Introduction and Speaker Background

Welcome everyone to The Longevity Podcast here we are here today with Doctor Kent Holter. My name is Doctor Rudy Mueller. It's a pleasure to have Doctor Holdsworth on here.

We've I've had been in the audience many times when he's been lecturing whether if he had a forum or eyelids. It provides a breadth of knowledge around many different topics.

A lot has been developed from his own personal experience and dealing with some things. As well as then with his clients. So I look at Doctor Who is really a pioneer in modern medicine and functional medicine.

He's currently the medical director of Holter Medical Group. He's known for advancing peptide and peptide bio regulator therapies, transforming really the treatment of many complex conditions from chronic fatigue syndrome, fibromyalgia, long Covid sufferers, tick borne illness, neurodegenerative disease and has a lot of information to present to us today on longevity as well.

Founder of the nonprofit, National Academy of Hypothyroidism and the Integrative and Integrative Peptides, a peptide company that we utilize in our patients every single day.

Peptides. You know, with the peptides that that we recommend through integrative peptides, we've seen some phenomenal changes in our clients and our patients.

And so it's, it's really a pleasure to have you on here, doctor. Whole tour. I mean, I could go on for days, I think with, with this intro from. You. Being a recognized educator publisher.

But I think the, you know, the thing that stands out the most to me is, is really two things. Number one is the you were the author of the Mold Illness, the Peptide protocol for Rapid Treatment of Sirs, which that protocol has helped hundreds of people in our practice.

No thank you. And so that's greatly appreciated. And then your work with veterans is another thing that I'd like to get to here later on in, the podcast and make sure people are aware of that.

But first, I kind of want to hear a little bit of background on, you know, some of the therapies, the protocols that you've developed and really how that transformed your own health before you were implementing it with clients.

Awesome. Thank you so much. It's such a pleasure to be here. And yeah, one of my new favorite topics, longevity. Instead of just getting out of being, terribly, horribly sick.

And thank you for the kind introduction. And, and I'm really looking forward to this, watching the summit, so many great speakers. And, and you guys are awesome.

But, in terms of my own, you know, personal, basically story, and tell people if they've heard it, you turn it off for a minute. But, that, you know, basically growing up, going through high school and then into college, something was wrong and my whole family was just kind of off.

My mom was just a sweaty machine. She just, like, sweated like crazy. Long story short. Turned out to have babka. And then my dad had chronic fatigue syndrome before there was chronic fatigue syndrome.

So he was basically infected. Growing up, I always had weird things going on. Like one pupil was always bigger than the other. And when I felt worse, it would, it would, you know, get even bigger.

Half my body would be sweating, the other half freezing. I had, like Reynolds, which is like, basically the whole blood vessels clamp down in very cold hands, and then it would open up and then get to really red.

My arm would stop working and neurologists couldn't, couldn't figure out why. Then it would just come back. It was like a claw. I couldn't pick up anything.

And no, you know, very sympathetic friends. Hey, it's the claw. Get over here. You know, but, and so but it was, it was functional. And then it got through college.

But then as I got into medical school, it started getting worse, more anxiety, just feeling so overwhelmed and fatigue, like not being able to get a bed.

And I started the sweating. I'm like, oh no. And you go to the university. Doctors are like, oh, you're stressed or fatigued. You know, here, take a, antidepressant.

I'm like, it's not it. But I took it like, you know, of course it didn't do anything. Then it got worse and worse and, where it got to the point where I don't think I can talk to a patient.

It was just so overwhelming and, And I'm like, shoot, what am I going to do? And I, I loved medicine, but. And where where else do I turn? And a, was very evidence based.

I'm still very evidence based, but it was ingrained that anything integrative alternative, functional precision. What what did that mean? I meant no evidence, you know?

And so why would I go do that? And I'm like, how am I going to stay in medicine? And I end up kind of actually leaving for a little bit, but but came back and I'm like, let me try anesthesia because they're asleep.

You don't have to talk to a fight. But it's still I have to get up early.

Personal Health Crisis and Lyme Journey

Early and I was just, you know, about to throw the towel and but and someone, you know, was talking about these integrative alternative conferences where I would just poo poo them.

And I snuck off, of course, didn't tell anyone. And I'm sitting in them and I'm like, this is more evidence based than what they're telling me in residency in medical school.

I'm like, oh my gosh. And then I learned how about, you know, thyroid optimization with T3, not T4, huge benefit. And, you know, I was so-called normal, but doing that, optimizing a lot of different, you know, hormones and doing some immune modulation, a little bit of anti invectives and also supplements.

I felt pretty good. You know, I'm like, oh my gosh, I can go back to work. But then during that time went through a stressful divorce. And basically emotional stress is probably the worst because it's shown to really modulate the immune system.

You know, people say, oh, you're stressed. You know, you gotta lower your immune system, but it doesn't really lowered it modulates it in that if you look at the immune system oversimplification.

