm looking for, because what they're looking for is that lean look.

And the only way to get that lean look is to do resistance exercise. You do not have to do heavy weights. That's what I do, because I don't want to have the focus of my exercise to be how I look.

I want the focus of my exercise to be strength. So, I love I'm a, I like a little bit of a challenge. And so I love having that number to shoot for that goal.

Hey, now I can lift, you know, 100 pounds. Now I can lift 205 pounds. Now I can lift 108 pounds. So I'm seeing progress. And that makes me feel it makes me stick to it because I can see progress.

And so if I'm treating patients who are doing things like that, one of my favorites for this is that that is the unsung hero, the, the oxytocin. I really love this as a especially for women.

I really love oxytocin as an anabolic hormone. And I say that with the gentlest heart that I can around the word anabolic, because most people are afraid of, Annabelle like steroids, because they've been abused so long.

This is not something I would talk about using and, abusing. What we're trying to do is change your body composition. So that most of what you're dealing with is a, a leaner, fitter body that is, lower percent body fat because we're trying to get rid of that toxic fat around the organs when you have a high percent body fat.

I have a lot of patients that are this way that have a 30 or 40% body fat, but they're very, very thin. And so these patients are unhealthy even though they appear to be healthy.

So what we want to do instead is give them that ability to have that, that lean appearance, that lean look. And what you're looking for is, is the definition in the muscles, the definition on your, on your legs.

Even though we're not talking about bulking, we're talking about using a smaller amount the way that you train the years of training that determines whether or not you bulk up.

And then also the things that you add to what you're what you're, doing, the foods that you eat, etc.. So keeping in mind if you're going to be training heavier or harder, using resistance, you need to eat more.

And this is one of the harder things for most of my patients to do is, to, to, to convince them, I need you to increase your caloric intake. If you're going to be resistance exercise training, you need to increase your calories.

There was a great study that was done recently. I don't know if you follow Bill Campbell, PhD, on Instagram. He's awesome if you don't. But, he, showed us this study that that if women who are doing regular resistance training increase their protein, their total caloric intake by 300 calories per day, they will lose weight.

So we're but those are protein calories. So if you increase your total calories, protein calories by 300 calories per day, patients will. Women who are exercising regularly will lose weight.

And so that's been our we've been preaching that at the practice for the last several months since that article came out. It's very exciting to know, that we have something to back it up, and it's exciting to see it bear out in our patients as well, that they can increase that, without gaining weight.

And they're able to work on their bodies. They're not being catabolic or breaking down all those muscles. It's it's exciting to watch. Yeah. When I hit age 42 years ago, I'm like, I'm really concentrating on heavy weights.

And, you know, I was recovered from having my last baby and everything and just tons of focus on protein. And I'll have people say, like, you look great.

Your body is like changed, you know, and and the scale really hasn't much, but I'm, I'm more muscle. And, you know, my goal for this year is to do an unassisted pull up.

I tend to be I'm I have some junk in the trunk. So I mean, it's a little bit harder for me, but I do. I need to lose a little bit more body fat to hit that goal and upper body strength.

But it's a fun goal. And protein. Yes, protein is so important and I love that study. I'll have to grab it so I can tell my patients about that. Because, you know, my family, they they think I'm a little silly.

I was visiting my parents and I was like, what's the protein that we're eating? Because we were we had a condo we were eating in. And my parent, it was a joke by the end of the day because they know that I need my protein, that it's important to me now.

And, you know, you could do silly things like make chicken crust pizza. I my, my kids will have pizza and my husband and they'll have cauliflower crust and I'll have chicken crust.

So yes, ladies I love that, you know, have the protein now how it is. So oxytocin I'm curious how do you dose that for your more powerlifters and how frequent and menstruating versus non menstruating women to so you're going to dose that you can do it up to four times a day.

The, the weight loss dose is four times a day. The there and there's human human studies out there about that. I'm going to probably dose it in the 20, units.

So this is where it gets a little confusing. Oxytocin is an international units. So instead of milligrams it comes in international units. And then you're talking about units on the syringe.

So I'm going to talk about international units which is the milligrams for for oxytocin. And so I'm probably going to use around 20 international units of oxytocin for patients.

And depending on their size and where we're going and what our goals are. And we'll adjust that. But that's a good starting point for most of my patients.

Is where I'll start, people, I love dosing that immediately following a workout. And, that's where you're going to see the anabolic benefits, the growth, muscle growth benefits.

So you're not getting that catabolism that can occur because you're not, eating adequate or whatever afterward. You know, we have a lot of our patients that are taking the semaglutide and those kinds of weight loss things, and they are not eating enough to maintain their muscle mass.

