Peptides: The Intelligent Gateway to Personalized Longevity medicine Transcript

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Introduction to Peptides and the Summit

Welcome to the Bioregulator and Peptide Summit, folks. My guest today is well, she's quite apart from being awesome. She's a dear friend of mine and I feel very grateful to have her as a friend.

So thank you, Doctor Melissa Petersen, for being here. Oh, thank you for having me. Likewise, My darling. You're one of my favorites. Yeah. So today we're talking about the future of medicine, which that was what somebody the first time I ever heard about peptides.

That's what somebody said to me. And I'm like, are you kidding me? And he's like, nope. And listen, we are all excited about peptides. They're everywhere right now and for good reason, right?

Yeah. But here's the thing. Are they actually the future or might they be the gateway into something much bigger? So Doctor Melissa grilled Petersen. For the few of you who might have been living under a rock and don't know who she is, is a true global leader in jeopardy.

How spent and the future of human health. She's the founder of Human Longevity Global and the visionary behind my Peptide University. If you don't know what my peptide university is, I don't care if you're practitioner or a person, just a regular person.

Go find it at my peptide university. See, I'm even giving you the URL and the Human Longevity Institute. She is a TEDx speaker, bestselling author, educator, and thought leader known for translating cutting edge science into real world strategies for clinicians and consumers alike.

So once again, Doctor Melissa, welcome. Thank you, my darling. I so appreciate this and I'm really looking forward to the conversation we're going to share with your audience today.

Yes, I love it. So let's start with the big question. What happened? Why has the world suddenly become so obsessed. And that's not a word I use lately.

Like some people with peptides. What's I mean, it's like a fascination fixation. Obsession. What happened? You know, we could try to put it into the category of just pop culture and just say it's the trend, it's the fad.

But as a clinician, as someone who has worked with these small molecules myself for greater than a decade, watching them in clinical practice, growing in popularity, I mean, you know, the first one was over 100 years ago as insulin.

But even over the past 20 years, the utilization of these, I step back and I see it a little differently. I really think that our obsession is because there's something finally that represents possibility.

And that's, you know, that's that's really the biggest thing because they kind of came on the scene with the Jim Bros. And vanity. But what people what I love about that is it started the conversation and people got curious. Right.

And it was solving a pain point. But then as they dove into that and they listen to, you know, podcasts and sessions like this, information like this, they realized, wait, these do far more than just help me to look super cute in my outfit.

It's all about longevity and performance and recovery and healing and personalization and like, real world healing solutions versus just treating and managing symptoms.

Because let's face it, I think so many of us have been let down, disappointed, frustrated by sick care model the management of the problem right pill for ill.

We've all kind of heard those statements. So I love these beautiful little molecules because I think that really they kind of give us a glimpse into a more intelligent and really customized future of personalized healthcare.

Yeah, I love that. So I'm going to ask a question. I'm going to add a little bit to it here okay. Our peptides actually revolutionary or is some of this hype.

And I will add to this that in the ugly nasty world that is social media these days.

Why Peptides Became So Popular

There's no shortage of medical doctors and researchers claiming, yeah, that this is all hype and it's all there's no research, there's no human trials, there's no.

But you know what I mean? Like, I mean, up until when I got kicked off of Instagram a couple of weeks ago, I'd rather unceremoniously my feet was starting to get filled with these people.

And I'm like, wow. Like, is it? Are they being bitter? Betty's. Are they right? Like what? What do we make of this? You know, it's so, so interesting.

And recently, like, I'll tell you, one of the things that I truly don't look at any comments on my social media, I don't want to I don't want to get into it really, really, because we all have an opinion, right?

And a lot of it there's especially on this topic, there's a lot of bots out there, and we know what feeds the algorithm is a contentious, you know, controversial stance and size.

And I think what's happening is because of the popularity, because of the conversation that's happening everywhere. I think that trained licensed physicians especially, and I'm not physician bashing, I'm getting really clear, but I believe they're trying to draw a line in the sand to find their own stance, to separate amongst the influencers.

And so instead of being able to feel like they can lean in and understand where they fit, because they we were not trained about this in any conventional medical training, which is why we do.

We're so that's why my peptide University was born, right? To be able to bring out a standardized, you know, curriculum of care. Like we're really setting standards of care so that whether you're a prescriber or non prescriber, because these molecules are not just gated only by a prescription pad.

And I think because of that, it's it and because of the popularity it is creating. Well this should just be left to this person or that like I'm seeing getting ugly comments.

Yeah. And yet so there is a ton of hype and so on. One part they're they're not necessarily it's not just a black or white right or wrong. It's an and also shades of gray.

Even how we access peptides, there are shades of gray. And I'm not just talking the gray market. What I mean by this is there is plenty of hype. But again there, you know, and I think because the reason that certain practitioners might be calling them hype or saying they're unfounded or saying there's not enough evidence, again, a lot of the clinical trials, a lot of the studies, a lot of the data points have been in animal models, with the exception of GLP.

And we know that some igloo type is the most research and it is a peptide. So if we just went on that one molecule alone, well that negates there is no argument.

It's the most research. It's got human trials. It's one of the most popular. It's one of the most most consumed. It's

driven the market of pharmaceuticals that we're about to be at 100 billion in, just like two more years.

Rejection. So unfortunately, everybody wants to have a voice. Everybody wants to have a position. And we know when it comes to social media. I balls are controversy.

And if I'm going to bash something, people might not like it, but they'll be like, yeah, yeah, yeah. And it'll get me views and it'll get me shares. And now all of a sudden I matter.

