The Science Of Peptides: Transforming Thyroid And Autoimmune Health Transcript

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Introduction and Speaker Background

Hello everyone. Welcome back to reversing Hashimoto's and Thyroid Disorder Summit. I am your show host, Doctor Anshul Gupta, and I'm really excited about today's discussion.

The person I have has tons and tons of knowledge about various disorders, especially for thyroid. He has the most innovative treatment that can help you with your Hashimoto's and thyroid disorders.

So let me introduce our speaker first and then we will delve into the discussion after that. So Doctor Kent, hold off is a distinguished medical director of the Halder Medical Group, has been a beacon of innovation in healthcare as a pioneering force behind the national Academy of Hypothyroidism and a visionary founder of integrative peptides and peptides.

His dedication to finding advanced peptides and bio regulated therapies has transformed treatment landscape for a myriad of complex conditions. His expertise spans from tick borne illnesses, chronic fatigue syndrome, fibromyalgia, mGUS, long Covid, neurodegenerative diseases, hypothyroidism especially undetectable by standard thyroid function tests, and also in hormone optimization.

Now to hold off contributions as an internationally acclaimed lecturer, educator and thought leader are unparalleled, and he has influenced medical education globally.

With nearly 100 lectures at CME approved Medical Society conferences worldwide, he has been featured in CNBC, ABC news, CNN, Fox News, Good Morning America, Today Show, Discovery Health, The Doctors, The Knurling channel, The Web, MD and multiple more doctor Holder.

We can keep going, but welcome over here to our show today. Yep, now we're out of time. Thank you everyone. For that. Thank you so much. It's so kind of you.

It's a pleasure to be on. And I always love talking about thyroid because you fix the thyroid. I mean, so many people are low and are undiagnosed as you've been saying for many, many years.

And I follow your stuff is is awesome. And, and this, whole podcast is great. So, thank you. Absolutely. So let's delve in the discussion. So I would like to kind of say you found this integrative peptide.

So first of all why don't we talk about, you know, your illness in medical school and your residency that led to your interest in your thyroid and peptides?

You know, how does that happen? Yeah. So, you know, I was very evidence based. I'm still very evidence based. But in medical school, it's ingrained in you not, you know, anything alternative means no evidence.

Right. And so I started getting very sick, through medical school. And it was something was wrong. I just couldn't tolerate any stress. Talking to a patient was just overwhelming.

I'm like, I don't think I can practice medicine. Went to all the university doctors. Oh, you're depressed, you're stressed. I'm like, no, there's something wrong.

Personal Illness, Thyroid Optimization, and Peptides

And then I went into anesthesia because I figure, okay, you don't have to talk to them in her sleep. Right. And but just started circling the drain and, and then so I said, oh, my God, I'm going to I'm going to sneak out and go to an alternative conference.

And I'm like, oh my God, this is more evidence based. And all the crap they're teaching us in residency, right? And one of the big things was, was thyroid optimization, also mitochondrial dysfunction in some immune modulation.

But the big thing was was T3 and optimizing thyroid. But there was taking normal. But oh my God, it just helped so much. And so I was able to function again and it saved my life.

But it didn't fix the total underlying issue. So a number of years later, went through a stressful divorce. Stress is a killer with the immune system and just, ended up I had, Lyme, babka, Bartonella, and my heart became fibrosis from what happens with, basically especially, but also Lyme, you get high human transforming growth factor beta.

It's very fibrotic in my heart was just fibrosis. It couldn't fill and was in heart failure. I couldn't stand up. I couldn't walk up stairs. And I'm like, okay, living with Lyme is horrible, but with congestive heart failure, it's unlivable.

So I said, I'm going to I'm not going to continue after Halloween. Right? But I said, I will go around the world and see if I can, fix myself. Did a lot of unique treatments that that help, but nothing really lasted.

And I was in Belgium and I did a bunch of peptides and I didn't think anything of it. I didn't know much about them. And then like 3 or 4 days later, I walked up the stairs.

I'm like, wait, what the heck was that? What's going on? And I kind of backtrack, like, let me try that again. I'm like, oh my God, I'm so much better.

And and the you know what? I went to heart failure. The cardiologist said, maybe in ten years you can get 10% better. I'm like, that's no, no deal. And, and long story short, after less than a year, I walk into his office standing up and he goes, that's interesting.

