Mainstream Medicine vs Root-Cause Care

It's baffling to me that the medical system has gone so far into left field where it just basically looks like profiteering to be. And I hate talking about the mainstream medical systems in general because in my opinion, medicine does one thing very, very well.

That's emergency medicine. I think emergency medicines, we got this stuff down. If I get in a car accident, send me to the hospital, I don't need to go to a spiral rejuvenation clinic downstairs, my clinic.

We're not going to go to the longevity docs after I get in a car accident. But you know, outside of that, prevention, figuring out underlying causes, underlying issues, man, we went, We just lost it.

We lost over the last several decades and it's only become a band-aid solution, pill for every ill, patch for ever problem. And it drives me nuts. If you're overwhelmed with chronic health symptoms and still don't have answers, you are not alone.

I'm Dr. Jabin and on redefining wellness with Dr Jabins, we'll be exploring root causes like Lyme disease, mold and parasites. And I'll guide you with simple and practical steps towards real healing.

Welcome back to another episode of redefined wellness podcast. won awards. He's one of those guys that, you know, five, six years ago, we were all excited to support and help, right?

Like the police, the first responders, and nurses. And something I've seen clinically is those jobs for health are abusive. and that's what drove him to do what he's doing today.

he was doing it before then and he. Ahead of the FDA. He's started hormone optimization clinics, health optimization, clinics back in it looks like 2019. Is that right?

That's right. And he was doing this before it was cool and it legal, but before, it, was backed up because the FDA had said, stop using hormones. And now it's popular.

Everybody's doing hormones it. It's like the new candy. I see peptides and hormones everywhere we go, But he's got the experience and the framework that he doing it before.

From Law Enforcement to Hormone Optimization

it just became the, the thing. and what I want to know from him and how things are working, what he is doing is. with experience, he's going to have a different standpoint because everybody else's podcast and everybody elses, you know, your corner med spa is just people popping up that don't really have experience.

So Tomo, thanks for jumping on here today because we're going go a little deep. All right. Doc, I appreciate you having me on, man. I mean, this conversation was one that I was waiting for, and I think we had to reschedule it a couple of times because we're both busy guys, right?

When it comes to this peptide stuff, we're seeing out there because everybody knows that every other influencer right now on social media is selling peptides one way or another.

It drives me a little bit nuts, but I'm happy that it's coming to the forefront because this is real medicine stuff. I mean, this some medical realm that I think is going to help a lot of people and it already has.

And you know, most of my Instagram following, mostly people that have come to me for complex chronic illness, it

was a woman. it is like 90% women. But a lot of those women have husbands.

A lot those of women's have sons, fathers. And your original start point was yourself, right? And male health. I'm sure now you're doing it all, all right.

Yeah. So, I mean, our clinics are probably about half and half. I would say my Florida-based clinics, are 60% male, 40% female. My Pittsburgh clinic and my central Pennsylvania clinic, they're about 50-50.

Men are a little more squeamish about getting healthy up in that rust belt area, which is where I grew up. I grew in Cleveland, Ohio, so I get it. They don't really talk about their hormones and health so much. They kind of avoid the doctors.

So we're about half and half, but you know my journey in hormones. Yes, there is a personal thing So I started researching for my own benefit. I mean, that's the story of all of us, right?

So as a guy who former officer, decorated officer. How did you go from that to opening, running, and really just, you know, pushing forward hormone peptide optimization?

Honestly, before it was cool. Before it became, again, every corner med spa. Sure. So while I was in law enforcement, so I started my law-enforcement career at 21, 22 years old, going to Academy.

before that, I, was already competing as a bodybuilder. So I started my fitness journey at 13 years old. I went to Europe with my father and brother. Grew about six, seven inches in three months.

You can say it's the food, it is the water, I have no idea what it was, but I came back, left the shortest in my group, came to the tallest in the group.

Had so much growing pains. Stretch marks going sideways across my back and sideways from my knees from literally stretching out so fast. I get back from Europe, I go to a doctor because I'm in so much physical pain.

And he said, there's nothing I can do about this, but what I suggest, and this is crazy for a Doctor to prescribe this right. I need you to go the gym and I just strengthen the muscles around your joints.

That's the only way you're going to help heal this. What a cool thing to hear from a Dr. You don't even hear that now. So I go start working out at the gym.

I fall in love with bodybuilding, start competing at about 17 years old, natural body building competitions. And then at 19 years, 18 or 19, years-old, I'd go to my body-building coach and I say this statement.

Coach, I want to be Mr. Olympia. And I know what that means. I'm a 19-year-old kid, right? I wanna be a Mr Olympian. That means I need to take steroids." And he's like, okay, kid.

We're talking early 2000s, 2003, 2004. Nobody's testing hormones back then. So he says, Okay, Tomo, go to this doctor and I'll want you to get your hormones tested.

I go, I get my blood tested at this young age and my testosterone comes back at 1470 nanograms per deciliter, naturally, which in my opinion is where most men should be at that age range, probably over a thousand.

