Thyroid Troubles: The Hidden Issues Standard Tests Often Miss in Chronic Illnesses Transcript

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Introduction to Chronic Illness and Thyroid Health

But now you can fight those infections because you look at like chronic fatigue syndrome, fibromyalgia, chronic Lyme. We say chronic Lyme. And, you know, air quotes because he was a blind.

But basically but now that we're activating infections and, well, what's the problem? Did they catch all these things? Amos. Chronic fatigue syndrome patients Alzheimer's patients are affected all over.

No, the body can't suppress it. So once you fix that now, if you have to take any biotics, they'll work. And oftentimes you don't need to. So you're lowering all that inflammation, which is kind of reversing that vicious cycle of the, like the territory, probably the hormone mitochondrial dysfunction.

It makes it makes everything worse. The immune activation formulation. And so the first virtually all that we found, it's like, a way to cheat on these patients, actually.

Welcome to Doctor Talks, the podcast, where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks real talk from real doctors on the issues that matter to you most.

Hi. Welcome back to the Integrative Health Podcast with Doctor Jen. I'm Doctor Jen Fletcher, and today we're exploring a topic that affects so many. But it's often misunderstood the complex relationship between chronic illnesses and thyroid health.

Joining me is Doctor Ken Rosoff, a pioneer in integrative medicine who's dedicated his career to helping patients find answers where traditional medicine often falls short.

Doctor Horace's own health journey from battling chronic Lyme syndrome and Lyme disease chronic fatigue syndrome, to discovering cutting edge treatments that restore vitality.

This has fueled his mission to uncover the root cause of chronic illnesses. Through his innovative work at Horton Medical Group, is transforming lives with treatments that go beyond masking symptoms to deliver real, lasting health improvements.

Could the mystery of your thyroid be the key to understanding your chronic illness? Get ready for eye opening discussion packed with insights you won't hear anywhere else.

Let's dive in. Oh, thanks so much. No, it's really nice because, you know, my first passion was thyroid. And, you know, we have the National Academy of Hypothyroid is a nonprofit that we've had for a number of years to educate doctors and patients about how the diagnosis and treatment of hypothyroidism and low thyroid, this country is wrong.

You know, it's just missing so many people that can be, can benefit. That's at na hypothyroidism.org, National Academy of Hypothyroidism. But, a lot of studies and things on there.

But yeah, no, it's nice because, can combine my two passions and I'm trying to develop a new thyroid assay that I know will replace the TSH, but we keep getting about 90% of the way I've been trying to do about 15 years.

But the technology is advanced that we're we're close at that.

Doctor Jen Introduces the Guest and Episode Theme

So, Yeah, again, my first love, the straight T3, say save me the first round. And from being bedbound and and then peptides came along and saved me for the second round with the chronic Lyme, Bubka, Bartonella and heart failure and all that.

So yeah, these two therapies are near and dear to my heart. And this is not something that you go to your regular GP general practitioner and ask about, because this is not stuff we learn in medical school, which brings up the fact that doctors should keep thriving for information and new treatments that that is studied.

I mean, this is not snake oil. There's a lot of research around what we're going to talk about today. Oh yeah. And that's when I especially first gave these talks.

It was people are like, wait a minute, why haven't I heard of this? You got hundreds of references, you know, and and the thing is, like, I used to get mad at doctors to you.

If I'm sure seeing this, when you have a patient who's been sick for ten years seeing this doctor, they love their doctor, but they haven't gotten better and you send them back better.

You think the doctor is going to be happy? No. They're mad. They'll say you're no longer my patient. If you keep seeing that quack person that cured you or, you know, helped you.

It's very interesting. But because, you know, the problem is or even with very rarely, we'll have a doctor call and say, hey, what did you do to help that person?

And then if you tell them, you tell them, like, let's say it's, hey, we use these peptides or gave thyroid and and they go, oh, I can't do that, you know, or I remember with the thyroid they go, oh, that will take 20 minutes.

Like I can't do that. And so it's, you know, the doctors and the doctors are feeling trapped in standard medicine. They are they are miserable. But they don't know how to get out.

So they're stuck in this system where, you know, like I know. Kaiser will basically judge the lowest 20% of people who, the least, cost effectiveness, which means don't do any labs, just get patients out very quickly.

Just see volume. You everyone, any press and you know and and don't cost a lot unless there's some like procedures that they make money on. And so there's this big incentive to do nothing and don't look into anything.

And we have a lot of diagnosis now everyone's you know, with chronic multi-system illness, chronically syndrome, fibromyalgia, PTSD, all these things and those doctors don't want to see that's going to clog up their, you know, waiting room they don't have like, we'll spend three hours on the patient if we need to.

We've been seeing a lot of, you know, with our veterans program, they take take a long time, but they don't have that option. And there's like, oh, my gosh, I'm going to look bad.

And then, you know, comes the end of the year. My bonus is going to go away for not doing anything. And we can't get them oftentimes to do a few labs where the patient means they're covered through Kaiser.

No, go against me. You know. So it's a very different model. And it's it's scary depending on, you know, some doctors are willing let patients just, like, get away with no work up and go.

You'll be you'll be okay. Here's a oh, then I get it. You know, a bonus for doing statins. And and things. So, it's, it's kind of crazy out there. It is. It's like the Wild West.

And I think, though, for those listening, you're taking control watching this summit and watching other summits. So just know that you are on the right track.

