

## Peptides to Combat Stress and Overwhelm

Dr. Kent Holtorf interviewing  
Dr. Aimie Apigian, MD



Dr. Holtorf ([00:00:03](#)):

Hi, it's Dr. Kent Holtorf with another episode of the Peptide Summit. Today we have Dr. Aimie, Dr. Aimie Apigian. She's going to talk about peptide therapy to conquer stress and feeling overwhelmed, which I'm sure a lot of you relate to. Thank you so much for being on the Peptide Summit.

Dr. Aimie ([00:00:50](#)):

Absolutely. Thank you for having me. I'm excited about our conversation today.

Dr. Holtorf ([00:00:53](#)):

Yeah, we were talking beforehand, I'm very excited because this is a problem that so many people have, and I think kind of our culture is, "Just suck it up!" Right?

Dr. Aimie ([00:01:03](#)):

Right.

Dr. Holtorf ([00:01:04](#)):

So we're gonna hear a lot of new things, new ways to deal with this, and underlying physiology to get better. So I'm looking forward to it and I'm sure I'm gonna learn a lot. Again, so thank you for being on. So a little bit about Dr. Aimie, as she's fondly called by her patients and clients. She's a preventive medicine physician. She specializes in trauma and attachment. During medical school at Loma Linda University in California she fostered and then adopted a 4 year old boy—that's pretty brave to do that during medical school I have to say—which ultimately changed her life and career. As she continued to struggle with his emotional behavior issues, despite trying everything that conventional medicine and therapy had to offer, she was committed to finding answers on how to heal from attachment and childhood trauma. 6 exhausting years later, the pieces came together, which is awesome, for his healing. She started helping other families so they could get the change and the connection much sooner. I think that's awesome how that

works. I think so many doctors that get into this space—whatever we call it, I hate alternative because people think it means no evidence, which is the opposite, functional, or I think it's really just being a better doctor, right? Then she started to struggle with her own chronic fatigue and autoimmune issues and discovered her own childhood attachment trauma as the underlying cause. She started looking for solutions and how to rewire these attachment trauma patterns as an adult. Now she runs an online program and a 3-day live and intensive for women and moms who are living with the effects of attachment trauma and want the healing for themselves and their children. She has written a roadmap to Trauma Healing Accelerated. So, wow. I think that's such a huge monumental thing. I think you got the people that know they need the help, but I think even more, is there are so many people out there that don't even know yet that that's a core of their problem.

Dr. Aimie ([00:03:22](#)):

Absolutely. And that was me, right? Like here I had adopted a son from the foster care system, so his issues were very clear. So imagine my shock when I realized that all of the symptoms and issues that I'm having with my health are all associated with early childhood stress. I'm like, "No! This isn't me!" Right? Like I'm already a doctor. Like I'm—I would never have thought that I had childhood trauma. So it's been a real eye-opener for me in terms of learning the nervous system, the different states of the survival patterns that can be developed and wired into our system. We have these patterns and don't realize the amount that it has affected us.

Dr. Holtorf ([00:04:07](#)):

Yeah, because I imagine it's like, "You're very successful." I can imagine, "You're overachieving, you have the highest levels of success. What kind of trauma can you have? Like give me a break."

Dr. Aimie ([00:04:20](#)):

Exactly. Yet I would say that it's usually the higher performers that I am finding have these patterns wired into their nervous system and part of what they have learned and part of what is their pattern is to push through things, to deny the fact that their body has needs, and to learn how to manage and cope and just get through by working harder. What that results though is a real lack of true joy in their life. So yes, they're able to manage, they're able to cope, but they're not experiencing the true joy that I would want to have a part of their life, especially a part of everything meaningful that they're doing.

Dr. Holtorf ([00:05:08](#)):

I think it's really interesting. I think of the people that commit suicide, it's like you always think like, "Why would this person commit suicide?" You know, it's amazing. I was watching some of these documentaries on like Johnny Depp and other people. I mean, they have everything. They

have power, fame, and all the money they could want and they talked about committing suicide. You're just like, "What?" You know? So, it's crazy. Then you look at every level of so many people going through this.

Dr. Aimie ([00:05:45](#)):

Right. In fact, just yesterday, I met with one of the top media people in the United States and very influential in that space. Again, everybody else looking on his life would think that he's got it all. He's got it all together and they're looking up to him for that leadership, yet what's going on in his nervous system is a very different story and he's barely hanging on. The picture that he's presenting to others of course is one of, "Hey, I've got it together. I'm making the decisions." Yet the amount of internal stress and tension that he's experiencing having to make these decisions, not feeling like he's in a great place, feeling stressed, feeling overwhelmed, feeling insecure, and this is how it presents in even those people who are very high performers, or have a lot on their shoulders, or are big leaders. These are patterns that most people have, especially those people who have gone to the top.

Dr. Holtorf ([00:06:48](#)):

I think that it changed too kind of my perception. It's kind of like—I don't have my own kids, but I kind of got an instant family with a girlfriend—it's like you say, "What do you want for your kids?" "I want them to be successful. I want them to do this." But now I think I just want them to be happy.

Dr. Aimie ([00:07:08](#)):

Happy, yeah. Right.

Dr. Holtorf ([00:07:09](#)):

You know? It's interesting. I sign up for a course. It was on like basically the science of happiness, you know? It's such a difference and kind of like, "I don't care what you do if you're happy." I don't think you can be happy doing nothing and not achieving anything.

Dr. Aimie ([00:07:27](#)):

Right.

Dr. Holtorf ([00:07:27](#)):

It just doesn't go with the human psyche, but being super successful—"successful"—doesn't make you happy either.

Dr. Aimie ([00:07:36](#)):

Exactly. Yeah. It's often because we're not in a place where we're experiencing that happiness and that joy that pushes people to work harder, achieve more because it's out of this baseline insecurity rather than coming from a baseline of just creativity and connection and aliveness. It can look the same, the outcome can look the same, but the driving force behind it can be very different. When we're coming from a place of insecurity and needing to accomplish in order to feel worthy, then that is where we can recognize that a person has these patterns, whether or not you want to say that you've had trauma or stress or childhood stuff. It really doesn't matter because we really just look at what's happening in your body and reading the message that your body has to tell us, not what your mind, not what your memory has, but what story would your body tell us.

Dr. Holtorf ([00:08:36](#)):

I blame—because I think a big problem **[inaudible]**, whatever, biting your parents, you know? And all this. I think too, kind of people like, "If I just buy this car, I'm going to be happy." Or, "If I just get this house I'm gonna..." Then, "Damn, that didn't work. I need this." So kind of how does all this start? Does it start from stress? Is it how they perceive the stress? How they deal with the stress? Kind of give the underlying kind of beginnings of this.

