The Anti-Inflammatory Power Of Peptides BPC-157 And TB-4 Frag Transcript

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Introduction to Peptides and the Wolverine Stack

Welcome back to the conquering Chronic Inflammation Summit. I'm your host, Doctor David Yonkers. And today's topic is all about the power of peptides, these unique compounds with remarkable healing potential.

They're really incredible. In particular, we're going to do a deep dive on two of the most popular peptide is out there BPC 157 as well as Tb4 frag. You're going to learn about these and how what they offer to the body.

We're going to talk about the Wolverine stack for remarkable healing and regenerative capacity. These are things that I personally use to help keep inflammation under control.

In fact, I started using, peptides when I tore my, distal bicep tendon. And I credit it with really helping heal and, helping me recover faster from that injury.

And I have full strength and capacity from it, even though I didn't choose to get surgery. So these things really work. My guest is doctor Rob Bello. He is the founder and CEO of Bio Thrive Peptides.

He's been a chiropractor and clinician for approaching two decades. In fact, I went to school with him, chiropractic school with him 20 years ago, and he is an expert when it comes to BPC 157 and Tb4 frag.

And they've become an essential part of his recovery regimen. And as a clinician, he immediately saw the implications of these miraculous compounds in his practice to assist helping athletes and non-athletes recover from a range of tough to treat issues that he encountered on a daily basis.

You can find his website bio thriving US. So if you're interested in learning more about peptides, check out Bio thrive.us. You guys are in for a treat and let's go into the interview.

Well, doctor, Rob Bello and I go back actually 20 years ago to, chiropractic college when we were in school together. So it's good to reconnect with Rob.

And he reached out to me about a year ago or so, and I had started using BPC 157 actually, to to heal from a ruptured, distal bicep tendon. So I actually tore my bicep tendon in March of 2024 and decided not to get surgery, even though that was recommended and did a whole bunch of natural things, including things like red light therapy and soft wave TRT.

Rob Bello's Background and BioThrive Origins

And this is when I was introduced to peptides and other clinicians said you should use peptides, you should look at BPC 157 and so I started using that.

And I credit it with helping improve my recovery process. And then Rob reached out to me and said, hey, I'm, manufacturing this, this product and started this company Bio Thrive and looked at, you know, the great stuff he was doing.

And I decided, this is this is the product I want to start using. And I've definitely noticed a difference. Just my recovery from exercise, my overall inflammatory load.

Give it to my wife as well. Just feel more rejuvenated with it. So really, really great product and I'm excited about this interview. So doctor Rob let's talk about how you got involved with peptides.

Thank you Dave. Great to reconnect with you. It's been it's been exciting to be able to reconnect with a lot of old

colleagues from school. And, you know, really exciting to see what everybody's been doing and going their different directions and, that we can all reunite and, and start working together has been great.

So, I got I got introduced to BPC about a decade ago. I've done some competitive powerlifting, and I kind of found out about, about it from the gym and the gym bro's, you know, I'm half gym, bro, and I'm, I'm half clinician.

So, the, the some of the powerlifting, teammates of mine, introduced me to it and, my, when I saw the results, and use it myself, my clinician brain just exploded.

I just I couldn't believe that. What a turnaround in such a short amount of time where, you know, I had been doing, you know, my my chiropractic practice has evolved as my, electric, athletic, performance, requirements have, have, evolved as well.

You know, I started as an upper cervical, doctor, I still do upper cervical. And then I realized that, you know, as an athlete, I needed different types of treatment.

So I started getting into more soft tissue treatments and, you know, art and craft and and dry needling and all these things that really helped me out.

And the peptides were something that were the were like nothing else. So that was really exciting for me. But at the same time, as a clinician, at that point there were only available injectable.

And as a chiropractor, it's not in my scope of practice. I don't have the medical side to the business. So it really wasn't an option for me. I couldn't really recommend it to people.

I couldn't, you know, promote it. So I sort of, you know, spoke about it to friends in small circles, but couldn't use it clinically. And then I had a friend from chiropractic school, another friend who was telling me about the results he was getting with an oral product.

And, you know, as my, you know, having that gym bro side, to me, it was like, well, you know, it's got to be the injectables got to be better, right? The oral, you know, I inject into the site and all of the same misconceptions that I deal with on a daily basis answering questions.

I just I couldn't wrap my head around an oral being as effective until we tried it, and it was it was, impressive. It was as if not better because, you know, at that point we're ordering from websites and, the quality is, you know, a little dubious at times.