And he goes, go, get on the table and did the echo. What is normal? And did he ask me what I did? He goes, oh, that's great. See you in a year. You know.

And it was the peptides really reversed it. And the big thing was lowering that human growth factor beta and reversing that fibrosis, which they thought could not.

It was not possible. But we we see that all the time now with, you know, all these chronic multi-system illnesses, chronic Lyme, all the veterans with traumatic brain injury and, post-traumatic stress, series, you know, chronic inflammatory response syndrome and all these are the same mechanism.

And it's that, you know, basically you get immune dysfunction, which then results in a vicious cycle. Pineal, hypothalamic pituitary hormone dysfunction, including the TSH drops and people.

Oh, your thyroid looks normal. No no no it's not. And that's why you have to look at other tests and look at a lot of things that we'll talk about. You get mitochondrial dysfunction, you get, like the immune activation of coagulation.

So basically you can't absorb nutrients, you can't get rid of waste products. You get it. Just so many things are a vicious cycle that you need to fix.

But if you fix the immune system and give thyroid, a lot of those things get better. And so you don't have to fix this and this and this and this, and all of a sudden, all these things get better.

So, T3 and immune modulation with peptides, those two things combine. You can treat so many complex illnesses or longevity, you know from the simple to the complex.

Awesome. That is definitely a story that a lot of people who would like, you know, listing over here would like to listen to because they have been suffering from several years from Hashimoto's and thyroid disorders, and they have been told nothing can be done about it.

They have to live this way. They are already in right treatment or, you know, like they don't need treatment. So absolutely. But before we move forward into the thyroid, a lot of people might not be aware of these terminology of like either peptides or these bio regulator.

So if you can just kind of quickly like, you know, touch on that, what are peptides and how they're different from these bio regulators because these are actually even newer things than peptides.

Yeah. And it's pretty amazing. And so peptides are basically small chain amino acids. So if they're over 40 amino acids are considered a protein. And or less than that they're a peptide.

But so most kind of peptides BPC 157 body protection compound probably the most common one lowers inflammation. It kind of does everything helps brain healing brain gut muscle, joints all that orally, bile bioavailable.

Tb4 frag immune modulator. So immune modulation with these peptides is key. But the bio regulators are very interesting. So during the Soviet Union, they found that their cosmonauts, their submariners and their high speed jet pilots were aging incredibly fast.

And they they had to keep turning them over. So they went to the the, military went to, Cavanaugh, who was a KGB, agent, but a physician head of the gerontology department who was working along with Pavlov, was in Pavlov's dog.

Right. So people you associate him with, you know, with the bell and the dog salivating. But he was very into peptides. But they said, you need to fix this problem.

Like, okay, we will. Right. You know, how much choice and what they found? It seemed like a lucky guess. But, it seemed that Pavlov was actually experimenting with this prior, and they found that extracts from, young, calves, the thymus and the pineal gland, if they combine those two in these rapidly aging elite, individuals in the military, it reversed their rapid aging.

And, and so it a military secret and, it was only used the military in the Olympic team. Olympic team did pretty well during that time. And there's, currently 21 different bio regulars by about 30, actually, when you look at this and that and there's natural.

But, where they have them, they're very tissue specific. So pineal helps the pineal. Thymus helps the thymus. They got muscle. They got kidney. Like we're getting people off of dialysis just giving a kidney by a regulator.

They have heart, which is reversing all the inflammation in the heart. They have, you know, a so many different tissues. But they found that especially the thymus and the pine, and the pineal combined really reversed aging.

And that's what we're finding. And, long story short, there's also a thyroid by a regulator. Okay. And so we give that to people. And if they're low thyroid it raises their levels.

And if they're high it lowers it. But the big thing is a thyroid access by a regular. So we we found that and we improved upon it and did the whole thyroid axis is by our regulators.

Now the thyroid by regular doesn't help Hashimoto's it the antibodies just don't change. But with the thyroid by a thyroid axis by a regulator, they dramatically reduce the autoantibodies.

What Peptides and Bio-Regulators Are

And so here's I'll just kind of it's kind of hokey here, but these are the, this is just the thyroid by a regulator. And you can see with basically the, before and then after with standard treatment and then, with the by a regulator, increase in T4 and T3.

