



PEPTIDE SUMMIT 2.0

Enhancing Peptide Therapy and Reducing Side Effects: Practical Guidelines for Preparing Your Patient

Matthew Cook, M.D. interviewing
Isaac Eliaz, MD, MS, LAc



Matthew Cook, M.D.

Hi, welcome to the Peptide Summit. My name is Dr. Matt Cook and it's my double honor to have part two of two with Dr. Isaac Eliaz, and of all of the people that we're talking to I think he's probably one of the most thoughtful, incredible doctors who has a life of wisdom that we need to understand and hear about. And so I'm delighted and grateful to have you again on the podcast. I'm super interested in continuing to listen and hear where you're coming from, because I think you're one of the brightest minds that has ever been in integrative medicine. And I think that probably many of the things that I do and what we do in our practice is derivative of stuff that you fundamentally have developed. And I've been hearing for years, "Oh, Isaac Eliaz does this and that." And then I would kind of follow those directions and now we're talking to you at a regular basis. And Dr. Eliaz also has a fairly significant focus on teaching and so I'm excited to hear about that. And then we're gonna really dive into the nitty gritty of taking care of people. So welcome to the show and thanks for being with us.

Isaac Eliaz, MD, MS, LAc

Thank you so much for your kind words and for the opportunity to participate with the second interview. And really, one of the big things with this is I feel like I made a new friend.

Matthew Cook, M.D.

Yeah, you did, yeah.

Isaac Eliaz, MD, MS, LAc

So looking forward to spending more time with you and learning from you, you're doing amazing things.



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Matthew Cook, M.D.

Yeah, I'm delighted that your daughter is gonna be doing residency at Stanford. So, sometimes, you don't need an excuse to be close to each other, but then when you are, then that excuse is good.

Isaac Eliaz, MD, MS, LAc

Yeah, great, thank you, thank you.

Matthew Cook, M.D.

How are you feeling, what's happening?

Isaac Eliaz, MD, MS, LAc

I'm good, I've been from Israel, which I had quite a miraculous story that maybe I'll plug in at the right time during the interview, because it's relevant to peptide therapy.

Matthew Cook, M.D.

Okay, good, good, that sounds good. So then today, we're gonna talk about apheresis, the Galectin-3 blocker and some IVs, where would you like to start?

Isaac Eliaz, MD, MS, LAc

I really would like to start by a little bit talking about my approach to peptide therapy.

Matthew Cook, M.D.

Oh, perfect.

Isaac Eliaz, MD, MS, LAc

And really when you look at peptide therapy as the power of peptide therapy. Is it really... If we look at our regenerative power, there's a certain stream of regenerative power that we have. The body goes through wear and tear and regeneration. When you use peptides, it's like your opening the dam and the water is washing. You get an opportunity to really regenerate, and when you regenerate, you can address so many things are going wrong, right? Many of them inflammatories within fibrosis as a result, infections, autoimmunity, cancer, removal of toxins, et cetera. So once we open the dam, the real out is how do we guide the water to the right channel? How we make sure it goes to the channel we want, it gets the result that we want,



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without side effects, without going to the places that are not our favorite places to go. So this is really the process that I specialize in. A lot of people refer people to me before peptide therapy to get them in the right way. And I found sometimes that really it's the adjustment pretreatment, if it's peptide therapy, if it's a therapeutic, I often tell patients it's a healing we did in the acupuncture and having the intention in opening the blockages, that allowed the fancy treatments to work. So this is really what I want to share today and what I will also share with the different free guide that I will send to the viewers during the summit. And so if we look at this, it's an opportunity to step back and see where does it all start from?

Matthew Cook, M.D.

Okay, perfect, take me there.

Isaac Eliaz, MD, MS, LAc

So really this is what I call understanding the survival paradox, which is really the topic of my book. I finally wrote in my 60s, "The Survival Paradox". And so what is survival paradox? If we really want to look and understand it, we have an innate survival response, it's what keeps us alive. And this survival response is really all encompassing. And the survival paradox is all it encompasses because as part of survival, we either fight, we run away or we hide. And all of this has profound physiological, pathological, psychological, emotional, psychospiritual, and community social effects, because the inflammatory response is the result of our survival drivers, part of survival, what is survival? And we, as people who want to survive, as a body that wants to survive, as a cell that wants to survive, cannot accept mentally, emotionally, experientially, the idea that everything that is expressed will fall away.

We hold to things, and this basic holding identification is at the root of the survival paradox. So we want to try to change this as much as possible. For example, in Judaism, in Kabbalah it's called the Tikun, the fixing, our life journey. But from a medical point of view, we want to create this space to try to minimize or transform this very narrow reactivity in order to allow peptides, for example, to work. So it's really a shift between reactivity, something that the cell reacts to a poison, we react to somebody insulting us. We are struggling with something it's an automatic movement of reactivity, and the reactivity happens immediately through the autonomic nervous system, right? It's our fear of fight, flight, and as part of it, again, immediately, we either fight, create inflammation, or we run away and hide, we create fibrosis. And then the system can be balanced on a deeper level. On a biochemical level, we start a survival response. And this survival



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response, it's the root of our inflammation, our improper aging, our fibrosis, and every chronic disease. And it also exacerbates acute diseases, so while I wanna touch today on the bigger things that we can do, really what my patient is, what I call open heart medicine, really transforming reactivity to responsiveness, whatever comes to art instead of reacting with survival is just like water to the fire that opens our heart, generate love, compassion, and healing for ourselves and for everybody else, but on a biochemical level. And it's interesting, mate, how my career is focused around this unusual training in meditation and healing for decades being the doctor of the greatest meditation masters in Himalaya and the one-on-one student and researching Galectin-3, which no one knew is a survival part of, we just knew in the mid '90s that it causes metastasis in cancer. And then I started watching, wow, memory is getting better joint pain when you block it was modified to perspective. And I realized Galectin-3 drives inflammation fibrosis.

So on a practical level, we really want to block Galectin-3 on an ongoing basis. I am now coming to the conclusion and we see from our research, a lot of my research is in cancer, but we see as a field in sepsis and acute kidney injury, I published important paper that if we can block, modified it... If we can block Galectin-3, and I developed the first commercially available Galectin-3 blocker modified. So if we can block it, we can shift the survival paradox and allow for change, it what's fascinating for me. I just came back from Israel, and I talked with the oncologist who has been leading our studies for seven, eight years. And what we are seeing, some people, the survival paradox will shift right away. And the PSA, for example, in biochemical relapse of prostate cancer, the PSA will flatten and go down very quickly. Some it can take a year until we see the results. But we are now seeing results in metastatic disease with blocking of Galectin-3 which nobody imagined, Think about it, the only side effect is feeling better, and why, because we are shifting. So today I want to talk about understanding of the survival paradox and about how to address Galectin-3, specifically in the context of peptide therapy, as this is our topic.

Matthew Cook, M.D.

Okay, that sounds good. Now, from spiritual, emotional perspective, in terms of like, it sounds like you're helping, basically that person come out of fight or flight into as more of a state of consciousness, of conscious awareness. What have you found is the most effective strategy to help a patient make that step? And just calling it out, I think is potentially a strategy.



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Isaac Eliaz, MD, MS, LAc

It is actually calling it out or allowing the patient to find it. It's like off topic, I'll tell you the stories that I talk about in my book, a patient came for an accountant CPA in the mid 2004, 2005 with metastatic, I think ovarian cancer or breast cancer. I don't remember exactly, finished all treatment, there was one more line of chemotherapy. And it was the first visit. And usually in the first visit, I'd tell, look at what were their priorities before they were diagnosed, survival, how they react? What are the priorities after the diagnosis, everything changes and what is their wishlist? So we talked about it, and then she disappeared for six months. And I was surprised, because we had a deep connection, and then she came after six months. I told her what happened? She says, "Listen, it took me six months to think about what you asked me.

And I quit my work as a CPA, I'm now an artist, I write poetry." And then when everything changed, and she was ready to do her chemotherapy with my support and sure enough, she responded for years, and why? Because she let go of this survival, right? So the way to do it coming into consciousness, like what we call mindfulness very popular now, is the first step. But mindfulness is an effort because in mindfulness, we try to be mindful. Anything that is an effort is limited because real freedom has no effort you know. And the way to really let go of effort to go beyond meditation, which is very hard, almost rare. But I can guide people on the steps towards it, is by connecting to our heart. Because the mind thinks, right? Here with the thought, here with the thought, here with the thought, what does the heart do? It flows all the time, it never stops. It's flowing, the moment it stops, we're dead. So, when we connect with our heart, we can have a responsiveness to whatever the heart gets.