Dr. Aimie ([00:09:09](#)):

Absolutely. That's a great place to start is understanding stress and the different types of stress. When we think of stress, it's often outside factors that we think of, but there can be just as much internal stress. So people can be born with genetics that create biochemical imbalances that make their nervous system more sensitive, more reactive. So that is an internal stress. If people have inflammation in their body, that is an internal biological stress, and the body can only handle so much stress, whether it's inside or outside of us. Once it reaches its limit of stress, then it goes into actually a completely different biological state, which is overwhelmed. So we can talk about the difference between that, but in terms of just understanding stress on the body and why people have different levels of stress that they can tolerate, that is why. It's because it's a combination of everything in our environment around us, but also what's going on inside of us, that is all a stress on our body. We each have that limit, have that line of where a stress becomes overwhelm.

Dr. Holtorf ([00:10:25](#)):

Gotcha. I think it matters where you start, correct? Because I know—

Dr. Aimie ([00:10:31](#)):

Absolutely.

Dr. Holtorf ([00:10:31](#)):

Studies showing if the mom is stressed in utero, it turns on—

Dr. Aimie ([00:10:36](#)):

Yes.

Dr. Holtorf ([00:10:36](#)):

Those same genes in the baby. Really a stressed out mom can pass those on epigenetically.

Dr. Aimie ([00:10:46](#)):

Yes. Exactly.

Dr. Holtorf ([00:10:46](#)):

To not only her kids, her kids' kids, unless there's something done to reprogram that.

Dr. Aimie ([00:10:52](#)):

Absolutely. Yeah. So let's talk about childhood because that is where most of our patterns get started, at least. Like you say, there are epigenetics that can set us up for internal stress. There are genetics that can set us up for internal stress. So whatever combination of those we come into the world, then whatever the environment influences. That's the relationships, that's even like the air quality, the food quality, right? Like all of that is considered environmental and can be either a resource or a stress. Many people, just the way that we are raised now, many people are not getting the level of emotional connection and what we call regulation that is needed to help the nervous system develop in a healthy, flexible, coherent way. So I threw in a big word there, regulation, and this is a word that has come out of the attachment work. So John Bowlby started the attachment work and identified, along with Mary Ainsworth, the different types of attachment styles that a person can have. Those styles are actually established already by 12 months of age. So we're talking very early patterns and your attachment style in a general sense is whether you feel secure and safe in the world, knowing on a gut level that "Hey, things are going to be okay." Or if you have an insecure attachment style where you don't know that everything is going to be okay, you don't automatically trust people. You have this idea, perception of the world that the world is not safe, that you are not inherently lovable. You have to do something or be something in order to be loved, that all would fall under an insecure attachment. Now that we understand what attachment is, which is really regulation, and Dr. Allan Schore talks about that connection, regulation is all about the nervous system. A regulated nervous system is one that feels connected. It feels safe. It feels secure. It's fully present in the moment. It's where we are able to

play. It's where we are able to be our best self. That state of regulation is in contrast to the dysregulated states, which happens as a result of any of the insecure attachment styles. So for whatever reason, and again, we don't need to blame parents. We don't need to blame anybody because there's lots of different factors that go into this. But for whatever reason, mom does not provide enough of the support that is needed to regulate that child, infants nervous system. It starts from early childhood, the first few months of life to already be in that dysregulated state, which is a survival state and feeling unsafe in the world. So then—

Dr. Holtorf ([00:14:08](#)):

I just think of like a very kind of quintessential example as like you take a feral cat, and if you bring it in right away and treat—like, it's fine. But if you wait too long, that cat will never feel safe.

Dr. Aimie ([00:14:26](#)):

Exactly.

Dr. Holtorf ([00:14:26](#)):

You know? So it's hard wired.

Dr. Aimie ([00:14:28](#)):

Right.

Dr. Holtorf ([00:14:28](#)):

And you think of that with humans, it's like, "Damn."

Dr. Aimie ([00:14:33](#)):

Right.

Dr. Holtorf ([00:14:33](#)):

Hard to unwind. Yeah.

Dr. Aimie ([00:14:36](#)):

It is. Many of us can think back in terms of our childhood and say, "No, I didn't experience abuse or neglect or trauma, but what was the message that I received?" Whether it was spoken or not, "Was the message that my needs were okay to be expressed? Or were my needs somehow stressful and overwhelming to my parents who already had so much going on that they just

needed me to do my thing, be quiet, don't bother them because I was too much for them?" So we can all have these messages from our childhood that if there's anything that set us up for feeling insecure or not loved just as we are, or if we're too much, or if we're not enough, if we're not enough to make our parents happy, that can be another common message that gets imprinted in our nervous system from early childhood that we carry into life. We don't realize that it actually is affecting our health, our immune system, our endocrine system, and obviously the nervous system.

Dr. Holtorf ([00:15:47](#)):

Wow. I imagine it matters with—you put two kids, same parents are treated the same. Will they both perceive things very, very differently? Will one need something very different than the other one?

Dr. Aimie ([00:16:03](#)):

Exactly. Even just if you want to make a contrast between a healthy infant and one with colic. Same parents, same environment, everything is the same, and yet the colicky baby is experiencing a very different childhood and message than a baby who doesn't have colic. So a **colicky** baby is usually not getting the amount of touch, of regulation, of support, they're always in pain. So it's never going to be enough, whatever is done, for them to feel completely safe and secure. It's not their fault. It's not their parent's fault, right? So same thing here. You can apply that to really anything else where there's so many other factors involved in this, that 2 children in the same family, same household, can walk away with very different nervous systems, very different belief systems, very different insecurities, very different perceptions of themselves and of the world than their other siblings.

Dr. Holtorf ([00:17:07](#)):

Wow, and yeah, because I think parents always do the best that they know how, you know?

Dr. Aimie ([00:17:12](#)):

I hope so. [Laughing] I hope so.

Dr. Holtorf ([00:17:14](#)):

In general.

Dr. Aimie ([00:17:16](#)):

Yeah, in general.

Dr. Holtorf ([00:17:16](#)):

But no one—a mind reader, what the child really needs. [Inaudible]

Dr. Aimie ([00:17:26](#)):

Right. Part of the problem is that we've been taught to parent in a way that's not really helpful. This is part of our society that teaches—well, at least has taught at some point where you let your children cry it out. If they don't fall asleep, you let them cry it out. Or, meals are only on a schedule. So here is a very young infant, a very young child, they're experiencing what they feel is hunger. They go and they ask for something to eat and the answer is "No!" Like even those basic simple type of things that we wouldn't even think of as important, yet to a young child who doesn't understand the future, is only in the present moment, they're being told that their needs cannot be met.

Dr. Holtorf ([00:18:14](#)):

Like, "Oh my God, I need to eat!"

Dr. Aimie ([00:18:16](#)):

Exactly. "You should not be feeling hungry right now." "Well, I am feeling hungry!" "But you should not be feeling hungry." Like, they don't even know what to do with that. They don't have the maturity.

Dr. Holtorf ([00:18:24](#)):

[Inaudible] Yeah.