Keep fighting for your health. But I agree with you that like, I just had a patient today that she stopped taking her Ritalin and she took, some supplements instead.

And her psychiatrist was like, oh, okay, that's cool, keep doing that. But didn't ask, like what it was or, you know, and I told her, I'm like, give her, give her my office number.

I'll I'll teach her. I'll talk to her. So there's there's better things out there. But at the same time, there's this lack of drive for for doctors because of the medical model.

They're not rewarded like, oh, you fix them. Good job. So I don't know. My goal is to get patients into my practice, teach them how to get better. And then I, I don't really want to see them again.

I want them to live healthy. Yeah, I think it's it's a lofty goal and it's just and I was really big in health care reform was on a lot of the media tour doing that.

And I put together, I spent a lot of time with this in-depth health care reform proposal, and I was trying to get it to someone in Congress. I ended up being, I was named speaker of the House, where?

Republican. Like I said, I'm like, now, will it will come to me. But anyway, so I just signed a thing saying I won't quote him.

Why Standard Thyroid Testing Misses Patients

And then he, you know, after several months and back, I saying, this is very interesting. Can you have, it's, well thought out, but you must realize that this will go nowhere.

Do you know how many people are slurping off the trough of health care? Yeah. Yeah. So and that's the funny I just think more and more it's just so money money money you know, and they've got the Covid stuff and which I won't go into. But yeah getting the word out is so important.

And you have the na hypothyroidism.com the National Academy of Hypothyroidism. So could you go into detail a little bit why you think this, you know, standard and current model regarding Hashimoto's.

Like why it's not true. Yeah. And and so it's it's wrong. So when I was in medical school when I started just getting sick and, growing up like, one I when pupils are is bigger than the other half my body be sweating the other half like freezing my arm would just stop working with vigor out.

Well it turned out like the whole family was infected with Lyme, but Basia, Bartonella, and my mom, they discovered the sweating machine from Bubka. But, you know, you have a good immune system and you're still functioning.

But then as you get older and stress running, stress is a killer to your immune system. People think, oh, it lowers your immune system, but it doesn't.

What it does is it modulates it in a aging way, in a sickness way. And if you think of two different sides or immunity, there's one and two. It's an oversimplification, but it's a good way to look at it.

Each one step inside the cell takes this outside cell. Now, as you're fighting this in volutes early on, we about nine and starts, you know, basically just shrinking up that that controls that kind of the balance. So, as you get older, I just starts going like this where the one drops down.

Now, you can't fight intracellular infection, but two goes up. Now you have all this autoimmunity, inflammation, you know, which can cause, you know, carnivorous carrier disease, you know, all the, signs of aging or all those age associated diseases.

And so a key we found is to, snap that back. We've become really an immune modulatory clinic. Like, there's a lot of there's been a lot of hype. About the, hit trial work where they, reinvigorated the thymus with growth hormone.

And they gave DHEA and metformin to kind of counteract the side effects. But it it kind of plumped up the thymus and like, oh my gosh, the people lost like, you know, a year's worth of age in a couple of years. But it's like dude's like, just give buy him peptides, you know, and and modulate that.

So really any stress, toxin. Everyone's so full of toxins, chronic infection. You know, Bay empaths, where any inflammation and, you know, so many things social with aging are going to just drive the immune system like this.

And then all of a sudden now you get, it's a kind of vicious cycle. You get hypothalamic pituitary, you know, pineal, hypothalamic pituitary hormone dysfunction.

So you have like a low thyroid, but the TSH looks normal because it's like central, hypothyroidism. You get low growth hormone, you get, hypothalamic pituitary adrenal axis dysfunction, auditory article and chronic fatigue syndrome.

Fibromyalgia found 90% of them had low adrenal function, even though their standard tests like normal. All the review articles on mask of hypothyroidism show that a standard blood test is misses 80% of people.

You know, the only reason the where the TSA is accurate is if a person is totally healthy young, no toxins, no stress, no chronic illness. You know, find me that person.

And other than that, it is the TSH is just leading doctors astray. But if there's a lot of pushback because doctors have been doing certain things certain way and it's easy and, you know, patients.

So here's 50 studies. You know, there's actually 502 studies, review articles. So a thousand study. Here's a thousand studies showing the way we're doing it is wrong.

No, my patients are fine. And there's been a lot of articles and, like New York Times, Annals of Internal Medicine, like what doctors know. And they found that most doctors are practicing 10 to 20 years behind what's available in the medical literature.

They say, well, why is that? Well, one, they don't read medical literature. They don't. They say they do. But the biggest that's not even the biggest issue.

The biggest issue is if you give them 50 study showing, you know, hey, this is here's a new proven way that is better than what you're doing. No, no no no, no, my patients are fine.

I don't believe those 50 studies, you know, so, it's. The doctors aren't following the science. Like they're not evidence based. In fact, again, the Covid thing is, but, and so it's, you know, we, we think is evidence based is not.

And that's, you know, I was ingrained in me in medical school, don't do anything alternative, anything outside of the university because it's there's no evidence.

And when I started getting sicker and sicker, I'm like, I don't know if I can continue. And I went to anesthesia because talking to a patient was so fatiguing that while they're asleep, maybe I can do this.

And it was a it was my, my specialty ever. But, no offense to an ecologist, but, and then I snuck off to an alternative, cause I don't want to tell anyone.