And one time, you know, you get a good product and another time you don't. And, you know, now seeing behind the curtain, I know all the reasons, for that.

And, this was just like, solid. We had a great, raw product, source and, you know, it was again, it was a clinician owned company. So everything that, they did from start to finish was focus on patient outcomes and patient safety.

And, that's, you know, that's where I sort of cut my teeth. And we've really continued that edict in our practices that, you know, this is, you know, they're, you know, in the peptide world, peptides are so hot right now, every I mean, just from this conversation.

And then they have, you know, 5 to 10, promos on my social media about BPC. And a lot of these companies are marketing companies are profit centered companies.

And we're I a clinician owned, operated and curated product, for a, a optimal patient experience, for, you know, all sorts of variations of patients that we see in the office.

You know, there are autoimmune patients, very sensitive patients. They can't tolerate any nonsense. So, products have to be clean. They have to be potent.

And those are our main focus is and and since we focus on that, it's, it's actually been sort of a, a differentiator for us, because people try our product and they've tried another product like lawyers really is is working very differently.

And it's really because we have the amount of product in the actual pill that it's and we've actually contracted with the manufacturer to have, you know, 10 to 20% more product in the pill.

So these are, potent, very clean products. And, it's been, it's been quite a roller coaster. You know, once we once we got the ability to promote with the oral version.

It's it's just, you know, it's really lit a fire underneath me, the way from distributing another product to then being out there and getting all the pieces together to, to produce my own product and and, have a hand in the it start to finish.

And, it's been, it's been growing every day.

What BPC 157 Does for Healing and Inflammation

So it's really, it's been a real blessing for me. My patients, my family, my colleagues. So, it's, Yeah, it's, that's that's kind of the origin story.

Yeah. That's great. Rob and let's talk about BPC 157 body protective compound. 157 it's one of the most commonly used peptide in the peptide world. There's so many different types of peptides.

Let's talk about BPC 157. You know basically what it is and all the different benefits it has. Absolutely. So yeah, we we call it the, you know, and that's from you know, a doctor seeds.

Doctor seeds is a is a big peptide, expert. And he's spoken to the Croatians that created BPC 30 years ago. And he was he was quoting the, the chemist that created it.

And he said, this is the king of the peptides. And truly, in our, experience, it really is. It's just so ubiquitous. It's so easy to, you know, so many people can benefit from it in especially, you know, people, you know, chiropractors or other practitioners that have, patients that are coming in generally in pain.

There's a, you know, and there's a level of inflammation. There's a I tell people, do you do your patients have acute inflammation? Do they have chronic inflammation?

Yes. Well, then more likely than not they can be Recommended, BPC and in general, I think that's probably one of the biggest effects that we get from BPC is that they are a systemic anti-TNF lamotrigine.

And, that we know inflammation is behind so many different, pathological and deleterious processes that if we can reduce the systemic inflammatory load, we can help out so many things.

I mean, I usually am talking about the gut issues, the ligament, tendons, soft tissue healing. But, we've seen so many different things. Respond because inflammation is behind it, at least a partial cause of it.

So, we've heard anything and everything under the sun response. So, BPC is, is, it stands for body protection compound. It is a, a bioidentical molecule that is naturally made in our gut, and it's produced in our gut to help heal the gut from the acid environment and all of the, all of the, the stuff we put in our system with your standard American diet.

And it, it is a potent anti-inflammatory. It also, you know, peptides are intelligent. They get called over to the side of injury through a process called chemotaxis.

Where then they are signaling molecules and they signal to the N cells and tissues to, basically to work better to process that. So when I, when we use the word anti-inflammatory, some people say, well, you know, ibuprofen or

incenses or anti-inflammatories, well, these worked very differently because inflammation, as we know, is a part of the healing process and is very important for soft tissue remodeling.

So when you take something like an ibuprofen or an Nsaid that chemically stops the entire inflammatory process, which can give you some, some, symptomatic, the comfort, reduce the discomfort in the short term.

But it also is blocking the, the beneficial inflammation that we need for this soft tissue remodeling. So the BPC will signal to the cells to allow the cells to allow the good inflammation come in and then get rid of the excess chronic inflammation.

So it's very different when you're just using a word anti-inflammatory. They also then when they're called over the side of injury are responsible for stimulating angiogenesis or angiogenesis is the formation of new blood vessels, at the site of, of injury also BPC will stimulate fibroblasts to create more collagen one type fibers.