Dr. Aimie ([00:18:26](#)):

Right! Or even having them cry themselves until they fall asleep, right? Like that's not going to be restful great sleep for them. Their nervous system is going to be in survival mode and they went to bed feeling unsafe. So small things like that actually end up being pretty big things when we're talking about the development of the nervous system in a young child.

Dr. Holtorf ([00:18:52](#)):

Yeah. I don't want to get too personal, but I have a brother, and again our—what we remember from childhood is so different. [Laughing] He brings up—like, what you were just saying, the smallest little thing that was so traumatic to him.

Dr. Aimie ([00:19:07](#)):

Right.

Dr. Holtorf ([00:19:07](#)):

And I'm like, "Are you crazy?" Like, you know? I think it's really messed him up. I hope he doesn't watch this lecture. [Laughing]

Dr. Aimie ([00:19:19](#)):

Well, yeah. I mean, it sounds like for him they were actually big things that did cause him a sense of overwhelm and feeling unsupported and without the resources that he needed to get through, for whatever reason. Right? For whatever reason.

Dr. Holtorf ([00:19:34](#)):

Yeah. It's affected him and he's classic. Again, the same parents, same anything, but wow. Like what percent of the population—I guess everything is a continuum, but I just see—what are the typical characteristics of someone that has this issue?

Dr. Aimie ([00:20:01](#)):

Sure. Well, we can look at 2 different things to find this out, and we can look at their behaviors and actions, especially in relationships, but it shows up in absolutely every area of their life, because this is how their nervous system is wired. This is how they move through the world. So it shows up in every area of their life, which is why it can be easy to notice and look for those patterns. The other place that we can find it is in their health. So there are certain health issues and conditions that they will develop over time. It accumulates, so it's over time, that if they have those then we're pretty sure that they have these types of patterns in their nervous system. And that is—just kind of as a side note, it's really helpful when we see these patterns, because we don't need to understand the story. We don't need to go into analyzing it. Like we really don't have to be in the head and the logic. We get to just understand what is the body saying? So, how can we work with that? Which is obviously what we're going to talk about later.

Dr. Holtorf ([00:21:13](#)):

Yeah, it's physiological, right? It's—

Dr. Aimie ([00:21:14](#)):

Exactly.

Dr. Holtorf ([00:21:16](#)):

You've got this, who the heck cares where it came from, this is where you are.

Dr. Aimie ([00:21:19](#)):

Right.

Dr. Holtorf ([00:21:20](#)):

I think I really like that approach. So, what does stress do?

Dr. Aimie ([00:21:25](#)):

Yes. So with stress, the stress is not always what's bad. When we talk about stress, we even know that there are forms of good stress. So it's not that the stress is bad. It's just, how is your body equipped to deal with the stress? Usually with stress, your body can come back after that period of time and come back to a place of health. So it's not stress per se that's bad. What is bad is when it becomes overwhelming. When something has become overwhelming, you start to hear words like, "It's too much. I can't take it anymore. I'm done with it. I can't do this anymore." Those are words of overwhelm and that's what really changes our biology. It's not so much the stress, it's the overwhelm. So there's 2 reasons for overwhelm. One is that a stress is too much for too long, or something happens too fast. It's too much and too fast. So those are the 2 reasons for overwhelm and that's what is really going to affect our health and our work, our relationships, our energy, because that's when our body starts to shut down. We talk about the dorsal vagal response. So Dr. Stephen Porges kind of brought this to light, where he separated the fight and the flight response, right? The runaway or fight survival response. He separated that from the freeze response. They are two completely different biological approaches. When we talk about stress, we're talking more about the fight or flight. When we talk about overwhelm, we're talking about the freeze. Two completely different things. The freeze is what has even the most impact and lasting effects on our system. Stress has acute changes to our system, overwhelm and freeze have lasting effects on our system and on our health.

Dr. Holtorf ([00:23:41](#)):

God, I know that. I get like overwhelmed where I can't do anything. I'm like—

Dr. Aimie ([00:23:47](#)):

Exactly! Yes.

Dr. Holtorf ([00:23:47](#)):

"I don't know where to start. I got so much to do. What's—[inaudible]?" [Laughing]

Dr. Aimie ([00:23:50](#)):

Right. Right. Yeah, it's too much.

Dr. Holtorf ([00:23:56](#)):

Wow. Yeah. I think, yeah, more and more, it's just you—it's commonplace!

Dr. Aimie ([00:24:04](#)):

It is. This has become really common and that's why we do want to bring up these topics about even childhood, because when people have this default pattern to overwhelm and they go pretty quickly to overwhelm, we know that that pattern started in early childhood, in those first 12 months of life, meaning they will not have a memory of this. This is something that their nervous system developed already having this programmed response to overwhelm in it. So it's very common, very common. I think even just this year with everything that's hit our world, we have seen how much fear there is and how much overwhelm there is, where people have very little resilience to stress. They go very quickly into overwhelm and lashing out and doing very overreactive things in response to overwhelm.

Dr. Holtorf ([00:25:09](#)):

Yeah. It's that everything's piled on.

Dr. Aimie ([00:25:12](#)):

Exactly. Yeah. When we go—yep—when we go into overwhelm, we have very strong reactions that are overreactions. We're not responding to the situation. We are reacting. We are overreacting in fact, because of these patterns in our nervous system.

Dr. Holtorf ([00:25:30](#)):

Gotcha. So do you work on recovering from the past stress or managing current stress?

Dr. Aimie ([00:25:39](#)):

Both. Both. Both. Both. [Laughing] Yeah. So we want to definitely stop the progression of accumulating more stress and more overwhelm in our body. And this is stored in our body, right? We want to stop accumulating more, but we also need to rewire our nervous system so that it has more capacity for stress and doesn't go into that overwhelm and reactive and just shutting it all down in order to get through. We need to rewire that in order to really arrive to a place of full health, because otherwise we continue to live with that wired into our system and it compromises our health. It compromises our physical health by causing more inflammation and oxidative

damage and stress. It causes a compromise to our mental health, so we're struggling with insecurities that may even lead to depression or anxiety. Along with that it's compromising our emotional health and our ability to handle stress and respond, be able to interact with other people and not lash out, not get triggered by what they're doing. So all of our relationships are compromised in some degree if we don't go back and process and rewire what has already been accumulated.

Dr. Holtorf ([00:27:08](#)):

Yeah. I just think so many "stress" related illnesses, and I think it gets discounted by physicians and they say, "Oh, it's a stressed out woman." You know? Especially with like chronic Lyme, chronic fibromyalgia, it's—stress plays such a huge part.

Dr. Aimie ([00:27:29](#)):

Huge part.

Dr. Holtorf ([00:27:29](#)):

If they don't have stress, they probably won't get these other things.

Dr. Aimie ([00:27:34](#)):

Exactly.

Dr. Holtorf ([00:27:34](#)):

If they can handle it, but it sets so many things into this vicious cycle.

Dr. Aimie ([00:27:39](#)):

Yes.

Dr. Holtorf ([00:27:39](#)):

You can't really say, "Okay, just don't be stressed."