Maybe I was a little bit of an outlier being a bit high, but I give it back to him and he's like, kid, you're basically naturally on steroids. Don't touch anything.

So from that moment forward and that point, I basically started studying and I said, well, we're naturally on steroids now, according to what he said.

So everything's good. But eventually, because I want to be Mr. Olympia, right? Smart 19 year old kid. I'm going to

study everything there is to know about the endocrine system, how hormones work, How the body functions work.

And literally throughout my entire law enforcement career. I'm bodybuilding, I am a competitive bodybuilder. My last show was at the end of my body builder, my end to my law enforcement career at The IFBB Caribbean Grand Prix.

And I, um, a published fitness model as well. So everything is for selfish reasons. I've studying all this stuff so I know how to optimize my own body.

So I go through my law enforcement career about three, four years before I leave law. I start to notice something I'm like, man, I, um, uh, Um, elite at this point, how to get super shredded down under 5% body fat.

You know, like I walk on stage looking like this, start noticing a couple of things, brain fog. Start noticing that my sex drive is down. Uh, getting a little depressed.

Um having some anxiety, starting to gain belly fat is going on.

Hormone Decline, Shift Work, and Patient Experience

Now I'm like, this is not normal. I am doing everything right. Diet's perfect, exercise is perfect. It's got to be hormones. So I go and get tested at the clinic for the law enforcement agency.

My testosterone comes back, I want to say in the mid six hundreds and they're like yeah, you're absolutely fine. Well, no, that's like more than half of my testosterone is gone from working a decade on midnight shift.

Right. Disrupting that circadian rhythm for a long time will definitely kick, kick the crap out of you. It's, it's rough on you and I tell the doctor, no, here's my labs, you know, 1470 when I was, a young, young man.

And he's like, that's impossible. You must've been on steroids. I'm like oh boy. Okay. So I find a men's CRT clinic. They helped me get optimal. And I get back to that 900 to 1000 range where I start to feel okay, all the symptoms go away.

Cool. That's my introduction from a patient perspective, getting back on testosterone. And, you know, when I was in law enforcement, I, was doing, the fun law-enforcement stuff.

I wasn't, sitting there writing tickets. So, you know, we're kicking in doors. We're chasing bad guys. There's guys with guns, there's gang members. I worked Joint Terrorism Task Force for a little while while I was up in Ohio with law enforcement.

So I did some dangerous stuff. up to peak performance on that. So that's my start in the hormone journey, but I started as a patient. I saw immediately from a patients perspective, I'm like, wow, i told this doctor, here's, my labs, I was here, i'm less than half. I have all these symptoms and I was completely dismissed and i'm just like what is going on here and then you know you couldn't talk about peptides back then even we're talking 2000 16 17 18.

I was using BPC 157 in like 2006. I was getting IGF-1 and Krelix, you know, to optimize IG-F1 levels to grow muscle because a really skinny kid is a kid.

And I'm like sitting there and I am getting these peptides already sent to me from overseas, getting them from Russia, or getting from Europe. These were already commonplace.

So I laugh when people are like, oh, these peptides just came out Tomo. Like these are new. There's no data behind them. I had been taking them for decades.

People in Russia and Europe have been taken them, for sometimes two, three, four decades, so there's a lot of data behind it. So, my journey really started as a personal one, then it became almost a vendetta against the medical system.

Like, there are men and women out there that can really get some help from these medications, and they're just not, you know? That's where this journey started.

You know, I hear both of those things. One, that there're a lotta people that should be getting help, And that's why we're out here. I mean, i'm doing the same thing.

Lyme disease to hear. And I've actually experienced the same thing you just talked about. People from Europe, Russia specifically, doing that. I was a collegiate shot putter and I threw Hammer a little bit.

Okay. And then I ran into the world record holder for Hammer who shut the World Record in 1986. Why? 40 years ago. He was talking about steroids and, I didn't know it at the time when I talking to him, other bio enhancers, peptides.

that they were doing through the 90s, looking back on the conversation, like, man, so these things have been around for a really long time, just not for the United States, FDA scrutinized studies, which, you know, shoot, they haven't studied most herbs and supplements.

They really haven´t studied fitness and exercise and diets or really anything else that is not a chemical compound that single chemical that they're looking for a double-blind study to fix one physiologic symptoms being a medication everybody like the only way that our medical system works based on how it's standardized is that study on physical therapy very well you can't do a Double-Blind Study on almost anything besides the medication dental work chiropractic acupuncture It's almost impossible to prove a lot of these things work.

And when you start getting into multivariable situations, meaning an amino acid or a peptide put into the body that has multi, multiple abilities to change physiology, it becomes a a harder to run a study.

Sure. So, and not to say that you can't, it just does become harder, which is another reason why there's not as much understood and it's really not being done.

Lastly, you make these peptides in your body so it is a little harder to put a patent on it and make it yours to make billions or trillions. Absolutely.

Yeah. I mean, I think profitability is the number one thing, but also it's not just profitability of the specific peptide, like you're talking about. It's what will happen to the medical industry if we give our bodies.