And so we're seeing them lose a lot. So one of the reasons I'm grateful for my bio and penis analysis machine, we do that quite a bit. We'll send them off to Duxford or we'll do biome analysis.

I have a seeker. And they are so, helpful because you can actually see them losing or gaining muscle mass.

Copper Peptides for Skin, Hair, and Healing

And so we tell them up ahead of time. Look, if you're not, losing, if you're losing muscle mass, we're not going to continue this medication. You're going to have to give it a break for a month, and then we'll we'll retest and restart if you're doing well.

And then we also give them or the GLP ones I do. You've seen too much muscle. You say we got to take a break. Yes. That's and I let them know that ahead of time.

Yeah. That that's and I think that's an important point to talk about is you kind of have to tee up your patient and say you need to do resistance training.

You need to be hitting protein goals, 30g, you know, per meal, you know, around 150 a day or this is not going to work for you. And when you get off of it, you're going to gain the weight back.

Because when I have patients on it, it's short duration. I'm already setting them up for success with gut health. Other things all all working. They're usually on it 3 to 4 months and then they go off.

Maybe they'll gain if it's around the holidays, a couple pounds back, but usually it stays off and that's and this is the problem with you know, I see ads all the time on my social media for it.

You know, here you can get a script and a doctor and the peptide for $300. And I'm like, yeah, but then you're going to be on it forever because you're not doing it correctly.

Right? Because you don't have the whole program. And that's part of the deal is, is there has to be a whole system that's in place. And we're talking about making sure they're doing resistance exercise.

We're talking about making sure they're changing their diet and fixing their gut and working on their stress. Because all of that is is probably a big reason why they're going to be game.

I usually will wean them off at the end. I find that patients do better if you mean off. And of course, there's so much research with the GLP ones in, protection from cardiovascular disease and, neurovascular disease that if we that a lot of patients, I'll just leave them on that long term, especially if they have a family history.

We reached their goal. And I say let's just drop it down to the very lowest dose. We'll have you use it every ten days instead of once a week, and then we'll this will be our treatment.

You know, there's not a specific research behind this particular protocol. This is just what I do for my patients. But, we just drop them down to the lowest dose and have them persist using that low dose, for their own, cardiovascular and, neurovascular protection.

Yes. Now, will you stack the oxytocin with the GLP one? So sure. Yes, sure. I really like the ephemeral and with it too, if you can find it, because the, it can help mitigate some of that, reflux, constipation, some of that slowed gastric emptying.

And your, your, audience, I'm sure, is aware that there are several ways that the GLP ones work. One is working on slowing gastric emptying, which is the reason why patients get that reflux, an uncomfortable symptoms sometimes.

And that's usually, I think, diet related. So if we can they I tell patients they're usually telling on themselves when they tell me that they're having that.

But, it also works on the, I believe it's cocaine, amphetamine receptor in the brain. So it works on slowing appetite from the brain as well. From. And so it becomes a thermogenic as well as being a, as well as slowing gastric emptying.

So it's not just that it makes you have this decreased appetite at the stomach level. It also works on the brain. So that's why in about 10% of my patients, we see insomnia as a side effect, just like you would see with fentanyl, just like you would see with any of the other stimulant.

Weight loss medications. Yeah. I haven't had any patients that have had that side effect. But they do say in a positive way it I had someone say, and I loved how she said this, it reduce the food noise during the day because she was a stay at home mom and she always had that noise in her head about food.

So she was able to focus on nutritious foods instead, and protein and not picking up the scraps you know, that were left from the kids. Let's switch gears a little bit and talk about k copper peptides.

And yeah, I love I love g copper peptides. Let's talk about topically. And really that's all we got right now for 2024. But if you want to talk about the injectable I know there's a lot of cool studies on like rats with brain injury and all of that. Yes.

I mean, it works at the at the, cellular level. This is a bio regulator peptide because it's under four amino acids that goes in and affects the expression of DNA.

So we know that that's what's happening. But at the skin level, it's changing the stem ness of your stem cells on the skin. So it is improving the way they work.

I find it works best if you're using it with a derma stamp or, or needling or whatever. You're going to do a roll or whatever you're going to use. We use it for our hair as well as for, facial skin.

And then, you can also use it. I use it on the backs of my hands, my forearms, the tops of my knees. All of that for, sun exposure over my lifetime. Because I'm a sun lizard.

But the. I love using those, copper peptides. One of my favorites is the vitality brand. I think they do a really great job because the other things they combine with it really help with, absorption.

