Role of Peptides in Immune Dysregulation Transcript

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Introduction and Guest Welcome

Hi everybody. It's Matt Cook at, the tail end of the peptide summit. But, this is probably going to be one of my favorite interviews, and I was super looking forward to it.

And, I want to introduce you all to a super wonderful person and a very amazing doctor. And I think one of the top doctors that when I have questions, this is somebody who I reach out to and ask questions to because I regard her as somebody with, great clinical experience in terms of taking care of a lot of patients with very significant, complex illness.

We have a similar practice and we think similar way. So I always love to talk to people who are doing the same type of stuff that I do hear what they're doing, learn from them and share what we're up to.

And, and, there's nobody that I'd like to do that more so with, Doctor Nafisa pm so here you are and welcome to and I look forward to talking to you today.

Thank you Matt, thank you so much for having me here. I always love to chat with you and learn from you as well. Truly. It's just always so great to be with you.

So thank you for having me here. Thanks. So, so, so, you know, as I think about the last couple of years, the, the term that, we probably have been talking about for ten years, but that has been, coming up again and again as a player that's, causing trouble, in the world and in our biology and our bodies is immune dysregulation.

So, and the the title of my conversation with you is, peptide roles and immune Dysregulation. So let's dive into that. Perfect. Thank you. So most of my patients have complex chronic illness.

So we're seeing these patients. And I know you are two with these mystery illnesses. Nobody not not too many other doctors can figure out. And these patients have been sick for so long they've been to at least five other doctors.

Some of them have been to 20, right. And in every system of their body is affected. So we're talking about chronic infections, infections and toxins that causing oxidative stress.

And immune dysregulation and inflammation throughout the whole system. So a lot of the times patients come and they have, you know, they may have a diagnosis of of infections already.

And and they want to to do want me to treat the infections right away or they've come in, they've had the infections treated and it's backfired. And they don't understand why.

And so a big piece of what I do is use peptide DS for immune modulation before I even begin killing, before I even begin the talks.

Immune Dysregulation and Modulation

And so now with the advent of these peptides, people who are sick, it would take maybe 3 or 5 years to treat them. 6 to 12 months. How would you, give me your definition of immune dysregulation and then give me your definition of immune modulation, because those are two terms that people I want people really to walk away from and understand.

Absolutely. So a lot of my patients that I'm sure yours too, they have a on one hand, they have a hyperactive immune system. On the other hand, they have a weak immune system.

And how can that be at the same time? First of all, I want to give examples of how I see both of these things happening at once. So my patients have autoimmunity.

They have massive activation syndrome. So that's an immune system that is overactive okay. On the other hand, they can't mountain mount an appropriate immune response to kill off an infection that they should be able to kill off, for example, viruses or, or tick borne diseases. So this is happening at once.

And there is research that shows that environmental toxins cause this immune dysregulation. And we know that tick borne diseases in combination with the toxins cause this imbalance.

Too much activity, hyper activity in the wrong direction. And and not enough activity. So the kind of like the dune system got all riled up and it's throwing a lot of punches, but there's some friendly fire.

You're hitting people you shouldn't be hitting and but then you're just a little it's a little dysfunctional in terms of doing the actual job at hand.

Right? I'm telling my patients, actually, it's like having an untrained fighter in the ring that doesn't. That's a good one, right? That doesn't know where to throw the punches and the kicks.

It's throwing them all right, but just in the wrong direction. So we trained the immune system now. Now that was something I couldn't really do before the peptides came along.

I mean, I wanted to of course I wanted to, you know, and I tried, but it everything else was was not precise enough. This is what I love about the peptides.

There's so tissue specific like nothing else. And so then we've got these peptides that can modulate the immune system in a way that allows me to start detox and killing much.

And how would and how would you define immune modulation. And in that case yeah. So I'm working on coming Marcell activation syndrome. I'm working on coming on an immunity that first before I start to work on on up regulating the immune system.

So perfect. So then, let's let's talk about what what from your perspective, what have been your number one peptides for immune modulation. Yeah. So of course BPC 157.

It comes down. It brings inflammation down in the system. And tb4 frag I noticed that calms down. I've had patients. They've come in to me and they've been on to one first and they said that was really hard on me.

And I say, well you know what? You really have autoimmunity. Your immune system is already in overdrive to when is going to kick that up. So that wasn't sure it was the right peptide for you.

But at the wrong time, right timing is critical. So I like to use Tb4 frag first along with Kttv to help calm down. Marcel activation syndrome which which fragment 1 to 4 or the 17 to 23, the 17 okay and the 17 to 23 for people listening is also known as TBI 500, which is a for a fragment of thymus and beta four.

It's it's smaller, more potent, more effective, more anti-inflammatory. Than the whole protein, and less less reactions, including mast cell activation and will help calm down.

So then. Yeah, that's that's what I've, noticed also. Right, right. And, I'm Lex and UX for it's for, it's, mast cell stabilizing properties as well. I like it a lot.

So I'm bringing those ones in in the beginning. Tip for frag BP sigma 57 kp v. And sometimes I'm like often more than sometimes I'm lex in UX if, if MSL is really an issue.

And then of course I'm bringing in herbs for muscle activation syndrome. And I'm giving low dose naltrexone. So

I'm giving a lot of other things in addition to the peptides.

But I can go lower dose or they don't have to give the other things as much. What, what herbs will you use for mast cell? So I like parilla and I like the product neuroprotective because.

But by Argonaut, because they have a lot of, a lot of that, a lot of herbs in there that that's going to help with, with it all. I like I'll clear the quail egg as well.

Those are my favorites. It's interesting as as you're taking care of people with complex problems, sometimes verbal support can be super helpful and an especially sort of a, often combinations that will have a diversity of herbs at low dose.

I've also found to be quite hopeful that having, both a balancing effect on the immune system and the neurological system, I would say, right. But then when I found that, is that the ones who are super, super sensitive, they're even going to have a massive reaction to the herbs, but, mast cells.

And I've noticed that that peptides, you give somebody like that cape the intravenously, they can handle that, but they can't handle oral herbs. What sort of dose would you give?

I start with just one eighth of a vial in someone like that. So like a milligram or two? Yeah. Yeah, yeah, I would support that as a great dose. And then what sort of dosing will I do.

Like for the TB for frag. So I'm, I'm giving them oral. You frag I can start them. I found it for cats twice a day. Weeks. And I'll bring it down to three cats twice a day for another four weeks.

And then an ongoing two cats twice a day. And I had them on these for months. So a few milligrams I had a friend come with horrible, GI symptoms and probably some mast cell activation and, and some c bone was just off and I was it just kind of and they just showed up and then I, I was, I was like a Friday at the end of the day.

And then I walked back into my office and I had TB for Frag and DPC orally and CP v, as I said, here, just take these and come see me in the morning on Monday.

And then they came in Monday. I was like, oh, I'm a lot better. So it's these peptides are magic. I have never made any other. Honestly, I've never met any other nutraceuticals or medications even that can have such a specific effect so quickly.

One toxic.

Peptides for Mast Cell Stabilization

And for people listening, KB is is related to MSH. This protein that's in the brain. That probably is. And tell me what you think about this idea that MSH is kind of an anti-inflammatory in the brain.

And there's a theory that if we're exposed to a lot of toxins, particularly mycotoxins, that your levels of MSH start to really come down. And then we have a theory that that seems to correlate with a lot of limbic system dysfunction.

Right? Then you're people start to feel terrible and and then that anti-inflammatory effect of MSH, one of the I think that one of the things that it does is it regulates and manages inflammation and potentially from, from mast cells, because if you give the shape of, we have found that to be very helpful for mast cell activation.

And just for as you hear this idea, one thing that happens is that you get exposed to a toxin. These mast cells come and then they release a bunch of histamine, and then they cause some inflammation as an attempt to create inflammation, to deal with whatever they're responding to.

