The Systemic Vision of Bioregulators with Dr. Svetlana Trofimova Transcript

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Introduction and Ophthalmology Background

Doctors that Svetlana Trofimova. Thank you so much for agreeing to this interview. It is such an honor to have you here today. Thank you for having me.

Thank you very much. That you invited me. Thank you very much. Anthony. Well, this is something this is a conversation I've been looking forward to for a long time, so I'm so thrilled.

So before we jump right into our big topic, I just wanted to talk a little bit about you. Like you first trained as a physician in ophthalmology and then in your academic work, you went deep into diabetic retinopathy and retinitis pigmentosa, which are some very serious eye conditions.

What did you see in those patients that really convinced you that aging and regeneration, it's not about organ by organ, but it's really about the whole body, about the whole system story.

Like, how did that connection come by for you? Yes. To tell the truth, I was lucky because I had a really good teacher. I was taught that I is always a part of our nervous and vascular system.

And of course, the eye is a complex organ. Not to mention. That retina., Retina. Is like a computer because retina consists of ten layers. And late Aretino lay on the coral vessels.

Vessels, vessels. The part of the retina. Retina in okay. Vessels. Okay. And that is why, of course, impossible to treat retina without influence on the vessel system.

For example, small, small, small example patients with diabetic retinopathy. Of course. First of all, the retina is complication of this disease. And that is why the problems in the vessels and in possible to achieve to positive clinical results only you to read the retina only comprehensive approach to treat such patients can give a positive the clinical results.

It's absolutely I think every every doctor knows about this one. Yeah. No, that makes sense. You know, have you heard? Are you're familiar obviously with the GLP, the weight loss drugs that are all the rage right now.

Right. The the Osiek and the moon, the semaglutide tours appetite and I don't. Have you heard about a condition that can affect those patients where they lose their vision overnight?

Do you. Have you heard about this? First of all, the patient visa a debit is maladies. It is necessary to treat the diabetes. Yeah that is why it is necessary to support is a method of roses and all of medicine insulin all the medicine for sugar.

Is it necessary to using for such patients? Absolutely. And the complication as debit is written opposite it is a second step for treatment. Such patients.

And impossible to achieve the good visual acuity if the.

Systemic View of Eye Disease and Diabetes

Patient. Have a problem with his metabolic process. Right. Right. Because of the effect on the systemic, on blood flow, blood supply and all the different things.

Yeah. Absolutely. Right. Yes. Yes. And it depends. Not only is it retinal pathology. It depends for all of diseases in our organism. Impossible to treat only I only heart only leave.

We have to treat the all of organism. And in our medical center, we. First of all, we treat the patient, not the problem. The question? Yeah, of course, that's that's the hallmark of the of the medicine that actually works. Right.

So let's jump into the bio regulators. When you first encountered them. What did they mean to you then versus like do you see them differently now after you know how many years of research and clinical work like when you first came across them, what was like?

What did you think about them then and now after all this time of working with them clinically? How do you what do you think about them now? How do you feel about the bio regulators?

Where would you put them? Oh it was I remember my first patience with reading this. Pigmentosa. Yes. Yeah. Yeah. It was a rather young man about 35 years old, but it was 30 years ago.

And. Okay. Yes. And I was after university, and, when I came across these tides, I know that the conventional medicine proposed only the observation. They have nothing.

Yeah. Yeah. And can it give any treatment? And when my patient got the tides and when I met with him and three months, I was. It is really surprised because the visual acuity increased and the field of vision as painted, which is an of first treatment three months not the treatment last ten days, but the next hour meeting was in three months.

And in three months we checked these patients he visual acuity he the result of computer pyramid. It is a special investigation for such patient. And I got that really brilliant results.

He's not down but his visual acuity increased. Crazy. Yeah, that is crazy. For for a condition. Yeah. For a condition that is considered untreatable by conventional medicine.

Right. Yes. That's. I don't like to tell about conventional medicine, because now, maybe a little bit later we will talk about this one with you. But now in, in the pharmaceutical market in Russia, there are at ten medicine.

We speak tied with having sun tied. Really. Okay. It is a conventional medicine in Russia. Not in North America. Russia, in Russia, but. Do you know that is a very difficult to carry out the all of preclinical and clinical investigation.

And if we decide to, if you decide to sell a of these medicine and another country, it doesn't matter where in European country in America we have to repeat the same in the each countries.

These clinical and clinical investigation. Right. And that is why all of the patients from different countries come to us to come to Saint Petersburg and receive these medicines, this treatment.

But of course, the food supplements now we produce in the Europe. Yeah, yeah. The natural bio regulators.

First Clinical Results With Bio Regulators

The natural synthetic. And the synthetic. Yeah. So, well, you worked very closely in a field shaped by Professor Vladimir. What is something people outside that world.

