Reversing The Sickness Phenotype: How Immune Modulation Changes Everything Transcript

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Introduction and summit welcome

Hey, everybody. My name is Mike McNeal, and we want to welcome you to the Peptide and Bioregulators Summit. And I have joining me today the man, the myth, the legend and Alpha doctor Kent Holtorf.

So first, not only has Doctor Holtorf made a huge impact in my life from my healing journey, but he is just an expert on so many topics that I feel like I've never really delved into the research until I found your research.

And I think the stuff that we're going to talk about today is just profound. Flattery will get you everywhere. Okay. Sounds good. I think I'm on a good start.

So, doctor, Holtorf. I know we're going to focus on peptide bioregulators, but I want to focus on a talk which is treating inflammation, inflammation, chronic illness creation, and also just anti-aging at the same time.

There's really a synergy or a synergistic effect there. The same thing really. And so what could you get me started on that? I'm like, I love that talk that you gave. It's it's fascinating.

Oh yeah. About how really treating acute illness correctly is the same thing as anti-aging people separate it like, oh, this is for anti-aging, but for acute we do this for acute.

We end up doing toxic things. Right. But when you look at the underlying mechanism of every chronic illness, it's exactly the same. And everything is inflammation, but it's where it starts.

It's kind of hard to say. It could be a chronic infection. It could be aging. So you got basically a gross oversimplification.

Inflammation, immune balance, and chronic disease

But, you know, think of one immunity, and two immunity, the good stuff inside the cell. And normally they're balanced. But as you get a age phenotype or a sickness phenotype, one goes down and two goes up.

So you can't fight interstellar infections. You can't fight cancer, but you have all this inflammation. And then you add 17 over here, which they thought was one before.

And that's why they used to have like oh, T1 driven autoimmunity very rare. So so basically when you get all this information you get autoimmunity, which really is when you see anything with chronic infection, chronic neurologic disease, they all have the same phenotype.

They can't fight infections. They can't. And actually need high one to for, senescence, where to get rid of, 2% analytics, get rid of immuno senescent cells and senescent cells, and instead you just keep creating these.

So it's like this. And that is a sickness phenotype is the same as the age phenotype. And so when you work on a if you can do one thing for chronic illness for anti-aging is immune modulation.

That's the name of the game. Because that teeter totter it is you, you look at every 17 treatment. That is kind of a profound like a go to treatment. Ozone even you know vitamin D IVIg they're all immune modulation.

Yeah. You know. Yeah. And and that's what gets people better. And you can do all these other things. And then you got like my you know, I mean my joints will help mitochondria.

But you can help that by boosting mitochondria directly. Or killing cancer directly and boosting the hypothalamic pi or pineal hypothalamic pituitary hormone axis by using by our regulators all all through that you can do it by, you know, basically lowering blood sugar with the, pancreas by our regulator in the, pineal by our regulator and shown to, you know, dramatically improve all those.

So you get all these incremental changes and, and but every disease has the same thing. You know, we we talked about you know, the veterans that you think they're gonna be.

Oh my God, what are they had a traumatic brain injury. That much makes us the same age. Sick phenotype with the immune system. So immune system number one.

And we we can basically gauge how sick a person is or when they're going to basically die is based on their immune system. And you look at a couple things, and you look at the two.

And now when you look at all these things, they say, oh, that's not really true, but you have to look at biologic markers for downstream. So the best biologic marker for downstream t th one, although it's not a th one, you know, cell or cytokine is natural killer cell function.

Natural killer cell number doesn't really work because a lot of times they'll have a lot of natural killer cells, but they don't work because they're all infected.

And then over here, human transforming growth factor beta, which causes fibrosis, which causes cardiovascular disease. C4 a you look at those and if those are high, which you'll see with chronic illness, they're going to have autoimmunity.

They're going to have, you know, basically neurodegenerative diseases. And they're on their way to cardiovascular disease or diseases and disability. Yeah.

I was even looking at a patient case study today. It was like mold markers high eosinophilic high CD3 high CD4 high. It's like they were the cascade of IgG IDM secretory IGA reactions.

They were just lit up like an autoimmune candle in the presence of something like mold toxicity. Oh it just it just it just wrecks that, you know, look at Sears, you know, chronic family response syndrome, mold patients that it's almost you'll never get a mold patient or serious patient that didn't have underlying immune dysfunction.

