The Use of Peptides in Chronic Illness Transcript

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Introduction and Doctor Crosieru2019s Background

Welcome to this episode of the Mycotoxins and Chronic Illness Summit. Today I'm so excited to have with me Doctor Gordon Crosier. He and I have become friends.

We met at a few a m conferences and found out that we practiced very similarly. So of course we got very excited to to talk with each other a lot. And, he's become a become a wonderful colleague to have and becoming my friend.

So welcome, Doctor Crosier. It's so great to have you here. Thank you. Thank you. It's so good to be with you again. So we'll have to get together sometime soon.

Absolutely. Yeah. So why don't you introduce yourself to our audience? Well, my name is Doctor Gordon Crosier. I, was clinical faculty at the University of Kentucky for some time, and I worked there.

While working there, I actually became ill myself. I went on medical disability, but nobody could really figure out what was going on with me. You know, nobody could figure it out.

The neurologist, the infectious disease. So, I had so many different appointment with with so many different doctors, and it was just frustrating after a while.

And, because of that, I began to seek out other entities to figure out what was really wrong with me. And, I found out that a lot of my chronic illnesses that I had had most of my life were actually due to simple, mold and Lyme.

So mold and Lyme, you know, and that's what, you know, this is about mold. And didn't realize I was living in a brand new home that was full of mold. But because of that, I began to seek out entities to help people get better from this because I knew I wasn't the only one that traditional medicine couldn't figure out what was going on with them and why they were ill.

So because of that, I sought out and, so now I've had my own private practice, for, over ten years now here, outside of Orlando, Florida, and, and, we've just loved it.

And I love helping people. And it's hard. It's hard sometimes, but. And it's a hard disease to treat. But you have to understand it affects every single organ system.

So that's the cool thing is you have to be good at everything, right? Because we're it because we're accessing the body from multiple points. I let's start by talking about peptides.

I'm really excited about this. The role of peptides in chronic illness. It's certainly changed the way I practice medicine using peptides in chronic illness.

How Peptides Changed Chronic Illness Treatment

So, yes. Me too. So there's there's many peptides. So, about ten years ago, I started using some peptides, in medicine. And when everybody's probably using one and excluding thiamin.

So GSH glutamate, is a tri peptide that everybody knows about. But a lot of people don't understand that that's a peptide when they're talking about that, that traditional realms.

But there's other ones. So I began, using something called thymus and Alpha one. And I loved thymus now for one, because it really helped, a lot of these people with these inflammatory conditions, because, you know, when you're talking about chronic disease and when you're talking about mold and mold toxicity, it causes oxidative stress.

And we're causing inflammation throughout our body. And because of that, we have to have something that helps turn, turn down that inflammatory markers and those inflammatory markers.

So I started using thymus and Alpha one and Milana ten to those were kind of my two key ones that I use all the time because, Mylanta tend to although it might make you dark, it's really a great, pathway through the Milana system in decreasing and inflammatory response and including, you know, Acta, you know, it helps modulate that.

So that activates the MSH, all the things coming down from the hypothalamus. It really helps to dampen and and really helps to, control some of that inflammation and some of the neuroinflammation.

That's not one of the ones that we call a neuropeptide. A lot of times. But it really does help to bring down neuroinflammation. So that's why I got so turned on to peptides.

As time went on, we started introducing more and more peptides all the all along. And and you probably know one of my favorites now is El Al 37 because it works.

So tremendously with our Lyme patients. And so I love it and what it does for our Lyme patients. But it's not just our Lyme patients. I'm finding all these other people with other, viral vectors and, it really helps them to mediate that, that insult from those different vectors, either bacterial, viral, parasitic, it really helps all of them.

And I love it because it goes in conjunction with, other medications or other, antivirals that are homeopathic or whatever you want to use. You know, it goes along with all of them.

So it doesn't matter what your modalities are. And, and and, you know. Yeah. We've we've spoken a lot. I use multiple modalities. So I'll use some traditional type medicines stuff.

Then I'll use some, more of a naturopathic approach, sometimes a homeopathic approach. It depends on the individual patient. Right. What you're gonna do.

