## Peptides for Gut Health and Healing

Right? I mean, if they could just promote healthier eating. There's no discussion on the preventative side. And we know that 92% of Americans are metabolically like, dysfunctional.

And yet we are pushing back the big food, all the stuff. And it begins with our children. Our children are coming into the state of like, just high inflammatory.

I mean, God, when I grew up, we never really had kids that were that were overweight, right? And the amount of autism, I think, you know, I gave a talk and I looked at the statistics.

It was like when I graduated high school, which was in 1994, it was 1 in 1000. It is like 1 in 36, which I would argue that is wrong, because in every classroom there's at least two, if not more.

So the 1 to 36 ratio I think is actually inaccurate based on what I'm seeing. This is doctor talks real talk from real doctors on the issues that matter to you most.

So today I'm here with Harriet Hansel, MD. She's an expert in peptides. And right now peptides are huge. There's a lot of talk about which ones can be used, can be used, how to use them, and honestly, what's working.

So I wanted to have a conversation with you just to see you because you see them every day. Yep. What is working for? Let's just start with energy production.

People that have either mitochondrial issues, fatigue, CFS. So it depends on what you're trying. I mean, I think back to like gut health and the cornerstone of a lot of people, they have a lot of gut inflammation.

They're not absorbing. You're trans as well. And so lots of times just using like plain oral BPC 157 actually can help with leaky gut. I also use like immunoglobulins to help with leaky gut that aren't peptides, but BPC 157 is such a great choice.

I use it in my ulcerative colitis patients Crohn's patients, but even our typical athlete and when I did my initial peptide course, it was funny because I claimed that BPC 157 was like the Masters athletes supplement, right?

So like anybody over 40, that's exercising regularly and can get like generalized aches and pains that the BBC 157 was a great choice for them. And it seems to work very well for a lot of our patients.

You know, I've actually used BBC 157 quite a bit myself because I hear the same things and I'm like, I'm an athlete. At least I used to be. I still love the workout, have all these little aches and pains and injuries, and after using it, a lot of them just faded away.

I felt really good joint pain that I've had for 3 or 4 years from just college. Stupidity. When I'm trying to live too heavy and training to be a college shot putter started going away.

So now when I have an injury that's getting a little nagging, I'm like, okay, where's that BPC at? Yeah. And it's great for, you know, as needed application.

So are, you know, somebody has like a wound or like post-surgical, you know, you can use it also in those conditions also to improve wound repair. And actually there was a study done on like as far as from the musculoskeletal system side, there was a study done on rats where they like clipped the Achilles tendons.

And this was injectable BPC 157, but they injected BPC 157 into those localized areas. And those rats did need

surgery. The Achilles tendons just reattached like perfectly.

And so the uses for oral are definitely better for GI conditions, I would say. But you do definitely get crossover on the joint side. And so and then you absorb nutrients better. Right.

So back to like your original question about mitochondrial health. You know I think about, you know, as far as producing energy producing hormones, we have to have nutrients that come in, but we also have to be able to detox as well and keep good bacteria around.

And there seems to be some type of floral benefit as well. I don't I can't quote in the literature, but it seems like a lot of our patients on BBC 157 really, they don't have heartburn symptoms like their indigestion goes away.

And there's so many of these other symptoms that would probably describe the inability to absorb nutrients or break down certain nutrients. And it seems like there are some like overall commensal is on that happens and the gut after you DVC 157 for the actual mitochondrial peptides I use ss 31.

And that one is great because it can really help with boosting just your kind of like I call it, like your iPhone battery. You know, when it goes to yellow and you know that you're like starting to get depleted.

And I all of my patients just feel like that yellow goes to green and it just feels like you're just, you know, recharged and you just feel like you wake up at a little bit of a higher, like battery level that, you know, oftentimes we can also see translated in sleep.

So I did a round of SS 31 before I had oral surgery. And I mean I did combine that with methylene blue. And it was fascinating because it greatly improved my deep in REM sleep and really kind of helped.

And probably because I'm sitting in front of a computer all day long, you know, working long hours. And I am deplete. I'm also an athlete, you know, I work out a lot.

And so the SS, everyone has a lot of use for just your typical person who like probably just wears themself a little bit too thin. But then also for our patients who have severe autoimmune conditions and severe depletion, where, you know, I use it in our patients that have Parkinson's and other really debilitating chronic conditions, and it can help at least.

