Introduction and Guest Background

For the. Welcome to this episode of the Reversing Marcel Activation and Histamine Intolerance Summit. I'm your host, Beth O'Hara of Marcel 360. I'm so excited today to have my friend and colleague, Doctor Nafisa papaya with us.

We are going to have a conversation about peptides and how to use them and types of conditions like mast cell activation syndrome. Tips and tricks. This is going to be a really fun conversation and bring a lot of new information to the table that there's not a lot out there yet, so this is a really new field.

So I think you're going to love this interview. And I want to tell you just a little bit about Doctor Papaya. So she's spent the last decade treating patients with complex chronic illness from all over the United States and the world.

And she specializes in tickborne illnesses, environmental acquired illnesses, mold and mycotoxins, illness, autoimmunity, fibromyalgia, chronic fatigue syndrome.

She uses both cutting edge laboratory tests and deep intuition, applied to the full range of scientific data, to create comprehensive treatment plans that are highly personalized.

Thank you so much for joining us. I'm just delighted to have you here. Thank you so much for having me back. I'm so happy to be here. I always loved chatting with you.

We have so much fun in our in our talks about medicine and life. It's just great to be here. Thank you. I love talking with you too. And I would love if you could share with people a little bit about your own story and background.

And how did you get into this world of, working the way you do? Because not a lot of practitioners work the way that you do, and I think that'll be helpful for people in other contexts that you're coming from.

Absolutely. So, a long time ago, probably 15, 20 years ago, I was I was working in fundraising and it sustained me financially. But it was not moving my spirit.

And I knew that I was called to something deeper. And, so I, I wanted to, to work in healing in the healing arts and, and so I explored that first with yoga teacher training.

And the more yoga I did, the more I realized, this is beautiful. And there's more. And, and then I heard about year. So I applied and I went there and they gave me great tools to be a good primary care physician.

But still I wasn't moved. I was because because we could we could work with herbs and, and and really work with the patient one on one. But I wasn't moved enough.

There was there was deeper to go. And so I started to seek out mentors who were doctors, but also healers. And, and one of them was Doctor Clean Heart.

And I spent lots of times and many, lots of time in many doctors offices. But I spent a year, shadowing doctor Clean Heart and doctor Katie Dahlgren as clinic and, and I started working there in the Ivy room and, and I just knew that the these are the patients that would be working with patients to have but a lot of complex, complex issues in, in their physical health and their emotional health and, and how that ties in.

And, I just I remember sitting on an exam table one day waiting for it to come in, and it was covered in goosebumps. Just knowing this is it. This is these are the people I'm going to be working with.

It's just my my higher calling to work with with patients who who go through this that we'll talk more about and, and so I'm just everyday I know I'm walking like path and just like you, you know, you're you're, you know, you're you're doing exactly what you're meant to be doing on the planet.

It's like that. So I feel very, very blessed to be doing this work. That's what I think. What I love our conversations because you have that passion and the compassion for people who are struggling with these kinds of complex illnesses.

And then it's really rare in the medical world. And I just want to say, for people who aren't familiar with this year, that that's one of the few naturopathic medical, schools in in the US.

So you're a natural Catholic medical physician and you're at Gordon Medical? Yes. I'm not Gordon Medical. So throughout my throughout the past decade, I've been working with, with doctors who were were very well known as healers and doctors in the complex chronic illness world.

So I was with Doctor Klinger for a year, and then I went and I, Doctor Isaac Elias hired me to to head up his, his Lyme and chronic illness department at his clinics.

What Peptides Are and How They Work

I was there for a couple of years, and he mentored me in detoxification therapies. And I saw what he did for his patients with cancer, in detoxification therapies.

And really helped with with my patients who have complex chronic illness, because the detoxification was modulating the immune system with, which is what both groups of patients need.

And so, when I've been at Gordon Medical for the past, I think six years now, and we're going to talk about peptides, which also modulate the immune system.

