Podcast Introduction and Guest Welcome

when they took the peptide, which let me just clarify, peptides are not pharmaceuticals. They're not classified as pharmaceuticals. They're not drugs. They're peptides, which is why pharma is trying to grab them because they couldn't before because they're not classified as drugs.

They're also not classified as supplements. They don't know what they are. And so they've been in this functional and integrative space, openly being able to be used. And now all of a sudden they're saying, wait, they're dangerous. Wait, there's no FDA. Wait, they're research only. And it's a grab because they know that they're beneficial. know, GLP-1 and GIP plus DDP-4 are produced in your gut. So GLP-1 is glucagon-like peptide. That's semaglutide, okay? We're here to help you break through chronic disease and dysfunction physically, mentally, emotionally, and energetically. With real proven strategies, protocols, and tools you can use in your practice today. Hello everyone and welcome back. We are live on the Holistic Truth. I'm your host today, Jamie Dorley. I'm CEO of Nutritional Frontiers and so excited to be on the podcast with two incredible women that are pioneers in the field of wellness and natural healing. My co-host, welcome back, Christine Genovese, how we doing? I'm doing fantastic, Jamie. I am so excited about our guest today. She's such a friend of Nutritional Frontiers and a brilliant mind, and I can't wait for what we're going to talk about. Oh, everyone has their favorites in life. At least I'm not afraid to admit who my favorite speaker is of all time. And she's here today joining us with her very busy schedule. Excited to have her back on the show and live on the Holistic Truth podcast. So welcome back.

Peptides, GLP-1s, and Responsible Use

She's a doctor of naturopathic medicine, a freedom fighter and a lover of Jesus. I think I got all the three boxes checked. She's an incredible mom and she's been a partner with Nutritional Frontiers for over 10 years now in many different capacities. you know, really one of the people that's been instrumental in my development and the company's development, helping us on a mission to make the world healthy. Welcome Dr. Tracy Straub. How are we today? I'm awesome. Thanks so much for having me back. I haven't been on a podcast with both of you, so this is really exciting.

Never forget your first. And what I love is that both of you guys got your hair done for the podcast. So thank you so much. know, we're doing it. We're doing what we can. Well, today's topic is one that I am super excited about. I think there's a lot of mystery surrounding.

you know, peptides and GLP-1 use and how do we lose weight and what's the best way to go about it? And I know Dr. Tracy, you've been really out there in the field talking about how to use it responsibly. And I know Jamie's got protocols up his sleeves as well, you know, to talk about how to do GLP-1s or how to transition off GLP-1s. So you want to jump in and get started? Cause I know everybody's really excited to hear it. Well, peptides have been around for, over 50 years in functional and integrative care. So they're not new, right? I think what happened was when the GLP ones and the GIPs hit the market, the way that they used them was new and the massive overdosing of the way they used them was new. So that was what was really new in the industry. And I kind of watched it from afar at first. And I think what really got me was the shame game that people that were really struggling with weight and there was a lot of people, and I know we know these people that do everything right. They eat right. They try to take their supplements. They go to the gym and the weight just wasn't coming off.

And then all of a sudden on the market was this magic bullet, right? And the problem was they weren't complimenting it like we're going to talk about today. And so people started to shame people that were using GLP-1s. And then on the other side, people that were overweight were shamed. So it was like this whole atmosphere was surrounded in this, you're doing it wrong.

If you're overweight, You know, you're lazy, you're slothful, you're eating too much. But then if you took a GLP-1 or GIP, they also shamed you. So it was like a no-win situation. And as a person that struggled with weight my whole

life, I was like, hold on a second. are we healthcare professionals or what? Are we a safe space for people or what? Like, what are we doing here? I had to like come at the market with how can we do this better? And what is really the underlying issue with using a peptide for weight loss? Like, is it wrong? And so that's where I kind of took a stance and started doing research. And what I discovered was, we never heard about semaglutide before because it never had any side effects because they were using it correctly in the functional and integrative space for what it was made for.

