# Peptides - A new frontier to induce Optimal Performance and Longevity Transcript

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## Introduction and Guest Background

Hi, everyone. I'm doctor Sanjeev Goyal, and today, you're listening to the advanced Anti-Aging and Technology Summit. I have, Jean-Francois Tremblay with me.

He's an expert in peptides. Welcome. Jean-Francois. How are you? I'm very good. And thank you for having me today. I'm so glad that you took the time today.

And, we couldn't talk about, anti-aging without talking about the whole world of peptides, and. And you're an expert in that field. Let me just take take the listeners on a little bit of a bio I have of you.

So Jean-Francois did his undergraduate studies in biochem, mechanical engineering and kinesiology, out of which I graduated in kinesiology. And I did study those things, but I didn't get a degree in everything.

Okay, okay. Gotcha. Well, then you did do a, pursue. You did get a graduate degree in farm and pharmacy to complete a master's degree in pharmacology.

That's right. Right. And then you, used interest in peptides, and their application started over 20 years ago. So really, some time ago. He has you've consulted privately since then for anti-aging, aging, sport performance and general health.

And then you started a company that makes peptides called Canned Lab. Is that about 60%? That's right. That's about it. Yeah. Okay, so maybe just, I'd love just for the viewers to understand.

I know some of the viewers understand peptides are. But just in general, you know, what are peptides? That would be great if we could start with that.

Well, very easy there. Small chains of amino acids, basically. So it starts, you know, you have single I mean, no acids. You want together to. That's not peptide.

Officially, it can be up to 50 amino acids. Then it becomes, a small protein. But, you know, there is a gray area which may be, insulin, for example. It's it's in the structure, but because it's no greater than 50, they call it, a small protein or growth hormone, the same it has but the structure, by it's bigger than 50.

So, you know, it's in that gray area. So basically this is it. And the other way around, let's say you eat meat, you will digest it down to a small protein which will be digested down to, peptides and then to amino acids that will reach your tissues and and everything.

So just now that you're just saying that I've, I had a question.

## What Peptides Are and How They Work

So do people get these peptides like various peptides, even these these ones from diet. I can these people can body make some of these peptides. But actually some come from the diet.

You think of, collagen? Peptides. You know, the current protein, this meat is made of specific, peptides. Another million dollar question is, you know, since they, they're digested when you take them orally, then what's the point of taking them orally, since they're going to be digested down to amino acids and that specific peptide structure would be lost?

Well, it's not the case. You know, digestion is not perfect, so there is always a percentage of it that will make it

through the bloodstream, which may collection peptide work, because, yeah, a lot of the, the actual structure that is good for college and in your own tissues, they won't make it, but some of it will.

And there will be an effect. Plus, I think it has to do with some, specific methionine that's very rich or. It's good. But basically. Yes. And that's what I believe where if you, you know, that's not written anywhere.

But what I think in The Evolution of Man, I think that's kind of how peptides were discovered. Are, you know that, okay, every organ produces, peptides to bio regulate that, organ.

So for example, as very small peptide that it will secrete and it will have an effect on cells, like the heart cells are producing peptides. Yeah, yeah, they're produced in the tissue that regulates that and help to regulate that tissue.

So for some reason people probably would be more sensitive. But, you know, that's all shebang of, you know, if you want courage, you need the heart of the animal.

Or if you want intelligence is the brain. Well, it turns out that where does that come from? Well, probably, you know, the for a long, long time ago ancestors they was is that that, all the organs of the animals and you know, they with eels are, is the heart and probably felt something probably, you know, they were more sensitive because they were eating that peptide that's good for their heart or for the liver or for this.

And, you know, it kind of directed them to. Okay, if I had a, liver problem, but I eat liver, it's going to improve. Plus, you know, all the b-vitamins you get and all that, but so probably that's kind of how it started.

And, you know, finally, brought science to look. Okay, let's look at those organs. Let's look at, peptides. And yeah, they found and there is a whole bunch of, what we called, bio regulator peptides that are very specific to organs.

And they work like adaptogen to those are, again, so if something is too high, it's going to bring it down. If it's too low, it's going to bring it up just to bring it to the optimal level.

So you have for the heart deliver the brain, pretty much everything because probably every organ has one. We then discover them all. So yeah, to come back to your question.