But I love peptides because they go along with all of that. Right. And, so peptides are so critical to my practice. And it's part of my probably because when you understand peptides in the source, you know, we have over 9000 different peptides working in our body.

So why would peptides not be something natural for us to use in our body to augment different pathways and help people to, actually, gain the potential that they really need?

And that's why I really started using, now with Neuro Borelli. I was just I'm using a whole bunch of different peptides now, and, and I and I love all those, the peptides that we can use that are available to us today.

So we keep having more and more and it keeps expanding. Sure. Some of them have been taken away, and the FDA has kind of squelched some of them. So we can't use them all anymore.

But the ones that we can use are so useful in our practice, and I just love it. And I know you use them as well. Yeah, they have changed the way I practice medicine today.

So most of my patients come to me with tick borne disease and mold and all kinds of infections and high environmental toxicant load, massive activation syndrome and inflammation as well.

And so in the past, before I started using peptides, I would detoxify the patient first and then I would try to kill the infections, maybe using herbs or maybe using, I. V.

antibiotics. And sure enough, many people can't even handle herbs. Right. You know, a lot of the antibiotics. Right. And so then when I started coming in with the peptides, my favorites are tb4 frag and BP Sigma 57.

Yeah. And KP v to start with, that was that wonderful. Yeah. To to calm down the inflammation first. But I found that

once I started with those then it became much faster and easier for, for me to kill their infections and detoxify them.

They were there were less, negatively reactive right. Cytokine cascade that comes with the infection kill. Exactly. And that's why it's so wonderful to use the different peptides.

And and I use BPC 157 and I use TB for frag. I use something that's kind of newer now that say we're able to get it's called APB seven, Me two. And so APB seven is one.

And it's really helps to to calm down some of that cytokine storm as well. And it really helps with the healing of the cell too. And one thing that is not supposed to be known for, but I've seen a really great response in, in some of your, in some of my histamine patients.

So it's been working for some of those people with, with mast cell syndrome, and it's really been helping them and to a great degree and I and I love it and I, and I use PTV to I love Cfpb for the anti-inflammatory effects that it has as well. Right.

So all these peptides, you just kind of weave in and out of them. And that's what I, you know, that's what I do. I kind of weave in and out of them. And I kind of have developed a little bit of my own protocol for them, you know, but, it's just but it's really patient driven.

And what that patient is needing and the patient's response. So I never introduce the neuro peptides until after, people have been able to detoxify because even detoxifying people sometimes we couldn't do that without bringing down the inflammation.

First. They couldn't even handle anything. Exactly. So they the people who you can every time you try, move forward, you just can't. It sets them back.

And I found that the peptides allow us to to move forward. You couldn't have much quicker. Yes I love it because the peptides actually help to number one bring down an inflammatory response.

But they actually like BPC 157 is one of my ones that I love me has it actually it's a genetic modifier. So it helps to modify epigenetic snips. So if you have some snaps like say your HLA DMV Q and you know that one, that one's for, you know, for detoxification, for mycotoxins and I can say chronic Lyme on there and, and different things like that.

Using Peptides to Calm Inflammation and Support Healing

So it actually helps to modify some of these genetics so that they will express correctly so that you actually are going to enable that person to detoxify on their own being, because that's what that HLA is.

It's on that cell surface of every single cell. It's a it's a very important, genetic, that, that we have to take into consideration. But even those people with ApoE a Applebee ApoE e VPC 157 helps to modulate that.

And I see in time and time again, the other one that actually is a genetic modifier is g k. So g h k. I use it in GHQ because you really need the copper portion of that enzymatic function to really, open up certain pathways for enzymatic functions, but also in the enzymatic functions in the DNA.

So because people don't understand that enzymatic functions that are going on, you know, in the nucleus of the cell, but you have to get to them and you have to modulate that and how they're going to express.

Right. That's how we can help a lot of our patients today. Because, you know, since we've been able to use these, you know, yeah, we were we were probably getting 60, 70% of our patients better.

But it was a long haul and it was a struggle. Now with the advent of these peptides, things have shortened. They don't need as many IV treatments because I know you do a lot of IV treatments, just like I do, in optimizing with,

amino acids and, and faster title colon and all those other things.