We talked about it last time, all the dirty blood in the previous interview, all the dirty blood that comes to the heart, the heart connect with the universe, and it gives cleaning blood. So this is a process that we have to change for us to really get acceptance. And interesting enough, Galectin-3 is especially harmful in injection, fraction preserved, fibrotic, heart failure, where the heart becomes stiff. It just cannot open itself, it still get the same percentage, but it's not ready to accept and give. It becomes very, very stiff. So this resistance, we started one level with addressing Galectin-3, is this foundational, you can understand why, because we know now that Galectin-3 three drives these processes. I published really, some key papers last year with John Kellum, with a number one intensive care doctor in the world considers. And we were showing both in the ICU when patients come with sepsis, with no kidney damage and no preexisting conditions. The level of Galectin-3 is time of admission will determine who will die, who will get



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acute kidney injury and in very acceptable animal models when we blocked Galectin-3, we completely attenuated the interlocking six, the cytokine storm and the kidney damage and death of the animals. So why, because Galectin-3 is so primary to our inappropriate immune inflammatory survival immune response. So this is one part, and the other part on the other end is learning how not to react. I was telling you this story, I was in Israel. I have a foundation there for many years where with a group of volunteers and we have together, I let retreat for about 4,000 people. And after the COVID, we finally did it in person. So an open day, I had a clear COVID exposure because nobody goes with mask in Israel, it's insane. And I was checking twice a day, and I thought this open day, I already wasn't feeling well, but it was like 170 people was limited in the hall and same number in Zoom. And I did okay, I taught all day, but I didn't feel great.

And then the next day, the seven day retreat was gonna stop. People were waiting for two and a half years. 45 minutes before the retreat, I check and I'm COVID positive. And it was remarkable, I had to either struggle or totally let go. I called the person who was kind of working with me to what I need for the retreat, we did one more test and we just said, it's gonna work. Everybody let go. They let go so much, as they even videotaped and documented the process among the volunteers. And they just say, "That's it, it's a lesson in letting go." And the amazing thing, half of the people never met me in person. Practically, everybody stayed and they volunteered, pulled an amazing retreat from teachings I gave before. And I remarkably, miraculously was antigen negative in less than 48 hours. So then once you do two days in a row, you are allowed to go out. And I was teaching from far away, I was able to participate.

It was the most amazing retreat, why? Because people just let go, they let go of the concern that they're not gonna see me in person. And people are telling me, who have been with me for years, it was the most amazing retreat for them. So, this is just the story that happened to me that's the making coffee, just like three weeks. I was in Israel, I taught and I came back, and I'm fine now, but it just an example, what would've happened if I fought, I would've been more inflamed, you know what I mean? I'm waiting for two and a half years, I prepared for months and you just let go minutes before the event. So, this same process, we want to understand it when we really prepare for peptide therapy, because why, because peptide therapy is like a retreat for the body, right? You're giving it concentrated, concentrated, powerful tools that can change them in many ways. So the first steps is if we really understand this... If we really understand it, if we really get to this point, we really understand that there are steps that we want to take and which I really want to discuss with you a little bit.



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Matthew Cook, M.D.

Okay, perfect. I would echo that, and I would say even thematically in when we see people, that is like something that we are trying to do with everyone. And sometimes with the thing it's like a or ketamine, or just talking to me, I think talking is my most effective way of coaching people into an idea of letting go and receiving and getting into that accepting kind of idea. Because if there's fibrosis in the heart, there's a mental, emotional, spiritual aspect to it. And then interestingly, something like, the PectaSol-C is an amazing product. That is a great place to start, but talk me through... Talk me through overall then how we would start in terms of preparing the body.

Isaac Eliaz, MD, MS, LAc

So if you still about the fibrosis in my book, I write about mental and emotional fibrosis because it definitely happen, it's about rigidity. So the first step is to create a space for change. And that's why detox and preparation is so big. And we've talked about it, and I know it's a lot of what you do as your preparation. So the first thing, when you prepare for a peptide treatment is really towards the intention, both for the doctor and for the patient, what do you want to change? What do you want to happen? Now, it's very tricky. So that's a very simple instruction you would think, right? But how can you have the motivation to change without grasping to it, without the hope that will happen in the field that it won't happen? Because if you are coming from a place of hope and fear, you are contracting. So you need to allow this motivation and clear plane to come from an open space. So one of the basic things, because peptide therapy can be an intense therapy and can be an ongoing.

But if someone is coming to you for one of your intense sessions, right? They have so many tools, is for them to create space. And how do you create space, by creating time, by slowing down. So don't come to peptide therapy in the middle of a four weeks busy, busy time where you have no time, you gotta allow time for change. So first, when you create time, things arise. Now, I know it from my personal experience, reflecting back, I think I mentioned to you that for 20 years, I will go to the mountains to meditate for two months a year and for 10 years, half day, every day. And I don't know how I did it, but I remember one time when I went for like four or five months, it's incredible, the insight and the regeneration, because you just, the whole survival drive just falls and falls and falls and falls. So as we have insights, it's important not to contract them. And again, Galectin-3 will create this lattice formation or biofilm in infection or arteriosclerosis, or in a acidic hypoxic microenvironment, right? And right away, you can see the diseases, so we wanna create



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this space. So first, prepare good diet, of course it is not inflamed, also good hydration. The body needs to communicate, we need to be well hydrated. Once we prepare, we want to expose. And the exposure is a part where Galectin-3 is done on one level, the injection that you mentioned are done in another level but Galectin-3 leads the way, because we got to dissolve the lattice formation. We can try to change things, but if they're covered with the microenvironment of inflammation, of lack of circulation, and Galectin-3 forms it, it's part of the lattice. It covers it. It's five, it's a pentagon when that comes together. And I will share with the summit that, I'm gonna send some of the chapters of the book, . People will get a sense of how it works. So, we want to really dissolve it. And then once we start-

Matthew Cook, M.D.

And when you say, do you mean that you're dissolving biofilms?

Isaac Eliaz, MD, MS, LAc

Yes, because they are... Because people are not aware, part of it is me not telling enough. The main structure of the biofilm is Galectin-3, all the glycopospholipid, all the glycoprotein, we know it's well published, we published like five, six paper on this with the USDA. And so that's why many people with Lyme disease with mycotoxins will tolerate wanted side effects. They have to start something with low dosages, which I will share, but they will tolerate well modified citrus pectin because it's very gradual. It's not only dissolving the biofilm, but it's also reducing the inflammatories' unhealthy response, so you don't get this aggravation. Now, some people are very toxic, you have to balance. So part of it, we really wanna prepare for as long as we need. And so Modified citrus pectin is one part, but also going through this process and then help the elimination, the discharge and elimination , helps the main discharge organ, the liver, which we help all the time. There are so many preparation and helps the elimination, urine, bowel, skin, breathing, and use the heart, all the other organ in the body eliminate. So we generate toxins and we try to eliminate them. The heart doesn't need to eliminate, whatever comes to the heart gets transformed, like wood in the fire. The heart doesn't care where the carbon dioxide came from. If it's a relay, if it's a breakdown of a cell, certain molecule that happened when somebody had a trauma or a result of epigenetic from multigeneration before, or result of a pesticide, the heart connect with the universe, exhale, gets the clean air, the infinite healing potential and gives it out. So that's a bigger view of open heart medicine of transforming the survival paradox. And that's really what I just touch at the end of my book. I hope sometime next year, I kind of shared with you, because we talked about topics and teaching instead of a summit. I wanna do a



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757 day of leading people through the process. 'Cause it's a process, it's profound, you know, what happens to people, I mean, people, cancer markets get better, people diseases go away, but also traumas disappeared. And you see the same thing, you got an incredible shortcut because you are an anesthesiologist, you have ultrasound, you really learn this stuff. You go to a ganglion, ganglion is holding all these years of trauma, or generational trauma, right? You dissolve, and then you wash it with supplement with like this. So that's the preparatory phase. And then also allows the peptides to work, takes the time to connect with the change connect and keep the flow going. Like if something amazing is happening, it's great, but keep it going. And it's really about somaticizing the healing process. One thing with meditation, people meditate outwardly and it's to disconnect from the body, right? The idea is that we somaticize we connect with the body, honestly, I dunno why I waited so many decades until sometime like what I can think now, but I say, wow, how come I didn't feel it like 20? And I've been meditating for 47 years, why did it take so many years? Like the last 10, 15 years, really a big shift, maybe 20. I mean, first I was a slow learner, had a lot to peel, but also it's an amazing journey. And then this flow of healing is really what happened with the heart, right? The heart flows all the time, like a flowing river. So the freezing, the grasping, the survival response, we got to let go of it.