And then all of a sudden it hit like these Botox clinics and med spas and was put out by Pharma, you know, for a purpose of selling it to make money. And it was done with no guidance. It was just passed out at these mega doses and people were getting sick. So. I think that's where we should probably start from the context. And I still hear people today, even professionals that I respect, like going after Ozempic and I'm like, it's not the peptide. know, Jamie, if we took a whole bottle of buffered C, right, from Nutritional Frontiers, I wouldn't blame your product. I would blame the fact that I took the whole bottle and then was in the bathroom for three days. So we have to get to the nitty gritty of what is happening in the industry with these peptides. You know, we, as healthcare professionals, we have to stop just taking the hand down protocols. You know, that's what happened during COVID, right? It's like those handed down protocol and everybody just did it. And we found out later like, oh, we probably should have had some critical thinking on it. And that's what I think with like the whole GLP-1, you know, think critically through what you're doing. There's no bullet. We should know that by now. Yeah, absolutely. Let's back up a little bit because I think I get a lot of questions on hormones versus peptides. What's the difference, right? And you read my mind, because I've been thinking as you started off is that the goal is always to get the maximum results with the minimal amount of supplements, performance enhancers, hormones, peptides, even food. Like as we've gotten in better shape, we're hitting our prime here pretty soon. I've learned that less food is better, right? I don't have to eat all the food that I would think I would need. Probably less food is better, especially at my age. I think that concept goes the same way with the hormones or the peptides, even the supplements. Like you need to know which ones to use at what dosing that works best for you. And I was working with Dr. Val Donaldson. She's a functional medical doctor locally in Pittsburgh. And we had a frank conversation about this. And she says, you know, I use these with a lot of people and the only time they get these side effects is when they use too high dose. So she says, I've experimented the last couple of years and I really have fine tuned the dosing to get a much better result on a lower dose for people.

Hormones vs Peptides and Metabolic Health

Plus incorporating the lifestyle with the super shakes and things like that from nutritional frontiers. maybe you can just clarify a little bit the difference.

I was always taught the hormones like testosterone, those are oil-based made from cholesterol and they're to work a little differently in the body than these peptides, which are real amino acid based. know, configurations with a water base. Can you just clarify that a little more?

Because that's probably the most common question I get is semarole versus growth hormone versus testosterone. Like what is the difference? well, everything has a place in a space and they all have to be there in the right amounts in order for the body to function metabolically in anything. When we talk about metabolic, it's not just weight, right? We know that cancer is driven by metabolic dysfunction. Neurodegenerative disease is driven by metabolic dysfunction.

GI issues, so on and so forth. So a peptide is just what you said, Jamie. It's an amino acid combination put together by peptide bonds. So you have to eat protein. The protein has to break down in the digestive system and then be reassembled with peptide bonds. That protein or amino acids can also be reassembled into hormones and also reassembled into neurotransmitters, which are brain hormones. So a peptide If we're talking about GLP-1 or GIP is actually an incretin hormone. So it's, as you said, it's water-based. And these are naturally occurring in our body and naturally formed in our body if we can make them. The issue is most people have gastric issues. They no longer can make the right amount of GLP-1 or GIP, and they can no longer make the right amount of BPC, which is another peptide that's used for regeneration of cells. So there is a difference. between peptides, hormones, and neurotransmitters, but they all communicate.

I look at peptides like bridges. If a hormone needs to get from A to B, it's gonna need a bridge. Usually needs a peptide communicator. And so there's thyroid peptides and immune peptides and neuropeptides, gastric peptides, weight loss peptides, growth hormone peptides, because they all are bridges for this communication pathway that our body needs. Whether we're thinking something or we're trying to formulate sex hormones or trying to get them someplace.

So they're necessary. know, a difference between a protein and a peptide is a peptide chain, your little amino acids that are connected by peptide bonds are gonna be three peptides, right? Three aminos to 50 amino acids in one chain. And depending on the length, the structure and where they're located determines the function. Anything over 50 amino acids is a protein.

Anything less than three amino acids is called a bioregulator. And bioregulators, which are a form of peptides, can change DNA expression. So very powerful and functional and integrative medicine. And I think peptides absolutely have a place. I think standalone peptides are not going to work. They should be secondary or tertiary to a foundational protocol of nutrition and supplementation. But I think they're super powerful and they can sometimes be the one thing that gets you. to that recovery. Yeah, I agree. You know, I've used hormones from the doc. I've used the peptides, I've used supplements, but wow, you can get that sweet spot in the right combinations of each, right? Cause I've even noticed testosterone too high is no good, right?