Now the difference is with the thyroid axis by a regular. So it has the thyroid with it. But so you see, dramatic

increase in tested T4 here. So higher T4 with the thyroid axis by a regulator than the thyroid by a regulator.

But the big thing is so the TSH also dropped. Again it's backwards so hard. But the big thing is, is the antibodies. You can see here. So TPO and if there were globulin and here just drop with the thyroid axis by a regulator.

And so and we're funny just the testimonials and reviews are just incredible people just struggling for forever. And when you just give them that and their antibodies come down, their levels go up.

And without even giving thyroid, although I love, T3 and that's kind of the formula there from integrative peptides. But it's been, quite amazing. We haven't had it out that long, but it's the the feedback is just like, incredible.

You know, that is amazing because. Though it also boost mitochondrial function, increases fertility, increase the anti-malarial hormone. Actually hormones start to heal, basically coming back.

So it works. It's not totally specific because of the thyroid axis. It's helping the pineal hypothalamic pituitary axis. But, we've been pleasantly surprised I guess.

Yeah. How effective it is. You know, and this is amazing because most people have been told that they cannot lower the thyroid antibodies like in Hashimoto's if they go to traditional doctors.

That's what they have been told to just kind of keep taking the lead with the rocks and you don't need anything else. So this is a very new approach. Like I always tell my patients, there is no magic pill, but it looks like we might be getting close.

Yeah, yeah, the endocrinologist will won't even check the antibody levels because they don't think you can do anything, which is crazy. And you've talked about many other therapies that actually can lower the antibodies.

And the antibodies actually, are shown to correlate with symptoms more than even low thyroid. Absolutely. So let's talk about that. You know, like, you know, this whole immune system dysregulation which is happening in Hashimoto's and how they're associated with the, you know, the symptoms, you know, as compared to the actual like, you know, thyroid hormone or such, which everybody's relying into.

And more people that come to our clinic, you know, they will say that, well, I've been told that my thyroid numbers are normal, but I don't feel normal.

I still have symptoms. So why does that happen? Yeah. And if you look at the when when we look at someone with chronic illness, especially with chronic illness you get immune dysfunction.

So there's two sides. Your immune system one and two teach one good stuff inside the cell. Teach you to step outside the cell as you get older. Is your thymus volutes.

Which is why that again, reason the anti-aging with the bio regulates the thymus. What's so important that it starts going like this? You have lots of inflammation, but you can't fight interstellar infections.

You get in with all this information, you get senility cells that you can't get rid of, and you get mitochondrial dysfunction. And, all these a vicious cycle, diseases of chronic illness.

Now, if you can snap that back and have a more healthy immune system, it rewinds all these things. And with the immune dysfunction, what happens is you get dysfunction of the different Aces, which are the what converts.

They are T4 to T3 in different tissues. So type one will convert T4 to T3 in general in the, in the in your body, the system systemically. Type two basically mainly in the pituitary.

And type three will convert T4 to reverse T3. Now, with chronic illness, the body will start in decreasing type one diet, an Ace increase type two and type three.

So you get less T4 to T3 conversion in the tissues in the body. But the pituitary increases T4 to T3 conversion and increases T4 to reverse T3 conversion, which blocks the thyroid.

But the pituitary does not have type three. So just right there with the diagonal difference from the immune dysfunction, you get low TSH and you get low tissue levels of thyroid.

Then you add what's called thyroid transport. So it is thought and I think most endocrinologist think thyroid in the serum. When the blood will just diffuse into the cells.

Not true. It's active transport and T4 and T3 have different transporter. They're they're energy. They require energy. Now, the one for T4 requires more energy.

So if there's mitochondrial dysfunction, which is associated with any diabetes, chronic illness, inflammation and aging, that you can't transport T4 much more than T3, they both need energy, but T3 is much less, which is why T3 is such a better treatment than T4.

And and then also like with Hashimoto's, they have the highest percentage of antibodies to the pituitary and also to diabetes type two, which you think would knock it down.

And so, but it increases it. So they get lowering TSH. So when you look at a sick person that has low thyroid, they have a low normal TSH, not high. Okay.

Now, someone is thinking of high if they're relatively healthy, but, a lot of times low normal. And they have a high normal T4 because the T4 can't get into the cell.