I'm like, oh, my gosh, this is more evidence based than what they're teaching me in in residency, you know? And, and that's where I really got into, T3, the thyroid replacement, especially thyroid and hormone optimization, and then moved into, as I found out, that I had chronic Lyme and those things and, and show you, like, stress.

So I was functioning with the thyroid just made a huge difference. I had some immune modulators, but, you know, thyroid and growth hormone and testosterone and, adrenal support, mitochondria support the a lot of things.

I'm like, oh my gosh, I'm a new person. And so for me, it's easier when family practice. And then I went through a very nasty divorce. And, you know, she hired Gloria all right as a consultant.

But it was and, and then it just put me in bed bedbound and night sweats. I had LSD, restless legs, went into heart failure, and I could not, like, walk up the stairs.

It took me, like, 2 or 3 hours walking a flight of stairs. I couldn't stand upright. And the other cardiologist. And he's like, your height, your heart's fibrosis.

And, then I didn't know that then. But I know why. Because I had the super high THC, which, if you look at human growth factor, beta, it causes fibrosis.

And he said, maybe in ten years if you get 10% better. And so my but I was going I would not live like that. It was just terrible. So I was gonna ask myself some way.

And the next year I was playing Halloween for whatever reason. But and said, I'll give it a shot and went around the world looking for therapies. And, a lot of the things were, well, I was on stem cells, a lot of things help, but nothing was kind of the magic bullet.

Belgium. I did peptides, but I didn't think they're going to do anything. And, 3 or 4 days later, I'm like, okay, let's see, where am I gonna go? And I walked up.

I just walked up the stairs, up right. I'm like, wait, what the heck happened? And so I kind of went backwards and, you know, brought a bunch home. I couldn't use them on patients yet.

But then then that opened up and it just opened up, a new talk about a new tool kit for patients. And, and that's where we, you know, been doing ever since it made everything from, you know, the patient just wants to be healthy or lose weight to the sickest.

They were treat and have a veterans program where we're treating the special forces. And they are the kind of when essential canary in the coal mine. And they're looking just like all our chronic Lyme patients.

They have tons of, infection, signs of immune dysfunction. Every single that we've tested thus far, we're in total toxins. The, you know, and with the vaccines that they're getting, their immune systems are just shot, and they all have.

And, we've tested thus far, antibodies against their brain, against receptors in their brain. You wonder why all these treatments for PTSD and depression and, you know, the special forces that, like, you know, butts a gun in his mouth and kills himself, like, you know, every minute or so.

Personal Health Journey and Immune Dysfunction

And it's it's crazy, but we've made such great, basic turnaround on on these guys that someone heard about a director and they wanted to do a four part docu series, and I got funding and distribution on like, Hulu and Amazon and Netflix and all that.

So we've been filming that. It's been kind of crazy, but, it's these guys are so great. They're just so humble and, and and what they've been through and, and the problem is they also don't seek treatments because they're like, oh,

like, I, I can take it in their life just crumbling around them.

So, where was I? I don't even know. That's so amazing what important work you're doing, especially with the vets and the fact that, yeah, a lot of these, they're put on all these meds and antidepressants and things for anxiety, but that's not what they need.

That's not the root cause of what's going on. And you talked a little bit about, antibodies in the brain. Can you mention antiplatelet antibodies that can also be found in Hashimoto's patients.

Yeah. Yeah. So, and that's what, you know, with Hashimoto's, we, we think about oh, it's just, you know, the body starts making antibodies to the thyroid.

You wait till it destroys enough, then you get thyroid. It is so much more complex than that. There are multiple high incidence of antibodies to the pituitary to diagnose type two to mitochondria.

A number of studies showed every hoshi patient has mitochondria, significant mitochondrial dysfunction, and most harshest patients don't have antibodies to the thyroid.

So it's you know, people say, oh, we have Hashimoto's. Or if someone has Hashimoto's, that's you thyroid. Yeah. Well, your thyroid is at low enough. That because they're TSH just suppressed because of like the anti pituitary antibody which is going to suppress PSA and other other hormones.

It also an antibody to GI RNAs type two which they have a high incidence. But it actually stimulates sinus type two. And again this form and is an appropriate try to go through all that.

But the that what that does is increase T4 or T3 conversion in the pituitary. So now the pituitary sees more thyroid but not the rest of the body. And the TSH goes down further.

So all these, Hashimoto's patients are low thyroid. It doesn't matter if they're TSH age is is normal. That and also a studies show that giving thyroid I mean especially T3 which goes along with the transport in the cell because the mitochondrial dysfunction and T4, T3 doesn't just diffuse into the cells, it's actually actively transporter.

The T4 transporter is more needs more energy. So Hashimoto's patients are are low mitochondria. They go into anaerobic, metabolism very quickly. So poor endurance, a lot of brain fog, depression, muscle aches, you know, gut issues.

One study, showing 40 or that 40% of patients have Sibo versus 1.5% a normal population. But, so they have all these antibodies that these can't be tested in, in a clinical, lab.

There has to be a research lab, but it's causing all these other problems that you don't know about and another doctor doesn't know about. Oh, well, why do those tests look normal?

You know? Well, well, they're they're just normal or low? Normal. Well, another study out of, Jama. General Randall's internal medicine show. They looked at the risk for heart disease with someone who just low normal thyroid, like a low.