Cause you're to hold more water, be more aggressive, get a lot of the side effects. But when you find two-nose dosing, especially when you combine the peptides with the hormones and things like Super Shake, the results have been fantastic, right? And when you don't, you know, I keep bringing up the example of a friend's sister-in-law. know, I saw her at a recent get together and she looked great. But after I talked a little bit, she was raving about GLP-1. You know, I said, you're doing great. You know, she goes, what would I do for this? And she held her arm up and the back of her arm was all flat. And I was like, did you do the shakes like we told you? No. So there's an example of doing the GLP-1. without the extra protein support to maintain the lean body mass. And then the first 15 pounds, 20 pounds is good. The last 10 pounds was pretty much all muscle. So my goal today, bringing on your all your words of wisdom and making sure that we're able to get people to get the best results possible, regardless of what their protocol is on the least amount possible. And I know a lot of our clients, Christine, have been recommending. you know, 40 grams of protein before lunch because people aren't eating in the morning. And that seems to be a sweet spot for some people, you know? So that's what I usually do myself. And it seems like that works for lot of people to maintain that body mass. I want to rewind just a little bit too. Dr. Tracy, you mentioned, you know, people doing all the right things yet still not losing weight, right?

And I know that that's something that I noticed, you know, being post-menopausal 50 something. I was curious, like what changes are going on in the body that would not allow us to lose weight doing the normal things of eating right, exercising, doing the daily shakes, taking the supplements. What do you think, what are some of those factors that could be contributing to why it's sort of this stubborn weight gain that won't seem to go away without the help of something like a GLP? Well, I think we go back to Hippocrates, right? All health begins in the gut. And here's what I'll say. Think about Christine, like if you get sick, let's say you get sick. Let's say you had, I don't know, Lyme disease and you fought that off and all of a sudden you come see me and I go through your labs and you're iron deficient and vitamin D deficient. I would say, Hey, you probably should take some iron for a little bit and vitamin D for a bit. And you would be like, yeah, great. And you're like, but I eat steak and I, and I'm like, well, it's just not enough right now until we build up.

Gut Health, GLP-1 Mechanisms, and Dosing

calm your adrenals, get your cells regenerated. Like you have this period of time of recovery where just eating steak and protein, might not be breaking it down as well. You could have had gut dysbiosis from all the antibiotics you took, things like that. General life stress added on. And so you wouldn't think twice about taking iron or vitamin D. Well, GLP-1 and GIP are created in the gut. And if the top four medications in our country are gastro medications and over 230,000 people die of gastric complicated issues every year, we have a digestive issue. The GIP and GLP-1s are created from the L cells in the digestive system. So if the majority of people in this country are being poisoned by food, pesticides, herbicides, glyphosate, they're on different medications that decrease gastric ability, motility. permeability, all of those things, right? They're breaking down their GI systems. Plus they're

stressed. You know, they're sinking thinking all the time. We got high cortisol, our gas, our parasympathetic isn't working because we're in fight or flight. You're not going to produce the right amount of GLP-1 and GIP in your gut. You are literally going to be deficient of a peptide that prevents numerous chronic diseases, including neurodegeneration, cancer. obesity, cardiovascular disease, immune dysfunction, autoimmune. mean, the connection between GLP-1 and GIP and chronic disease is tenfold. So if you were deficient and it came to you and I said, maybe you should do a little bit of GLP-1 and the whole world's like, oh my gosh, you're going to get thyroid cancer and go blind. No, you're not. If you're just going to do a little bit, right? So it all gets back to the gut, the gut and metabolic dysfunction. Because these are ankylotin hormones produced in the digestive system by the L cells. If you have any digestive issues, you cannot control your metabolic function. Yeah, that includes everybody, all the autoimmune conditions, right? And then we had the studies done at Harvard where it shows the microbiome, right, will determine if someone's overweight or not. As simple as looking at that, right? I know it's very complex system, but… You're right on. mean, think about oh all the people with GI issues, what they're selling as food we know, even when we think it's healthy, may not be healthy. So it's a unique, um you know, combination of factors, but leading to a complete um reconstruction in a negative way of the microbiome. It's not what it used to be. You know, I love looking back at the pictures in the old days, you know, everyone was pretty much in shape. where nowadays it's not the case, but at other countries it is where they don't use a lot of these additives and chemicals and um different things that are allowed in the U. S. that are not allowed in Europe. So you're right on with the microbiome and the gut factor. you know, really three things that these GLP ones do well is they slower the emptying and release of food from the gut.