So what do most doctors think? Well, they're kind of a little bit hypothyroid. Absolutely wrong. Well, how do you differentiate the low free T3 low normal free T3 in the high normal reverse T3.

Now reverse T3 used to be much more useful when it was done with the radioactive amino acids, and it would have a much broader range, but they changed it to the more, accurate or really more inaccurate, precise, you know, and just clumped everyone together.

But if you look at two levels, high, normal, reverse T3, it used to be abnormal reverse T3, but low normal, free T3 or T3, low normal TSH and high normal T4.

That's a typical picture of a chronically ill aged stressed or someone actually diets three times extensively. That's what happens. Drops your basement a ball a great it drops your thyroid level.

It does not go back to normal even after you start eating again. So when people say, I've wrecked my metabolism, they have. And people, oh, sure, you're eating bonbons in the, in, you know, in the closet.

And so we'll check everyone's basal metabolic rate, which is the gold standard, you know, at, for, for thyroid, thyroid is a gas pedal for that. And the thyroid flex.

Hashimoto's, Immune Dysregulation, and Symptoms

So the British Medical Journal showed that a knowledgeable doctor looking at someone's ankle reflex was a better test for thyroid than blood test. I don't know, how could that be?

Normal reflex goes, but the lower the thyroid, the slower regulation based. Did you. We measure that via the computer and, and we find when someone and, I'm tell you, anyone who can't lose weight, almost all people that come in that have an issue or even stress aged, chronic illness, inflammation, can't lose weight, probably around 25% lower metabolism than someone their age and weight.

So, that that is what we look at. We also know how, you know, look at the, thyroid levels. Another useful, test is

ABG. Not perfect, but it goes up in relation to the amount of thyroid and estrogen in the liver.

Also, inflammation will raise it. Sometimes it's not a good but so let's say a woman is, okay. Everything fine, her estrogens fine, or she's on replacement.

And her FPG is 60, right? It should be 80. Well, you know, she's either low estrogen or low thyroid or estrogen is fine. You know, she's low thyroid. You'll see that go up.

If it doesn't, they have thyroid resistance. So, looking at a lot of different tests, I mean, we're just stuck in the dogma age, and the age goes down with any chronic illness. And, and for instance, people will look at like, you know, suppressing the TSH, they look at the salon article and say, oh, increase risk for a film.

But if you dig down in that, that anyone who, basically was on thyroid, there was no a-fib with suppressed TSH, it was all this sick, patients that had low TSH that got AFib.

So, unless they show giving thyroid reduces a-fib. I'm saying, you know, you go crazy and give it. You go like a cause, but also low normal thyroid, is increased risk for AFib, but it's that TSH that they're just stuck on.

It's just simplistic. I you know, we always wish that simplistic works, but it doesn't. It's it's causing so many people to be misdiagnosed, underdiagnosed and undertreated.

Absolutely. So you are kind of telling us a very, very innovative approach, you know, of not just looking at T3 different as such. Were there other ways of checking how you well, your thyroid is functioning by obviously the thyroid flex, which is essentially checking the the reflexes in the body, as well as looking at other parameters of basic metabolic rate as well as sub age, which for people it is a sex hormone binding globulin blood test which can be easily done with any other lab.

So looking at all those parameters, then you judge a person you know thyroid is functioning or not. And that's where, you know, like you put them on treatment.

What is your treatment like? You know, looking like not just directly. They go on the SPI regulator you're talking about or you kind of focus on the diet and the lifestyle and supplements and add the bio regulator.

What is the approach? Yeah, I mean, historically where, you know, T3 was was the treatment and it worked for so many people. In fact, when I first started in medicine and I just, took over a family practice and, and started doing thyroid optimization, switch to cash in a year, it was just no marketing people, you know, lined up outside, and it was just incredible.

And so we love T3 and T3 generally works so much better. For instance, the, the largest study ever done on antidepressants, they actually used T3 and all these different and depressants, and they didn't expect it.

But T3 was shown to be a better antidepressant than the antidepressants, and it didn't matter what their initial levels were, and they had less side effects than antidepressants.

Also, another study on 135 bipolar patients. They just gave them all T3, didn't matter what their levels were. And, they found this. They tried, on average, 14 medications with no improvement.

Right. So these are totally treatments. And they gave them all T3, about, 80% had, significant reduction in symptoms and 25% total resolution of symptoms.