So, you know this and for anybody that doesn't, protein, long chain of amino acids, right? Peptide, short chain of amino acids. That's literally all it is.

So if we can give people these short chains of Amino acids to fix underlying causes and conditions, especially when it comes to aging, degradation, hormones, even the way the brain functions.

I mean, there's so many peptides out there. What happens to the mainstream big pharma industry? Well, They're not in the business of fixing problems. They are in business fixing what?

Symptoms, which at times causes other symptoms. We love putting band-aids on things. And I mean, honestly, let's look at the side effects of low hormone men or women.

By the way, you mentioned earlier, one of your causations, was night shift, right? Like third shift brutal on Honestly, all things physiology. I think I've read a study recently.

It was some of the effect of night shift was the equivalent of being like a chain smoker as far as health outcomes. Well, I was like, oof. Oh my God. Did that for almost 12 years guys.

That's not good. So when we, when you step away and we just go, okay, well, if we could change physiology for people with a peptide, a hormone, A lifestyle modification.

and it decrease your likelihood of being diabetes, having diabetes or decrease, your likely of needing a statin drug, cholesterol drug.

Why Peptides Became a Big Topic

That drug alone is a $20 billion profit a year from what I've read that one alone, just that once that and drug What about if you didn't need insulin or diabetic medications like metformin?

What if didnt need depression medications or SSRIs because your estrogen, progesterone, or testosterone, depending upon male, female, what's high and low, were regulated?

All of a sudden, the number of meds that you need crash and burn. I've seen people come into my clinic, and I know you're going to have stories on this, They come in, they change a little of their lifestyle.

They get their nervous system under control. You regulate their hormones. It doesn't mean that I gave them hormones or PEPs. That just means that they get those things under.

Control with our medical team. We can't, we do use those. Things too. But now you go from 12 meds with. Our medical provider that you came into that, you were already on to now with your own team without us, They just start chopping away.

And now. for the sake of a lot of the women I work with, now you're on progesterone half the month to get your cycle right. Yep. Well, even with pharma, making money on that one med is a whole lot less, but the person feels so much better.

So then why did the FDA for so long? I mean, you were ahead of this. Why did FDA, for 20 years, basically criminalize to where doctors were afraid To optimize hormones.

What happened? Why? Well, I mean, you can see, in the studies, the JAMA studies and everything from the 90s and even into the early 2000s talking about estradiol causes cancer, progesterone causes.

That's if you read this, title of the study says that these studies say that and they made doctors convinced this is real. However, um, sure you know this.

I'm sure a lot of doctors that are actually learning on the subject. they were using synthetic progestins, synthetic estrogens. They were not using in these studies, these double blind studies.

There were real studies and they're causing cancers, breast cancer prevalence, all this stuff in women. And when they we're doing the lab tests on mice and things like that, they are causing all these cancers and their like, well, our synthetic version clearly causes cancer.

So we have to say estrogen causes cancers. Estrogen is dangerous for women Wow, that's a reach guys because you know, just like the prostate cancer thing and Dr.

Morgan Taller out of Men's Health Boston, he completely debunked the whole testosterone deprivation therapy years ago when it comes to prostate, cancer and eliminating testosterone in men.

He basically, some eyes improved in his studies. that taking all the testosterone out of men will kill them faster than the prostate cancer actually will because of the prevalence of heart disease and, you know, pre-diabetic symptoms, the weight gain.

I mean, The hormones in our body, it's the lifeblood. If us as a perfect form, so me and you, Dr. Jaban, us in perfect, form is a Ferrari. That Ferrari motor is beautiful or Lamborghini, whatever supercar you want to go.

I'm a car guy. So that's what that is. All right. Now run that motor on half the oil and half, the coolant and, half of the

transmission fluid for even a week.

You know, what's going to happen to that? Motor destroy it. It's done. it, you're never going, to be able to use it again. so, You look at a human body, well, you run it on half the hormones, half of the lifeblood in our system that controls not only physical, the way our physical body works, it controls our mentality.

So you made the example of a person that dropped all 12 of those medications at your clinics. I have the exact same stories. Mine are from veterans. full of medications coming in from the VA, anti-psychotics, antidepressants, cholesterol, blood pressure.

This guy was like 38, just retired. And he's losing his mind and he is suicidal. He's got all these things going on. and He was a war fighter. The guy who was in combat.

So we test his hormones. His testosterone level was 100. We're like, brother, this needs to get fixed now. we put him on testosterone therapy. Nothing else, Just testosterone.

Within like six weeks, this guy is off of all medications, all of them. He comes in and he's like tearful. Six weeks. This is crazy. It usually takes a little bit longer for somebody to start reacting that way, but it literally started fixing all his issues.

And he wanted to get off, especially the antipsychotic, antidepressants. They're really nasty for people. You and I both know this. I think a lot of people realize this now.

So he comes in and he's ecstatic. He's like, you guys saved my life, like literally saved me life. You know, I was so depressed and anxious and all these things.