But if they get overly triggered now you're getting these inflammatory reactions that are happening like little fires all

over your body to override your stimuli.

Absolutely. And the mast cells are, I mean, pretty much everywhere in the body. We've got them in the gut, in the muscles, in the bones, in the brain.

So these patients who have, symptoms everywhere, you know, it's the mast cells that are flaring, in addition, with the inflammation from the infections and the toxins.

But but speaking of MSH and modeling that I love Milan Idem for that. Oh yeah. Right. Because it modulates, it modulates everything that's coming down from the hypothalamus, including hormones. So then if I start them with Milan on the ten.

I don't have to give them as much. My identical hormone therapy I do of course, they need it. Right. For, for a foundation of their, of their treatment.

But are you doing the two out of ten. 1 or 2. One at how much do you are you starting with your Milan? I tend to, I forget, I think it's, it's 2.1 cc's twice a week.

I mean, milligrams, but Milan A10 is this interesting peptide, that, you know, regulates hormonal access that regulates the immune system. It can stimulate your melanocytes.

Right. And then it kind of called the Barbie doll peptide because it can make you tan. And then it has a side effect for, guys of giving an erection. But then it also can have a side effect of some sexual sort of interest in women too. Right.

And there's so many peptides. Well, not so many, but you know, kiss peptide in and PT 141 those helps so much with sexual health. Give that to my patients.

Because so many of these patients who are chronically ill that that part of their life isn't satisfying. I have you has it has your experience with so then of in terms of sexual sort of and so then one idea would be to take them all out of ten, the side effects of Milan of ten, as it causes a little bit of nausea.

And so you have to build up to that. PT 141 is this other peptide that you can do that for. Men will have the side effect of an erection and it comes centrally.

So, you can combine it with Viagra for a cialis. And then for women it will also increase arousal. How has your experience and been in terms of men and women with 5141 so depending on age.

So for if a guy who's pretty healthy comes in, I have, you know, a range of patients, most of them are quite sick. But then I've got some people who are coming in for optimization, the guys coming in for optimization, and he wants some PT if he has it as needed.

And he, you know, he wants to have sex a few times a week and he has it as can be too much, I've noticed. So just lowering, you know, lowering how many times a week you might take it maybe twice a week.

For something. I've got young guys in my patient who've got hormonal levels of an old man because the infections have done that, the metals, the glyphosate, all of that has done that.

So as I'm working on killing infections, detoxing them, I've got to help with their endocrine system some. Well, I'm giving you a roundabout answer. I'm giving them this button to help increase their testosterone.

I don't have to give them Clomid anymore for that, which is really nice. So just putting and then I'll add in the 141 and for, for them they can have it as needed, you know, on whatever day they want to have sex.

And same with men who are older than 60. I've noticed they can use it as much, you know, any time. How about

how how helpful it has been for women? It's been pretty helpful.

It's it's aroused their sexual interest for sure. And some of them report more, more sensation, so. Oh, really? Yeah. And then, of course, I also like to give women bioidentical hormone, vaginal cream as well with, with estrogen and progesterone.

Testosterone. Women who have, who hit menopause, they often need it or they're perimenopausal they need it. That will also help with sensation and help, decrease pain with intercourse.

And also same, same with women who have complex chronic illness. And they have those issues as well as if they're in menopause. But they shouldn't be it.

And then, and then you are you do the o-shot on the p shot. I'm not doing the shot. We do do it at our office. Doctor Gordon and Doctor Kunkel does that. And I haven't I haven't done it.

Okay. Yeah. My, I, I think it's, you know, it's kind of interesting the the, the, sexual health conversation with the peptides is, to me, super interesting.

The. It's and we have I've experimented with it myself, taking it, you know, a bunch of times just to kind of try to understand what was happening, you know, and it it I find they kick in somewhere between like one and like 2 or 3 hours.

And then, and then the dose range I typically like is somewhere between 1 and 2mg. And so then sometimes if you do one milligram, it will be like a little bit light.

And sometimes if you do two milligrams it will be like an unbelievable like sort of turned on. And it's interesting that it's almost like you get on a scale from 1 to 10 of being sort of quote unquote, turned on.

It's like a nine strain. But then what, I think happens is then all of a sudden you kind of feel okay about yourself and you feel okay, partner, and then you end up it kind of drives you into kind of a deeply connected vibe.

Exactly. Which would be a lot of times I think we take substances to try to drive ourselves like, and who, who did that, like almost all of humanity for like the last 3000 years.

Mad. But but then this is like, I find it to be an interesting thing because it's it drives a lot of interest. But then it also you're totally clear and and your thought process.

Exactly. I mean, and there's so many patients when they're, when they're sick, they're not they're not being intimate with their partners anymore. And they're missing that. Their partners are missing that.

And when we're able to provide them with that, I mean, their relationships become closer. They feel better about themselves all over. It's such an important part of our health that I think people aren't talking about enough. Yeah.

And that if it weren't for any one, probably, you know, it will have a little bit of an effect on melanocytes. And so then sometimes I've, I've had some Jewish, I have lots of Jewish friends and family.

And so then I and, and also lots of Persian friends and family. And so then I've noticed PD 141 in Milan, ten in and then in those populations and then in many other populations, we'll cause them to tan more quickly.

Right. And, and so then I just remember to be a tiny bit cautious on the Milan at hand for anyone with slightly darker skin. And then that's also interestingly, even like for Ashkenazi Jews, that would be, normally like almost the same very light complected.

Sexual Health and Hormonal Support

And then the I've had a few of my friends and I didn't prescribe it for them, but who took relatively high doses of melanin tan. And then we're tan for like six months.

Jamie Kunkel, Doctor Kunkel in our office, he's he's been taking Milan Tan and and he's got these dark lashes and it actually looks great. It's a new look, a brand new look on him.

Maybe. But maybe. Yeah, maybe that's a new lock. But then the that's a neat conversation because then it's kind of like, you know, I feel like we were having this conversation about PTSD.

You know, this morning I was talking to doctor McElroy, and then, you know, Barb, overheard us, and she was like, everybody that has complex on this has a little medical PTSD.

Absolutely. And I think that that kind of drives us. I think when you have my play acting version of it is, is that when you're in PTSD, it's kind of like you're running away or hiding a little tiny bit.

And then from an emotional perspective or an intimacy perspective, I think that happens. And so then kind of neat that you could do something that would sort of all of a sudden turn that back on and you feel okay about it.

Right? And it's awesome. And I think and and you've had good success with this with some of your patients with complex on this. Yes. Now, the addendum, that I will say about this and then I think it's fun and I'm also happy to sort of talk about dose and numbers on this one.

For people who are totally like, let's say I took ten pro football players, you could give them all two milligrams of Mylanta ten and probably nothing that happens to any of them.

Now take I have seen probably 20 or 30% of people with complex illness will react a little bit to 141. And so then what I'll do, you know, probably way less.

I'm giving them just not very much. Oh, how much are you giving them? Like point one of a CC. I'll have them do that just twice a week. Yeah. So then this is perfect because you I've seen some people have headaches from it and and and so then what we'll do is we'll do like, you know, a hundred, micrograms, which is a 10th of a milligram or 2 or 300 micrograms and then slowly work them into that super low dose.

And interestingly, Milan ten also can cause the nausea. But if for people, if you kind of watch your skin coloration and then start at a super low dose and then kind of do great, great, great up on that.

But a lot of people tend to do well. So that's a kind of a helpful tip. Yeah. Yeah. The, in term when in terms of sequencing. So then let's say somebody came to see you and you realize, oh okay, they've got mass.

I'll activation immune dysregulation stuff's out of control. So BPC, CB4, frag KP how long does that go? And then what what what wheter sort of strategically sort of your next ideas.