You're fine. You're just low normal. There's a higher heart. Risk for heart disease. And if you have high blood pressure, high cholesterol, you smoke or have diabetes.

So just treating not as are going to get the Hashimoto's better. It's it's going to reduce all your risk for heart disease and, and chronic illness. And and, and finding with that and also a lot of these patients don't have myeloid antibodies, but they have Hashimoto's.

One study in The Lancet, you know, top five international journal, the thyroid biopsy, just people who are chronically fatigued. And they analyzed that they found 40% of patients had lymphocytic, thyroiditis.

And but only 40% of those would be detected. Antibody testing and found that they all benefited from treatment regardless of their thyroid function tests.

So, you know, and there's all there's oh, giving thyroid to normal teres h levels. And it's but it's appropriate. It's you know to not is malpractice.

And so many cases and especially we look at the case I'm talking about pediatric obesity which is just rampant. Study in the Journal of an allergy, metabolism.

I could tell you a joke. How do you hide something from endocrinologist? Put in their journal, but, but anyways, I'm just kidding me. It's all in good taste. The.

Well, I have a bunch of. And Bedser and the chronologies as well. They found that 60% if the 60% of obese children had Hashimoto's versus one, the 2% controls.

And so they found that the, the Hashimoto's was caused by the excessive fat, which caused immune dysfunction, which then caused the Hashimoto's. Now there. Right.

A number of studies show that if you if you're able to get that child to lose the weight, the Hashimoto's is better than the thyroid gets better. It doesn't go back to normal.

But so they don't like to treat. And I've seen pediatric endocrinologist like, you know, TSH of ten. The kid's got 80 and OCD fatigue obesity and they won't treat and they won't test in general even for Hashimoto's.

Even though here the study and in major medical journals are 60% because they don't think you can do anything about it, but you can do a lot about it.

And like I was saying that giving thyroid, especially T3, which maybe we'll, we'll get into, but is, is totally appropriate and you're not going to get these kids to lose weight because their basal metabolic rate is so low because they have mitochondria dysfunction.

You have low thyroid on top of that, which which burns at, you know, the amount of energy. So we'll check that. And everyone that comes through their basal metabolic rate, how many calories they're burning per day.

And, oh like 25% low, on average. You know, there's a difference. But and so that's like 500 calories a day, you know, oh, they got to eat that, much less just to stay even.

And if you problem is, if you diet, studies show like three rounds of dieting now it lowers your thyroid. The body goes, hey, we're starving. Goes in the starvation mode, and lowers the age, lowers the, basal metabolic rate, raises your appetite, tells the body to store fat instead of burning fat.

So it's it's a, vicious cycle. But the only way you can keep these kids from becoming an obese child is going to be an obese adult with all the, you know, comorbidities, even just from the, obesity, from a strictly clinical medical standpoint, not even mentioning all the bullying, you know, self-esteem issues.

And so it's it's a big battle. And we find all these kids with ADHD, OCD, they respond great to thyroid. One of our doctors, children, very high achieving was that, major university cheerleader.

But she kept pulling out all our eyebrows. I just stress, and that's what we're fighting with so many kids. And we gave her, some thyroid, some T3, and, five amino one MQ, which is a, mitochondrial booster.

And in two days start pulling out our eyebrows. It's amazing. I love me some five amino on, Q it's a good, it's in my bag 24 over seven and but I don't always use it.

I don't know, I don't usually need it, but, Yeah. So that's, That's amazing. And the problem, though, that you.

Hashimoto's, Antibodies, and Hidden Thyroid Issues

I don't think it's going to change, and you couldn't even get it through, you know, the health committees because, you know, these obese kids are going to turn into obese adults that are going to get heart disease, that are going to be on statins and Plavix and Eliquis and, you know, I just it's it's like we're running in circles, unfortunately.

But everyone's so yeah, now and it's like, you know, when I go to parties you have to bring lab slips and it's like, oh, I'm sick, my daughter's sick.

My husband my, you know, and, it's it's terrible. And you're like, what, what treatment are you getting? And interestingly, they'll, they'll say, you mentioned some things.

Oh, my doctor says it's not it. I'm like, how's that working for you, you know. Right. And you're feeling like crap. Maybe you should change something.

Yeah. And and we'll get to the bottom of what if you don't find anything? Well, you know, they go to the doctor and they do a CBC, chem panel, maybe a TSA, or maybe some, thyroid test.

But and they go, oh, you're fine. Oh, your cholesterol is a little high. You need to take a statin, like, which is malpractice. I mean, so, I mean, so many studies show double blind, placebo controlled meta analysis, which does combine all the data, show that high cholesterol is protective against heart disease and especially, all cause mortality because you get increased, you know, dementia, you get increased diabetes on statins.

It's just it it's one of those things that doctors just keep doing. And and I'm like, you don't like, read the literature, you don't care about the literature.

You're like, I don't know. That just blows me away. Yeah. The statins, it's just it doesn't really make sense. And then if you put men on standards and drive their cholesterol so low, they're not going to make their testosterone.

Yeah, I just I just don't like my wife. Yeah. So many issues and they cause mitochondrial dysfunction and, you know, you're looking at we're treating, you know, all swimmers with these new mitochondrial boosters and, you know, all these diseases of aging, a major component is there a disease of energy production.