But, if one side is one, this stuff inside the cell and the other side to the scuffs outside the cell, they're usually balanced. Now, just as we age, the thymus adhere in your breastplate starts in ballooning and just starts basically shrinking down.

And that causes your H1 to go down, your H2 to go up. So now you can't fight intercellular infections very well. You can't fight cancer as well. But you have this H2 on the outside.

Now there's a lot of inflammation. And and then as is the thymus in volutes you get you know basically this imbalance in which is considered an aged phenotype or a sick phenotype because also stress, toxins, pesticides, chronic illness, you know, all this, you know, especially foods and things.

It just starts doing this. So it's very unhealthy. So, but you almost feel better with the thyroid, but then went through a stressful divorce, and all of a sudden, I'm bedbound.

I'm just sweating. And I'm like, oh my gosh. And just, you know, terrible pain. Allah dini, just basically a bed down. And so I check for Lyme, but Batia Bartonella, like, oh my gosh, I got all of them.

And so all that just came out. And interestingly, all I had was 141 kill adult and I gm banned. And it's considered that's the flagellum of the Lyme because a lot of other bacteria have that flagellum.

It's thought to be oh, it's just that it's very common false positive. And in fact, that's the 41 which goes up early in the disease. And then you get IgG, IDM kind of just holds on to like a dog, you know, biting your leg.

The IgG actually will attach and and activate complement and blow up the organism. But I had none. So they're like, oh no, it's a negative for Lyme. And then when I started doing the immune modulators and get this side up because you need a high one to convert IgG, IgG.

Then I ended up having seven bands, VG. So it basically confirmed the diagnosis. And I also had the BCA which is just horrible, you know, which goes along with with the sweating.

And I really think, I wasn't sure they got it from my mother during, you know, during birth. And I think that's probably the number one, transmission route that, that we find.

And we actually trace it back as your parents, and, and that's usually where they get it. But also, you know, of course, ticks, but also fleas, mosquitoes, you know, and other biting, bugs.

And like, for instance, we had a patient terrible Lyme Bubka, was a CEO, very, very sick. We got him better then he told his he went to infectious. These doctors said there was no Lyme in California, and he just starts freaking out like this is a misdiagnosis, but he's feeling better.

And then his dog about two weeks later gets really sick. They take the dog the vet. Oh, your dog's got a Lyme disease. But it you know, it's a very, interesting because Infectious Disease Society of America doesn't even believe it exists.

So you know how how can they diagnose and treat that? So, that kind of took, into, you know, many years I had, wasn't, really it was kind of just early on in my, you know, battles with Lyme and treating it and doing treatment programs.

But, you know, three and a half years of the highest dose IV antibiotic. So I'd never give a patient like five times a dose, seven at a time. Didn't do anything.

Went into the hospital all the time with sepsis. And the nurses were kind of tired of like, oh, this is that Aids patient who keeps turning up negative for HIV because my natural colors, if it was zero and, you know, just septic and had no immune system.

So that was pre immune modulation. So you know, nothing worked because antibiotics knocked down the infection. But you have to have an infection, immune system to take over.

Yeah. That makes complete sense. And so along this, this journey for you, you learned a lot and you were able to then be able to educate many physicians on this protocol, which therefore then helps, you know, thousands of patients across the globe.

And in that process, were you utilizing peptides or bio regulators, or when did that start to really hit your radar? And then you be able to implement it with yourself or even with clients?

Yeah. And then during that time, I was just circling the drain at a nurse assistant for other who would call. And I just every time we call, I just crashed.

I went through a very stressful divorce. Again, that emotional, stress is really a killer. And and then I ended up going into heart failure. And it was an interesting heart failure in that my heart became fibrosis.

And and if you look and this is a very, key biomarker for Lyme and immune dysfunction is human transforming growth factor beta. And it's it's a huge stimulus for fibrosis.

Now number the peptides can can reverse that. But so my heart was fibro. So they do the echo. And he's like you maybe in ten years you can get 10% better.

And I'm like I can't live like this. I couldn't walk upstairs. I couldn't walk down that, you know, I walk one mile an hour. I'm like, Lyme was horrible now of Lyme but BS Bartonella.

But the fact that I can't even stand up and just moving so slow and I'm like, I can't live like this. So so I decided on this, you know, next Halloween, that's going to be the last day.

But I'll go around the world and see if there's anything that can help. And I went down like Mexico and did dendritic cell therapy where I brought some antigens from, Ty Vincent for Lyme, which stimulated to those and, and wow, I'm like, wow, this this is great, but nothing really last but a lot of, oh, there's a lot of great treatments.

I didn't do like plasmapheresis at the time, but I love that as well. I don't actually, you know, one, I did, I did one, but and then went over to Europe and started traveling at one mile an hour with my head down.

And I remember going to New York, with Doctor Robbins or doing the, you know, injecting ozone gas directly into the veins, which we do. I love. And in the very busy subway.

And I'm just like, see, you got, like, a ball. I think someone just going to the top of the head, you know, and trying to catch a plane, just, you know, sweating and, and, you know, pulling the, the suitcase.