Like I feel great again. Losing the weight, and feel good, feel like myself. He lost himself and then he got super mad, like I'm talking like furiously mad.

This is a big, this guy was a certain branch of the special forces. So this is big scary guy that you don't want to get mad and this guys angry in front of us.

And he's like what pounding the table. Why didn't the VA test this? Why were they just giving me prescription after prescription and all I needed was testosterone.

I mean, valid question. Valid question, underlying issues like that. You know, it's baffling to me that the medical system has gone so far into left field where it just basically looks like profiteering to be.

And I hate talking about the mainstream medical systems in general because in my opinion, medicine does one thing very, very well. That's emergency medicine.

I think emergency medicine, we got this stuff down. If I get in a car accident, send me to the hospital. I don't need to go to a spider rejuvenation clinic downstairs in my clinic.

You know what I mean? We're not going to longevity docs after I got in the car accidents. But you know, outside of that prevention, figuring out underlying causes, underlying issues, man, we, went, We just lost it.

We lost over the last several decades and it's only become a band-aid solution pill for every ill patch for problem. And it drives me nuts. You know? Especially when I know that there are people that still, they don't believe this.

They still believe. This, this medicine lie that, you, know they're going to be helped by all these prescriptions. But I mean, this is what these podcasts like this are for.

This is why we're talking about it. You know, I saw a study one time, and I actually wish I could find it right now. I'm probably going to be clotting a little bit as we talk, see if I can find the study.

But it was men under 500 on their testosterone test had at least double of almost every type of symptom or comorbidity of men below 500. So, you know you were talking, about you are 600. so technically you weren't below that even though you didn't feel well.

We're just pretty common for men today to be in the three, four, 500 range. Almost all of us are, if we're not doing something specifically to stop that, specifically, to raise ourselves because your shampoo is estrogenic.

Your blue light that keeps you up all night, that throws off your, say, cadine rhythm. drives you to aromatize your testosterone into estrogen becomes a problem.

FDA, Pharma, and the History of Hormone Suppression

Your food sources that are sugar heavy, not necessarily because you're eating refined sugars, but because your having high carbohydrate load in comparison to your protein.

I get these carnivore guys in and I thought carnival was crazy when it first happened and this is before COVID. I was like, all meat. What? And by no means was I a vegan.

I loved meat, I still love meat I'm in the Midwest, like there's cows outside of my backyard, but only meat? It seemed wrong. But then they were coming in and I don't really know if I backed that up.

And then, these guys were chronically ill but their testosterone were still 12 and 1300. Sure. Like, I was open-minded to look at the labs and like, you're doing something very right.

And I had all these vegans coming in at like 200, 300. I mean, that's all one at 80. and I Was like okay, we got to make a change and i was like can you eat any meat?

He's like I'll eat some fish and some chicken a couple times a week. 80 became 280 and he's, like well, i'll, eat a little a Little bit of egg and, and 280 became 500, and this was without medication.

And we got to 500 and I was like, all right, you're in like the safe level. Optimal is still around a thousand. We have to make choices on what you want to do because we've done everything natural we can think of.

He did well, but not all this to say is like medical level, which I know you can speak to is below 250. Like that's where medicine steps in. But symptoms start pretty often for me, at least what I see below 500. So what are you doing with men that come in five to 700? Because I know what you're doing below five hundred.

Sure. Well, even even people that are at 500 and even the people who are in the 450 range and they don't really want to go into the because they A lot of people don't feel like that 400 to 600 range is super low, right?

So you're like, well, I'm kind of, you know, not awful. I not like you, no, i'm not a girl yet. They try to joke about it, but it's like yeah, we see some men that come in with a hundred level testosterone.

Women that coming with higher levels of testosterone than that sometimes. So, can they do an adjunct therapy of a different kind and Clomaphene maybe?

Sure. Sure. Can they can they trigger something to have their body produce more testosterone from a natural way? Now, will they have to be on an enclomophene therapy persistently to increase their natural testosterone output?

Yep, they sure will. That's a choice people are making. And of course, we're telling anybody that's young enough. You know, like we really don't, our average patient base here at my clinics are 38 to 43. That's about right, you know?

But we do have the odd 20 something year old early thirties that have these problems. And like you said, the environment is very drastically affecting our hormone levels, both men and women.

We're having a lot of problems on both sides. So, can they do something to increase testosterone without going straight into actually taking exhaustionous testosterone?

Yeah, and clomophene therapy works. I don't suggest doing Clomid, very old school and causes some psychosis issues. HCG, can you do that? Sure. But you have a huge estrogen climb afterwards.

You know, but again, this is all individual. It's like, when we do it, we're looking pretty deeply into labs, pretty deep into lifestyle, deep deeply in to what are we working with.

I mean, that's why, and I'm sure you have a longer consultation than the average. You know the Average? I am sure that you do. Seven minutes? Man, I so far out of Western medicine, but I know it's usually what, like 20 minutes for new at most and 5 minutes to follow up.

average patient length of time with a medical practitioner in the Western medicine realm. Seven minutes. You get seven minutes, what can you find out in seven?