So some of it is, are really absorbable, absorbable to different degrees. Right. So some of it is getting absorbed and whatever's not getting absorbed, a lot of these peptides, could be made, made by the different organs from the individual amino acids. Is that. Yeah.

Yeah, yeah, yeah. We're programed to make those that actually, all natural peptides, not all, I'm lying here. Most that we know about, we make them, and our own body.

You think of, BPC one five, seven times and beta for, we make them already. So either because of aging, we produce less or, any other reason we don't have enough.

Then by taking it, we just add to the pool of what's there already. We made them all. There is a few now that have been discovered in plants that have effects in humans, but I would say 98% or more.

We make them already. And many times the condition of the people is due to, for some reason, a lack of that peptide. You know, we don't make as much anymore.

So we get that condition, the disease or like that. That's the part of the aging. That's the aging process. You're saying that as we're getting. Yeah.

Which is that's that's right. Yeah. And we are programed to die. So you know, it will happen to everybody. It's I think it's smart to produce less of those, it's part of that all mechanism of, dying.

Right. You know, we will all die when they. Restart the virus. That's why. Okay, well, we're trying to starve it off a

little bit with this summit. Did help people.

Well, no, no. And it is feasible. Yeah. And for many, many years. Well, my belief of anti-aging, it's a bit for, Yeah, but, you know, nature is cruel.

So, the things you cannot reproduce. Yeah. You become useless for nature, basically. What's the point? So not that you're going to die in the next there, but all those mechanism that brings about that kick in, start.

Right. And then you have slowly that degradation of things. So and you can have the best diets. You can train them. They exercise. Yeah. It's going to improve your your quality of life.

But those mechanism they kicked in and you will die. So the only way to slow down those process, those processes is to tweak with your own biochemistry the, you know, you cannot do it because everything that made you strong when you were younger diet, exercise, everything.

Now it's actually it's playing against you because not all the signaling is okay. This one has to go, you know. So it's happening. So if you tweak with your biochemistry then you can slow it down and up to a point, you know, we don't see nobody living 200 years yet.

And just by tweaking with biochemistry, I don't see it happen to that extent. But you can look at, 30, 40, 50 years more than the average, 80 years we have now, you know, life expectancy, say, sorry, adding like 30, 40, 50 years.

You're saying yes to that years.

## Peptides, Aging, and Natural Production

But again, there are so, so, so many factors that are right literally out of our control. That's in the perfect word. But I think you can add a 10 to 30 years, right?

Right. Taking care of, weather, good life. Yeah. So maybe let's just talk a little bit. I know you kind of mentioned Russia a little bit. Can you tell a little bit history of why why this science seems to have come more from from Russia.

Well, it was kind of an accident in the sense that, one of the first peptides that was. And events that, initially it wasn't for anti-aging. It's a lot a lot of people had heard about it.

Doctor Kevin Sand, in Russia back in the 80s, discover that, but the purpose wasn't anti-aging. When you start to look into it, you know, it was, medical doctor in the Army, you know, the Cold War and all that same in the US, same in every country.

They are doctors, and they say, look, find something to make our soldiers better at everything. And so he started to look into peptides and came across, a piece along, and then he said, okay.

Yeah, you know, that could be good for soldiers, but hey, look at this. I give it to, some mice, some, and they live longer and they live, healthier and, Whoa.

So, dang, that's kind of how it started. And it turns out that it was, in Russia. They looked into it while and I don't know, in the U. S, they looked into other things and probably Canada, they looked into other things.

And, you know, every country I think is old thing happening. And the Russian, they decided to look into peptides and it's kind of, how it started. Okay. Right, right. Okay.

And so this, so let's say something like, maybe let's just talk about it better at best airline, because it's one of the more popular peptides. What is what is your feeling on how this is working?

And, what what can one expect by taking this? Okay. Peter is one of those, bio regulators I mentioned at the beginning. We produce it naturally, when it's naturally produced, it's called.

I mean, a Peter Long is the synthetic version, but the molecules are exactly the same. It's produced by the pineal gland, as is, the melatonin, you know, so basically it's known as not not today as the anti-aging that night.