And that's why people go oh all the you know was BS because I go in there and I'm fine. Well because you're pretty healthy right. But now why are we having so much more mold problems.

Because all the, you know, basically environmental toxins forever chemicals, all the crap in the food, you know, all the seed oils are just driving this immune system and driving inflammation.

And now now they're sensitive to it. Yeah. And it's well, the, the practitioner this, this gentleman is working with, it's just they're just saying bind the toxin and you'll be fine.

And it's like no. Do you look that you're CMV is high, your Epstein-Barr is high. You're all these other secondary co-infections. You can't just pull out all and they're not because they got infected.

Mold, infections, and immune dysfunction

Yeah. It's because the immune system. So everyone has CMV. Yeah. And it's a marker for immuno senescence. Yeah. Right. Yeah. And that's a marker that you got a boost immune.

So like people have Epstein-Barr and they're like, oh, you got mono. You know, you got to we got to go after the Epstein-Barr. Yeah, you can to help things.

But you got to if you don't fix the immune system, you're not you're not going to get them better. Yeah. In fact, IVIg works better than anti herpes virus.

Oh interesting. Because it immunomodulatory modulates instead of. Yeah. And that's that's the thing I realize is people think of things like taking echinacea.

You just ramp the immune system up. It gets rid of the infection. Also people think oh stress lowers your immune system. No, it modulates it. So it lowers the one and raises that tissues.

You have more inflammation. And also you look like, you know, with aging and senility is a big thing that, if you don't have high one, you can't get rid of those senescent cells.

So you need to raise that to actually you can do all the, you know, basically intermittent fasting and all these things. It's not going to work also chronic Lyme and I'll go to infectious disease doctor you know if you have a chronic infection don't take these doctor.

If you have a hormone problem don't go to all. But and they'll say, oh well you've had these symptoms for years, but you have I, I'm right. So it it's a false positive.

No, it's because if you don't have high one you can't convert IgG to IgG. And all of a sudden so I had one I band 41 called on band which is for with a Lyme and like oh that's nothing.

It's everyone has that. No they don't. And all of a sudden I fix my immune system and I have six bands of IgG. I have IgG Lyme. Wow. Yeah. And I saw I used to see a lot of times patients who come in with that immune dysregulation predispose autoimmunity from like a toxin exposure like mold.

And then I would see clinicians running like food sensitivity panels. And they were going to be light of like Christmas tree. It's like, and what are they going to eat.

Like one stick of cinnamon or something. And you know, but but it is true that everything feeds on everything else. Yeah. So it's like saying, well, okay, we said that Epstein-Barr and CMV is not the cause, but once that reactivates now it suppresses it even more.

Yeah. That's why you have to fix all these different mitochondria to suppress the mitochondria more. So it once you kind of get this whole vicious cycle that everyone's into, it doesn't matter.

Well, what was the start of it. It could have been your from trauma when you were a baby. You know, it set it up and then all of a sudden all the crappy stuff in the food.

Yeah, all of a sudden, now you got, you know, some trauma, you know, traumatic brain injury or and, and all of a sudden, worse, worse, worse, boom. All of a sudden you get it. Yeah.

And that I like the balancing act because I like the fact that from an approach like the whole turf way or the way that we approach wellness is to bring things into balance and so much on the journey that I feel like a lot of patients go where they shoot in the dark, not really comprehensive testing, so they don't know where they're starting, how full their bucket is.

And I like how you were talking about even with our previous interview with John, you're looking at 30 to 55 tests. You have to you're not just looking at a CBC with differentials like it doesn't.

It doesn't tell you the truth. That's very barbaric. Yeah. And it's it's barely it barely suffices. But doing a CBC, chem panel, a PSA if you're, if you're lucky and a cholesterol and going, oh, we got to give you a statin.

What, are you going to get better on the other check and a whatever and then give you some immunosuppressant for it. That is malpractice 100%. You know.

And it's just you got to also look at pathophysiology and physiology which doctors don't anymore because they're like they want to put you a little box.

That's how they're trained. And then now the insurance company we'll we'll we'll pay for this. Now we'll give you this drug for this, this illness. They don't know physiology.

And and I mentioned how, like, first thing we want to know about a treatment is what's the mechanism of action. Right. Because once see how it fits in.