And people can't make enough energy, especially, for the immune system. And so you get reactivating infections like with Alzheimer's, you get and then now the HSV one, which so many people have, it goes, hey, I'm going to go up the olfactory nerve and into the brain, you know, and studied by a, who ran the Harvard brain bank, did biopsies and all these Alzheimer's patients found the majority had chronic Lyme.

They wouldn't let him publish because they said it will, you know, basically caused. Yeah, panic. Like, okay, that's good medicine. But it's, but it's crazy.

It really is crazy. So would you mind just giving a, like, a brief explanation for the audience on what is a peptide and let's dive in a little bit because some people have never heard of this there.

And I always have to explain this in my office, you know, basically every day. Yeah. Yeah. So and you want to say, well, everyone knows what happened, but yeah.

So peptide is simply a chain of amino acids. The government decided if it's under 50 or for you. Depends who you ask. It's a peptide. If it's over that length, it's a protein.

But what they have found is that the small molecular weight peptides that they didn't thing did anything actually are profoundly effective. And that we think of okay, what kind of control is your body?

Well, you know, maybe hormones and, you know, and, and so you have all these different hormones doing these things, and, but there's a layer above that with peptides.

They're kind of fine tuned everything, and they're smart in that. They're kind of like smart meds. For instance, Bpcl 157, probably the most used peptide because it's considered a gut peptide, lowers inflammation, rejuvenate so many things, protects the body from so many things, whether it's, in the gut or, systemically, orally will work systemically.

One study they did for, celiac and mice and it then it worked for both, you name it. Like it will, caused nerves to regenerate if you don't give it, it, it won't.

Peripheral nerves. Works for, central nervous disorders. It will protect the liver or reverse Nash. I mean, there's just so many things that the that it that it does.

But let's say you have high blood pressure. It lowers it. If you have low blood pressure, it raises it. If you're hyper coagulant, which so many people are now from Covid and the vaccine and chronic infections that it will actually become fibrin clinic, it will break down that fibrin gunk that's laying down and causing lack of oxygen to get in the cells, and the lack of nutrients and a lack of waste products getting out.

But if you, but if you bleed, if you have a problem with quite glacial till you get overdose, the heparin, it will actually keep you from bleeding. So and so many peptides are like that.

They're they're smart in that. They're modulators, you know, that they're kind of like, you know, a number of, of the supplements, adaptogens and things like that, but much more potent, much more, powerful.

But overwhelming majority of peptides, they can't find a toxic dose. So they give people, you know, a thousand, 10,000 times the dose IB and they're like, no toxic effects.

You know, try that with milk or water. You know what? You're gonna overdose. Try with any medication of of course. But so the nice thing is they're very, very safe.

And and can make all the difference in, for instance, like when I had this chronic Lyme and, it was kind of, you know, with at that time the, the treatment is massive antibiotics.

I was like seven, eight, nine different antibiotics at a time. Highest dose. I gave myself five times the max dose trying to get rid of this thing. Nothing.

And like I'm in the ICU and the nurse like, oh, this is that Aids patient who keeps turning up negative for HIV. I had no natural killer cell function, which is at t one and B, so you can't take enough antibiotics to kill anything.

Your body has to respond and take over. And so that's where it was so powerful. With our clinic, we found that our patients have, you know, chronic Lyme and Sears and, all love for you to hand out, the, peptide protocol for the rapid treatment, series that you can give out as a gift for anyone.

But, so, so really, you know, doing these, these peptides, erasing that one just makes all the difference in lowering the value of all that reduction and inflammation.

But now you can fight those infections because you look at like chronic fatigue syndrome, fibromyalgia, chronic Lyme, we say chronic Lyme. We, you know, with, airports because of Lyme, but busy Bartonella reactivating infections and, well, what's the problem?

Did they catch all these things? Same with chronic fatigue syndrome patients. Alzheimer's patients are infected all over. No, the body can't suppress it.

So why don't you fix that now? If you have to take antibiotics, they'll work. And oftentimes you don't need to. So you're lowering all that inflammation, which is kind of reversing that vicious cycle of the pituitary, and causing low hormones and mitochondrial dysfunction when it makes everything, makes everything worse.

The immune activation of coagulation, you know, so you're versing all that we found, it's like, way to cheat on these patients, actually. And, you know, not have to give two, three years of antibiotic use.

And you look at, for instance, with Lyme, the if you were to give it, 10 to 14 days of, antibiotics for a sinus infection because Lyme replicates so slow.

So antibiotics generally work when the replicating you have to give antibiotics equivalent to 10 to 14 days is 2 to 3 years. So just right off the bat on there.

So and the antibodies cause so many different problems and stuff. So we'll, we'll use them but very, very short small doses if we need them. Yeah. And one thing during Covid I thought was really interesting because I would just read every night.

That's what I would do is read about Covid and Covid studies because we I felt so helpless. I was still working in the E. R., but you kind of feel hopeless.

And I would just dive into the research. And they were using thymus, an alpha one, which is a thymic peptide made in China, like pretty routinely.

Peptides as Immune Modulators

And, you know, I used it on patients that it that I needed to in the States. But this is this is a peptide that, you know, all the FDA banned it and turned it into a biological pharmaceutical.

So thank goodness we have other thymic peptides. That will work, which I'd love for you to talk about. But it's, it's it was so frustrating to me that we had a way to balance that immune system, you know, balance out the one, help people recover faster from Covid.