I remember, like, sitting down finally at the, in the airline and saying, if that door closes, I'm going to die. And I'm just like, I. And I finally was just too weak to to run off the plane because I knew I was going to die.

But I couldn't do it, you know, and by live. But every minute on that plane was like, okay. So it was just, you know, just horrible way to live. And then I ended up in Europe and Belgium and there, ended up getting hooked up with, it wasn't her clinic, but, some other clinic there with peptides, and I really didn't think much, but it was kind of a sight thing. Okay, I'll take those.

And then about 3 to 5 days later, I walked up the stairs. I'm like, well, wait a minute. Hold on. What happened here? What could be the peptides? I don't think so. And then went back and did it.

I feel better. And then that's when I'm like, oh my gosh, could this be it still was skeptical because hey, this is not going to last like everything else, sure, but ended up bringing a bunch home.

We couldn't really get it into and use them and in the US for about a year. But that kind of happened. And so it really changed my life. And we did other things as well.

But that was the biggest core thing, the high dose T3, you know, the thyroid optimization and the peptides, were just, life changing. We found it ended up being the same for similar patients, for other doctor's offices.

And, and then we just kind of expanded from there, vice versa. And so when you did the peptides, were they IV

peptides or were they in. Yeah. Yeah. Yeah.

So so at that time it was just kind of the standard ones from what I remember. We do so many, you know, but you know BPC 157 TB four I think we did have some SS 31 which is mitochondria.

So you know, there's some key ones and so it yeah, it just kind of a broad base of things to optimize the system. Nice. Nice. And so, you know, in getting into this probably eight years ago and learning more about peptides and bio regulators, just for the listeners, that may not be so familiar with these things.

Can you give just a brief description of the difference, or what are peptides compared to proteins and what are bio regulators. Yeah. So everyone knows kind of proteins which are chains of amino acids.

And just by definition if they're over 40 or 50 depends on what group you, ask, they're considered a protein. If they're less than that, they're considered a peptide.

So a lot of the injectables are longer. If you were to take those orally, they just get broken down in the gut and elsewhere.

Discovering Peptides and Bio Regulators

And then but a lot of the like, for instance, BPC 1%, is 15 amino acids, which it should not absorb, but it does. It's what's made in the gut by the body.

And then also if it gets capped. So if the body there's something important, either a protein, a peptide or a bio regulator, if it's important, the body will cap it.

What you puts a acetylation and acetyl group on one side of the chain, and a, and and it'll group emanated on the other side. So it caps it. Now this peptide will not be recognized by the enzymes in the gut.

And it will basically get through. So it won't be broken down. And it also makes it much more hydrophilic and allows it to go into the body, with, with its excellent bioavailability.

Now bio regulators have a very interesting story and are a little different. They're by definition 2 to 4 amino acids in length. And why is that important now they work differently than peptides.

So peptides work on the cell surface kind of much like supplements though attached to a receptor. They then secondary effects they may stimulate a secondary messenger increase in particular enzymes.

You know, do particular functions in the cell. Now, the bio regulators being so small that they work differently. So again, 2 to 4 amino acids, they will go from the stomach into the bloodstream and then cross the cell membrane and then the cell nucleus.

And they will attach to basically promoters and inhibitors of gene expression on from the DNA. So there are genes that basically will transcribe, you know, basically, DNA to make RNA, which then goes to the ribosomes and that makes, again, new proteins and peptides that have particular effects.

And the genes that they affect, tend to luckily, actually they, they activate, like for instance, like, a gene activates about 80, genes and will, suppress about 22 about 14 genes.

So they all have a difference. There's some crossover, but there tend to be, relatively, tissue specific. So now the, they work genetically, so they go into the cell, get attached.

So now your body starts activating the younger genes, the genes that are associated with inflammation, action with youth and turn off those aging genes, those genes associated with illness.

And so it's a very big, anti aging in that, and also we, you know, we normally have these bio regulators in our body, but they declined significantly with age.

So it's it's really a unique, you know, peptides and and the bio regulators are peptides, but they're a special class of peptides. And I'll give you the history of these are that's very interesting.

So it was the Cold War. In, in basically in Russia in the when I was the Soviet Union. And they found that their submariners, their high speed jet pilots and their cosmonauts were aging terribly fast.

They were getting these diseases of aging. And these guys were the studs. Right. And so the military went to the KGB, military hospital and spoke with Kabat-Zinn and Pavlov, as in Pavlov's dog, they were ahead of the gerontology, you know, the the aging, section of the Soviet military.

They said, hey, you need to fix this. And, you know, you don't say no. Like, okay, we you know, and so either they got very lucky or they were working on it.

But Pavlov, as in Pavlov's dog, he was actually working with peptides. And so they did have a leg up. And what they found that if they took a, fetal calf and, took out the, the thymus and the pineal gland, especially those two reversed a lot of this, rapid aging and deterioration.

So like, okay, you get to live now, right? And but no one knew about it. It was just a Soviet secret. And they used it on the military and the Olympic team.

