Introduction and Background

Doctor Neil Paulvin. Welcome to the bio regulator and Peptide Summit. It is an absolute pleasure to have you here today. Thanks for having me on. Looking forward to it.

Yeah I know this is this is going to be a great conversation. I feel like we've kind of moved in the same circles for a really long time. And, and we've never really, I don't know, have we ever actually directly talked to each other in person?

Knows maybe the first time. Yeah, I think so too. That's hilarious. Because anyway, it's, it's nice to it's nice to finally get to chat. So, so we always do a little bit of digging on our guests, and, it looks like you started off in.

Basically, you start off in traditional family medicine. Did you? Yeah. So I would traditional and then my own kind of personal health journey pointing me down the alternative functional medicine peptide pathway.

Yeah. Do you want to talk a little. Do you want to tell us a little bit about that? Yeah, sure. I had headaches in med school in the early part of my regular practice.

So traditional docs kind of were on every med known to mankind. Didn't really do much. Every specialist except like an ob gyn and still no improvement.

And then I started doing yoga and, like, functional movement and acupuncture and some PRP, which back then was kind of a new age. And I'm like, wow, this stuff really works.

And I mean, I kind of knew I, I kind of knew there was, I didn't really kind of butt into a completely. And then I started doing more and more quote unquote nontraditional things.

And I realized that there's a nice complement of everything to a person's. And so what took you to peptide like, what was your what was your step into the peptide world?

Because that, you know, there's the what you're talking about, which is kind of like a more functional approach in terms of nutrition and movement and managing your stress and all the things where the peptides kind of come into the picture.

It's a combination of three things. It was a combination of the fact that I think they helped me. It was just an add on for my headaches initially and, just from sport injuries.

And I was working in a little smaller town in Jersey. There really wasn't as much advanced like ortho or sports medicine there unless you wanted surgery.

So then I this became big along. I said I go along with things like PRP, a nice cool add on and like the sports is really my first dabble into peptides.

And I also dealt a lot of like fibro, fibromyalgia patients, Lyme patients where these fit in really well. And again, same kind of moment. I'm like, wow, this stuff really works when traditional meds are not moving the needle sometimes.

So sometimes you just gotta go for it and jump down the rabbit hole a little bit. Yeah. No kidding. So what do you think makes peptide therapy different from taking regular supplements or medications?

I think a couple thing. I think the fact that they are, usually pretty benign in terms of side effects. They work pretty

quickly. So patients that know it's tangible, I find sometimes it's meds, certain meds don't move.

They don't feel anything differently. They just stop. But they don't believe in it.

From Traditional Medicine to Peptides

So and also they're very as you know, they're very specific. They don't. You're giving somebody for inflammation getting them an inflammation peptide or brain peptide.

That's usually what we're it's focus on that. And they don't usually get like again like systemic side effects like going on steroids or even some of the other anti-inflammatories or so on.

So that's kind of what the difference is. And also the best effects that they play well with everything else. So your supplements or prescriptions or low dose attacks, they work really well.

Nice. So so you so I mean today I think what we're going to do is we're going to focus particularly on brain health. And so and I know, you know, you mentioned headaches.

And it's interesting because I've now in the last couple of weeks I've talked to a couple of people who really suffer from debilitating headaches. And it seems to be yet another one of those health issues that is very perplexing.

And so and you yourself dealt with them as well. So where what are you seeing in this space right now, like when it comes to and, you know, headaches obviously going taking a more 10,000ft view obviously has to do with brain health overall to some degree.

But when we look at intransigent like untreatable headaches or what people are thinking are untreatable headaches, are there, there's got to be different drivers for it, for different people.

Are you seeing some principle buckets that people might fall into? Yeah, I mean, we have the I mean, you have the musculoskeletal bucket, which is the most obvious one.

Then you have the, the migraine sufferers where we're seeing some benefit with the peptides, which could either be gut related autoimmune, a lot of different things there.

I don't know if you're including like the GOP ones in this which have been shown to help, but that's kind of overwhelming. It's a cousin to everyone of how you want to group things out.

Those have now shown good studies, a couple of side of migraine, so that's helpful. Then you have the the autoimmune ones which kind of overlap. And then we're seeing a lot of gut health because of the gut brain interaction between the vagus nerve and LPs and all this other all the all the other things that we know what the gut brain connection.

So that's I mean, that's kind of the big four. And then you kind of have the miscellaneous ones. I mean, unfortunately, that you can see infections and so on.

But that's kind of we start I mean, a lot of times there is and it's much easier when patients to say, okay, this started X period of time. And you say, what happened then that happened when you go into your moldy building.

That happened when you fell off your bike. Did it happen when you were 50 years old? This patient, lovely patient with headaches are very good historian.

So it works out of these ear. Yeah. Well, I mean, they kind of I mean, hopefully they remember everything was great until. And I'm guessing that you would you would add another pillar there for hormones.

Right. Like as women go through menopause, then, you know, in terms of women. Yeah, very menopausal,

menopausal women, even women who have abnormal cycles in their younger, even PCOS.