And we're not being used in the US. And we had such a high death rate. So could you talk a little about these thymic peptides. Yeah. So the the same as basically is is in your breast bone.

And it starts and it basically directs this kind of want to balance. And, but at adrenaline nine it starts in ballooning and start dropping. And a number of things will cause that to happen faster.

You know, obesity, toxins, different hormones. And so as we get older, we get this age, phenotype. I mean, your, your base, your system's aging, the immune system's aging.

This one, basically can't fight interstellar infections. Age to all this inflammation starts. And so the lowest point is right around age for most people, right around 4045.

Okay. And when do all these diseases of aging start occurring? You know, about five years after that. And, and, and so again, I mentioned the one study where they rejuvenate the thymus and we're all excited, but you can just give dynamic peptides, and the, the they so they're easy, they're safe.

And the famous and alpha one made the mistake of doing a study on Covid, and it was safe and effective. So if they would allow it to stay on the market, they could not have brought the vaccines out as emergency care because there is now a treatment, effective, safe and effective treatment for Covid.

And it's approved in 45 or so, 47 different countries as an anti-infective, as anti-cancer, and, you know, huge therapeutic window and and low side effects.

So, it, it kind of started everything off because they actually had a number of studies, but so famous and the famous and, well, number different, they secreted from your thymus and actually elsewhere as well.

They'll bring the one up and the two down. So yeah, thymus and Alpha one is the one that's been, you know,

approved it. It got a, orphan drug, approval, which was a little strange, but, it was a commonly used.

Now, we look at we have a lot of, options in this thymus in beta four. So you think a famous an alpha one is AT1 booster? Thymus and beta four will also.

But you think of it as a two, booster lowering Th2, but also providing more growth factors, more rejuvenation. And there's stimulant which is much more anti-inflammatory.

Is is so great for auto immunity, great for her eczema reactions. And so we looked at these and, you know, the, FDA still, you know, they hate compounding pharmacies and injectables and, so we looked and said, okay, you know what?

Oral peptides that we can legally market as supplements? We're not we won't alter them. The are in the food chain, naturally in your body. And, so there's a fragment of thymus in beta for called TV4 Active Fragment.

And so many studies show again now I think it's going to boost that to one to lower the T two. But it's great at lowering t H2, especially when you have what's called human factor beta, which we're finding is the key marker for too much too.

And I know it very well because mine was so high. And that's what caused the fibrosis in my heart. So it's it's a marker that and see for a and like some people say well how do you determine h1 h2 and.

Well by the way how Hashimoto's is, if you look at the textbook H one dominant illness. Absolutely not. It's a and and I always like I remember like 20 years ago thinking if this is H1 grades as to why do they respond to the same treat meds, you know and what it is they couldn't determine, they couldn't differentiate from t one cytokines and t h 17, which is the auto immune, cytokine.

But you also the cytokine test can really throw you astray because it's like let's say the body's trying to raise the T one, but because of all these roadblocks, it's just like doesn't work, doesn't work, doesn't work. So those levels go up.

It's kind of like the same principle of let's say TSH stimulates the thyroid. If you test the TSH, oh, it's high like you do cytokines, you're going to say, well, this person is thyroid dominant because they have high TSH.

But it's the opposite. So there's some some tests out there that will, you know, and still claim that Hashimoto's are one. So don't listen to it. Don't, attitude.

But so, you know, modulating and and we looked at okay what orally can can we give. So the PV for active Prague. Then we looked at, hey, is there an isomer that's naturally occurring.

And use that and it's 100 times more. Active, active at the receptor site. It is much more resistant to enzymatic degradation because the problem peptide generally and this is with big pharma and and everything is that they get broken down in the digestive juices and especially the enzyme will break down most peptides.

But what the body will do is it will, called capping as the, kind of slang for a C delayed. And he'll put caps on the peptides. And if it's a critical peptide, but it does it for most of them.

And that depending on the class of peptide 60 to 85%, 90% of peptides are a C naturally a C related or imitated, as is like BPC. And there's a push out there.

I won't get too much into it, but they call it stable. BPC is arginine BPC. The company had a patent on a C the lated, but it ran out. So they did a study when arginine salt of it and said that it's last longer in the stomach.

You know even if that is true, which it's not, because numerous third party studies showed a C related sits in the gut for 24 hours, had no breakdown, but okay, use it in coated capsule.

But that when you also acetylation imitate it as the body will do to protect it. But it also now it loses a charge on each end. So now it can go in through the lipid bilayer where before it's going to be stuck in the lumen of the gut and not absorbed.

So really the stable BPC ring BPC should be called unstable PBC. And so I'm gonna put a bunch of studies out and I actually, we have in the process, we're going to do comparative, analysis of the bioavailability of each one just to compare to people asking, go, well, so-and-so said, you know, well, it's they may it's the company here that lost their patent on a c related a made this other.

But anyways, and then so it so other thymic peptides, I imagine which is it's considered a bio regulator just because it's small. It's two amino acids only.

It's 100 times as potent as by meal in. And there's another peptide we call immune peptide eight to as we'll call it Mylan. But that's its trademark.

Thymic Peptides and Immune Balance

So we call it I mean peptides to put those together. And found that we wanted something to replace Thymus and Alpha one and found that it's actually much more potent. And and you get that, you know, immune modulatory effect.