And the Olympic team did pretty well during this time. And then, with the fall of the Soviet Union, they started publishing, but it was in Russian. So who's going to pay attention?

And then over the years, people started looking at those. And because there's thousands of these, these, you know, I say the, the biggest study or that, but there's a lot, and they start to go, wow, this is pretty interesting.

It's pretty interesting. So it took all this time to start getting noticed that we were using, injectable peptides from Germany, a different source, that we didn't really call them peptides at the time because before, we call them cellular, we called by being called by regular, called cellular, cellular peptides.

And they were intravenous and people loved them. And I was working, treating a bunch of, basically tourists, medical tourists from China. They oh, my gosh, they loved it.

They loved the penis one and they got it. Power. You know, but that kind of, had problems with, with importation, but, yeah. So that really interesting story, with that and, and so there's about, you know, 21 natural peptides that are all different and they're very tissue specific.

So like the brain one works on the brain, the heart works on the heart, the blood vessel, the blood vessel, pancreas, lungs, bronchi, muscle, you know, you kind of name it.

They all increase protein synthesis in anti-air, those tissues. Yeah. What I love about the bio regulators is their target specificity. And that, you know, we're we're very clear on what organ system we're trying to effect.

And you you mentioned the thymus and the pineal gland as being the two primary areas that we're we're addressed in. And Pavlov's work early on. Were they initially doing IV, were they doing oral?

And then how is it morphed today to what's. Available or is it they don't really specify, but I would assume that they did like probably injection, because they didn't know if it's going to, you know, be orally bioavailable.

But but since they started that they did switch to oral. Now there's another difference in that. There's basically the extracts, and, and with the extracts.

So they're basically taking out the extracts and purifying it. And now a normal bio regulator, basically the active. So you can take out the active and, you know, and, and purify that.

So you have all active is about, you know, again, it's two to only 2 to 4 amino acids. So it's about 3 to 500 daltons. Or kill Daltons. And and the problem is with the extracts, there's all these different chains and they're up to 5000.

So most of the stuff in these natural extracts are something else. But when you get the purified, molecule now, you can really, you know, basically have where majority of the, product in there is that actual bio regulator and so much more active.

And much more consistent. And which is why a lot if you go like, different companies. Hey, are they with the, with the, extracts, the natural extracts.

Okay. Well, how are they basically, purifying them? Because you can get, let's say, a thymus extract and some of them are mostly fat and then fibrous tissue.

And then you get, you know, then they get purified down in down. So, it's a lot of, basically, you know, making sure the quality is there. So you can't just, you know, take out, part of a gland where you can, you know, like sharks do it.

They'll eat the, you know, the thymus and the liver, where a lot or a lot of these things are held. But. Yeah. And then they have Russian names, so people will go crazy.

And there's only one of them, and we, with I was the founder of Integrated Peptides, which I'm no longer with. I'm doing more research. We hooked up with the, with the research group and, a University of Mexico, or we're discovering new peptides for stem cells and mitochondria and muscle, which they don't know the active someone does, but they're not telling.

But we found out all these things we're doing clinical trials and things like that. So it's very cool. And, and having great results, you know, with things like, hey, you know, type one diabetes, type two diabetes with the pancreas and, fertility, for instance, with the pineal peptide at Battelle.

And they gave, menopausal rats, all the they gave them all the pineal, bio regulator, they all start menstruating and, 25% of normal light births and, and so we use it for, for fertility women.

We had great results by giving T3 and heparin. And what we found is, you know, people doing all these, I, IVF, and they are antimalarial hormone, which is their a bearing reserve is very low.

And I'm like, oh, my God, this guy's just taking their money. And but we can raise that and I often forgot to tell people that they may menstruate again, which most of them do.

Half. And we're happy. Half of them are mad at me. But and there's a study that shows this, and people who could not get pregnant with even IVF, it was 80 something percent over.

It was a four month study. I think they went to six months. About 80% got pregnant after not being able to get pregnant with with with with IVF. Wow. And so with the use of these bio regulators and you said Apatow was wasn't.

Thyroid, Mitochondria, and Diagnostic Strategy

Yeah. So uptown was the big one. And then ovary and we used other ones. I think a key component of that is heparin. And we found that many women, especially if they have an early fetal loss, they're the vessels are very, very tiny.

You know, when the, when the fetus starts growing and they clot off. So if you hear early fetal loss, give heparin,

and you just you don't need to sound like, oh, my gosh, you have to anticoagulant them.

But just a little bit there seems to make a big difference. And T3 and and, and almost all people are low thyroid if they have again if they're older, if they have stress, if they have any inflammation, if they have toxins, pesticides.

And the problem is with the thyroid is that the TSH drop. So there is a pineal hypothalamic pituitary thyroid axis dysfunction. So we think oh thyroid is easy.

Just if your TSH is high you know the thyroid levels drop. It totally says oh let's raise it. But it's interesting because if if it that is a fix, then why is a high TSH the marker for low thyroid.