So, and so that that's kind of flipped with the hormones of the first treatment. And then again, like I said, we can add on peptides as a secondary, but it's not may not be the home run.

There's some in some of the other situations. But again they work well in every way. So are there specific peptides that. Yeah I mean so so so we've we're going to talk about headaches at all. Like are there do you want to talk a little bit about some of the peptides you found that are that can be helpful.

And obviously, you know, by all means lay the groundwork. You know, like so a woman who has irregular cycles, we're going to have to look at the hormones.

And then we find you don't have to just talk about the peptide because I, I share, I think, you know, an annoyance with you when people say, well, what's the peptide for this exactly.

We know. But yeah, you know, it. Yeah. So the you said depends if somebody is dealing with a muscle skeletal type headache, obviously. I mean, you know, with all these cases they're getting some type of, radiology stat scan.

First we're checking lab work and on the physical exam we're doing some type of manual stuff or injections or so on, so forth. And then we're usually adding in, some either BPC 157 or some data for in some cases they're doing the Wolverine stuff like a CJC.

That's kind of the basics we use there. And then if we're dealing with somebody who has a lot of gut symptoms, obviously we're going to do DC, KP and La Rosa Ty, which has now kind of more and more overlapping almost all the forms of headache because there's a little there's a lot the most we know that the gut line, you can have leaky gut, but now we know that you can have leaky brain.

And we know that that may help protect you know, it helps protect the gut lining. It actually may help that blood brain barrier.

Headache Causes and Treatment Buckets

So you don't have leaky brain which be contributed more autoimmune hormone or other toxin headaches. So the rows are tighter, which is also great because it's a works really well in pill form no matter what you're doing it for.

Yeah. I mean, if it's again, if it's autoimmune, which could overlap with almost everything that we're talking about, you're going to usually look into Thymus and Alpha one.

But I just try and think and then if it's more of a neurological headache, we met in at in like a, a cerebral case in which is really great for an acute headache.

And I've seen some benefit in migraine people up here. But listen, at least I'm in the US. It's become harder to get. And also it's usually much better as an IV form, so it makes it a little harder to access it then you can use.

The more the bio regulators like things like cortex and so on. I think I covered let's see what I miss. Got brain. And that covers most of the headaches that and hormones.

Again we usually we're still working on the gut with the hormones protecting the brain, and I miss it. I may do bone that I've found that has been helpful also, as I hexa and sometimes in the hormones because of the, the the damage to the microglia.

I mean then other thing I use in hormonal headaches or neurological headaches, which is not really a true peptide, but a cousin is the LDN. Yeah. Yeah.

Yeah. That, is that the low dose naltrexone or is that an attack zone or RG three, which is the synapse and which is

a form of ginseng is actually amazing for headaches, especially if it's like an autoimmune neurological headache.

People. Interesting because the brain is so excited that it helps to kind of calm down the, the hyper hyper excitability, the excess excitability in the brain.

Yeah, it could be hyper hyper excitable for sure. So let's pull back from headaches a little better and look at a bigger bucket of brain health overall.

And talking about, you know, where do you see peptides coming in for brain health? And you've mentioned a bunch of them now. And maybe what? We can take this opportunity to talk a little bit about a few of like, you know, we've got the cerebral license, the sea legs, the Cmax, I mean BPC 157, as you mentioned, like it keeps popping up in places because it does actually have benefits on the brain for the brain.

It's interesting on the La Raza tide, but let's, you know, the traditional brain peptides that people talk about would be the cerebral licensee like C Max and, and even the, the bi regulators like cortex in.

Yes. So whatever, you may just kind of explain them away. So, so let's let's talk about cerebral lyson. Where does it fit into the whole picture. Because it's it's a heavy hitter for sure.

And like you said, it's a little harder to get. Well it's a lot harder to join. But maybe let's explain to people what it is, where it comes from. Yeah.

That's, it's derived from pigs. So if you're vegetarian or kosher, that's. I've actually had to kill patients. You just can't do it for ethical reasons.

So I always tell people that, it has multiple different neurotrophic factors. It has and they have like they have funny and cool names the same times, like the Sonic the Hedgehog neuropeptide and like, this, this Bdnf neurotrophic that I think narrative, a peptide does all these small neuropeptides to help, the, the, the, my now, my, I need some right now.

We help with the synapses work. It helps the brain remodel itself. It helps with the inflammation. It actually works on some of them that we're going to do.

We talk about all brain, a lot of brain issues in general called the microglia, which are like the garbage collectors of the brain, which is getting a lot more attention in things like Alzheimer's and Parkinson's.

But now it's even leading in just into headaches and brain fog and memory loss and hormonal and, perimenopause and menopausal issues, so that if you can get something that can target most of those, any type of peptides, if you can check off seven and 4 or 5, six boxes of one peptide, that's great.

So was that I've seen it's also where people ask with this three buckets with it. It's either a the, the quote unquote biohacker who once has 11 and a ten brain.