The meantime, while you're working on root cause helps in meantime day to day, which is great for these patients. That sounds pretty awesome. I know there's a lot of different peptides that are out there with mitochondria.

People are always asking which one? Yeah, well, there's not that many available now. I mean, so really and when you're looking at like supplements and, and such, I'm always really kind of looking at potentially what may be underlying root cause.

Right. So back to mitochondrial function in something that's not a peptide. I've used a lot of methylene blue. I went to a great conference in June that was given by North Carolina Integrative Medical Society.

But Richard Horowitz spoke who's like a world renowned expert in Lyme. And so many people have underlying Lyme that maybe like somewhat dormant, maybe still causing issues like never had a diagnosis.

And a lot of I think the biohacking population who's done methylene blue that has have success. I wonder if they have some type of underlying infectious aspect because methylene blue is an old timey drug that they used for Lyme way back when, and it does have antimicrobial properties, but it definitely helps with mitochondrial function.

So it's been one of my big toolbox. You know, suburbs pharmaceuticals actually. But you can also get it from supplement companies. Also, some of the supplement companies is a little harder for administration because you look like you've been sucking on like a blue raspberry, like a lollipop all day.

So I prefer the compounded like encapsulated forms of methylene blue. But we've had great success with patients with methylene blue. I've had people come off their A. D. D.

meds because it does improve brain focus and mitochondrial function. Well, it actually took methylene blue this morning. Yeah. And my mouth did look like a little blue raspberry.

## Mitochondrial Support and Methylene Blue

Yeah. But I'll give you a funny experience. So Doctor Jess, a friend of mine, she was telling me about methylene blue several years ago, and she had a company she was sourcing it from.

It was a powder. So you could mix it and and dilute it down to whatever you needed to dilute it down, too. So there's some benefits to that and there's some drawbacks.

So I'm the guy. It comes to my office. One of my staff was like, hey, can you mix this up? Here's the instructions for body weight. I weigh 180 pounds.

Then you go back to the back, make it, bring it to me. I drink it, my mouth completely blue. I feel a little nauseous afterward and I'm like, how much did you make?

Yeah, so I read the instructions. I took 11 times what my body weight should have been. Yeah, on my very first experience ever with methylene blue. And I'll definitely say it's anti-microbial to some degree because I had burning urine for like two days.

Yes. Yeah. But afterward I felt great. A couple days later, of course, urine comes out completely blue. So everybody that's taking it. That's the biggest complaint is that you can stay in your toilets.

Oh yeah. Yeah. With it. So but it's interesting because you know, I did methylene blue for like about 90 days. And then now I can't take it because it's over activating for me.

Like I think I've depleted enough between my SS 31. That and really kind of focusing on sleep at it. It does hit a point where not everybody can take it like on a daily basis, and that goes back to like as needed for my patients at least.

But, you know, and it also depends if they have chronic Lyme, it's going to be a different situation. But back to like super high dosing I mean Richard Horowitz has you on.

He's got this daptone protocol, which is an antimicrobial protocol for the most resistant line patients. And he has people on 300 twice a day on the last week to prevent ment hemoglobin Amia because daptone can cause that.

So I mean I've definitely done multiple daptone protocols on our patients now and and the symptoms that you're describing, the urinary like kind of irritation from high doses can happen.

But luckily it's only usually for like a week when at the super high dosage. But at at but some of the supplement companies are producing high enough dosage that makes a difference in what we're trying to do.

Like root cause was like fine for the general biohacker. But I think if you're really treating underlying conditions, you're looking at higher doses. And some people are doing IVs of it, which may or may not be necessary.

But I've seen IVs of methylene blue colloidal silver. We're here at a conference now. CBD people are hurting off of that. Yeah, there's some people down there. They're going and getting that.

And they know that they have some chronic Lyme going on. They're having big hurricanes. One person at 102 fever afterward, which just means the body's going through some work there. Yeah.

So there's always new things coming out. Let's run back into peptides a little bit more because I know we've talked just about two now. Yeah. One for healing BPC 1571 for more mitochondria that we just talked about.

What other peptides are you excited about. So I really love area 290. That is one that really helps or nerve pain. But any type of like nervous system insults.

So I use it in my Parkinson's patients. And obviously as you know, a lot of Parkinson's patients have a ton of heavy metals, a lot of the underlying tick borne illnesses also.