And again, that's just on the depression side. And then you look at, you know, basically insulin resistance. And they all need T3. So T3 is just so much better.

But if you look at the problem and you look at the studies where o t T4 T3 was not any better, how much T4 is equal to how much T3, right. If you look in the, the PDR, which only looks at the more but, you know, they'll say 5 to

1 or 4 to 1, that T3 is more potent.

But wait a minute, while T4 is an even active, it basically in a healthy person, about 50% will convert to T3. So it's only 2 to 1. And so they would do these studies where they would take away, you know, ten micrograms of T4, and then add, you know, 2.5 or they take away, you know, 20 and add five.

It's we did it made them hypothyroid and their TSH went up and they go, oh, see, there wasn't any better. Well, actually, they didn't feel any worse. And you made them hypo more hypothyroid.

But it's 2 to 1. And so if you want to convert someone let's say they're on 100 micrograms of, T4, then you want to give. So the equivalent actually is about 50 of T3.

But they'll feel much better. So we'll usually we'll stop the T4. And that will take a little while to come out. So we'll start you know low let's say 25 then 37.5 and then, and then go up and then also, oh my God, I feel so much better.

Some people like if they're on, like, a high dose, T3 they may need a little T4, you know, to, to just basically even it out. But we find T3 is just, you know, for any chronic illness, especially chronic fatigue syndrome, fibromyalgia, any multi-system illness, any inflammatory, depression, like depression.

And also they did the studies like, oh, well, it's not low thyroid depression because giving thyroid didn't work, but they give T4. But every study they gave T3 it worked you know.

So and then it goes back to that thyroid transport and in the diagnosis where you got to give the right therapy and the right therapy generally is T3.

Absolutely. So that's great. Now you also talk about like, you know, antibody negative Hashimoto's, which is a terminology that most people are not even aware of that for them to get diagnosed with Hashimoto's they have to have antibodies.

So what is this antibody negative. Hashimoto's. Yeah. It was just an interesting study. New England Journal medicine. They did thyroid biopsies and people just fatigue not chronic fatigue syndrome.

They found 60% had inflammation of the thyroid. So and and and so basically the there wasn't functioning because of this inflammation. And we're finding again with chronic illness that, you know T3 is amazing for these patients.

But the immune system and the antibodies correlate more with symptoms than the thyroid. Even so, if you fix that again yeah. Before was always immune modulators which we still use like time again alpha one not thymus alpha one.

But that does work too. But and you know, for frag and things in lowering the, to BPC, doing that, they feel so much better even if you don't touch the thyroid.

Right. And because also, the Hashimoto's patients have the highest incidence, incidence of an type of 2 to 3 antibodies, which lowers the TSH. So again, that makes it so they don't get diagnosed with low thyroid and also anti Diana's type two antibodies.

What do you think. Okay. Well that would reduce that type too. So that would go up. No it just happened to increase the activity. So there's more T4 to T3 conversion in the pituitary.

So the TSH goes down. So the Hashimoto's affects so many things. And studies with fibromyalgia patients with Hashimoto's every single patient not it wasn't any exception had significant mitochondrial dysfunction.

They also had antibodies to their muscles. So the Hashimoto's is a marker for multiple, basically autoimmunity and really that immune dysfunction. So they'll tend to have much higher incidence of parts.

And you know, where you get dizzy when you, when you stand up and, and all these, you know, different multi-system, illnesses, immune activation, coagulation, again, mitochondrial dysfunction, can't detoxify.

And you fix those and you fix the autoantibody. And they also get pans we found with the all the, veterans, they all had pans which has antibodies to their receptors, dopamine, serotonin, norepinephrine.

And you wonder why they're not getting better with the VA. They're giving them antidepressant antipsychotics, but it's not working because the receptors are blocked.

And so we found that dramatic improvement in, all this.

Testing Thyroid Function Beyond TSH

They were all special forces, and, with immune modulation. And also they found they all had Lyme. Like, what the heck? Why would they all apply? And they went to Afghanistan.

There's no Lyme in Afghanistan because they went through Fort Bragg in North Carolina, laid in the bushes training for months. And that's where they all got it.

That's very interesting. So now like to focus on this by regulator. You know because this is such a new thing and I think nobody else is doing it. So talk to us a little bit more about this particular thyroid bio regulator.

