Peptides: What They Are and Why They Matter

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And so I do want to just kind of be clear that. These are, they're making a big change in your body and it's telling the body to do something and the body by gosh is gonna do it.

So this is the kind of thing that really having oversight helps. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making health care about people, not just managing disease.

It's time to rethink what health care should be and how we can make it better together. Welcome to the fight gas. Welcome back you guys to My MD Unscripted.

I'm your host, Dr. Clint Carter. And today is a solo pod, meaning you guys are stuck with me. No guests today, but I've been asked what the heck are peptides enough times in clinic in the last few weeks and months that I thought it was time to just sit down and talk about it and get it there.

Unfortunately. It's really a two episode conversation. So today we're going to start with an overview and we're going to get into a couple of the big ones.

And then next week we'll finish up with more of a well-rounded view of some of the peptide options that are out there and what their benefits and all of that are, clinical use and all that stuff.

So welcome into the podcast. Let's get going. You know, Anytime social media or, you know, you get too many people at the gym or at the water cooler at work, start talking about a wellness, you know, trend.

It's like, is this a fad or is this here to stay? Right? Cause everybody's talking about it. So are these things are peptides, the future of medicine or just another buzzword to make people sound cool.

So I am going to get into what a peptide is. And what that means and let's go. So ultimately I make a living because people come to me with feeling worse than they want to feel.

And their primary care doctor says that my labs are normal. So I guess I'm just getting old, right? Like we've, we've heard that a gazillion times on this podcast with all of our guests.

It's such a common theme with. functional medicine and wellness in general, and peptides have slipped soundly into the space of optimization, of helping you be healthier, feel healthier.

And so what the heck is a peptide? So a peptide. is just a protein, a small protein. So proteins are made of amino acids and then amino acids can make proteins that are hundreds, probably thousands of amino acids long or super short.

And so peptides are by definition 40 or fewer amino acids. So they're small. proteins and oftentimes they're a part

of a larger protein, but it's the way, the way your body works is this.

GLP-1 Weight Loss Peptides and Side Effects

You're, you know, everybody's got their specific DNA and then their DNA makes RNA. which goes to the ribosome and makes proteins. It takes amino acids and puts them together in a certain order and then those amino acids turn into the super long chain that we call a protein.

But really what happens after that is the long chain of amino acids doesn't stay straight. It folds up on itself and makes this three-dimensional figure with Only a few of the amino acids sticking out over here and a few of the amino acids sticking out over there.

And oftentimes those are the part of the protein that do something. So DNA makes RNA, which makes proteins, which do things in your body. It's either a receptor or a signaler or, you know, it's a hormone.

It's either. telling the body to do something, telling the body to not do something, switching something on, switching something off. And that's why it's so important.

When we talk about genetics, we talk about epigenetics, which means, yeah, you've got your genetic code and that doesn't change. But which genes are turned on and which genes are turned off and when are they turned on and when are they turned off matter because that's when those proteins are made.

And if you want something in your body to work right, then you want that gene turned on to turn that, to make that protein, which does something that does that thing or You want that gene turned on to make that protein to turn that function off.

Like, so the body works both ways. And what happened over time is we've thought, man, wouldn't it be great if we had more of this or more of that protein?

Then we would get this result or that result. We'd start doing this. We'd stop doing that. And that's really kind of where this all took shape. The most famous protein peptide.

that's used as a medication are the GLP-1s, the weight loss shots. So Big Pharma got to it first and made it a big deal. But when you eat, your body releases something very much like semiglutide and tear's epitide, which are proteins, peptides, that go and tell your brain that you're full.

Go and tell your GI tract, hey, slow down a minute so that we can absorb this. Tells your liver, hey, make a little less sugar. Let's ramp up the metabolism.

Let's make that insulin receptor a little more sensitive because the sugar is coming. That's how the body works. With the standard American diet, acronym is SAD, we have just out eaten that natural function.

And so one of the things that Big Pharma figured out is you can give the body that protein or the section of that protein that does the signaling called the peptide.

And it does a thing and it's been wildly successful and has opened up this whole, you know, peptides were a thing before that, but they're really a thing now.