Yeah. But these actually help those go to work quicker. Yes. And you get better results faster. So, that's why I, I, I love peptides, but you know, to.

Yeah, I would say that somebody who took three, maybe five years to treat it might take one year to treat when we're using the peptides. Right. Exactly.

So and I like that because, you know, those people then can get back to life sooner. Yeah. You know, I just, I have several people that are are just finishing up their treatment modality, and they've been with me for, you know, about eight months, you know, they moved close by me and they've been here for eight months, and they progressed so well. Yes.

The peptides that they're now free to go back to school or work or whatever they were doing before, and some of the younger ones that are really were missing out on high school or college, it's nice to see them to be able to have that goal of getting back into college, getting back into high school.

And, I had three students all in the same year that actually caught up on their high school, and they were actually able to graduate with the class that they had started with.

But they were two years behind, but they caught up. And I just love that because, it wasn't that wasn't the case before? No. Exactly. They would have to be away from school or work for a couple of years.

You know, people can come to the clinic now for six, eight months and we give them really robust treatment plans, aggressively treating, yes, but also gentle because each person is different.

Right. When I say aggressive treatment, I mean I'm going treatment's not not aggressively pushing someone off the cliff. But but really watching them live, watching them like a hawk and, and consistent treatment. It's. Yeah.

I don't like to push people too hard, with treatment modalities because I'm kind of a different, I don't, I believe the same reaction is, is a warning for us that we're pushing somebody too far too hard.

Yeah. And I know there's some doctors out there that believe that. Oh, you gotta push them. You gotta hurt some. They got hurts. And I'm not that person.

I think if you're, you're having a hard time or oh, we've got to back off. We've got to think about all the pathways that are working. Yes. And which ones are not.

And let's try to give you the peptides that are going to optimize these specific pathways. And it will work well for them. Right? I think I agree with that.

A lot of patients will say, oh, you can push me until it hurts. You can push me until I'm exhausted. And they say no. And then they say, if I hurts, doesn't that mean that we're doing the right things, that mean we're killing?

And I say, well, maybe it means we're killing the infection, but it's too high of a dose. It could be the right medicine at the wrong time. So we've got to back up, come down the inflammation with peptides usually. Yes.

And then reassess where we're going. Yes. Because, I there's some literature out there now that, that, that, that, that was reactions when we push them too hard are actually causing some mitochondrial damage.

So if we're causing mitochondrial damage then what are we going to do to that person. And so usually you know mitochondrial I address towards the end.

Me too. And and I usually use VIP is one of my peptides to address the mitochondria towards the end of treatment modalities. Because I just I figured it out the hard way.

We didn't have anybody to help us. Right. You know, we kind of figured it out the hard way, but we found out that VIP wasn't working early on. In fact, actually, it had adverse effects early on.

Right? Even though they needed it and you could see it by their labs. They needed VIP. But introducing that peptides towards the end of treatment modalities really helped with some of that mitochondrial restoration.

And, and so that's why I like to do it more towards the end. Right. And that speaks about the cell danger response where it where the mitochondria are creating external ATP outside of the cells as a warning signal.

Signal, of course, is thick here. And so it might not be the time to wrap them up because they're not going to they're just not going to use. Right, right.

Create the ATP in the right places. So definitely I use it as an after therapy. Yes, yes me too. And I and I see great results with it especially. Wow.

Everybody but especially my younger patients, that used to be able to compete athletic wise, but then they got sick and then they couldn't compete anymore.

But I have several competing in lacrosse again, you know, just because we got them through the process, got them through it. So unfortunately some of them get tested.

So I can't use peptides on them much. Why? They're competing. But I continue peptides even after they're done with me just to, you know, modulate, all their inflammatory responses and everything.

So I like to keep up with what's going on with the patient when they're done. Right. With the intense treatment modalities. Intense. In other words, they're getting IV treatments several times a week, right?

That's clean. Yeah. Yeah. What I noticed about my patients is that they're they're generally sensitive people. And so once I've cleaned up the infections of detoxify them, of course, using peptides all along the way as well, they get them better and they can now go have a life.