They stimulate the pancreas to release the right amount of insulin. And then the other part is they really help uh reduce or eliminate cravings. Yeah. And actually in brain they help reduce and eliminate cravings for only things that are detrimental to our health. They do not impact things that aren't. The problem is most people that jumped on the GLP-1-GIP, they were eating all bad food. So when they took the peptide, which let me just clarify, peptides are not pharmaceuticals. They're not classified as pharmaceuticals. They're not drugs. They're peptides, which is why pharma is trying to grab them because they couldn't before because they're not classified as drugs. They're also not classified as supplements. They don't know what they are. And so they've been in this functional and integrative space, openly being able to be used. And now all of a sudden they're saying, wait, they're dangerous. Wait, there's no FDA. Wait, they're research only. And it's a grab because they know that they're beneficial. know, GLP-1 and GIP plus DDP-4 are produced in your gut. So GLP-1 is glucagon-like peptide. That's semaglutide, okay? That's semaglutide, that's your ozempic. It's secreted by your L cells and it helps with carbohydrate and fat digestion. It's gonna enhance glucose-dependent insulin secretion.

So when you eat, you're gonna get the right amount of insulin rather than really large spikes or nothing at all. It will suppress a hormone called glucagon, so it slows down the glucose into the blood. Yes, it's going to slow gastric emptying, but people that got gastroparesis from taking too much, well, you're paralyzing your gut. No kidding. Plus, they probably already had motility issues. They probably already were constipated, right? And yes, it reduces cravings through central nervous system signaling. Yeah, Graylin and leptin. mean, hello, that's supposed to happen. So the problem with it is the half life is very short. So they had to give you more because normally when you eat, The DPP enzyme extends the life of the GLP-1. So, um which is why you should take digestive enzymes with your meals when you're on a semaglutide.

Okay. So there's things that you should compliment it with so that you extend the shelf life of the product you're taking. I mean, if you're going to pay all this money for a, you know, a peptide, get your money out of it. Know how to compliment it. It's not just about like.

preserving you from wasting, you won't waste if you take an individualized microdose. You won't waste. In fact, there's studies on semaglutide that preserves muscle mass. And so nobody reads all the studies. They just read the propaganda, what's ever out on social media, and give somebody to fight about and hate each other. I mean, that's basically what we do. The GIPs are different.

That's terzepatide. So terzepatide is GLP-1 and GIP. So the GIP is called glucose-dependent insulin polypeptide. So it's secreted by the K cells, which are in the small intestines, the duodenum and the jejunum, and it's mainly fats, carbohydrates, and proteins. So you're going to get another action on terzepotide. So it still enhances your glucose dependent insulin. It has a lesser effect on glucagon suppression. So when I look at people's blood work,

I'm not just looking if they're insulin resistant, I'm looking how much glucose is in their blood, because if they have really high glucose, they need a semaglutide. If they have low insulin or insulin resistance, they need a terzepatide. So there's a way to actually look at it and be like, here's what you really need. Now they've come out with a triagonist called retitrutide, which is GLP-1, GIP, and then also a glucagon inhibitor, and that one helps everybody. Plus it has less side effects because you can use less really small doses of that because it's a triagonist versus a terzapatide that you might need a little bit more to get your insulin resistance under control versus semaglutide that's just going to be primarily GIP1 or GLP1. So you have to know the differences. And so people just throw these terms around, GLP1, GLP1, well not. oh every peptide that's on the market is a GLP. And not every peptide on the market that helps you maintain muscle mass and lose weight is a GLP-1 GIP or reticulotide.

You know, got things, ipamorlin and serumorlin. So I just wanted to break that down because I think the terms get thrown all over the place and people don't know the mechanisms. That was fantastic. Yeah. Cause it sounds like the Ozepic or the semiglutide was the original just GLP. 50 years clinical trials on that. Yes. Then trisapatitis. Then you had BLG LP and G I P, which is a combination. And this new one is a retro true type. So that's the third generation of reddit. Oh, rather to try it. Okay. Rather to try it. So that one seems to be the one that's got a combination of factors rather than just a GLP and those all work in synergy together. So you get better results. and limit the potential side effects on the you might find through your peptide use that you got to switch. You know, your insulin resistance might've been the initial issue. You fixed that and all of a sudden your glucose is a little high, but your insulin's good. Now you need a terzapetide, right? And then once you get stabilized, you might just maintain it all with rotatrute tie to move on with your life and do it once a month. Some people, ballically, are just broken and peptides are not meant to do alone. You should do them in combination. Like I do BPC 157. with red atriotide, you know, I started with semaglutide that worked for a while, but I had to use a higher dose because my issue wasn't glucose. My insulin was so low on my blood work.