What what did they misunderstand about his original scientific question? Like, what's, you know, what was the original scientific question that got professor moving in this direction to develop?

He developed this field like this is his. Thank you very much for this question. Thank you very much. It is very it is really a very important question because some of the people think that having sun, he was looking for elixir of age.

No, no, no, no, of course no. Because he if you don't mind, I will tell you about how these tides we are aware created. Sure. Please. I think everybody knows about the about the theory of the stress.

The theory of stress? Yeah. Okay. And this theory, in 1954, the very popular scientist Gans, Hans Cilium, proposed

that the high level of stress influence on the our may or organs.

They are timeless and pine gland and under the stress the functional activity of these organ inhibitors. And 40 years ago, young scientists having son with his friend Morozov suggested that there are substance that regulates the functional activity of these of these organs and this substance have been found, and this and it will and it were because under the effect of pineal gland peptide and timeless, the functional activity of these organs increased and the slow and or that is why is it possible to talk of the any age related diseases.

And 30 years investigation proved this idea. Yeah. And of course the first big tides were extract from different organs and tissues and first organs were pioneering gland and timers.

Yeah. And thus medicine with ties in the pharmaceutical markets in the Russia where Tamerlane and epithelial means that regulate functional activity of those then using mass spectrometry, the amino acids sequence in the extract was formed.

Okay. Yeah. And small example. For example, if we take a timeline at Extract and Zara and many synthetic tides at this extract time a gene will loan Christians.

There are many, many guys in the extract. Yeah. And that is why the complex the extracts have a more wide efficacy than as a short but short riptides.

These scientific cryptids, we know cancer regulated gene activity. That is why these people died. Have a special activity according to the disease. So you're talking now epitaph on the long Simonton.

Yeah. Yeah. There are many short bits. You're absolutely right. Time my gene villain epithelial crease again. Pineal on is a very important short bicycle support of cognitive function.

Origins of the Peptide Research Program

And despite shows as a good positive clinical results in patients with Alzheimer's disease. And so when when you're. I'm going to go a little off script here for a minute.

But when you're when you're dealing with when you're using because pineal on is is interesting. It's thought of like the central nervous system, the brain.

Whereas epithelium is really the pineal gland. It's much more specific. But pineal on is more of brain and nervous system. Yes. Yeah. Absolutely. Right, right.

But now from the standing, the functional activity of parts isn't very necessary to understand the functional activity of organs. Affects these parts, right.

Because all of people's have a tissue specific activity. People influence the tissue they are were isolated from. If the retinal amine. Yes. In the retinal pipe isolate from the retina.

That is why these tides affect only the retina. Right. If the, the sum of isolate from the pine gland. That is why these eyes regulate the functional activity of Pine Island.

But we understand the pineal gland is a very, very important hour. And the crying and the crying are glad because pioneer gland regulates not only the level of our melatonin, by the way, melatonin.

And it is our hormone of aging but high. Nagaland regulates a temporary immune system. Some of the biological cycles read them. It is very very important gland.

Yeah yeah. If we use the pineal gland Kryptonite, that is why we can regulate our all of metabolic processes in our organism. And these tides, with the time Olympic tide showed them as a decrease of mortality rate in 15 years

clinical investigation.

Yeah, that's a. Crazy trial. Yes. Clinical instigation amount of the people, it is true, is a huge scientific walk. And coming soon. It is really generous because he discovered it.

Not only the regulation of metabolic processes baptized, but he he discovered the the regulation of aging process. Slow down the the aging process. Yeah, yeah, I know that is I have a question for you about epitaph on and even maybe epithelial.

And because one of the functions people talk about or one of the, one of the effect is to upregulate to affect the activity of an enzyme called telomerase, which helps to protect the telomeres on the end of the DNA.

Right. To increase. Maybe the Hayflick, but there's but there are many people who express concern that if it if it if it affects telomerase, could it possibly be of benefit to a cancer cell that also wants to have long telomeres in the, you know, in the research and in the all the work of professor over the years and even in your clinical experience.

Have you seen that there's that the body somehow there's a there's a distinction that's made between an oncology cell and a normal cell. Or would you avoid using Apatow on with someone if there's a risk of cancer?

It's a hard question to answer because cancer is so complicated. But I'm I'm curious about your thoughts because everybody is running around with theories and hypotheses.

And I think this and I think that and I'm like, this is one of the questions I've wanted to ask for so long. What are your thoughts on that? Yes, you're right.

It is really a very important part in this. In the science it's very important question. But what is a very important that all of the pictures it doesn't matter epithelium or the lone or pioneer gland that these diets regulate gene activity and regulate the functional activity of the difference organ, not stimulation, not depressed and epithelium.