Then you have patients who are using it for things like Lyme or long Covid, and Ms.. For you have used it for or we've there's actually some studies that show that it helps with Alzheimer's and some other neurodegenerative issues.

And we've actually now use it for patients who have, like disc issues and have, we call them radicular pain. Pain coming from that nerve, like from their neck or their lower back.

And it's actually helped there as well. But it doesn't apply to, brain health specifically. So that means. Oh, except yeah, except that the brain is made up of, you know, like the nervous system.

Right? Because I've heard of and I don't know if you do this in your practice or if you've, you've guided people this way, but I've heard of, certain practitioners doing a hydro dissection of damaged nerves with the cerebral license

that can be really provide really dramatic results.

I don't do I refer I use people who do that all the time. That's. Yeah. If you're having those type of procedure and you want to work with somebody who's doing an ultrasound and, and does it every day because, yes, that's I know what I don't want to do.

And yeah, again, we mentioned Ivy is much more, viable. You want to titrate the dose? Usually over four weeks and usually 5 to 7 days is the book protocol.

A lot of people can't do that. Can't spend five out of seven days getting an IV. So we try to compromise there somehow. Sometimes there is a dose where you can inject in intramuscularly.

I've seen patients say it's great of other patients say it does nothing. Yeah. And I was great with tribulation. Like I mentioned, a lot of the peptides is you're going to feel it in the first couple of days.

I mean, I've had patients leave the office after their first treatment, usually in combo, maybe one of the thing. And they either have more their cognitions better, their brain fog is better their memory.

It's really a maze. It's one of the peptides where you get the moment right away. Yeah. If you have a deficit though, right? I mean like, do you like, what about your your optimization person.

Like I do they always feel it. Or do you find that sometimes people are I mean I'm personally I was kind of mad. Like I didn't feel much. I say most it's like my cheesy analogy for all this stuff.

Like even again, any peptide, any do whatever it happens to be. If your gas tank is 99% full, it's or it's not going to do. Yes, you're not going to have a funnel.

It doesn't mean it's not doing anything. Yeah. And it's and that's you have to try. Not everything works for everybody again. Everybody. I think that's the one caveat in terms I love peptides.

But peptides aren't. Again, I used to get asked that question every day. Which peptide sometimes peptides aren't for you or what you specifically need.

Yeah. And that's one of those examples. So yeah. So let's okay. So that's the revelation, which is basically a cocktail from the it's an extract from pig's brain.

So it's not it I think you can't talk about it as a peptide. It's actually a whole collection of compounds and peptides that work together. Right. Like it's it's a lot of different pieces in this puzzle.

And peptides there's like neuro neuroprotective. There's all these different peptides in there that work together to do multiple functions to help heal the brain, the nervous system.

Yeah. Okay. Fabulous. So let's what would be your number two option in the brain space. And obviously it's going to depend on what you're doing with. But you can you can take an application or I can pick one and you can riff on that.

Is that nice to pick on. Let's let's spin the wheel here. Let's talk about C max. Let's do C max and see like yeah. So C max is I mean both the c max and C linker kind of I call them the their cousins work.

Brain Peptides for Cognition and Neuroprotection

They both work on the chemicals in the brain. They both help with BD and they can help with inflammation in the brain. There might be the more anxiety meds to help with anxiety.

They're they do help. Because oxidative stress a little bit I will use them usually as add ons unless we're working

primarily on more mood issues. They are not as much of my favorites for brain health specifically.

Like I said, I'll usually do like if I'm doing, if I'm doing replacement hacks, or even like, I know when we, I mentioned something called and like snacks, I've become more and more a fan of for brain health.

Yeah. I they work really well. I, they tend to be like three times a week. I've had patients I find is very brand specific. Another one that's hard to get now is, where I see a lot of patient patients don't get a huge boost with it unless it's a, like a combo.

I've used the the brands that have the C max in the ceiling together and that's in there. I finally get a much bigger benefit. Unfortunately, the patients I tend to see are have been there, done that and bought the book already.

So they've tried a lot of the basic sets I used. I have to bring up more of the sledgehammers. I like it, just didn't want to do injections. It's great because it's the nasal spray.

It it does have a little bit. Again, how's the mood. Helps a little bit with cognitive function. It's not a homerun. It's a it's a nice again it's a nice it's a nice add on for me.

But do you Max and see like but I and when people use it more for mood issues or, and, or if there's a gut or gut neurotransmitter issue, then they I've seen it.

They've been much better. Or if there's an inflammatory pain issue, sometimes they do help as well again, as an entitlement. So yeah, like I said, it's a nice I find a nice add on.

I know there's people who love those two. I can maybe I just have never seen huge gains with it. I, I've seen it again. Is if someone's like a 1 or 2, they're really good for just coming the brain down. Yeah.

And again increasing again to the just doing the Bdnf and neuroplasticity. That may be enough to get them going. But I think partially maybe they're getting the clientele, I tend to say, or just beyond that at this point.