Yes. So this is a really exciting cutting edge area. And I want to start with the very basics with for people who aren't familiar with peptides. And can we just talk about first what are peptides and how do they work in the body. What are they doing?

Yes. So they're small proteins. About 2 to 4 amino acids, 70 to 100 amino acids are polypeptide. And over 100 amino acids make up a protein. So they're the building blocks of proteins.

Now we have more than 9000 known peptides in the human body. And they regulate a variety of biological functions and processes. They act as signaling molecules within the body, and they instruct other cells and molecules on what functions to perform.

So they're very, very specific in their messaging. Unlike other verbs I might give or even pharmaceuticals I might give. Those are more broad spectrum.

So now with the advent of peptides, we can go very, very specific with respect to, talking to the cells and, and, cell to cell communication. We use different peptides for many different reasons.

Immune modulation, which we'll talk more about decreasing inflammation, cognition, pain relief, sleep, soft tissue repair, even weight loss, lean muscle gain enhancement with sexual function, improving hormone balance.

And so they're they're really really wonderful these peptides. So this is how things are happening and being signal in the body. And for people who are really really beginner levels, they make your protein and think, oh, protein is something I eat.

But we have all the and we get amino acids from proteins, but then they get made into these types of peptide proteins that are going to do all this type of signaling repair immune modulation.

So I mean peptides come in some different types of forms. Can we can you just explain from a high level first what types of forms of peptides might people come across out there.

Yeah. So when you say form, do you mean how how they're taken. Correct. Yeah. Yeah. Okay. So we can have them in capsule form. We can have them in injectable form.

You can have them in cream form. And then there's an unconventional use of them, which is via IV. Not too many people do that, but that can be done as well.

So when we take it orally, it does affect the entire system and particularly with the gut. So there are some peptides that I'd like to take. I'd like to have my patients take or leave for gut health in particular.

BPC 157 because it brings down inflammation in the gut. We can use kp v as a way to manage, manage muscle activation syndrome, actually starting in the gut.

Now, when a patient is in a lot of pain, then I like to use BPC. 157 locally in that area. It's going to bring down inflammation in in that area. In fact, it can give instant pain relief in a joint if you just inject close to the joint, just pari articular.

You don't even have to go into the joint just close or subcutaneously. Where over a muscle body. It'll help relieve pain. I've had patients after I've injected them, have tears in their eyes and say what?

I thought I had to live with that level of pain, but I don't. And it lasts. It lasts for several months. So? So we could use it for, like a frozen shoulder or tendinitis.

Yes. Those types of things. Ligament inflammation. Absolutely. So, you know, that's that's what that's what they're what's done in regenerative medicine instead of a steroid shot.

We can do this, you know, or instead of PRP, even or in addition to PRP or or if it makes it more potent. Oh. That's wonderful. It's so exciting to hear about.

Yeah, yeah. And then local injections. So sometimes we want a, a, a more potent effect with the patient. If somebody is ready for that, then we'll order from the compounding pharmacy and they'll inject some just a little bit of, of abdominal tissue self injection very easy, very quick.

And it's going to be more potent that way. Although there's something people could do at home. They could do it described and they do it at home. Yeah.

We have them show up at the office and have our nurse show them how to do it themselves. The first time, and then they can go home and do it themselves.

So I know we want to really look at, there's so many peptides and we could spend a whole week. Yeah, 40 hours just talking about peptides and their trainings on that, you know, in depth.

So I know we're going to hone in on just a segment of peptides that are used in immune response. Since we're focusing on mast cell activation, how do peptides work to modulate immune response.

So we have different types of peptides to do that. There's 2 to 1 which unfortunately we can't get in the USA anymore. That's very recent. I'm hoping we, we bring that.

But that comes back and there's tb4 fragments. Those are the two main ones that help to modulate the immune response. Same with UV. So the the to one it's going to stimulate the immune system.

Peptides for Immune Modulation and Mast Cell Support

Now I found with my patients if I if I go in and I use that one first a lot of my patients have autoimmunity. Use that first and it could kick up that storm.