Yes, of course by epithelial is a possible to prolong the prolonged of the telomeres. Yeah. Your but not more that it is a necessary right. Because people really have a regulate activity regulation activity.

Yeah it is very very important. And on the one hand the other hand, we talk about this with you, that pineal gland and immune and times peptide are carried out 50 years clinical investigation and mortality rate decreased because the level the level of cancer genesis among of this patient decreased 3 or 4 times.

Right. According to the control group. Yeah. Yeah. Why haven't seen different and other big tides. Because having some type ties have 15 years clinical investigation.

Yeah. There are no any previous with the same clinical investigation. It is very very important. Yeah. Yeah of course I think you agree with me that is it possible to create is possible.

Create is very molecules with very high activity. Many, many, many molecules with maybe more strong that big tides. But not all of them have the complicated.

Some of them have the complications. They have very, very highly complex. Yeah, yeah. But sorry, I was going to ask you, in that 15 year trial that professor did with the and the people were 65 between the ages of 65 to was it 75.

I bought? Yes. Around. That he took the patients with the 60 years old. Yeah, around 60 years old. So that's good news for me. It's perfect time. So did he.

I'm 56. So how long? So. But but he and and this is an important point also for. So the first point that you just made which I think is can never be repeated enough about the bio regulators is that they are they regulate function, they modulate function, they normalize, they don't boost.

How Bio Regulators Work at the Gene Level

So they're not, you know, like the epitaph with the telomeres. It's not pushing the telomere length. It's just it's just normal. It's just bringing it back to homeostasis or trying to bring it to homeostasis.

But in that 15 year study where and I think it's important to mention also that the the peptides that they use then were epithelial and they were the natural extracts.

They were not Italian and they were the much more natural extracts. How long did the people in the study group. So we had the control group were getting their vitamin injections because they didn't know what they were getting.

And then the study group was getting the injections of a petition and timeline. Did they get them for 15 years or did they get them for just two years?

Like, how long did they receive the injections? Because I know they were studied for 15 years. But how long were they did they give did they get the administration of the bio regulators?

Okay. In these clinical our patients got a big tides twice a year, twice a year or twice a year during, each course was for ten days. Okay. Ten days. Yes. That's amazing that that is that is really amazing.

So they got basically 40 doses spread out over two years. And then the effects last like impacted their health for 15 years. But I would like to mention that the significant results in mortality rate we got only in two years after this clinical investigation that this fact explain.

That these people have a regulation activity not hormones not effect as antibiotics. Because all this step by step regularly regulation the functional activity of cells of the tissue and normalize of all metabolic processes.

Yeah. Yeah. No it's it's it's really quite spectacular. So how do so most people don't have access right now to Epithelium and Timoleon. They're hard to they're hard to get outside of Russia.

I mean maybe in Russia you can get them. But when out here we can get maybe well we can get the natural extract, the oral natural extracts. Right. And or we can get things like this product from nano Pep, which is synthetic, but they only have very they only have a couple of options.

They have it on they have this numerics which is the immune, which is Thiemo Dean and Dylan, which I shouldn't say just this because this is very powerful, but how did these compare to the epithelium and the Timoleon like would you would, could you use these only for ten days or do you think you need to use this, a product like like a net like the synthetics, would you need to use it for a longer period to get a similar impact, let's say.

Or is the ten days enough? Sorry, but I would like to start your answer for your questions with a very important detail. Please do. Yes, I think some of the problems appeared because there are many names of deputize.

Oh yeah, laws on mean epithelial mean. But what is very important that the molecules in the different different products is absolutely the same. All is the newest trademark of the name of these.

Of these for example a. Pineal gland. Yes, yes. Extracted. Excellent appetite. Yes. Is another one. Yes. Yes. It is a complex of pictures from Pine Island.

Absolutely. The same molecules as in our medicine, in our drug, in the Russia. But but in Russia we produce as injectable. But in Europe we decided to to repeat a little bit, repeat this one.

We take absolutely the same molecule. But we told you about the the difficult to to receive the permission for injectable medicine. And that is why convention decided to to produce a sublingual.

Yes before the effect. Absolutely the same. Of appetite to epithelium. Yes. Yes. Not epithelial. It alone is different.

Yeah. Well injectable medicine in Russia because these extract epithelium is synthetic peptide.

Yes. In extract epithelial. They are a python in X. Absolutely. But there's more there's more. Yes yes yes yes. So there's and first of all this is necessary to understand that there are extract there.

There is a acting there is a synthetic surface. And it doesn't matter. What is the name of this one. It was only these trademark. Yeah, yeah. No I know I have a, I made a table with all the different names of each of the peptides so people could start to.

And also it's important to know what, what each name refers to so that you understand how to use it and what it's for because they're going to they're going to be a little bit different.