But that's not that's what happens with primary. So if your thyroid, you know gets knocked out with infection or autoantibodies and everything else is fine, we always assume the pituitary is totally healthy.

It knows what's going on. And which is not the case. It actually gets affected sooner is that they get, again, the pineal hypothalamic pituitary, thyroid dysfunction.

So TSH goes down. So the classic thing we see is a low normal TSH and a high normal T4, which also throws doctors up because that is a people most endocrinology.

Most doctor will say oh that's a high thyroid right. Low TSH it for. But because they also have mitochondrial dysfunction and thyroid transport into the cell T4 much greater than T3.

So T4 needs much more energy. There's not enough energy to efficiently bring T4 into the cell. So it's in the blood. So the high T4 BS is high normal.

Is that's because it's their low thyroid. So they have low normal TSH because of the dysfunction high normal T4. Now I could go into all the diagnosis which actually, add to all this, but there because now the T4 doesn't really get in the cell that it converts to T3.

So it's a little bit out. So they'll have low normal T3 and high normal reverse T3. And the type one, type two and type 3DI don't H is also contributed to this.

When you get sick or ill. They type one diabetes which convert T4 to T3 in the body goes down, the type two in the pituitary goes up. So now you're converting more t3, T4 to T3 of the pituitary.

So there's more thyroid in the pituitary. So TSH goes down. So multiple reasons for this. But the rest of the body starving. And then the the body's making reverse T3 which blocks the thyroid.

But the pituitary does not have that dehydrogenase or reverse T3. So these people are low thyroid. And well how do you diagnose it. Number of ways you can, you know, symptoms, play a part their body temperature.

But we'll check everyone's basal metabolic rate. So they'll come in and measure the amount of oxygen they utilize over a number of minutes and extrapolate.

And we found that, you know, people that and this is studies by label and others where if people diet significantly for three sessions, especially if they reduce carbs, their metabolism drops and their thyroid goes down and their and, and but, it basically it, it doesn't go back to normal even when they go back to normal eating.

And this is shown and also sick people, older people, but they're again they're thyroid. So there there are basal metabolic rates 25% less than someone of their same age and weight.

And then also a British medical journal. So top five journal, the world showed that a knowledgeable doctor looking at someone's ankle reflexes, a better test for thyroid, a correlate with symptoms, showed who would likely, would likely, respond to thyroid replacement, especially T3 94.

But they reflex go normally. But the lower the thyroid the slower the relaxation phase. So the the and we measure that via the computer. So all those things go together and just paints a picture.

And we know who's low thyroid. And when people say I've wrecked my metabolism, they have. And, and so many people that have difficulty losing weight, you know, or stressed or depressed, depressed have the exact same pattern.

And the star report, largest study ever done in India presents over 5000 patients. They tried all the different antidepressants and they also gave them T3. And they found that T3 outperformed the antidepressants.

It worked better when the other and depressive did work. Less side effects, including anxiety, and they gave T3 to everyone regardless of their, thyroid function test.

And also, for instance, like bipolar 135 bipolar patients treatment resistant, meaning that they tried on average 14 different medications with no response.

They gave them all T3, didn't matter what the blood tests were. 80% responded, 25% total resolution of symptoms. So and it works for so many things that chronic fatigue syndrome and people with like pots and mixed and all these difficult to treat conditions as well.

Yeah. And so with the advanced testing that you're utilizing in the office, I say advanced, but like a BMR getting figuring that out, the ankle reflex with the computer, assistance and then lab tests, obviously.

So TSH, T4, T3, both total and free. I'm assuming reverse T3 antibodies helps guide you in this decision making. Yeah, and there's other little tricks.

Like FBG sex hormone binding on people. So show that with testosterone because it binds testosterone. But it goes up based on two factor. Well, two and a half, the amount of thyroid in your liver, the amount of estrogen, your liver and inflammation if it gets really bad.

So, for instance, if a woman is below 80 and, let's say she's on thyroid and her normally having periods or on or after replacement, but our species 50 what that shows is there's not enough intracellular thyroid in the liver.

And if you give her thyroid and it doesn't go up, you now know she has thyroid resistance. So there's a little things like that that can give additional information.

Right. And so you mentioned mitochondria playing a huge factor in the ability of in the diagnosis of thyroid. And then you also mentioned the peptide earlier SS 31 for for the mitochondria.

So when you're seeing this or when you're dealing with, you know, even longevity, might have Condrey as the focus. And a lot of these instances to upregulate, you know, metabolic processes make sure that we have enough NAD etc..

Are there particular bio regulators that you like to utilize for the mitochondria? Yes, yes. Absolutely. Mitochondria are key, as you know, and and so many conditions are associated with low mitochondria even, you know, aging, you know, the toxins and the senescence, you know, senescent cells, which is a big thing to do with, with aging, where the cell is going to the cell, danger response, the mitochondria, instead of making energy, they start making reactive oxygen species and just causes a huge problem. But, so the mitochondria, so many conditions associated with poor mitochondrial function and congestive heart failure, all swimmers, especially, Parkinson's, and, and all these, diabetes are low and so if you can fix the mitochondria, you're going to do a heck of a lot.