Dr. Aimie ([00:27:43](#)):

Right.

Dr. Holtorf ([00:27:43](#)):

Or, "Stay out of a stressful situation." When they go home they have kids, they have this, like, what do you do? Lock yourself up, but that's pretty stressful in itself.

Dr. Aimie ([00:27:51](#)):

Right.

Dr. Holtorf ([00:27:51](#)):

I mean, it's how they deal with that stress or are able to deal with that stress.

Dr. Aimie ([00:27:56](#)):

Exactly. Even when a person has these types of patterns in their nervous system, these insecurities that lead to overwhelm, we create stress, right? [Laughing] So, even just a recent example for me, right? Like I've done a lot of work on myself and I'm in such a better place, but even just this week where I was feeling insecure in a relationship, and there was no need to, but I had created it in my head of, "Why didn't they call me back right away? Why aren't they responding to my texts? There must be something wrong. They must have found out something about me. They must—" Right? We create the stress based off of our insecurities. So until we actually rewire those insecurities, we're going to have—we're going to be constantly living in that. When we've had these, yes, we'll always have that tendency to go back to those and we need to maintain a place of health, which that was my work to do this week. But without doing that work, we're constantly living in those insecurities and second guessing everything, you know? "Why is my boss calling me into his office? I must have done something wrong." Or, "I wonder how long I'm going to be at my work. They must be thinking of firing me." Or if I'm running my own business, "Something's going to happen! What's the next thing that's gonna happen? Is someone gonna sue me?" Right? Like we create our own stress from our insecurities. So we really need to work with our nervous system, optimize it, and rewire.

Dr. Holtorf ([00:29:37](#)):

It's a hard way to live. When people say—[inaudible].

Dr. Aimie ([00:29:39](#)):

It's become our way to live.

Dr. Holtorf ([00:29:41](#)):

You kind of are, you know?

Dr. Aimie ([00:29:43](#)):

Yeah.

Dr. Holtorf ([00:29:43](#)):

Yeah.

Dr. Aimie ([00:29:44](#)):

Right. [Laughing]

Dr. Holtorf ([00:29:44](#)):

I see that in myself and it's the same, my mom was not happy unless she was worried about something, you know?

Dr. Aimie ([00:29:51](#)):

Right. Yeah, we don't think of this being stress and trauma, but that's what it is. It's stress and overwhelm that is patterned into our nervous system and so we recreate that constantly in our life without even realizing it.

Dr. Holtorf ([00:30:06](#)):

Wow. That's fascinating stuff. So, yeah, how do you address this? Do peptides help? What other things do you do when you've recognized this pattern? Do you look at their immune system? Do you—what type of things do you do to evaluate, treat?

Dr. Aimie ([00:30:27](#)):

Yeah. So, as simple as it is, it's a big integrative—

Dr. Holtorf ([00:30:35](#)):

You've made it sound very simple.

Dr. Aimie ([00:30:36](#)):

[Laughing]

Dr. Holtorf ([00:30:36](#)):

You've broken it down, but it's—yeah. I mean, it's so complex, but you—it's awesome how you can make it be very understandable.

Dr. Aimie ([00:30:45](#)):

Yeah, and what we're doing is literally just rewiring the nervous system. So if you keep that in mind, that is our end goal. So everything that will help us rewire the nervous system, help it to feel a sense of safety, security, what I call a calm aliveness. When we go into the overwhelm, oftentimes we get to a place where it's like, life has been so much, we don't want to really be alive. There's a part of us that just wants to go lay in our bed, pull a blanket over our head—[Laughing]—not get up in the morning. "I'm done, I'm done." Right? So it's this aliveness, it's this calm aliveness that we want to be living from. So we just need to rewire the nervous system for that. And—

Dr. Holtorf ([00:31:37](#)):

Like you say, "just".

Dr. Aimie ([00:31:40](#)):

Exactly. Yeah. Yeah.

Dr. Holtorf ([00:31:41](#)):

"Just rewire it!" Okay. [Laughing]

Dr. Aimie ([00:31:41](#)):

Everything that I'm going to talk about is for optimizing the nervous system to rewire it. So yes, there's a lot of different pieces that I'm going to talk about, but the big picture is it all comes together to help rewire the nervous system from these patterns, these insecurities, stress, and overwhelm. So one of the big things that I like to start with is, "Hey, let's talk about the therapies." Because when we're talking about stress and overwhelm and insecurities, people naturally just think, "Oh, I need to go see a therapist for that." So let's talk about therapies and let's just get that out there. There are many therapies that do not work for this type of thing. The reason is because this has become our survival system. When we talk about something, it's really only in our frontal cortex, it's not reaching the brain stem, the limbic system, the autonomic nervous system where our body turns on these survival responses. Once our body turns on a survival response, it overrides, overrules, any thought, any logic. It's going to survive, which is the beauty of our body, right? Like it knows how to survive.

Dr. Holtorf ([00:33:03](#)):

[Inaudible] Get the hell outta here, or freeze, or—yeah.

Dr. Aimie ([00:33:06](#)):

Yes! Exactly. So, what we really have to do is work directly with the nervous system and with these survival systems. So talk therapy is number one on the therapies that don't even bother because it's not going to work. What therapies work? So there are specific body-based, neurological-based therapies that are very effective. Somatic experiencing is one category of them that has been extremely useful in my life and now I use it with all of my patients and I've got a course that will teach people the basics for that. So, somatic experiencing is a trauma therapy where we're working directly with the nervous system and letting it process and resolve stored stress, stored patterns. Now, what can happen is that even if a person goes to these types of body-based therapies—

Dr. Holtorf ([00:34:06](#)):

Can you describe that therapy? What that entails a little more.

Dr. Aimie ([00:34:09](#)):

Sure. For people who want more information, Dr. Peter Levine is the one who founded this form of therapy. So it's a two year training program that I completed and now I'm in my advanced training. I'm working with Dr. Aline LaPierre for NeuroAffective Touch now. So there's just so much depth and richness here for what you can actually learn to do with the body. But what it is is that you are—you're not going into the story. So there's not as much talking. You're experiencing, actually, what's happening in your body and letting your body complete the survival cycle of whatever you're working on in the moment. So for example, people who've been over in the military and in a place where they have seen somebody get killed, right? Like that is a trauma, that is a shock to the body and that gets stored in their body unless we process it. So how we would address that in somatic experiencing is that we would have them just think of that time. They don't need to tell us about it. They don't need to tell any of the details about it, in fact. Immediately you see them start to sweat, they start to breathe faster, their feet start to move because they're getting restless. Just by thinking about that situation their body goes back into that moment and the emotional state and the survival state.

Dr. Holtorf ([00:35:43](#)):

Well, let me think. I'm thinking of my ex-wife. No—

Dr. Aimie ([00:35:48](#)):

[Laughing] Right? I mean, there's so many different things, but we start with something concrete and then we see what the body does. Usually what the body does is it starts to bring in everything from the past that's also correlated and part of that. That's where a lot of the childhood stuff can come into the middle of therapy because we thought we were working with when your dog died.