Right. So all right, so you brought up de Hexo a few times. Let's talk about that, because that one's a really interesting peptide. I know that, I didn't I ran it, I had an interview with the doctor years ago, and she talked about how when she prescribes de hacks said to her patients, she the condition that she will do it under is that they commit to her, that they're going to learn something new.

Because the way that she positioned it is she felt like De Hexa. It's kind of like, you know, the expression we've all heard is it's like Miracle-Gro for your brain.

So but if you if you just add Miracle-Gro and you don't make some demands of the brain, it's not it's not necessarily going to grow. So what are your thoughts on that.

Like how do you how do you use De Hexa and what are the use case scenarios you feel for it? I used to hack serve more and my neurodegenerative patients, Alzheimer's, Parkinson's, concussion, brain trauma.

But again, because it does have these had you kind of hit on the head the miracle gro neuroplasticity works on angiotensin to those effects. I find it's it does help.

I find that I'm probably 5050 if I seen the Miracle-Gro effect on some patients, but I've definitely seen improvement. But I, I tell patients maybe a little bit slower than in some other, peptides.

But I do find patients improve their cognition. Their brain fog will go away. There's pills and creams. The, the cream works better. I mean, this in personal experience in the pills.

This is my experience. But they do both work, and I usually do that either with circulation or adding like a C max or C length for my patients, and then I and then adding a technology in like a ride later.

Hyperbaric I think is a really great combo. When you're doing any type of brain pathology, it's usually picking again, fixing the lab or taking the right peptides, the right lifestyle changes, and then also now adding in some technology that's out there, usually as a perfect combo.

It has just more peptides, more peptides, more peptides, but they're a great piece to almost any brain treatments. Yeah. So tons and I usually have pages on it for 2 or 3 months.

I usually find by three months we get what we're going to get out of it at this point. I've had 1 or 2 pages on for four months. I do have I mean, I actually have, I think now I think I do have like three patients, like executors, entrepreneur types who do like it in terms of that, like nootropic effect.

I think those people are burning. I think you notice that more if you have deficiencies, like you're burning the candle three ends or just, some type of toxin exposure, but they do like it that way.

Yeah, that's really interesting. But even with the neurodegenerative patients, like, do, would there not be an argument that says you would I mean, I guess maybe would you cycle off and cycle back on again because, you know, whether it's Alzheimer's or Parkinson's disease, like you're or dementia or any, you know, whatever those, those, those issues are, we're not I don't imagine you're going to fix the problem and be able to step away and go, okay, you're good enough. Thanks.

Do do you find that you cycle back or you cycle through different things for those people or. Yes, we definitely cycle back. And and then we kind of keep track and say, okay, so we take from this worked here for you, this work here.

Let's now go back and and put those pieces back together again. I definitely I tell people a lot of the peptides are just kind of like, I hate to waste, but it works is it's kind of a motion for low back then you're back.

You took motion for your back for two months. Your back feels better then. Great. Well, we have to come back to in six months or a year if the pain comes back again.

Yeah, exactly the same with their generation. But again, if only the brain fog is left in the day. HEXO works for that. Then we'll go back to the day hacks and do it.

That. But I always pick with peptides. I tend to 99.90% of the time. I do 3 or 4 months and that's it. I usually will switch or something else just so they don't.

The receptors don't get, fatigued and you get very minimal response and you may never get the same bang for the buck again. But I definitely do come back to stuff.

Yeah. No, that's that's super interesting. Okay, so we did cerebral mice in our pig's brain soup. We've talked about De Hexa, which is Miracle Gro for your brain.

We talked about C I can see C max and C link. That kind of sound to me. Like they're the, the helpers. They come along, they don't often do the heavy lifting on their own.

What what else do you find is really beneficial when you're, when you're how about when how would this what we've talked about people neurodegenerative disease.

What about your people who are looking to squeeze every little bit of performance out of their brain. So they're they're in pretty good shape. Their brains working.

But they want they want more. They want more juice. Do you do you have some if they want more juice, there's a lot of different combos, which is great.

Is that like I said, I'll either have that depending on again everything depends on logistics. And so either they'll be doing some cerebro intramuscular intramuscularly or we tried di Hexa.

I will usually mix that in that that kid again I'll try the C max the same length with them or and then I'll try to think. And then we're using an add in.

I tend to use it. The simply is that they're on most pages or on BBC initially for something else. So I tend to add that in is kind of just as a nice to just work on the neurotransmitters. It does a little bit for growth hormone.

So it does help the brain enough as a kind of a nice third piece to it. Yeah. If they're more and so that's kind of in a if they're doing well overall.

Again I love again, it's a, it's a true peptide, but not in the same vein. I mean the GOP ones are the best I've seen. I'll talk about those because, you know, people are obsessed with GLP ones obviously for fat loss.

But I think the some of the most interesting conversations around GLP ones is not about fat loss. It's about some of the other benefits or, you know, the benefits for the brain.