But you look at meds now it's like it's number 12 down on everything. Doctors don't read the mechanism action. They go what is the indication. And you know, and you know, what's the dose like?

They have no clue. They have no clue. And I was just talking to one of my pharmacy friends. It's like they don't know nutrient drug depletion either. It's like you take a statin, you're killing the vitamins, you're messing up your vitamin D production.

You can't utilize fats and oils correctly, which leads to hormone imbalances. There's all these secondary downward benefits just to protect the heart.

And it's like but it's from something that we're exposing ourself to.

Testing, misdiagnosis, and medical system failures

So there's a whole lifestyle component to it too that we can shift a lot without the drugs. Again, I'm not big in lifestyle. I'm I'm very, very lazy. And so I am vow to not exercise and let the body think I'm exercising.

I fast all the time. It's 30 minutes. Okay. Nice. And personally, I'm constantly fast. Let's go. And, but if I can give peptides and, you know, some mitochondrial boosters and and I'm telling you fast, Siga, is one of the best anti-aging drugs.

Has nothing to do with the dumping. Sugar. Yeah. Yeah. Urine. Yeah. I got a sitting the PowerPoint on this, like I put together. It's like, Holy crap.

This this blows away, you know, metformin. And, it is amazing. On that. But women I wouldn't do it because they'll get, you know, yeast infections and urine tract infections.

But, and I just thought I'd just bring that up in terms of anti-aging, because we've come up with a program we're launching soon. I keep threatening to do it, but, is that will guarantee five year reduction in biologic age over two years, which most people will get ten plus.

Right. But we're very confident in that. And it's just looking at these principles that, you know, even like you're doing like one thing is shown to, you know, reduced by large by two years, another thing by five years. Yeah.

So if we can get five year reduction in biologic age and just think, well, how much would people, you know, it's not about money, but like, you know what.

What's the value. How much would someone pay to be five years younger, to be ten years younger, to delay any, nor did you generate disease for ten years, delay a heart attack for ten years.

It's huge. It's you know, that's when you do. We are the sickest country in the world because of the crap that the our whole medical system and our and our big egg and the immune system.

Yeah. And it's it's it's living stronger. It's living longer, but putting more life in the years. It's like not just for anti-aging sake, but it's like living without, you know, chronic illness and living wants to live longer in a nursing home.

100%. No. With you know what? I take it back. I kind of do. Oh, boy. Because I want to. I want that big remote, you know? Yeah. Let's go. The wire and then you have the little train, but with the with the thing.

Yeah. Let's go skiing. I need I need some food. That would be nice. Oh, I don't think it's so bad. Yeah, that's true, that's true. Well, doctor, this brings us to to the next round.

It's like we talk about how, like, medications are one trick ponies. They're they're downward side effects. But then if you move into like peptide bio regulators or our realm of how we would treat a patient, I, I like to tell them there's no side effects, only side benefits.

It's like they're trophic in nature. They have secondary effects that are positive, like protect you from toxins or hepatic protective for the liver, whatever those types of things are, there help.

They're multi beneficial to the body and with little to no side effects and little to no Ld50. It's not like you can take a toxic dose of a peptide they can't find later.

Yeah. Which is fascinating. And I'm curious on when you're looking at anti-aging and you're looking at the inflammatory multi-system illness creation.

What in the peptide bio regulator world do you think it can tackle anti-aging or chronic illness like? Is there a specific subset that you look at as more of an anti-aging side of the peptide by regulators?

Yeah. And and it depends on anti-aging in terms of what the person has. Right. You know, with cognitive dysfunction and the, you know, cerebral pet and or like, you know, aging with so many women have a problem with fertility.

And we had great results with fertility 20 years ago. And what do we give them? And it was kind of blind, but it worked great. People go through all these, you know, in vitro and it wouldn't work and they'd have antimalarial hormone so low.

And they were just, you know, the doctors were taking their money, but we would give them heparin, and T3. And that would about half of them would get pregnant naturally.

Wow. And, and so what we found especially if women had early fetal loss because what happens with immune dysfunction you get immune activation of coagulation.

And so it's a baby's growing in these tiny vessels a clot off very quickly. So if a woman has basically early fetal like, you know, they have it, they give them heparin and then T3 is hyper, I it just is so pro fertility it gets the ovaries working.