So let's really. kind of start diving in. Peptides are going to, oftentimes they're going to signal the body to do something that you want it to do or stop doing something you don't want it to do.

Or think of it like this, hormones, testosterone, estrogen, they, they are, you know, thyroid hormone, all the hormones. They're sort of like broadcasting and announcements over the radio station to the whole body equally.

Whereas. Peptides are more like a targeted text message to a certain part of the body to do a certain thing. And so

we're able to get, while you need your hormones balanced, peptides are a good addition to that to tweak and to sort of fine tune how your body's doing for optimization purposes, to turn this off, to turn that on.

It's a powerful tool. for a clinician, for your doctor provider to use to help optimize you. They're not steroids, certainly not. Big Pharma's tools otherwise are, you know, they make these.

medicines to block receptors and to just try to undo what the body's doing. Well, this is more of a way to turn the body on to start doing what it should be doing.

And of course, turn off what we don't want it to do, but in a way that the body would do that on its own. So this isn't an outside foreign chemical, you know, it's, it's.

a protein that your body makes anyway or something very, very, very similar to do something that your body wants and would do if it had the right signal.

So I think one thing that's gotten a little bit loose is that peptides in, you know, around the water cooler sound like supplements, sound like Go to GNC, get your amino acids, you know, and drink those when you work out, type of, you know, certainly can't do any harm, certainly different than taking a medicine, right?

And so I do want to just kind of be clear that these are, they're making a big change in your body and it's telling the body to do something and the body by gosh is going to do it.

So this is the kind of thing that. really having oversight helps. It really matters. There are ways to get, just like you can go to, you know, guys go to the gym and get antibiotic steroids or even just testosterone without a physician and they just find a dose that feels good and they crank it up and then they their buddies tell them to take this other pill to crank down their estrogen and they all hope it works out well or they take HGH illegally and ultimately bad things happen because there's consequences to those kinds of medications and those kinds of drugs and certainly without oversight and without checking labs and without following up.

And so, you know, the FDA has approved obviously some peptides. They've approved the GLP-1s with Ozempic and Manjaro and those guys. Those are FDA approved big pharma medications, even though they're also peptides.

Most of the peptides are being compounded and made by compound pharmacies without a big pharma brand and without a direct to consumer commercial on TV.

And then there's some that are. still early on in the research phase. And so you'll start hearing, you know, once the normal peptides that are sort of available right now have been talked about, the next cool step is to talk about the research only peptides.

Oh yeah, but such and such is coming and such and such is coming. And I think the assumption is that of course it's going to work. And of course it's not going to have any negative effects.

So I want to be the first to try it. And I think, you know, here at Miami Dyslexic, we do not mess around with research grade peptides. First of all, I want to know what good it can do.

I want to know what the outcomes are going to be. And I want to know what the side effects could be. And I want to be the expert on how to avoid the negatives and accentuate the positives anytime we do any kind of therapy, but especially something like an evolving area of medicine, like peptide therapies, there's plenty of research grade peptides being prescribed, if you will, to these research type facilities.

And, you know, the peptides are the research grade. So they're not monitored as closely. They're not intended for human consumption. So the FDA is not even really on it.

And so that I just would like to give a little word of caution as we sort of go into this conversation for the next two

weeks about peptides and what we are and are not talking about.

For starters, let's start with, today we'll hit on some metabolic peptides. So let's talk about the GLP-1s like semaglutide and tear-zep, technically tear-zepatides, you know, slightly different category, but let's just say GLP-1, it's easier.

So semaglutide, tear-zepatide, they are, so semaglutides brand is Ozempic. And, you know, there's weight loss versions of it, Zet-bound. And so they're known, but they're starting to get known as semaglutide, intusebitide, and a lot of these circles as well.

And so like we talked about, when you eat, your body releases these type of chemicals anyway, these type of peptides, these type of proteins to tell the body to slow the gut down.

It signals the brain that you're full. If you've ever been on semaglutide. And the way that we do it at our practice, when the trials were done with the branded drugs, they were for a week or two or three, we'll do this.