Now all of a sudden we're working with when you felt abandoned by your mom or something that's—somehow your body equated to a past experience.

Dr. Holtorf ([00:36:25](#)):

It's not something like you have to figure it out.

Dr. Aimie ([00:36:29](#)):

Nope.

Dr. Holtorf ([00:36:29](#)):

They already know—or they may not even know—but they go to that place.

Dr. Aimie ([00:36:32](#)):

Yes, and that's really the cool thing about this is that you don't even have to have memory of what we're working with.

Dr. Holtorf ([00:36:40](#)):

[Inaudible] therapy, yeah.

Dr. Aimie ([00:36:40](#)):

Yes. Like we are just seeing what's in your nervous system, what's in your body that needs to be resolved and letting it resolve and complete the survival cycle. So, that's somatic experiencing in a little nutshell.

Dr. Holtorf ([00:36:55](#)):

So now they're in that. What do you do?

Dr. Aimie ([00:36:59](#)):

Yeah. So what we do is that the body has a natural response, a cycle of survival. That cycle is that we get activated, we see a threat, "Oh my goodness. A car is coming towards me. It may hit me. It hasn't hit me yet, but it's a threat." So we go into the sympathetic high alert and that's where there's the anxiety, there's the heart beating fast. Again, thought is really out of it. Our body goes into, "What do I need to do to avoid this crash?" It's not until afterwards that we think about like, "Why did I do that? Did I put my foot on the brake? I don't remember." [Laughing] Right? Because the body literally takes over. What will happen though, is that if we—say we do get hit,

then our body goes into this like almost shock of, "I was not able to escape. All of my attempts to turn the car, to stop the car, it was futile. I'm gonna get hit and the best thing for me to do is just to kind of go numb in order to not feel the pain of this." That right there is the same line of going from stress to overwhelm where our body says that, "The best way for me to survive this is just to numb the pain and not care as much, not feel as much." Whether that's physical pain or emotional pain, it's the same response. So, again, I'm using the example of a car accident, but this is the same thing as like a relationship.

Dr. Holtorf ([00:38:43](#)):

Push it down, don't think about it. Yeah.

Dr. Aimie ([00:38:44](#)):

Exactly. Yep. Yep. I'm numbing—

Dr. Holtorf ([00:38:46](#)):

[Inaudible] so I can keep going.

Dr. Aimie ([00:38:46](#)):

Yeah. We have all of these chemicals in our body. We have natural endorphins that get released in that moment so that it numbs pain. It numbs emotional pain. We kind of become flatline, right? Where we really don't care. It's not that we don't care, it's just that our body has decided that that's the best way to survive this situation. So that is the second thing that happens in this survival cycle. What happens is that once we go into that, it's almost like a timer. So when an animal goes into the freeze mode, you think of a possum, or you think of a chicken that's been overwhelmed. It goes into freeze mode and it actually just like kind of falls down. It's not dead, but it looks dead because it's not moving, but it's on a biological clock, meaning it will come out of the freeze. That is the same thing for our bodies. It is on a biological clock. It will come out of that freeze and go right back into the same, either anxiety, fear, or anger that put it into the freeze. So it goes from the freeze right back into the sympathetic.

Dr. Holtorf ([00:40:02](#)):

No period of, "I'm good." It just basically goes—[Inaudible]?

Dr. Aimie ([00:40:07](#)):

Well, there's this phase of waking up, right? So for people who—some people live chronically in the freeze state, that was me for a couple of decades of my life. I was chronically in the freeze state. Then I'd come back out, go into high anxiety, I'd get overwhelmed, and I'd kind of go back

into the freeze state. So there's this period of our body waking up. So we can feel like we're coming out of a fog, we're coming out of a daze. This is where we start to feel more. We feel more of the depression. We feel more of the anger. We feel more of the anxiety that has just kind of been numbed and flat-lined during the freeze response. So this is where the body then comes out of the freeze and in a normal survival cycle to complete that we then would orient. So we would look around us and this is what you see animals do in the animal kingdom, right? They look around and they see, "Am I still in danger?" If they are, then you will see a deer or an impala start and run away again. [Laughing] Right? Because they've assessed, they're in danger. But this process of coming out of the freeze, coming out of overwhelm and orienting, grounding would be another word for it, of coming back into your full senses. "Am I safe? Or am I not?" Obviously to complete the cycle, we need the body to feel and know that it is safe. If it—

Dr. Holtorf ([00:41:41](#)):

Is there a timeframe where the cycle is in general? Or can it be totally variable?

Dr. Aimie ([00:41:49](#)):

Yeah. This is a really great question and it—I'm going to tell you that it depends on their baseline state of health, because if they have done work on themselves where they can come back out of this and feel like they are safe now, and they are in good health, meaning they don't have a lot of inflammation in their body, any medical issues are well controlled, 3 days. 3 days has been the timeframe that people kind of just are in a state of a little brain fog, in a daze, still in shock after a single thing has overwhelmed them. What most people do is that they are in the freeze and when they come out of it, they still feel like they are in danger. They don't have that sense of safety, of security. So rather than coming back into a place of good health, they go right back into stress and sympathetic state and then, just like me, they're going back and forth between stress and overwhelm, stress and overwhelm. "I'm going to do it all and I've got a deadline and I'm going to get it all done and I'm frantic!" It's a very high energy state and then, "I'm going to collapse and I'm going to be exhausted and I'm going to be irritable and I'm going to push people away." Right? And go back and forth between the two of them.

Dr. Holtorf ([00:43:13](#)):

Wow. Yeah, you start thinking about yourself. I'm like, "Hmm." [Laughing] Yeah. [Inaudible]

Dr. Aimie ([00:43:19](#)):

Yeah. I mean, we all have these patterns to a degree.

Dr. Holtorf ([00:43:21](#)):

Yeah. I think that's totally true. So you look at those patterns—

Dr. Aimie ([00:43:28](#)):

Yes.

Dr. Holtorf ([00:43:28](#)):

So like kind of what's going on and what do you do about it?

Dr. Aimie ([00:43:33](#)):

Right. This is where we bring in a lot of the other medical side of things. This is kind of where I decided that I really needed to help and share this information because many people are doing this type of therapy and still getting stuck in their healing process. It's because they still have ongoing inflammation in their body. They have food sensitivities that are continuing to cause a constant level of leaky gut and leaky brain. They may have had head concussions or other things in their past history that lead to primed microglia and brain inflammation. So they've got all this inflammation directly affecting their nerves and their survival system. When we have that amount of inflammation—again, going back to this idea of stress, that is an internal stress and our nervous system is telling us, "I don't feel safe. There is danger! Look at all this inflammation." So it's gonna get stuck in the healing process because until we can bring down the internal stress and create an environment for our nervous system for it to physiologically, biologically feel, know that it is safe, then that's when we're really going to experience major shifts in changing and rewiring.