So simply is addressing and placing Galectin-3, and when I talk to Avram Ravs which discovered with the Galectin-3 and galectin in the late '80s and published the first paper in JCI in '95 about prostate cancer. So we collaborated, we write some papers and we say, "Wow, nobody imagined." I mean, he didn't imagine, I saw this inflammatory fibrotic effect early on and I kind of jumped on it and now that's most of the recent, but I think the reason why we have to address Galectin-3 not only with modified citrus pectin, we are so divisive, we are so in our own world. I mean, social media is like a Galectin-3 stimulator, can create this micro environment of opinion, of belief system. And people struggling against each other, instead of just opening our heart first to an opposite idea that's a mindful approach, right? But if our art is totally open, then the opposite idea, it all flows anyway, the essence is always the same. So that's really the deepest healing, like I talked about this one patient, and the part very esoteric, what happened to her when she left her body, but I don't wanna mention it here, somebody want that, can read in the book. But what happened, it doesn't happen to me all the time, if the patient went through healing, without me doing anything, because she was able to really take it. So a lot of my approach is empowering the patient, that's your approach also, like you said, talking works better than anything, right?



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Matthew Cook, M.D.

Yeah.

Isaac Eliaz, MD, MS, LAc

Then that's the peptides, so what happens? You gut them on the right highway and then you just pedal to the metal. And right, you see it all the time, amazing things happen.

Matthew Cook, M.D.

So then, I have this kind of interesting idea around that, so then we would be simpatico about this idea. And so then imagine there would be a trajectory of a person who might come to see us, but then now they're just literally sitting and you're at home listening to this and thinking about coming in. And so then imagine that like at some level, everything is okay right now, like everything is totally cool. Now, in a way what I'm trying to do is, and what we're trying to do is just to promote that idea and help you feel that idea and talk about that idea and then model that everything is okay through conversation. And so then I figured this went out this year, this is new for me. Like in the last six months, 'cause I have Michael and Tanisha are my medical assistants. And so then what I do is I'm kind of talking to them, but in a way I'm pitching my ideas of health but there's ideas of culture and other ideas that we talk about, just the ideas of the day. But I like to win, and I like to be positively received.

And so then what happened is I'm dealing with millennials, and so then I noticed that the trajectory of what I say is very modified because I had to modify a bunch of my ideas so that I would be well received by the millennials. But then what happened is it led me to change much of my ideas. And like, gender was a topic, that is a hot topic for kids. And so then suddenly I just was like, "Oh, okay, I just receive all of that." And then interestingly, it's been a heartwarming experience because the more that I let go and receive, then the more I realize, oh, everything's okay. And then if you can kind of get into that framework, then as we start to drive biochemistry, there's always a mental, emotional, spiritual issue on top of biochemistry. And so if you're receiving and everything is okay, and really, I would say everything is okay, even though there's problems and difficulties and we have to kind of manage through those, but at the spiritual level, everything is okay. So then I'm always trying to kind of support and then get to that conclusion because then everything else is easy.



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Isaac Eliaz, MD, MS, LAc

It's so much to talk about. It's so true, you know, one of the qualities that you just described that you have, and it's a prerequisite to being a really good holistic doctor is letting go of our concepts. Just like they are dogmatic conventional doctors, there are dogmatic alternative doctors. Some of the biggest healing of the most holistic patient that got an amazing story in my website about such a cancer patient, it was documented by Independent TV program is letting go of concept. Some of these holistic patients had their biggest feeling when they did chemotherapy, and they broke the concept. They broke the concept that something is toxic for them. So for us, what you're describing is the ability to let go of concepts. So, framework is one level, but again, when we connect with the heart, we have no choice because if we hold the heart doesn't work. So, if you look at the heart and I think we mentioned in the other interview, the first thing we do after we finish all the work of getting dirty blood, connecting to the universe, moving it to the left ventricle and shooting it to the whole body with no discrimination, we nourish ourselves. We receive as part of giving to others, self love is part of loving others. Very opposite to narcissism, very much. And interesting for the heart, if you look at the heart, it's the only organ that nourishes itself after it finishes its work. We could even in physiology where the heart would get nourished in the artery or in other places. No, no, it does it only to the coronary artery when it's finished its work, it is this selfless service. So when you connect with this, you start loving yourself, with the flaw that we all have.

You just start loving yourself as part of loving others. It took me decades, and wow, now I rejoice in it, because it's proportional to how much I can love others. It's a profound experience, and in this retreat, when I was like sick on the bed, all the plans of everybody that was holding to me, Isaac, Isaac, we need you. And I let go and they let go, and it changed something in my heart, like I was mentioning to my family. That a lot of things going on my life now, and I'm just perpetually happy. But you know what, I'm not forcing it on myself. It's my physiology, and it's a right, it's nothing special also, it's a birthright of all of us. When we connect, when the separation breaks. So in the peptide therapy, it's a real tool. If we can get to this place through detox, we talked about the importance that I overlooked of removing pesticides. We are full of pesticides, you are in the South Bay? You would say people live in a nice place in Palo Alto on the way to the airport, it doesn't matter. You are getting jet fuel additives sprayed over you. And I see it in my testing, you see it also, in the UN test. Huge amounts of all these metabolites. So it's part of the cleansing, it's part of the preparations, part of moving. So I'm doing a lot of work, I just started a clinical trial with this. And the more we prepare, the more we create space, the more we know



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what we wanna change, and the more we can bring the motivation that is bigger than us, then we will be in a deeper way. So that's an important point, I just want to add to it. Like if somebody-

Matthew Cook, M.D.

Go ahead.

Isaac Eliaz, MD, MS, LAc

Okay, I'll go ahead. yeah, I'll go ahead first. So, if somebody tells you, oh, I love playing golf and then I got cancer and you ask them what happened when you hit, tell them just go to playing golf. Well, the body did it already, there's no big incentive for the body to recover, is what would you do differently? What would you do differently, not only for yourself. Then suddenly we are not contracted because what our heart does, it gives all the time. And the people are not realizing that the heart electromagnetic field is big enough. It reaches every cell in our body all the time. When we are happy, every cell in the body heals and people around us, it reaches them. And when we don't do it, we go into a sympathetic mode, or we go into a Galectin-3 enhanced mode. That's why you can get people, so many differences when they dissolve the Galectin-3 lattices. So I'm looking here, I'm explaining the biochemistry, but as we started this, you had me interested in the big picture, in empowering people, how to really do it, you know.

And to really explain to people because blood goes everywhere, because the molecule of air that comes to our mouth or nose is connected with the whole universe and with everything that happened in the universe, not only now, also in the past, the photons are running, right, and in the future. And the heart can always transform anything, anything and everything is possible. Not everybody will be a miracle, but anyone can be a miracle. And the key to this is connecting to the heart, connecting to the flow, connecting to the change. And that's what you and I have been talking right before the interview about how can we teach this? How can we tell people there are enough tools there are enough choices for us to really heal? And into this, you got this super jet called peptide, or other people will use herbs, and other people will use body work and we can combine them.

Matthew Cook, M.D.

Right.



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Isaac Eliaz, MD, MS, LAc

But the idea is that the tools becomes bigger, then the tools are part of a bigger picture. If we get lost in the tools, if we get lost in the biochemistry, we'll just look at Western medicine, right? Doctors are so overwhelmed now. I mean, it's painful for me. They have no time to think about the bio biochemistry of a cancer drug, for example. I do a lot of work with cancer. They don't have time, they tell me, we just don't have time. Just tell us how it works, what's the protocol, because it is not any better than them. They just have to see so many patients. I decided not to be a part of the system for the good and the bad, the cost to it, but we wanna take time and do things ourselves, right? So when you and I talk, we're excited about what we do. we are doing it for decades, I mean, I've been treating people now for almost 40 years, and I'm just getting more excited. I go to the clinic, it's like I heal, just by being with the people I'm working with. Why? Because we are flowing and yeah, it's nothing about us. It's the right of every person. So, it goes back to, we cannot control what is gonna come from the outside.