Yeah. So I'm going to have them I'm actually going to have them on those peptides throughout the entire treatment. Okay. Good. And then what was the other one you mentioned?

Alexa NOx. Oh yeah. A so, Alexa NOx it has a, it they use it in Japan for conjunctivitis for, for bronchial issues. And it has a, it has a mast cell metal stabilizing effect.

Oh, really? Is that a and how do you give that, injectable. Okay. Yeah, yeah. And so it helps a lot with people who have histamine issues. So I'm starting there.

How much how much. What else would you give. Again about zero point I'm forgetting the milligrams, but 0.1 cc's. We'll give it to them three days a week.

Okay. Themselves. Three days a week. Now before we before we go on, then if I. I would totally agree. You know,

your ideas in terms of mass activation.

Okay. And so let's say some pieces, some TV for fragments, and and certainly KP and then you can do oral Cfpb and BBC, you can do injectable and then you know you mentioned the IV, which I'm happy that you did because I think that that's a game changer.

Before but before we go on, you are you are deeply knowledgeable about. So give me your, your little, but on if I said, oh, okay, I got a patient and then they did that and they're getting some benefit, but they're still having massive activation.

And then they tried the Maalox and Oxy I like that. So then what would be two or 3 or 4 other things that you would be on your your backup strategy for massage?

Activation. I'm getting them catered often at night. Okay. Hey. Starting if they're super sensitive, some people get really groggy from from contracting in the morning.

If that's the case, they only get 0.5mg at bedtime. Normally, you can start people at 1.5mg a bed. Bedtime 30 minutes before bed with a little bit of food and giving them Crumlin.

So Crumlin 100mg 30 minutes before each meal that stabilizes mass cells in the gut. And I've also noticed it stabilizes mast cells in the general urinary tract.

So. Oh really? Yeah. So people who think that they're having, recurrent UTIs, but they're not. We do the urinalysis, we do the urine culture. They've gone to see the urologist.

They don't have. I see some of them I see meeting interstitial cystitis for our audience is that some of them do have I see I give them Crumlin. It calms it down which was really I was giving them the Crumlin for for their gut.

I wasn't expecting it to help with lysine, but I've seen it repeatedly with oh really? So yeah, 100mg before each meal. Yeah. And then one sorry. Go ahead.

No go ahead. Yeah I was going to say also Allegra okay. Starting off sometimes depending on how sensitive the person is, 60mg twice a day, 12 hours apart, working their way up to 180mg twice a day, 12 hours apart.

Singular. Also five milligrams twice a day. Okay, so then this is good. So then what? Let's let's, now let's go back and we'll go through each one of these because this is helpful for people to hear, what these categories are and what, what how these drugs are working.

So maybe we'll start with the Crumlin did that. Crumlin is just a direct mass of stabilizer. Right. Exactly. For the gut. And I believe for the rest of the mucosa because I said that and then quite often mast cell stabilizer.

Also do you see any side effects with quite often. So the one side effect they can be for some people is they're groggy in the morning. If that's the case, I just had them double back the other dosage down okay.

Right. Oh a lot of times, hydrocortisone is going to work a lot for people. Just a low dose 25mg four times a day. These are for the people who are highly, highly, their medicines are highly on they're on a hair trigger.

And the mechanism on that is it's I think it okay. I think it is a massive stabilizer, but I can't I can't remember. And then there's a whole bunch of medications that are basically antihistamine shots that people would use.

Right? Allegra I like brand names. Benadryl IV for those patients, super sensitive before we give them the rest of their I. V. therapies. A Benadryl IV.

How much will you give them? 25 I, I have also found and Benadryl is kind of sedating but that it can be helpful along those lines. And then and then the nice thing is and, I also have a fairly similar practice, to never use that in

terms of I. V.

therapy because I'm a wannabe naturopath. Not very many naturopathic doctors do it the way they do it to them. You know, who trained me was I, Doctor Isaac Elias.

Oh, so then we can to have a shout out, to Doctor Isaac Elias because I have kind of a I'm, I have a, I have a newfound friend and Doctor Elias because, because basically about 200 different and about 200 different, accounts times.

Nafisa told me, oh, Isaac, Elias this, Isaac, Elias that. And so then, we were doing this, peptide summit. And so then because of, of your strong recommendation, I just called, called, to see if he would come on the podcast.

And then we had so much fun that we ended up doing a second one. That's great. And so then he is. Basically, I think the greatest doctor of his generation.

I mean, it's just crazy how amazing and how what how spiritually and intellectually and clinically deep he is. It just blew me away. I just love him. He mentored me and he he was like, I consider him like a father in medicine for me, you know?

And I just learned so much. Well when so then the from, just this would be interesting for people to hear because I understand kind of IV therapy and how people think.

But where would you say his thought process or learning from IB therapy came from? I really think that he took what he learned from Chinese medicine in integrative oncology and created it, own, which then where a lot of people like what I do.

And what you do, I think is somewhat derivative of the type of stuff that he developed and created. Right.

Detox Readiness and Toxicity Testing

Which is which is how you every time you kill an infection, you detox the person on the same day with an ivy, with an ivy that's compatible with with the killing agent.

Right. And and and so there's that takes us back to, at some level, maybe like a triangle of that you, you have to kill if there is infections, you've got to detox what you care of.

And then the inflammation that's happening as a result of the infection. But then and in parallel to that, then that causes there to be a little bit of inflammatory and immune stress.

And so then you've got to regulate the hospitals. Yes. And so this is such an important point because before peptides came along and before we understood massive activation syndrome, I went straight to detox before I would kill because I know every time I kill, I'm releasing bio toxins.

There's, byproducts of dying cells and dying microbes, and there's inflammatory cytokines that are released. So now our patients are already toxic. They're already super inflamed.

So if I start to kill infection in somebody who's this inflamed, they're going to just get more inflamed. So that killing is going to backfire. So what did I do first I detox them first.

I brought the inflammation down first as best as I could. And then I'd start to kill and kill and detox at the same time. Then I learned more about nasal activation syndrome.

I treated them for for, cast for. Those are patients who don't know what MK stands for. It stands for muscle activation syndrome. So it it helped if I treated them with cast first boy that that made them then less what can I say.

Sensitive to detoxification in killing due to the inflammation that comes about as a result. Then come along peptides. A few years ago I started to use them and and now if I put them on top of the rest of the treatment, everything else is smoother.

Everything else is faster. And I would say, and then sometimes they're going to be synergistic, like I was that I was teaching at the, the international peptide, Association IPA.

I taught at the, a forum, IPA meeting or four days. And then, somebody was giving a lecture on KP v and that it actually has some antimicrobial effects.

In addition to sort of regulating and calming that immune system. Right. But I've noticed that it hasn't bothered my patients. No, it's it's. Yeah. Yeah.

And you know what is kind of interesting when you think about muscle activation syndrome, because I remember vividly when, we went to the first lecture at Islands years ago with Eric when we were at the lecture when they kind of unveiled mast cell activation, remember that?

Great. When was that? Like four years ago. Yeah, it was like four years ago. It's crazy. Yeah. That seems like it was like last week. And but you know, it's it's interesting I think because.

As you think about a something like complex illness, and I, it's kind of interesting to take care of people with long Covid because long Covid basically the immune system got stressed out.

It's getting all riled up, right? There are inflammatory cytokines. Aspects of the immune system are a little stressed out, such as mast cells. And but, the nice thing is it's been going on for six months, you know, because and so we'll see a lot of this and, and generally having good experiences, getting people back the majority of the time relatively quickly versus Lyme and more than complex illness.

A lot of times we run into people where they've been dealing with that for 15 years. Right? Yeah. And so then their bodies are so stressed out that it's and and the I love that kind of your thoughts on this.

Their bodies are so stressed out that often anything that you do can really throw them sideways. Exactly. And so then I would say my whole journey and I think your whole journey has been to basically tread as lightly into those waters as you possibly can because they're dangerous a little bit.