Again. So you're talking that anti-inflammatory reduction of inflammation, increased blood vessel, production and collagen, synthesis, all a perfect, you know, situation for soft tissue healing, for bone healing.

So it is a it's a it's a real powerhouse. And it's, you know, it's it's something that's, you know, that's very tolerable and is very bioactive. The body, as being a bio identical to something that is made in the body.

The body really recognize it and uses it readily. So, it's, yeah, it's it's something that we see, people do very well with, is it something that we make more of when we're younger?

BPC 157 just naturally endogenously, we, we make more and then as we get older, we reproduce less. I your children heal so much quicker. And there's probably a number a different mechanisms.

But, you know what? My sons are basketball players. And, one of my sons, he he hurt his hand, his wrist, and, you know, we thought he might miss a game, right?

And I said, no, no, no, I said that injury would probably take me two weeks to heal from and heal you in two days. And he did. And he was fine. That that's exactly right.

And and as we know, that's the same with so many, helpful recovery molecules that we do make endogenously like growth hormone, testosterone. These are things that when we're younger, we're making a lot more of in the same with BPC.

And we get older, we make less of it. And, one of the things that BPC does that a lot of people don't recognize and it, it it points to your, your benefit you were talking about that you've been experiencing when you're getting less sore, right.

Because BPC it actually increases your growth hormone system efficiency. It doesn't give you more growth hormone. It, actually just upregulate your growth hormone receptors.

So when we're living a chronically stress life and maybe we're not doing all the things nutritionally that's perfect, our body sometimes will then, down regulate those growth hormone receptors.

And we don't use our natural growth hormone, as well. So I tell people growth hormone, it's like having, you know, 20 boats floating around in your blood, but you only have two docks.

Well, now you take the BPC that gives you ten dock springs. So now you're utilizing your own growth hormone. So we're getting you know, one of our biggest demographics are the lifelong active patient that's in their 40s, 50s and 60s.

And you know we see it all the time. I'm not recovering like I used to. I used to be able to play, you know, three rounds of golf. No problem. And, you know, do it again in a day or two.

And they're just not able to do that anymore. And now often they'll start the BPC with an injury. So they're, you know, they're they have a little shoulder tendinitis and tendinitis starts to feel better.

And then they realize that, hey, doc, is this something? Can I keep on taking it? Because honestly, like, my whole body feels better. They're they're they're describing it sounds like they're taking in the nice growth hormone because they're actually just feeling the effects of utilizing their own growth hormone.

Well, again. And they haven't done it in years, and they're recovering like they did ten, ten, 15 years ago. And and BPC is tolerable longer term. I always tell people, listen, you want to take a break here and there and let your body, you know, recalibrate.

But, you know, with, oral, interventions we're always thinking about is there liver or kidney toxicity? And, I mean, actually, BPC is, liver is hepatic, protective, is never protective, neuroprotective.

The, the, it's so it's it definitely is much more when we start to talk about the tb4, which I'm sure we will, that's something we do recommend, you know, three months at a time, then take, you know, a 4 to 6 week break.

But the BPC is something that, that people will start, more. And, you know, I work with a lot of orthopedic surgeons, nurse practitioners that are a little bit more medically minded and just like you were talking about before with the the layering of the regenerative approaches, where we found that that's actually an amazing, protocol.

And we've, we've partnered with, a great stem cell company called Gerrity, and they've been utilizing, our BPC before and after a lot of their biologic, applications and seeing outcomes, just explode.

I have orthopedic surgeons that are private labeling now they're doing the BPC or the Wolverine pre and post PRP, as well, where we're working with, soft wave soft wave distributors and, and the same thing, when they knew, you know, they were they've done their thing for so long, they knew that, you know, they were getting 60, 70%, you know, patient success.

And, with the BPC now they're seeing 80. So now a lot of these practices are utilizing it. They, they don't even offer PRP unless they're going to do BPC with it.

Why why take the chance of having a 5050 result when you can have the 75, 80% positive result, on a regular basis? Yeah.

Oral vs Injectable BPC 157 and Dosing

So these ridges, operative medicine clinics basically that people are going to to get a lot of these therapies, platelet rich plasma stem cell therapies, things like that.

People that, you know, for example, you know, there's a lot of individuals that have degenerative joints, right, where they've, you know, lost the disk space in their spine or in their knees.

You know, instead of getting, you know, a, a hip replacement, they're saying, hey, I want to go out and see what I can do from a regenerative medicine approach.