Matthew Cook, M.D.

Yeah.

Isaac Eliaz, MD, MS, LAc

They will know what they will bring, but we can control our response. And that's the transformation of the survival paradox. That's the preparation for peptide therapy in this discussion, that's addressing Galectin-3 on a physical level, and we are publishing papers to support it. You know, it's kind of neat, and on the final stages of administration of a very large NIA grant to continue my research. And we get to connect with each other, just accept each other. If we can just do it, like my daughter said, told me years ago, she's an ordained Buddhist lama. She said, you know... When she was very young, she said, "If each person could just open their heart to somebody on the other side and understand them, the world would get peace spontaneously." So the peace outside the environment it is heating up the inflammatory world. We got some challenges, but we do have solution, that's the beauty.

Matthew Cook, M.D.

Mh-hmm, that's a good one. Yeah, what I find that once I get into a flow, then I just feel perfect the rest of it, I just feel better. Everything that I do, I feel better after that. And then going to the next one and some things are challenging. And so then learning how to get into that state, and it's interesting because... Something came up the other day, I had the surgeon that I loved who



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was very busy, and then he loved Pink Floyd, and so we would always listen to Pink Floyd. But I felt like most of my life, I could kind of grip a situation and drive it into being okay. That was a situation that was out of control, and especially in anesthesia. And that was because I could go into fight or flight and force my way to take a situation that was profoundly outta control, somebody was dying or something. Or just huge physiological perturbations of anesthesia and general surgery and problems. But then now I almost never do that, because then now I just kind of wait and receive and relax and kind of get into kind of a calm state and then wait for the idea to kind of expose itself to me. And interestingly, that first strategy is an amazing strategy when you're like 37, and everybody loves it, but it's like a terrible-

Isaac Eliaz, MD, MS, LAc

We all need to say, you noticed when you said your eyes went up, 'cause you are connecting and getting the information.

Matthew Cook, M.D.

Yeah.

Isaac Eliaz, MD, MS, LAc

I hope we spend some time together, I show you a trick how to move to, there's another level of doing this when we meet, I'll share with you.

Matthew Cook, M.D.

Oh, nice.

Isaac Eliaz, MD, MS, LAc

Really neat. But that's the idea, if you're totally open, it just comes to you, it's no effort. And then there is a certain quality that you pass to your patients, then the healing that you said, it's not what you're telling to them when you talk to them, that's important. I mean, don't tell them like... But it's the energies that goes with it, it's the intention. It's the privilege of working with someone, and at the same time, understanding we are no better than them. We are all in the same boat, one day we are the doctors, the next day we are the patients. We are all in the same boat, and we just share with each other, and we just have certain tools that can help people. And this is like the interdependence, the mutual support that is so needed in our society to really... A



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lot about what we are talking today beyond the summit, this really is like, we are really on a 911 call right now to try to somehow shift this inflammatory state that the world is in.

Matthew Cook, M.D.

And you did a pretty good job of being an example of that through your COVID thing, and then like we were talking, you took PAXLOVID the Pfizer drugs.

Isaac Eliaz, MD, MS, LAc

Yeah.

Matthew Cook, M.D.

Which are very helpful. But then by being... And so then, like directionally, I think that that's gonna be a very valuable tool for people to have, but then suddenly mental... You know, COVID has been such a overwhelming fear generator for so many people. But then suddenly, oh, okay, how are we thinking about it? Mindset, number one, number two, there's all of these things on the supplement side that you can do. There's some good medications now that you can do. And then opening up to that process, and then it's awesome to hear that part of it, but then maybe this would be a launching part to talk about peptides. I think that one of the interesting areas would be with infections. And so as a prep, I love this idea of breaking down biofilms, because biofilms can be places where infections can sort of hide out and be a place where they can sort of retreat to when we start to treat infections. And so then as a prep, we're always thinking about ways of breaking down those biofilms. But then, maybe talk me through how you're thinking about peptide therapy. These are the infections, but then just in general maybe once as with this approach in mind.

Isaac Eliaz, MD, MS, LAc

Right, so it's interesting. So the biofilm is one part, if we look at the... We talked about Galectin-3 and biofilms. Galectin-3 will mobilize the immune system in the first few minutes, but then it will shut down the effect. 'Cause we have to remember just like we want to survive, the infectious agent also wants to survive. The spike protein of the COVID is almost identical instruction to Galectin-3 it's survival tool, how it hangs and it attaches. So in this sense, I think that we should use more generalized peptide or use exosomes or you're creating a wash of regeneration, and so often, I will use all these things that I've described. I will often try to have a session with the patient just before, for example, and as you know, I use therapeutic SIS. So I get a deeper, a



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cleaning especially of lipid soluble toxins of mycotoxins pesticide which are often sitting on lipid soluble. That's where I see the greatest dramatic shift. And then I think this day we have the selection of different peptide, which I don't actively... I use more generalized things, and I work more in the preparatory, in managing the patients. I've simplified my life as I mentioned to you. I was known for many years, I was in the survival drive. Like you mentioned the beginning of developing new therapies. I can say now, that I did a whole body hyperthermia for years, because I don't do it anymore. And probably the only one in United States. Was doing it quietly you know, hundred and hundreds of treatments. So, I developed a specialty how to enhance heat therapy with infections, with chemotherapy, how to attack, how to balance. So now I'm at a place where I'm more like supporting, I'm an old man already. I mean, I'm taking it in a different way, and I'm learning that when you really refine your skills, you need to do less to kick the ball.

So in this sense, I think that if we follow this logic and what's so exciting for when we connected, is when we talked about your recognition, the certain muscles, like we talked about the neck muscles and ganglia and the PTSD and past traumas that you are addressing this. You are basically opening an highway for change, instead of just dripping or injecting certain peptide that will make somebody feel good for a few days, but it can help in an infection of course. But again, you wanna make sure you don't drive an inflammatory response, it's very important. And I have specific research on this that I published and I just don't have time to get into all of it. It's key, it's key really to remember that the powerful tools are part of a big picture. And you and I really resonate there, it's very tempting for doctors and for patients to pull a nuclear weapon without thinking about the very small weapons or tools they can use that can sometimes get the same effect or get them ready for the treatment.

That's really the overarching strategies that I really wanted to emphasize in this specific summit and that I will share with different appendixes like 10 steps to optimize your peptide therapy, where I kind of outline practically how to do this. So the reason why I talked about the detox process, because we detoxify all the time. Every time we exhale we detoxify. So since the exhalation takes twice and more time than inhalation, we detoxify most of the time. We need to detoxify to allow for transformation to help. On the memory level, we're talking about memory receptors, insulin receptors, and many diseases. We don't wanna go into the different ones. The beauty, as you said, we talked before the interview, which is so true, we have the tools, and once we have the tools, we can pretty much treat anything. We won't be successful with everything, but we have the tools to address. I remember that colleague of mine, worked with me from



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many years as a doctor, she still comes, she's retired. And somebody came with this horrific, somebody called me I think, double lung transplant and liver transplant, and three more diseases. And they said, "Isaac, can you see them?" I said, "Yes." And how can you see them? I said, "Well, I'm gonna listen to them. I'm gonna hear their stories." I just had a case like this with a patient that saw one of the biggest centers in the country for years and years. And here I am sitting in my chair, Zoom called an hour. And you are unveiling the whole story, just nobody took the time to sit back, and if no pre conceived ideas, but yet you have to admit a certain level of knowledge that you do accumulate over decades. So it's the ideas that you learn the knowledge, and then you unlearn by letting go of concepts. So that's a process that is needed for healing, and within peptide is really one of the key ways of the future together with different stem cell therapies, with different targeted therapies. But we cannot lose the holistic view, which my feeling a danger. You can see it in many places right now even thing that you're supposed to be an alternative and now very driven towards drug and medication and keep it within the big context and then use a biochemistry, use a powerful tool. That's how you get amazing .

Matthew Cook, M.D.