But now that we found the basically ovarian bio regulator and the pineal bio regulator for instance. So they gave it was 135 rats, the all menopausal rats.

And so we know it works for attorneys too. And, and they gave them all, a battalion, and they all started, like, menstruating. Right. And 25% had live birth.

That's after being menopausal. So we'll have women come in. And I kind of forget because epi talent is maybe the pineal peptide, which raises melatonin.

It stimulates, ovaries and testicles, human testosterone and hormones and increases telomeres. Probably the best anti-aging single thing. Anti-Aging. You add that to thymus peptide, which increases that one.

That combination maybe vascular peptides. Do you add those three together in your golden, and and so we, they found that, you know, basically a raise and 10 million home, which is the, ovarian reserve and women who could not get pregnant after doing a trial of these bile regulators, 86% had live birth.

Golly. And these are women who had it. Basically, they could not get pregnant. And I give these because I'll give up Italian to menopausal women for for not even they don't even want fertility, but like, you know, for anti-aging because it works with so many different things, I forget to tell them they start menstruating again.

So half of them are happy, half and want to kill me.

Peptides, bioregulators, and anti-aging applications

And so I got to remember to tell them, you mean you start, you know that, hey, it's not bad because it, you know, they freak out, but, it it's just amazing, you know, with all these things that are going on and how reversing diabetes and traumatic brain injury where with all these, you know, brain peptides and we got clogged up pap and cerebral pap, which has been around like, cerebral lyson.

It's been around, it's approved in like 75 countries for, for basically dementia. And traumatic brain injury. And, but it's shown to work orally and, and the studies show they look up an EEG with a human, give them one dose orally.

You can see the EEG totally changed to a more youthful thing. So and these are, you know, basically, again, no side effects. Essentially. I've seen some serious patients.

I mean, they take anything. Yeah. And they, they can have a side effect, like you tell them, do even a supplement like, you know, look at it for a week and then you know it for a week, and then I'll look it, you know, but, you look at medications as you add more medications, exponentially.

Side effects. Yeah. But I'll give even a sensitive patient when people say they're sensitive, you gotta listen. Oh yeah. But I'll give them a sensitive person.

1012 peptides at once. Right. And other people maybe 1520. But that's why we're putting them all together. So because people like oh what about this one, this one, this one, you got to add this in this that okay.

Here's if you have brain issue. We got three per pap. If you have you know the pineal and the pineal part. And and there's so many things that that work.

Yeah I'm the therapist. And what's interesting with so you look at the thyroid by a regulator. So basically they take, you know, whatever tissue it is, they'll, they'll take the gland and basically filter it down to a very small molecular weight peptides.

So by regulators are by definition 2 to 4 amino acids. So as long as they are tapped to seal it and mandated, that's what the body will do with a peptide or protein that is important to keep it from breaking down. Yep.

And so it so you have that and they totally absorb. They go and they work differently. The peptides peptides work on the cell surface. They have paleo tropic effects as you said.

And they will do a number of different things. The bio regulators will go to basically around the histones. They'll open up the DNA, allow transcription of anti-aging genes and suppress aging genes or inflammatory genes.

And, and so they're, they're, they're, they're very smart. And so the thyroid bio regulator was it's amazing that your low thyroid and if you're low, it will raise your thyroid levels.

If you're high it will lower it. But it didn't do anything for Hashimoto's. But if you do the thyroid access by a regulator okay. Which looks at the pineal hypothalamic pituitary fibroid access, then it actually will moderate that and dramatically lower the autoantibodies.

Now you go to an endocrinologist. They don't even check the antibiotics because they don't think you can do anything about it. Right. Which is crazy. Yeah.

I mean, even simple things like selenium and and. Yeah. And and it's kind of a l tyrosine iodine. Yeah. But yeah. Catch 22. Yeah. Where. Oh, your, food allergies, but you have food allergies because you have immune dysfunction.

And so it's really treating the immune dysfunction which is will help the food allergies and the autoimmunity. Yeah, I love that. I was literally I sent you a testimonial from one of my pharmacy friends on pineal Pep's effectiveness.

Now imagine this. I, I'm fascinated that a diabetic patient like this patient was blood sugars in the four 5500s plus could never sleep. Tons of inflammation, all of the advanced glycation.