It sometimes it's easier for them to, to get not knocked off again if they've got that, immune system patterning that the body knows how to go right back into or the neurological patterning that the body knows how to go back into very easily.

Oh, I'm finding that the peptides are helping to re pattern, the immune system. Yes. And a logical system as well, which is what, like what the measure is so important too.

Yes. Yes, yes. Yeah. Yeah. We have to re pattern things, actually help people to, come to a realization that, they are kind of fragile in the beginning, but I see as they go on in time, because now that I have people that we've done peptides on for, you know, six plus years now, kind of ongoing kind of weaving in and out of things.

Right? I noticed that they're kind of setting up where they don't need as much or they don't need as often. And they're kind of really they're, they're they're changing modality.

Ways and, and really re molding everything.

Detoxification, Toxin Testing, and Treatment Strategy

What happened I wish we, we could have in the United States because I have some patients from, Europe and they've been able to actually get this peptide. It's called human in humans.

And it's a very cool peptide. And it actually, it, actually helps to heal a lot of aspects in the cell. So not only mitochondria but the ribosomes and, you know, the cytoplasm, it's actually works in the matrix as well.

So it is a very cool, peptide. I had one woman that was really sick. She was from France. Extremely sick. And she really had gone through all the modalities.

She'd been all over the world getting treatment. But she really nobody ever used peptides on her. And then, you know, I found out. Oh, there's a place not too far from you.

You can get some peptides, So got her in contact with this person. We could use peptides. And I would do it through zoom because I. She couldn't come here for a lot.

She did come for a little bit of period of time, but she couldn't stay real long like a lot of other people. So she went back home. But we modulated her with peptides and she's now doing extremely well.

And that's what I like, because she didn't think she was told she would never be able to have children. We started her on human aid. Her fertility came back, I love it.

She actually, she actually, she actually just had her second child now, so it was kind of cool. But, you know, we don't we don't have that peptide here in the United States.

But I'm praying that we can get it here soon. So I need to go ahead. And speaking of where to get peptides from, I'd love for us to talk about that to our audience because know the hearing this talk about these peptides and of course they want them and they're going to go to the internet and find that they can buy them from there and do it right.

So, well, let's tell can you tell them why why that's not a good idea. So we we don't want people to go online and get these peptides. Number one you don't know the source of them.

So where were these peptides sourced. Number two I've been involved with some company and we actually tested some of those peptides. And some of them didn't even have the peptide in that they were supposed to have in they had a different peptide.

That actually wasn't going to benefit the person at all. So you're actually going to waste your money? Yes, they might be cheap online, but they're also can be filled with toxins.

It might not be the proper peptide that they say it is. It might not be the strength that it needs to be for the for the effect that you need. So that's why I like to go with, true compounded pharmaceutical, peptide side.

So, you know, and, and physicians, as physicians, we have to write the order for that. Right. But, you know, there's there's those pharmacies are available out there and people can get them, just you just have to go through the proper realms, and it might be a little bit more expensive, but I find it a whole lot more safe.

Exactly. I can tell you. So I had one, you know, I, I like to lift weights, so I go to the gym, and, and I have a lot of gym, friends, in the gym. And they said, oh, I just got this peptide.

And, and they said, and I saw the name of where it was from. And I said, oh, I wouldn't use that peptide. I said, no, I'm going to use it. I'm going to use it.

I don't care what yours is twice as much as what this one is. This one, it's only whatever. I forgot what it was, but, and I said, I. Seriously, I probably wouldn't use it. Well, you know what?

He ended up coming back about two months later, and he was really sick. You know what? He had, he ended up with mercury poisoning because it was mercury in the peptide he was using.

So he was injecting himself with mercury every day because it wasn't a legitimate company. That's terrible. Yeah. So you don't know how they're created.

You don't know the toxins in them. So that's a real life story just for anybody to realize. I like real life stories that

actually point to why we probably shouldn't go down this route.

And using non authorized, peptides. So because you don't you don't know the source of them. You don't know they actually tracked one back and the peptides were made in somebody's garage.

So one of the companies I mean we've I've been on the end of some of these people getting tracked. So it's been interesting. Thank you for sharing that.

I also know that they're often not processed well. Correct. Like there's this final this final stage in the processing of the peptides in order to make them bioavailable and right.