And then for a week or two or three, we automatically go up. And then a week later, we automatically go up. And that's not, I mean, they had to do something standardized for the trials.

And that's kind of what got FDA approved, but that's not the best way to use these things. I think common sense tells you that. Go slow, go up to a dose where you start to feel some effect and stop at that dose.

More is not better, especially if you're not the one making money on these things, like some of these drug companies. So the way that we work this thing is you start low dose and you start working your way up.

And then I remember when I was needed to lose about 25 pounds, I got on semaglutide and I was working my way up. And then one day I was just eating with friends, a normal size meal, and about halfway through the meal, I was done.

There's no way that my stomach was full based on the amount of food I ate, but I was Thanksgiving full, if you will. My brain had told my body that I was so full, I couldn't possibly get another bite in my stomach.

And it was one of those deals where we were like sharing food at this really yummy restaurant. And it was like, hey, try this and try this. There was more food to be eaten that I was excited about eating and normally would have liked to turn the semaglutide effect off for that meal, but it was not happening.

There was no way that extra bite was going into my mouth and it had nothing to do with. how full or stretched out my stomach was, but that's exactly the only way for me to describe it is I felt like my stomach was stretched like Thanksgiving full.

So it's a brain chemical first. It also tells your body that you're good and to turn off the cravings and to turn off thinking about food all the time.

And so for men that need to lose weight, this is great. For women, it's, you know, for some women who haven't thought about anything except what they're not eating since they were 12, you know, because the body puts all these other standards on women than they do on men.

And it's just not fair. And what I have found is that these peptides are. freedom to think about something else, to quit thinking about food. It's not as hard to, you just don't care about food as much.

You just don't care what you're eating, what you're not eating. You're full quickly. It also signals your intestines to slow it down a little bit so everything moves through a little slower.

And so this is kind of where we get into some of the side effects, right? Like, so this peptide is telling the body to change what it's doing. And if you give it too much peptide too fast, then you get negative effects.

So too much of this peptide makes you nauseated. Too much of this peptide slows the intestines down so much that you're constipated. I tell people that lean towards constipation at baseline that, all right, we're getting on this drug, but you're going to have to be proactive at not getting overly constipated.

This is where this is going to get you. Also, if your intestines are slowed down, things aren't moving through as fast, people with heartburn are going to get more heartburn.

Some people without heartburn are going to get some heartburn. We're actively, proactively talking about what it's going to take to stay ahead of that.

And the bonus is that you're eating less, but the negative is that it sits in your stomach a little bit longer than you might like. And so you end up with a little bit of that side effect of either reflux, heartburn, constipation, nausea.

When done right, 99% of my patients, I've got a few patients, there is not a dose they can tolerate and these peptides are not for them. Their body does, the body can't help but overreact to it.

And then those folks get pretty, you know, sad and frustrated because the rest of the world can just lose weight. But for 99% of the folks, if you start at a low enough dose and you increase your dose slow enough, We can usually get you to the spot where you're getting the effect you want without the side effects you don't.

Especially if we're proactive on things like constipation and that kind of thing, if it's an issue. I got some people that err on the side of diarrhea and this is a nice.

You know, all of a sudden they're having normal stools. As always, fiber, fluids, probiotics, gut health, those are all, you know, an important part of the way this works, but sort of some less obvious effects is somehow, some way these medications are anti-inflammatory, independent of Okay.

So they work metabolically. They tell your liver to make less sugar. They tell your insulin receptors to be more sensitive. So you need less insulin. So your sugar levels come down, which is why they were first used by big pharma for diabetic purposes.

But also it's just anti-inflammatory. Things that were inflamed and painful are a little less.

Protecting Muscle During Weight Loss

partially, maybe you're eating a little smarter and you're treating your gut a little better, but even sort of above that, above the diabetic benefits and the weight loss benefits, it's been shown, you know, semiglutats specifically, and some tears up at that I think, have been shown to be cardio-protective, right?

Heart-protective, independent of the weight loss and the diabetic changes and that kind of thing in all those studies. So it's just, It's actually working its way onto longevity protocols at clinics around this country for people who don't need to lose weight, but have heart risk and inflammatory problems.