Because it might or might not. That's the only thing I'm not 100% sure, because when they did those studies on telomere lengthening, I'm not sure that techniques to measure were that good.

So maybe yes, maybe no. But, when you look at what everything else does and that is proven in human studies, then the telomere thing is kind of, secondary, but the most in terms of, Life expectancy, what you can retain from, taking it is they gave it, to people between 60 and 78 years old.

And the most amazing part is, you know, there were a 16, 12 years long study, but they didn't give it during. That's all length of time. You know, it was given twice a year but only for 2 or 3 years at the beginning.

Then they let them go and then years after this, they look, it wasn't taken for ten years. Twice a year, only for a few years at the beginning and then.

And what they notice is, a decrease in mortality in the group who was taking it, to, 67%. Well, I saw two thirds of less people died in the group that took it than in the group who didn't, and, and then they didn't look further to see.

Okay. Do they really live longer? We don't know, but yeah, we can see. So the dosage, I mean, they gave a bigger dosage, I believe. Right. And those and those studies, is that correct?

100mg total twice a week, sometimes 50mg twice a year for you, 100 milligram, 100mg. Okay. Total twice a week. Oh, no. Sorry. Twice a year. Oh, twice a year.

Yeah. For, at 100mg. And was it given all at one time or, in some study it was ten milligrams a day for ten. These other studies it was ten milligrams every three days for a total say, you know, they tweaked with a few, protocols.

Right. So it was either 50mg total or 100mg and spread out over 10 to 30 days. But they all gave about the same results. What seems to be the most important is the total amount that was taken.

That's that's, so at that can lab and it's just a ten lab net. You sell each vial for how many milligrams in a vial? Understand? Hundred milligrams, which would be the total to be taken at the highest dosage, to be taken twice a year.

Okay. And to be given intravenous as well. I assume. You could, but I don't see the point. You know, just giving us subcu. You know, we treat stress because it's water soluble, reaches the bloodstream in seconds, and, the advantage of, I is, is that if you don't want it to reach all the bloodstream at once, you know, you just you drip it.

## Russian Origins and Research History

So, you know, you have that bag of 250 ccs of peptides is in there, so you get the best. If you took the drip over three hours, then you're given the peptide over two hours.

When you do subcu, you get the full dose at once. Okay. So is there any advantage of want to do it slowly. I'm just even for other peptides. Is there any advantage of doing the short acting ones.

You may. But then you would be looking at okay. I'm looking at I'm thinking of like timers in alpha one and serious cases. It's very, lived maybe a couple of hours.

So if you have a very serious condition, then you would want either multiple shots, like 4 to 8 shots a day of small quantities or a very long drip to get, a better effect.

There is another one. It's, or if it's a very potent, anti-cancer peptides. But it's very poorly absorbed. So you need to give very small quantities to be absorbed.

So the long drip permits that, you know, if you should at all a large will be throw that way. But if you have a slow drip then most of it will be absorbed.

So it's very specific cases and therapeutic cases, where you would look into a drip otherwise. There is no I don't see much of a difference practically.

It could be more practical if the person wants to get a drip anyway, it's a throw in the eye then. So you avoid that person. A bunch of injections, but otherwise, no, the the.

I don't see clear advantages of the on the right. Okay. Yeah. So let's maybe let's move right to Thymus and Alpha. You know, this is one of the mainstay peptides.

I've seen I was, you know, I guess it basically, maybe, perhaps balances the immune system. How would you describe how this up to, that's that's learned from Doctor Seed, actually, one of its effect.

That's why it's so good at cancer and cancer therapy. The way that your seeds explained it is when you have the cancer, the cancer cell build up kind of a shield around themselves that makes them invisible to, your own immune system. So, I didn't see the study on that, but, you know, I trust them on, on that.

It seems that time is in alpha. One breaks down that shield. So it makes the cancer cells visible to on immune system. So it's become immunotherapy. Plus it I wouldn't say it strengthened the immune system.

It will strengthen it if it needs to be strengthened.

## Epitalon and Longevity Research

You know you have that balance of one and two, what it will do is just reestablish that balance. So it will bring your immune system more. It should be to do what it's supposed to do.

So it's like a two, one stone to bird, where in turn, in cancer cases where you you, strengthen the immune system if you want to use that word and make the cancerous cells visible to your immune system.