Okay, so then I'll give you from my perspective, you'll like this. And then this also kind of gives you a sense of maybe how we're thinking about things. I had a lot of experience taking care of real crazy, substantial PTSD situations. And so we had been doing stalling forever. And in parallel to that had a lot of, sort of significant Lyme patients and Lyme and mold and complex illness. And I had always been a little nervous about taking people who are real fragile and treating them up front. And so I had always delayed doing the stillet, but then we started over this last year doing more of that, and then everyone did well. And so then I started to realize, oh, okay, that's so thematically that fight or flight stuff, moving that up in patients with complex illness. Now, what else are we doing? We're thinking about detox and stuff like that. Also just like you, so then that's good. And so then just for some people out there doing stillets, one thing that you'll find is that I think that there's ultimately gonna be a very strong correlation. And I found one article about this, that there's slightly decreased blood flow to the brain in patients with complex illness. It seemed, there's a correlation between that and like the small fiber neuropathy that these people will get slowly will increase that blood flow. and what I do now is relatively lower dose, especially for complex illness patients like just three CCS, a half percent . And then I will just put a very small amount, like one CC to half a CC by the vagus nerve, next to the carotid. And so then I come and I come very carefully, and I'll just put a little bit there by the vagus. And then what happens is when you do it like that, and that's a very advanced injection, 'cause your needle is



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right by the carotid artery. But then what will happen is they will get... Their eye will droop and they'll get a Horner, a profound kind of Horner syndrome. And then the reset will happen, but then the reset will, because I'm using a small amount of local anesthetic, it comes back pretty quickly. So it's pretty easy for people to go through and then sometimes people will get a headache, but then that headache, that's because they're getting more blood flow and then that will reset.

Isaac Eliaz, MD, MS, LAc

'Cause it's so invaluable, I wanna give some... So it's really interesting, your first concept, the fact that you moved it up, it's called Chinese medicine, tonification through sedation. You need to slow down, you need to create a space. That's exactly how we started the conversation. When you block, the body forgets the memory. It just forgets it, and it comes back a different way. So you're creating space for them, space for change. And that's really key. Definitely, and we do this a lot. Exactly, you know, in my book, there are three chapters about how to change. So first is detoxification, the second healing the scars of survival. And that's what you're doing with your injection. I know of course we have the external scars, but you're able to go into the internal scars. It goes straight into the nervous system, and really releases this PTSD. Often it's multi generational. You know, in my book I tell the story about myself, my grandfather, his Holocaust trauma. I never met him, I'm named after him. And and how my healing affected my mother without her knowing even. So you have a lot of shortcuts with this treatment, that's so neat, but that's really what's happening. You are basically erasing genetic and mainly epigenetic tendencies and traumas of its life. And then you're creating a blood flow that can allow things, people can pick up in a different place, it's beautiful.

Matthew Cook, M.D.

Right, and you know, there's song, John Prine has a song called "Sam Stone". I dunno if I told it to you, but it has line, little pitchers have big ears. And so little kids, they hear everything that mom and dad say, and so that's how they pick up that epigenetic trauma.

Isaac Eliaz, MD, MS, LAc

Yeah, yeah.



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Matthew Cook, M.D.

If mom and dad are not okay, then probably that means they're definitely not okay. And so then that gets them running that energy that I'm not okay.

Isaac Eliaz, MD, MS, LAc

Yeah, totally.

Matthew Cook, M.D.

But then, if you could kind of come to this realization of oh, I'm okay. And interestingly, now a lot of times people will come in and they'll say, oh, I already did this. I already started doing breathing exercises, I changed my diet. And then they're well on the way, and I don't even to do it because they're receiving but then they're gonna listen to this and they're gonna sort of understand a little bit of the framework and then get into the set space, which is why I think there's gonna be an acceleration of how effective we can be, because people are sort of bought in. So then I'll tell you this one, and I think you're gonna love this one. And in terms of 1.5 of preparation to get to the 2.0, of like, let's say doing peptides. So then the one thing that I found is there's these new category of peptides called bio regulator peptides. And they tend to be small, there are only two or three or four amino acids. And so because small peptides people react to much less than big, big proteins.

And so then for people who are toxic, then they're those small ones they're gonna be less likely to have immune reactions to or mass cell reactions to. Now, if you do therapeutic plasma exchange or plasmapheresis or anything in that category, that's gonna regulate immune function. So that's gonna be optimal. But so then the bio regulator peptides regulate organs. And so then one of the things that I have found is that for patients, if I have them start. And there's one for the spleen called Vilan, and then there's one for the liver, Livergen. And so then I'll do the immune bio regulators, and then the spleen thymus as part of my detox. And I'm kind of introducing the idea carefully and slowly. And it's almost... My analogy for it is that, do you remember when... Did you ever read "The Hobbit"?

Isaac Eliaz, MD, MS, LAc

Yeah.



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Matthew Cook, M.D.

So then remember Gandalf, he comes and he puts a little sign on the door that says, "Oh, there's going to be transformation here." But then what happens is, he comes in and then he's introducing this idea very casually to Bilbo that there could be something significant happening, but he doesn't overwhelm him too much. But even then it's a little triggering. And so then what he has to do is talk to him, and then he has two of the dwarfs come, and then two more and then two more, and eventually they're all there. And then eventually everything happens, but he didn't overwhelm him by having all 12 because if all of them came, it would've been too much.

Isaac Eliaz, MD, MS, LAc

Totally.

Matthew Cook, M.D.

So then peptides is kinda like this. And then the small peptides, KPV, GHK, I think are amazing sort of initial things, particularly in the complex illness thing. And then adding in immune stuff obviously is gonna be helpful.

Isaac Eliaz, MD, MS, LAc

Amazing, you are doing an amazing work, so much really. It's so true, we often do this even as part of healing, like in my retreats, we will address every organ, with the color and sound. It's kind of similar, you are giving very, very gentle messages. And you are allowing... The more gentle they are, I think the pep that is smaller, it can penetrate to smaller areas, to areas which are difficult to really get to.

Matthew Cook, M.D.

Yeah.

Isaac Eliaz, MD, MS, LAc

So definitely, that's on it.

Matthew Cook, M.D.

And the lever, there's an aspect of, if you fix the gut, then that's crucial because that's the detox pathway of our body, which is why it's lucky for me when I do podcasts, 'cause I just get to sit here and I have the constellation of all of these for different gut healing, like concoctions that I've



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made. But then I noticed that once that starts to happen, then liver function starts to get better. What's your number one, top couple strategies for turning detox pathways on and supporting in that direction?

Isaac Eliaz, MD, MS, LAc

I developed a very specialized supplement because one of the keys with detox is the organ support that you mentioned. So I always, one of the flaws of detox, during detox formulas, they don't realize the body needs energy to detoxify. The body needs circulation to detoxify. So a good detoxified strategy, you always need to have adaptogenic herbs. I work a lot with a combination of herbs and nutrients and how they relate to each other and minerals. The thing that you said with a small peptide is beautiful because for example, I will prepare tinctures that support each of the organs based on the detox cycle, which again, it's a whole lecture, I don't have time. I did a bit of touch on it on my book. There are certain flow when the liver lets go of blood, what happens? Hepatic vein goes to the right heart, goes to the lung, the lung gets affected first. Then you go to the heart and you go to the circulation, then it gets to the kidneys. So you see different stations, so you wanna prepare the body exactly what you're doing with the peptide. Chinese medicine was the way of it. And so in this sense, but I think now I'm also adding a lot of pesticides binding. And so-

Matthew Cook, M.D.

What are the top three binders for pesticide?

Isaac Eliaz, MD, MS, LAc

So right now, I developed a product called Glyco Detox because it's specifically... You really look at pesticide. we have this concept that it's okay to have a certain level of pesticide in the body. It's like a little bit of poison is okay, no, zero poison is okay. So, if you look at the glyphosate, there's only one of them and the glyphosate formulations is so many toxic additives. Glyphosate disrupts the gut membrane, it causes gluten sensitivity. It causes, it delivers inflammatory compounds into the brain. If we look at pesticides, if we look at the three kingdom, we look at the water, we look at the plants that affect meat, and we look at the minerals, the earth. So I address both of them 'cause I always believe, and we talked about it, whenever there is a problem, nature will also introduce a solution. So I use specific pectins, because of its own benefits in binding microtoxin, stopping inflammation. I use high molecular weight, highest purification techniques to bind the gut. I use alginates, again, it's very similar poly mechanism,



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but greater mechanism, and it was shown to bind many pesticides. And I use kelp, because kelp is life it is in the minerals we need. Like there's the energy. And then I use chillergy, chillergy is these concentrates for my ovaric medicine, that I've been given by different people in Asia, like 15, 20 years ago in . I analyzed them then before they were popular, it was amazing how clean they were, like no heavy metal that was amazed. They're rich with minerals and folic acid can bind glyphosate, can bind heavy metals. And then I use glycine as a way to stabilize the gut membrane to help glutathione and also to help the exchange with glutonate and with glyphosate in the brain. They never excited to damaging effect of glyphosate. So use is together with spectacle, and then I have a certain probiotic that I really love, the probiotic, reason why I love it is because it's liquid, the beneficial bacteria is grown on healing herbs. That's what we talked, so it's fed healing herbs and some of the PectaSol. So, you get a liquid that for the 50%, 60% that it works, you will feel a difference in your gut in an hour or two sometimes. You can feel the healing.