I have no idea. seven Minutes is a chit chat before you start. So like our consultations at my clinics and a lot of in our industry are pretty long. Ours are 60 minutes so you get a full hour with the practitioner where they're not just like Looking at a surface level, we're going deep.

You don't even get a consultation until you have labs. So we are going into a deep laboratory panel, looking at everything, look at your medical history, what you're trying to do, lifestyle.

And it's not just lifestyle like, hey, do you work out? Hey, how's your diet? Oh, it is good. Cool. Moving on. No, were getting into the nitty gritty because you need to know it.

We're asking, what kind of work do you do? Is it physically active? How's your home life? how many kids do have? What's the relationship with your wife like?

We want to know what we're dealing with from a patient perspective so we can properly treat the whole person. Like the idea of holistic medicine, holistic, the whole thing.

We want to look at the, whole creature of this human and make them optimal. In my opinion, this is simple, but I wasn't traditionally trained as a doctor.

So maybe there's just a different mindset in that medical community. You get it. There's a lot of doctors that do get, it but still the mainstream medicine.

Most of the primary care physicians people are going to. Man, they're just lost. They're still on this trajectory of here's your problem, here is your pill.

See you later. Your appointment is in six months. Let us know how you're doing. It's maddening to me. Oh, the whole system's designed and trained around how to keep you alive.

Going through school for me, what I was educated on was how pass a board and how not to kill someone. And that's every doctor that I listen to. I mean, shoot, I've gone out and watched a bunch of medical doctors that are doing their like Netflix thing, that trending social media posts nowadays.

And I told one of my friends, I mean, you should go out and do this and just have like the interview and be like, how much time do you spend on nutrition?

Two hours. Not school hours, like you know, where one hour equals a whole semester. I'm talking about total in education, two hours How much time did you spend on body physical pain?

You know, we're talking about primary care doctors. We're talk about medical providers in general, even sports

medicine doctors, how much did he spend like physical therapy options a day?

How many times did we spend lifestyle management of symptoms before medication? Couple hours. Like there's just not enough time in the education when you have to get to all of the emergency things that you get the rule out that someone doesn't die.

And I'm not even knocking the doctors because if you really step back and think about it, The number of things that can kill you are astronomical. The likelihood of running into one of those things in life, per each individual one, Ebola, whatever, is pretty small.

So then you're spending all this time to understand all of these risk factors so that when you get to go out and be the primary care doctor, you can at least remember that some of the things happened.

But then when see somebody walk in your office, it just doesn't feel good. you've never had any experience being trained on that. And that is what when I'm talking to some of the medical doctors and medical providers on my staff that we really struggle with.

That's where it really gets hard is because they're really smart about a lot of things and highly intelligent people. The industry has taught every patient that they know everything about absolutely everything health.

But the reality is They know whatever they learned in residency that was taught to them by the doctor before them that made sure that they don't get sued and that the insurance company will pay them.

Anyway, that's like a soapbox that we can sit on for hours. And yeah, you can get into the fact of who writes the medical textbooks and where those came from, who funded the Medical Textbooks.

Peptides for Men: Growth Hormone and Recovery

We would have to put these little hats on, brother. But you've been doing peptides for a long time and this is a trendy topic. Oh, yeah. There's so much bad information.

I'm careful not to say even misinformation because You know, I got caught into all that, you know back in the day when we're like, sticking yourself with that thing in mid 2000s might not be the best idea, or not mid-2000s, early 2020s.

Might not the be best ideas. There might be a side effect or two, which has all been proven true now. But peptides, the reality is they're not brand new.

What peptides would you say that your providers are prescribing the most now? Well, I'll track it back to when we started because prior to 2023, fall of 2023. I remember the exact, exactly where I was sitting when the announcement came out that they were taking the peptide off of the compounding list.

So I'm sitting on a bed in a penthouse in Dubai, literally. And I got the news and I threw my phone against the wall because it was 35% of my business.

Geez. So I was mad. And obviously I know these things work. That was 2023. Track back to 2019, when my clinics first opened, we were prescribing peptides at a regular rate the entire time.

I where they were a big hit, you know, talking in the gyms and the fitness communities and also wellness and longevity. And people, again, they think this stuff just started last year because they see it on Instagram.

My clinics have been prescribing it since prior to the pandemic. You know, I've been taking it 20 years before that. So peptide therapy in general, BPC 157, always popular, right?

Healing peptides, you know regeneration, inflammation, thymus and beta 4 or TB 500. Thymous and Beta 4 is

longer one. TB500 is kind of like a short version of it.

Again, healing peptid, those two were always probably the most popular. Right? IGF 1LR3. If you guys understand growth hormone, growth hormones turns into IGF-1, IG-F1 insulin-like growth factor 1 can help with soft tissue.

Those three were always super popular and they were around for a long time. And we talk about studies, right? We're talking about why aren't there FDA-supported studies in the US?

Well, guess what the FDA does not support or the U. S. support? All the studies that came out of Russia. It's like, we're still in the cold war. I mean, like what are we doing guys?