The compounding pharmacies do that. But typically when someone's garage, it's not happening. No, it's not going to happen. So yeah, they have to become bioavailable.

If they're not bioavailable then they just are not going to work in your body. It's just you're wasting your money. It's just going to and actually can be introducing more toxins to you because then you have to detox those non bioavailable forms.

You know, nobody thinks about that. Right? Right right. Exactly. Thank you for sharing that story. So did you end up having to do collection therapy for him.

So I had to do therapy for him. So this cost him quite a bit because number one he was going to compete. You know, Pete, because he became so sick he couldn't lift weights.

And so, you know, he was, you know, because he was going to compete in a bodybuilding, expedition. And he probably would have won because he was really he was really buff, but, you know, even sick, he looks buff. So, but, you know, but he was he was really toxic from the mercury.

So once we detox from the mercury, we were able to get him back on track. And then he did use my peptides. So now he's getting ready to compete soon, so let's love it.

Yeah. He's lucky. He's lucky that he had you there with him to catch that. Because now not too many doctors would say, you know what? Let's let's take a step back and see what's causing this inflammation.

So we know that environmental toxins cause inflammation, right? Tell me more about that. What you see in your practice. So, I like to do a whole panel that tests for heavy metals that, we test for mycotoxins, we test for environmental toxins.

So very few times do I find that people have mold alone. Need to have mold, right? They have mold. And that's the major thing. But a lot of them have, like cadmium.

Or they have a different, heavy metal. So started with that excess and just one toxin. Never. Never. Just more or never. Just one bug. No, no, this Lyme or not? Just one.

It's multiple ones, right? Right. So. And I find that they have a lot of either glyphosate or phthalates or different plasticizers. Right. You know we're using plastics so much in our society anymore.

Yeah. So that can be a real a real issue for a lot of these people. And we have to detoxify them. So we have to kind of okay, which one are we going to detoxify first?

Because you don't use the same things, right? Detoxify all of them. Right. So, you know, you're going to have to use some Dsm-v and you're going to have to use, DTA we're going to have to kind of, which one are we going to use first?

And so kind of playing that, that role. So I do Sears markers on every body. And I kind of look at their Sears

marker. Yeah. So, you know, depending on what I think is more integral at that point to it, that's what I'm going to detoxify.

First, I always love talking to you because it's the same with practice. So similarly it's so it's fun. You know, I yeah, I do the same thing, measure all those toxins and then and then decide looking at their inflammatory markers.

Oh, we're also, we're part of Doctor Bruce Patterson's long Covid up group. Oh, great. Yeah. And he has a he has a great inflammatory cytokine test on his website.

Oh, wow. We're using that test. No, to look at people's inflammatory cytokines. Not because they have long Covid necessarily, but because inflammatory cytokines are universal.

Whether you have like, or tick borne disease or high environmental toxin load. Right. Yeah. So I'm looking at all of those, you know, and there are there are several, different tests available and even glycol aging.

So glycol aging, glycans you can have inflammatory glycans or non inflammatory glycans. They can actually kind of measure those. Now to see what is going on with those glycans that kind of hits different realm too.

So I like looking at all that stuff. Right. It really helps, to hone down the picture on what way I'm going to hit first. Right. Where are we going to go next?

Right, right. People often want to start with killing the bugs first. I tell them, no, no, no, not there yet. We have to prepare you for that. Yeah, sometimes we don't even detoxify first.

Exactly. I don't don't always go for that first. You know, I try to dampen the inflammatory response first. And, and the body needs a little bit of preparation.

You know, if you just start detoxifying them, you're breaking down more cells as you detoxify them. So they have to have some kind of semblance of being built and ready for that detoxification and for, what's going to happen because when you're detoxifying, you're actually causing and creating some oxidative stress, right?

I think so we have to undo some of that oxidative stress at the same time as your detoxifying. So sometimes I get rid of some of the oxidative stress first.

Slow it down and then go after the other things like me too. And oxidative stress is normal as a part of an initial inflammatory response. We want that at first, right?