I've got eyes. But we are dismissing the real magic here. And the magic isn't the peptide. That's another thing that people want to say. Well, that's why it's hype. No, it is science.

It is evidence based. And again, let's remember that many like, where did you and I know this small chains of amino acids bonded together. Amino acids, amino acids come together.

We form amino acids, peptides, polypeptides, proteins right there. It's it's just a little bit of the protein. They don't make them. There's nothing there's nothing non evidence based.

Our very DNA is made of these same elements. Like all this is is very specific code that comes together right. To build to repair to signal to communicate in the body.

And so what I believe we get to appreciate is their evidence base. They work so much so that we are making them in a synthetic or exogenous form to take in, to support healing, repair, right?

As well as metabolic health, cognitive health, longevity, health, reproductive health. We are utilizing these molecules in many ways, and they're not brand new, but I see them as a true gateway.

And that's kind of what we said. Even as you introduced me, you know, they are a gateway into they're not going away. They are opening up an entirely new conversation.

And I'll tell you the I think one of the other big things is the reality of if a doctor hasn't been trained on something and now they're going to ask questions about something and they don't know how to intelligently answer it, the easiest thing to say is, well, that's not evidence based. That's not real.

That's that's hype. Yeah. Because they don't want to they don't want to look less than. And to me, I think those are the exact moments we lean in with curiosity.

And because it's not just the prescriber, we've all been lacking in that education. So what a great time the consumer demand is there. Why not leaned in?

Because healthcare is evolving. These molecules are the gateway to a much larger conversation and an entirely new model that's here. Whether we like it or not, we can say it's crap all day long, but it's not going away.

Yeah, no, I agree. And I think that, you know, so many of these small molecules, peptides, there are actual receptors for them in the body. That in and of itself tells us that there's a place for them, there's an intelligent way to do it and a not intelligent way to do it.

There's lots of pitfalls, some of which we're going to talk about, but it's filled with that word that people just seem to have forgotten about. It's filled with nuance. Yeah.

And it's there's you have to be able to again, you have to be able to hold two truths at the same time. Like all of those things people hate that the algorithm doesn't feed, you know, all of those things just, you know, and and obviously we stop it saying everybody should be doing this.

And this is where, you know, this is where the influencer model really falls apart and is has given those people a reason to have that voice in a way.

Yeah. So all right. So what's the biggest misconception people have about peptides in your opinion? Yeah. The biggest one is the tide. Yeah. That the peptide is the answer.

Like legitimately like they think they just need the thing. And and this is not anyone's fault because I believe that this is how we're all conditioned as consumers.

If you just think of what capitalism is, it's all about I mean, like how how did it all start, you know, forever go back in the 1800s. The snake oil is a thing.

I mean, literally Listerine was was a freaking like stripped varnish off the floor and they found a different way to use it.

Hype vs Evidence in Peptide Medicine

Hey, you don't want to think and smell and be bad and be ostracized by everybody, do you? And they started to sell this thing like it's it like, look it up.

It's real as factual article, you know. But this idea that started back in the 1800s to sell. And how did selling happen? Selling to a deficiency, to a lack, to a fear.

And so we have all been conditioned. It's not just about a peptide. It's about anything. Whether it's the shoe, the purse, the the car, the house, the degree.

Like I need the thing because that says something about me and it's usually an outcome that we want. And so the misconception is, my gosh, peptides are everywhere.

And so we're popping them like candy. And so we think that they're just like these benign, really fun, trendy things like taking a fat burner back in the 90s.

That's not what these are. These are very potent intelligent cell signaling molecules that do real things in the body. Like. And it blows my mind how people are just so willing to put something into their body because they think it's a trend and they can be cool and they can get likes and views, and they have no understanding, really, of how this is interacting with other medications they may be taking, right, with what their terrain is like, what is their current state of health.

And so and we'll probably unpack this as we have time today. But when we look at the regulatory landscape and the massive shift that has happened just in the past couple of months, I think going on for a year, silently, we knew it was coming.

But when we see this major shift in the ability to access peptides through research use only or the direct to consumer lane, it's now more gated. It's regulated because it's been over $100 billion industry that had zero oversight.

Nobody was looking at it. So it means like, what's in the bottle? Who the heck knows? It doesn't matter if there's a label on it. It could say it's read a true tide all day long.

It could be talcum powder. Right? So there's nobody that's inspecting it, verifying it. And when you can charge the kind of money that you can charge to get a bottle of talcum powder or baking soda versus the real thing, like people like, we want to all think people are good.

But if I've learned one thing in this industry every day, I'm just like, it's which side of the drug dealing? And I don't mean this negatively because I love peptides, but I'm like, it's a dirty industry and there's a lot of people trying to make a buck that don't have the best interest of that end user in mind at all.

They'll tell you it's the best thing since sliced bread. They don't care what happens. You buy it, you can't. There's

no recourse. You can't. You can't go get their mouth, their license.

You can't go to them. You can't do. Which I don't want you to do in anybody. Right? But I mean, like, there's zero recourse. And so the gating and the understanding, the misconception that it's just the peptide and then they go, well, it didn't work or why didn't work or, or this I'm just a little must be good.

A lot must be better. We hear a story after story after story of of health crises and people going into the emergency room for a multitude of reasons.

And I'm going to tell you, a lot of these people are health practitioners themselves. And so what's happening is these being real, powerful medicines.