But while you're again, working on these root causes, and you know, they're having difficulty with ambulate, they're having difficulty with like, you know, activities of daily living, they've got pain, they've got and it for them, it has really kind of given them this like tool to be able to live life better while we're processing, again, the root cause situation.

But we also use it for like, you know, I've got this guy who's like a jujitsu guy that literally he just gets pounded on all the time. He gets some, you know, cervical radical apathy gets like numbness.

We deer out of area goes away, you know, so it maintains a lifestyle. I don't know that that's like the smartest thing. Right. But for some of these people this is like their identity.

And they want to continue to compete. They want to continue to be lively and do the things that they want to do. And area has been great for that. So we use it a lot for any type of like, you know, sciatica.

It works really well for I already talked about cervical radical apathy on our neuropathy. But like your traditional patients that have dementia, Parkinson's, all those neurodegenerative diseases, it works very well for to and actually how I found out about it was my first Pep type conference.

There was a guy that had basically like come out and was like, oh, you know, I talked to Doctor Seeds, like during a forum one year, and I was in a scooter and he had some bad reaction.

I they took an antibiotic that left him basically wheelchair bound. He was like in his 20s and he curbside a doctor sees and doctor sees. I was like, you should do area 290.

And he came into this conference walking and like lunging down like in the middle of the conference. And he's like, man, I owe this all the doctor sees because this was what my body needed.

Just enough of this push to get my nervous system inflammatory like factors just under control so that my body could actually start healing. And he did great.

I mean, I will never forget that because I remember seeing him at the conference before I was like, that is a young guy on a scooter. Like, I wonder what happened to him.

But it's pretty remarkable. And I've treated a lot of patients with, like, chronic migraines, chronic pain. I had a unfortunate young lady who had broken her back when she was in her 20s.

She's our 30. She was like on Simsie, which is like an autoimmune injectable.

## Area 2-90 for Nerve Pain and Neurologic Conditions

Adobe, which is another like a migraine injectable. She's on to like an SSRI, a tricyclic antidepressants. And area 290 is what really got her pain under control.

For us to actually start taking away some of the pharmaceuticals and work on the other things. So it has been an amazing peptide for us in our clinic.

So I'm curious. I mean, you said migraines. Now obviously the gentleman with the antibiotic issue that that that's

lunging down the hallway. Yeah. But Parkinson's dementia.

So this is you said sciatica. And I'm thinking, okay, root cause could be hips out of alignment or muscle spasms in the back. These things, what's happening in the body.

You mentioned anti-inflammatory to some degree. What's happening in the body when you're using area. So I it's a great question. You know I think more of it on like clinical use aspect.

I really think about how some of these patients like entire inflammatory system is like in overdrive. It's almost like I think area for some of these patients whose nervous system is like completely overloaded.

It's almost like that control alt delete. Right. It's just like almost like a reset where the system just kind of calms down enough. And then the factors that your body actually are supposed to create to actually help heal actually start working.

Right? So I think it makes it so that your body can kind of work on healing itself. It's almost like, you know, I'm an acupuncturist also. So, you know, I, I used to do a ton of acupuncture.

The peptides really has kind of decreased my need to do acne, especially for patients, and convenience and flexibility because they can do the, you know, their injections or orals at home.

But it's almost like my analogy is that sometimes the body is trying to help the system, but in turn, it's flooding the system with inflammatory factors because it's like, okay, well, hey, you know what?

The Army needs to come out, but there's like no general that's like coordinating the effort. So there's just a bunch of fighting forces, but they're all like, you know, not really talking with each other than not doing the right thing to help heal.

And then Aira or Acupuncture, some of these like, you know, generals are coming out and they're like, okay, guys, let's let's kind of calm the inflammation.

Let's figure out what we need to do. And then it helps your body kind of modulate. Because really like a lot of our patients that have been on Aira, they don't have to use it all the time.

And so like they may do like a course of it, they may take a break and then the breaks in between may become longer and longer. One of my most successful patients actually has trigeminal neuralgia.

And she was on gabapentin. She was on two different anti-seizure medicines and getting acupuncture every week for like 20 years. And she's on zero, not even getting AQ now.

And I was all from area 290. I mean, not all. It was from that and I was working on root cause, but it was enough to temporaries her pain so she could get off of these drugs that are terrible.