And so I like to come in with TB for frag because it's going to modulate that first. It's going to calm the system down. So I start with TB for frag to to calm down the immune system.

Lexa NOx also helps with modulating, muscle activation, syndrome. It actually, blocks histamines and and then kp v. So those are the main ones that are going to modulate the immune system.

So that middle one, can you spell that for people who may not be familiar with these ten times? I'm Lexa NOx. So a m like mom l e x a n o x. Yeah. Okay, so we've got the, I'm having trouble with pronouncing that one.

Say it for me. Lex and NOx and Lex, and that's like this. When we're talking about TB or frag, we're talking about BCP, 157. So these are our big immune regulators.

And then the CP we've had is the clinic KP. The KP v also acts to help it. It's an anti-inflammatory. And it also it also helps to stabilize mast cells.

So so my favorite trio to begin with is BPC 157 TB for frag. And then if the patient has muscle activation syndrome most of my patients do. I'm also going to layer in I'm Lex Knox next and and KP the next.

Then after they've been on those for a couple months, I might add in to one if it becomes available. L. L 37 is also another nice one that helps kill infections, but I'm not going to kill infections until I start to bring inflammation down.

A lot of times, most of my patients, they have a lot of infections. They've got tick borne disease just like yours. Mold, viruses, parasites, a plethora of bacteria, all of these infections all at once.

And then they have lots of environmental toxins as well. They have metals, mycotoxins, a lot of glyphosate, very often pesticides. And I know that I learned this the hard way before I had the use of peptides for some people before we learned about Marcel Activation syndrome. Really? Right.

I would start to detox like nine, ten years ago. I would start to detox people first and it was a long haul. It was a struggle. But but we did it right.

But a lot of people, they they can't handle detox or they can't handle killing infections first. So we need to modulate the immune system first. So now with the advent of peptides I can make that happen really, really quickly.

And so I'm doing immune modulation first along with mast cell treatment. With our herbs to treat mast cell and and medications if needed. And then I'm going to come in and start to detox and kill infections.

And that's one of the things that I think we always have fun geeking out on is we have a philosophy that I call it the stabilization phase. We have to stabilize before we can start to detox.

And even within these peptides, there's this order of operations in terms of when you would bring which ones on, at which stage. So just a recap for people, because I know a lot of our audience are brain fog that we, we need to stabilize and calm the inflammation down, calm the immune system down before we get into detox protocols and before we start killing infections.

So there's that just that same philosophy, that same approach in terms of the peptides that you're going to bring on board. So I wanted to ask, what about for people who are extremely sensitive.

So we both have a lot of people who are really sensitive. I get people in who are down to less than ten foods. They're reacting every time they try supplements.

We have to back up and really check their environment for mold and other chemical triggers. We check for

emotional triggers and toxic people. We, really work on that nervous system rebooting.

And I know we've got a lot of people in that situation who are going to listen to this as well. What would you say to them? What kind of advice would you give them around these peptides?

Yeah. So the first thing is it's very important that they're they're working on rebooting the neurological system and they're working on all that foundational, that foundational stuff that you just mentioned.

And and the peptides can be an excellent foundation for these people as well. So one thing I've seen is that in complex chronic illness, a patient that might take that might have taken five years to treat, it's a long haul.

You know, we get them 60 to 70% better. It takes a long time. Those people I can now get better in 8 to 12 months. They come to the clinic, they do all kinds of treatments.

And I'm also using peptides. Now, like you said, a lot of these people, they can't tolerate very much. Some of them are even sensitive to water. And so what do I do?

I give them a little bit of injectable peptide. I notice that a little bit of injectable peptides a lot of these patients can handle. And they're scared.

Of course they're scared because almost everything they take it sends them backwards. Right. And so I tell them, all right, let's just try a little bit.

They try a little bit and oh, okay. I didn't feel anything. And I said that's a that's a good thing. At least you didn't feel anything. It's going to take a little bit of time for you to feel better.