And when I say a medicine is it's it's got a, you know, because it's not just to treat like I want to some of us in the integrative space or natural space, we don't like that word medicine.

But I want you to think of it that it's it's sending a signal, it's sending a message in your body and a really powerful signal at that. Like we're talking micrograms in cases.

Exactly. And you and I have talked a lot about this. And that's one of the things. Thank you for saying that because, you know, one of the things that's really fascinating to me that I love inside of.

So one of the things inside of my peptide university, a big part of what we are is we're community, right? So every week there's office hours, there's new trainees, there's new.

And I would say the term I use for people to think that we crowdsource. So we have clinicians of every different type and background and amount of years in practice.

Some are brand new, some have been using peptides for again, well over a decade, two decades in different genres and specialty. And so literally two weeks ago, we were having a call with our pharmacist and we were talking about the molecule.

Here's an example. We were talking about SS 31. And so when you look at some of these mitochondrial peptides as an example, and this is getting back to the misconception is there's quite a range of dosing.

So it can be from five milligrams. And c is quite similar from five upwards of 20 okay. And so but yet what we are finding especially with these mitochondrial enhancers, it's like clinically we have to look at how does this client or patient present what have been the inputs to the system.

What's been the stressors physical, mental, emotional, chemical, environmental. The big t little t traumas, what has brought them in, what has gotten their system to this point?

And it's not just about putting a really powerful and potent signal in to this dysfunctional terrain. It's not going to work for a lot of reasons. Okay, we can try to drive the system, but what outcome do we really want?

That's what working with a clinician, a trained clinician in this, in this field of expertise helps with they help to see the blind spots. They help to have a framework just about the peptide.

It's not like a supplement. It's not just a piece of candy that we pop in. And so half of us on that call talked about because of the type of patients we had, we were seeing more like Doctor Remco was talking about with SS 31.

She was literally having a lot of cases where she was doing one milligram and like the results that she was seeing were tremendous. Now she's also doing terrain prep, so she's a little bit more on that integrative side.

Right. And she's able to do some other things she is really working with kind of like mitochondrial principles, foundational health principles. First, Doctor Cleaver is doing a lot of cancer work, and he was at higher doses now

in that in the more of the kind of allopathic side, there wasn't as much terrain prep.

And so now the higher doses were effective. But they had to approach it totally differently based on the other medications that were there, why they were needing that.

And just for a moment, gang, the reason that SS 31 is such an important molecule is because it literally repairs the cell membrane. And when we use peptides and this comes back and I'll close out my point as the misconception, it's not just the molecule.

The peptide is only as good as that cell surface the receptor. So Natalie, you just you know, you said it yourself like, look we have receptors lock and key gang.

It fits in these certain places. And so if that cell membrane where these receptors are is worn down, it's like they literally break down based on the inflammatory lows.

Again, we can get into that if we want to. But as they break down because of we'll just call it the stress, the low, the impact of life, the dysregulation in the system, the peptide can be in there, which you can be paying a lot of money to put in there, but it doesn't seem to be working.

And then we think we have to go higher dose and higher dose and higher dose, and then we don't know how to deescalate and then we get afraid to come off of it.

And then why isn't it working? I spend a lot of money. And is it this. It's like breathe realize they get outcomes. It works as well as the train we put it into.

Which is why clinicians need clinical frameworks, and they need to have the conversation to be able to help their clients, their patients feel safe, feel seen, feel heard, feel comfortable taking the journey.

And you know this yourself. We've talked about this all the time. Healing does not happen overnight. It didn't happen overnight. It doesn't change overnight.

But we can begin to shift the system immediately. It is intelligent. A little goes a long way, but it's like, I think this is inviting us back into being kinder and gentler with ourselves and actually getting really curious about what the body needs more of and what it means less of.

And when those ingredients come together, not only the healing outcomes, but then the whole other trajectory of where we go from a longevity, a capacity of resilience, you know, an energy, a vitality and a liveness standpoint.

It's a whole new conversation. Yeah, I love that. And, you know, going back to the mitochondrial membrane. And that was such a beautiful way to explain it because I think at this point anybody who's listening it makes sense.

You know, you have a broken membrane. You're bringing something in that's asking more of the system now the you know, it does. SS 31 does do some repair work on the cardio lipid correct aspect.

But if your phospholipids are not there, if that's the thing, if the building materials for that membrane are not there and you've been on a sad diet and you're eating a lot of denatured, unhealthy fats and you're missing the fossil, you're missing the very, the very pieces that are going to make that membrane sing.

Misconceptions, Dosing, and Terrain

Sometimes you're on a statin or you're on a statin. Exactly. And so sometimes you do that foundational repair work and you find that, oh, maybe I don't need to spend thousands of dollars on that time.

Like there's a thought. Correct. Sometimes doesn't mean. But, you know, definitely. Yeah. If you do that foundational work first, never mind all the lifestyle stuff that people are trying to skip over, right?

Yeah. And I think that's one of the and this here's a really interesting rub, gang, is that, you know, again when look, sometimes when we have just been really in it like, and we just are so desperate for a shift like the idea of just give me anything, I'll buy it all, I'll stick it all, I'll take it all, and I want the highest does because I want to be on the other side of it.

Yeah, yeah. I'm not I'm not taking that away from anybody. I think we've probably all had a moment like that in some way, shape or form in our lives that we're like, come on, can I just like, I don't want to have to keep dealing with this thing anymore.

And so it's great that there is something that if we really need a powerful kickstart, we can do it. And yet I always tell my clients and my clinicians learning.