Dr. Holtorf ([00:44:57](#)):

Yeah. How do you get out of that? I don't know, I'm just thinking like, ask a neurologist, "How do you calm down activated microglia?" [Laughing]

Dr. Aimie ([00:45:04](#)):

Right.

Dr. Holtorf ([00:45:04](#)):

I don't think any of them could tell ya!

Dr. Aimie ([00:45:09](#)):

Yeah. [Laughing] This is where I bring in Dr. Kharrazian and his work, his trainings have been huge for my life and the ones that I work with because I do—part of my history, part of living in the fatigue—well, not the fatigue as much, but just the freeze and overwhelm has been, I've had more

injuries, more sports injuries. I've had a car accident, bad car accident where I had a head concussion and broke a bone because I was living in this kind of dazed and I wasn't fully present. I was always thinking of a million different things. My mind was somewhere else.

Dr. Holtorf ([00:45:44](#)):

I was gonna ask, is part of it also [inaudible] never lived in the present, it's in the past and in the future?

Dr. Aimie ([00:45:53](#)):

Exactly.

Dr. Holtorf ([00:45:53](#)):

Never in the present, yeah.

Dr. Aimie ([00:45:53](#)):

This is exactly what we're talking about.

Dr. Holtorf ([00:45:56](#)):

I think it also seems—and that's part of like addicts.

Dr. Aimie ([00:46:01](#)):

Yes, yes.

Dr. Holtorf ([00:46:01](#)):

So this whole cycle, I imagine a dramatic increase. People who are addicted have this cycle, you know?

Dr. Aimie ([00:46:11](#)):

Yes. Absolutely. Yes. This is where the nervous system and this regulation is the root cause of all addictions, because it's these patterns that set them up for even responding to substances or behaviors in a way that really helps them feel better. And yet—

Dr. Holtorf ([00:46:32](#)):

But no one addresses that, do they? They just put them through behavioral stuff and they're just dying the whole time.

Dr. Aimie ([00:46:39](#)):

Yes. They're dying the whole time. Yep. Yep. Yeah, the type of work that I do is addressing the root cause of addictions as well as stress and overwhelm, because it's the same process that's happening.

Dr. Holtorf ([00:46:53](#)):

Yeah.

Dr. Aimie ([00:46:53](#)):

Then you've taken away the need for the addiction, right? You're not trying to manage it. You're not trying to cope with it. You've taken away the need because you feel good already. You don't need—you don't feel the need to use something to feel better. You already feel better.

Dr. Holtorf ([00:47:09](#)):

Yeah. It's that whole, I don't want to bash but—"One day at a time." Like, miserable. It's just a matter of time, you know? That you're—

Dr. Aimie ([00:47:19](#)):

Exactly. Exactly. Yep. The statistics all show that, right?

Dr. Holtorf ([00:47:23](#)):

Yeah. Wow. Wow. So how do peptides play a part here?

Dr. Aimie ([00:47:28](#)):

Yeah, absolutely. So when we talk about these patterns and how it affects the body, and then when I'm working with someone who's wanting to shift these patterns, I need to be addressing the chronic effects that this has had on their body. And, like I said, creating the environment surrounding the nerves and each neuron cell with all of the support, the nutrients that it needs to feel safe and improve neuroplasticity. Neuroplasticity is that word for making the nervous system more flexible, more able to change. When we're needing to rewire the nervous system, that's what we need to do. So peptides have been a huge part of what I do. Obviously the first thing that I start with are the basic functional medicine principles, right? We need to be addressing the gut. We need to be addressing primed microglia. So all of that, but then when we can bring in

peptides to help with that process, it's just that much more powerful and enables us to accelerate the healing journey in the therapy process. So one of the peptides that I have used consistently for working with these people is the BPC-157. I know that many people use that as an injection, which I have done that as well, but when it comes to the trauma work, there is so much inflammation that happens in the gut and the science behind that is because of the vagus nerve, and the overwhelm, and the freeze is all the vagus nerve shutting the gut down. So there's so much inflammation that can happen. This is why there is more food sensitivities that happen in people who are stressed and overwhelmed. So I use the oral BPC-157 in order to really restore the health of the gut, the gut lining, and be able to reverse that inflammation and that damage faster. Because, again, when there's inflammation in the gut, it's going to be telling the vagus nerve, "Hey, we are still in survival mode here. We're not safe yet." So BPC-157, the oral capsules—

Dr. Holtorf ([00:49:46](#)):

There's actually—studies show that—people think of oral as for gut, and it does affect the brain and the gut brain axis, but for systemic inflammation and systemic issues, brain, even joints, that oral is equal potent to the amount of injectable.

Dr. Aimie ([00:50:05](#)):

Exactly. Yep.

Dr. Holtorf ([00:50:07](#)):

For systemic issues. So it's not just for the gut, although it does help that, but it works systemically. We give samples out to people, whatever, they go, "My knees! Oh my gosh." From the first one. Yeah.

Dr. Aimie ([00:50:19](#)):

Yeah.

Dr. Holtorf ([00:50:19](#)):

But I think people are kind of stuck. It makes sense, you think gut is gut, and systemic injections are better. Although I find sometimes people think they feel better with injections, sometimes they feel better with—yeah.

Dr. Aimie ([00:50:31](#)):

Right. Yup. Yup. But addressing the gut inflammation is crucial for this work. Then along those lines, the other peptides that really help with not only inflammation, but especially neuroinflammation are going to be really helpful. So for that, the Thymosin beta-4 has been

another useful tool for me. This is one that actually works on the neurons and restores them to health after like a brain injury. So it really is able to help a neuron get back to health after it's had a shock. Usually that's been in the form of a physical shock, but even I have found that when there is an emotional shock, when we're dealing with inflammation in a neuron that Thymosin beta-4 can help the inflammation in general, but—because it is a potent anti-inflammatory peptide—but then specifically helping again to create that environment around a neuron and bringing it back to health after it's had an insult. So along those lines—

Dr. Holtorf ([00:51:38](#)):

And just a little comment on that. Yeah. TB4 has some good studies on microglia activation.

Dr. Aimie ([00:51:45](#)):

Yep.

Dr. Holtorf ([00:51:45](#)):

Basically suppressing those and kind of that brain on fire.

Dr. Aimie ([00:51:49](#)):

Right.

Dr. Holtorf ([00:51:49](#)):

Especially with so many conditions, even depression, traumatic brain, Lyme, it's huge.

Dr. Aimie ([00:51:55](#)):

Yes.

Dr. Holtorf ([00:51:55](#)):

We're finding also, we're starting to use more KPV, I don't know if you've used that yet? But it's a melanocortin. So we use it with Melanotan, but the problem is you get tanning, which could be good, but if you're older, you get dark spots and all that. Then KPV is even more potent than the alpha Melanocyte-stimulating hormone, but great for mast cell activation, microglia. So we're really liking that one. Yeah.