You know, they were, optimizing their athletes with peptide therapies since the eighties. They were using this stuff and we wonder why we're getting our butts kicked in a lot of sporting events.

These guys were healing faster. There was also anabolic steroid abuse in that era as well. Oh yeah. Not saying the US wasn't also doing that. They're doing it.

Of course. So, you know, but these peptide therapies, they've been around for so long and they are according to the studies overseas and I have friends in Russia so I can get the medical literature.

I Have I friends that live in Moscow. My friends over the Middle East over Europe. Um, you know, I'm pretty well traveled and pretty international at this point I've seen this stuff and get it translated and i'm like, holy crap Why isn't this already here like in a large scale?

We know why we know. Why the stuff works I hate to do the tinfoil ad thing, but I mean if it works You know, a lot of medication companies don't want to heal the problem.

They say that there's been 50 different people that have cured cancer. Big air quotes, guys, if you're listening to this on audio. That they cured Cancer.

Well, and those doctors randomly have a car accident that kills them 48 hours later. I'm not saying it's a coincidence, but man, it seems like it. So, you know, those healing peptides, number one, the most popular there are.

Now, post the peptide boom, everybody's talking about MOTC, Everybody's Talking about GLP-1, GLp-2, glp3s. Retatrutide is talked about everywhere, right?

Everybody is talking About, You know the amazing drug retatrutide. And there there's also the other side that are bashing it. I mean, there're people that Are basing BPC-157.

Some of it's been, that was derived in the eighties in Croatia. My home, my home country of my family, you know, been used for decades and decades with no, no like use issues whatsoever.

They couldn't find, I don't know. Did you see the study on BPC 157 where they tried to find the lethal dose? Hmm. So, all right, so they try to find a lethal dose of BPC 157. The one that they're saying is what it does, angiogenesis.

So you know, Bbc157 can cause angiogenesis, by the way, that's something that happens naturally in our body anyway. But doctors are now stating, big pharma doctors and big med doctors, are stating that this angionesis can be a cancer spreader or even a cancel causation.

I'm like, oh, that's not really how that works. But in 40 plus years of usage, there hasn't been one case. Not one, not five, zero verified cases of BPC 157 having any causation or exacerbation of cancer.

So is this the absolutely identical situation that just happened to us that we've now got research after research on of hydrochloroquine, the drug used in autoimmune cases for decades and the most?

I mean, I'm going to say this thing probably I don't have this exact data, but one of the most accepted, most safe autoimmune medications, and I'll not going say it's truly safe and has no side effects.

I am not saying that at all. It was medically accepted by the entirety of industry and all of a sudden it helped with COVID and now it literally got taken away from my patients.

There were patients of mine that had been on it for decades. And I also know you can't be on this. Hydrochloroquine or ivermectin? hydrochloroquine. Okay.

So yeah, they did the same thing with ivermectin. And ibermctin was the thing. What do we just see it come out that they were just in Congress on? Like just this last couple months, and they're talking about ipermeptin had studies that showed its effectiveness on virus that would have shut down project warp speed or whatever they called it to get the vaccine because it was so effective that they had to kill it because.

It would've stopped a trillion dollar launch of a vaccine with a drug that basically makes no money because he's been around for so long. I mean, if people are paying attention to that kind of news, and they're not, by the way, they are not.

Why would they think that this, the trust of science community, because that's what that is, right? It's the Trust of Science community that did the same exact thing.

funny thing is this trust the science community shifts depending upon what science they want to trust because in my clinic every single day we work with people who have all sorts of complex situations and it's like well this good that bad but In the different situation, it flips.

I'm like, what? My mind is blown. Yeah, yeah, the flip-flopping. Like, do studies on BPC-157 to see if they're proven to be something that's okay, which there's some studies.

There's probably not as much study on BP 157 done in the U. S. as there are on other things, even though there's studies done every other place. And they want to put BPC-157 against truly a double-blind placebo-controlled something like a sugar pill or a saline injection, but we cannot do the same thing against our own vaccines and medications.

Those studies don't exist. Can we please just streamline to the science that gets people to. The best outcome, which is whatever you want to test against is thing, vaccine, peptide medication versus saline or sugar pill.

Peptides for Women and Weight Loss Support

Sure. Let's do that. And if we created that standard crap. Yeah. Well, I mean, the biggest problem is where's that center coming from? FDA. Who's got all their money from pharma.

Well, it's the same executives. That's. If you look at some of these guys, the guys who are heading the FDA and I hate to make this an FDA in big pharma bashing thing, but we're just calling out what's real.

This is all verifiable. Anybody listening, you can Google this. The same people that are the head of FDA were previously CEOs and big executives of big Pharma companies and vice versa.

By the way, there are FDA heads that, I don't know, maybe they gave a favor to a big pharma company here or there. Oh, they just happened to be put in as a CEO of this big Pharma Company after their FDA tenure ended and now they're getting paid $200 million a year.