I mean, gabapentin, if you've ever taken gabapentin, it makes you so not functional because it makes you so drowsy and you can't think straight. And so and a lot of, you know, what we do is we're trying to improve performance as well.

And you're not improving performance when you're using pharmaceuticals that dull your innate ability to be sharp. And for you to actually, like formulate thoughts.

A lot of our patients everyone gabapentin now not are like in shock at how much they can get done. How you know their thought processes have completely changed and how successful they're I mean, we pride ourselves on not just health journey success in our patients, but really like personal success and professional success after they clean everything up and become just more resilient and more efficient.

So I'm so intrigued with this. I know you and I are really we're talking a little bit about neural therapy. So injection and scars. You just mentioned acupuncture.

Is this peptide somewhat working the way that neural therapy works. Just relaxing the system even from what may have been stress or trauma to some degree that so it's not necessarily neuropathy or pain, but it's getting a little out of the fight or flight or is that what you're saying?

So I do think that there is some crossover. I mean, you know, and I just did my neuro therapy course, like during this conference this time and, and I've learned a great deal about it that I'm super excited about combining the therapies now.

Right. So sometimes the peptides may not work as well if the patients are completely clamped down. So if you're looking at these people that are completely in fight or flight, sympathetic overdrive, their body actually can't even receive some of the signals potentially.

There are some that are so extreme that the peptides can't even get past. They can't even get into the areas they need to be. And that's where, you know, like before doing I'm not doing neuro therapy yet in clinic.

I would love to start soon, but looking at like how I would treat some of these patients with AQ. So sometimes that's the case where I will have an acupuncture patient come in and then they become more receptive to the peptide piece because their body now can receive some of that.

But it's interesting because in narrow therapy they're using meridians that are actual meridians. And a lot of what they're doing is so much of what I do in acupuncture, because we have a scarring blocking technique that we do that, you know, I I've done it in clinic before.

It does work great. I'm so curious to see how it works with the prochain. In addition to it, to see how much more benefit you can get from it. But my goal is always to save the patient money, save the patient time.

So if we can quicken that process for them and make it easier for them so that they're also not, you know, finding that they have to come into the clinic all the time, that they can actually do the things that they need to do and want to do.

That's how I think we should all try to manage our patients, you know. Completely agree. Simple strategies increase compliance massively. Yeah. So many times I get people come in the clinic that are 30 supplements, six therapies I got to do every single day to themselves, whether it's good or they're almost always all good stuff.

I'm like, there's nothing wrong with anything you're doing. I love all these supplements, all the coffee enemas, a casserole packs and dry brushing and red light therapies and so on.

And like, they're all great, I don't know, where are you off? Think about doing all that. Know I know it's so there's this whole I think classification.

There's like a a new classification, the therapist where they're like, it's almost like the biohackers like anxiety, like even tracking anxiety. Right. Like, are you wearing an orange?

Oh my God, I'm waking up. Am I ready to score socks? Like I'm going to have a bad day? Like, you can't let that, you know, create this hole because a lot of it is mindset, right, as we know.

But part of it is I think you can overdue therapy and really like for me, you know, one of the things that I definitely do is I try to because there's a gazillion supplements that you can do, there's a gazillion peptides that you can do.

I mean, I use muscle testing to kind of determine what the best course is for each patient and to try to minimize as much as we can. And then like at our check in visits, we're cleaning it up.

Supplements change like your needs change. Your peptides may change.

## Neural Therapy, Acupuncture, and Overstimulation

We may take a little break. Has it been too overwhelming? You know, there's so many different conditions and and variables you have to think about for each patient.

But I oftentimes get like, you know, by the time they get off my waitlist and they come in, they've seen another functional doc and they're on 30 Nutri like, but why are they nutrient depleted like who has not addressed you're just getting the supplements to like the mainstay piece.

You know back to root cause nobody has done the investigation to figure out why do you have those nutrient depletions? Why do you know I don't agree like a lot of during the even this conference for a forum like listening to some of these innovators talk about utilizing all these drugs that potentially can help with longevity, they have a lot of cost to the system.

Right? And it's just like some of this stuff is I feel like you need to use some common sense, like you need to not be on a lot of pharmaceuticals, even if they are quoted as being like longevity promoting.

You know, you have to look at that individual. This is an of one. Each person is their own individual. That's why I love continuous glucose monitors. I like individual data, but I also love muscle testing for that.