Targeted Peptides for Neurologic and Metabolic Recovery

That system to shut down. And our patients are stuck in this loop of, of oxidation, oxidative stress. So yeah, cut that loop and then come in detox. But I cut that loop with the peptides typically.

Yes that's what we try to work right. So that's that's what's so good about the peptides is because you can cut that loop. So I use them in combination.

You know if you have that loop that you're really needing to cut down, sometimes I start with kfb and sometimes I don't. It depends on if I think it's, you know, where is that inflammation?

And I'll tell you, I'll just tell you my little hints on why I might start with K Pvt first. If they have high monocytes, just lots of literature. State that monocytes mean bowel inflammation.

So if we have bowel inflammation that's pretty high. So if you have monocytes more than seven you're beginning to have bowel inflammation. If you're more than ten then you have a lot about inflammation.

So if there are at 12 or 13 on their monocytes I'm probably going to start with cpcb PC and T before frag before I do

any of the other ones. But then we'll kind of get to some of those other ones.

But that's kind of, that's kind of my key I look for is what's that differential. If I have high base of on there CBC count high base effects is directly related to interleukin six.

So if you have base efl's of one or more you have high IL six. Inflammatory cytokines are out of this world. Right. I got to dampen that down. So right.

That's that's kind of what I kind of one of the measures I looked at just one of them. Right I love it I love them. And one other thing I love about the peptides is maybe people have gathered this note that they're they're hearing this speak about them, that they're very specific messenger molecules.

They, they don't they don't give a necessarily a broad spectrum of information, like everything else, almost everything else that we give. But they're very, very targeted. Yes.

And because they are targeted, that's why I like to use them specifically like the k PV for that bowel inflammation. Because I find that Cfpb works so great at that inflammatory response in the gut in the gastrointestinal tract.

So that's why I kind of will pick that one if they have high monocytes. That's my first go to this is what we're going to first. Right. Then we'll weave in the rest of them and bring down the other inflammatory markers.

And eventually, I love it. Are there any specific peptides you like to use to help the detoxification process? So, for, for detoxification? Oh, gosh. I go to a lot of them.

So what's my favorite one's going to be? So let me, kind of let me let me think for a minute here. I'm just kind of stuck in this thought. I don't know why I'm stuck on my thought process, but for detoxification.

I like to use things that are going to kind of help. So the GHQ, I know, helps with some things. It doesn't help with all things, but it does help with some things.

And it helps with, some of my people that have specific environmental toxins. If you have, if you have high glyphosate, the glyphosate kind of block some of the copper enzymatic functions.

And so GHQ is going to help with some of that detoxifying from that. Some of the other ones that I'll use or stimulants, I'll use stimulants for helping with some of the detoxification, especially if I'm thinking that they have specific toxins related to thyroid issues.

Right. That some some toxins are going to be specifically targeted at your thyroid. Right. So I'll use stimulant for that. If I'm thinking about more neurotoxins, I can do something a little bit weird for that.

And when I look, so, neurotoxins I'll use now, RG three is not really a, a peptide, but I'll use that because it helps to calm down some of that glow.

Micro glial inflammation. So I want to calm down some micro glial inflammation first. And then we'll start into the fact of, doing, peptides and some, some people use non-conventional ways of using peptides.

They're not really for that. And they really should not be used. I've but I've seen them used I. V. and which ones. So like BPC 157 and it works well for that.

And even CP pv works. Well, I, I've seen, I've seen that used as well. Ran zoo and CP v is kind of one of those core ones that if it's used IV, it will actually help to modulate a lot of the endothelial inflammation that is going on vascular wide everywhere.

Right. And as you bring down that inflammation, they begin to spilling out some of those toxins automatically. It's kind of cool. It's kind of a double edged thing.

And it does more than one exact thing. So for as far as neurological, so, See, link is one that really elevates bone derived neurotrophic factor, but it actually helps with some detoxification and especially, and it can be cerebral.

It is cerebral protective as well as helping with some of those toxins that are latched on to some of the receptor sites. So it really helps with that, that see, like does there's some rereleasing that I absolutely love and I, I think it really helps with the task of detoxification neurologically.

Right. And because that's kind of the crux of my thing is I do a lot neurologic, you know, so I do neuro, I evaluate neuro clients all the time. I do something called CNS vitals.