I'm like, for what reason? What is it that we're really doing any of this for, you know, what is it that we want? Because because here's the rub. We see like and we'll just use a GLP as an example.

One of the biggest issues that have happened with GLP is improper dosing. And why. Well, the higher we dose and even now you're seeing the new as well.

Hey, we're finding that you could have even more weight loss if you even increase the dose more. Well, people are flatlining. There's a whole lot, you know, there's receptor overload like saturation.

There's a lot to that we don't need to get into on this conversation. But my point is, is that think about it. The more of the product that you use, the more you buy, the more money that's made.

And so a lot of accounts, even on social media, have gotten shut down talking about low dose, very low dose or the term micro dose. Unbelievably so. Right.

Because if we all of a sudden go, well, less is more. And if we talk about, wait a minute, I can actually take lifestyle principles because what is it that I really want more of?

If I really want to be better today for longer, tomorrow's I want to, I want I've been chronically sick. I need some solutions. Which peptides are phenomenal for chronic illness?

Like some of the most powerful things to add into the tool belt, you know, like. And then what? Well, then we get back to, I call it from sick care to health care.

We get back to stable. But that's not where the story ends. That's where it just starts. Because that's when we really go into, well, care that longevity, that optimization.

And and you said it. So I would encourage the consumer especially you know always look at the money trail. So these molecules work less can be a whole lot more.

And when we stack it with these other lifestyle principles and we really work with, you know, we connecting community, we can extend health. We don't need as much.

We don't have to buy as much. And to your point, like we don't need to spend thousands. We will have some substrate, some supplements, like some molecules there.

What's on the end of our fork that's going to nourish us in other ways? Good sleep, good light, all those good things and we'll find what's really coming down the pike, you know, is with telehealth and the access points, we're going to see more and more of a democratization and access to these molecules, and you're going to see them almost become a commodity.

Prices are going to get driven down in a in a lot of categories, but they're going to keep trying to they're going to keep creating a problem to try to sell a solution.

Like there's a new, you know, one coming to market that's going to help to preserve. So take take to lose the weight and you're going to lose your muscle mass.

But I can't remember the name of the new drug that's coming out by Eli Lilly. That's going to preserve muscle mass. Right. So they're like, take this one to lose weight.

Take this one to preserve muscle mass. You don't have to do a darn thing, but just keep buying the thing. And I can tell you one thing. You're not going to look so hot and you're so soon.

No, just putting it out there. You're not. Nor are you going to be necessarily. I mean, you'll be at best, you'll be. You'll be addicted to it metabolically.

At worst, it'll stop working. Or you sacrifice your long term health for a short term fitting into your size. Two genes like, yeah, it's you know, I think that I think one of the reasons and you probably said this people are so excited is because and particularly with the Globe's.

Yeah. Is it does present and certainly the advertising would imply as a silver bullet. Yeah. Right. You can have your cake. You might only be able to eat your cake.

Yeah. That might be the only thing you eat today. But you're still going to look thin. And the the point people are missing is at what cost. Right. Where you could be healthy, maybe not quite as thin, but carry muscle and be more youthful.

Yeah, with less. And I'm sure, I'm sure that your audience is well versed on this. Yet it's not lost, especially when you just made the comment you made.

Gang muscle is the currency of longevity. Muscle is what keeps us metabolically healthy. Muscle is what regulates glucose and insulin production. And, you know, a big part of it on the back end that we're seeing, of course, we know, like, yes, on the front end, it's great that we are seeing people lose weight.

And to your point, at what cost? So when we have the muscle wasting, right. Because again, this is this is the part. And here's the thing. Like I literally just this past weekend I had I always have like in the airport I'm walking through and they see me with my peptide university on and literally at the delta counter, she goes, oh my gosh.

Like how do I how do I get help? She's like my my primary care put me on and they've got me on like I, I'm on this really high dose, you know, I don't know what to do.

And I don't think it's like I don't think they're giving me the right information. Like. And they didn't know, like they're like, something doesn't seem right.

I'm on this really high dose. I don't feel great. I'm not really seeing the changes quite the way I'm losing weight. But. And they don't know. They know that they need to ask other questions.

They don't quite know what they need. They understand. Like in the back part of this conversation is lifestyle and protein a muscle mass. What does that even mean?

What is it even mean? And so, you know, in the most simplified term, gangs like literally our muscles, they they burn they burn the fuel. The fuel is glucose.

When we have too much glucose, whether it's from food, whether it's from stress. And that's the part of the conversation, I think that the average American average person, we we get sold this idea of calories in, calories out, and you're just too sedentary. That's not it.

That's only a small part of the conversation. The real disrupter is and when I say stress, it's physical, mental, emotional, chemical, environmental. It's a load to the system that the body doesn't have the capacity to handle

because all stress is actually neutral and good, is designed to put a load, put a demand.

The body is supposed to respond, learn, come back, recover, integrate the learning. And that's how the human system actually gets stronger. More resilient is how we evolve as a human species.

But you know, we are not we are now overloaded constantly. We're always doing this like just the amount of energy coming into our brains every day, like the light, the the, you know, the thought, to think, the stress, the hormones, so that all of a sudden we start to lose that muscle.

We now are even more dysregulated with that glucose, because that means we're fighting flight. And so we're dumping glucose, glucose, glucose, glucose from all the stress to like, you know, I'm fighting and fighting, but we're sitting, we're doing and we're just storing all that fat and we're pro-inflammatory.