So it becomes a great tool. And, cancer fighting, I think that, a time as an alpha has been like, as a rise since some form of proof for, like, hepatitis treatment or something, or it's, Yeah, B and C, it's, actually approved for it, but it is b c when company that pharmaceutical pharmaceutically marketed got the patents on a bunch of applications.

Yeah. And then, I see that's a huge tendency we see in the peptide world today. You know, you have all those new peptides that popped out and that thanks for this and information and all that.

Yeah. And they're very targeted, which could be a good thing. But at the same time, you know, you at the time is in beta four and time as in alpha one or, derivate from a diet dynamic, protein.

And then you have BPC 157, which is derivate that from, a stomach. It's by the stomach, lining, protein. It's a fraction of that protein. And, and those three, the they pretty much cover it all in terms of healing.

And they're establishing, and and then you have those do you know, there is a concept of reinventing the wheel. So, you know, you have those great things that are working, and then they're kind of forgotten because those new things came up.

But you know, that that works fine. You know, you don't have to break your head. Finding one specific peptide for one very specific application, you know, time is and also one better for in BPC, I like to call them.

And almost modern proof peptides that for a practitioner who doesn't know about peptide, it could give those three. Yeah. And not knowing what it's doing are not even sure about the condition that his client and probably in 8,090% he would see improvement just right off the bat.

Probably you would see more improvement if he knew about it in terms of dosages. And, combination and ratios and all that. But he could just throw them and that's what they have been doing for a few years.

Actually, I've consulted with a bunch of doctors that, professional consults where I would teach them that. And right off the bat, they would tell them, look, I've been prescribing them for months, and I have no clue what I'm doing.

I want to learn, but I've been doing it, and they had good results. Without, side effects, without, you know, nobody calling it, calling them at four in the morning from the emergency.

Now, that doesn't happen. And then you see all those new ones popping up, like, for inflammation, for this, for that, this. They have their place. But it's to me it's it's very, very therapeutic.

And to a very small percentage of applications. That's why to come back to anti-aging, I'm coming back myself to those bio regulators and to those three and, micro those are small dosages year round, and you cover everything, you know, you mentioned.

But see. Yeah, when we age might see God goes down. So your reflex would be, okay, let's take my see, you know, to bring it up. Right. Yeah. But if you have a sound by your regulator protocol, not only a Peta.

No, there is maybe 25 of them. Where? Around you. You've upregulate. But assuming that everything was going down, all your organs and system, it's not because there is no studies showing it that it's not happening.

And I suspect it is happening.

## Thymosin Alpha-1, BPC-157, and Healing Peptides

Most probably your natural levels will go up, you know, if everything else go up, this one might see is was discovered recently. So nobody did any study on by regulators.

And my C levels. But you know an educated guess is well if everything improve chances are this will improve too. So you don't need to take them. Let's see.

In a preventive way, you just, you know, just work around those by regulators. Up regulates everything. And why do you think people are you see such a huge decrease in mortality with one peptide.

They can the which was taken like not much actually. And you can expect all to have all those other. But they are regulator to have such a profound effect.

And you know, why look so far when it's there already, you know, that Russian guy, you really put his finger on something when they discover those. So are bio regulators.

Are there just just so I can understand like what are the names of some other bio? Okay. For the liver. It's, liver gene. For the heart. That's carcinogen, pancreas bank region.

You know, they, they kind of use the name of the organs for the brain. It's been there long. Brain and nervous system. Test the genes for the testicles and man's reproductive, system.

There is a bar. These are related, like on a chemical structure. Do these all look very similar to tree for amino acids? Sometime it's the same amino acids, but in a different order.

Yeah, they're very related, very close. And it turns out that. And it's that funny thing. Carla already pinpointed it, last

year. And, I agree fully. It seems that the smaller the peptide, the more profound effect it has.

And what we know specifically above the Bayer regulator were why are they so potent is that their actual receptors, or if you could call it that way, in that case, it's the DNA chain.

You know, they penetrate the cell, they penetrate the nucleus, and they go in the DNA chain, attach themselves there to kind of dilate it in that spot, which increases the expression of the genes in that area.