The rather just getting a bolt, you know, stuck in my hip, right, for the rest of my life, which has for a lot of people, doesn't actually even really give them much benefit.

And so they're going out, they're doing these therapies and they're finding that utilizing the BPC. 157 with them gives them much higher success rates, at healing and recovering from these kinds of, these kinds of long term chronic degenerative conditions.

So real powerful stuff. Now, what is what is kind of the clinical dosage that people should be looking at with a, with a BPC? 157 and I also want to talk about difference between you mentioned this earlier, but you know, it's a lot

there's a lot of these kind of anti-aging peptide clinics that use BPC.

157 injections. Right. And and they have they have some benefits as well, obviously. And then let's, let's also go back and forth between like pros and cons of BPC getting it done through injection and also through taking it orally.

Sure. So that's probably the biggest, the biggest question were asked because in the dialog, it's, it's, it's dogma that's kind of been stuck there for years that, the oral is good for stomach issues, and the injectable is better for your joint, your joint issues.

And I always tell people that was the case, right? That was true at a point in time. BPC has been around for 30 years, and it was doing so well that clinicians were saying that, well, we have a limited amount of people that are willing to inject themselves once, if sometimes not twice a day.

Peptides have short half lives. So really ideally should be dosed twice a day to increase the healing window. So what they did was they took the same ester, the BPC 157 acetate, which is what's in the injectable.

They put that into a pill form and they found out that it helped out with stomach issues, but it didn't help anything else out because BPC 157 acetate is about 3% bioavailable when taken orally.

So, you know, that's been forever in the, in, in the dialog and that, is about for about I'm sorry, about 5 or 6 years ago, chemists were working on a better orally available formula and they came across BPC 157 arginine, the originator form is 90 to 98% bioavailable when taken orally.

I have on our website, I've included, a lot of peer reviewed papers that talk about different conditions that the VPCs seem to do very well with. But we've also because this is such a common question that we've, we've added some papers that speak on the oral versus injectable, controversy and, issue.

And we've actually also included the, the original patent papers which show if you, you know, if you had some time and, you know, you're willing to go through some pretty dry material, it's there where they show the charts and they show, the two, head to head in a high and low pH environment in a high and low, temperature environment.

And we see the BBC 157 arginine just not budging 9,899% bioavailable. There's actually a chart where they show both compounds in a 120 degree Fahrenheit environment for 90 days.

And the BBC arginine is still 90% bioavailable after that. So people see, you know, sometimes when we ship to people, they say, well, this shouldn't just be refrigerated, you know?

And that is all true with the, with the injectable when you, when you reconstituted, you know, when you have a reconstituted peptide, it's got to go right in the fridge, right?

You can't shake it up. It's very unstable. The arginine molecule is very different. It's very heat resistant. The, the the, the product is I think it's about two years from manufacturing, that the expiration date is.

So, it's a it's a very different compound. So. And the acetate, it's like a binding amino acid on the BPC. 157 it's, it's the salt group and the arginine.

Okay. The soccer. Yeah. To help carry it in. And it gives it more stability. Exactly, exactly. So, yes. So the, but as far as the dosing you asked about.

So we generally dose, two pills a day, which is about 1000 micrograms or, a milligram, which then, you know, which is more than what the, what the injectable is because the injectable is 100% bioavailable.

So we're, you know, making up for anything that's going to be lost in the digestive process. And basically what I'll tell people is that, you know, two a day, one in the morning, one in the evening, generally on an empty stomach, at least 30 to 40 minutes, before, after food.

And it has to be just at least, you know, 3 to 4 hours apart from one another to really increase that healing window. So that, generally some people will experience a GI issue from it if there's any stomach issues that are last for 3 or 4 days or longer or are more intense, if you take it with food, that pretty much kills those issues.

That's, and it really doesn't change the efficacy. I've seen so many people go from, you know, taking it and they were having stomach issues, but their, their issues were feeling their other issues for feeling better.

They starting with food and you know, they're their pain issues still got better. But their stomach issues pretty much went away. Yeah. It's a good general recommendation for people that struggle to take supplements away from meals.

Zinc, for example. A lot of people, they try to take zinc and they get nauseous, right? Yeah. It's classic one. And so yeah, if you if that's you've got a more sensitive stomach, definitely take it with food and you get better benefits.

And BPC 157 really helps close the intestinal lining. So you're in our society and we talk about autoimmune conditions, chronic inflammatory conditions, non-injury based inflammatory conditions.