Then you look at things the lower the T two BPC 157 K pv, which is the last three amino acids of melanocytes stimulating hormone. And people are using that for like lime to reduce inflammation.

But the problem is you get and you think, well that's great. Yeah. If you're younger you get tan. But if you're older you get kind of, splotchy. And I'm very not everyone likes that. They're worried.

And I see is is amazing that a lot of I'm sorry kvp I mean oh yeah. It's, I think it's an overtake BPC it's so anti-inflammatory. So, Marcelle, it's very anti-microbial.

It outperforms fluconazole. And anybody attacks, and it doesn't pause stimulation of the melanocytes, like when I take melanoma tan and it's called like the Barbie doll peptide because you get tan, you increase libido and you lose weight.

But and so I'm doing it there delay. And all of a sudden I am like, someone painted me with a black brush, you know, and I'm like, oh my God. But, the cape, you've got to worry about that.

Then we use a natural isomer of that which was again shown to be 100 times more potent and capped. So it resists degradation. And the feedback on all these, like the, the lineage in Alpha one, has just been amazing.

PV at mast cell patients, chronically ill patients. And, you know, everyone has leaky gut. Now, you know, from all this stuff we're eating all the inflammation, b3 c is shown to heal the gut.

And now, the arginine BPC guys, because they're the rate, the realizing it doesn't absorb very well. So they're giving like snack, which breaks open the tight junctions and messes up the integrity of the gut, like, oh, wait a minute, that's what you're trying to fix.

And these people know all the controversy. Even in the big pharma world. They say, well, you know, healthy people will restore it and save that. And, yeah, but I don't know, I don't have a lot of people in my practice and they can't fix it without it reaching out long term.

You just breaking down the the gut membrane for that. Let's just say it did heal. But there's no evidence that with sickbay they never do sick patients.

You know, they paling like all this LPs and other things like getting cars allergies and auto immunity. Are are getting

in. And then the KP, the tb4 frag will actually work on the tight junctions specifically.

And the Cfpb is wonderfully anti-inflammatory, anti-microbial and great at you know, it actually is a great at suppressing active mast cells and it works.

If you compare it to cortisone you get like that reduction in allergies and inflammation. But you're actually improving your immune system. So it's yeah, it's going to be I think, you know, a lot of doctors use it.

But I think more and more, they're finding that, you know, so many people have all this inflammation and mast cell activation and for instance, like people like with Pots, like they've been everywhere, they can't help but we don't even think about we give them these, peptides.

And also bio regulators are great. And, and it goes away. And so it's made a lot of our to have our, our gum much easier that we're like constantly in other things and all these symptoms that are so difficult.

Oh shoot and resist the treatment. Just get better. Yeah. It's really exciting to watch too. And patients are just amazed. And these aren't medications or peptides and they're working with your own body.

So it's like a natural kind of treatment which is amazing. And with the thyroid you know we talked a little bit about mitochondrial peptides and five amino one in Q is one of them also might see so why don't you touch a little bit on mitochondrial peptides.

Because that really ties into thyroid health. Yeah. Oh it really does. Now just modulate the immune system. So you look at the studies on you know BPC and TB for frag.

Time again they are going to boost mitochondrial function. Now one kind of new concept is as the body ages and that one immunity goes down to the heart of the natural killer.

So function one is to get rid of these cells that are worn out. They aren't they aren't playing nice. They got they're dysfunctional. And the cells going out what's called cell danger response where the mitochondria instead of making energy it starts making more oxidative species.

And so it's trying to protect itself from infections and other things that it recruits. So now it becomes resistant to, autophagy. It's called you start hearing that word a lot more because as we get older, especially if we're sick or have chronic illness or low one, the body can't clean up and reuse all those cells.

So you have end up having a bunch of these cells around that aren't only not doing what they're supposed to, but they're, you know, basically just create all this information and creating, we call them zombie cells, more zombie cells.

So but if you raise that one now, the body went and raised the mitochondrial, you get mitochondria back to where where they have the energy. The body can start killing those.

But there is a negative to boosting the mitochondria, especially in a chronically ill aged person. Is that because their mitochondria aren't working and you stimulate that mitochondria, you're not stimulating energy.

You're stimulating more inflammation.

Mitochondrial Peptides and Cellular Energy

So but the nice thing is, is that we now have in our toolbox ways to selectively make those cells so the body can now clean them up, now called syn analytics.

And one combination is the satnav and and a, a Pi setting or basically, you know, polyphenol or humanoid at high dose. They also will wipe out two pathways that are resistant.

And now the body can clean those up. And if you look at, like, chronic, heart failure, they have tons of these, senescent cells and just getting rid of them, all of a sudden, the heart failure dramatically better diabetes.

They have a ton of senescent cells. And all of a sudden, the day the diabetes is, is dramatically better. All the neurodegenerative diseases, every single one of them have severe mitochondrial dysfunction and number of papers a major article is saying, is this a know are these diseases is, energy production.

And there's one mitochondrial peptide called human in and they call it human M because it makes, all Samus patients human. Again. And then there's a version that's 100 times more potent than and more potent than that. And, so it's an exciting time.

And, and for instance, there's in Israel, they found a drug that's like killing every cancer without side effects. But the US is trying to get it out of a and knock it out, but many ways.