How does this work. And in terms of how is it used by people. Yeah. So the the standard one is the thyroid by a regulator, which is incredible by its that it raises the thyroid levels.

If it's low and lowers it if it's high, it's kind of like, you know, the adaptogen type type thing. And then we went further with it and did the thyroid action.

So all the, pineal hypothalamic pituitary thyroid access and it's just dramatically improved. And, and for they don't know, there's, synthetic versions and they, and the natural, so the natural, they'll basically take the thyroid and then basically purify it and get all the peptides out of that.

Then if they identify the active, then they can give that which is much pure, you know, much more consistent. And because they, they can only purify down to about 10,000 Daltons, but we're actually going down to, like a thousand Daltons, but, and so the majority of peptides in there because of, the by regulators by definition, are only 2 to 4 amino acids long.

Why is that important is that they, also they need to be acetal ated and laminated. And it's like BPC it's a big thing, like, stable BPC. Which is unstable BPC because you have the body will, will cap or assimilate and imitate, proteins and peptides that it finds are very important.

So it caps them with the with a group here, acetyl group and a group on the ends. Now the body that the enzymes won't recognize that. So now it survives all all the gut enzymes.

It also makes it much more bioavailable. So when you do a 2 to 4 amino acid, peptide which is the by a regulators so by regs are peptides but they're a special type.

They're they're short. They can't be over four. And with that, level most of them are three amino acid. They can also they survive the enzymes in the gut.

And then they diffuse into the, you know, through the gut and through the cells and go into the nucleus. So peptides generally work on the cell surface with the receptor.

So you catch the receptor and you get secondary effects. And play a trophic effect. So multiple effects you know, downstream kind of like a supplement but more, more potent.

Now the bio regulators work differently. They go into the DNA they'll attach to, basically promoters and inhibitors of, transcription. So they work on the epigenetic level.

So they will and interestingly, they'll, they'll turn kind of like a little bit like stem cells and, exosomes that they turn off aging genes, inflammatory genes, and they upregulate anti-aging young genes, regenerative genes.

So, when they do that, so they work again by turning genes on and off. So they work differently. And when we do that, and especially with the synthetic or what we'll we'll put both extract and we we've isolated a lot of the actives which no one knows what they are with.

So we've been working doing that and and much more effective and, straightforward instead of just kind of throwing a bunch of peptides, you know, and in there and, and so you get both the, cellular effect.

But the big thing is, is turning off those bad genes and it ends up margene immune system. So there Hashimoto's goes away. And which then is a vicious cycle.

Now, the mitochondria will come back, and the, in the peptides, epigenetics increase mitochondrial function, increase the hypothalamic pituitary function.

Well, it will basically turn it back on so it increases protein synthesis in all these tissues. For instance the liver one increased protein synthesis.

It makes the liver start working normally. The kidney's working normally muscles and all these things. So brain oh my God. There's so many studies on Alzheimer's and dementia and even just normal cognition.

It it basically activates the brain and turns it on. And, and so it works for all these cognitive, defects and things like that. So it's just a whole new area and it's even expanding even more.

Absolutely. So basically, in a nutshell for people, because that was a lot of medical. But in in short, like if you have brain fog, then this is going to be helpful for you because that is definitely going to improve your cognitive function.

If you have feeling tired or fatigued, this is again going to be useful for you because this is going to work on all different organs of your body too.

Plus, if you have Hashimoto's, it is going to lower your antibodies. And if you have hypothyroidism on top of it where your thyroid levels are low, it is going to improve them also, right?

Did I get a line up? Everything? Yeah. Perfect. Perfect. But before the discussion, you know, like you were saying that initially there might be a point where people might see it as rising up, but then it finally kind of plateaus down and improves, right?

Yeah. And we didn't expect this so much. But we have, people responding saying, I feel so much better, but why is my TSH higher? So if we check it like within the month or so, the TSH was up because it's activating the hypothalamus, the pineal up the pituitary axis.

And that's what's wrong with these people with chronic illness and chronic and and inflammation or even lack of sleep and stress. That the the hype, the pineal hypothalamic pituitary axis goes down so there is low.

And that's the problem. Why the TSH being the determinant of low thyroid is ridiculous. Right. And because they're low so it raises that. So like a normal person and TSH goes up and the but they have increased thyroid levels, not lower thyroid levels where most endocrinology I think they think like, well, it must have lower levels.