And I like to do the CNS vitals, kind of towards the beginning. And then we do a midway, and then we do them towards the end to kind of see the progression.

And then they can actually see the progression on how fast they can think. Now they're thinking much more clearly. They're, getting things correct. Better.

Right. People often will forget how much better they are. Three, four months in. And yeah. And you say, you know, you weren't able to to remember why you went into a room, right?

And now you're doing your accounting. Yeah. You know, executive functioning, is much better, right. And a lot of these toxins, like mycotoxins, you know, they're going to affect different areas of the brain.

Other toxins kind of have direct effects on certain specific areas of the brain. So at the end, at the end, it depends. So, what what specific areas. So some type, some toxins, like the caudate nucleus, kind of the our executive functioning area.

So we've got to be able to get at that. And that's why I like cerebral and because, cerebral. Eisen. Kind of is one of those things that kind of causes some I call it washing of the brain. Okay.

Yeah, it kind of helps to grab up some of those neurotoxins and really pull them out. So I use that in conjunction with glutathione down and, and, and with some other modalities as well, like BPC 157 and and I hex I don't use right away the hex I use later on after the brains kind of beginning to work and function.

That's when I introduced my hex. So that hex is a nice peptide to actually help. Unless they're coming in and they're an Alzheimer patient, then I'll go to die hex and I just go kind of continuum on that.

But. Right. It's so personal. It's bottom line. Right? Right. It depends on the individual person. So you know, see like and see Max because you know, those I kind of use in a lot of Parkinson's patients.

But it's amazing how many, you know, there's some recent literature that just came out, about most Parkinson's patients have a lot of environmental toxins in that right kind of environment or toxins.

I know we saw it back in two seven, 2017. Some articles came out about it, but now there's even more articles about it really substantiating that Parkinson's patients are probably actually environmental toxins and the way it affects them.

So using Sealink and C-Max, along with cerebral Nissan. So I use those three in combination on my Parkinson's patients because it really helps with that.

Now, sometimes I do have to do some evacuation for them because some of them have heavy metals, some other stuff that we've really got to get rid of some of those things.

Exactly. So it's like getting getting rid of the toxins while we're supporting the entire system with the peptides. Right, right. You kind of have to do it hand in hand.

If you don't, you kind of, All right. Yeah, I learned that in my own way. When I first started using the peptides, I thought maybe I should just use them at the end of treatment.

Maybe they're more just a regenerative piece, kind of like healing the mitochondria. And then I. I learned and realized, oh, I can use them at the beginning.

And that's what I ought to do because it's it's modulating the system, setting up the system for everything else that's about to come in. I keep them on them on those peptides long term.

Yeah, I do too. I keep them, especially some of them. I keep them on a very long term. Yeah. Now my, my some of my, my cutoff, some patients that I've had some pancreatic, issues towards the end of treatment.

Then I'll begin to put them on my C, which can actually help with some of that stuff. Right. And I've recently really found some great results in some of my patients that I could not get their glucose under control after treatment modalities.

They're all cleaned up. Everything's working well. They're beginning to think again, and everything's working, but they're still ending up with a high fasting glucose weight.

I started them on, semaglutide, and I put semaglutide with BPC 157. It's just a one once a week injection. And it's kind of glu tide really helps these people to modulate their, their insulin and glucose ratios in the pancreas because it's actually kind of helps regenerate tively in the, in the pancreatic islet cells.

Patient Recovery, Lifestyle Guidance, and Closing Thoughts

So it's kind of cool and what it does and helping that and helping the pancreas kind of restore, rebuild, and all of that. So but I, I haven't mind BPC 157 every day and then what they do the semaglutide.

Yeah. Fantastic. So there's so many different ways you can use it. It's just what I tell people is start using 1 or 2 and just getting used to that 1 or 2 that you feel the most comfortable with, right.

And then you'll eventually start using more and more and more and more. I mean, right now we use PT 141, Mylanta ten to is yes, Pep ten. We use, you know, have all of these different peptides for all different functions.

Because I don't know if you see it like I do, but a lot of my younger, especially men that have been insulted with, virali osis with Lyme disease, they have extremely low testosterone levels.