So I have a question for you. If if professor created, you know, developed appetite for the for the pineal gland by regulator, why didn't he do the same thing for the adrenal by a regulator or the like the other organs?

Is it because he kind of did he feel that it wasn't necessary or he just kind of ran out of time or. No, no no no no no. We produced in the for brain for Thomas in in our Italian company produces this type.

And you showed me this this this one. Yes. But but this company or maybe the only thing that I've seen available. And this guys, for those of you who are listening to this, this is Nano pep.

So Nano pep, we can buy now, which is the thymus and villain and villain. This is immune. You can buy the appetite or you can buy a Patel on. But do they have I've not seen available to us other formulas that would address different organ systems.

Is that because they're just not available outside of Russia, or because they're coming? Because of their coming? I'm very excited about that. But it's only the Italy only is Italy is is produced.

And of course we cannot produce the injectable. But for these we produce as a spray because it is very important way for it is really a sublingual. Delivery serie. Good.

Because very quickly all of the short people prayed to blood and they have absolutely the same effect. Not similar. Very similar effect is in for sure.

For sure. And I guess what I was asking is there's no there's no liver. There's no liver version of this is there. Yeah. Oh I haven't seen it. Okay. We have for brain, for regional, for nervous system, for Levi, for for an exceptional complex for man.

Special complex for lady. Yes. Absolutely. Right. And this is under the Nano Pep brand. Sorry. This is the brand nano pep or it's a different company that produces it.

No, no, no, this. Company, this company. Okay, cool. All right, let's let's go back to to the script here because I have a list. We got a little bit of off script, but I want to get back to some of this because, you know, my curiosity takes over and not sometimes there might be people listening to this who don't, who don't know the bio regulators as well as some of the listeners who are more familiar.

So, so when when we talk about how they work and I think you mentioned this earlier, I just want to confirm for the audience that the way the bio regulator works, that makes it different from almost any other peptide out there that people are marketing is they're really working as gene expression modulators. Yes.

This is this is what they're doing.

Telomeres, Cancer Concerns, and Safety

It's activity at the gene expression level. It's not it's not attaching to a receptor outside the cell. It's it's this is an

epigenetic switch flipper.

Absolutely. Having sown in his scientific investigation, having sun prune that regulates gene activity. And because people have a binding size with this gene and regulate the gene activity, a protein synthesis begins.

And that is why it is way for regulation of functional activity of tails. And that is where tissue and the hostages of the whole organism. Perfect, beautiful.

And so there's also a concept about how they influence cell differentiation. Is that basically what you just said through the the genetic the genetic impact and then up regulating the production of proteins at a cellular level.

And this is where we see this whole cell differentiation start to, to happen. I mean it's like magic really. It's amazing. Yes, yes. My work was with some of my scientific work was with the non differentiation cells.

And it really for me it was surprised when I first time received that under the effect of different guys different tissue appeared. We took non special model.

We took a non differentiation cells. The raw materials of a frog. And under the effect of the original prepared retinal cells nervous cells and pigmented maybe appears. Wow.

And this fact explain why we see the positive clinical results among of our patients with so difficult congenital diseases. As a rating it is pigmentosa for example of course, and it is very important to understanding this fact because every organs in our organism have have a non differentiation cells, stem cell cells and and our reserve of our organism are our reserve of capabilities capabilities.

Is it possible only if we can regulate our non differentiation cells. And it's those molecules that regulate of these these not differentiation cells.

That's incredible. That's I never really thought about it that way. But that is really so crazy. Okay. When you I don't know if you spend any time listening to the chatter that's going on in the wellness space, but if you do, when they talk about bio regulator peptides, what do you think is the most common oversimplification that they make?

And that's assuming you pay any attention to the wellness world. So maybe you don't. But do you hear people saying things about bio regulators and you just go, oh my God, no, stop, please.

Of course. I. Of course, I think impossible to achieve one. Yes. Only this one. Medicine. Yes, yes. They are not the silver bullet. Yes. Even it is a pioneer.

Glenn dies that created cabin song. It is longevity. It is a difficult work. First of all, it is a buried them. It is our meals, our physical activity.

It is our examination of our health and the scientific proven medicine. It is only the last part of our longevity and our health. And some of the people who want to be the health and to achieve the 120 years to try to use any, any, any medicine, any or some of these for, for, for maintains of his work.

But yeah, sometimes it is not good because sometimes these, these medicine of these, these. Like interventions. Are you talking about like plasma replacement or they're talking about.

Yeah. Yeah. So like things like remixing metformin like the more extreme fringe stuff like the plasma paresis, all of these things. Yes. Not positive for health.

Yeah. Yeah. And I think it is very important to use only proven medicine things or medicines or some of the way to support of the house. Yeah, yeah. No I agree I don't disagree with you.