But it didn't make you backfire. So we slowly increase the dosages. So that's what I do with the injectables. And then there are other peptides that I really love.

We can take an oral form. I have people open up the capsule, dip a toothpick and just put put a toothpick amount in. And if one if one dip is good, then three days later make it two dips into the toothpick and so on until they can reach a half cap and then eventually a one cap.

And usually they're fine. So, I've never seen peptides backfire on anybody except for when the wrong peptide is given at the wrong time. For instance, if somebody has, it takes BPC 157, but they have, I'm going to say if they take a high dosage of BP sigma 57, because they have a lot of inflammation in their gut, but they have mast cell activation syndrome, it can flare it.

So I'm not going to give those patients a high dosage of BP sigma 57. They're going to get a low dosage. And then if the patient is is is very sensitive, they're just going to get a dip of a toothpick in.

Yeah. And and we'll go from there. And then I know that there are some that are available topically. And I often like using topicals for people who are super sensitive, who have massive amounts of dye mast cell involvement and got a lot of dysbiosis.

They're reacting every time they put food in their mouth or swallow something. So we can bypass that, initially bypass that where the gut is just it doesn't matter.

It does this if people have trouble with water, there's room to move everything. Can you tell us about what might be available in topical form? Yeah. You can you can get almost any peptide from the compounding pharmacy in topical form for patients who have cranial cervical instability.

I like to give them, a BP sigma 57 cream, which I get from the compounding pharmacy. And also a way to bypass the gut is to give small injection, small injections to subcutaneous injections, as well, which you can get from the compounding pharmacy.

Using Peptides in Sensitive Patients

So the injections are going to be a little more powerful than the cream. But, you know, a little more pleasant in the moment because the injections, they don't hurt a lot.

It's a little sting in the moment. So then that we can bypass the gut either way. And I'm going to say for these people with extreme nervous system dysregulation, where that little sting might be too much just yet, you think it's there with the cream. Yes.

And as they're they're feeling safe with that and they're getting the nervous system rebooted. They could go to the subcutaneous Barclays. And even I've little conventional but it can be done.

And and they do very very well. Wonderful. And then they can work up to the little toothpicks and, and orally and I, but then other people are not going to be so sensitive and then they can move through more easily.

Right. And so most of my well I'm going to say 95% of my patients have complex chronic illness. The 5% that don't are the spouses of other people, you know, or relatives or something.

But so most of my patients are quite sick with complex chronic illness. And for most of them, I actually can start them on high doses. I like to start them on the high doses of BPC 157 and TB for frag and even KP v to begin with, because it's giving them this loading dose to help bring down inflammation.

And then and then and then slowly bring them down to a more moderate dose. So sometimes even three caps twice a day of those ones to begin with. And then depending on the patient though.

So for anybody listening to this I want to make sure you don't just buy them and take them. You need to talk to you know, talk to your doctor who knows about peptides.

Yeah. About this because it's easy to take the the right medication at the wrong time or the wrong dosage. And then, when you're not very happy. Yeah. And I hate for people to this.

I see this all the time where people bring in things at the wrong time, and then they just throw the baby out with the bathwater because they, they didn't have a good experience.

But it was that timing. So if you remember that, if we if we have a problem with something, it's usually the body saying not now. Exactly. So I think this is really helpful for people and then anything to watch for.

So we were actually you were sharing with me because I'm working with the BPC. 157 and I had noticed I felt a little overstimulated today. And so can we talk about some of these things people might notice and, and then that was a good clue for me.

Okay. Maybe an 830 capsule is a little too much for me to start. I'm not super sensitive anymore, but I'm still sensitive. Yeah. So BPC 157 can wire some people, it can give some people extra energy.

And sometimes we want that some people to take BPC more 57 after 2 p.m., they're going to have a hard time sleeping. But this one is my favorite peptide of all time.

It, it it's a it's a big anti-TNF laboratory for the whole system, starting with the gut or injected locally, you know, so it, it also, modulates snips April a a probably April.