But then finding strategies to begin to kind of help them. And then I would say, you know, the the peptides have been probably our most successful, strategy that we've found, particularly at a 1.0, because just starting to calm down, things can kind of reset, the experience.

Right? Right. I mean, they really made such a difference in my practice. I can't even tell you really, the people that that would take years. It could take a year.

And and they're still coming to the clinic. They're still coming and staying for six months or coming back and forth every couple months, staying for a couple weeks, getting all the IVs, getting everything I would have given them any anyways, whether it's IV antibiotics or oxidative therapies or detox IVs, they're doing all of it.

But I add in the peptides and it's faster. What? What are the other peptides that you have found to be super helpful for? From an intravenous perspective?

BP sigma 57 has okay. Yeah. What sort of dose. So I've gone up to a vial okay. I haven't gone higher. How about you? I, will go low dose typically BP 057.

As you. And so then what would low dose be for me? So in the ballpark of 500, micrograms to, like, a milligram? Yeah. For a while, I was doing like two milligrams.

I'm kind of back that down to one milligram versus like CP v. You give CP v and people just stop. Great. And that doesn't because BP can really rev people up.

Yes. And I, I, I will say that I've seen some people have some muscle activation and so and so then my, my, my general thought process is to start, I start real low.

Yeah. BPC 157 IV and then I work the way up to the one kind of work my way up and but then these are it's, it's interesting like you could think of these these peptides were basically pinching some subcutaneous tissue and injecting them in.

And then they're going to be slowly absorbed. Now what else do we inject into subcutaneous tissue nad, and then NAD tends to go also very well I v and there's going to be tricks and ways to kind of manage and do that.

And then in general, I've found the peptides also will, will work very well. But then I'll also sort of think about how, how big they are. And so then like small peptides, nobody reacts to.

And so like if you, if you get okay without the copper re amino acids. And so it's kind of like a bio regulator. And so then that, that when people will do good with IV and kind of come to about.

Yeah I love g k with the copper for, for using for for helping with opening the detox pathways because we need that copper to help open up the pathways. So.

Oh good. So then let's go to the detox route. So then if you were going to do K with copper where would you inject it. And then how much would you use.

So subcutaneous just under the skin like that in the abdomen. And again I go low dose just twice a week. Point one okay. Yeah. There will be, moderate amount of people that.

Well, yeah. Okay. With copper is an amazing peptide, and it's really good for connective tissue and collagen, and the copper is good for detox. The, and I think it's a great way to get the copper.

The, it can sting a moderate amount, but then, you know, that's that's normal and it goes away. So if that happens to you, you don't don't worry about that.

And then, there are more and more people, doing interesting, protocols. There's a great doctor that teaches in the, IPA certification that I was talking to this weekend, and she will mix K and peptides in her PRP.

That makes a lot of sense. Yeah. Yeah. Then so then that's just a little, cool idea to kind of throw out that, we're we're in a interesting evolution of what's happening in regenerative medicine, in terms of our ability to do things and our ability to kind of turn the healing potential, often with some of the, the what I would regard as kind of low cost therapies, which is kind of amazing because now suddenly we're, we're we're taking we're we're taking a Toyota and turning it into a Ferrari.

We are I love that. And so then if I said and then and well, I'll just say, we just say that I'm gonna ask more questions, but talk to me, take me, take me top to bottom.

Talk to me about detox. And for complex on this, how do you think about it? What are the top few things you use? What are the IVs you use? What are the supplements? What are the herbs?

What are the peptides? Yeah, okay. This is very exciting. So this could be a really long conversation. I could talk to you about this for like ten hours.

I'm going to let you off in one. I'm going to catch you up. I don't know. Okay. So first of all, I like to do something that I call pre talks. A lot of patients just aren't ready for detox. Why?

They might have elevated liver enzymes. They might have recurring UTIs. They might have interstitial cystitis or they're constipated or they have mal absorptive issues.

So now if you try to pull toxins out of cells with this patient, those toxins are just going to recirculate. Right. And so I have to set the stage for them to be ready to detox.

A lot of people who have Sibo, they don't do well with, with, with the, with the dye files for, for pulling out heavy metals. So I have to treat the Sibo first.

That small intestinal bacterial overgrowth. Right. So there's, there's a lot of work that has to be done for my patients before they're ready for detox.

You what's interesting is so many, I used to be a yoga instructor. I love yoga, I know a lot of yoga. Yoga studios might say, come, come do your detox or the local grocery co-op.

And that's just not, it's not personalized at all. And so this has to be in my mind. Detox has to be personalized. Is the person ready for it? If not, let's get them ready.

And so I'll evaluate all these things by labs and then go ahead. What are your favorite labs for a detox or for for kind of assessing toxicity. Yeah. So let's talk about metals.

First I like to look at metals on unprovoked and provoked first. So to keep our our medical licenses intact we have to look at unprovoked as well. That's just hands down we have to do that.

Not only that, but it's going to give us the information we need. And then is a patient currently exposed. So I'm looking at blood and urine. So then for just for people to hear what that means is if we could take some urine, just wake up and go to the bathroom and then catch some urine.

And then another thing that we could do is we could take a key rating agent, which would help pull some metals out of the body and then catch some urine after that.

And so the second one is called unprovoked. And so then the second one is going to be trying to get a sense of what are the total body stores. And that first one is going to be trying to say is there is such a huge amount of toxins or metals in the blood in the body that even without any provocation, we'll see it.

And so then we're looking at those two things, right. And so it is so important to look at both because the first one tells us is there's something acute that's happening.

Are you eating too much fish? Is it in your drinking water. Is it in, in, in, in your home. So the second one is what's the body burden, what's in the cells.

So metals accumulate in, in the cells of our organs, so our kidneys, our liver, even our thyroid. And so when we're provoking, we're getting a sense of the burden in the cells.

Okay. Perfect. So then so then we'll go category by category. So then this will be category one. And so then we go oh my god there's some metals. And let's say there's some mercury. And that.

So what then what would be kind of do you like. Do you prefer evisceration or oral curation or both. And how would you think about that? Okay. So I do prefer IV.

It's going to be faster. It's more efficacious. Now. Oral though can be very helpful because funguses and parasites sequester metals. And so when we're killing those those bugs, we can we can give somebody oral to mop up the metals that, that, that, that spill as we work.

What are your favorite, things to use for or all chelation? So, if I'm going to use a medication, then DMC, and, you

know, I don't know of any herbs that that key lead is as strong as these medications, but I've always got, herbs on board.

I'm supporting the organs of elimination, the kidneys, the liver, the lymph with herbs and quantifying those organs. And I'm also using herbs to tap on them.

If you will, to say, okay, it's time to it's it's time to detox. It's going to make those organs detoxify more. I've actually formulated, herbs for that.

Herbal tinctures for that and binders of course, to, to, to bind up the metals and flush them out of the system. We interviewed Chris Shea, who's a wealth of information on this.

And so then he has, a thing that he does called push catch. And so then what he'll do is give someone some digestive bitters, which kind of turns on the liver and the gallbladder and kind of encourages that to squeeze and push any toxins that are or waste products out.

And then he'll have people take, charcoal. And then if they have metals, he'll take gifts.

Chelation, Binders, and Detox Support

He has a, a powder called, AMD intestinal metal detox. Right. And then same thing. Okay. Push and catch. So I'm pushing I'm having people take these herbs to push.

Yes. Catching. I love Doctor Eliza's products. I like Chris shades as well, but I tend to use Paektu Soul, which is modified citrus pectin. Yeah, because Douglas has done a lot of research to show that it binds inflammatory cytokines.

100% and, and has this, effect on galectin three, which is and and then will you combine his product with, charcoal or just work? Okay. Yeah, I will or, and, so then I'm deeply a fan of his also.