I think, you know, it's interesting. I think in this space people are so, you know, they're so motivated in some ways. I

mean we learn from from everybody's experience.

But there there are people who are very willing to, to do the latest, greatest thing very quickly because because of a and because of and even if it's a well-developed hypothesis, it's still just a hypothesis.

We don't have the data to show what's going to happen in ten, 15, 20, 30, 40 years. So I think that's a good, very good point. Do you there's one issue that keeps coming up in, in even in the scientific space, and that is the when it comes to the six year and the 12 years, the 15 year study that Kevin Son did with the old people and then the elderly people, he did it.

He did the second one with the elderly people. One issue that people keep bringing up is that nobody was ever. And I don't know if anybody even tried, but that there is no independent replication of those results.

What do you think? What do you think prevented, like the wider validation of this work outside of the group of scientists that Kevin, because it wasn't Kevin said all by himself in a lab.

I mean, he he had teams of scientists working with him. What do you think has stood in the way of replicating this work so that it would be more broadly appreciated or accepted?

Because certainly in North America, you get a lot of scientists that go. Nobody's ever been able to reproduce that. It is only my opinion, but I think maybe it is really very difficult to repeat this investigation for 15 years.

It it will take a long time. It is true to do much money just to all. Fortunately, fortunately, fortunately, and I think now it is necessary to to use the results of this huge investigation.

And for me, sometimes it is not clear why the some of the doctors decide to prescribe the new new dosage of some of the people's old. And why every time I ask some such doctors, okay, it is very good.

But you did check this. Your your your methods of these your your method of this or this one or not. Why you decided it that these your variants more better than variance from having.

So why? Yeah, I'm a doctor and I use only the scientific proof investigation. Right. But there is no scientific proof investigation for what they're doing..

Is absolutely riptides absolutely safe because we carried out taxi investigation Chronicle instigation, of course. But, it is necessary. I think it is may idea each doctor to receive the the maximum positive results and why it is necessary prescribe your vision for this one and not take the results of investigation.

I cannot understand why. Yeah. Yeah, well, maybe because they once they feel they start to understand how they work, they start to imagine, you know, they start to create different because because I guess where it comes from is or maybe where it might come from is that Kevin Sun spoke very clearly that the way to use the bio regulators most effectively was not one at a time, but to combine maybe 2 or 3 together.

Depending on the on the condition to get the best results right. And so we see the blood vessel bio regulator, for example.

Clinical Protocols, Stacking, and Dosing

We see it show up all the time in these. We can call them stacks now because as you explained earlier, with the eye, proper circulation health of the blood vessels is I mean, it's a foundational need for anything to go well in the body.

And so and I know I've come across documents that really clearly specify which 2 or 3 peptides to use, depending on the situation, the condition we're trying to address.

Do you think that maybe if people decide that they're going to use more, add a couple more to it? Do you think that will do you think maybe it's a waste, or do you think that maybe it could be a problem for the way the peptides interact or work together in the body?

The laws 1000 scientific publication in scientific journal. And it is really we carried out many clinical investigation. And of course, you're absolutely right.

If the patient have the sum of serious disease, for example, as debate is as it is, why we have to regulation not only metabolic process but an immune system, vessels, binary gland and urological, see if the patient have the summer complication.

But of course we have a special program with peptides for such patients. And we try to teach all of the doctors these this this program. Yeah. And I guess there's probably like for the diabetic person we have just taking diabetes as an example.

Right. If we think about all of the different issues that they're dealing with. So you you mentioned obviously diabetic neuropathy, which is it's kind of almost like an end closer to an end stage of a disease.

But there's there's kidney challenges early. There's we have to talk about the liver. We have to talk about the pancreas. We have to talk about the blood vessels, the heart, like there's very few systems that are going to not be impacted.

And so I guess the question is in the, in the, in the protocols that you have that you teach doctors, I would imagine that it's not so much that you can't use them all at once.

It's that there's an order, maybe there's an order of operations where first we must deal with this, then we can deal with this and then we can deal with that.

Is that because otherwise you just end up with a hodgepodge of stimulation to the body, asking the body to do repair. And it may be. Is it possible that if it's in the wrong order, it's not going to be dangerous, but it's not going to be as effective?

Well, first. Of all, as a doctor must have to know the disease. And according to the problem, this patient, of course, it is necessary to prescribe the different different bites coding to do the.

To to the to these disease. Yeah. Absolutely. Absolutely. Absolutely. Right. Yeah. So it's the order of operations that matters. And so if people use because I've, you know, I had someone recently say to me, oh yeah, I'm going to use five bio regulators at one time.

And to me that sounds like it's a lot. You're asking a lot of the body at one time. And maybe it would be better to split it up into 2 or 3 and then another two after the fact.