It's going to modulate those. So that's wonderful. So I love this peptide for so many reasons. It also helps to repair tissues. So when I say oh don't take it after 2 p.m.

might scare some people. So maybe I shouldn't take at all. No not that at all. Just just take. If you're sensitive, just take it early on in the day. I expect you to see results quickly.

And with BPC 157 and so this is really exciting. I had not heard this about modulating ApoE e and I have variants and I've had a lot of concussions. And and then it's always very, much in the forefront of my awareness to keep working on reducing the Alzheimer's risks, the dementia risks for myself.

And I require that. So I'm very excited about that. Are there any other snips that this one modulates, or that the, the, the CPU, V or the other ones we've talked about modulate?

Those are the three that that we know of. For beat this 157 I know K is also a genetic modifier. And also the GHQ with the copper in it, because we need the copper, to open certain parts, certain pathways of the enzymatic functions also for the DNA.

So, so the G the GHQ helps with that. It's also great anti inflammatory. And so speaking of Alzheimer's risk, there are a lot of neuropeptides that I like to use as well.

And they work wonders for people who have brain fog. But you know, I'm not I'm not going to use those until, until after I finished killing infection.

Same with same with repairing mitochondria. And we'll do that after, so, you know, with these patients, they have a lot of neurotoxins because they have tick borne disease and molds and other bacteria that create these neurotoxins.

So, you know, again, starting with the BPC and the KP, the and then, we can bring in some cerebro cerebro, cerebro protective peptides. These are the neuropeptides, the IP is one of them.

I, I'm sure you use VIP or have used VIP when, when dealing with your patients with mold. But we know that we want to use it after we've finished treating the infection.

So Sealink is one that helps with elevated Bdnf and it helps with detoxing as well. It's super protective. And it helps with those toxins that are latched to receptor sites in the brain.

Cerebral lysine helps the detox neurologically. It grabs up the neurotoxins and pulls them out, glued it down. People don't realize, but it's a peptide.

It's a tri peptide. So I like to use the super license with with glutathione because it's it's grabbing up the neurotoxins and pulling them out. So I'm using I'm using these peptides with all different modalities.

The beautiful thing about the peptides is that you can use them with anything herbs, pharmaceuticals, IVs, anything. And it makes all these treatments go so much faster.

Which is why I love is love working with the peptides? Yeah. There's also link, Sealink, Sealink, C-Max and and Cerebro lysine. All three of them are going to are going to help with the neurological system.

So there's a lot of research out there now with patients with Parkinson's. Recent literature shows that a lot of it has to do with environmental toxicants, and those toxins are affecting the neurological system.

So I'm I'm testing these patients for their infections, for their toxins. And oh, also looking speaking of neuropeptides, looking at the Cunningham panel or the normal zoomer to to look at if there's autoimmunity in the neurological system and if that's related, related to different infections.

So it's really a dance and weaving the peptides in and out of all the other therapies that I'm doing for the patients.

Neuropeptides, Detox, and Hormone Support

And this is so helpful for people to know that you really need somebody who understands these peptides and understands when to bring them in. So just like Bluetooth down and our sensor population backfires so often

because it's brought in to soon, you have to understand the actions that these different types of molecules are having and things that are helpful in Parkinson's.

For somebody who's overstimulated, has too much dopamine is not the right thing for that person. That's right. Going to look at those things. The things that have Parkinson's are usually increasing that dopamine.

My dopamine is always super high. So anything over there in that Parkinson's area it's going to raise dopamine. It's going to send me off the cliff. So right right.

And so and so that's why with patients who have infections and toxins driven by mass or so causing muscle activation syndrome, we need to calm the mental activation. First.

We need to calm the inflammatory cytokines first. Then we come back to order right order of operations. Then we detox, then we kill infections. And all of this is then eventually going on all at once, weaving the peptides in and out for the right person, the right dosage at the right time, just like everything else we're using.