Weird. Strange. Yeah. I mean, I love talking about this, but honestly, most people listen to me, probably heard a lot of it. So I'm going to shift us away from it because we could go all day about millions.

But the peptide conversation, it's real. This is real medicine and this is out there. There's some bad stuff going on

too. Let's talk about what's going out like social media and stuff, man, because I we're seeing a lotta problems.

And I have some stories already of people getting inferior peptides from these gray and black markets. It's not good. So let me ask this question. If the guys come in like you talked about and they've got low testosterone, obviously you can give them testosterone.

You mentioned other medications that you could give through your medical team that they may need. What peptides are helping optimize men? Is it KISS Peptin?

is it CJC? Like what are you using there? Sure. Uh, so CJ C type of Morolin blend. Great. Growth hormone agonist. So any growth hormone secretagog test some Moralin.

Another awesome one. By the way, Tessa Morlin did get FDA approved, just not for growth hormone output. It got FDA-approved for belly fat loss, which was strange.

That was the FDA approval, but that peptide does have that check mark, right? It's just the strongest of the growth hormones secretagogues out there. The mechanism is not too dissimilar from ipamoralin.

Not FDA approved. Tessamoral is a stronger big brother of ipomoralin. So, you know, those are used all the time and we help people increase their growth hormone output all time.

Now I consider growth hormones to be vital for anti-aging. I think most people would, along with hormones. And I always harp back to the hormones, I tell people the peptide therapies are great and they have amazing uses in medicine.

But if your hormones are completely shot, if you're in a complete, you know, hormone downfall, especially if post-menopausal or post andropause, the male version of menopause.

If you post those and your hormone are all out of whack, your peptides are really not going to be as beneficial as you think they are. Fix the core. And then I look at peptide as adding just a little layer of something, because let's define what a peptid does.

It's a messenger. So it's all it doing, so this amino chain, you put it in your body, it tells your to do X, whatever that X is. So ipamoralin CJC1295, tessamoralin, surmoralin, another FDA approved one for increasing growth hormone output.

All three of those tell your pituitary gland through a mechanism of one way or another to increase growth hormone output. Simple. So when we look at peptides, this says to do this.

Awesome. Now we know there are a bunch of different peptide out there, especially with all the information that's coming out online. You got a new peptid guru coming on social media every third day.

Dr. Jubban. There's a new one, they get a million followers. They talk about, you know, a couple of peptides and then there you go, there's some peptide from some lab in China.

Happens all the time. I see it all time and I'm, You know you read the labels, then you send it to the lab and you get who knows what inside there. Which is always a problem with anything, supplements, peptids, anything not controlled substance, which is because when You go through a good compound pharmacy and all compound pharmacies are not created equal either.

They test their batches so they know what's inside of it so that you know, what you're getting because someone above is spending the money to do that.

So it costs a little more, but it. It's quality controlled. All right, so what about women? If women are coming in, perimenopause, menopausal, what works for them the best in the peptide realm?

A lot of the women that are come in obviously they're, you know, especially if they are in that pre-peri, post-menoposal window, hormones first. And then from there, if maybe they have already gained some body fat and stuff from their, they get into the GLP ones.

So I think semaglutide is, like anybody who is still using semoglutaride I just think is not paying attention. Terzepotide, the dual action one is great.

Retatrutide which is not technically out. Right. There are compounding pharmacies making retratrutides by the way, which people think is crazy. But listen, there are company pharmacies right now today that have losses against the FDA that for going after peptides.

And they told the FTA to shove it and they're still compounded peptide. We never stopped. we never stop prescribing peptidies. How does that happen? Right?

You could tell the entire marketplace of what's going on in wellness and longevity. They are pushing against this idea from big pharma and big med. So women in general, GLP-1s, they love it.

But again, trisapatite, rototreutide, stuff like that. There are much, much better than the summer blue tide is. Less symptoms, you know, less issues with them, but those are not supposed to be a long lasting therapy.

It's supposed to be something that's an adjunct to getting you into a lifestyle choice, right? You gain all this body fat, you increase your hormone levels, your body metabolism is not working well.

You shouldn't be on these GLP ones forever. The other ones are GHKCU. Listen, do you tell women that something can improve their hair, skin and nails?

You got, okay. And that's what's happening all over TikTok, except half of the GHKCU that is being sold or the Glow Peptides or K-Glow Peptide blends.

Half of those are not even GH KCU peptide, which is a copper based peptides. It's blue in color. A lot of them are food coloring. Other ones are methylene blue.

So it's like that, you know, people don't even know what they're buying. So again, not all compounding pharmacies are made created equal and make the right call, but if you find good ones, at least you know there's verification of what you're getting.

But the more important thing is like sterility testing, mycotoxin testing. I mean, I have a horror story of a patient that was getting BPC 157 through us, and he's like, Tomo, it's getting too expensive.

And I said, brother, i get it. and He's on TRT with us. He was like I'm going to get from this gray marketplace I trust him. i said just be safe. That's all I told him He comes in a couple months later, guys, I don't feel good.