So, you can do a number of things. And, you know, one, if the by the kind of the cells. Too bad you can use, set analytics, which are things I'm sure people are talking about that on, on this, summit where you can selectively wipe out those older cells that have kind of gone rogue.

They, they should, go under the body should, with autophagy, go and clear those cells out and renew them and recycle them. But instead they're sitting there pumping out all this inflammation and making everything worse.

Or you can rescue those mitochondria and start boosting those up. So the, mitochondrial peptides, by our regulators, I should say do do that. Very well.

These are brand new, that we discovered, with, with the lab and, and Salado and, and, totally bioavailable. And so we're, we're very excited, about those and, you know, just boosting the mitochondria can, can do so much and then you can protect the mitochondria with a lot of the peptides, even BPC 157 and then SS 31 which is essentially used for a lot of neurodegenerative diseases.

And all these things are in phase three trials for years and years, another mitochondrial peptide human in why is it called human? And we have all these as well.

And injectables for for people to use like all these neuro, peptides. And it's called human. And because it made, Alzheimer's patients human again, you know, and these are stuck in phase three trials. Why?

Someone's paying them not to go forward. Instead, we're getting these new, drugs for, you know, neurodegenerative ease and Alzheimer's that don't work.

It's crazy. And, it just drives me crazy. So, please, RFK, let's do something. Amen to that. Yeah, I mean, I just got off a call with a client of mine who's who's been diagnosed with Alzheimer's, and they're looking at getting into a trial, and I'm like, please, please, no, don't go into the trial.

You don't know if you're going to be in the treatment arm or the, placebo arm. And it's 18 months and they're just trying to degrade the tau protein.

Longevity Applications and Performance

So it's. Like, yeah, that's it. It's, it's like the wrong target. It's the wrong. Yes, you're absolutely right. And, Yeah, it's like we had ALS patients and we were coming in or coming in wheelchairs and jogging.

Right. And they go back to their allergist and go, hey, you know, you told me that. And I go, oh, misdiagnosis. You know, like, well, three of you. And and then we had another one who, is talk to us.

He kept talking to his neurologist, the oh, my neurologist and believe in this. I'm like, you're getting better. And he goes, well, I want to do this clinical trial.

And we were, you know, and we were offering him some figures, stem cells. And now we can kind of take some of these like stem cell by irregulars that will improve the, the they're basically transformation into nerve cells and brain cells.

But at that time we didn't. But it's still, you know, stem cells are much higher. And it turns out the clinical trial was stem cells at this micro dose, you know, and it's just like, you know, you got to, you know, make a decision. And, and there's anything they didn't know they Pooh poohed and, you know, the typical.

Yeah, yeah. So I think, you know, with the focus so far in this has been the peptides, the use of the bio regulators, especially and obviously addressing the thyroid in the, in the mitochondria, but specifically to so that really kind of frames us for, okay, it helps us with recovery from disease and symptoms or prevention like if we were to phase into, okay, like more longevity.

Are there any bio regulators out there that really excite you around this potential for, you know, biological clock reversal or improvement in performance, etc., that you're, that you're finding and researching?

Yeah. Yeah, absolutely. We're starting we're about to launch a 2 to 3 years depending on, you know, what level

anti longevity program we're going to guarantee five year reduction and in biologic age.

So hopefully we do pretty well. And and don't have to give too many refunds. But I think we will. And and these all play a part like you know the bio regulators are key because and even studies on showing cardiovascular disease reversing even endurance and performance, just the muscle bio regulator, improving grip strength.

And especially if you combine it with, like the testes, the adrenal, and like for the one for male fertility, they had they were giving in the study, adrenal, prostate, testes and I think it was pancreas or bladder.

But, if you didn't do any one of them, it didn't really work. But, you know, when you did them all together, it worked. And they had they jumped a little longer in just two months and improved grip strength.

And we got some things to increase VO2 max. You know, other things with the BPH. Great. With the prostate by rail. We've seen that a long time. The, there is no known kidney by a regular, but we have we know four of them.

And for instance, we had, and myself, I have chronic kidney disease from the line. Babka. That's kind of left over. My cracked knee will edge up to about 1.4.

Probably is 1.3, 1.5. But if I take and I dump this TMI, I dump protein in the urine. So my Aaron's, like, big snow cone and foamy. Right? And what if I take, by regulators about 612, less than 24 hours later, no more foam.

And that lasts about 4 or 5 days. And then my, creatinine come down to point eight. And one of our employees, her mom, was on dialysis, and I said, oh, here, give her these.

I forgot about it. She seemed to forgot about it. A number of months later, your mom calls you, goes. The doctor is wondering. He said he's never had anyone get off dialysis, you know, and so we're seeing great results with that.