No, it's stimulating them. And then over time it kind of balances out and then the TSH settles down to, you know, something. Well, less than, let's say, whatever.

Let's say that TSH was ten. It may come back at two. You want it, you want your TSH even though how inaccurate is. But if it's over two, you got low thyroid, right?

Not four. And you look at the bell shaped curve and it's like this with thyroid. And so it's not like this where it should be. And this is like two and all this here is people with low thyroid.

So anything above two, no matter what everything else shows you need to treat the thyroid. But and that's well, it will end up being below two, but at the first month or sometimes the second month or two, that it's, it's raised like 4 or 5 and they're like, oh my God, I'm lower thyroid.

But why do I feel so much better? But their T4 and T3 levels are higher and the reverse T3 levels are lower.

Treatment Approach with T3 and Bio-Regulators

The next question obviously for any therapy is that how long does it take for people to see an effect or like see a difference in their labs? Yeah. We're finding about it.

We don't check it so often, but, you know, we wait a couple months, but people say I after a week or two, they're calling saying, oh my God, I finally feel better, you know?

And all we gave them was, was that, and even ones that we don't give any, T3 to, which is kind of pure, right. And you can tell in the studies show that as well. And, and, we have, the Rebecca Ferguson, she has a, website, with recovery and people are very, very sick.

And she's just like, oh my gosh, this has changed my life. You know. That is awesome. So it can show effects very quickly. So that's also good to know for people.

And the next question is that, you know because a lot of peptides are injectable. So is this something injectable or something which can people can take orally.

Because that makes a huge difference for a lot of people. Yeah. And as I mentioned that, with the shorter peptides, that if they're less than four and they're capped, then they totally absorb no problem there.

And even the studies on BPC looking at oral versus, injectable, head to head, the oral always is equal potent, to the injectable. But some people need like injectable.

But if they're larger, they're not going to absorb. People are putting like tb4, which is 43 amino acids. And, you know, an orally like it's not going to absorb it, it's going to get broken down.

And so but the bio regulators and particular peptides, will totally absorb orally, without needing injectable. And obviously, the last question most people is that, you know, is it safe?

You know, like, you know, they should be worried about any side effects or any, any major issues. You know, that, you know, this might cause. Yeah, they've been around for about 40 years, believe it or not.

And I mean, there's thousands of studies on these things. It's incredible. But no one knew about them because they were one hidden behind the Iron Curtain.

And then two, they were in Russian. So no one translation finding, translating them. And there's so many studies. And in fact, you know, with, a number of these, you can take a thousand times the dose and no side effects.

Absolutely. I tell people, is that, you know, with my patients or my clients is that these are natural compounds which are body's already making them.

So it is nothing that, you know, we are manufacturing out of the blue. Yes, we are tweaking them a little bit, but

these are natural compounds obviously.

You know, they're pretty safe. And as you said we have tons and tons of research studies. So that is a good thing. So that is again a good reassurance for people about it.

Yeah. And some of the the peptides like cGRP which we love, it's anti-inflammatory. It's the last three amino acids of less cementing hormone. It raises the immune system very antimicrobial and lowers inflammation.

And like, no one's ever had a side effect, but you give it to, like, serious patients and Lyme patients, like they react to anything. I mean, you can give them a placebo, and I tell them, you know, look at it for a couple weeks and smell it for a couple of weeks and lick it and, and they'll react.

So I the first time I've seen any reactions, even those, you know, peptides. But the bio regulators almost without exception. I mean, sure, there's people that react to water.

And we see a lot of, a lot of those very sick patients, but very, very well tolerated. And, any side effect is, virtually unheard of. Absolutely. That's great. That's great.

You know, like, you know, that's good to know for people because obviously they want a reassurance before trying anything new on it. So obviously, like, you know, we can keep going on and on, you know, we can pick them for hours and hours on this thing.

And still people would not be able to grasp everything with this short like 30, 40 minutes we had. People might have to gain rewind and listen to it again and again.

Any parting words you have for people you know, especially with thyroid and Hashimoto's and things? Yeah, I would just say, you know, the whole key is trying to find a good doctor, you know, and as you know, it's very hard to find a good doctor nowadays.