Do you want to lean into that a little bit for people? And you know, what we're finding is and we're getting close to the sweet spot is we know that it again, we there's been Alzheimer's studies, but we also know that it helps to bring utilization of glucose.

We know that, again may heal the partially heal the blood brain barrier. It works on microglia. Everything we've talked about and everything else in one.

Plus it is it's anti-inflammatory me and do so I did a lot of great things for the brain. The question is going to be how well do the newer ones get into the brain?

And right now they actually it's kind of interesting. The older school ones, like liraglutide and or actually we'll get into the to the blood brain barrier better than like Ozempic or Mozambique's okay.

That's the one they're doing some of the studies with now. But like Munger and Zepp and and even Rita Chew tide don't penetrate as well. Really. And is that because they're a bigger molecule or.

Partially, yes. Because they do do more things. It has to. Yeah. So that's, that's the thought process of that one. Now they're playing with things like ultrasound in the brain and some other tools and things you may be able to do.

Evie, once they put the perfect soup together, I think that's it's going to be an amazing game changer for patients. Because there are a lot of GLP, you know, kind of what people realize is that, yes, it's not it's kind of hormones.

Is hormone receptors everywhere in the GOP one receptors everywhere. It's not just the gut for weight loss and everything else. So, and just again, those effects are just amazing.

So I found that microdosing the GOP ones have just produced incredible cognition. Their brain fog would partially go away, if not completely, depending on how many different causes there are.

So it's kind of jumped a lot of the other peptides, to be honest, in my book, it's actually in some cases cheaper than the peptides, easy to get in the peptide.

So but and it is a peptide, it's just not, it's not kind of group in the same category. Not a brain peptide per se. Yes.

GLP-1s, Bio Regulators, and Emerging Options

And so are you thinking that with the GLP ones that first I have a couple of questions for you. Number one, when you say Microdose, what are you talking about?

Because I you know, when you people use the word microdose very freely, for some people it's the starting dose. For other people, it's they'll take a little tiny dose, but they'll do it every single day, not realizing that this stuff is

building up in their body.

Like where where does your where is your thinking on the microdosing? I do one of two ways. And that's even is that either I patients who will take the starting dose like every 2 to 3 weeks, my, my patients where they will go down to a half or a quarter of the dose like once a week.

I have one patient does it twice a week. Yeah. And I mean, again, I keep saying I have my patients are very self aware and very proactive. So it's kind of luckily it's kind of self evident.

I say go to the dose where you if you're looking for the the brain boost and you feel the brain boost at half the dose that that's will stay. It's pretty again, something that's evident.

It's not something you have to wait for lab work to come back on and say, hey, I, I rather for whatever reason, I like to do it. What they do once again, one time every three weeks, and then it lasts for they see how long it goes for.

And then once you find that sweet spot, we do it. So sometimes it's yeah, just kind of playing a game initially to figure out where that sweet spot is.

And then that's it. One thing I didn't mention, just kind of throw out there in the middle here is what I tend to also do. A lot of these patients now is, as you know, probably more than anybody, but the the growth of bio regulators, what I may do is have them do two or 3 or 4 months of the peptide and then to avoid the tech, flex the fatigue or the receptor fatigue.

Then I'll throw in the bio regulators for 1 to 3 months paid to my dose. This month is my kind of my sweet spot, and it's such a nice little. They're not as strong in some cases, but they some they just fill in so well and they work well and they're a pill.

And in most people it can be injectable. I believe it is a pill at this point to keep it simple. So I also think the pill gives you more than just the bio regulator.

I think what's interesting about, I mean, depending on what you're using, but if it's the natural bio regulator, I think that you're getting more than just the amino acid sequence in there.

And, and, so it's kind of like more of a holistic effect. And I think that's a really interesting strategy. Right. Because it's kind of like I see it almost like working on the infrastructure.

And then and then you've got your peptides that are kind of hitting different receptors doing different things. But I wanted to go back to the GLP one for a second for the brain or you know, when when you're using it in a brain setting, the are you are you dealing or are you are you looking to the GLP one as an anti-inflammatory or as a fuel source for the as improving fuel access for the brain cells or a little bit of both kind of thing?

I'm pretty much looking for it to do everything because you the other thing. Yeah. Well, primarily as I've learned, is usually unfortunately and and if I'm dealing with somebody who has pathology, if somebody has brain fog or concussion, all the systems are kind of we know all systems are kind of connected in a lot of ways.

If it's information that damage the mitochondria, it's it's it's close. And then it just kind of goes down the rabbit hole. So you want again, one thing is going to fix all five of those.

Awesome. If I'm dealing with, again or again, if I'm just deal with somebody who's just trying to optimize, we're just looking for that beneficial effect. It's, those are they're going to be lower and much easier to kind of fine tune.

Nice. Okay. So, okay, so back to the bio regulators. You had mentioned protection, which is the actually protection I think is the synthetic. Or are you using the synthetic at that point or are using the I honestly, I'll admit I use so many different products again, in terms of bio regulators, I don't there's just now that companies have brain bio regulated. There's all these different names.