Yeah. So boosting the mitochondria, with, lots C 5,000,001 MQ makes more nad available to to the cells and with that patient, which was interesting. So we gave her a number of different mitochondrial peptides and, and all of a sudden it stopped working.

We're like oh shoot. And I think we overachieved her mitochondria. So we basically, gave her back SS 31, which is another mitochondrial peptide that works.

It works in a different manner. It kind of really says like an antioxidant for the, mitochondria. And people think, mitochondria, PQ, CoQ10 to do that, but they barely get into like pokey ten.

We'll just get into the membrane doesn't get inside the mitochondria. Same with might have Q this will actually partition 5000 times more in the mitochondria than the serum.

So it just keeps going in. So that's why a number of studies and you know, phase three, now trials for especially, neurodegenerative diseases, but in, in protecting the, the mitochondria as well.

And that's what they're finding is that the mitochondria with these neurodegenerative diseases, you get an infection a so dangerous fun. And so those are apoptosis.

So these mitochondrial peptides not only produce more energy they'll protect the cells from going into apoptosis. So you don't lose all your cells like in Parkinson's and Alzheimer's.

But if they go into the other pathway into senescence now they're zombie cells. You do want to get rid of those in the body actually gets gets much better.

So that's the it's amazing. And this is just the body healing itself. And not just covering up symptoms. And I could talk to you all day long doctor. Hole off like oh your brain is so amazing and we're so blessed to have you on the summit.

How do the listeners find you, your company, in your companies? Peptides. Could you give us all that awesome information? Yeah, I just want to mention kind of a closing in that, you know, like thyroid.

Anyone who's Hashimoto's, you need thyroid treatment. Okay. T4 often won't work very well. And studies have shown that like in depression and even the largest study done on anti presence, they took all these antidepressants and used them as they're used clinically and they put T3 in there.

T3 outperformed all the anti antidepressants with less side effects. But they didn't put in the abstract because they didn't contribute to the cost of the study.

Another one bipolar patients hundred and 35 by treatment resistant bipolar patients who took on average 14 different meds with no response. They gave them all T3, didn't matter what the levels were, right.

85% responded and 30 plus percent total resolution of symptoms. But so Hashimoto's patients need to be treated, but you want to treat them with T3. Again, we didn't get into the exact reason why, but you can find all those studies on the National Academy of Hypothyroidism and hypothyroidism.org.

Our clinic is home to our Mediacom. We are starting and hopefully two and a half months, a yearlong, peptide training course, which will be, my better medicine.com, but you'll, can can check it out and hold their med and integrative peptides, integrative peptides.com.

You can sign up there and we'll send information and all those things and that number of products and we have like cerebral pap, which another med that the FDA found to be safe and effective.

It's, porcine brain peptides and just the, the testimonials, you know, people say, oh my gosh, I had this, you know, brain injury. And I for years like, couldn't get better.

And this worked. And I gave it to my stepson. His brother's like, he's just being an ass, you know? And I'm like, yeah, whatever. But so him some people use it and they're like, oh my God, he's back to his old self.

So, his mom going to kill me, but, yeah. So it's just been really fun. And, we're going to have a lot of new products. We're combining bio regulators.

Let's talk about bio regulars real quick.

Bio Regulators and Closing Resources

So bio regulators are called that because they're small molecular weight peptides, or they're more specific to a particular tissue like you have heart, cartilage, brain, number of brain, pituitary, thyroid.

So you have the thyroid bio regulator, which will actually stimulate your thyroid. And we found that it does increase your TSH because that's suppressed with, with chronic illness.

And then another study on the pineal peptide upper talen, which also called a bio regulator, is, orally bioavailable, that they took, I don't know, people do some weird things.

They took the, pituitary gland out of chickens and they. So without the pituitary gland, the the thyroid just starts, you know, atrophying. They gave them a talon, which is above.

So the pineal hypothalamus. But now there's no but to Atari to secrete TSH to stimulate the thyroid. But it did anyways. TSH levels went up to 43 levels went up.

And well we'll find if you come to the trainings like how these chronically ill patients. Another layer layers low control thyroid where the difference raises the body will, you know, convert T4 to T3.

They you do it differently in the brain and elsewhere. But it normalized the differences too. So, there's a lot of cool things that, that the, can be done with, with, with all the peptides and, and the bio regulation of vascular ones is great.

And, we're having some great results. It'll be a big study where they gave people just by our regulators for two years, and they found they did, you know, the age, biologic age.

And they found they lost on average, seven years with those two years on their biologic age, which is really nine years. Compared to the, standard controls that got two years older.

So, it is really nice. And, an easy way to, improve different things. I would with my mom. I still had this little low level, chronic kidney disease, and I took the kidney bio regulator, and I can tell it's a little TMI, but, I would have foaming urine because I would dump a little bit of protein and, in the urine and take that.

No foamy urine. So, you know, you know, it's working. Yeah. So it's cool stuff. So, so cool and exciting. So thank you so much for being here. I really appreciate it.

It was such an an informative discussion. Great. Hey thank you so much. Keep it up. And yeah look, look forward to, we have a chance to, to work together.

I think you're just, love all the stuff and follow what you do, so, the appreciate it. And thank you for having me. Thank you, Kent Horowitz, for guiding us through the complexities of thyroid physiology, chronic illness.

It's always eye opening to learn from such expertise. If you love this episode, due to the integrative Health podcast with Doctor Jen and leave a review.

See you next time.