Complementary Protocols and Nutritional Support

was like less than, it was like 1.2. I had no insulin resistance. So when I started with homoglutide, it would drive my sugar down too much and I would feel like shaky and I get anxiety. So I switched to red atriotide and that balanced my sugar and my insulin resistance. So now, mean, it's like you start out, I think the dose of retichoutide, don't quote me, I'm not a hundred percent sure, was around 30 to 50 once a week. I did not even get close to that. I did five IUs once a week and that's all I needed because I was doing the hormones. I was doing the shakes and the foundational nutrition. I was doing the strength training. I was doing everything right. I was doing it all right, Christine. And when I walked into that one event and Tringhalle walked up to me and she was like, hey Tracy, you need hormones. I was like, oh, hi Tracy. I was like, Thanks I got on the phone with her, she was just like, you're doing everything right.

Why do we think that it has to be so hard? Why do we think that we have to punish ourselves to get a result? Here's what I did. It took me a really long time to do it for myself.

I recommended these things for the last two years for all my clients. Finally, three, four months ago, I don't remember when I started, I started. I woke up one day and I was like, this is what it feels like. to eat right, sleep right, move right, poop right, pray right, do all the things right, and I don't have to go struggle at the gym to try to lose the same 10 pounds that I've been trying to lose for five years. Now, I'm being, do you see what I'm saying? why are people, you know why people go to the shame game on people like that, or like, you're cheating. I'm not cheating. I've been doing this for 27 years. I'm not cheating for the love. I just put in a deficiency. Really what it is is envy. They're so envy they all of the result. so they try to shame people and they don't understand the mechanisms.

I'm not doing 50 IUs. I'm not even close. did like five. lot of my clients brought up for the, uh, rather too tried, um, 0.25, like right 25 units. Yeah. You don't, probably won't need much more than I think that's where even Dr. Val was citing some of the semi-glutide, ozempic type patients is when they went to those higher dosages, it was just too strong, vomiting, nausea, GI distress. And then of course they're not eating, right? And then when they're not eating, they're losing a tremendous amount of muscle. Exactly. Because they've decreased the motility of their gut from overdosing. So they're not hungry for anything. mean, yeah.

I want to know, so what's the best way to incorporate using… you know, maybe a semi-glutite or red atriotide or one of the combinations of the GLPs we just talked about or GIPs. What's your recommendation? Like what would be a good protocol? Obviously, you know, amounts people probably want to consult their doctor, but what are some of the complimentary supplements that you recommend so that people don't experience those side effects? I heard you talk about digestive enzymes. I know we recommend our Probezyme as a complimentary supplement to go with it.

And that does have something in it with DPP-4, which I was so excited to hear you say. Just what are some of the protocols that you recommend or key things you think we need to do? Well, definitely foundational nutrition. know, we don't eat enough protein in general. And, you know, it's not about copious amounts, but it's about enough. And a lot of women, they're carbaholics, they're quick, they don't do it. So I normally tell the ladies and even the men, You know, don't skip breakfast, put collagen in your coffee. We've got the hydrolyzed beef. have the, you know, the clean collagen, all the collagen that we have. Put it in your coffee. Like if you're not a breakfast eater, that's okay, but you got to do something. You got to start with the amino acids and getting the peptides going. You got to feed them, right? I like that. Feed the peptides. I'm stealing that one. I'm writing it And I'm not a big intermittent faster because a lot of people don't eat right when they're not fasting. And so really you're starving yourself. You know what I mean? So. Intermittent fasting works if you have a specific purpose for it. You're trying to create autophagy. You're trying to address something for a period of time and then doing everything else right around it. So that's first, get your protein in. Second, you know, using the super shake, the ultimate shake stacked with a little bit more of the collagen, the proline greens for your phytonutrients because you got to feed the microbiome. So that's kind of first, get your protein in, use your shakes, your complimentary collagens and things like that. Get it in. If you can't eat, use it as a meal, use it with a meal or in between a meal. Like don't worry about calories, right? We know what I say. Don't count calories, count chemicals. Second, you gotta fix your gut. If you wanna have an exit strategy from any of these peptides, which here's my thing. I promise you, I will use peptides forever and the rest of my life. I will cycle them. I'll use them for periods of time. I'll use BPC, I'm gonna use epitalient, I'm gonna use ipamorlin, I'm gonna use the neuropeptides, I'm gonna use thymus and alpha-1, I'm gonna use GLP-1, GIP, Ritish root, I'm gonna use them forever, forever. Because they are anti-aging rejuvenation peptides, that's what peptides do in your body. Why do you want your cells to oxidize? Why do you wanna get old? You don't have to. If you wanna feel good, you wanna have rejuvenation, you want healthy cells, use peptides with your protocols. They're bridges of communication, they're amplifiers. They're like freedom rock, man, right? Turn it up. That's what they do. So that's, that's second, like have your nutritional foundation and then have your supplemental fix the gut. Everything starts at the gut. want BPC 157, your Wolverine peptide produced in the gut. You want GIP produced in the gut, GLP produced in the gut, glucagon produced in the liver. What affects the liver? Everything in the gut. So all of your peptides, your neuropeptides come from. your neurotransmitters, which are hormones produced in the gut, dopamine, serotonin produced in the gut, right? So you need a healthy gut. So GI complete daily, your probiotics, superbiotics, frontier daily, IgG once in a while, clean it out, remove complete once in a while, clean it out. Make sure your dysbiosis is under control. Get a healthy microbiota. So that's second. Third, balance your hormones, men and women. And you can do that with complementary peptides like ipomorlin and sermorlin, which are growth hormone analogs, along with your nutritional frontiers, testo 180, your PSA, your UTR, your estro cleanse, your DIM. And you were talking earlier about testosterone.