And so it's been really fun. I think what we've learned along the way, because we've had semaglutide for, you know, I don't know, five years now, is that if you lose anyone who loses enough weight fast enough, you're going to lose a significant percentage of that weight is going to be muscle mass.

If you're not on hormone replacement and you're not working out and you're not doing resistance training and you're not purposely trying to conserve muscle, 30 to 40% of rapid weight loss is muscle loss because the body's just eating itself alive.

And that is not good. In case you were wondering, just losing weight on the scale isn't good enough. You need to know that you're losing fat and maintaining muscle.

So we have a device called the STIQ here that is body composition testing, right? It tells you what your fat

percentage is, what your muscle percentage is, your visceral fat.

And ours gives a 3D image of sort of an aesthetics version of you can measure specifically waist circumference, hip circumference, arms, legs. You know, it, it's not the most flattering picture you've ever seen, but what's fun is putting a before and after next to it or doing it.

We like every three months. Cause we also want to make sure that, especially as you start getting further and further into your weight loss journey, that you're not just at this point, eating muscle away.

And so it's super important. If you're a candidate for hormone replacement, hormone replacement is a big part of protecting your muscle, your brain, your bones from weight loss.

Protein in your diet as sort of the primary, you know, eat protein first and then you can fill in with carbs and whatnot after that. And then strength training for sure, for sure.

Resistance training is you know, the key to maintaining and hopefully building some muscle along the way. And muscle is the currency of longevity. We've said that several times on this show.

So that's just a big part of, you know, these peptides are used to help people get healthy. But if you lose too much weight too fast, you stay on the peptide at too high a dose for too long, you will eventually start eating that muscle weight and it starts counter, it starts making it less healthy.

So it kind of brings up the question, how long do you stay on a peptide like that? Well, some people are on it for a short term. They just needed their body to work with them.

They're already doing all the right things. They're already working out and they have a good diet and all that, but their body is fighting them at every turn.

And so this peptide helps the body, tells the body to work with you instead of against you. It gets you kind of to where your goal weight's going to be.

We've maintained muscle mass, this high metabolic tissue. And we can get you off of this peptide indefinitely, right? And you know, what we don't like are these yo-yo diets that turn into medication fad medical diets.

And I don't want you to get on a high dose, you know, GLP-1 type. medication and then not really change your lifestyle. Lose a lot of weight, a lot of which is muscle.

Get off it because you know, you've heard you shouldn't be on it for a long time. And then you just gain your weight back, but now you've got thinner bones and less muscle to deal with.

So you're ultimately significantly less healthy than you were before you started, right? That is not what we're trying to do. We want a slow, gradual, sustainable weight loss while making lifestyle modifications that matter, while protecting your muscle mass and strength.

And then we can wean slowly as we get there. And then a lot of us, like, so what we do at our house where Steph and I are not on a weight loss kick right now, we're just maintaining where we are.

We have a bottle in the fridge and about every two to three weeks I'll find myself in the pantry at 10 o'clock at night looking for carbohydrates. Man, my body's just craving something sweet.

And it's like, nope, nope, nope, nope, nope. Time to go and get a half dose, a half of my maximum dose on my semaglutide in the fridge. It's long since expired and does just fine.

And so we'll do that once every two to three weeks, maybe. And that just resets the brain, turns off the cravings and it just helps make everything else work better.

Probably helping with my insulin receptors and metabolically.

Growth Hormone Secretagogues and Recovery

but it's a relatively low dose every once in a while. So, you know, people who ought to be a little weary of these peptides are people that are eating disorders that have such an unhealthy relationship with food that this is just going to cause higher, you know, OCD on you know, body, you know, their body issues already.

Those are the people, you know, anybody that's going to get significant constipation they can't control and nausea no matter what, those are the folks that usually, that usually have to stop immediately.

I have had a few people with some significantly unhealthy relationships with food in general that vary carefully with eyes wide open, with good or poor.

We started on a low dose of this stuff and it did. As intended, it helped them think about food less. Still some body issues where we just have to keep reminding them that, all right, let's get in a stikoo.