And I kind of like them both and so and then and so then within I think most patients with a little toxicity can benefit from some of these concepts of, of, some binding, some push, some pushing, in terms of toxicity.

And, and if you say, okay, what doctors have been doing this, doctors have been using herbs probably for a couple thousand years, right, to do that, to work, to do that in fact task.

Exactly. And thing is our bodies are set up for detoxification. That that's what our liver, our kidneys, our skin, our gut does. Right. But our world is so toxic now.

We haven't evolved as fast is our world has become toxic to be able to handle this. So now I am giving patients a lot more than what patients needed, needed even 20 years ago with all the IVs come in versatile choline.

I include a thiamin, the IVs to pull the metals out, you know? Yeah. Gemma, that is one of my favorite all time IVs that passed the telecoil in. And then we'll do it now, will you, if, this one's an interesting one for because the phosphates are calling is an dextrose.

And then all of our other IVs are in sailing. Do you like to do the phosphate calling and then all the other stuff. Or do you do all the other stuff. And then the first that calling at the end.

I'm, you know what. I'm going between both. So I'm assessing okay. So I'm looking let's go back to, to your first question, because your first question of what are you testing for upper regards to toxins.

Because that ties in to what what ideas I'm using and when. So yeah. So I'm also looking for glyphosate. How are you doing that with the GPL. There. So then that's a pesticide that's important to look at 100%.

I'm having them. I'm having them provoke with two grams of glutathione already, and then they'll catch the first year and right after I've had them do unprovoked, unprovoked as well.

For people who want that data, you know, and they have the money to spend on it, it's great to do both if you can. I totally support. That's a great idea.

It's a really good one. Yeah. So I'm looking for I'm using the great Plains lab looking for a glyphosate. Mycotoxins in those people. That's indicated.

And, their tox panel looking for chemicals, other chemicals, solvents and, pesticides that if if you have somebody who you think might be, a person that I got exposed to, my gut toxins.

All right. Are you doing antibody testing and urine testing? So I'm looking at their mold, IgG allergies. Because I want to know, do you have an allergy to the mold spores themselves?

Oh. Allergy. Allergy doctors like to look at just. And the patient has gone to the allergist. Ige is always zero. And the patient says I don't have a mold allergy.

And I say, wait a second. Let's look at your ECGs. Because the IgG eyes are just looking at the mucosal tissues. Let's say is that with Andrew Campbell's test company.

No that's a different one. We'll do that too. I look at my my go to look at the allergens the eggs to their mycotoxins. If I had to use that one more then than the Great Plains because when I use Andrew Campbell's the my Michael, not only I seeing levels of mycotoxins, but I'm also seeing if they're having an allergic response to him. You.

No, I think he's great. I'm a fan. Yeah, but just on LabCorp, you can get mold ECGs to look at. They're allergic not to the mycotoxins, but to the mold itself.

Right. I'm thinking, okay, do you have an allergy to the mold itself? Do you have a high mycotoxins load? And are you allergic to the mycotoxins? Do you have an exposure?

And so I'm I'm having them start with an early test from Environ Biomechanics. I like the write up from enviro bio mix for their Irving test at home. That's a mold test for home.

So then that's a good one because imagine you might be sitting at home having some brain fog, difficulty concentrating and fatigue and low energy and and some of these classic symptoms.

And so then you'd come to the visa and then she would kind of start to talk to you, and then you would go, oh, this person might have mold. And so then looking to see if the, the mold, in terms of antibodies, looking to see if there's mycotoxins in the urine and then doing some testing at home.

So then basically this is all kind of investigative work of trying to figure out of these super common symptoms that lots of people have. There's a handful of different things.

Could be a tick borne infection, could be mold, can be chronic viral could be long Covid. Right. All of these for our patients. And let's go back to long Covid.

What I've done is is tested. There are other infections very very often I'm seeing I'm using a T-cell test. I'm using infected lab. I'm seeing that there is another infection that's active.

And when we press on those infections, when we treat those infections, along with everything else we're doing for long Covid, the person does get better.

So it's not just, oh, there's inflammation only from Covid. No, there's very often Epstein-Barr virus or cytomegalovirus. Often mycoplasma simultaneously in the patient.

Yeah, it's 100%. So in fact our lab is this test that looks to see what your your T cells reactivity is. And so you might not even be making antibodies to Borrelia which is Lyme disease.

But then you could have long Covid and then all of a sudden all kinds of things happen. And then we do a test and we show your T cells are having the, a dogfight with with beryllium.

And so then that that kind of helps us orient. Okay. So then that case, we would say probably, maybe this person maybe had Lyme in the background. Exactly, exactly.

I tell them. So this was a subclinical infection, meaning your immune system was able to handle Lyme and it should be able to okay. So now we're going back to that immune modulation.

Their system was able to handle that that infection that they should hands down be able to. Then along comes Covid and the flare of an inflammatory cytokines.

And now that stirs the infection that was just under the surface the patient was able to handle. And now they can't. So they think it's just long Covid but it's not it's it's it's the waking up of dormant infections they need.

And they did go ahead. Oh that they didn't even know they had to begin with. Right. And now this this is a crucially important concept to kind of stay on for a set, because I think maybe this just wasn't quite in the consciousness.

And I have to admit, like five years ago, I don't even think that I really understood this to this extent, you know, and I think hanging out with you and Eric Gordon and all of our kind of friends has educated me.

But this idea that a lot of us have been exposed to infections, a high percentage of the sexually active people have been exposed to herpes, right. Except they they're not having a herpes outbreak.

But then even if you're not having a herpes outbreak, if you get a big stress, suddenly herpes can come out. And then in the same way, if if someone has a big immune stress like Covid, then these underlying things could be seen.

Bar which comes from mono or could be could be Lyme disease or could be mold. These these things can kind of come out right. But then now but then we're now you're going through, beautiful process of talking to them, doing diagnostic testing and trying to sort out what those things are, I guess.

Right. And there's so many of those things. It's never just one toxin or never just one bug. So now back to toxins. It's all of this weaves in together.

That's why we're kind of going off to talk about immune modulation and bugs and coming back to toxins because they're all the same. All called similar. Yeah. But anyway, I had vaccines so then so and I'm testing the other toxin, testing the chemicals and then and then I'm treating.

So now back to the question you asked me. Well what are you using first? The detox. I'm using it all. I'm going back and forth. I'm looking at the different layers. Well, how bad is the mercury?

How bad is the letter? The arsenic? Whatever the metal is, it's never just one. And then what about the glyphosate? Some people, the glyphosate is through the roof like I've never seen before.

Typically I'm going to try and bring their glyphosate down. But the best thing to detox glyphosate. So I've facilitated Colleen gluten diet and I'm giving oh I'm always giving the minerals and amino acids because they're co-factors for detoxification.

So I'm giving them that. And then of course Isaac Elias don't realize this global cleanse is a great oral product to help with that. But so for steps for detox, I'm looking at their minerals.

I'm looking at their amino acid status on the labs because I know that if those are low, then I could give them chelating agents. I could give them, versatile choline IV's, all of that till the cows come home.

But they're just going to keep recirculating those toxins unless the, the minerals and the amino acids are, are in good standing. So I'm, I do, I do, that every two weeks at a minimum I do an IV and I do I always do minerals.

And I find it to be really kind of awesome. It's awesome. Oh, I have an IV formula. It's. We call it the anti-anxiety formula. It's minerals. I'll. I'll share the formula with you later.

I mean, if you don't have it already. Amino acids, minerals, glycine, taurine, some vitamin C in it, and, oh, it chills the patient out. And I tell them I'm giving this to you, not only because, you know, you're a little bit anxious, but also because it's giving you the cofactors for detoxification.

So I love this I. V. because it's just it's so well-rounded. And the patients very often request one. And I would say. If I, if I went back to my thought process like 15 years ago, and then I was dealing with anxiety every day because I was like doing anesthesia for people.