That's wonderful. So any other, things to watch for in terms of well, I would actually I want to step back to the BPC. 157 had another question there in terms of stimulating.

Yeah. So what if so I started with an eat through the capsule. It was a little over stimulating, and I'm super sensitive to caffeine so I can have chocolate now, but I can have one square of dark chocolate and then that's plenty.

I can't do any, kind of caffeinated things. Yeah. So if somebody's starting to get that overstimulation like I experienced, would you recommend just continuing to drop the dosage down or how would you work with that?

Yeah. So if somebody has some no, this is for anything. This is even for, for example, a Byron White or like al for lime. Right. So if somebody has too much of say BP's 157 or anything else and, but we'll bring it back to BPC 157 specifically and then get overstimulated.

What I say is, okay, don't take any more until you go back to your baseline. So when somebody was very, very sensitive, it could take a couple days. It could take a week, might take even longer for some in some very unfortunate circumstances.

But that's rare. Usually it's a few days before somebody normalizes if they're highly sensitive, if you're not very, if you're not highly sensitive, you're moderately sensitive.

Just take a few hours before you normalize. So I just say, okay, watch, really watch when you normalize and tell me how long it took. And then start at half the dose.

That was too much for you. And usually that's a good place to start. So I can start back with a 16th. And then for some of my extremely sensitive people, I'll have them put something new, just sprinkles and water, and they stir it and they'll just take a sip of that so we can get into almost a homeopathic type.

Right. Pre really diluted some people. Less is more you know. And I know a long time ago when I first started practicing that was that was hard for me to understand until I saw it happen.

I remember thinking a long time ago, well, if you're taking just a few sprinkles, how is your system going to feel that you know what people systems do?

Yeah, definitely. And I have some people who they then these tiny micro doses, they do so much better than they do at a half of a capsule or a whole capsule.

It's hard finding what's right for that person. Right? As with anything. And I think this is really important to address here that when we kill off an infection or when we treat, when we detoxify or even give a peptide, really what I'm saying is when we give something that we give any substance to our patients, if something makes them worse and

the patient says, doesn't that mean the treatment is working?

It's making me worse. Doesn't mean we're killing the infection. I want to keep going. I'm just having a hook. Some reaction. I'll get through it. And I say, no, no, we're not going to push you that hard.

When you feel worse like that, it means that it even means that we're we're upsetting the mitochondria, you know? And when that happens, we're creating more long term chronic issues.

So it's suffer with my patients. I tell them, you know, let's just dial this back down. We're not going to push you so hard to the point you don't feel good.

Sure. Sometimes you might not. You know, your system might be shaken for a few hours or a day. That's okay. But prolonged like that? No, but I have noticed when I give people the right peptides to begin with, they have less hurts.

Reactions. In the old days, we call them first reactions. In our clinic we think of we think of that as a muscle flare. Actually, you know, and but these peptides have prevented our patients from, having a hard time with detox or killing.

So therefore they can heal quicker and get back their lives quicker. And that's so exciting. And I just really want to underscore what you said, that if we're pressing into flaring or what people call her reaction with detox and killing protocols, that we're actually damaging the mitochondria more, causing more damage for swimming in this toxic soup, and we're increasing more mast cell activation.

And I worry that we get into we can easily get into I've seen this many times, what I call mast cell cascade, where these vessels are starting to get flared from the toxins, and then they release these mediators, they flare the surrounding mast cells.

They're releasing mediators, and it just goes on exponentially, like forest fire that lasts for months. So we really have to be careful not to move into that.

Exactly. Yeah. What else do you have for us that you want to share on the peptides? Yeah. One thing I didn't mention about the GHQ is that, you know, it has a genetic modifier, but it also it also helps to work with anything that the hypothalamus is doing.

And that means hormones. And so that's pretty amazing because a lot of our patients, due to, having a combination of a lot of infections and a lot of toxins, not only that, they have muscle activation syndrome, but they have problems in their hormonal systems.