What's your muscle mass? Look at this, look at that. You are not overweight. We really do have to work. extra diligently, which brings up a couple of points.

One, at our practice, when we start getting into these peptide therapy patients that have already kind of doing the other things right and we're looking to optimize, we have something called a peptide management fee because we want to walk with you so closely weekly, you know, hey, I did this dose last week, I felt this, I'm not feeling this, you know, every two weeks, every three weeks, every, you know, dosing questions, side effect questions, you know, am I getting what I'm supposed to be getting kind of, you know, we want to walk so closely through this.

This is more than just say primary care, right? This is taking it to the next level. What I don't love is it seems like on every street corner, you know, every week there's a new company popping up offering peptides or weight loss and they're just kind of like a pat you on the butt and send you on your way and you know wish you good luck and they get they order the peptide and move on and and you know they're charging $200 a month for the right for them to prescribe you this this weight loss shot and then you know next thing you know you're nauseated and miserable and fatigued and you feel like junk but you're losing weight so it must be worth it all the while you're losing muscle mass and you're you know in in the long run are you really even being healthier and you're certainly miserable and there's no need for that when this thing is done right.

The other point is these are, you know, these are called the weight loss shot for a reason because they're injections, which I think is worth bringing up that peptides in general are small proteins that we want to get into the bloodstream intact.

I want the whole peptide, the whole protein to get into the bloodstream as is. But what happens when you swallow protein? If you're eating your animal or plant-based protein, it goes into your digestive system and your body's really efficient at breaking it down.

What goes in as a protein gets to the small intestine as individual amino acids, which get absorbed across your intestinal line. The amino acids get put into the bloodstream, then they go to the cells and then your DNA makes RNA, which turns those amino acids into the proteins that your body wants.

But what you're not getting is, in this case, you would not be getting, if you took semiglutide orally, you don't get semiglutide across the into the blood, you get amino acids into the blood.

Now, they do have an oral version that works to get around that. We haven't had great success with it. There are liposomal formulations where they take the protein and they put it into this lipid bubble, if you will, and then you spray it or get it into your mouth and it absorbs into the bloodstream through that before it gets far enough down the digestive tract to get all broken up into individual amino acids and all that.

So there are more options coming than shots, but for the most part, right now. Peptides are given as tiny subcutaneous or under the skin injections, much like an insulin, like a diabetic takes insulin, right?

In fact, we use insulin syringes. Once we get you onto a peptide, we typically talk about units because insulin syringes have units and it's all math.

We could tell you milligrams, but I just feel like. give you the number that you're going to draw to the syringe is probably the safest and best way to do it.

As time comes, science is evolving. We're going to get more and more ways to get this into your body without needles, but I will say that these little bitty insulin shots are, or these little bitty insulin needles are almost painless.

And, you know, in the back of the arm or in the belly or the legs somewhere, they are, you know, pain is not the thing. It may, it may be, it may be psychologically difficult and, you know, we have a, from a.

weight loss program perspective at Liv, our sister company, LYV for Longevity, Youthfulness and Vitality, we have an in-office injection program where you never have to buy the vial or figure it out and you just come every week and we talk about what's working, what's not working and we adjust your dose accordingly and then we do the shot and you go on your way.

And so that's certainly an option and it certainly works. But there's a lot of people that are like, yeah, but I don't have time for that. And these little shots are painless.

So then it just becomes a text communication and we move on from there. There are other sort of, you know, weight loss and or metabolic peptides, but the, the next section under metabolism and, and there's some weight loss here, you know, depending on how it works is.

The next biggest section of peptides that I want to talk about today are the growth hormone secretagogues or these peptides when taken mimic the body's and or increase the body's own production of IGF1, which tells your body to make growth hormone.

So we're not giving you growth hormone or part of a growth hormone. We are telling your body that when the conditions are right to make growth hormone, make a little more.

And I say when conditions are right because your body makes growth hormone when you are in a fasting state in deep sleep. Okay. So if you eat right before bed and or you're not a great sleeper.

I would say on a scale of one to 10, your growth hormone's at two, right? And that's fine. You're an adult. You don't need to grow, but growth hormone in an adult is recovery, healing, joint pain, metabolic energy during the day, burning calories during the day.