I know that well. The nomenclature on by regulators is a bit of a nightmare. It's it's yeah, it used to be just there's the three forms side of it whatever.

And now it's just gone haywire. And I and all the different companies patients don't understand what they are because of the Russian derivatives. And now they become very brain adrenal, whatever.

So but so I, I don't use them. I try to use natural as much as I can, against them. Unfortunately, turning in the US a little bit harder than some other places now.

It's more expensive. But I do prefer the natural ones. Yeah, I cortex I, I did manage to get to. I do like is there are some places you can get an injection for I, I find it a little bit stronger for some of my really sick patients.

Otherwise I'm doing any type of brain. I'll try to either have them do the natural form, that if they, I'll have to have some form of epithelium and again, which in terms of the peptide or in terms of the bio regulators.

Yeah. Yeah. Well, I mean, a pedal on would be your synthetic and then and diluted. I mean, it is the nomenclature on the bio regulators is is truly a bit of a nightmare.

And it just says Andalou you need a chart. You need a chart. And like you sometimes it's I think the natural, the true naturals that are actually the extracts from the animal tissues is where, you know, because there's you will only find something like velum villain, which is, an immune peptide.

You'll only find it synthetically because I think it's part of the whole famous peptide famous bio regulator concoction, if you will. So it's almost like they they would have they would have extracted like the same engine, the villain, like all these different little, amino acid sequences.

And so when you take the natural extract from the thymus, find, you get them all. Otherwise when you go to the synthetic, you almost are picking which ones.

So it's, it's, it just adds more fun to the, to the dance, as it were. And I think, you know, the thing that you've brought up over and over again, and I think this is a really good point, is how independent this is individual.

This is from patient to patient. And and one other thing that you mentioned earlier was you, you talked about Lyme quickly. You'd like you just kind of brought up Lyme and mold like this is a patient population.

I think that you deal with quite a lot. Are you finding are you finding that the peptides are helpful there, like in the end, is it just the brain peptides, or are you finding that there's other peptides that really kind of come in to the to the to the picture?

No. Well, I think again, that's just like I said, all the peptides have multiple functions. Kind of unlike the by a regular. There's a certain extent.

So if I'm using L 37 as a for a for Lyme patient or even like a Sibo patient or sometimes for other viral illnesses as well. Yeah, that has a little spotty has a little brain actually.

It mostly is anti-reflective. It also may help the gut a little bit if I'm using like from old patient, using something like a VIP that also is a some people use it as a topic.

It's not my favorite. My analogy for that with patients like a 17 year old driving a Ferrari, it's very powerful. I'm not sure exactly where it's going to go sometimes.

So it's got published social media. I again, I kind of keep that in my backpack with the patients I kind of trust the most because again, I can it's something that like BBC produced A to B, VIP, not as much.

So and then again Cfpb also may help the brand to its because of the way it works in terms of the message and all

that, other than the receptors in the brain and so on, the toll receptors, I could do a whole we could do a whole little biology picture next to the bio regulator picture, and really freak people out.

Yeah. So like, Jacob is one of the big unsung heroes. It's it's, because it's so anti-inflammatory. It may even have a little bit of antimicrobial to it. And, and when you're talking about the brain, neuroinflammation is such a big deal.

And, you know, again, clinically if you if you're seeing it help it all. It might be doing something whether it's systemic inflammation is going down or, you know, as a three amino acid peptide, is it possible that it's getting to the brain, like what do you think about that with Cfpb?

I think so it I mean, I would say I agree with you completely with I wish we knew yeah, that's the next step with peptides. Hope we can get some more detailed studies in the short term here.

But I would probably say based on between the size and what I've seen clinically, I would say yes. I think the caution to the consumer is resist the temptation to shop for the cheapest product you can get your hands on because you don't know, you don't necessarily have to look for the most expensive.

That's not to say that there's not some fairly affordable product that's good quality out there, but if you're buying something for $10 a vial, then buyer beware because there's zero clue what's in there.

Yeah, it's it's two things. It's kind of become all three things I hear all the same time. Now again, things have changed as a people again don't want to see the doctor.

I don't pay for a doctor because I can do this on my own. I watched a video on YouTube or whatever. Some. And then two is and again, I I've seen more of this in the last month than I've ever thought I would.

I people coming to me from ChatGPT or perplexity saying it told me these are the peptides I should take for A, B or C, and I want these peptides at this dose and that and ChatGPT can tell me the capital of Missouri, but it's not really good with peptide yet.

It's a just plug whatever is the first thing on, on social on the Google. And it's like, oh my, it's and then they just go to or they go to some site and then they just buy ChatGPT is better than the doctor or health care provider.

So I think the rabbit hole is going to get deeper I think, before it gets a little better. Yeah. So yeah. So I think if we if you had advice for the audience, what would it be?