So you just I call it thick blood syndrome. I mean, everything was sticky and thick. Yeah. Cardiovascular issues activate all the platelets mean activation, coagulation.

You just get all those downward spiral. I mean, this guy is, you know, shortening his life fast because he's creating this whole, you know, systemic cascade insulin all over the place.

Pineal pump. Two weeks, he dropped his blood sugar down to 150, which is like such a dramatic his sleep was the best he's ever. He slept for the first time in his life overnight for seven hours in two years time.

Not sleeping. He wasn't sleeping. See that vicious cycle? Yeah, it's like that cortisol increase, the lack of melatonin production, that adrenal fire in that whole dysregulation cycle.

They were running for quick energy, probably quick carb sugar, all that. And getting in that cycle. It's like to have something like pineal pepp, which is that pineal peptide by.

It's the whole blend to get the surface and the internal cell to turn itself back. And then you add the vascular by our regulator, which is the vascular by regular lowers inflammation of the endothelium in the vessels.

What better thing than that. True. Yeah. And you know I shouldn't say this, but I mean people laugh at me. I, you know, Skittles and Starburst for breakfast.

And I missed sugar and my I finally I haven't checked my blood for two, two and a half years, whatever. But my wasn't LMC was was 5.2. It my my blood sugar was like 54.

No okay that's awesome. I'm like damn no no I love that. That's awesome. Yeah I you some more pancakes. Oh true. I love that even the patient I looked at today their their LDL, HDL was increase like their their numbers was really off triglycerides super high.

Very odd for this individual. Candido was really high. And I notice when he was talking to me that he had thrush on a tongue and he had mycoplasma. So is it just it's like a perfect storm of the whole all fish.

Yeah. You know, and maybe they have this or that and so many people are chronically infected with Lyme and you know, that's this is like the side of America doesn't believe it exists. Like, right.

Give me if there's thousands of studies showing this. Yeah. Yeah. It is an epidemic. Yeah. But yeah it is it's everything. And but once you know how to diagnose it, right, and you see it like we can look at a lab slip, and we have a lot of labs to paint a picture.

Yeah, we can tell how poor health generally. I mean, sometimes I'm surprised, but, some of the they do lab correlate tests are all normal, so. But I was worse service ever.

But there are labs are actually some of the key labs are better. But you can tell how basically sick that person is and, and and like we all they can figure out anything and vague symptoms again, the doctor doesn't know what it is immediately doesn't can't put you in a laboratory.

Fertility, thyroid, and hormonal regulation

It's your fault. Oh, yeah. It's an antidepressant, you know, like it's a mental disorder. Yeah. It's an and I've been there. It's like I've. I've either been told I had a mental disorder.

I've been told that my issue I'm going to have the rest of my life. I mean, we talked about this earlier, that Western medical system. I say they praise death consciousness.

It's like they speak death over you. They tell you the timeline. And based on the biology of belief, whatever we believe is what comes true. And in their freaking cruel, they're cruel.

They have someone here, chronically ill, like sensitive patient who was in the ICU, and they called a psych consult because they said that's what's causing her.

I was like, are you freaking kidding me? Because they couldn't figure it out. They didn't want to bother to figure it out. It's. And they exacerbate, you know, you put the stress of that and you're cruel and cold and that sort of distance to the patient.

And, you know, patient care is they get less than maybe five minutes with a doctor who's supposed to take care of their whole care. You come to a place like here and you get 30 minutes an hour.

I mean, you get actual care. So you know, typical. This is four hours. Yeah, yeah. How do you have a patient's history at midnight? Yeah. Okay. There you go. Yeah, yeah.

And or at or even like look at things like weight loss. Yeah. And everyone's like oh calories in, calories out. No way. Every time we, we check someone's basal metabolic rate if they're older, unless they're totally healthy, if they're stressed, have any chronic illness, we'll check their basal metabolic rate.

And almost always, it's at least 25% lower than it should be for someone of their same age and body weight. Right. And so all these people have low thyroid, even though the TSH and thyroid levels are normal.

So I've been working on a thyroid assay that's going to replace a TSH for like 15 years. And we ended up in Spain and Bilbao and we thought we had it, but they didn't have, in any, mass spectrometers in, in, in the city, let alone the country.