I'll tell you the biggest thing about TRT therapy with men is that nobody checks RT3 in cortisol in men. And so they just give them testosterone. And what happens is the aromatase enzyme, because men are so stressed, converts it to estrogen. So if you just use a little dim with your TRT, you'll prevent that and use a little bit of the Adrenomax, which has the ashwagandha that's going to lower cortisol and help you. That'll keep that from happening. I mean, just simple things. And then use a little growth hormone analog so that you can use less and less TRT because that's the same pathway. So those are the foundational things. Foundational nutrition, get your protein in. Make sure it's organic, non-GMO, count chemicals, not calories. Second, fix your gut. Third, balance your hormones and then your peptides are going to work so much better and they're going to be rejuvenation. And don't be afraid to cycle peptides in and cycle peptides out. No peptide should be alone. It's a community of communication. Like you shouldn't just use a peptide for weight loss. Men that are on GLP-1s or GIP should be complimenting Mr. Moreland or Epimorlin. Women that are on GLP-1s or GIP… should be complementing with ipamorlin and CJC, maybe some epitalion, and everybody should be doing BPC across the board.

That's how you should cycle them in. And then you take care of what's underneath. You need peptides for the

digestive system. That's BPC and KPV. You want something for brain. You're just not thinking clearly. That's CELANC or CMAX. Like you should never just use one peptide.

What's the wrinkle peptide? A GHKCU. I knew you'd have an answer. That's called the beauty peptide. It's a copper peptide, but it can be injectable. Right? And that's going to help with regeneration of tissue post-surgery. You could use a GHK-CU injectable. You can also use the cream on scars, but I use GHK cream on my face each night and I'll use like the microderm roller. So you wash your face really good. You use your microderm roller. It's put little punctures in there and then you put your GHK cream on, let it settle in for one to two minutes and then use your moisturizer as normal. You can also use that for a hair restoration because it does help with that. You can do injectables into spots, into the skin for hair restoration.

Growth Hormone Peptides and Individualized Timing

You can just do it sub-Q anywhere else. And that's the thing, people may not understand that peptides can be oral. Some of them have to be injectable. So I think people got really wackadoodle over that because it was a shot and everyone had like the shot in their brain coming after COVID. And really it's a sub-Q injection. So it doesn't go into the bloodstream.

It's not a, you know, a vaccine. And so I think people don't understand that peptides are amino acid chains. So when you take them orally, they have to be protected by a compound called SNAC, S-N-A-C, which is a salt that protects the peptide from being broken down by the gastric juices.

So you'll see that in a lot of BPC orals. But things like semaglutide and ozempic and stuff like that, you can't take them oral. Your body just breaks it down like a steak. So they have to be injected. know, growth hormone analogs. There's been one ipomorlin that I saw in the market that there were some blood tests that they took it orally, but works so much better as an injectable. If you have an injury in your shoulder, you want to inject BPC 157 there.