I mean, you know, like I mean, I've literally seen a video on Instagram of an influencer with their, their daily peptide cocktail holding up their little vials and injecting themselves on video, which on Instagram, which somehow, I don't know why that just made my hair curl and straighten and stand up on my head.

And I just thought, wow, where are we going with this? So, so what did I mean? You know, I think that, you know, maybe there's a way that there's this world where getting at least some understanding of where you're going with from chatty beauty and perplexity.

So you can ask good questions of your physician might be not the worst idea, but I think the the idea that they can replace your physician, maybe where it's all a bit flawed.

For now. Yes. I mean, they change. Yeah, there's a lot of stuff coming down the pipe, but right now, again, this is, as you said, it's very individual, very nuanced.

And like you said, I mean, it just right now, which is not good at it. And it's it's kind of like I tell it's like the why should they say, why should we see you over again?

Some Joe Schmo, it's charging $20 and it's like it's like it's like cooking a recipe. I know what's what to make something tastes good. The other person is just reading off a book and whatever, and then you not.

Like you said, if something is a third or a 10th of the price of what everybody else is charging you, there's probably a reason for it. The the math doesn't math there.

Yeah, yeah. No, 100%. Okay. So is there anything in the, in the space of peptides that people might use for the brain that you think is overhyped, overhyped?

What do you do? You have a pet peeve in there that people are always like, I'm running around with this thing and you're like, oh, please, just stop it.

It just doesn't feel like I have not seen the results. I kind of, I kind of hit on it. I mean, I think, I think VIP is one is a nootropic. Yeah. It's great. I find it great for them all.

They've done appropriately and all the, the protocols are done.

Peptide Safety, Quality, and Overhyped Trends

I mean things like Mark on testing and making sure I've seen different packers are okay before you do it, it's on them. You should buy off the shelf. And they're having a pet again.

I think everybody in their mother has a C maxi length peptide out there. Now I just again, I don't I don't I mean you may have seen different I don't see patients say it's like compared to a lot of the other peptides which are like moments.

Not as much. For, for a patients. And I think they get overhyped to me a little bit. Yeah. Those are the one that I would say are kind of, I think all the other ones I, we kind of went through or work when they do what they're supposed to do.

So those, those are the three I would say are kind of, overhyped a little bit. Yeah. Well, I think on the VIP side, what you said earlier, you have to be careful with that one, right?

Like you, you you you you go too high on VIP and it can take your blood pressure like it and it can, it can, it can it won't necessarily kill you, but it could, it could be a scary little while.

But the C max in the lysine, like, I mean, what I've seen is sometimes it just really hits the mark for people and other times you get people walking away going, oh, and yeah, it was fine.

It didn't. They're not raving about it. So what about, what about anything that's emerging or underrated in the peptide space? Right now? Right now I mentioned a few I think I'm lexicons are starting to, at least in the doctor community is starting to get I this one because we're starting to see one.

It's an inexpensive to attack. Sure. Unfortunately it helps weight loss which is become the huge buzz. It's a nice add on or for people to come up, the GOP ones, but it's also worse on NF kappa uses anti-inflammatory chemical in the body, and histamine has kind of gained a lot of traction in terms in the health space.

And it's it plays with mast cell issues. And we're seeing that with Lyme or Covid long Covid or even EBV, which is mono, we're seeing a lot of patients that have who have a problem with it too much, can't break it down some combo of all the above.

And Lex Knox has all that very minimal side effects to it. It's a pill which people like. The only downside is you may have take up to three times a day, which then everybody everybody's going to do.

But that I think that one is starting to kind of gain a little bit of traction. Again, KB is still kind of the other one that people don't talk about as much.

It's kind of the little brother, the BPC. And it's because it's same kind of it's, it's a little harder to get sometimes. So I

mean, I loved it. When was it easy to get an injection?

It was amazing. I mean, it's great for anything from joints to Sibo to brain. It's again, it was a one size fits all. The other one I kind of mentioned really briefly is the rise of Tide, which is some evidence in terms of as being anti-infective, anti like antibacterial as well as brain healing.

And we know it heals the gut. So there's a couple that are coming up and then so I think those are kind of the ones that we're going to hear more and more about as as time goes on.

Is an Lexa Knox a peptide? It's a repurposed drug, isn't it. Like it depends where you're getting it from. It's. Yeah, okay. It depends where you get it from and how it's formulated.

Right. And so for for K-p-d, it's a three amino acid peptide. So it's a it's a tiny guy. How are you finding it. Are you finding that it's it does the trick taken orally or are you still much more of a of a injection guy on that one?

No. I found a couple of oral brands that work really well. Yes, there's definitely some good oral brands out there now. I mean, brands are not, but there's a good of brands out there.

They're all over the world now, which is that's a one good thing if you can't, no matter where, who, where you're listening to, this is, if if you're in Australia, in the US or wherever, Europe, wherever you are, you can most because you get access to oral peptides.

The the injection stuff is a whole nother conversation. So, the K-beauty oils have definitely come up, at least from what I've seen in the last 2 or 3 years.