Dr. Aimie ([00:52:23](#)):

Yes. Yeah. That was actually going to be the next one that I brought up was the KPV or the Melanotan.

Dr. Holtorf ([00:52:30](#)):

[Laughing] Oh, sorry!

Dr. Aimie ([00:52:30](#)):

I have worked more with the Melanotan II than the Melanotan-1, and what I have found really helpful with that again is just the neuroprotective and anti-inflammatory benefits. The other thing that I do like with the Melanotan II over Melanotan-1 is more of its metabolic support as well, because for many people who experience the overwhelm energy is a big problem. So when I can help their mitochondria, when I can improve their energy, they feel like they have more resources and I've increased their capacity to handle stress. I've moved that line of stress to overwhelm by improving their mitochondria, improving their metabolism, and giving them a little bit more extra energy. So along that, I'll just mention some other things I definitely use, NAD and a lot of the other—all the supportive ways that I can optimize NAD and its integration into mitochondria because that's huge for neuron health and for energy. So, those aren't peptides, but I'm definitely using those along with the peptides.

Dr. Holtorf ([00:53:40](#)):

I think we want to talk about everything and it's like—I don't know if you use 5-Amino-1MQ, which— it's actually not a peptide, but it increases the NAD inside the cell, or MOTSc, I don't know if you use that.

Dr. Aimie ([00:53:55](#)):

Yep, I use the MOTSc.

Dr. Holtorf ([00:53:59](#)):

You find also people lose weight because it's basically stimulating the mitochondria, the energy. But you look at all these neurodegenerative diseases, they're all low mitochondria and longevity.

Dr. Aimie ([00:54:11](#)):

Yep.

Dr. Holtorf ([00:54:11](#)):

If you fix the mitochondria, you're making people younger.

Dr. Aimie ([00:54:15](#)):

Exactly.

Dr. Holtorf ([00:54:15](#)):

Cells that don't have enough energy, basically they even don't have energy to die, so you have all these old dysfunctional cells that are **[inaudible]** those turn into cancer, all those things. So yeah, dysfunctional cells with not enough energy, even you get low thyroid!

Dr. Aimie ([00:54:34](#)):

Exactly.

Dr. Holtorf ([00:54:34](#)):

The cells can't bring thyroid into the cell, which makes less energy. So I think it's a vicious cycle. Yeah.

Dr. Aimie ([00:54:41](#)):

Yeah. Then for those who have dipped over into chronic fatigue, which is a very, very strong association with overwhelm and freeze response, or if they've got Lyme, or any of the chronic viral type of stuff, then I'm pulling out the Thymosin alpha-1 for them. Again, more just to reduce the amount of internal stress that the nervous system will be exposed to because more of that internal stress and inflammation is going to keep the nervous system in survival mode.

Dr. Holtorf ([00:55:16](#)):

Yeah. It also—yeah, I think goes along with mental health, and stress, and physical health.

Dr. Aimie ([00:55:25](#)):

Exactly.

Dr. Holtorf ([00:55:25](#)):

I mean, it's so connected.

Dr. Aimie ([00:55:28](#)):

It is, it's all connected. So the more that I can improve their physical health, obviously their body is going to be in a better place. But, again, like my big picture is always what can I do to optimize

the nervous system to have it rewire faster? So the other peptide that, for me, has been really helpful for that is actually Dihexa because what I'm using the Dihexa cream for, and I usually have them put it on their neck, is that it is even more potent than the brain derived neurotrophic factor. So when I'm looking at enhancing the neuroplasticity of the nervous system for this type of work with the nervous system, then yeah, I'm pulling out something like Dihexa that's usually used for more of an Alzheimer's, neurodegenerative, Parkinson's, but I'm needing to maximize optimize the health of nervous system. So I'm pulling it out in order to specifically get those effects that are even more potent than the brain derived neurotrophic factor.

Dr. Holtorf ([00:56:32](#)):

Yeah. It's in a lot of clinical trials for Alzheimer's and—

Dr. Aimie ([00:56:37](#)):

Yes.

Dr. Holtorf ([00:56:37](#)):

People, it gets kind of stuck in a little segment.

Dr. Aimie ([00:56:40](#)):

Right.

Dr. Holtorf ([00:56:40](#)):

But yeah, so it's an angiotensin for—altered, so for better absorption, but yeah.

Dr. Aimie ([00:56:52](#)):

Yeah. Great at crossing the blood-brain barrier, it's—in so many ways I love it.

Dr. Holtorf ([00:56:56](#)):

Yeah. There's a lot of these in clinical trials and hopefully the FDA doesn't take all these peptides and also hormones and thyroid away, you know?

Dr. Aimie ([00:57:05](#)):

Right.

Dr. Holtorf ([00:57:05](#)):

It's crazy. The people are gonna suffer, but again, that's a whole other thing, but yeah.

Dr. Aimie ([00:57:15](#)):

Yeah. The other thing that I love about the Dihexa is that it actually increases the branching and the growth of new neurons that their dendrite, tentacles, if you want to call it that.

Dr. Holtorf ([00:57:28](#)):

Yeah, more connections.

Dr. Aimie ([00:57:29](#)):

Exactly. So as I am working in trying to create new pathways in a person's nervous system that will, yes, show up in how they think differently. But, again, for me it's not as much the thoughts, it's the actual nervous system. When I can shift that the thoughts will come with it. So when I can find and use a peptide like Dihexa, that actually helps me help their nervous system create more and different pathways, yes, that is absolutely one of the ones that I'm going to be using.

Dr. Holtorf ([00:58:02](#)):

Yeah, and it's—actually you look at the amount of connections, it correlates with intelligence. So you can argue you're making the people smarter, you know? [Laughing]

Dr. Aimie ([00:58:10](#)):

Exactly.

Dr. Holtorf ([00:58:11](#)):

Especially with the 5-Amino 1MQ, we've had some interesting results. What I didn't expect was some people with like OCD, bipolar, within days, like gone.

Dr. Aimie ([00:58:24](#)):

Yes. Yeah.

Dr. Holtorf ([00:58:26](#)):

Then we found if you push it a little too hard, it kinda stops working. Then if you add something like PQQ or MitoQ to basically bring that oxidation back inside the mitochondria, it starts working again.

Dr. Aimie ([00:58:44](#)):

Yeah. I'm definitely using the PQQ Ubiquinol, higher doses of that than normal. I'm also working with actual toxins and detoxification because as we do different forms of trauma therapy actually toxins are released from the tissues into the bloodstream. We need to bind those and pull those out. It doesn't happen at all the points in the trauma therapy, but at certain points, there are big shifts that happen. With those shifts, there are toxins that get released. So we need to be able to bind those. Then, yeah, so it's just this whole combined approach that I get to use in order to—it's not just trauma therapy and it's not just functional medicine, it's not just this cutting edge peptides and whatnot. It's all of it combined that we get to use in order to really make some big shifts happen.

Dr. Holtorf ([00:59:34](#)):

Yeah. The cells, in order to discharge, mercury, whatever, inside the cell, they need energy.