Then that accelerates the rate and pace of breakdown and dysfunction and disease and accelerates aging. So it's just one big negative feedback loop. All of a sudden the GLP comes in and says, what I think are so great about it, and I'm sorry, we're going way off topic, but this is one of the things that I think it's celebrated, and I don't know if it gets really highlighted to the average end user enough.

One of the reasons that we are seeing so many profound metabolic shifts, it's not even just about the appetite. It's actually what it's doing to the liver.

And how liver is, is we're not dumping as much. So when that whole stress load comes and we dump glucose, you know, I've heard this. I'm not going to claim this as mine.

I will I will share it with Doctor Patrick Porter to hear him say he goes, listen, it's on average of a candy bar. And I like I like real simple metaphors.

We're dumping about 24g of glucose, right? Like so almost a candy bar. Every single time there's a stress event, the system's overloaded because it's like, I got to have enough fuel in the tank to go run to get away from the Sabertooth Tiger.

So when we're having all these micro events and the systems overloaded day over day, and we are just slow dripping and sometimes dumping glucose, taking the GLP is slowing down the amount that's being dumped.

So now we're not putting as much in even though we're still in these stressors. Okay. And that's one of the greatest places. Yes it's digestion. Yes. It's slowing that down. Yes.

It's working with the dopaminergic. You know, the reward centers and it's quieting food noise. All of that is great. But the beautiful opportunity it is. Yes.

Let's go. Move. Because even movement helps our mental emotional decreasing stress. Right. But use these if we understand that this is a tool in the toolbox and that it opens when I talk about them not being the solution but the gateway, right?

GLPs, Muscle Loss, and Metabolic Health

They open a door into really being able to access the tools that help us become our best version of us. Meaning, if your body is now responding to stress easier, it's not as hard on your system.

What if you now now what if you now have access to tools that are mentally, emotionally helping you to better regulate that stress and or you're learning how to reduce or remove some of those physical or environmental toxic burden loads, things like that.

So all of a sudden you're releasing other things that would otherwise way your system down, stress you out, keep it going, keep you breaking down, breaking down the muscle aging you faster.

Use the tool and dive into the real transformation. I mean, I think that's what they open the gateway to. Yeah. And exactly. And the word transformation in case anybody missed it, it's not just physical.

It's a transformation of your mental. It's a transformation of how you treat your body and yourself, how you take care of yourself. Because, you know, we talk about exercise, sleep, stress management, all these things like their jobs.

But if you really think about it, what is it really? It's loving you. It's taking care of this vessel you were gifted. So if we can just reframe that and, and say, wow, you know, like this compound gives me the space and the quiet to actually get reacquainted with myself and relearn how to take care of me.

All of a sudden, it's no longer this horrible big mountain to climb. Yeah, right. Yeah. And I've heard so many people that have been shamed, like they get a lot of shame, especially around go, which is so unfortunate.

It like, hurts my heart. So I think for anybody and I, you know, I really want to first really celebrate anybody that's listening to this, anybody that's here on your summit and taking this in because that means and let me also give you this caveat, it's not always about more and more and more.

And you need more information and more information and more information. If you can take one small thing away and just start there. And honestly, like if the only thing you can do is start with a GLP, amazing.

But you don't have to go to big doses. It's understanding and this is a whole other conversation. It's not about the dose, it's about the level of what it does in the body, because it does last and it takes upwards of five weeks.

The way the pharmacology of these molecules actually break down, like it takes time for the stuff to get out of the body. And we don't need as much as we once thought that we did to really get beautiful results.

But if you were to just start there, and then from there, you start to realize like, oh, I, my, my brain isn't as noisy. I'm not thinking about I'm not thinking about all the things.

I'm not as angst up. I'm, I'm not really anxious about when to eat, what to eat. Will I eat, won't I eat, or I'm not as addicted to my phone or as I'm not because it starts to again, quiet a lot of those kind of addictive tendencies.

Now we can go so high we can ultimately blunt and go the other way over time. It is the other side to this. But when we look at it as an on ramp and we understand lower doses, we understand like it gives me ease.

I'm not fighting myself as much anymore. Yeah. And then again, there's the doorway that opens into a little bit like, what is it like when I'm not fighting myself as much?

What is it like when I want to just go take a few minutes, even if it's just a few minutes and relax on the porch and do nothing but the phone down, just let the sun hit my skin, right?

It doesn't have to be some big grandiose thing. And I think we always over. We always think it's more and more and more, but oftentimes first and foremost in healing and then in really like living an abundant life.

It's actually about less. Yeah. And it's just like it's streamlining and just feeling the fields of the space in between because we just put more and more and more.

It's like what makes a great piece of music? It's the space between the notes and we always put so much in. We don't create space just to feel and appreciate and kind of come back to center.

So I love these molecules, do all sorts of wonderful things for us. Beautiful and so full circle. To be clear, we are fans, both of us just used appropriately.

So yes, us to our next question. Given all the noise out there and all the voices fighting for attention. How do

people know who to trust right now? Is it the person with the million followers?

Is it the person with 10,000? No. Why do people know who to trust? Listen. Where? I think a lot of people are going. So I agree. And a lot of people are following the influencers.

Now, the first thing I'm going to say to you is are they selling peptides? Yeah. If everything they're doing is to educate you, for you to buy a peptide from them, chances are they're they're not they're not the one for you to fully go deep with because and I'm not like, listen, as healthcare practitioners we have to always reveal any conflict of interest. Right.