And there's so many things that across the board and, you know, we're a big immune monitoring clinic, because they're increasing that that one and lowering that, that too.

And so that also goes into reducing, you know, SAS and you know, the stuff that when the mitochondria go bad, they starts creating all that, that inflammation.

But immunomodulatory I think is key. And then supplementing with all the particular by regulators, you know neurodegenerative diseases are devastating and, and the brain ones and, you know, even you look at like cerebral lyson, which has been around for 50 years now, 52 years, early for about 45 years.

The proven over 50 countries now, it's, it's porcine, you know, pig brain extract. But, which I won't use compounded because it's pig brain is nasty if you've ever seen it.

But they've had it. No. You know, there's no prions in pig. There's no mad pig. There's a little kind of unhappy pig, but no bad pigs. Dirty pigs. And, and, you know, showing improvements and basically post, post stress anxiety also, traumatic brain injury, post stroke.

And, and that's an injectable in a vial and but again, very pure. They won't tell you what's in it, but it's going to tell you the different amino acids.

But we're looking into that in our, in our lab. But that and it also works orally. So you know, it's hard to get as big a dose, but it shows that just doing it orally within five minutes, EEG changes.

And I had my oldest stepson, he was just kind of being an ass. Right. And my, the other, his other brother's, like, what's his problem with my ear? Here, give him this.

Which had a bunch of the, the cortex in the brain by a regulator. Wrong with the cerebral, I said, and he kind of went back to room like, hey, he's back to normal, you know?

And we also have peptides for pets for things like that. So it's fun. And just a lot of cool science. And I think it's a really good time to be alive that we're going to have all these therapies and there's so many.

And that's why I am really looking forward to your summit. And everyone's bringing their, their different areas because for you can do like intermittent fasting okay.

There's a two years and biologic age. You know, the study shows, you can do, you know, analytics. And there's another, you know, and so you can kind of stack all those and, and all of a sudden, you know, you're not that, you don't have that, disease, then age, phenotype of the immune system and the mitochondria working, and you just feel better and mentally.

So everything goes together. If we can just get rid of all these toxins in the environment and, you know, there's food that's killing everyone. Yeah. You know, I think that, we could literally go on for 3 or 4 hours with the knowledge that you're imparting and getting into to more details.

I mean, I definitely have a ton of questions, that I'd love to ask you. So maybe in the future, when we do another one of these summits, we have you on for kind of a part two.

But I realize that, our time is running short here, and, what I'd like to do is, is really learn a little bit more about the veterans, the VIP program that you have, and, educate people on that.

And then I would love if you would close out with where people can learn more information. We have physicians, practitioners and laypeople listening. So if you can point them in the right direction to learn more about peptides, what you're doing, how you're educating, where you're educating, I would greatly appreciate it.

Awesome. Thank you. Right. Sorry for, you said dominating and going on a soapbox here. You know. It's created and they don't want to listen to me. They want to hear from.

I doubt that, but yeah. So we ended up having a veterans program and not I'm not a veteran. I'm too wimpy. But I just, you know, my heart goes out. I'm just all I do is watch the military channel and, you know, and I think because when you watch that, it's so horrific that my day, I'm pissed off because I got a parking ticket or something like that, it makes you think like, oh, really?

That's, you know, that's pretty lame. And what they go through and how they're treated. Oh my God, it just I can't take it. And so we kind of set up this veterans program.

And actually our first veteran that we treated was a they were all special forces, all 100% disabled. All had traumatic brain injury and PTSD. And this first one, they found him face down in his apartment.

Pulseless kidney failure, liver failure, rhabdomyolysis. And they, found him and said, look, we got to put him in induced coma. He's not going to make it.

And so the, parents are obviously devastated, but he Special forces, he makes it. Right. And and before he couldn't, read, he couldn't sleep. Terrible anxiety.

I'm telling you, a big part of, like, you know, Lyme and his, chronic condition is, is the anxiety to, But, so he makes it, but he's just miserable. Just can't, you know, can't sleep, can't think, can't read.

Terrible pain all over. He had a denial, which is. And I had that when I had Lyme. Babysit Bartonella where your skin. You can't even touch it with a feather.

It's so painful. Has to do, basically immune, driven pain. He had foot drop where he couldn't, basically control his foot. And and she had a friend of a friend and my wife, in Hawaii in came in and, and long story short, but within the first visit, we got rid of his LSD and dramatically improved his foot drop.

And this other doctor who was with me, he starts hitting the guy's leg. I'm like, what are you doing in the mom's? Like, jump up, I can I kill him? And it's like, it doesn't hurt.

And we didn't give him any, you know, anesthetics or ketamine or anything like that to blunt. It is like its foot's moving. So El Genie is gone. And then he has subsequently went on to help other veterans in this one who had LSD.

He sent us a video and we sent him some, some therapies.

Veterans Program and Closing Resources

And he's just because he's going to kill himself because of it's horrific. And thank you is, you know, Guinea is gone but over about six months. And we did again peptides weren't the only treatment.