Matthew Cook, M.D.

What's it called?

Isaac Eliaz, MD, MS, LAc

It's called Eco Probiotics.

Matthew Cook, M.D.

Oh, really? Okay, I'm gonna try it.

Isaac Eliaz, MD, MS, LAc

And it's liquid. So, it's like, because it's about having life, like peptides can bring life. They can bring energy, no, they can create change, it's a similar process, we wanna create a movement. And then there's so many preparations, but it's also about really separating between what we wanna take in, nourishment, and what we need to let go. It's the same process, and that's why. Why is the ileocecal valve so problematic in the appendicitis, but the whole area, right, for us, not only because the terminal ileum absorbs a lot of things, that's one of it. Because it's a clear demarcation between, until here I absorb, and from here on, I let go. So people have a confusion with this. You can see changing in the way they eat in the eating pattern, the time to eat, they confuse between what is theirs and what is not theirs. They hold to things, same survival. So the ileocecal valve is a reflection of a lot of what we talk today. About how to nourish ourselves and



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how to let go, what we need to let go. So, this is what anal personality and constipation is. We hold onto what that's supposed to really let go. So, there can be mental constipation and there are sort acupuncture points for doing it. So all of these, I put into my treatments and I try to somehow take this as you can get a sense, highly individualized care. Like each person in the universe, and then some way, a way to translate it into supplements. And often the formulation process comes to me in dreams or meditation. I got this bunch of researchers who help me know, and it sometimes takes two, three years from the point I get an idea, you know, supplement until I feel okay enough with it, then I pull it out.

Matthew Cook, M.D.

Let's say there was a person that had a moderate level of pesticides and glyphosate, and they started taking a protocol like your outlining, how long do you think it takes to really detox effectively that from the body?

Isaac Eliaz, MD, MS, LAc

You know, it's a great question because we are not living in the vacuums. Right now I'm doing a clinical trial and most of the people are around the corn fields in Iowa, so you can see life or that you can see, and it's incredible the other toxin, even like from gasoline products and environmental, it's like insane, so it depends. I usually like to tell, some of this is relatively healthy then for example, for glypho detox I'll tell them to take two twice a day on an empty stomach for about two to three months. If they're really sick, take it longer. And of course, some people are sensitive, they have to start slower, but then we have to realize something like removal of pesticides. It's something that we have to do for the rest of our life in small dose, because we are constantly exposed. I'm very lucky I live in West Sonoma and there are no airplanes that fly above that, We are very lucky. I've realized now how lucky we are, because now in last few years, I'm realizing how much, you know, there is lead gasoline in planes, there's so many additives. So it depends on the exposure, so a certain level has to be part of a daily regimen. It's not like you said, if we take good care of the gut, if we don't absorb the pesticides, we don't take them in our lungs. And then you got the PectaSol, which is well published on removal of heavy metals, multiple papers, I published and presented some of the first one in 2005, I think. It was like one of my big discoveries removes lead, removes mercury, removes aluminum, it actually removes uranium and sician we publish a lot of this. But we also are breaking the lattice formation, we are creating communication between the body. We're reducing abnormal inflammation, we are regulating the immune response and then if you get this and on top of it, these simple things



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that are also very affordable. On top of it, then you have people like you and I build a more sophisticated treatment system as needed.

Matthew Cook, M.D.

Okay, I'll react to several things you said, and just kind of interesting. So then one thing is that, you were talking about the ileocecal valve. So for people who don't know, there's this valve that is between the small intestine and the colon and the small intestine is 30 feet long, but it's only about as big around as my finger. And so there's not supposed to be any bacteria or anything in there, it's sterile, and there's absorption happening, of minerals and stuff and food. And then the large intestines fermentation factory. That's big, around as my arm and it's five or six feet long. And then that's kind of the final aspect of digestion. And so then there's this theme that people will have trouble transitioning from small intestine to large intestine. A lot of times because actually people can get used in bacteria that start to go upstream and start to live in there causing inflammation. And so when we think about detox strategies, then fixing that and kind of managing that. And a lot of times we do that with herbal and antimicrobials and stuff, but is... And they call that SIBO or SIFO so fixing and managing those and having a diet and lifestyle around that can be important and I think about it.

I thought I was a genius and I was gonna be a... I bought a farm and became a farmer, tried to grow organic food that early. And then there was pears and blackberries on the farm and I ended up eating so many of them. I got SIBO, and so then I got to fix that, which was amazing, 'cause it was like a really, I learned how important the gut was. And now I just kept doing that and I just keep working on that gut thing. And now I just can't even believe how good my gut feels. And I think that that's an example of how like I just feel better and better and better, the more that I do around that category, I'm gonna personally go through your protocol and I'm gonna do it for a year. I had a patient that worked in the auto body shop that had the worst Great Plains Lab I'd ever seen from exposure at work. And then he took your modified citrus pectin, and I never told you this and this was like before COVID. And for a year, and then it went basically to total a perfect score and it took a year. And so that was the moment that I-

Isaac Eliaz, MD, MS, LAc

No, mate, I don't know how you did it, because I'm like, I'm outgoing. But somehow people who talk to me say, no, you are like, it's the best medicine in town. I feel like I have to share this with the world because it's a gift from nature, and we really have done so many years, we are close to



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about 80 published papers. So when I hear this, I say, wow, it makes my day, it makes my night, it makes my life, because you hear these stories and you don't know them until you meet doctors who tell you these stories, you know.

Matthew Cook, M.D.

Right, and so then that one made me realize that, we are Bay Area people. About six years ago, I was at the Bridge Concert that Neil Young gives. It's a concert that is a benefit for a school that takes care of kids with fairly profound, neurological and cognitive and developmental issues called the Bridge School. And then he got up at the end of the night and he said, "You really make my day and my week. And really you make my entire life by being here," because of the people, it was a helpful, kind of positive thing. And interestingly then, I heard that and I just felt so good. I think about that moment all the time, and I feel... And so you just reminded me of that. But then interestingly, I think that is our important strategy is helping people feel good. And so then as I go back into listening to that last little bit. The idea of doing something to help people feel a little bit better is crucial to this whole thing. And so then you heard Dr. Eliaz say that he uses the adaptogenic herbs. And so I think that that's an important little tool, but because then these are things that will give you some energy and give you a bit of starting to feel a little bit better. And then that is so crucial because then that allows you to believe in the story that we're telling or potentially that you're telling to yourself, that you're actually gonna get better. And so then-

Isaac Eliaz, MD, MS, LAc

It's interesting. There are certain adaptogenic herbs that are bigger than one person we say. They can create a communication like a community support sometimes with like is an example, which actually is an adaptogenic, but at high dose become actually detoxifier.

Matthew Cook, M.D.

Which one?

Isaac Eliaz, MD, MS, LAc

Astragalus.

Matthew Cook, M.D.

Oh yeah.



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Isaac Eliaz, MD, MS, LAc

You know, one . So sometimes, like when somebody's very sick and weak, I will have the people, the family takes the same herb with the patient.

Matthew Cook, M.D.

Oh, good.