If you want systemic overall rejuvenation and gut healing, you take it orally. So again, your practitioner has to know like, What's the best administration of that peptide for your goals? Otherwise you're just wasting money. So people get on, will, well, I think we need to have a girl's peptide pajama party. That sounded pretty good. That beauty peptide you just mentioned. Yeah, it's a pajama party. So, so a question I get quite a bit, even for myself personally, that there's, you know, feedback I get or education that says, you know, do the peptides, especially like the summer roll on an empty stomach. So. And then some people recommend that at night, some recommend the morning, and some docs say for weight loss, you should split it AM PM. I know it's all about compliance, but just conceptually, what are some of your thoughts on Yeah, well, you got to find what works for you. So I'll give you my personal story. I took CJC with Ipamorlin. So just back up, sermorlin is a growth hormone releasing hormone. It's a GHRH. It's an analog. It's like a fragment of growth hormone where Ipamorlin is a growth hormones, secreta gog. So it's in the family, but it mimics Graylin.

So secreta log, that's an interesting secreta gog. Yeah. basically one, one is actually a little snippet of the growth hormone, Sir Morlin. Ipomorlin just tells it to release more growth hormone. Okay. So I did some CJC with Ipomorlin injectable and what these growth hormone peptides do is actually help you increase. your muscle mass by helping you increase your growth hormone.

It helps balance other hormones, which is good, right? Because growth hormone is our main hormone above all other hormones. um And so I did some CJC and I did it at night, Jamie. Well, I'm going to tell you it must have been because I'm high cortisol, which I do know that about myself. I was up till four in the morning. I was like, I couldn't sleep. had anxiety. So bad experience. So I changed it to the day. And I cut the dose to 5IU because I tend, because I do all these other things right. Obviously, like we're going to use less, which is great.

It's going to save money. Right. But I didn't realize that. So the best way to find out like, how do I use this peptide is to use it. Try it. You have to try it. You can't just like make a general statement that works for everybody because peptides are very individualized. So for me, when I use CJC with the Bimorlin, I'm using it in the morning and I'm using 5IUs for five days on and two days off. and that would work for me. And I did it for about six weeks and then I didn't do it anymore. Now, will I cycle it in later? Sure. Sir, Morlin, you can split it. I like splitting peptides because

some of them have shorter half-lives and so they might only last a few hours in the body. And it depends. When is your growth hormone low? Well, why guess? Go test. Go test where your growth hormone is. What is the level that it's? You do it in the morning. Yeah. know, in kids we test it with the IGF 1Z, right?

We can test it on adults. So you just need to know, where's your cortisol? That's a really big thing because obviously we know that that's gonna impact growth hormone. So if you have high cortisol like I do, and taking something that's gonna promote growth hormone, I might wanna take some Adrenamax, Ashwagandha just to keep the cortisol under control, because that's primarily why I have the issue. So maybe I should address my cortisol as I use a small little snippet of this sormorilin or ipomorilin. That's going to decrease my visceral fat, increase my muscle mass, help me balance my hormones while I address my cortisol. Like it's never just the peptide, right? There's no magic bullet. But yeah, I learned my lesson that peptides are super individual. Four in the morning as I'm cleaning my whole house, I'm like, this is not going to work for me. Yeah. Some are all in the ephemeral and I love those two.

And I find that they do give me a little flushing sometimes. I do take them in the morning because then I can go work out where if I take it at night, it's not very comfortable. But I think either way you get the benefit. And the other part I noticed is the sleep patterns tend to be improved when you get in the growth hormone balance out. But I love your comprehensive approach. It's never a one size fits all. It's simple, but never quite easy. And I love how you realize that the body is never remaining the same. Just as we're constantly changing and evolving and building new cells and. detoxifying and everything else that's going on metabolic in our body. It's just such a miracle that you need to continually update your program. Right.

But there are some foundation fundamentals. So what I learned today is you got to use a protein to feed the peptides. Right. I loved how you also said that the, um, DPP four will actually extend the half life of the GLP ones. G I P. So that's pretty cool. And we have that in both the side zime actually original DPP four. Um, and then the, GD four, which is very similar. It's in the probe zime. So I love you said, uh, side zime and probe zime, super biotics.

gotta say something GI complete and IGG. I use those together with super creatine as my pre-workout. know it sounds a little unique. Um, but what a difference when I take those. And I stopped taking them. can tell the difference. I've had a history of autoimmune conditions. So I do agree that the GI complete and IgG are perfect combo and then balance out your hormones. what are some of the things Christine we can do to balance out the hormones with nutraceuticals?