I'm a huge fan of my studies. You've been doing it since I got into practice. I don't know how I would operate, but the knowledge that I've gained just from doing the muscle testing, like even without actually doing it today, the way that my brain operates and thinking about things has been so molded from the information that's come in, because when you start a muscle testing people and you are looking for what their body can actually utilize from supplements, my experience has been most of the time it'll recognize 5 to 7 supplements as useful, and then after that, it starts draining the body of energy because it takes effort from your body to absorb and do whatever it's needing to do that the subtleties of bringing in, and that goes for all of the other stuff, too.

Yeah, you can overdo it with anything I always say to people, anything with a positive therapeutic effect. At some point it could become negative with either too much or too stacked.

And it's funny because just so you're talking to you or obviously being film. I'm talking to the film crew as he's watched me talk to several people and just trying to figure out what he's thinking.

Let's see here. And he's like, it's so overwhelming, all the different things that I'm hearing, it always giving me anxiety to think, where do I even start with all of this?

And I'm just explaining to them like, hey, you know, if there's a problem, like if you're actually a sick individual and you're not just going and like, I just want to optimize a little bit.

Yeah. If you actually have some conditions going on, what is causing the condition IBS, your stomach isn't working. Right? Right. That's the name of it.

It's not the cause of it. If you're having mental health issues, what's causing those is the inflammation in the brain. Is it a lack of of neurotransmitters?

Is it a toxin creating some problem like look for the why not the name that's been given to it? Yeah. So running down that we talk. About you know, we're in this Western medicine society where it's like, well tell me what I have, what's my diagnosis. You know, what's my ICD ten code?

So that insurance can build, you know, and I don't take insurance. I don't deal with any of that stuff. But it's the mentality of the general public, you know, like, especially in my landscape, since I'm a MD, you know, I've been able to get a lot of people to cross over onto this, like more alternative side since I am an MD.

But a lot of them have this mentality of like, I just want to know what my diagnosis is like. At the end of the day, it does not matter. And you know, and I've proved this like that to our patient with the autoimmune condition that was on, you know, those two injectables and on T and depressants, you know, her dad was like, I need to know what's going on. I was like, hey, I'm muscle tested all this stuff out.

She's going to take blah. And she's got parents and she's got a ton of things that we need to treat. And then next thing you know, you know, he's like, well, I just okay.

I was like, hey, look, pay the $2,400. Well vibrant. Let's do the testing. And it did not change our management. So all the stuff came up on vibrant. And then to back it up even further, we did.

She had a cavitation surgery, had a root canal that was infected, and then also three cavitation sites. They cleaned it out. And on that path, all of it coincided with a vibrant which coincided with the muscle testing.

At the end of the day, it changed. And I mean, obviously the cavitation surgery was needed, but the vibrant test that was 24 hours back to saving money for these patients, we bypassed that because really and honestly, the vibrant test didn't even pick up our parasites.

The parasites were actually in the cavitation, but they picked up on our muscle testing. So we were treating her for that. So it's just, you know, some patients I think really want to have something to identify with so that when people ask like, why aren't you doing well?

Like why are you. So, you know, why do you always have to call to work? Why? I think they want to embody a diagnosis. So that they have justification as to why they don't feel well.

And we need to move away from that. This, I mean, like the Western Medicine Society has totally gaslit all of our patients into thinking that, you know, the people that aren't doing well, it's because of them.

It's it's it's not failure of the system. It's failure of the patient. But you're not looking at the patient and you're not seeing what signs and symptoms these patients have as to what actually is contributing.

Does everybody want to live a non fruitful life? I would say no. But the you know I'll tell you like fibromyalgia, Lyme even like all of these like chronic conditions that the western medicine docs don't know how to treat, are the patients that are the ones that have been failed by the system, and they are given SSRI and PPIs and statins because they're all inflamed.

And then they're just, you know, basically left to like, live a miserable life with poor quality of health and quality of life on a day to day. You know, it's just it is very frustrating to see.

And I don't think doctors really want to do it, but this is how they're trained in the system. If you don't learn in medical school, you don't learn in a residency, then it doesn't exist.

It's almost like, oh my God, I have like, it's like horses with blinders on. And it just I'm like a conference junky because I love to learn and there's so many things that we don't know.

And my practice has evolved. I'm, you know, going into my eighth year of my private practice and I practice medicine so different even from the last eight years, even though I was alternative to begin with, because I've learned all these modalities and have brought it back to clinic.