We have to look at gut permeability, intestinal permeability. Because when that intestine is is damaged large undigested proteins, bacterial proteins and toxins from the bacteria and the different microbes in our gut will get into the bloodstream, send the alarm, signal the alarm system in our body, and drive up inflammation.

And so we know with autoimmune conditions, chronic inflammatory conditions, we've got an issue with intestinal permeability. And 157 one of the best things for healing that intestinal permeability and creating strength and integrity of the gut lining 100%.

And that actually leads me to an interesting topic. Where we had was, my third party lab. So we get everything third party tested for everything possible.

You know, when people say they get third party tested, it's usually for, purity and identification. And that's kind of standard. We use an FDA certified contract manufacturer.

They won't touch the product unless we have that right. And then we get, one thing. They've created the the pills, they send it off to a lab and to get it third party tested for quantification or for potency, to make sure what's in the pill matches what's on the label.

And again, that's where a lot of, issues come into general orals is they don't do that quantification. And our lab will tell us that they see products sent in all the time.

Some product has no active compound in it. Others have 100 micrograms in one pill, 300 in the other. So it's really all over the place. But our lab, we asked to have endotoxins, right?

Because, a natural byproduct of peptide production is something called LPs. And I'm sure I know Dave's familiar with that. It's called lipopolysaccharide.

And we were talking about that, this weekend. Yeah. It's a potent inflammatory trigger.

TB4 Frag, TB-500, and the Wolverine Stack Synergy

In fact, when they want to create an inflammatory condition inside of, you know, test mice or rats, they'll actually inject LPs directly into to create a sepsis like response in the body.

Yeah. So my lab told, you know, told me said, well, you know, you're doing the oral, right. Yes. And I said, well, you know, you don't even have to do the and save yourself the money, don't do the endotoxin screens, because most of that will just get eaten up in the digestive process.

And I was like, no, no, no, no. I mean, we were like, we were literally learning about this this week. And one of my continuing education and of course, is just like you said, when you have those, those gap, gap junctions that are, that are now permeable things like LPs will get through and especially, you know, maybe for the larger population that's that won't be a problem.

But we deal with a very sensitive community. We have a lot of autoimmune, patients coming in my, my stem cell company does a lot of I. V. infusions with auto, specifically with autoimmune patients.

So, we can't tolerate any of that. So we have all of those endotoxin labs done as well, just to make sure that everything is as clean as possible. Yeah. Great. Great.

So that's a big differentiating factor. And so let's talk about tb4 frag. So tb4 frag is another common peptide that's out there is something that you've worked a lot with.

Talk about the benefits of this course. Tb4 frag is, another peptide that's made by the body. It's made in the thymus gland. And we know that they miss gland is a vestigial gland that, that atrophies by the time we're in our, you know, late 20s or 30s.

And, it, serves as an immune organ, or gland, that is. And, the, the molecule that our, the thymus gland makes is called thymus and beta for, some people use it interchangeably with PBC 500.

It's not exactly. But you know, need to get into the, you know, splitting hairs with that TB 500 is the injectable peptide, that it's commonly used. And it's, it's mostly known for being paired with the BPC because the two have very similar qualities, but also, are very synergistic.

And it's it's not just synergistic. It's kind of exponential. It's it's one plus one equals four. Right. So the TB 500 is as well a potent anti-inflammatory.

So when we stack the two together you have doubled the anti-inflammatory effect. The TB 500 also is angiogenesis. So you get even more blood vessel production.

Where the BPC creates, helps to stimulate more collagen, one type fibers in the fibroblasts. Well, those fibroblasts have to migrate over to the site of injury.

And often about 70% of them will die off before they get there. So the TB 500 is the, has stimulates, increased cell migration. So now we have all these collagen producing cells over to the side of injury, even, at a higher degree, TB it's going to be 500.

It are, you know, I'll, we'll, we'll get into the difference between TB four Tb4 frag and TB 500, but TB 500 also is an anti fibrotic which helps to to reduce adhesion formation, which is huge when you're talking about post injury recovery.

Right. Actually a lot of my my surgeons are using it post-surgical the stack that is because if you have like a rotator cuff repair, right, you're immobilized for at least six weeks.

So during that mobilization, you have all the scar tissue formation to heal where you're getting all the unwanted adhesions. So usually the first step, after the immobilization is you go to therapy and they take you through passive range of motion to break up all these adhesions.