Right? I, I had a very brick and mortar idea of what anxiety was and that for some reason, maybe someone had anxiety because of some thought process. Right?

Or maybe because of some susceptibility, or because they were got addicted to benzos. But that was basically my three ideas. But that that would be about it. Now.

And maybe and you can weigh in on this and we'll go back. But I think it's super bears saying that now. I think, oh, maybe they have a tick more an infection.

Maybe they've got some mega toxins, maybe they've got system systemic inflammation, but maybe they're weak on their co-factors and they just can't detox.

Right. What what? You taught us this in medical school. We had to learn this. Yes. Patience. You know, mentors, of course, you know. And inflammatory cytokines cross the blood brain barrier.

Bugs cross the blood brain barrier. Now every time. And I'm like you, when I first came out of medical school, I thought that anxiety was usually about, an emotional thing.

Oh, they're having a hard time at home. Oh, they had a lot of abuse in their lives or bad marriage. They need therapy. So it's very common that that goes on, too.

But I'm never not thinking about a bug anymore or toxins and then that within that then this has been kind of one of borderline my favorite things to sort of that I've become aware of.

Neuroinflammation and Recovery

And then even kind of personally with my friends and family and stuff like that, because now if I see somebody anxious or upset or this or that, that a lot of times I just start to wonder, I wonder what's going on.

Maybe there's something like something in one of these categories. I mean, so then I kind of give them a mulligan as a result of that because I'm sort of like, oh, okay, I'm if if to anxious behavior makes me think that there's something on an infection or a like immune stress, right?

Then I as a result, I have a more light hearted approach to everybody, which is super low stress for me. And then if I ever have any stress, I began to wonder.

I wonder if anything is going on. And then, interestingly, now we have all of these things, you know what I mean? Like there's a peptide this an anti infection called oh seven.

And so then like and I will notice like if people are stressed sometimes just doing something like thymus and Alpha one and I'll, I'll 37 or just cell 37 or immune support or anything in any of these categories.

And then you realize in terms of complex illness and the impact that it has on the, the, the emotional system is attached and vice versa, right? Yes. Our patients suffer from so many anxiety and then they're told from other doctors or for fam from family members just, you know, pull yourself together.

This is what's wrong with you. You know, Gilbert's in therapy and you've been anxious for too long, or you're making this up, you're creating your problems.

And actually, that's far from the truth. People just when they're sick like this, and they've got inflammatory cytokines crossing the blood brain barrier and infections crossing the blood brain barrier, mycotoxins also crossing the blood brain here.

It's going to cause anxiety. Right. And then what my teaching for people is, oh, oh, guess what. Probably part of how you feel is just because of your biochemistry.

Yeah. And then I kind of get people to have a slightly lighthearted approach towards it because I say, okay, well, we're just going to kind of try to work on potentially doing some things that might treat the cause of that.

And so then now I'm doing something with a, an eye towards seeing how it feels. And now I'm not it if, if you can kind of get into that psychology, then now you're not overwhelmed by the fact that you have anxiety because you're doing something that the begins to impact, right?

And, and the patient begins to even feel better about themselves, they boost their confidence to know that this is something that's coming from the outside, right?

Yeah, that's the heart. The whole journey is to help people feel better about themselves. Yes. Yeah. Know kind of almost back to kind of where we started on sexual stuff.

Right. But it's also just like, in a way where we're out trying to win hearts and minds and, and to help people basically realize, oh, I'm going to be okay.

I'm going to you know, we're going to get better. Yes. And they do. And they are okay. Yeah. A little bit of work in there for them. Yeah. Yeah. But then in terms of did recover detox in terms of and so then in terms of your detox strategies, we've got binders, we've got collation.

If there's metals. And in terms of mega toxins, just since, you that's a topic that you know a lot about. What are your favorite binders? So again, I've noticed that practice, is amazing right after Doctor Elias's, I love that.

I also like to use a semi supreme for, and, sometimes the patient testing close to me. So I'll pick them 500mg three times a day or, you know, a thousand in the morning and 500 in night.

Just low dose. That really helps with me. I'll call. Yeah, but I use course. I mean, more, it's so interesting to me. There's so many as many Lyme doctors as good, good Lyme doctors as there are.

There's there's that many protocols. Exactly. But then I would be very similar to you know, we will we'll use we'll call sometimes we'll use call I thiamin.

Sometimes we'll use sometimes we'll use Takashimaya Supreme. Sometimes a lot of times we'll use Chris Shade's, charcoal, that we like a lot. The ultra binder.

And then we always use a modified citrus back then, and. Yeah. And I like that, that it can go. It goes well with everything. And then Isaac told me that you can take it with, with food.

Even so then that so it kind of is an anti. It's like a two for one because it's an anti-inflammatory binder. Right. Right. That's why I love it. Yeah.

The in terms of up regulating detox pathways, what are your top three ideas. So definitely I'm giving them the cofactors. You know what I'm doing. I'm also looking at their methylation panel by Health Diagnostics.

Oh good. Right. Because I want to see if the gluten is oxidized or reduced because I know if I, if I give a patient the end product of methylation glutathione, I own and I give the methylated B vitamins, that's going to upregulate the detox system.

But some people aren't ready for the diet or they're not ready for methylated B vitamins. And that glutathione panel is going to give me the sense of that.

Do I need to work on, on cofactors first, or do I need a little bit of Sam E first? And, and then once I set the stage, if it needs to be set for my patients, it usually needs to be set.

Then. Then I'll give them gluten and B vitamins to to upregulate it. And also my herbal formulations will the ones that are the, the, the push herbs as a fresh herbs.

Yeah. And then I always like you shared this one with me a long time ago, but you're, I thought it was, I love the concept of it, from a detox perspective as your lymphatic drainage ivy.

Yes. That's right. Yes. And how about that one? Yeah. So it has, it has some taurine in it. It has some lymphomas that keep our comp solid. Go, mucosa in it, which are German homeopathic drainage remedies.

Excuse me. A little bit of magnesium, a little bit of vitamin C as well. And, and I know that a lymphatic drainage specialist who will go to my patients homes.

Oh, really? Oh. That's amazing. Yes, but she lives in, she lives in the North Bay. So she'll come to people who are, you know, closer to this side. So if you have any patients close to this side.

Yeah. The lymphatic drainage is just one of the great things in the world. Basically, they do these real light massages that kind of help them to move basically lymph and turn on lymph, right brain right and dry skin brushing and and hot and cold contrast showers.

So using all these old school naturopathic techniques, which I think worked so well back in the day on their own, when people weren't as toxic. Now are you, are you doing do you do, hot and cold lunch.

Oh, myself. I need to work up to that I okay, so I'm going to sell you on this. I'm a slave so hard on this. I know I need it, okay? It's going to change your life.

I know you know what? There's nobody, there's there's nobody that I ever met in my life. That I've always called, like Barb, who doesn't have much fat on her.

Yeah. And, so then, she was always called. And so then we, we got a cold plunge, and, you know, about a year ago, and I'd been into it before, but then there's probably been like two days that I didn't called plunge.

And what happens is, is, is kind of like fasting. That's kind of like fasting. Like when you fast, all of a sudden you think, I'm so hungry, I'm definitely going to die right now, right?

I'm definitely going to 100% not B11 like three, four seconds. And then all of a sudden, next thing you know, you're like, oh, I'm fine. I'm not even hungry anymore.

It's like, and so that and then once you kind of go through that and start to fast for a few days, next thing like now I could just like stop eating and then I could not eat for a couple of days.

Same thing with cold. You get into the cold and you think, I'm definitely going to die anyway. And and then when you get. And then if I kind of I start I do these breathing exercises and then next thing you know, I sit in there for like 6 or 7 minutes a crazy that's great. Eric can do that too.