So meaning like and at Peptide University we're the education arm. We don't sell peptides through us. However people come to us all the time. Now there's a whole other division under Human Longevity Global that makes the vets vendors just like Natalie like you do.

Like we get asked. So but I'm never going to just give one. I'm never going to just endorse one. Because now all of a sudden I have a conflict of interest.

But if my team goes out and vets and looks and says, what makes one company better than another or as good, or who can you trust and why? You know, it's not just because we're getting a commission from them at all.

It's we literally have walked into the pharmacy. We've been into their sterile room. We've looked at their reports from the state board, from the national board.

We've done background checks like there's so much criminal activity in the space. There's a huge influencer right now, no names mentioned, that has criminal activity and has one of the largest followings.

It's like, okay and we're okay. And I know we're all hungry and eager. So of course I'm going to tell you to come to my peptide university to come get educated.

But we also we are clinician first, but we also for the consumer we help to connect to with trained clinicians. But I think that the most simplified way is whomever you are looking to work with, find out where they've gotten trained.

So there's only a few of us out there. There's only a few entities that actually have, you know, verified accredited certification programs. So for example, we have two national, one international accreditations were endorsed by the American Peptide Association.

We are CME, we are Siu. We're in. So that means we have, you know, everything from the fitness industry. We have accreditation with up to the medical industry and the National Board of American Medical Association.

We have had malpractice groups review our curriculum so that we know that it doesn't matter if you're a prescriber or non prescriber, you're coming through our programs.

The rigor is there, the evidence base, the clinical framework. It's not just about the molecules. So ask them if they've been certified. Ask them where they've got trained.

Look into it. And if they're just trying to sell you a peptide, chances are there the wrong person. So we train our clinicians all the time. You're not there to sell a peptide ever.

And as licensed clinicians, we're not supposed to be marking up medications like you're there to sell outcomes. You are there to and you're not even there to sell.

You're there to support and facilitate. Yes, consumers are going to pay. This is a cash pay space. And there's nothing wrong with that. You actually want safe results.

You want somebody that's educated, informed, will guide you, will support you. It's more than just a research China

$80 and you don't know if you've just put massive endotoxins in.

You've flared up your mast cells and now all of a sudden you can't understand why your autoimmune is so bad and the weight won't come out. You know what I mean? It's like, I never mind $80 from China.

We're talking like ten bucks sometimes. Like, well, yeah that too right then. Excited of the backlash. So education matters. And I think just ask those informed questions.

You know we are going to it's not front facing public yet. It may be at the time that this interview airs we will also be showing kind of our grading system.

And so some of the things that we are going through with vendors of how we and we haven't got to rate every company out there, but we are putting a very curated list, like what is making who's passing the mark, so to speak.

So do your due diligence. Don't just trust that if it looks too good to be true, it's probably too good to be true. And there are downstream effects of what that could mean for you, for your health and and your overall results.

Yeah. Do you think people should be navigating peptides on their own? I mean, gosh, there's so much of that around. I do not I don't I mean it's like and it's simply it's not that as individuals were not intelligent.

I mean, when I'm telling you that even my doctors end up in the hospital and I'm not trying to scare anybody because these are really and again, the I think the error that we all make is like, well, they're just amino acids.

They naturally occur in the body. That must mean and, and we hear things like a BPC that has one of the greatest safety profiles, like we cannot find the point of where that toxicity level hits.

Right. Like so there is a lot of safety, but there's also there's still guardrails. And just because something is safe or it is naturally found in the human system or in nature, like with bio regulators as an example, it doesn't mean that that's the right molecule, the right fit for the right out for the outcome that you want in your system under your circumstances.

At this time, it might be it might be exactly right. But, you know, we just think, well, then we keep stacking things on and then we can't figure out if have people send me pictures.

Why is my lip blue? Why did this happen? Like I'm just like, well, I can't just give you a simple answer. I have to ask you all these questions. I have to look back because it's never just one thing.

How to Trust Clinicians and Vendors

And that's what we think is the consumer. I'm going to do the thing I'm going to get. The thing is all going to be fine. Then when things go sideways, we're like, what?

The actual flip flop work with a trained clinician in the space. So if you if you really, truly care about the result, like if you're just playing and dabbling, all right, you know, maybe you're going to do it on your own.

I'm not going to fault you for it. And of one man go like be your own sovereign advocate yet find trained, trusted communities. You know, that's why we that's what we built our platform at my peptide university.

Yeah. Yeah. And it's a great community. So last question, my dear friend. Well, second to last. I'm sure I'll have another one after this. Why do you think so many clinicians are suddenly trying to learn the space?

Like definitely lots of people racing to jump on this bandwagon. Do you think it's because they're recognizing how powerful they are, or are there other reasons like what do you what do you think?

It's that. And so the the biggest reason is the consumer demand. So consumers are coming in asking they're on a

GLP from somewhere whether they've sourced it on their own, whether they went, you know, so so they're coming in and they're asking questions.

And this is exactly kind of where we started. Why there's so many voices out there now saying this is hype, this isn't real. This is an evidence base.

But there's the other, there's many, many more that are leaning in going, no, it's real. I'm watching it. It's walking in and my clients and patients are asking me for it.

And there's the very real awareness that's like, wait, I'm getting left behind. This isn't just a trend. This is not. I'm telling you. These are not vitamins.

It's not just a company that's going to all of a sudden have a hype and be gone in a couple of years. It's not a passing trend. Now, access direct to consumer access in the way that we've had it.