Yeah. I mean, I think the exception to that is BPC, at least in Australia, they took a very hard stance. Oh, really? I didn't know. Yeah, like BPC oral injectable like any BPC, the, the, the consequences are fairly dire in Australia.

But but the oral the oral peptides actually that's another interesting question for you is, you know, do you think that that the oral peptides somehow are safer than the injectables because there's quite a lot of good brands.

I mean, all the peptides aren't available. Bali obviously, but you know, there's there's a couple of brands. There's one in particular that combines BPC, La Raza, tide, KP it's got GCC in there, a glutamate like it's got a really powerful gut healing stack.

No, I'm very familiar with I use that product for patients. So is it safer I would say yeah. The answer is it's definitely safer. And I tell patients, you know, I'll try to get the acid.

How much weaker is is in the injection. It's we don't nobody knows for sure. I just have just kind of base my clinical experience depending on what we're trying to treat.

But, I mean, I had a patient who tried to, who had a rotator cuff tear who maybe two years ago, I was injecting, doing an IV, and now I give them the oral.

And six weeks later, he's back in the gym doing his personal record.

Personal Brain Health Routine and Closing

So, hitting with a partially oral? Yeah. Big, big. He's a high level athlete. I'm like, Okay, I need to reconsider these guys a little bit, but yeah. Again, it was just missing.

I'm sorry, was it just BPC? Sorry. He did BPC and an oral thymus and beta for TB. Frag the fragments. Yeah. And and it worked very well for him again.

Back again. He's I was amazed they said that was one of my moments. I'm like okay I got to reconsider some of

this stuff. Which is the fun part is something always kind of will change your mind or you hear something at a lecture or something.

So yeah, no, I think that is the fun part about peptides, right? Every time you think you know what you know, then all of a sudden you hear something else, or you or in your case, like, I mean, how amazing is that that you're like, okay, well, I don't think this is going to do much.

But now the client's like, well, I want to do this, you know, like, all right. And then next thing you know, you've seen something happen that, that, that changes challenges anyway.

Exactly. And you have to be open. You can't think you know everything. Otherwise it's not going. It's your turn. Yeah, exactly. All right, so let's talk about as we're closing up here.

Let's just talk about do you, do you have like a brain health protocol of your own. Like do you, do you have a brain health? Kind of because we we talk we started off talking about brain.

We kind of wandered off into it's a little bit, but do you have a brain health protocol that you like for yourself, for your for your patients? I do, yeah, I do.

I mean, I, I, I'll admit is I have a two year old who likes to be up at 5:00 every morning is like a human alarm clock. So it's affected my brain a little bit. So we've been working on it.

So, I mean, I tend to do I'll do serverless and I'll try to do is a stack like every six months or so at least. But over my daily. So I'll use that. I love, doing either Penny Lane, which we're going to talk about a Rapid Allen, which are kind of hybrid, as we said, bitten by a regulators or where we want to call them at this point, not by regulators.

Yeah. And then I think I get a big benefit from VPC. I've had parts of that me because I've had my headaches and I've had a couple concussions from sports.

So that may be why we're specifically for me. Yeah. And and then I love hyper. I've done hyperbaric, which I think is the most amazing thing ever again.

That's a question where you are. And two things I love are methylene blue, which I'll do kind of intermittently when it's just when I'm bad, but I don't do it in like every day.

And I love exogenous ketones. For me, they're amazing. Again, partially because there are a lot of really anti-inflammatory. Yeah. So I and I and I've found patients either one of those things that they love and they think is the best thing ever made.

And they have more brain energy like for the biohackers or that does absolutely nothing. Yeah. So what are the key tools that you use in? Because there's a lot of different products out there.

You want to look at it in the name the names or okay, I don't know, I I like either ketone aid or kinetic or the two that I find I really have some data or are better than the rest.

I mean, no ketones taste amazing if you've ever tasted them, but they work. I was going through a lot that they're not going to work for you. You. You'll notice that's the thing.

I think the cool thing about ketones is if they're the thing that you need, you will know that when you when you use it, definitely. Exactly. Yeah. Amazing.

So so you're an early to bed guy at this point. Hey, everyone has a theory. Yeah. Trying to get everything done. Yeah, but it's. I've tried to. Okay, well, Doctor Paulvin and this has been really fascinating and fabulous is there anything else you wanted to hit on before we call it a day night, day interview?

Oh, yeah. You. I think we hit on everything. And, we were in terms of the brain now for peptides. Yeah. Okay, cool. So where can people find you and learn more about you and what you do?

And you're in you're in new Jersey or in New York? Sorry. You're in one of those places. I mean, I'm based in Manhattan. Brick and mortar. I treat patients all over the country and best places either on Instagram is under Doctor Paulvin, or the website is doctorpaulvin.com.

So those are the two easiest places for people to reach out and find me. Nice. Keep it simple. Thank you so much, Doctor Paulvin. This has been great and, I'm so happy that we finally got to chat.

Me too.