Oh, wow. But so it, the technology wasn't there. But I think we'll be able to do it the next, the next year or two. And we got some grants for it. But because the, the, one of the biggest issues are people being misdiagnosed with normal thyroid 100 when 70% of anyone.

If you feel tired, you can't lose weight. I guarantee any chronic illness or are older. You have low thyroid hundred percent. It's the master gland that helps with balancing it.

If the thymus does so much, the thyroid does like 100. Yeah, it's higher, which you know is needed to stimulate the thymus. Yeah. To make the mitochondria. Yeah. Yeah.

So energy metabolism immunity weight loss I mean everything in my body is just and that's the whole thing how bioreactors work. They increase protein synthesis in these tissues.

So what happens as we get older. They start getting sluggish. Right. So is stimulated. But you need the thyroid there to, you know, basically work in concert with yeah yeah I love that.

That's the synergy that we're bringing back with peptide bio regulators. The way that we treat to looking at the entire body as a whole and approaching it as a whole, that's it trips me out.

How how modern medicine is so separated, like you mentioned earlier, you go to endocrinologist for this. You had

a car dose for this. It's all disconnected.

No one talks to each other and they don't care to and they don't care to, and they all prescribe something different. And no one tells the prescriber what.

It's just a whole chaotic. And I've seen it with my parents, I've seen it, and they're just stuck in their little thing. Because you go to a gastroenterologist, they're just hearing about probiotics.

Yeah. And because they get money by scoping scope, scope, scope, scope. And they miss so many things and parasites and you know, and we'll check like SUV kind of in protein.

It's high. You got a parasite. Yeah. Right. And you can do all the tests so the cows come home. It's not going to show it. Yeah. And the study was actually shown when people in Ellis Island, they were doing tests.

And the testing I've got haven't got much better. It's a just treat. You know, and it's exceedingly safe and, and you get rid of or people that go to Africa or India, I'm telling you, they come back, they're never the same.

You know, I'd say like 80% of the people and they may not it may be subtle, but they got parasites. Treat. Yeah. You know. Yeah. Well, you know, it depends on the patient too.

So a lot of times we'll do labs and we do the same thing. Is that what happens? It's like we know what's going on, but we need to show the patient 100%.

And because it's like, okay, so so they can buy it. And then I'll actually do the treatments. But you know, when you get these large blood panels, it's like, duh.

Yeah. And then you add some specialty tests and it, you know, you just basically go down and you know what? If someone they come in and you got they got Lyme disease, right?

You know it. You can't go, let's do a Lyme test. Right. It's ridiculous. I'm not a camper. Right. So you got to show, the abnormal immune system or something's causing that.

So you got to lead the patient along to where. Where you know, where it's going to end up. Yep. But they're not ready yet.

Metabolic dysfunction, weight loss, and gut healing

Right. So, or it's like all these things, like OB is, is giving everyone a hysterectomy, like, oh, it's almost no one needs that's like an epidemic in and of itself.

And with all that like and they using synthetic progestin, which, if you want to call it breast cancer, give us a synthetic progestin 100%. If you want to prevent breast cancer, give progesterone. Yeah.

And it just it just drives me when I can't tell it how many my friends on the fertility side of things, endometriosis, PCOS. It's like I'm telling you, every one of my friends, they're like, can you tell me about therapy? Can you?

They're just so you disregulated and you can reverse that almost 100% of the time, 100%. And with nothing toxic and you got they'll give like, oh, here's metformin.

Oh, it doesn't work. See it's a you're just eating too much or, or let's, let's do a gastric bypass. Yeah. We had a patient who got a, she came in, she got a gastric bypass.

She was still gained a pound a day. And they're like, oh, you're eating through it. They put it in the hospital monitor and she still gained like 500 calorie day diet.

And I'm like, did anyone check leptin resistance? Did anyone check, you know, or inflammation and or like, oh, no. She's just somehow she's getting food like, you know, like, really you're blaming her.

And then we, we basically treated that and massive like, leptin was like 102, and in which basically so leptin goes up when you gain weight and you should go back to the brain and tell the brain, hey, well, we got enough stored fat, so increase metabolism, burn fat.

And, and it ends up storing fat and increase your thyroid, but hers is so high because of inflammation. And and after that surgery, there's so much inflammation. Right?

