Dr. Kent Holtorf - Why Doesn't My Doctor Know About Peptides? Transcript

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Why Doctors Haven't Heard About Peptides

Hi. Is Doctor Kendall talk again? I just want to mention that, you know, one of the most common things I get. And that patients and other people ask is if peptides or often and even other therapies work so well, why does it my doctor or any of my specialists know about this?

I have an extensive review on the topic, actually, on our nonprofit site, the National Academy of Hypothyroidism and a Hypothyroid is informed. It's entitled Why Doesn't my Endocrinologist Know all of this?

Talking about how standard tests are really are doing such a poor job at showing doctors and how to diagnose and treat thyroid. But in in regards to peptides, it's the same thing they got.

These are so great. Why haven't I heard about it? And it's still when we show them all these studies and there's hundreds of studies, they're still like, I think my doctor would know about it.

So what is the problem? It's multifactorial. Medical schools, residences, hospitals and most so-called mainstream doctors essentially follow societal guidelines, whether it be the, you know, Endocrine Society or the, you know, American Academy, central physicians or whatever.

That's what they feel is evidence based, because that must be the best evidence.

How Evidence Is Ranked in Medicine

But if you, however, look at the levels of evidence, okay, how strong evidence is, listed by numerous organizations, including the World Health Organization, Institutes of medicine, there are levels of the strength and reliability of evidence.

So the best level of evidence is looking at a well done meta analysis which looks at multiple well done randomized control trials. They take all that data from multiple well done studies that are randomized, you know, double blinded and put that data together.

And then come to a conclusion based on that. So that's considered the best level of evidence. Next, you have, you know, a single study that's, randomized, double blind, placebo controlled.

Then you have well-designed controlled trials. Then below that is case control or really observational, where you're not doing any intervention. Look at the outcome.

You're observing two groups. Then you have case studies or otherwise known as well. It's anecdotal. This patient, this happened to this patient, which actually end up oftentimes being better than some of these trials because they're often manipulated and they do little things to just make sure that the trial passes or doesn't pass.

But the point here is that the lowest level of evidence that's a consensus among all these groups is opinions of expert committees. And societal guidelines.

Unfortunately, this is the basis of most therapies used by most all hospitals, residency programs and mainstream doctors, even though they're considered the worst level of evidence.

Why Guidelines Lag Behind Research

And the doctors feel that, practicing evidence based medicine when actually they aren't there, it's better to hear about someone got better with this herb or some drug, that they read on the internet than societal guidelines.

Well, how the heck could that be? Well, you know, studies published in American Medical Association, Jama and others show that medical societies, what they consider indisputable dogma, can't question.

It is supported by strong evidence. Only 10 to 25% of the time. And it's not revised as new evidence is published. And they're often 20 years behind. And they don't change.

And it becomes very political as well. Also, the British Medical Journal, so well known International Journal, and the Institutes of Medicine demonstrated that the majority of drugs are approved by the FDA, are based on, you know, based on committees and advisors.

The their consensus opinion, they actually they have a serious financial conflict of interest, 40 to 70% of the time. So 40 to 70% of the people looking to see if this drug is approved or not have a financial interest in that drug.

And published reviews, show that most doctors are practicing 10 to 20 years behind what's available in the medical literature. They continue to practice what they've learned in medical school.

And that it also takes on average, a proven, a proven new concept for therapy 17 years in 17 years on average, to get adopted into mainstream medicine.

Unless it's a new drug or they have a sales force going to the doctors and, you know, say, hey, do our drug, here's here's the studies. The problem is standard doctors are stuck in a system that no longer allows them to do go home and read these these studies and implement those newly acquired therapies based on the newly acquired knowledge.

Hospitals only allow strict the strict set of treatment algorithms that include the other drugs on their formulary. And so it doesn't help a doctor to be a good doctor and learn all these new things.

System Barriers in Hospitals and Insurance

They must do what's considered the standard of care, which is often 20 years behind, and societal guidelines, again, which is the worst level of evidence?

Although they think they're evidence based. Also, insurance companies will only reimburse based on the same criteria. Is it the standard? Again, unless it's a new drug that.

Okay, the patient needs this, the doctors who feel they are practicing. You know, medicine based on the most up to date recommendations and evidence are terribly mistaken.

All these entities are not practicing evidence based medicine because there is no incentive for forward thinking, caring physicians in mainstream system to learn about new therapies because they can't use them anyways.

There's too many restrictions. And for instance, I'm used to it now, but, you know, 15 years ago, get a patient. Been sick forever. They love their doctor, a great relationship, but they come to us, we get them better. They go back to their doctor.

They're so excited. Tell a doctor what they've done. Oh, my God, I did this. I want to tell them I feel so much better. And you would think they're happy.

No they're not. They basically they can't do it. So they basically are upset and they'll say, well, if I didn't know, it's quackery, you know, so they don't want to know.

It's kind of like, doctors say I don't believe in chronic fatigue syndrome or fibromyalgia or chronic Lyme. Well, you know, an a blood test, we can pick out those patients 78% of the time and how sick they are based on their blood work, without knowing anything about the patient.

So don't tell me this is a fake illness. And they have a chronic underlying living dysfunction, coagulation of excellent mitochondria things. So many things that are will tell us actually the degree of dysfunction.

But and also doctor that I've had a few doctors call they'll tell me what you did which is pretty rare. And I'll tell them and I go, oh, I'm like, what's wrong?

And they go, well that will take 20 minutes. I'm like, yeah, it takes 20 minutes. I don't have that much time.

Doctors, Peptides, and the Broken Publishing System

Yeah, I've got eight minutes. So, and they're just not allowed to do it. So it's the doctors are also very frustrated and a really doctor that does read the literature where doctors say they read medical literature, they really don't.

But ones that do get so frustrated and you look at doctors are so are getting so burned out. All they're doing is following algorithms. You know, basically filling out paperwork.

And they're not doing what a doctor supposed to do, be a medical detective. So I think that's the difference. And you know why doctors haven't, heard about peptides usually is that they're not patented.

Majority of them, there's, there's one that actually does it. It's actually approved as an orphan drug here, that we use, but there's no patent, so no drug companies using them so they don't hear about it.

There's no drug rep coming to them and telling them about them. So, that's really why doctors don't know about peptides in a lot of other ways of doing things.

I can also get into how the medical journals are. It's so hard to get anything published that isn't medical dogma that goes against that, or goes against using particular drugs, because where are these, you know, prestigious journals make their income from the ads, from big pharma, from the big pharmaceutical companies.

They're not going to publish something that says, hey, this treatment's better than this drug. They just are. So the system is broken. Doctors are stuck in the middle and they're very frustrated and they feel trapped and they kind of are.

But, just wanted to mention that because that's kind of, the questions that that we get from physicians and patients and people ask about peptides, like, well, my doctor hasn't heard about, well, that's expected actually.

So anyways, I just wanted to, pass on that information. And in case you're wondering and again, welcome to the summit, and I hope you enjoy it. And I think you'll you'll find some great information here.

And I'm, very confident that you'll find some things that can really help you be healthier and happier. All right. Thank you.