So the TB 500 allows much less adhesion formation. And when that happens often our patients are going in. The therapists are taking them through passive of motion and are blown away by how far ahead of the game they are.

Not that. Not to mention as well, a lot of these guys are out of pain in, you know, less than a week. I mean, I can tell you, ruptured Achilles tendon repair, rotator cuff repair.

These are all within the last month that we've seen that are reporting back within three or 4 or 5 days, pretty much out of pain. Didn't have to use any of the strong, pain medication.

So, yeah. So that becomes a real big factor. And in how we recommend, you know, is BPC stack or and then the, so the difference between the TB 500 said the TB 500 in its normal size molecule is too large to be orally, bioavailable.

So what they have to do is they, they take, a segment or in our, in our case, two segments that are smaller. So we have a TB for frag. That's the one through four segment.

And then we have the TB for frag. That's the 17 through 23 segments. Now these are the most bioactive strands of the TB 500 molecule that also have the the least amount of side effects.

So basically with those two, a lot of the products that you'll see have the, TB for frag one through four and that is great. It has all of those, benefits.

It also has, some cardiac benefit. The TB 500 is also an anti apoptotic. Right. So that's cell death. So when you have a tissue like like cardiac tissue or the those when those cells die, they don't they, they don't make new cells.

Right. They, they, they create fibrotic tissue. So, they had been studying they were looking at possibly using large dose of TB 500 in cases where people were having a myocardial infarction to help reduce the cell death and the fibrosis that will happen, in that, you know, acute situation.

Yeah. So when you talk about fibrosis, sharing about basically like scar tissue, I think about scar tissue, it's not as pliable, it's not as functional.

Right, as normal tissues, kind of just taking up space. And in the short term process of the healing, you know, part process, there can be benefits to having some scar tissue.

But ultimately we want to replace that with beneficial functional stress resilient tissue in particular, you know, in our arterial lining in our heart, things like that very important.

Yeah. Exactly. So so then so then the tb4 frag, molecules are are what enable that. That TB 500 compound to be bioavailable. Bioavailable. Taken in an oral form.

Yeah, yeah. Great. And now also taking the tb4 frag with the BPC. 157 I know something called the Wolverine stack, right. Which combines those. Can you can you explain that and the synergy there.

Correct. Yeah. And just, just kind of I was kind of touching on that before where they both potent anti-inflammatory. So you're getting double the anti-inflammatory effect.

They're both angiogenesis. You're getting even more blood vessel production, with when you're taking the two together. When you take the two together, the BPC will help to promote the, collagen, one type fiber production.

And then the tb4 will help to, to migrate or increase cell migration to the site of injury. So you have more of those, healthy active cells, the repairing, that, that injury and, and really, that's, that has been I mean, the BPC has got the, the name recognition right now, but at this point, people, once they try to stack, it's been it's been probably as much, if not even a better seller, than because people are just feeling that that real and talking about as far as, the reduction soreness or increased recovery, post-workout, I mean, people are just are feeling better than they have in such a long time.

And even with, even with, you know, when we talk about the BPC increasing the growth hormone, efficiency, right, because we know that the, the BBC up regulates growth hormone receptors.

Well, we know that growth hormone upregulate androgen receptors. So that's what utilizes your testosterone. So I

even tell people, you know, this is this is the case if you're not taking anything, it because, I mean, it's you're just allowed to eat.

You're able to use your own more naturally. But if people are doing, other interventions like TRT and if they're there, if their androgen receptors are downregulated, then they're not even utilizing what they're putting in their body.

Right. They may. That's one of the reasons they may not be having the effects that the that were intended. So, BPC can kind of be a link to helping make.

So then not only are you utilizing all of it more, more efficiently, but then you may not even if you are using exogenous source, you may not need to use as much because you're actually just utilizing a small amount and getting a much bigger effect.

Yeah, it's a really important thing for people to, to recognize is in general, even when you're looking at lab testing, you know, somebody might have, for example, really high B12, okay.

But they're not actually getting the B12. They're they're actually absorbing it and getting it. So their serum B12 may be high, but they're not getting it intracellular early or high thyroid hormone but not getting it or normal thyroid hormone but not getting it. Intracellular early.

We we see that with insulin resistance it can also be the case with testosterone. You can have high testosterone because, either your body's producing it or you're taking it.

Taking TRT. But it doesn't mean that that testosterone is actually having the desired effect in your system. So this is important. So good receptor sensitivity and receptor activity is really critical.