I see men, young men, I'm talking about men in their early to late 20s into their 30s, their 40s, looking like they have hormones of a 70 or 80 year old.

Men don't have enough testosterone, they have too much estrogen. And I see women who don't have enough estrogen and progesterone, but they have too much testosterone.

So, so the GHQ is going to help with that. So if I give people that and maybe, you know, I need to give people bioidentical hormone therapy in addition or hormone therapy for their thyroid.

In addition the the GPC really helps in conjunction with that. And when would you bring that in in this kind of in this context, what we're talking about is complex chronic conditions.

Yeah. So I'm going to weave that in probably after I know they stabilized on the BP of the 57, the tb4 frag and the KP. Once they're stabilized, they're they're going to notice a difference.

Most of them do. They say whoa what happened I feel I feel less fatigued I feel less inflamed. I've had some people trying to come off of them too early and and they say, oh, I noticed that I went back to old symptoms.

So I say just, you know, just stay stay on them until, until we've treated the causes. Right. And so then once I know they're stabilized on those for about a month, then I'll bring in the GCC.

And is that also going to work for the, the thyroid. So many people have thyroid dysfunction usually hypo thyroid in this population. Yeah. It's going to help with that as well.

And then a lot of my patients might have glucose high blood glucose. Even though their diets are pristine. They might there might even be slender people.

But it's it's the environment, the toxins and the bugs and structural integrity issues and emotional issues, all of that flaring, flaring the hormonal system and their blood glucose is out of control.

Flaring the hormonal system, causing certain genes to to to show. Right. So for some people it might show in their blood sugar.

Sexual Health, Safety, and Sourcing Peptides

For some people it might show their neurological system. For some people other systems in the gut. Right. So a lot of these patients that we can't get their blood sugar under control for that I like to use, see, and semi semaglutide with BP signal 57 because it helps to modulate insulin and glucose in the pancreas.

And it helps to regenerate, regenerate helps regenerative in the pancreatic islet cells to help the pancreas restore and build. So this is fantastic information.

How how do we know when to start coming off of peptides. Is this something that people will do long term, or is this something that we start to come off of it somehow have people on them for a long time?

I'd say throughout the whole course of treatment, not necessarily the same ones, but in not necessarily not necessarily ongoing, but say I'm treating a patient for a year.

I might have them on the peptides for three months, pull out a couple of them, bring in the next one that they need and then and keep, keep going, going with them for for a year while I'm doing everything else, while I'm treating infections and toxins and managing stress, structural integrity and all of that.

So the cell activation seems to be addressed. You might pull out the cape, the the guts yield, you might pull out the BPC 157 then you're going to bring in these more, hormone gene regulators, and then you go to pull those out, go the neuropeptides.

Right. It's more like a progression. It's a progression. And then for sexual health, a lot of these patients don't have, you know, they're having a hard time in that area as well.

They don't have a libido when they're young and or they just got into they just got married or something. And they need to to spruce that up. So the three peptides for that are 141 Milana ten inches in.

So for, for young men where they're testosterone is low. I don't need to give them Clomid anymore. Which is a medication to help their cells stimulate their own testosterone.

I can just give them respect. And this is going to help them build up their testosterone. Not too quickly. They need to be on it for several months. And then you give them a little bit of melanin ten with the kiss button and it's going to help build their libido. And, 141 it's going to help with erectile dysfunction.

A lot of young males are having that and it's going to help with libido for women. These are ones you need to be careful with. So some people might say, oh I want that intake too much.

And just, you know, it's it's too much. So so those have to be monitored for, for women in chronic who have chronic

illness, a lot of times they're having issues, with in their sex life.

And they may need help there. So for them I'll give them one 4141 and also a little bit of oxytocin. And then they can we can help them enjoy that part of their lives.

So, I'll add that in, you know, maybe six months into some of these treatment if I'm going to treat them for a year, maybe three months. And, and so these peptides help on so many different levels and they make treatment go so much quicker.