You know, it's epigenetic at its core. You know, you go straight to the DNA to increase the expression of those positive genes. Right? And, what's interesting too is, yeah, people do it.

And I include myself. We always, that pinpointed view of, okay, you look, you have, for the heart. You take cards, your genes for the liver, you take this.

But now I'm rereading all the studies. You know, it's a bit like the Bible. You know, you every time you read it, you find something new here. So it turns out that.

All right, studies where they look at, I don't know. I have, right off my head, I don't know which one, but they look at this peptide that's supposed to be for the liver.

But then the studies, they look at its effect on the brain. So, yes, they have an effect on the organs where it comes from, but it has a systemic effect too.

So by taking a combination of two, maybe 6 or 8 per year, you cover pretty much everything. Okay. And in terms of healing, that's why I was, I was a bit of day one before the PC.

So you repair everything as it breaks down by then you're pretty much peptide wise. You have a very strong program with that. Is there a, like the 3D shape of these, peptides?

Does that change depending on who's, like, how it's made? Like it's, it's I'm sure that that or it doesn't really matter. Like one. No, no there's two small two.

Other than that, we'll, treat while they do they do have a 3D structure. But, you know, it's, you know, they're too small to fold upon themselves or, you know, to, to, let's say, to go straight up and link, you know, no, they're too small for that.

They're pretty solid in that sense. You know, they they don't change much. And so the enzymes, is there enzymes that, that create these peptides like that we can, we can support in other, other ways, like our own production of BPC.

What's that dependent on is there's some type of like to create, you know, two amino acids to come together, a couple of, you know, acids. No, no, I don't think so.

Well, that there is, but, I say that that's an amazing good point. Nobody thought about that yet. You know, I, I see your point. You know, instead of taking BPC, that's stimulates our own production.

I have no clue about that. Interesting. But, so, for our viewers, I mean, one can't overdose on peptides, but these are naturally occurring. Well, some of them you can actually, it's not going to kill you, but it's going to make you feel really, really, really bad.

But, and we're talking very specific peptides via regulators. You cannot, overdose. Right. Those three main ones because they're, they're mostly used BPC one five, seven times in beta four.

And now one. Yeah. Some people react to them because of their conditions. Let's say they have autoimmune condition. Then, you know, it's it's a very fine line between side effects from the compound and just an effect from

your condition.

I'll always use the example. Let's say you are allergic to peanuts, right? And you eat peanuts. You're gonna get really bad, but nobody's gonna say that.

It's a side effect from the peanuts. No, peanuts don't have side effects. It's your condition that brings about that reaction to peanuts. And I see the same thing with peptides.

They occur naturally. So not if you have a reaction to them. It's more due to your own condition than to a natural side effect. But, of course, for the person taking it, it's the same thing.

You know, they feel bad, but it's very small cases. And that's why when you're treating a condition with that size, it's it's always good to to do it under medical supervision.

So I mean sometimes it can be really bad. Like better have some Benadryl. Not too far. Yeah. I've seen very, very bad reactions. Oh, well, okay. So I think that's, that's important thing for our viewers to take back.

Is that the, you know, please be under the guidance of somebody knows what they're doing. And, these do sit in a bit of, gray zone a bit, I guess. Yeah.

And some mess for many reasons for that. You know, health wise, if you have a condition, go see a practitioner because, otherwise going to be shots in the dark or could get bad reactions.

And, and, you know, they're not cheap. So, you know, you want to get really the most, the of it as you can. And that can be done under knowledgeable practitioner.

Okay. And then I mean, I have the, the package and maybe I'll just chat about that really quickly. Have you seen what's the results you've seen with that?

I've tried on I think some of my patients have taken Anchorage and there was one study and Russian where, with, two mice, the first, the induced diabetes type one with a drug, it's called, a lux.

And it kills all the beta cells in the pancreas, full fledged, diabetic type one.

## Bio-Regulators and Systemic Effects

And then they start to measure the blood glucose. Of course, the next day, up the roof, both groups. And then they gave two courses to one group, spike region.

And within a month, the, the mice who received the pancreas and the blood glucose was back to normal, because it wasn't Russian and kind of expensive.

I didn't get the whole thing translated, just those results. I don't know if they look, if they did biopsies of the pancreas to see if there was a regeneration or not of those, beta cells, probably some something happened because blood glucose was regulated back to normal within a month.