Practical Takeaways and Closing Remarks

Well, using our Estro cleanse, right, is a great formulation. I heard Dr. Tracy talk about using DIM and Adrenamax, especially for men. And we also have, you know, different formulas just in terms of uh our testo 180 or virility, other things to try and complement your hormones.

One of the things you also mentioned, Dr. Tracy, was cycling with Remove Complete to help clean out your system. And Remove Complete is a really comprehensive binder, and I'm so excited about that product. I actually do use that. And that was one that Dr. Tracy helped us formulate in particular. Dr. Tracy Straub, she did an incredible job today. I love how she really connected a lot of the loose ends in regards to peptides and that she said, you know, these are miracles for a lot of people to help get you over the hump. And I really enjoy her comprehensive approach. Right? Number one, get your blood worked on. Number two, work with a functional medicine, healthcare professional. Number three, always feed the peptides with protein, fix the gut, you know, balance your hormones and then let the peptides do their job. Get the best bang for your buck. with the minimal amount that you'd actually need. And I think that's the solution. And I've experimented with different peptides over the last, five to 10 years.

And they really help out, especially when you're doing the other things together. What do I notice? I notice better sleep, a leaner body, better workouts, better recovery, better energy.

So it's a nice addition to the program. And I think what I learned, you know, even with the hormones is don't overdo

them folks. You're probably a lot better off if you utilize a little less dosage. You can always increase it later. I even know Dr. Lisa Koch was recommending small doses of GLP-1 for her patients and getting much better results. And that's what we're trying to do at Nutritional Frontiers, get better results for you. And as she has mentioned, the better value. Right. And we also have some complimentary products to help people lose weight. Even if they don't want to work using a peptide, they can use our NutriGlutide, which simulates. the same type of reaction in the body and our thermogenesis complete, which is a fat burner that doesn't have a stimulant for your central nervous system. So there's always an option and there's always a way and at Nutritional Frontiers, we are willing to help people get healthy because that's our mission is to make the world healthy. Yeah, I love how she mentioned the leptin and adiponectin levels and that's what the urvingia that's in the thermogenesis complete can really help out. We know you're super busy. Thanks for joining us today. Any parting shots for your millions of fans? The one thing I will say that can amplify any of these things and the one supplement that I would recommend if anyone doesn't get any other supplements, get NAD. I mean, NAD is that mitochondrial amplifier, right? And you need that cellularly. Don't be afraid to take peptides. Don't be afraid to cycle them. Don't be afraid to make them part. Just make sure that you're reaching out to someone that knows what they're doing with peptides and that can answer your questions and give you the right form, the right dose, and then all the complementary protocols. It's super important that you have the complementary lifestyle and protocols to help So would that be you they would reach out to or is there someone you recommend or just one of our functional medicine docs? Obviously me. No, I'm just kidding. We have a lot of, I think, practitioners on our brand ambassador list that use peptides. know Dr. Silva uses them. Don't know if she uses them, but I, Tringhalle, I mean, they can obviously reach out to her. She's wonderful.

She's also wonderful with Wibtel. Jacqueline, Valerie, Donaldson, Lisa Koch. So lots of practitioners out there, I would guarantee you're doing the, you know, it used to be called anti-aging rejuvenation, but now it's just, I mean, it shouldn't be separated out. So well, Dr. Tracy, if people want to find you specifically, since you provided so much, got her cell number. want her cell number and her address? We can find it. Would you let our audience know exactly where they can find you the best way to get ahold of you if they're interested? Sure. It's just my website, tracystralpnd.com.

That's N as in naturopathicdoctor.com. So tracystralpnd.com. We will make sure that's in the show notes as well. But I wanted to make sure people knew how to get ahold of you because you are a wealth of knowledge. You've been an incredible contributor to Nutritional Frontiers, our formulations, and certainly one of the friends of our Nutritional Frontiers family. And I totally enjoy any opportunity I get to spend with you. So thank you for your generosity today. Thanks so much. I learned so much. And I love how you make very complex topics very simple to understand. And that's really one of your gifts. It's an art. to be able to do that, simplify to multiply. So I got two pages of notes here. It really helped me a lot because I was struggling a little bit on the difference of the original ones to the new ones. And Dr. Silver and his team was explaining and I learned hearing it again has been very helpful. So we appreciate you joining us on the podcast. We're so excited to have you on our VIP and our professional training events and for new exciting programs for next year. So we're so excited. Thanks so much and God bless my friend. you. All right, until next time, visit us at nutritionalfrontiers.com.

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