Isaac Eliaz, MD, MS, LAc

To the unity of change and support. But yeah, it's exactly what you're saying. We need the energy to make the way. So that's one principle and often you can't see it when you look at an ingredient list and that's a value, for example, I was once in a meeting with, I formulate for a lot of people and a lot of companies here and there. And you meet with scientists who really know a lot about the biochemistry, but they're not clinician. They don't have this big picture. So then what you get is a list of ingredients based on research. There's no glue. When you look at the formula, you have to feel it, you look at, you fill it and you say, okay, is there a flow? And for me, if I feel my formula never flow, I put it aside. I tell my people let's meet in a month or two or in two weeks, or in three months, then they bring it back, I look at it. Sometimes it goes like this, sometimes it takes years and years until you are there, say, wow, you can feel the power. It has the flow. And in one level modified citrus pectin PectaSol, which is supposedly one ingredient, but it's not. It's so magical, the structure of the pectins people still are not totally clear. We are the first who showed that low molecular MCP PectaSol gets absorbed into the blood. We put some marked antibodies on the pectin, so we could track it and we track the half life. But it has all these side branches and neutral sugars and the concentration. And it's, I mean, there's a lot of wisdom in nature. Just like what you're saying, the peptide is a piece of a protein. So you're taking something which is created, and you're using a small part of it to really target it very specifically. And that's the beauty of keeping the big picture and having these very targeted tools, you know.

Matthew Cook, M.D.

Okay, good. So then, I've got an idea for you. And this one would be aligned with this theme that we've got in terms of like preparing the body. And so then one of my ideas is that the reason to do adaptogenic things is to feel a little bit better. And the real reason to feel a little bit better is to help believe in the story. And so get into a heart space, what is the heart like from Chinese medicine piece. And then to get into an idea of peace around that and to get into an idea of



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feeling good. And so then one thing that I found is that there's some peptides that will help with mitochondrial function. And so then I kind of consider them to be adaptogenic.

Isaac Eliaz, MD, MS, LAc

Totally, absolutely.

Matthew Cook, M.D.

And so then, some of them are hard to get like SS31, would be a little bit in that category, might see what would be somewhat in that category, in terms of feel good and sort of cognitive and enhancing and kind of an adaptogenic from a neurological perspective, FGL would be in that category.

Isaac Eliaz, MD, MS, LAc

And I have a question for you. Do you feel that they will selectively go to healthy cells and won't do the same, for example, for cancer cell?

Matthew Cook, M.D.

So then this is the defining question that we need to think about in terms of cancer versus non-cancer. But in general, the one thing that is worrisome from a cancer perspective is Thymosin beta-4 is what is potentially used by cancer cells. And so then what I like is the fragments of Thymosin beta-4, it's like a key chain with these different fragments. And so then we'll use the fragments, which are small pieces rather than that. But then-

Isaac Eliaz, MD, MS, LAc

I can tell you, 'cause I'm doing a cancer summit in February, and this is gonna be your topic in my summit to talk about peptide in cancer, I would like to totally interview you on this.

Matthew Cook, M.D.

Oh, yeah. So then, but I would like to interview you on that because I think it's such a interesting question. Because the most important thing is to manage biology, get these detox kind of things going on, create an archetype of a story about yourself.



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Isaac Eliaz, MD, MS, LAc

So let me answer your question and leave it toward the end of the interview. So it goes back, believe it or not to the survival response, what response the cell is going to take. So if you are... For example, we can see that PD-L1 inhibitors, which is like the big new immunotherapy in cancer, stop working with the presence of Galectin-3, knows it. The non-small cell lung cancer patient don't respond to Keytruda if Galectin-3 is elevated. Why, because the body, the immune response is not correct. So you get the extra cellular in the membrane, but there are certain natural compounds that will allow a different response based on the metabolic status, the p53, the mTOR 1, the AMPK. Again, we can't go explain all of it, and Honokiol is one of them. It's one of my favorites, 'cause what Honokiol will do, it will create an oxidative pressure just on the cancer cell. When the Anto-1 is turned on, when epoxy ibucine factor is turned on. When pyruvate dehydrogen is blocked by PDK, then it will become an anti cancer effect. In the normal cell, it's amazing. It will recognize AKT in all the different, I cannot say this here.

It'll recognize, when they're normal, it'll become a powerful antioxidant and it will do similar effect in the brain. It'll convert glutamate to gather a very relaxing effect. So again, Honokiol is from the Magnolia bark. Now, I was very instrumental in bringing Honokiol to the forefront, especially in cancer. And I can talk about it 'cause I'm in California to be careful, I can't do it anymore. I did Honokiol IV for cancer patients, but it was amazing to get Honokiol treatment. And I published two or three case reports, I had 14 cases. It got accepted to another journal, but it just, at that time I was concerned regulatory wise. Unfortunately with all the regulatory tightness, we can't get it. I'm the only one in the world who ever did Honokiol IV, I mean, one day a big center will do it, and that's great. I was in touch with John Hopkins at some point. But that's this regulatory, that's exactly what you're talking about. And yeah, it's for us to figure beyond an interview to really spend a few hours together and kind of come with some of this.

Matthew Cook, M.D.

All right, so we're in the middle of a sort of a framework of getting a clinic set up where there's no limitations from a jurisdictional perspective and that's actually gonna happen, I think probably this year, which means that... And then we're gonna build sort of a clinical research organization that I would love to have you part of that will help facilitate that.

Isaac Eliaz, MD, MS, LAc

Be very glad to be part of it.



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Matthew Cook, M.D.

But then what I was gonna say was, I actually think, but you took the words outta my mouth, but I'm gonna, re-say it because of that, I think this is so crucial. After that initial sort of framework of our initial mindset of kind of getting going, have an anti-cancer strategy that we basically are running permanently in our lives and so then these strategies, whether they be supplements, whether they be... Because if we're driving an anti-cancer pathway, then you can take and put growth factors and things that are stimulating and then manage as an essence, and then manage these conversations kind of with that in mind. But we're always having two or three things that we're doing that are anti-cancer.

Isaac Eliaz, MD, MS, LAc

Yeah, of course, it's how we started the conversation today about making sure we use the right channels. And in this sense, we have shown a lot that really is the value of... Again, it comes back to so fundamental, the word drives cancer, what is a cancer cell? The cancer cell, maybe it's a good place to kind of close the discussion. Cancer cell is a cell that wants to survive, it's not willing to understand that it's mortal. The cancer cell is the manifestation of the survival product. So what does it do? It creates a microenvironment so nobody can tell it what to do, and then it is gonna survive, then it wants to expand. Then it creates metastasis and right, yeah. And then how it's driven by hypoxia inducing factors, by MTOR 1, which is what happened when we don't breathe, we get into survival mode. So in this sense, take it as an example, it's just an example from one example, that I happen to work on about what we talked about, but that's really how we started the conversation today. When you ask me, that's the idea of the strategy, how do we take the tools into the right... I went, "Unfortunately, cancer is a risk for all of us, definitely."

Matthew Cook, M.D.

But then interestingly, and then this has just been one of these ideas that I have. I did this three year doctorate of Medical Qigong program with Jerry Alan Johnson, which was super amazing. And the last year was integrative oncology. And so then that was like... And I was kind of afraid to even go into that or talk about that because, and even now, we're more focused, I would say on infections and things, although a number of people have been calling me and asking me about those topics. And interestingly, I think that when... And then this would be, I could go along with the trajectory of our conversation. If you are in fight or flight, then the immune system goes, wait, because the immune system goes into fight or flight, and then doesn't really do its job. Whereas if you can get into relaxed and kind of accepting and kind of connection, then the immune



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system is working. If the immune system is working, it finds that cancer and then takes it out. And so then my idea-

Isaac Eliaz, MD, MS, LAc

Really that's how it works, that's how it works Now we shown it in our recent it paper on biochemical relapse of prostate cancer, it's exactly this. Prostate cancer was removed, it's coming back, starting to grow, there are no big metastasis. They took the and 80% it slowed down, stopped or got better, why? The MCP, the modified citrus pectin didn't kill the cancer. It allowed our body to function properly and take care of the cancer. Some people even metastatic disease, same principle, exactly.

Matthew Cook, M.D.

Right, and so then the interesting thing is that, how do you prepare the body for peptides in a way there's a narrative, that's a psychological and spiritual narrative that everything is okay. The if you're using the modified citrus pectin, that is like, what's actually going in your body, and continuing that narrative that everything is okay. And then as that happens, it's like we become aware at a deeper and deeper level that everything is cool. And then it's from that framework then that then we're beginning to pick and choose within the diversity of everything that we have to start to rewire and turn things on and move into the future.