I've personally, I haven't seen that yet, but, lately, the couple of people who have, diabetes type one were started to use it. I'm tending to see and, you know, they monitor their blood glucose every day.

They're taking notes and all that. So I'm expecting those results. We will publish to make them public that published because, you know, it's not peer reviews and all that.

But at least to see numbers of okay, this what that's what happened. So okay. Yeah I'm looking forward to that. That that would be game changer. We could it's all coming from that study.

It is a game changer. But, I haven't seen it in practice yet. To tell the truth, I, I wish I did. I haven't. Okay. What what are you looking forward to?

Like, what do you think the next year is going to hold with regards to, peptides? And, what do you think is going to happen, shift in legislations. Yeah.

That's it's, you know, it's, a few doctors I talked to, doctor all to our I remember, before the podcast, I did with them. He asked me the same questions, you know, where do you see the basically in my future, in the next five years and, being in the U. S and all that, I say, well, I start to look for, an office in the Caribbean.

And if you want to keep practicing with peptides, the same with stem cells. What we saw few years ago, people were doing it. Now, you know, you go see a doctor in the U. S, for instance.

And I was surprised, you know, a lot of doctors that you wouldn't think. And the first thing you know, they say, yeah, yeah, he's due out in an office in Mexico and a physician, you know, they have their practice in the US.

And at one point they tell our client, they say, okay, now the next step, next appointment that's there, it's in Mexico. No, we're going to meet in Mexico because he cannot do it in the US anymore.

And I see that crawling up and, North America, it's, it's not quite the answer, the question you asked me, but that's what is, it's moving toward. And it's too bad because right now we're in between.

We're in that phase where it's almost mainstream, you know, that that, the, the interest in them is booming. And when it's going to be there and, you know, then it's going to be shut down.

But that's what they say. It was the same in sports. It's not about supplements and all that. You know, I worked with, high level hatcheries back in, back in my years.

And we always said that, you know, if you want to know if a supplement works. Well, is it banned? Yes. So that means it works. Ha, ha. So, that's the main tendency.

## Safety, Supervision, and Pancreas Gene Discussion

Yeah. Okay. Yeah, I think that's that's awesome. And, one just let the viewers know where they can go if they want to, get some peptides. I can say. Yeah, well, we sell peptides for research purposes for legal reasons.

So we do have a webstore. We don't give indication we can't. You know, I get so many emails. No, no, no, no, we cannot give those that or anything that that would be a prescription, right?

We can't we can't sell them as research. For your personal research, you do what you see fit with them. But we really, really cannot give indications, on that, that, kind of lab research, if you're tight, kind of lab research.

Not our site can lab, science that come, but if you kind of research that that's going to pop up and the link and lab science and, you can and lab science.com.

Yeah. That's correct. And, we're expanding online studies against, you know, that there are very pinpointed peptides. Don't be scared by the the quantities that size you are selling.

Again, to go back to anti-aging, you can bring it down to, on the here around protocol of maybe 6 to 10 that size, but again, not to be taken all the times those by regulators, they all follow pretty much the same rule twice a year, 50 to 100mg.

And you're set and, yeah. Okay. So that's good for any of any of the regulators you're suggesting is that do this once or twice a year and then and that's it.

Yeah. I'm gonna write something soon.

## Future of Peptides and Where to Learn More

You know, there is a few good groups on, on Facebook, private groups that they talk a lot about. I write there. I, you know, I put out information that I cannot so publicly.

So, I'll send you the link if you want to give it to your, listeners, they can go and ask group ask questions, you know, search, things. And, I do little informational podcast on that.

And one of those groups in particular. And, they can get good indications they're, because I believe even though there is 25 times because of those general interactions, I you can see it down to maybe six by your regulators that you take twice a year.

And then those three peptides I mentioned BCG before and I'm not the one kind of microdosing. Yeah. Around or you know, do in periods with short breaks and, and I think peptide wise you would be like very well covered in terms.

All right. Thank you so much doctor. Jump up. I'm not a doctor. I'm a master. You can. Call me. Call me master like a doctor. Well, thank you again for having me.

This. Very nice. All right. Thanks.