They were the core also exosome stem cells ozone you know bunch of IVs red light therapy. Let's see what else. Yeah, a quite a bit of a things or about six months, dramatically better.

He can read. He loves to read now, but not anxiously. He can actually sleep. He, when he goes camping, he, you know, they don't even use a sleeping bag.

There's go and sleep on the rock or whatever, but. And they are so humble and they're and this is what's interesting. So I thought they're going to be all over the place, like what's wrong with them.

Right. But okay, they're all totally disabled special forces. They all, rotated through Fort Bragg, which I think is Fort Freedom or something like that now.

But, they all had the worst immune system we've ever seen, with the super low one, very high two and inflammation, natural killer cell function 0123. Their telomeres were the lowest we've ever seen.

They were like, yo at like 180, you know, and they were they looked good. They all had, tons of toxins and with the burn pits and, and weird toxins and not only just the ones that we get here, and then they also, they all had Lyme disease, and we're like, wait, wait, wait, you know, how could that be?

Afghanistan? Is Lyme like, no, I don't there's no report of that. They all basically trained for months in the bushes in Fort Bragg, which is in North Carolina and Demic area.

Now, if you look at the studies, there's some studies in Africa and people working in the cobalt mines, if they got cobalt, not great, right. But if they then got malaria, they almost always very high incidence of pandas, which is like pandas were the children with strep.

They get antibodies to their brain, including the, you know, all the receptors for norepinephrine, serotonin, Gaba, dopamine. And they were blocked. And what's the VA doing?

And no wonder 60 plus a day are blowing their heads off. That they're giving them any psychotics antidepressants that work on those receptors. The ones are not working. It's blocked.

All right. And, and so we fix that and, you know, so it's kind of worked on the auto immunity in the brain and and get rid of those antibodies receptors along with mitochondria, the mitochondrial dysfunction terrible things and dramatic improvement.

Essentially without an exception. And so, it was two years and we we covered everything for them. And it got, you know, that was why we could do all the good tests.

So I had to pull back. But we're just now, basically solidifying some, grants, to, to do this and bring this back for, for these guys because, oh, they're just heartbreaking and they're so nice.

And I just keep thinking they're sitting next to me. They could kill me. Right? But they are so grateful and so caring and just help each other. And, and so, you know, some other treatments are great, like ketamine and a lot of great things for, for these guys.

And so we're excited to get, to get going with that again. Yeah. No, that's that's amazing. I really appreciate that that you're doing that is such an overlooked and underappreciated area in our, in our current times that the VA just they don't have the, the knowledge or the hours to, to put in to where they need to.

So the fact that you're able to put that work in pen to paper and action is, is phenomenal. Cool. I think, you know, to close this out, just if you could tell us a little bit more about where to find you.

And yeah, always interested in becoming a client or patient, etc.. Yeah. So, I met, a holder of medical group in El Segundo. We used to have multiple corporate centers and franchises, but I couldn't run other doctor practice anymore.

But, so you have the one center, but we just, hired seven new doctors, great doctors. Oh, my gosh, it's so good to have new, passionate, knowledgeable, doctors.

It's bring tons to the clinic, and we're kind of with our very sick patients. We're trained, we're moving on to the longevity realm. But with the very sick, we're offering a service where we have kind of the old time, all the doctors in a semicircle, and the the patients there.

We debate everything. Go go to the labs. And it's great learning experience for everyone as well. But that's, that's been, really unique. And I think and, so we're, we're doing the longevity program and then again, we will treat anything.

I just want to say I wasn't treating cancer when I went into that, but we're starting to because we found a lot of I didn't want to miss something because it was it wasn't my huge focus.

But we send out to, like, cancer centers, a lot of great ones. And but they're like doing high dose vitamin C, like, wait, but we can do that. It's not bad. But and so we learned a lot more.

And there was a world renowned cancer specialist in there, affiliated with the lab that we're affiliated with now. And oh my gosh, they got so many cool therapies.

But yeah, so we're doing the longevity program along with kind of the sick care and the kind of everything in between as well. I've been threatening to do a year long training program, and so we're actually probably gonna I probably shouldn't say because you said two weeks, but we have all the PowerPoints.

I probably have, you know, months and months worth of PowerPoints. So we're going to launch that, pretty soon. We're, and then with the get I'm not no longer with, integrated peptides, but you can go there and get, tons of different, bio regulators and, and peptides and injectable, now are also available, very, very good pricing.

And then, working on, you know, clinical trials and studies and discovery of things. So it's kind of a cool time. And, working with international scientists and physicians and things like that. So, yeah, it's a it's a good time to be alive if you're a doctor or a patient.

So, and, and summits like this really just, I think the key is education to the general public and to physicians. Yeah. Hey, man. Yeah. Well, once again, doctor, I really appreciate your, breadth of knowledge and the quality of, the information that you're putting out there.

Continue the great work. I look forward to continue to learn from you and follow you and look forward to the next time. I mean. Hey, thank you so much.

I appreciate it. I appreciate.