So I just love them. Yeah. The this it's brings a lot of hope. And I'm excited about all the possibilities and aware that there's a real depth of knowledge and training that's needed in terms of implementing these.

So I'm just cautioning people don't just go grab these off of the internet. And there's I've seen and go to shady sites selling these as well. And there's a lot of issues of quality.

Yes, we need to talk about this with our audience. So there's you can get them from the internet and they're cheaper but there's no quality control sometimes.

Mercury has been shown to be in those peptides. And a lot of the times they're not, there's, there's a certain end process when peptides are created and that end process makes them bioavailable.

So now usually those are only done in the lab. They're only done at the compounding pharmacy. So no, people are getting peptides off the internet that are not bioavailable.

That could possibly have mercury. Sometimes they're made in somebody's garage. I'm not joking that there's been an instance of that. And, then we have to detox people from the peptides that are not bioavailable or from mercury that is now entering their system.

So, you know, it's it's cheaper, but it's not something I support at all. So we want to get them at the place where we know where they're coming from, where they know their standards in place for production, cleanliness.

So from the company and the same supplements, we see counters. This is where I tell people, let's not get supplements on places like Amazon because there's been counterfeiting.

And you see it's great blatant billion brands. It looks exactly the same. But it wasn't. It came from, someplace overseas. And there they found toxins.

They've often found that what you think is your pure encapsulation or thorn product off of Amazon isn't really what it says it is on the bottle. There's something entirely different in there.

If people can get something from the drugstore from, say, Walgreens or Costco, dump it out, you know, sorry, dump out the good stuff, put the stuff from Walgreens or Costco in the nice bottle, reseal it, make it look professional and restrained.

In fact, I saw an article written by a guy who worked at the FDA and he actually saw this happening. You reported it. So I tell patients also don't get that from Amazon because I can't stand behind that.

I don't know what's in there, you know. Yeah, there's a lot we can't get on Amazon. But please get your supplements. Get your peptides. They're reputable source. Exactly.

Is there anyone who shouldn't use peptides. So in my experience I haven't seen anybody who shouldn't. But I can say that there's certain peptides that you should not use right away.

If you have certain conditions, just like with any medication or any supplement, really. So, for example, if somebody has autoimmune conditions, I don't want them using to one yet.

I don't want them using too much BPC, a little bit of BPC, yes. You know, yeah. Yeah. For somebody who's very, very sensitive to pain, I don't want to be injecting them subcutaneous with peptides because it's going to flare that, that nervous system response in that patient.

So it's just being careful with, with them is you're careful with anything. So we're careful with anything that we use. But they're so they're not toxic and they're so gentle on the body yet so specific with what what tissues and cells they're directing.

I just love them for that reason. Why? I know we just scratched the surface on a very deep topic, but I so appreciate you sharing your your knowledge and experience with us.

And and really with that, there's a lot of info out there about peptides, but not about what do we do with people with all these complex conditions and sensitivities.

So thank you greatly for sharing with us and and sharing your passion and your heart and your soul. I love having you on here with us. Thank you so much.

I just love being here with you. I love the way you practice. I love how heart centered you are and technical you are at the same time. We give you all to your patients.

I love that about you and I just always love talking to you on a personal level, on a professional level. So thank you for having me here, Beth. Now, I want to tell people that there's a free download that you've put together for them on peptides, for complex chronic illness, and they can get more information and download section in the free download section.

And can you tell people how to find you. Yes. So I'm at Gordon Medical and the website is WW w Dot Gordon medical.com. Now you don't have to live in the San Francisco Bay area to come and see us.

People do come from all over the country, for intensive therapies with us to use peptides and all kinds of other, all kinds of other great treatments.

That's a great resource for people. Thank you again so much for sharing with us and really appreciate all that you do. And all of your work for this difficult population.

It's really struggling. And to have a provider like you who's so compassionate and knowledgeable is is a rare find. Thank you so much, Beth. I feel the exact same way about you.

So thank you for all that you do.