So it made it worse. And she still gained weight and they blamed her and all that. So we just fix the leptin resistance. Yep. And just started losing weight like crazy.

See I love that I had a patient there's a product integrated peptides. They have a gut feeling. And he was so inflamed in his gut. Visceral fat. Not too much.

It wasn't like he was obese, but he just couldn't get rid of the belly fat. But he had pain. If you palpated his stomach, he was in severe. He would like double over IBD, like colitis.

All these inflammation of the gut issues were showing up 20 days on gut feeling, and he could palpate his stomach without pain. That's how quickly one thing I like about that right.

It feeds into everything. So gut is huge. Yeah. And the thing is like so many things are huge, right? Yeah. They're all you just you just got to do them systematically and show the patient what is abnormal.

I wish we did have a better mitochondrial test. Yeah, that'd be nice. But if you have any information on mitochondrial dysfunction, if you have any illness or aging, I can just function.

There's so many different ways. Like we're living a great time. Yeah. Because we we can reverse these things and we can reduce age. Like we said, we're going to guarantee five year reduction in biologic age.

More likely ten. Yeah. But you know you never know the person's going to try not to lose biology. Yeah. Yeah. So we I got a lecture for that. But no it's a great time to be alive.

As long as the regulatory like, you know, you start helping people too much and reversing cancer or whatever you say that, but, you know, and I'll come after you.

Yeah. It's true. Well, I know that we we we are protected under many, many things, but we do have a membership association. We do, we have IRB, we have, you know, working through, our affiliates in Mexico and we've actually, partnered up with a internationally known, university lab in Ensenada.

And so we're doing all these clinical trials on, peptides and bio regulators. So we're going to come out with a lot of great studies and really show like, oh, there's no studies. Well, there's a thousand.

Yeah. They were in Russian right. Yeah. You know, and and no one looked at them but they're there. Yeah. And they may not be the biggest, you know, studies ever, but we're finding now really if you look in the studies, you're showing this clearly, these are major medical journals saying half the journal articles are wrong.

Because you have these big double blind, placebo controlled studies in a tweak one little thing or they'll do basically if you, have a group and you say, okay, well, we're going to separate out the group that, you know, this group did better than it does, and you break it down to four groups.

Now you've cut your accuracy by 20, basically by 75%. So it it's it's B. S.

Research, clinical trials, and closing remarks

and they do all these things and people think, oh, the 95 percentile is only 5% risk of false positive. No, it is not. It's a 50% risk of false. Yeah.

You know what I mean. All of it. Like what I learned from previous, you know, colleagues and things. It is so expensive to run an actual test that's done with honesty, integrity, like truly following up on the patient base.

No other, you know, other mediums coming in to, to skew the numbers. And it's crazy that we're trying to put out real research that we're funding and we're backing, and we have to deal with all of the garbage research that's out there.

And all these companies have published things. And also it's just I know a couple of people that, own or are employees of, basically the drug, clinical trial labs. Right.

And they're supposed to be blinded. So the drug company says, okay, you're blinded. They're not blinded. They know, and they get a huge bonus if it turns out positive.

So I'm talking to one person and I can obviously say, but she's like calling a friend. Oh, come on over. I'll give you the placebo and and they know because they get a huge bonus if this drug passes. So.

But the drug companies get to say, look, we had nothing to do with it. They've got other people basically with vested interest in allowing the drug to pass.

Oh it's crazy. Well, Doctor Holtorf, I'm glad we're on the journey in this together. And, it's it's an honor to get a little hyped up. No, no, I like it. It's it's so good.

It's an honor to work alongside you and help our patients, you know, heal themselves and get better. And and really, we are running programs, whether it is chronic illness or it is anti-aging.

We treat the person as a whole. You're going to feel better. Like John mentioned earlier, he's anti-aging and his chronic illness is gone. It's like we want to see more of that be the norm and the way that it's adopted across, you know, heart failure went away.

And he's like, we're treating this cancer. Right. Exactly. It's awesome. Let's just say we're treating the cancer. We're helping the body heal itself of cancer is an issue, you know?

Yeah, yeah, yeah, I love it. Well, Dr. Holtorf, thank you so much for joining me today. This was the best talk that I've done. This is awesome and I appreciate the information I appreciate it awesome.

Thank you guys.