He's just going to get you right. I'm going to get you. And, I mean, I am promise you I'm going to get you. And this could change your life and we like it.

Or for patients. One thing that I see on your list, that is, I think, in all of these topics, in terms of detox, in terms of immune, and in terms of problems, the area that takes a hit a lot of times is the brain in terms of neuroinflammation.

Thoughts about that with respect to peptides and maybe any general thoughts? Yeah. What I've noticed is that my patients, who still have a high infectious load, if I give them the neuropeptides, doesn't work yet, so I have to clean them up.

It's like a this is something I know I need to remove the insults first, kind of like train the mind, the mitochondria as well. So I remove the insults.

The thing is, when you remove insults, the patients are often still inflamed because with chronic illness, you can remove the inciting event, but the system is already set up.

Inciting event is already set up. The neuroinflammation. So already set up the inflammatory cytokines and the cell activation syndrome. So I can pull out the triggers and the system is still stuck since the cell danger response. Right.

Stuck in inflammation. That's CDR one. And so when I come in with the neuropeptides after it really helps. And I you know, I had to learn it the hard way.

If I gave somebody C link or Superlicence first, it did nothing. So it's like, okay, let's wait. And now it works. I like to give people RG three. It's not a peptide, the synapse.

And but that really helps with the microglial inflammation. This is a nasal spray. And then that has RG three it. Yeah. And then so see like it's going to help to elevate the Bdnf.

It's it's in some detox. It's cerebral protective. So some of the toxins that are latched onto the receptor sites. And are you using the Cmax also. Yeah.

But that was one that I that I really really wanted to work in the beginning with my patients. And I noticed sorry. No. But after a while I definitely it's amazing for after I've killed off infections, how long in terms of treating, working and killing it, would that be more mostly with antibiotic type of approaches?

So. Right. Yeah. Well, sometimes I have to give people I. V. antibiotics. Most of my patients, they don't even need it. So, maybe like 15% of the patients will need that.

And then and so then you're when you're working and killing, then you're mainly thinking about oxidative therapies in terms therapies. And I hate to give people oral antibiotics for a long time.

I don't do that. I'd rather give the mighty antibiotics for a longer time because it bypasses the gut. People walk around with trashed guts from being on or a lot of biotics for years.

And so at Gordon Medical, if someone is using I. V. antibiotics, it's usually just six weeks. They need it for. We'll give them for six weeks. Maybe they'll take a break for a month.

If they need another six weeks, we can do that. It's faster. Always. They're getting detox at the same time on the same day. I think you asked me this as well.

So, if I'm, if if we're giving I. V. antibiotic, I'm also giving the hospital cleaner glutathione on same day after. Okay. So then. This is, I think, also helpful to hear for people that imagine there's a spectrum of infection.

And so there might be out of control infection over here that really requires antibiotics. But then what percentage of that. And then I like, to hear you say that because I would we would be similar.

There's could be a, a small percentage of our patients that we would do antibiotics for, for our complex illness. The vast majority have immune dysregulation and neurological inflammation and inflammatory cytokines and it's they're in kind of a smoldering cytokine type of storm.

We come that down at the time. They don't need I. V. antibiotics none at all. Just some herbs to kill off. Lyme is off the bat. Does it? You know, we were I was with you also at that lecture that the guy from Hopkins gave up on marine I. And.

Yeah, yeah. So he he said he was saying, oh, you need to be on for antibiotics. But I always say, oh, we do give for antibiotics because we give ozone.

We'll do herbs and often, you know, more than one and then I'll, I'll 37 and potentially thymus and type of peptides. Hi I'm in C high dose vitamin C. Yeah.

Great. And sergeant and silver argent and silver which is going to be great. Both in terms of breaking down biofilms and stuff like that on the nose, but also intravenously.

Right. Yeah. And they're probably the best company. Yeah. From that perspective. And so then we're up to 6 or 7, you know, in terms of and and then that kind of gives you the idea and I like the then then imagine that, if you were going along in your life and, you are a patient of an officer, all of a sudden something happens that was crazy stressful.

And so then immune stress comes like, right here. But then you might come in and give one or 2 or 3 of those things, but probably not all of them. Right. And they bring them right back down to here.

Exactly right. Exactly that comes with peptides quick boom peptides quick to. And so we'll often talk to people who have who actually have an infection.

Pain Relief, Nerve Healing, and Hope

We'll give them a, a 37 right away. Yeah. And and and so then and they can come in for an IV vitamin C and then we'll bring that down. And so then part of taking care of complex illness is, I think, really clinically figuring out everything that's happening, making a map of that and then making a plan to kind of treat that and then do all the things that we do.

Right. The other part of that is then, having an overall strategy of what constellations we're using to treat kind of as we go, but then having strategies to basically when the wheels start to fall a little bit off the bus, because if you at we have to fix that before it comes all the way up.

Yeah. So we're watching our patients, like with eagle eyes. I mean, I'm watching because I know everybody is going to surprise me in some way. Everybody's somebody every day is going to react in a way that's opposite that.

What that yeah, that that aspect of medicine is so humbling. I can't believe it. Yes, yes. So we have to watch them. And and then there are moving target.

Every time you give them a therapy something's going to change usually for the better. Sometimes it was too much. It goes the other way. Was the right medicine at the wrong time or too high a dosage?

We have to dial it down. But when you give someone something and it goes the wrong way, it exposes what what's

under the surface exposes where the problem is very often.

So like I tell them, what, it's good. In a way this happened. Not that I want you to suffer with that. Thank God it's just a day, maybe three days max of feeling bad, but it shows us where the weak link is.

No I love that. Yeah that's a good one. Yeah. Go back to peptides for neuroinflammation Cmax see. Like and then and then stabilize. And potentially niacin. Yeah.

How's your brain spent with that. With stabilizing it like it helps them. This one I've noticed it gives them a little bit of change if I try to give it to them in the beginning.

Whereas the Cmax was nothing in the beginning. And then afterwards, you know, afterwards when I say afterwards, I mean the killing is done, most of the toxins are out and there's they're stuck with these inflammatory patterns.

These help to break them. I notice there's a, there's a, There's a, there's a Willie Nelson song. I love it when you sing at your clinic, another Willie Nelson song.

The time, the the the time of the preacher. And he has aligned the the lessons over and the killings began. It was perfect, actually. Right. I think yesterday was Willie Nelson's birthday.

We were. Yeah, we were, singing quite a bit of songs. It's interesting. I've my, my, my ability to sing got about 100% better ever since I started doing peptides, really.

And I think it just I don't know whether what and my memory and everything went way. And so then I kind of, I wonder, it's it's definitely, fixing neurological inflammation and.

Yeah. Well, if I, if now what happens is and I'll do you typically and I've and then after about two thirds of the way through the I'd be all of a sudden I'll feel like a vibration in my chest.

Like I can feel it now. Like I would be able to sing well and it's and it probably our favorite thing. And I'll talk to people who also will start to feel this the more they start to do it.

And like when we all the people who we really liked, like I couldn't sing at their register, like I could never sing Elton John, I could never sing with Jackson Browne.

And then now, basically 100% of the time, if you were with us, we would be like singing along to the next. When we come and visit you come visit us. You're going to have to sing.

Okay, that sounds good to hear it. Well, that was an amazing conversation. Anything else on, a peptide or a complex on this or, data source or wellness front?

You want to tell me about? I just want to tell the patients that there's hope. They come to us and and they're a little hopeless. They don't have a diagnosis, or they have wastebasket diagnoses like fibromyalgia, chronic fatigue syndrome.

And they don't know what's being caused. When you come to doctors like Matt and I, we investigate to find out what is really underneath there, and we treat that, and we treat your symptoms at the same time.

And we get you better. And how and so if I want to come see you, how do I find you? I'm a Gordon medical. The website is WW Gordon medical.com. Okay. Fantastic.