And so you're saying absolutely this Wolverine stack really helps with that. That receptor sensitivity. So you're up taking more of it. And they call it the Wolverine stack because it's named after the X-Men character.

Some people may be maybe familiar with this guy. Yeah, but his superpower was his ability to heal. Like rapid. So you would get hurt and he would heal just rapidly, like, significantly faster than than a human would heal.

And so, obviously, ever since that cartoon character came out, that superhero came out. People are like, I want that superpower, right? Yes. It's it's kind of funny.

It's kind of quirky, you know, it's cute, but, I can I can tell you that, I've seen people that have been struggling and sometimes, you know, a lot of people think, well, this is only for acute issues.

I've seen people that have had things that were three years old that have a really significant response. And with those, I'm listen, we don't give anybody any guarantees with anything, you know, just like any intervention, everybody's going to respond differently.

I can say we see, I, we see pretty regularly about 75% of people have a positive response. And does that mean that things are 100% better? No. I mean, often with somebody they don't have something that was an eight out of ten and now it's a two out of ten.

And their, you know, their quality of life is completely different. They're very happy. So, that is, you know, that that's a great thing. And with Wolverine, I've seen to like, you know, some people start with the BPC, maybe it's not doing the trick.

And then, you know, we'll move to the Wolverine and, and, it'll just be a game changer. Now, is there a time where you will recommend the BPC 157 as opposed to the combination with the tb4 frag?

Yeah, there is there definitely is a couple like with the with the Wolverine. Generally, I tell people if you have a

bigger issue and you want a quicker turnaround time, go with the Wolverine.

And it's not you know, it's it's sometimes it's gone with the Wolverine for one month and then transitioning to the BPC. You know, I have generally I tell people the BPC, you want to give it two weeks, but, we're often seeing people within a week start to, feel some effects of it.

The Wolverine, I mean, pretty regularly 4 to 7 days. People are feeling a pretty strong response. I will say that. Yeah.

Quality Control, Testing, and Closing Remarks

So if somebody has hey, I have a comp, you know, I deal with a lot of competitive athletes. I have a competition coming in a month or someone that's just like, hey, I have a vacation coming in the month.

I need to be able to be active. You know, start with the Wolverine. And generally what we do is we start in with the Wolverine and towards the end of the month, I say, I tell them, listen, let's reassess.

You either self reassess if you're not in my office or you can reach out to me. We can talk about how you're progressing. If things are generally doing much better, then maybe we will move to the BPC.

Or you know, or, or or if you feel like you're just kind of getting going, maybe, you know, we'll do a second month of The Wolverine and then obviously there's a, you know, I always I try to, meet people where they're at.

Right. So if there is a financial issue and it's like, listen, the Wolverine, first of all, you know, people look at peptides and they see the price point and you know, I try to explain them this, these are this is not multivitamins.

This is more in a regenerative medicine space where, you know, we're comparing it often to PRP and other interventions that are, you know, in the thousands of dollars.

So, but when they try it, then they get it. So often somebody will say, hey, listen, let me just, you know, let me just be conservative. I'll start with the BPC. Sure.

And they start to see, oh, wow, this is different. And right away it's their their value perception changes and you're like, second month. I'm definitely doing the Wolverine.

But as well, I also tell people, do I have to be on this forever? I hear that all the time. I tell people, you can, you know, you can guide your own journey with this.

Some people are are just, problem, you know, focus. You know, something hurts. They start taking it. Two weeks later, it stops hurting. They stop taking it, and that's fine if that's the way you know.

And then they have a half a bottle if something flares up, often, you know, I'll kind of, guide people through that as well. If they're, if they've been doing it for a couple of months and maybe they moved down to they're doing one pill a day just to keep the systemic inflammation down on more of a maintenance level.

And then something flares up. Well, you can bump up to, you know, three pills a day for, you know, three days, 3 or 4 days just to kind of get. And that's the thing, just like any other intervention, like chiropractic, the sooner you get to it, the better it's going to be.

So if you have it on hand and you can address it right away, often, it'll be a much shorter, issue. So and then and then after the 3 or 4 days, you can come back to two a day and sort of, but you can sort of play with it like that.

These are very safe. We're not even close to any sort of, you know, the toxic doses are through the roof. I mean, I've, I've seen and heard people taking, you know, equivalent to a bottle at a time.