You know, it's all about progression and learning and and just seeing the curiosity and desire when you talk to some of these Western medicine docs, it's just like, I don't even want to talk to them because they're like, I know everything that I need to know. It's like, bullshit.

You don't know everything that you need to know. And they're like, I don't know why you go to some conferences. I give conferences. And I was like, why give conferences to you?

But I'm always ready to learn and there's always something that you can build into. But that intellectual curiosity just has faded.

## Root Cause Medicine and Testing

And they're just like robots, like, literally just give me the protocol. What am I supposed to do if it's not aligned for them? Then they get into this like, you know, they've begun this whole process of like, thinking that there's only one right answer to everything.

And it's really just like. And it just blows my mind because you also need to, like, spend time with these patients and understand what other things back to, like mental health and connection and purpose and some things that don't cost any money at all that people really need to think about that.

I think we've gotten pulled away from the present with social media and doing a lot of this other stuff that, you know, seems like on the surface everything looks great.

But inside, I mean, clearly with the mental health crisis that we have, it's not okay. Covid showed us a lot of things. Yeah, so many things. It showed us that people need community.

Yeah. I can't tell you how many employees, friends, family members. We're excited to be back and work to some degree that they don't all want to go back to work five days a week in the office, but they're like, I miss people.

Yeah, they figured out that the fear state triggered the nervous system and put them into yeah, let's. Stop watching the news. I mean, and it's all about sensationalism.

What's the next big topic? What do you get? How do you get ratings? It's not truly about the thing. And obviously it's not about the things that actually matter and help you.

Right? I mean, if they could just promote healthier eating, there's no discussion on the preventative side. And we know that 92% of Americans are metabolically like, dysfunctional.

And yet we are pushing big, big food, all this stuff. And it begins with our children. Our children are coming into the state of like just high inflammatory.

I mean, God, when I grew up, we never really had kids that were that were overweight. Right. And the amount of autism, I think, you know, I gave a talk and I looked at the statistics.

It was like when I graduated high school, which was in 1994, it was 1 in 1000. It is like 1 in 36, which I would argue that is wrong, because in every classroom there's at least two, if not more.

So the 1 to 36 ratio, I think is actually inaccurate based on what I'm seeing. And it just blows my mind because we don't start with even that. I mean, the education system, like teaching kids.

I mean, have you seen a school lunch? It is absolutely abysmal what they're getting. And it begins so much at the home and on values and teaching all these things.

But a lot of these parents have been taught under the traditional system. But then the kids aren't getting the education because I can tell you, like, you know, when my kid did culinary arts or whatever as an elective in high school, it was a joke.

They were feeding them just crap food, you know, all processed stuff. How do you make all these processed foods? Like nothing about real whole foods. It just it blows my mind and just the whole nutrition field.

It blows my mind. It's all about caloric intake, in which we all know that that is incorrect and that a calories a calorie doesn't really matter at the end, you know, and I can show you that that is absolutely incorrect with these patients

with CGM.

So I can get an insulin or get a glucose spike from something that's zero calories, zero carbs, zero protein, but it releases insulin, and then your body drops as blood sugar, and then your liver says, oh crap, I'm not going to get low.

And then you get a reactive hypoglycemia like 140. I mean, you know, from eating nothing that was non caloric. And that's why so many people are overweight.

You know, you're talking about insulin resistance. You're talking about these tenants that we have taught patients don't eat fat, don't eat meat, don't eat like we are now just poisoning them with these thoughts of like, you know, and this is actually the result of what the nutrition guidelines were, which had no study merit.

It was all based on expert panels. Well, those experts were wrong. Look at our population now. Well, I can tell you this. I've sat with parents, I work a lot with kids.

And you're talking about autism. I speak on this a lot. And it's it was 1 in 5000. I was in elementary school, give or take. And I was there in the early 90s. And then the statistic about three years ago, supposedly 159, another one came out 132, but the prediction is by 2050 it's one and 2 or 3.

Yeah. So what are we going to do with us? Right. We've got we have failed. We have failed because we may not be alive to actually take care of these children.

So who's going to take care of these children. It just it hopefully the reform is coming. That's all I have to say. And I talked to parents too, and I was I was talking to a couple.