What are your thoughts on like again, is it a question of safety or is it just a question of not of efficacy? First of all. Of course it is a safety. Yeah. First of all, it is a safety. Yeah.

But of course it depends on what we want to achieve or if these patients are necessary to treatment. If of course, I can prescribe the five big types and medicine if I want to, if the patient won't prevent some of disease, of course it will be better to to get if this patient get only 2 or 3 this but step by step according to the age, according to the biological age.

Because in for example, in our medical center for our patients, we check their biological age, we check the level of melatonin, the length of telomeres.

We do a genetic passport. According to the patients with different diseases, somewhat disease or cancer disease. We prescribe the special treatment. Of course, it depends on the patient's impossible to recommend price.

If I if I can see. That for sure. And I guess I guess in this case it was this is this is the the crowd that is very focused on longevity and health span.

So they don't necessarily have health. I mean, everybody has something going on. It's at a certain age, right? You if nothing else, even if you're very healthy, you might have a weakness, as you just said, like whether it's a genetic predisposition or, you know, metabolically, you're not quite as great as you used to be, like whatever the case may be.

But, but, but the people we're seeing very often who want to throw everything at the, at the problem but the kitchen sink and they're in a rush. Right.

So they want to do it all at the same time. Is really this, this crowd, this, this growing population of people that have become aware that they don't want to get sick as they age, and so they want to do everything they can now to prevent that, that decline.

And I guess what with the five peptides at a time, what we're seeing is people who think that, you know, if I could just cram it all in, in less time, it will be better for me.

And I think what you're saying is maybe a little bit of patience and going a little bit more slowly might be more beneficial and be more specific. Yeah.

But I would like to draw attention. But in the patient hearts, patient has a really serious disease. Yes. Of course. Are all people only the only. We only add to the main the therapy of this for for such patients.

Not it is a main therapy of course. Oh yeah. It's additive to even like more medications. Yeah. That was, that was a really great I think the one of the books that did a really good job speaking about that is the it's a very tiny little book.

It's not very complicated. It's the the bio regulator peptide revolution book by Mario's Doctor Mario's. I forget his last name starts with a K, but he he he cites a lot of different instances where, for example, there was one study where there were patients who had COPD and the the control group were the patients that only got the medicine, and the test group were the patients that got the medicine, plus the bio regulators.

And so I think what was so interesting in that book is it really makes the point that the bio regulators play very well with medicine. They add to the medicine, they improve the results.

Sometimes you can use less medicine as a result, you know, like you just see better results. But they don't replace the medicine. Yes. Because peptides are regular is a metabolic process.

And that is why is it possible to decrease the level of the medicine if the patients get I have many patients with a different disease, for example hypotonic disease. Yes.

And under the of the vessels of pineal gland peptides. We manage with these problems. And my patients I get the dosage more smaller than the patients with the same level of hypotonic diseases, but without tides.

It is true. And when you say hypertonic, are you talking about high blood pressure? Yes. Yeah. Okay. Sorry I didn't I didn't fully understand. Sorry, sorry, Tony disease is the patients with a high the high pressure. Yes.

And that. In your opinion is there anyone who should not use the bio regulators that you've seen so far clinically? Is there a population of people you'd be like for those people, or is it a situation where with people with significant disease, they really shouldn't use them without the guidance of a physician?

Well, first of all, I think the main problem in not problem, but the main yes, of course the problem. Cause we haven't medicine respected efficient medicine injectable in the European country, first of all.

And we have all the food supplements with people, of course the molecules. Absolutely same. And the facts about it, they are not legal as a medicine. Right.

Maybe, maybe this remains a question, the main of the problem. But if the doctors go to the scientific congress and scientific meeting, and if such doctors are read, the scientific publications, of course, doctors and stand about this part.

But to tell the truth, unfortunately it doesn't matter where in European country, in Russia, in America, America. Some of the doctors don't read scientific scientific journals.

Yeah, that is true. Sorry. That is. And with only the according to the algorithm and the some of the program. So I'll show the government hospital right.

So so let me ask you about a couple of different populations of people that ask me all the time. Should I use can I use bio regulators. So and I think that in the literature they are used with children sometimes but have much lower doses.

Is that but but again for children I would think what now we're getting into therapeutic world. We're talking about a child who has who has a problem.

So now it should be under the guidance of a physician. Like we're not we're not doing anti-aging strategies with a child. Of course, it depends on the children of.

Of course, yes. But you know, we have, let's say, in North America right now, there's an epidemic of children with metabolic, metabolic imbalance. In Russia, in the Russian pharmaceutical market, there is a medicine pipe medicine for brain, special for children, special for children.

Okay. Yes. For special for children, for cerebral palsy or some. These medicines. Special for children. Of course. We have only the 1 or 1 legal medicine respected for children fully this one.