Well, that's a delight for me to talk to you. I give you my very highest recommendation. If, if you have complex on this or, if you're interested in this stuff, go find them and go see them and talk to them, because they're amazing, human beings and amazing doctors and, and I'm grateful to have you as a friend.

Thank you. Matt, I'm grateful to have you as friend. And I highly recommend you. I mean, I've got to tell our audience about your injection therapies.

It is your podcast. But, like, I'm going to tell them that you can heal pain very quickly and masterfully. I've never seen anybody with a needle like you.

So you know what you do. Oh thank you. You know the the really interesting since this is the peptide summit, the, the interesting thing about that front and, I have a good one for you.

That's a good one. And I was teaching this at this peptide certification, last over the weekend. But imagine that what I do is I do nerve hydro dissection, basically at every nerve in the body where I would use an ultrasound and I would put my needle right next to a nerve and then create a halo of fluid around it.

I've watched it, guys. It's it's kind of amazing, what's amazing. But now I'm doing I'm teaching people a lot of times to go right near where a nervous, and then grab a little subcutaneous tissue and then put peptides superficial to that nerve.

I love it. And so then when it's, an approach to do and I find that it's very helpful and very helpful along the lines of, you know, we when, when we use peptides.

And so like when I do peptides for Barb at home, I never inject in subcutaneous tissue. I just say, okay, where does that what hurts today. And then whether it's in the leg.

And so I have kind of, little when you come, I'm going to show you my kind of updated how I'm doing it. And I'm doing little subcutaneous injections anywhere where people have pain.

Me too, I do that, yeah. So then imagine if you can hear. I think that might prevent 30% of what I do, you know, and I'm always kind of looking to, push things more out into consciousness and society.

Yeah. And, and then as, as, if you can really begin to impact pain in that way, it's such an amazing. And then, interestingly, we'll find the same thing where, injecting with an insulin needle by joints.

Then can be very helpful in terms of managing pain both where muscles kind of insert around joints. We kind of by the meniscus and kind of all over and obviously we know the anatomy pretty well.

So we're comfortable doing that. But then what we do is start, we're starting a journey of teaching people where they can do things safely. And that's kind of like everything else we're talking about.

A lot of patients with complex illness will have pain, right, in people with injecting tiny little insulin syringes around areas that hurt. And beginning to kind of modulate that I think is changes.

I mean, I've had people just after I've given them just subcutaneous injections of babies were these seven have tears in their eyes. I thought I had to live with that pain forever here.

And this went away instantaneously. Just simple shots like that. It's magic that. That's why I have a little bit of a missionary appeal towards kind of having these conversations, because, as you know, we we really grew up in the opioid epidemic.

You know, I mean, the, the of the San Francisco when I was a resident at San Francisco General Hospital and, and at Parnassus and the, the, the VA at UCSF was this opioid epidemic.

And then we were at the same time in the world of anesthesia, they they called pain the fifth vital sign. They gave us a big lecture on my second year, and they said, we need to stamp out pain.

And then they said, and here's how you do it. You're going to do it with these opioids. And so then they're going to

be really strong. And we're getting better and better opioids and so then they like weaponized, you know, a whole generation of anesthesiologists and pain doctors to go give, you know, and but then you get this we've created, you know, an entire generation of people that are dependent on opioids, right.

And interestingly, things like BPC one five, seven, ten to regulate. And just like the immune system can get regulated, peptides can regulate peripheral nerves.

And then when you regulate and calm those nerves down, a lot of times they have less pain, right. Tbe tip tb4 frag right has that neurological, I read I haven't I haven't looked at the research on it, but maybe you can tell me a little more about that.

If you know about nerve regeneration. So then, so then there's a, there's a patent for thymus and beta for and peripheral neuropathy. There's, there's that's this that's going to be one thing.

Number two, there's an immune benefit. And to thymus and beta for fragments. And many patients with nerve pain have an immune component to their pain.

So that that aspect of it, the fragment so thymus and bitter for extremely anti-inflammatory and almost all neuropathy apathy means that's inflammation.

And so then there's an aspect of just regular eating the inflammation. The next thing is, is that the 17 to 23 fragment is very helpful in terms of promoting connective tissue and healing connective tissue.

And then if you said what would be like kind of at a high level, somebody told me and I loved that they said this. They said they watched, were watching me and they said, oh, you know, what I think you do is you just go to different places in the body and find where nerves are inflamed, and then fix the connective tissue there and make that tissue less inflamed.

And then the nerve heals, right, which I this I was, I was kind of like, oh yeah, that is exactly what I do. That's what I see you do. And so then interestingly plus that matrix is anti-inflammatory.

And there's science that it will help axonal growth. The the peptides at some level are going to be doing that from anti-inflammatory and connective tissue.

There's going to be some neurological mechanisms. They're also going to there's also for BPC 157 will promote angiogenesis. And so it's going to promote blood vessel health.

And 100% of nerves have blood vessels somewhere nearby because they're they they need support. And so then, so there's going to be a, a diversity of, and then for example, thymus embedded for fragment 1 to 4 is even more anti-inflammatory than the 17 to 23.

And so then and so then you've got a, and then you're going to probably have some peptides that are going to actually have direct neurological mechanisms.

And so then the, the and then you're also going to be able to impact nerves by just making the mitochondria and that nerve healthier. And that's going to work better.

You can do that with mitochondrial peptides. Or you can do that with supplements, and all that whole or with NAD maybe I was about to say. Yeah. So then, but and but then this would be 100% like everything that I do and like everything that you do.

There's not one answer. So there's a diversity of answers, there's a diversity of things that we have, and there's so simple things and more complex things.

But then I think if you've got pain, if you get complex illness, if you got both now you're beginning to hear, oh,

there's probably some things that I can do at home.

There's some things that I can kind of begin to do, with certain people. And so then now you kind of get into this evolving process, and then that takes me back to the number one thing that I'm trying to do is give a little bit of hope, like you said, there's hope.

And we've got. Yeah, it's just a journey. Exactly. That. It's a journey. Yeah. People come out even more involved than when they started in their spirit and their mind and their hearts.

I mean, it's so beautiful to see people at the end of the journey. They're done and then go on in the world. They have their lives back and they're no wiser in their own way.

Yeah, that's well, if you can shepherd people through that, I almost as I'm listening to it, I feel like I kind of went through that myself in a way, because, you know, the, the I gave this lecture and I somebody's asking a question and I don't know what kind of caused me to go down.

But then like eight people came up to me and afterwards and thanked me for saying it. But I said, at some level, everybody here in this room is a doctor or a practitioner, but fundamentally you realize you kind of had a problem.

And so you got into integrative wellness because you're trying to solve your own problems. Right. And that was kind of the I think at some level, the case of me, partly just because I was breathing in halogen hydrocarbons all day, it was during anesthesia because the gases you can't keep from breathing some of that stuff in and toxins and stuff like that.

And then the detox strategies that you talk about, it's amazing. When I first did those, it was very difficult. And now I just felt crystal clear all the time.

And then when I do those IVs, I feel even more perfect. But it's, I can't imagine being alive without knowing the. That's the. This is like the the greatest thing that I ever discovered in my whole life.

I feel the same way. That was it. Amazing. So blessed. Yeah. To know this is and to work with the patients that we do. So now it's my favorite thing in the world.

But actually I'm 5050. It's 50% working with the patients that I do and 50% talking to the doctors like you, because, yes, we're we're kind of sharing information.

And so, what's going to happen is, in our personal lives, you and Erica come have dinner with us. And in the meantime, what we'll do is think about a topic, and then I'm going to have you come on our just regular podcast.

So look out for that, everybody. And, thanks for listening. And we'll talk to you soon. Thank you so much for having me, Matt. So great, as always. How you want to hear the best. Thank you.