We get his labs done, we do a pretty extensive test because he's feeling rough. He ends up coming back with a bunch of heavy metals and weird inflammation and stuff like that.

Our doctor ends of sent him to a hematologist. Goes to the hemotologist, they pull more extensive labs. They find radioactive traces in his blood and heavy metal and all this cadmium and crazy stuff.

And I'm like, dude, I know this guy.

Risks of Gray-Market Peptides and Lab Testing

I'll my dude. Would you get like Fukushima labs? Like, what are we doing here? And where'd you Get this from? He tells me the lab. And it came with stifter authenticity, right?

Yeah. Big air quotes again. Came with a COA. Yeah, came With COAs. How much do you pay for this? BPC 157. Very easy peptide. to make, you know, even for the gray market labs, the raw materials very readily available.

He paid like $45 for it. I'm like, dude, I like lunch doesn't cost $40. Sometimes I said you're injecting a medication in your body that you paid 45 bucks from, from a completely unverified source.

Injecting. What do we do? What are we doing here guys? You know? And this is what's happening over and over again, all over social media. And there are people getting sick and every time somebody talks about it, You see all the people coming out of the woodworks.

Oh, you just want us to come to your clinic, Tomo, so you can charge us four times the amount. Guys, I don't need your money. I'm fine. Dr. Jaban is probably fine, all these metal clinics are fine I am telling you for your own safety and health.

Don't inject some random substance into your body like that you bought off the internet. without some verification. That's all I'm saying. It's crazy talk to me.

But you know, the peptide game, everything that should be like a clinic like yours, clinic, like mine, any medical clinic that has a reputable doctor with reputable pharmacies, they are not going to give you something they got from online.

And if they do, we're going go to jail like those two doctors just did. Those doctors are going lose their licenses and they're gonna go prison and get massive fines and will never be able to practice medicine again.

for good reason, because they're not caring about the safety and health of their patients. And that's what, if you're gonna be, If you doing this, you are doing it to be healthy.

Like, do it the healthy way. Yep. I got off on a tangent, bro. But yeah, GHK see you copper based peptide glow peptides, which is GH KCU BPC 157 TV 500 hair, skin and nails, man.

The female patients want better hair skin, and it does work. We've seen some great success and the topical formulas are even awesome too. There's people that are doing the The microneedling with the GHKCU peptide, huge success at some of the MedSpot clinics.

I love it. All right, man. We're coming toward the end of our episode here. In the of all this, we've talked about a lot of things, health, hormones, peptides, some the tinfoil hat.

Where do you want to leave everybody? What do need to tell them about the body optimization, the current state of longevity and all of this, you know, bandwagon hopping, Instagram influencer world we're living in.

So I'm going to live it here. And it's really simple, honestly. Data is your friend. Okay. There are too many people that are taking too much risks without proper data.

Lab work, guys. If I can tell, if I give one piece of advice to any single human, I don't care your age, i don' care if you're 18, or 88. Get labs done at minimum every six months.

Even if have no problems. at least you will have something where you can go back to and see all of these labs and you'll be able to see if something goes wrong.

So that way you got labs this six months, well six month ago I felt great, now I don't feel great. You have two lab comparisons, oh wow look at that, this happened, you have data.

Don't do anything without getting proper data, genetic testing, gut health testing food sensitivity testing These are all available to people out there.

Final Advice: Get Data and Work With Specialists

So if you're going to do anything, get data first, talk to an actual practitioner who understands this stuff, and your doctors are great at what they do, I'm sure.

But if they need to go to a specialist who understand peptides, longevity, wellness, find them. Dr. Jaban knows the stuff. The clinicians at my clinic know their stuff!

There are a bunch of clinics out here. It's not just ours. Longevity space is super crowded. Just do your research and don't get into a situation where you're being shoved medication down your throat.

You want the most minimal intervention for the maximal effect. That's what you need to worry about. It's all about being healthy. Just, just do that and get your data first.

Love it. Well, how did they find you? You guys can find me anywhere with my very long complicated name. Thankfully someone given name at Tomo Marjanovic pretty much everywhere.

YouTube, Instagram. I'm banned on Tik Tok. Pretty sure Facebook as well. Uh, I have a website Tomomarjanovich.com I just came out with a book actually, and Dr.

Jabbat I'll send you a copy. So I came just out this book Operation Optimal. Um, you can tell from the green and the operation part, I got my law enforcement back there, but this is a book that I wrote, uh, basically helping people cut through the noise of mainstream medicine.

And it even has a bunch of tips and tricks and questions. You can ask your primary care physicians to make sure you get proper labs and how to really assess yourself to become the most optimal version from a health perspective.

Amazing, man. Yeah, love to have a copy. I can look through, read through. and I also put it in the front for my office. for all the people sitting hanging out so they can read it too because more information helps them to tell me what they what I need to know.

I mean anyway like more educated my patients are more education than they are to answer questions and give me information that's valuable. So thanks for coming on here Tomo and to everybody listening.

Until next time, see you then. Thank you for tuning in to redefining wellness with Dr. Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms.

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