And they some hydronic acid, some algae and brown algae, which is really, moisturizing and hydrating. So, those are, excellent as far as improving the appearance of fine lines and wrinkles.

And then also I've seen some improvement in things like scars. So if facial scars where patients have had around their eyes or whatever, even even surgical.

So if you've had, microneedling or other procedures that can really help with mitigating some of the side effects from those, procedures. Yeah. It's great.

Topically, a lot of studies for hair increasing, hair follicle size, a lot of studies on wounds, and they did head to head studies on wounds.

Counterclockwise Book and Where to Find Dr. Ferree

And and it worked really well. I've used it on my kiddos wounds before, you know, trying to delay not having oral antibiotics. You know, just helping with the topical, this weird, like, little abscess.

He had. It's great. And unfortunately, you know, it's not used a lot in wounds or, you know, which you think it would cause. It really helps bring a little bit of angiogenesis to that skin, which is good for, you know, oxygen to the wounds.

And when you go into chronic wounds like pressure ulcers and all that stuff, that is something that's really important. And it used to be used injectable or we used to be able to get that.

I would I didn't use it a lot in my practice. I don't know if you did or not. We use it a lot for joints. So, if they were, if patients were having, osteoarthritis or, and, and chronic tendon injuries, we'd use it around the joint either subcu or usually subcu we would use it.

I wouldn't use it in particularly I hadn't used it in particular. But in conjunction with other peptide therapies that we would use for joints, we would be using the DHEA as a systemic therapy.

And so we would also do that systemically for patients who are doing hair loss. You're treating for hair loss. And they do really great when you can add it to the regimen.

Yes, yes. It's so exciting. I love using it post procedure like you said, like micro-needling lasers. It's really great. Now let's talk about this book that it's at this time it will be out and it's called Counterclockwise Book.

I'm guessing it's about longevity and and anti-aging. Yes, exactly. So it's exciting. Most of the books that are available right now are, directed towards providers, and this is directed towards patients, mostly because I feel like most of our consumers, you know, because Instagram, etc., most of our consumers are really well educated.

They know what they're so they're coming to their doctors with information. They've done their Google search, they've done their, you know, Instagram search.

And so they're coming to you. And we just have to realize as providers this is what's happening. So we want them to come to us. There needs to be a clothing, store if you're familiar with called Sims Sims.

And they said an educated customer is our favorite, is our favorite. Whatever. They had our best consumer, so. Oh, an educated consumer is our best customer without their tagline.

And I feel the same way about my patients. I want I love when they come to me with all of this information. I love to be able to clean it up for them a little bit and then redirect to say, hey, this is this is what I think we should do.

Yeah. Thank you for coming to me about this. Yeah. And so, so yes, I love when they're coming to us. I think this book is allowing them to see themselves in the place where they might be using peptides.

So using peptides for migraine, using peptides for weight loss, using peptides for energy, things like SS 31 and human and using peptides for for cognitive health, like cerebral python, using peptides.

So it every chapter is is a standalone. They don't have to read the chapter, the book straight through one end to the other. If they have a specific concern, they can go directly to that chapter that's related.

They'll see, some patient stories from my own patients who, their names, of course. And some of their details have been changed, but they, are, have all agreed that they can be part of the book.

And that's exciting, because I love that they're having such great success that they want to be part of what we're doing. So they are there are stories in there that explain how this patient came to need this, and what their circumstances were and how we use them.

And then there's a lot of high level science, and then there's a lot of deep dive, some deep dive there in case you are interested or curious. And there's a lot of references so that patients, if they are curious to that kind of patient who I think most of our biohacking community are, they'll actually be able to go in and do some research and see what I'm talking about.

I tried to keep the most up to date research that is available on each of the peptides discussed, and there's probably 20 or 30 peptides discussing them in the book.

So and then peptide stacks that they might want to use because a lot of them work, in combination better than each one work. So, they can be very synergistic as they work together.

Wow, that sounds amazing. What a good resource, I love that. I think you're right. Like there's not a lot of really good peptide books out there. It's they're they're kind of slim.

So this is so exciting to have as a resource for patients and practitioners. Everyone probably needs to read this. How can everyone find your book? How can they find you if they wanted to be a patient, how does that work?

So finding the book, it's, it'll be available on Amazon and at, local bookstores. And then if you you can find me on Instagram, it's dress 3RE and, then you can find me at vine, as in grapevine medical.com.

And, if you want to be a patient, you can go to Vine medical.com and, go to our new patient. There's a tab to click to become a patient. Awesome. Well thank you so much doctor Free for sharing all of your knowledge today at the Peptide Summit.

Thank you Jen, I appreciate your time. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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