Just the one for cerebral palsy. Yes, yes. This one in the. Of course.

Children, Pregnancy, and Healthy Aging Use

Is it possible to if the patient, if the children have problems with the health of course the possible to to to give such children these types of course.

But I cannot recommend as a doctor children because clinical investigation among the children we didn't carry out. Perfect. Great. That's the answer I was looking for.

I think it's important to say that, and it's important for people to hear that from from one of the best informed sources on the planet. And then the next population that asks a lot about this is women who are pregnant.

My response is not that different than what you just said, but what. This story, but the same. The same answer. There's no perfect, beautiful. Thank you. Yes, yes. Okay.

But. Sorry, absolutely the same answer. But of course, we carry out the investigation and animals pregnancy. Yeah. And we did not receive any toxicity, any complication, but not we didn't carry out among the people.

Yeah. And so and sometimes the animal research doesn't translate directly to humans. So we just yet. Yeah. Yes. Absolutely. Right. Okay. So is it possible is it possible for people to do too much to.

And now I'm talking about in the, you know, in the relatively healthy people who are trying not to slow down their aging, right. Is it possible for people.

To do two two high dose, two frequent cycling, like is it possible or they run their cycles for too long, like for example, there's some doctors out there who are saying, oh, I recommend people use it on every single day are all year long.

What do you say to those people? Is it possible? Is it possible they're just doing too much? Or the hand? Of course they will not receive any complication and any toxicity action on the the big dosage of of peptides, because peptides regulate the only the gene, only the corresponding part of the gene.

And that is why he. Don't looking for this one. This doesn't work. But on the on the on the other hand other hand, it is really really strange why it is necessary to use every day.

I asked the same question. I thought maybe they they know something I don't know. Oh no. No, we we haven't results. We haven't such investigation. First of all, they haven't been studied that way.

Also, it begs the question why? Right. Because if if in the studies, in those studies, the six year and the 15 year study, you were able to accomplish so much with so little, why do people think they need to continue this indefinitely?

I, I agree with you. I think we'll have to find one of these people and ask them why they think this is important, but thank you for answering that in your opinion, for from a longevity perspective, not therapeutic.

At what age does it make sense to start using bio regulators as a healthy aging strategy? If somebody just interested in saying, you know, I want to do appropriate, let's say, ten day cycles just to help myself age better.

What age do you think is an age that they might think about doing that? Can they answer all these phrases 40 years having? Yeah. Show that, his prepares can slow down aging process.

Right. But it's cannot stop aging process in our is yes of. 100%. Yes. And if you want to achieve the longevity. Yes of course we are. We have to use these people's according to the the results of scientific investigation.

Of course. Yes. And of course we have to maintain our health with our very them our. Of course, meals, our physical exercises. And of course it is very important for our health.

And if we decided to change our, our behavior in, in our life, of course it it necessary to use only the scientific, scientific, scientific medicine and scientific scientific race for for this one.

Okay. So okay, so so I guess I mean the scientific literature, the study that that Kevin Son did was with this 60 year old people. But would it be are you saying that maybe at 40 years old there's no research and so maybe it's too soon to start?

Or because you could say that it's easier to slow down aging if you start a little bit before you're older. Right? So let's say a 40 year old person or, you know, for a 20 year old person, it would probably be too soon because you're you're young, assuming that you're living a healthy lifestyle and eating the right, you know, you're doing all the things.

But do you think it would be too early at a for someone in their 30s or their 40s to start? Maybe it is necessary. First of all, it is necessary to check the biological age.

Of course. First, yes. And if the biological age doesn't match to passport age. Of course it is necessary to to first of all, to think about your health.

First words. Just the second part. Of course, the uses this big time. And so if you're. But how much younger like look at Bill Lawrence for example. His biological age is crazy.

I don't know, it's like 23 or something. Soon he's going to be a baby. But he's so he continues, you know, he

continues to cycle his bio regulators. Whereas for me, I'm according to the last test I did, I'm 14 years younger than my than my passport age.

So does that in your opinion, does that mean okay, you know what, Natalie? Just maybe use a couple of cycle once or twice a year, and then you're good just to maintain or because I'm older, should I use them a little bit more?

But let's say someone or someone who's 45, whose biological age is 35, would you say to that person, just wait, you know, just let it go? Or would you say, maybe, oh, you can do a little bit of fine tuning, but you don't need much.

For prevention. Of course. Yes, but, I will recommend such creation, of course, to do the genetic passport. Because, because according to the the coding to the position of several disease, I can prescribe the different types.

Right. That's where you're going to put your focus. Right. So for me, if I have a predisposition to type two diabetes, we're going to focus on the metabolic piece of the puzzle more than other things..