And so some examples of the peptides are surmoralin, ipamoralin, tessamoralin is sort of the The newest one, there's CJC 1295, which comes oftentimes combined with CJC slash Ipamoralin.

We use Tessamoralin slash Ipamoralin a lot because each of them have their own little extra benefits. For instance, Tessamoralin is in the trials, it's an FDA approved branded medication for helping HIV patients not waste away.

HIV tends to eventually eat the body from the inside out. I mean, that's not exactly how that works, but that is what ends up happening. And so they have, Tessamolin was designed to help keep muscle mass and body weight on these HIV patients in stage disease that looked really ill.

And so it obviously has nothing to do with HIV. It's about making growth hormone. And so Tessamorlin, one of its claims, one of the things that separates it from some of the other ones is it also tends to help lose body fat.

So it builds, it'll help build muscle. It'll help recover from injury. It'll give you energy. They actually help you sleep a

little better, which I think is a great combination.

I've got some people that actually stopped their Ipamorlin because They were sleeping so deeply that they had small kids, they were scared they might not wake up if the, you know, if there was a fire or something in it.

And I suspect they would have woke up, but at that point they weren't taking that chance, right? They just weren't used to sleeping that deeply. And so with these, so we'll like say test it more than for instance, if you stop eating calories, taking in calories 90 minutes before bed.

and you go to bed and sleep well, your body's going to increase how much growth hormone that it secretes up to its comfort level. So if your body is comfortable with a growth hormone level between zero and 10, and you were at a two, by the time you finish a round of test of moral and you should be up to an eight.

And at that point. If you did another bottle of Tessamorlin and you kept pushing the body, your growth hormone would be at an eight because your body's just not going to go to an 11 or 12. And so I tell folks all the time, like what I like about peptides is they do their thing.

They, they help optimize and then you rotate out. You know, there's nothing, no harm in continuing doing it, but from a bang for your buck standpoint, you probably ought to switch to one of the other peptides that we'll cover tomorrow or take a break and use that couple hundred bucks.

Because that's, most peptides cost about a hundred dollars a vial and most vials last a couple months, a month or two. So let's say, all right, we'll just use that money on something else next month.

But a lot of my patients like to rotate, they're in the peptide program anyway, so they want to, all right, I've finished with the Tessamorlin, what's next?

It's called influcies, and how about some thymacin alpha? I've got an injury, how about some thymacin beta? So some of the ones we'll talk about tomorrow are usually on the docket for switching and running through, but it's all need dependent.

It stimulates growth hormone release by increasing IGF-1 or and or mimicking IGF-1 and it maintains the normal secretion pulsatility, if you will, the pulsatile nature.

of getting growth hormone the way your body wants it, in the amounts your body wants it, versus taking exogenous growth hormone and just slamming your body with uninhibited growth, with more growth hormone than should be, and then bad things happen like cancer.

The main person that is not a candidate for a growth hormone secretagogue for that reason is a cancer patient. We just don't. Which is tough because cancer patients are oftentimes You know, the chemo's eating them up and they've got no appetite and they're, they lose a bunch of muscle mass.

And so they, you know, sarcopenia is the word for losing all your muscle mass and they, and they're, they're not sleeping and they're not recovering. And so it seems like it would be awesome for them, but we just don't want more growth hormone than the body wants at that point.

And we're, we're a little bit gun shy there because it's first do no harm. Right. But for the rest of us, we're. You know, for my elderly patients who are having a hard time maintaining their muscle mass despite hormone replacement or for my folks, you know, I got some guys with prostate cancer.

They had prostate cancer and they got it out, but the idea of testosterone is too much for them or their oncologists or their urologists. You know, once they've been cancer-free for a while, the idea of doing a low dose of this is certainly possible.

Although, once again, that's still a relative contraindication. You've got to be careful with anyone with a personal

history of cancer. That's a discussion with a patient to go through, you know, risk tolerance, right?