That is going to change. So the people that really and end when you have groups like ours and you see all of a sudden the administration talking about it like the legislation changes, we're out there being a big advocate.

Like, listen, clinicians, you got to get trained because if you haven't, you can't dabble in either more the clinic, the consumer, I mean to you. And we're going to see more and more gatekeeping to the direct to consumer research access.

And so more and more it is going to come by way of you've got to work with in conjunction with a clinician. And there are ways for both prescribers and non prescribers to access these things.

So it's not all just on the script pad. It depends on what molecule you want and how you want to use it. So when I say there's kind of different access points or shades of gray and what I said earlier, I don't mean the gray market.

I mean it's not to say this is it. You can only write a script, and that's all. But for our licensed physicians, they write the script, they work with the compounding pharmacies.

They've got to protect their license and, you know, malpractice risks and all of that. So it's they need training because they know they're getting asked and they're like, Holy moly, I can't put anybody at risk for the non prescriber who is working with these outside of a compounding pharmacy or who's moving into an integrative model.

Because really and truly, if we want GLP, that's the main way everything is going to go more and more and more through compounding. And there's going to be some supplement lanes and they're still going to be oral delivery routes, like we're going to see different innovation come to market.

But I guess the short answer is I'm a little long winded. The doctors know they're not going away. The landscape is changing. They know that if they don't get trained today, they get left behind tomorrow.

And and they don't want to they don't want that. They want to. They want to leave. They want to stay future focus. And they truly care about the clients and patients they serve.

So they want to be able to show up, you know, with just with the best resources possible. So I commend every clinician saying yes, leaning in and getting educated I agree.

Yeah. All right. So there's been a lot of noise lately about this. What's happening in July. Yeah. So we have people screaming guess what. It's all going to be legal in July.

And then you've got other people like me saying guess what. No they're not. Well not not which is a good thing. But what is going on? Like what do you think really is going on and how long is it actually going to take in your opinion?

Like are they basically just gathering information from clinicians who've been using these in practice so that they can call, you know, I don't want to use the word cobble because it doesn't sound good enough, but so they can really create a true image of what is happening with these compounds.

Or, you know, what I've heard is their B each one is being measured against a very specific clinical presentation, which on the one hand is great. And on the other hand, especially in the case of a BPC 157 is a bit heartbreaking because there are so many other clinical applications that it is helpful for.

Yeah. What's going on, doctor Melissa? Tell us as our final kind of yes. And this could have been the whole interview just now. So let me I'll work in reverse.

Let me say this, that here's the great news. Once they do get on the one hand, like once we have one use case, we can begin to have off label use. Yeah, I was hoping to say that. Yeah.

So from a clinically and this is why you want to work with clinicians. Meaning they have to understand. And for the clinician if you haven't been trained on this you do have to understand what does an informed consent look like.

What is the process of an off use case. How do you have to notate this in your EHR? Like, you know, you've got to have a paper trail. You've got to be making sound clinical reasoning and decisions.

So you do need to know the science. You do need to know the mechanisms of action. You do need to understand why you would choose this in that way. For what reason?

Okay. So I think it and here's what I'll tell you. Like I've got some of it's my opinion, some of its I'm lucky enough to get to be in the back room to be, you know, here I was with somebody who's like, I'm sitting down with RFK next week.

They want like it's interesting how they, they meaning kind of the legislation or the administration rather is crowdsourcing from some of the top movers and shakers who have had access to have got companies in.

It's also interesting to see some of the compounding pharmacies that are, you know, some of the big ones have a lot of a lot of financial interest. They've invested a lot.

And so they've got the best of the best attorneys. They've got the best of the best lobbyists like to see how things are, how everybody's playing together.

Here's the real shakedown. The reality is, you know, for the longest time and I don't know if here it is exposé that, you know, pharma didn't really care much about peptides because they couldn't necessarily patent because of, you know, there are naturally occurring, however, they know how to patent everything else.

Delivery system, fermentation systems names the molecule structure like they're brilliant once they cracked the code on like, wait a minute, okay. And to see what the glasses have done, here's this is my opinion.

I'm not going to say that this is fact.

July Regulatory Changes and the Future

If you just pull back and you look at it and if you really understand, you understand politics, you understand the mob, you understand like you know who's got their hands and what pie you look and you go, all right, this is a real clear story of now that they've cracked the code, and you look at some of the molecules that are being reassessed, right.

You look at BPC to have control over BPC and what that could do. Right. Like and as an example and once if, when and as they decide to lock that down.

And I think they're really vetting and testing. Well which ones would make the most sense for us to do next. They've already got other ones coming out like they've already got a whole pipeline, they've got longevity molecules that are coming.

You know, pharma is in the peptide space now, gang they're in. And they're here to say they're not going away. They understand the monetization. And they also and hey, the one good thing I'm going to say is they're actually using molecules that can make a difference.

The only downside is they're still pushing high doses that don't actually help the end user charging a ton of money. They're making loads of money. It boatloads of money, you know.

So funny side note just yesterday I was on good. I was doing I was so I was a bit with a big pharmacy. And we're looking at pricing and looking at all the cost of the API, everything from nuts to bowl to all the stuff.

And so if you think about it, a year ago, even probably even six months ago, would have cost the average person like it. At first it was over 1300, right?

At one point it was 1600, then it was 1300, then it came under a thousand. Then it was like 750, then it was 500. So $149, like $129. I'm like, okay, and let's just think about that.