Pancreas peptides. First of all pine angle and device and vessel peptides. Sorry, but if you ask me about yourself I have three these pictures. Yeah. No, that makes that makes perfect sense.

I've done that stack before. I will have to do it again someday. You talked earlier about the the the retinol diseases, right? The retinitis pigmentosa.

And I think this is something that's important for the audience to understand that you use the bio regulator peptides, but you also used this is a very this is a very complex protocol.

Yes. There's also medications involved. Can you just explain? Basically it wasn't just the bio regulators or was it just the bio regulators that you start that you see the best results with because you now work with people like this ongoing in your clinic?

This is a big focus of the clinic. I think you're one of the few places on the planet that actually moves the needle here.

Stem Cells, Misconceptions, and Future Research

Yes, for original diseases picked out by regulators, it is really a brilliant medicine because because we can manage with these serious diseases as h degeneration where the dry form retinitis pigmentosa, diabetes mellitus, this retinopathy and of course this, these retinal diseases, only these big tides we can stop of pathology process because we have many, many patients with this disease.

And first of all, it is very important we can to to to give such patients the visual acuity. It is incredibly. Yeah. It's. Yes. Yeah. And so it's a combination of things.

It's the bio regulator peptides plus other treatments as well. Yes. The pathogenesis of retinal disease. First of all, when we prescribe all of the treatment respected, first of all we we have to understand the the battle genetic of any diseases.

And according to participate genetic we prescribe these medicines. Yeah 100%. You mentioned earlier we talked earlier about the non differentiated stem cells in the organ that respond when you administer the bio regulators.

I know that there's work being done in an Italian university with someone that you know quite well looking, studying stem cells and bio regulators. Is there any information coming from there yet that you can share that would indicate that for all these people who are doing stem cell therapies right now, that there might be a benefit to also adding the bio regulator to the stem cell therapy?

Yeah. Yes, it is very, very important question because I, I have mentioned that ties people's a boost for, for the

differentiation of the stem cells and combination of stem cells with guides can give as a really good results because peptides are information molecules.

And these molecules that push of differentiation, cells differentiation according to the tissue specific of peptides. Yeah it's perfect okay. Last few questions before we go.

And what are the for you that you have heard. There are any myths or misunderstandings about bio regulators that you would like to just say right now, just stop it, that you would like to clear up right now?

I think, first of all, that some of the people decided that people that are Alex are elixir of age. Yeah, no, people are substance that regulates our aging process.

Unfortunately, even pioneer gland prepared cannot stop of aging process. And if we want to chief longevity, of course we have to maintain our health, our behavior, our buried and of course use beautiful.

And what area of bio regulated peptide research are you the most excited about over the next five years? Yes, I think it is a future when we when we will know absolutely 100% how the peoples regulate the genetic beautiful which which regulates which gene.

Yeah. Because. Because they regulate many different genes. Right. The pineal gland bio regulator regulates where is it? Hundreds of genes. Like it's not just one little switch I think is what people imagine, right.

They're like, oh, it's going to be one gene. It's like, no no. No no no. Gene. But having sun research these the received these results only in vitro.

But it is necessary to repeat in vivo. Yeah. And do you think that work is happening now or is it going to happen. It's happening now. Beautiful. Do you think that so you've made it clear in this interview that the bio regulators are part of the pharmacy of used medically in Russia?

Do you think it'll ever cross over into other countries like Europe and and North America, I hope I hope so too. It is. Mind me. It is. It is a dream for sure.

Okay. You're not going to like this question, but imagine, just in general, if you were going to build a foundational healthy aging stack today, what would it what would the peptides be if you were to say, into the general population, if you were going to do just one stack once or twice a year, what would it be? Yes.

According to the results of 15 years investigation. Yep, I think yes. You want to eat sheave our all and each people have all the longevity and all we have to get a pioneer Glenn and time as to why is a year.

Beautiful? Beautiful. Last question. What do you know now about aging, repair and resilience that you wish every 40 year old person understood are your final message to the audience?

I think I think we have to think about the positive. Yeah. Yeah. Yes. Remain quantitative. Yeah. Yes. And believe that we can manage to all of the bad situation and achieve our beautiful. Thank you.

Thank you Doctor Trofimov. This has been a wonderful conversation. Thank you so much for making the time for this because I know you're very busy. You're traveling, you're you're not you're not sitting around resting on your laurels at all.

So thank you so much for taking the time. It's been an honor and a pleasure to speak with you today. Thank you. Thank you very much. Thank you very much for our invitation.

It is really I am grateful to be here. Thank you very much. Thank you. And I will include in the show notes links to the, the, the a couple of the studies we talked about today and also to just a couple of research articles I think would be good.

I'll run them by you first and you'll tell me what you think just to help people get a foundation. Thank you again. It's been a pleasure. Thank you very much. Thank you. Thank you very much.