I mean, it's, it's, it's there's a, it's a big there's a lot of room there. So it's not that we're recommending these doses because it's going to be toxic at some higher dose.

It's just I like to get people to, take the minimally effective dose. Right. So a lot of times more is not better, right. Yeah. Yeah. They're typically with supplements nutrients, different things like that.

Peptides. There is a law of diminishing returns right for a certain amount. And you know, your return on investment is is not as on par. So you're trying to give hey, this is the dosage it's going to give.

You should give you the best, you know, return on investment. Correct. Exactly. Yeah. Because I know I hear people literally, wow. This is really getting expensive.

Well, you were taking eight pills a day. I mean, that's I would I would not recommend that because if you actually went to two, maybe went to three pills, did you?

You actually may see a very similar result because, the law of diminishing returns. Yeah, absolutely. And so the website is bio thrive.us. You guys can check that out.

I also sell it on my store. I take it personally. My wife I give my wife, I give it to my wife as well. We both love the products, so they're really good and we really like Bio Thrive.

And you guys are obviously have really high standards with how you do these peptides. You know, people can go out and Amazon.com just like any supplement and they can find stuff.

But you're always you always want to look for something professional grade made by clinicians for a number of reasons. You know, you talked about obviously testing for, purity, but also, efficacy, making sure that what's what it says on the doses in the dose and, you know, they've done, you know, different, different consumer groups have looked at a number of different supplements that are just kind of sold blank in on Amazon.com and found that, you know, the ranges are all over the board, that there's toxicity in them or sure, is something that you guys really try to make sure.

Can you, can you talk a little bit more about your standards that you have it with that lab thrive? Oh, 100%. So yeah, I mean, it's the old adage you you get what you pay for, right?

I see the price point in some of these products that people come to me with, and I don't even have to do the research. I know the pricing of the raw material and, and, and, and my feedback from my third party, labs and there's no way that there's even, you know, there's no way there's the amount of product in there that it actually says.

So again, the, the potency, the quantity of, of active compound is one of the big issues. And then when you're talking about product that's coming from overseas, as far as the, the contaminants, LPs is one, but we're also looking at heavy metals.

So, these, you know, you have to be careful. I had a point where we were switching manufacturers and we had a gap. And I warn people, you know, don't just try to buy something online.

If you do want to buy something, maybe let me know. I can point you in the direction of another preferred provider. And I had one person said that they just had no effect, and then the other person thought they got sick from it.

So, there's a lot out there. And then as well that gets into, what we actually have in the, the pill. Like we started using some of the, industry wide, you know, fillers, right?

These industry standards. And after the, you know, first couple of batches, you know, we were having a little bit more, stomach issues than I would have liked.

So we actually took everything out. And all we have in it now is the active compound and McNeil, which is microcrystalline cellulose, and that is just a plant base, you know, fiber more or less, and, very benign.

And we saw, I mean, things that were supposed to not have any, antigenic effect, that once we took out, I mean, people that I had, people that had stomach issues, they took our, our second version of it and stomach issues went away.

So and and the, the the downside people are manufacturers like, well, you know, because it's very light and fluffy. There's going to be a little space in the pill.

I can deal with a little space in the pill rather than someone having, you know, stomach issues and not wanting to take the product. So, so really, we, you know, we source all of, the raw material, from us, the compounding facilities, our compound manufacture that takes the product, makes it into the pills and puts it in the bottle is FDA certified.

They have very strict regulations. And, you know, we've we're really happy with the product. Like I said, we've before we we scaled it. We we had it for our patients, our friends and family.

Some of ours are, you know, very familiar colleagues with their patients. And we we took the feedback and changed things. And, now the product that we have, we are, very happy to see the results.

Very little, side effects. I mean, like I said, some people with the BPC will get a little bit of stomach issue. That's pretty typical. But we want those percentages to be much smaller, which they really are.

And, and then having a strategy to communicate that if they take it with food, they will really have, much less on this almost no gi issues with that.

So, we've really, we've really kind of it's not a, it's not a very difficult process, but getting all the, the small little nuance factors. Right. Does make a big difference with, a lot of people's reactions.

Yeah. For sure. Well, Rob, thanks so much. This has been a great masterclass on these peptides. And company again is bio thrive bio thrive dot U. S is the website.

So definitely check that out guys. You can also find it again on Doctor Joker's store. Just look for peptides BPC 157 TV4. Frag. And you'll find that as well.

Rob thanks for all the great work that you're doing. Be blessed my friend. Herb my friend.