And the mother who absolutely loved her children was having a discussion with me. I kind of want to call it an argument of pancakes and sirup are a staple of a child's diet because they deserve to have those foods when they were one.

And I go, they don't even know those foods are existing, right? So they can't. And I can tell you in China and in other and Africa, it is not a staple.

I mean, you know, and it is just unbelievable. But that's what they grew up with. But it also could be comfort food, right? They got a little like warm and fuzzy insulin released with it.

And they associate that was something that they're giving that's love to their kid. And but it's child abuse I mean what we're doing to the children is abusive.

Yeah I know with my son who's almost two now, I've even had to rework grandma's brain a little bit. Oh yeah. Because for me, I bring out the protein in the fat first.

Yeah. And I get as much of that as possible. He is now at sometimes up to eating two and a half eggs. You know, 16, 17 months. Yeah. And then he's like, okay, I'm done now. Fortunately more. Yeah.

He just like me.

## Nutrition, Kids, and Preventing Chronic Disease

But it learns satiety, right? So like this whole aspect of protein and fat and fiber from vegetables, if, if that's part of your diet like that actually helps buffer your blood sugar.

Right. And but then they actually get full. You start with carbs. You're never full, right? You ride that glucose rollercoaster from the beginning. But that's what all these kids are writing.

Pop-Tarts, pancakes, bagels. I mean, think about what the traditional breakfast is. And it's so funny because, you know, when my my I have two daughters, one's like 18 now and I have another 15 year old.

But when the kids would come over for spending the night, they're like, we don't want to go to Kylie's house because they don't have, like, cereal. They don't have breakfast food because we just eat like my daughter, eat stir fry for breakfast.

Like she just eats regular food. Whatever the leftovers are, that's breakfast. And it's just funny because this whole concept of like, well, they don't have like donuts, they don't have like muffins and they don't have anything good in their house.

And it's just like, you know. And all of the good things and the bad. Yes. I say just with my son, like he eats the protein in the fat. He's done. And then we we go and we grab applesauce or banana or something else, and he'll eat some of that.

And then he's full and he's done. Yeah. Sometimes it gets full. He's little tank. But it's so funny because if she gets the carbs out first, he won't even touch that.

Because it it turns on these little sensory signals. And you want more and you want more and you want more. And it does not promote for healthy eating.

I mean, that's really like you. You know, you've done it right. You have to start with the stuff that's actually going to send the right signals and actually make it so that they can choose what actually is more important, because once they get the chemical stuff, like all those refined carbs and I mean, got the goldfish and the puffs and like all the stuff that I see that these kids eat and it's like, it's not.

So this is why these kids are so nutrient depleted. I mean, I can't tell you how many kids, honestly, some of our kids are sicker than the adults, like, some of these 20 year olds are sicker because they've never had a basis of a good diet to back to, like gut microbiome and GI system.

I mean, you know, these kids never knew what it was like to actually have the right things to feel their body to begin with. It's always fun to talk about the hot topics, the peptides, the injections, the IVs, all the technology.

But for everyone I talked to, that's an expert in those things. They when they really understand health and root cause, they're always like, well, what are you eating?

How are you sleeping? How are you pooping? Yeah. These basic fundamentals. What boundaries are you putting up in your life to make sure that you have a healthy life around people and too much work, and they say it's those basics that are still important.

And it's fun to just have this talk because I bring you to talk about peptides. Yeah. And here we are talking about fundamental requirements of health.

Otherwise the peptides don't do all that. They could. Correct. Well and you can only you know it can cut some information. But if you're going to continue to do those inflammatory processes you're going to be on peptides Roche life, which is fine I mean if that's what you want to do.

But I like to see people get better and not have to use as much of things. Right. So again, it comes back to like the least amount that you can do the better.

If your body can process and do those things, but you got to give it to the right tools. I mean, your body's an amazing machine. I always think about that, right?

Giving birth twice like that, that you can make a baby and push it out and that like everything, for the most part, it's a phenomenal I mean, it's phenomenal.

And it's just like we think that the body in what a lot of people who rely on Western medicines, they've not trusted their body anymore. They think their body has failed them.

But we can fix it at any level, at any stage. We can get improvement. I think that's a great place for us to come to an end. How can people find you if they're looking for a MD?

That is so well-rounded with all the fun tools, but also the good basis? Yeah, my Instagram's at Doctor Hansell. Dr. Cielo. Thank you so much for today. Yeah. Thank you.

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