They were hit in their puberty ages. Yes. Get those old men. Yes. Testosterone levels this horrible. Yeah. And what I'm finding with them is that Kiss peptide is a really cool peptide to use with them, because it really will help them build up their testosterone.

It doesn't happen real rapidly. So you have to have monarchist peptide for a pretty long period of time. But you begin to see their, their testosterone levels rise and rise and rise where they're kind of almost up to a normal range.

That's why these Clomid, any more than for that, right? Right, right. Because so many, so many young men today with low testosterone levels, it's just rampant.

It's high estrogen. Yes. High estrogen. So you do have to block those estrogens, too, a lot of times. But, but I found that that really works. And a lot of times, those young, some of those young guys in their 20s that were sick when they were in their adolescent years, they don't have much of a sexual drive or desire, and they use it just a small fraction of Mylanta ten to with kiss pap ten actually helps build that for them.

Right. And and and they're really much more satisfied, in their sexual relations. Right. So, you know, we, we are sexual beings, and, so we're kind of how's we need to know better about yourself.

I and so many men need PT 141. Yes, for that reason, too. Right. Yeah. Yeah, yeah, yeah. They're so appreciative that that we can change that part of their lives as well.

Right? Right. Do you use any for, for female and orgasmic. What do you what's your what's your preference for female. An orgasm. Yeah. And, people with chronic disease after they kind of through their chronic disease to kind of help with that, that that helps.

Yes. Yeah. How about yourself I, I do, I use, 141 and then I also will introduce oxytocin right along with it. Yeah. And those two combined, really will help some of these women that have been last post, toxin exposure, either mold or environmental toxins because there's some bad environmental toxins that really can cause that.

But they, this really helps to augment that so that they can begin to enjoy that part of their life as well. When you have to have both men and women, you know, optimized, you know, exactly.

Everybody needs optimized. I don't care what you use. I don't care what your sexual preferences. We all have to be optimized. Exactly, exactly. Yeah, yeah.

What are three takeaway points that you advise your patients? So what do I advise my patients. Number one is let's let's begin to decrease our toxin intake.

So number one organic foods. Let's change the chemicals that you're using in your home. And so I really try to go and they can actually save some money and I give them key hints on things that they can look at and go to, to create their own, like a rechercher, which is a fraction of the cost.

And other cleaning utensils around the house so that they're cleaning their home, and their home is kind of free and safe. Right. And, and, and to have a clean, safe home also, I, I, I usually do recommend, environmental testing of your home.

Do you have environmental toxins in your home. Do you have mycotoxins in your house? Do you have other environmental toxins? It's so important because until we remove that trigger, you know, it's going to be harder to treat the rest of the system.

They're just going to keep getting assaulted with. That is exactly. So I had one of my patients who, had their home inspected, got it all cleaned up. I cleaned her up.

Well, her whole family, it was a whole family. And I, we cleaned up. But anyway, got them all cleaned up. All of a sudden she's calling me. She says, I don't know what's wrong.

I'm so sick. And then. And, so she came in because she was in South Florida and, and I'm here in Central Florida. So she came up, we did a long card visit to, you know, what I found out at the very end of our consult?

Tell me, they built a new home and moved into a new home right away. So you know what I did? I did environmental toxins under the off gassing that happens in new homes is really huge.

Yeah. So she got sick all over again now because of mold this time, but because of it. Other environmental toxins. Right. So you know, you have to understand.

And that's why I tell people, you know what, if you're going to buy something new, let it off gas first before you bring it into your home, you know, even mattresses, anything letting off gas first?

Don't just go lay on it right away. Yeah, yeah. Thank you so much. It's always so much fun to talk to you. Always. It is to you, too, because, you know, we we kind of have similar practices.

We kind of practice very similar. I mean, I remember the first time we started talking and I was like, oh my gosh, you do that. Oh yeah, I do that. Yeah, I do that.

So I was like, oh yeah, it was so much fun. Always is. It is, it is. So yeah, I can't believe we've already been on here for an hour. So it's I know well I know well thank you for this interview.

You are welcome. You are welcome. You take care. You too.