But, you know, we can measure IGF-1, we can't really measure growth hormone like we'd like to be able to. But if you're not recovering, you're not sleeping, you're eating late at night and you just don't have energy during the day and you're just feeling wiped out, this certainly might be a peptide worth considering.

Just like anything else, too much of a good thing can be a bad thing. This one is super popular amongst young people that are, you know, trying to get bigger muscles or workout harder in the gym.

Peptide Safety, Oversight, and Final Takeaways

I guess the two things I'd like to say about this and sort of circle around and kind of close on the idea of peptides for this week, and then we'll hit some other ideas next week, is that peptides, like anything else, they need to be respected.

They need to be used in the right situations. And like anything else, they can be abused. A young person that is using it wisely under the guidance of a provider, it's fine.

It's not like it doesn't matter. But also, be careful, are they also abusing anabolic or doing some other things that are ultimately bad for them? And we don't want to be a part of that.

We want to help with making every person that we touch, we want them to live longer. Well, peptides in general are not what someone with poor diet, poor exercise, poor sleep, tons of stress.

I mean, this is an augmentation. This is, you know, we're looking to optimize health. So usually when I've got guys come in that have been, that have heard a podcast about, or their buddies were telling them about peptides, like, yeah, that's what I need.

I feel like junk. He's like, well, okay. Yeah, but tell me about your diet. What are you doing for exercise? How's stress and how's all these things? And they're just, you know, they're just basically kind of, you know, a dumpster fire of inflammation and stress.

Then it's like, okay, we've got lower hanging fruit than peptides. If giving you, putting you on a peptide is part of the strategy, then maybe. But really what we need to do when you talk about all this other lifestyle stuff, it's going to make a bigger difference for you.

than just adding on a little bit of a protein that your body would use. But since there's so much going on, your body kind of tries to ignore it anyway.

So peptides are great. They have their place. They are small proteins that tell the body to do something that it would, you know, it's basically a protein that your body would make anyway.

And it's a fun way to encourage your body's physiology to work in the direction that we're trying to go. Usually, so far, peptides have all been very much in line with wellness.

I suspect just like anything else, there will be development of things down the road that I won't endorse. But for now, they're remarkably safe for most people because it's something that your body can do.

But then again, if you've got cancer, you don't want to push that if you've got You know, there's, uh, if you've got a, you know, body image and a terrible relationship with food, maybe you shouldn't be on a GOP one.

Um, there are, you know, it's not for everyone. This is where having a relationship with a provider that knows you and knows the story and knows the score, monitors your labs, can monitor your body composition and, and just make sure that what you're getting is what you need.

And peptides are really, really freaking cool. It's been a really fun, it's been a fun game. from the beginning, ever since, you know, we were, we were dabbling in peptides and then the GLP ones went nuts.

And now it's kind of, it's kind of exploded and it's fun being on the front lines and it's fun being a part of wellness and people that are typically interested in Peptides are also the ones that are interested in left on modification and they're asking about intermittent fasting or workout regimens or dietary strategies.

And those are, those are our people, right? Those are the people that are starting to get it. So next episode, we'll talk about more regenerate more. Peptides for regeneration, injury repair, immune modulation, brain and nerve health, gut healing.

They come in all shapes and sizes and there's going to be nothing but more and more. To answer the question at the beginning, peptides are definitely more than just kind of water cooler talk.

you know, wellness buzzwords. Are they the future of medicine? I mean, I kind of don't think they're going away. They're certainly a part of a well-rounded approach to health and wellness, for sure, for sure on that.

So thanks for hanging with me. I hope that clears up a little bit about what we're talking about. Peptides are just proteins and proteins are what the body uses to do things.

And so then it's just about, well, which peptides are right for you, if any. So reach out to your, you know, your functional provider, reach out to us and we can talk, you know, much more in depth about you and your journey and come alongside.

But next week will be fun because we'll get to, we'll cover. It'll go less deep on any one peptide and we'll cover some more options that are out there for you guys.

So until then, you guys stay well and thanks for listening. Thanks for joining me today on MyMD Unscripted. I hope today's conversation to opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare. Real change starts with real conversation, so let's keep on going.

Until next time, stay well, stay curious, and never stop pushing for better.