Isaac Eliaz, MD, MS, LAc

I know, I can't mention the name for political reasons, but one of my patient and my greatest teacher, I did spend a lot of time with him in the Himalayas, I'm saying Himalayas for geopolitical reasons, it was for the most legendary meditation, master in the last 20 years of the 20th century, in the beginning of the 21st. And he told me the instruction to me, he says, so in Buddhism we call it, you tear down the heart of ordinary mind. If you dissolve the survival, the grasping, then everything will be okay, even if it's not okay. But as long as you hold, nothing will be okay, even if it seems okay, and this is really what we are talking about. Interestingly he told me, "You got to teach this in the west and find medical ways and meditation ways of doing it," which is, I said, what is he talking about? But then kind of it's, he left his body almost 20 years ago and now, here I am doing this and it's my passion, but it's exactly what you're talking about. Yeah, it's beautiful.



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Matthew Cook, M.D.

It's a little bit like, I'm just gonna use this as an opportunity to talk about my favorite topic of all time, just about just "Star Wars". Because that's what happened with Obi-Wan Kenobi. Because Darth Vader is, and everything is not okay. Darth Vader is about to kill him and then he connects into peace and then he transcended and so then that was like this, it's the same thing, you know what I mean?

Isaac Eliaz, MD, MS, LAc

Of course, it's all the same. It's just different manifestation of the same essence, absolutely.

Matthew Cook, M.D.

This is a spoiler alert. There's gonna be a spoiler alert on this one, but then it's kind of worth it. I have been watching "Picard" and it's a new sort of version of "Star Trek". And so then the character, Picard, is just staggeringly amazing. And then the actor is just the greatest of all time. And so then Patrick Stewart. So then what happens is he goes into the situation where he basic up his life to save someone and he gets traumatized. And so then there's this episode where he goes into a coma and then when he goes into a coma, basically he immediately regresses to the greatest trauma of his life. And so then he's a child, and he's a child locked in a room in a basement. But this is almost like an analogy for what happens to all of us. we retreat back to this deepest trauma and what is that trauma? It's an epigenetic trauma because it was a trauma that came from his mother that probably has genetic aspects to it. And that probably has gen aspects that relate to how he can construct of his consciousness and reality on this plane. And so then, the journey is how does he go back and help this little kid come out of that room? So that little kid, and then in healing, the trauma of this little kid, what happens is that then he heals himself and then he wakes up from.

Isaac Eliaz, MD, MS, LAc

This is a crux of what I teach in open heart medicine and what I take people through in my retreats, in a unique way, going internally into the cells and also what I do in the clinic. That's exactly what that's really healing the scar of survival, I just touch it in one chapter before the left, but that's a secret. And the Galectin-3 is one concept about it because we hold, but this is really... Eventually, what a beautiful story, it's exactly what we do. Because right now, the way we are responding and the way we are thinking, and the way we are feeling is a result of countless people who created us in the last just 2000 years. If you look mathematically 25 years per



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generation, 1500 already an infinite number. And what we are doing now is going to affect countless generation in the future. Our mind goes to the past, think about our parents and we feel like we are there and we can experience them. Well, two generations forward when they think about it, they're affecting us right now. So I teach on it, especially during the retreat, there's a special diagram that they show sometime. And then people go through the experience of multi-generational healing. That's what I told you with the story before the interview, how I healed, and I had so much energy, with the COVID. I could just teach for 12 hours, like I did a certain healing on this for the group and it affected me. But that's because when we clean this, what you do with the stellate ganglion, I can't tell you how important it is, head and body, okay. When you're relaxing, we are finally at the moment a little bit, we're not driven by stuff from the past. So this is something with ultimately in meditation, we have, we can do every second of the day. It's a value for example, in meditating with open eyes, is that right now, as I'm talking to you, I'm actually meditating, it's no different than if I sit. There is no difference, everything moves, everything moves. There's an ongoing movement, that really is the infinite healing potential, that's beyond time. And now that it's anyway, we should cover it. We've been talking for almost two hours.

Matthew Cook, M.D.

I know we have to go, but then that ties into my ultimate theory that I'm kind of running all the time. And it's interesting one of my nephews is here with me, with my sister. And so then, and if we were talking about that idea, little pitchers have big ears. And so then imagine there's some trauma that's going down and that's going down. So then it was like, your dad had it and then I have it, right? But then interestingly to the extent that heals, my theory is that actually kind of begins to heal just backwards. And so then you began to heal that generation.

Isaac Eliaz, MD, MS, LAc

Lemme stop you, it's not a theory. That's the whole thing that I do with people. Like in my book, reread the book, I always had pressure in my chest, I'm named after my grandfather, okay. My grandfather died from stomach cancer at age 50, after escaping from Poland, they were very wealthy. They escaped the day Hitler came in and here my grandmother survived to 98. We are at her grave site, she died and my mother said for the first time, 10 out of 12 siblings of your grandfather were killed by the Nazis. We never knew, my grandfather never talked about it, his stomach did. All my life, I think I told you about this intense pressure in my chest right here. I mean, people can see it. So it's up like right here when I touched, okay, now I feel no pain. Then



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through the meditation and through psychological I connected with his trauma, I'm named after him, I never met him of course. And sudden it's about five, six years ago, whatever it was, all the pain went away completely. But then my mother who could never watch any program about the Holocaust was suddenly able to open the TV and watch things about the Holocaust because the healing went backwards.

Matthew Cook, M.D.

Yeah.

Isaac Eliaz, MD, MS, LAC

This is really not only a theory. This is open heart medicine. That's the idea of healing, so your theory is actually, I mean, and a lot of practicality about it, this really is ultimate healing.

Matthew Cook, M.D.

But interestingly, then once that happens, then what happens is instead of generational trauma flowing towards you, generational healing is flowing forward.

Isaac Eliaz, MD, MS, LAC

Okay, multi-generational healing that's-

Matthew Cook, M.D.

Which actually is what happens back in "Star Wars" because then after that whole thing, then ultimately Anakin is healed. And so that-

Isaac Eliaz, MD, MS, LAC

As long as we're back to "Star Wars" it's all good . Yeah, but it's happen in "Star Wars" and it can happen in life. I mean, we see it in group retreats, whether there's a group healing and we really just us being aware of it. And this is for every viewer, doctor or patient. We have the privilege of being healers, not only for ourselves, but of all people connected to us. If we remember this and we put this energy and intention out.

Matthew Cook, M.D.

And then they told me to... And just the fact that they told me to do something means I'm potentially not gonna do it. And so they told me to keep this to an hour, but then the most



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important thing is that I think that this is the most important conversation of this whole Peptide Summit. And the reason is because to hear this as a framework and then connect to the idea that you can begin to kind of tell your narrative, tell your story, and then as that starts to happen, that's kind of healing your throat chakra, which then a lot of times allows you to kind of come into your heart. But then this as a framework and as a framework of some very simple things that you can do that can start a process that you can then begin to kind of project manage detox, project manage the gut, project manage just your lifestyle and your wellness and then consciousness, and that once you start to heal those things, they say that the trauma leaves a scar in the body, but then interestingly, then when you heal it, and then you begin to feel generations of healing flowing through you and magical. That then is the framework of the introduction. I studied with yoga but very interesting, two people, one was Arkady Shirin and one was Shandor Remete. And then these are the best yoga teachers, probably all over the world. And then Shandor started something called shadow yoga, and then he said that the initial situation and yoga was preludes. And so then we did dance, almost like dance type of movement, that was relatively simple movement. But then you had to work on the preludes for the longest time before you could actually even begin practice. And so in a way, I would almost frame everything that we talked about today as a prelude. And interestingly, then that sets natural processes in effect.

Isaac Eliaz, MD, MS, LAc

Wow, I have to tell you, because I've been around a little bit of your patients are very lucky. And the one thing is really that you know, but kind of a reminder for other people. Like, especially people put acupuncture needles and they try to feel the energy. No, no, just relax, when you put your injection, just keep your heart open, just keep everything open and then you'll see everything becomes different and yeah, you really created an amazing package of knowledge and intention, it's inspiring for me.

Matthew Cook, M.D.

I would, if I gotta only give one person credit, I would give our Caedi credit, he was just its amazing. But maybe my parents too. But I'm so grateful to have you as a mentor and I look forward to our collaborations and research and to learning from you. And on behalf of the world, I'm just grateful that you came to this planet and decided to help us, so thank you.



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Isaac Eliaz, MD, MS, LAc

Thank you, thank you for leaving you out, while what I really enjoyed, take care.

Matthew Cook, M.D.

Okay, have a wonderful life .