Hard to find a good attorney. It's hard to find a good dentist. And, who's just not in the system of just. Okay, this is what we do and the dogma, and there's so much evidence based, studies.

They're showing that the way we practice medicine is wrong. It's killing us. It's barbaric, honestly. And you find, a caring doctor that is passionate, you're you're going to go so far and and basically, you get so much better.

But you have to also take accountability of yourself. There's the the days of just listening to your doctor. My doctor says this are gone. You have to ask them questions.

And if a doctor says, oh, stop, you know, going to Doctor Google, I will, you know, run from that doctor. He doesn't want to answer your questions. Can we go? People go to Google.

They have, you know, great questions and information, but they also have terrible. So we'll, you know, basically talk about it.

Bio-Regulator Mechanism, Safety, and Access

But if they can't defend their treatments then run and they're just lazy. And, you know, you need someone who's passionate and doctors are typically practicing what they've been doing for 30 years or 20 years and residency.

So, you know, doctors like Doctor Gupta and a lot of doctors on these, you know, doctor talks are the ones that are continually going forward and reading the studies and practicing evidence based medicine.

And that's where you're going to get better. Absolutely. And before we let you go again, can you talk about this biotech peptide? What is it called? Where can people find it and can they use it like do they need a prescription for it or not?

Yeah. And so the this one with the thyroid you can get the thyroid by a regulator a number of places mostly in Europe. But the thyroid access by a regulator I think I'm pretty sure we're the only ones that have formulated that.

And it's at integrative peptides.com integrative peptides.com. And and so there's section with the peptides are all oral supplements. So you don't need a prescription.

We recommend you do work with a physician if you go to the site or a doctor's has a map where you can find a doctor that uses these peptides. And we have a lot of, trainings and things like that for, for doctors.

And it's really changed my life. And every doctor, we train the changes, their practice. And you combine T3 or, you know, a thyroid treatment with peptides.

You can basically treat almost anything. And even the most complex, like we typically see patients who have seen 15 doctors and really great doctors, but they'll miss the thyroid and the immune.

And, and they don't use the peptides by regular just doing that. It's so powerful. And patients it's just like, oh my God, is that all it took. And so it's, it's very rewarding.

And and it's amazing what happens with people. And so because so many people are sick, right? And everyone has chronic multi-system illness, it's we're being poisoned by the food.

RFK let's go. Right. And, and so we got to fight back and, you know, with toxins and there's with the peptides by a regular they help you detoxify and and they fix all these different things with, with essentially no side effects.

Yeah. So I would like to leave people is that, you know, if you do the thyroid treatment with the peptides, that can be that magical thing that you're looking forward to because it works at multiple levels, not just one way.

So please, again, you'll have all this great information about Doctor, like holder where, you know, his websites and all this description stuff. So please go and check it out.

And then obviously he gives talks regularly. He's all over the place with tons and tons of information, tons of books. He has written articles. So please, again, if you want to kind of geek out into all this great information, then you can certainly do that too.

But I just want to mention I'm not guaranteeing anything is going to work. You know, I don't anyone who guarantees anything like that. And I'll make it sound like that, you know, everyone is, unique case.

You're not. You're not a study. You're a person. So does it work? And often does. But, you know, there are people that it may not. So. Absolutely. I mean, again, you know, there is no one is one size fits.

All right. You know, like in functional medicine or any alternative medicine. That's what we say that. Okay. Well, you know, you are a unique individual.

You have your unique needs and you need to have different tools in your toolbox. So this is definitely one of the newest tool that people can incorporate in their toolboxes, which might or might not work.

But you know, as you said, you know, they are good results with it. So at least like people are aware of it. And that's the goal, you know, of this summit or you know, all this information that we are also sharing is that there is much more out there that you can do to heal your thyroid.

There is any you have a bunch of amazing speakers and, and people with low thyroid, you think like, okay, you can just get your thyroid treated, but you know, but it's so difficult, right, with standard doctors and but yeah, I'll, I'll the speakers he has that he, he was able to get on this some that are amazing.

So I would recommend listening to all of them. And thank you for all your work. Absolutely. Thank you so much

again, doctor, for coming over here. It was really, really great.

A lot of great information, a lot of insights. So thank you so much again. Thank you. Pleasure. All right. Wonderful. All right guys this is it for today.

We'll see you next time. Bye bye.