How do I. Lily? Yeah. Or is it. Eli. It's Eli. Lilly. Yeah. Holy jumping. Yes. They're good recs, right? Wow. And so now think about that. I'm like and and like gang I mean, you look at that.

The swing of money how that at the height and there's many guys because nobody in the form of business is losing money. Let's be clear now I will also say this.

Listen, the whole way it works in the back end is they have to decide. Is it like there's a lot of money that goes into bringing a drug to R&D is a real thing. Sure.

So all of it is like, Will I will there be an eye? Right. So all of this is there kind of like, well, okay, where are we going to get a piece. And so we don't want you to touch hands off our GL and a hands off we're about to bring out because we know we've hit the big lever movers, but we're going to give you guys access to some of the other things so that we can calm you down.

And so there's a little bit of let's figure out how we can play nice in the sandbox. And you know, because again, like at the end of the day, they want doctors to write scripts to sell this stuff, to move the stuff for them because the doctor doesn't make anything.

They're just moving it for them, so to speak. What a terrible way to think about it. But that's kind of what it is. It's like crazy. So from that standpoint.

So anyway, I think there's the way I like it is that at least it's not perfect. And there is still there's money behind all of it. But at the same time there is benefit.

And when you have amazing trained clinicians, heart centered clinicians, boots on the ground there in the integrated space, they care about the humans they are serving, and they're not going to just write it one and done it like they're like, wait, there's intelligence here.

There's nuance here. We have access to other things. We can drive better outcomes and results. It gives the clinician hope and and real resources to not just manage problems, but it gives them real tools in the toolbox besides surgery to remove something, to actually go in and work with the intelligence of the body, bring healing back into the system and actually enhance results for the patients they serve.

And it gives that that end user, that consumer, that patient, it gives them not just hope, but it gives them a real result and a real outcome. So I do believe the process has just beginning in July.

It doesn't mean they're back. It means it's given us a lot to talk about, to have interesting conversations. Things are going to trend, but that just means what are we distracting here, what's really going on in the background.

So we're just going to see Lilly, you know quarter over quarter dropping more things. They're going to ride the GLP train as long as they can. It's going to get so commoditized that we're going to see it.

You know I was in a session I had the fortunate opportunity to sit down with Mark Cuban back at South by Southwest. We were in the green room together having a conversation.

And he literally said his quote was, we were going to see GLP be over-the-counter in less than 18 months. Yeah, I wouldn't be surprised. You know, less good candidates for that.

You know, it's it's. Yeah. And so if we look at that arc like we look at that arc, it's not just about a P. It's like we're going to see more intelligent molecules coming.

We're going to see more access. You know, we are going to see it. And there's always going to be money moving behind it. And without trying to demonize anyone, I think regardless of if it's pharma, if it's a compounding pharmacist, if it's an Ruo group, if it's a gym, bro, we wouldn't be here if it weren't for the gym bros.

Yeah, having the conversation, pushing it forward. I'm I'm grateful to pharma for all the R&D, for all the innovation because I personally freaking love what GLP at very low doses are able to do what we're seeing early in the literature, the the role they're going to play in longevity, in healing and, you know, inflammatory mitigation, like true quality of life, like they really can help to be a powerful player in optimizing the human system.

So regardless of where we enter from, I'm not here to bash anybody. I think we get to crowdsource. We get to learn. I just want everybody to be intelligent.

Don't just take something at face value. Be curious, understand what are the motives behind it, you know, and what feels right and aligned. Say yes to that.

If it's working with a clinician, if it's coming on to a platform like this, if it's learning about a telehealth platform that you feel really aligned with, whatever, whatever your entry point is.

But that just means to me that you are taking ownership of your own health. You're not, you know, you're leaning in, you're learning, and you're saying yes to you.

And at the end of the day, I'm not here. How to tell you to do that? I'm just celebrating that you're doing it, you know, because it's about how do we support ourselves better today for a longer, more vibrant tomorrows when we do that, when we start with self first in the moment, right now, to me, I see the transformation that can happen in the world.

I don't believe in a world that's gone to hell in a handbasket. I see so much beauty. I see so much evolution. I see so much possibility. And not just hoping, but like real things that will happen.

But it begins within ourselves. And so I think this is, again, a beautiful gateway into a really amazing future for all of us. Beautiful doctor Melissa, thank you so much for your time today.

Thank you. Darlene, where can people find you? Where can they find out more about my peptide University? And by the way, it's my peptide university. Not just peptide university.

There's there's a there's a a fake out there. Yeah. So we're not we're. Yeah exactly. You're not going to get the things that you would get with us. So mypeptideuniversity.com for all things peptides.

And we are moving a lot of our longevity certifications. And they're now that typically live over at Human Longevity Institute. So it's kind of everything from the small molecules.

And this is both the clinicians. We have a coaching program that's coming out for those of you that are in more of that coach realm, as well as longevity medicine, regenerative medicine.

So we have one of the most incredible faculties on the planet, and I'm proud to say you're a contributor to that. You know, you're so busy and so full, but when you're free, you're able to drop in and share your brilliant.

And it makes all the difference in the world. So I'm proud of who we are, who we attract, my peptide university and just kind of in general I you know I you can follow us there on socials human longevity global.com Doc Melissa I mean you know it just checks out my Melissa right Melissa.

Yeah that'll do to all the things me love it Doc Melissa thank you so much. Always such a joy to spend time with you. And I can't wait I think I get to see you next week.

Really looking forward to that. Live and in color. Thank you so much. Thank you.