Dr. Aimie ([00:59:39](#)):

Exactly, they do. [Laughing]

Dr. Holtorf ([00:59:39](#)):

If they don't get enough they get rid of it and it poisons the mitochondria. So again, a vicious cycle.

Dr. Aimie ([00:59:45](#)):

Exactly, right.

Dr. Holtorf ([00:59:45](#)):

Like you're saying, if you get the energy, now if the mercury comes out you can better bind to it, or it's just going to go back in. Yeah.

Dr. Aimie ([00:59:53](#)):

Yeah. Yeah. So, I mean, this is my work now. This is my approach, you know? Yeah. I work with some—what people would consider a hard topic, a hard work, you know? Trauma and attachment and stress and overwhelm. Yet, I get really excited because I know that—

Dr. Holtorf ([01:00:15](#)):

You can see the look on your face! You're smiling where most doctors are like, "Oh no!"

Dr. Aimie ([01:00:19](#)):

Right.

Dr. Holtorf ([01:00:19](#)):

They're running for the hills.

Dr. Aimie ([01:00:23](#)):

Yeah. There is so much that we can do, and in a relatively short amount of time, when we're able to combine the body-based trauma therapies, the functional medicine approaches, and then this cutting edge biohacking, all of that. You combine those three. I mean, this is powerful stuff.

Dr. Holtorf ([01:00:41](#)):

I love your passion. I'm just looking at your body language and your smile, how—you know? And that's a big statement. "Hey, in not that very little time we can get it..." And the confidence, because you talk to—I don't want to pay a therapist. You're going to put all of the therapists out of business. But it's neat. It's neat stuff.

Dr. Aimie ([01:01:03](#)):

It is. It's really cool.

Dr. Holtorf ([01:01:05](#)):

I think it's kind of the same stuff in a little different manner that I've found out through myself and patients that—"It's the economy, stupid", "It's the nervous system, stupid", you know? It's incredible the power of how that is the marker for health.

Dr. Aimie ([01:01:27](#)):

Yes, it is.

Dr. Holtorf ([01:01:27](#)):

With so many things, whether it be depression, Alzheimer's, cardiovascular disease, all those things.

Dr. Aimie ([01:01:37](#)):

All those.

Dr. Holtorf ([01:01:37](#)):

I love it. Where are you located by the way?

Dr. Aimie ([01:01:41](#)):

I am located in Southern California at the moment. So Temecula area.

Dr. Holtorf ([01:01:47](#)):

You're in my State!

Dr. Aimie ([01:01:47](#)):

There you go.

Dr. Holtorf ([01:01:48](#)):

Yeah. Whatever with **[inaudible]** Republic of California. Whatever. But, awesome. So in addition to peptides, what other therapies do you use? So you mentioned a lot of them, anything else you didn't mention?

Dr. Aimie ([01:02:03](#)):

I mean, there's a lot that I do that comes under functional medicine approaches. So along with that I'm also looking at methylation. I'm looking at biochemical imbalances, I'm looking at functional deficiencies of key nutrients, especially things like zinc and B6 are key nutrients for the nervous system. If those are functionally low, then the nervous system is going to be more reactive. Magnesium is a huge one. For most people who are in chronic stress and overwhelm, all of them are very low in magnesium. I'm looking at their detox system, their glutathione. What are their glutathione levels? What are their vitamin C levels? So when I say functional medicine approach, like it really is a wide range of things that come under that, but it really is all affecting the nervous system like we said, right? Like you can't separate this system from that system, the mind from the body, it's all one system. So approaching all of that, this has been the key for me. Like the body-based trauma therapies, all of the functional medicine approaches and then biohacking and these cutting edge approaches with NAD and peptides and some of the IV fluids that I'm doing. I will do some even microdosing of ketamine for people. I tend not to do the IVs as much. I do more of the microdosing sublingual for these trauma therapies. But again, like if I were to just do microdosing ketamine and the somatic based trauma therapies, it wouldn't work. Like it wouldn't be as powerful as when we combine everything and we've got the mitochondria just like so efficient, right? Like running on the most clean fuel efficiency ever and making all the

energy in the ATP and we've got the toxins cleared. Like the ketamine by itself is not going to be enough. The trauma therapy by itself is not enough.

Dr. Holtorf ([01:04:04](#)):

[Inaudible] There's all these ketamine clinics and that's what they do but—

Dr. Aimie ([01:04:07](#)):

Exactly. They don't have the foundation built up to really support the body's integration of ketamine.

Dr. Holtorf ([01:04:13](#)):

Yeah. It's part of that whole thing.

Dr. Aimie ([01:04:14](#)):

Exactly.

Dr. Holtorf ([01:04:14](#)):

I love [inaudible] ozone, ketamine, NAD, peptides—[Inaudible].

Dr. Aimie ([01:04:19](#)):

Exactly. Exactly. So, yeah, I've built this neurooptimization program where I'm like, "No, if you really want the best results, this is the approach. This is everything that we're doing. This is how we're stacking it. This is our schedule that we're following." Because otherwise if we're not very intentional and strategic, it's more just disorganized and you're throwing everything at it and some things are sticking, some things are not, and you're wasting time, you're wasting money.

Dr. Holtorf ([01:04:46](#)):

Yeah.

Dr. Aimie ([01:04:46](#)):

So it's like, no, we can be very intentional and strategic in what we do, when we do, and how we do it to get some amazing results in a relatively short amount of time.

Dr. Holtorf ([01:04:56](#)):

Yeah. I love how you say that. I think it kind of goes against the way medicine is really going.

Dr. Aimie ([01:05:04](#)):

Very much so.

Dr. Holtorf ([01:05:05](#)):

Compartmentalization, and that's the problem. You can say to people, "I tried that, I tried that, I tried that, I tried that." Yeah, if you did each one separately it doesn't work.

Dr. Aimie ([01:05:17](#)):

Exactly, right.

Dr. Holtorf ([01:05:17](#)):

All of a sudden you do it together, which goes to the art. But also you gotta be a doctor, right? You gotta know all these things.

Dr. Aimie ([01:05:25](#)):

Right, yeah. You gotta do it all together and in the right order and with the right dosages. Yep.

Dr. Holtorf ([01:05:32](#)):

Yeah. It's complex. I was just worried you made it sound so simple. [Laughing] There's a lot going on.

Dr. Aimie ([01:05:40](#)):

There's a lot going on. I mean, the simple thing is, "Hey, we just rewire your nervous system."

Dr. Holtorf ([01:05:46](#)):

Yeah.

Dr. Aimie ([01:05:50](#)):

But to rewire that—

Dr. Holtorf ([01:05:50](#)):

I love that, when you say that, I'm like, "Woah!" Yeah, there is certain things that are much bigger bang for your buck.

Dr. Aimie ([01:05:54](#)):

Exactly. Yep. Yep. There's a way that we can optimize your nervous system in order to have it rewire faster than if we weren't doing all of these things.

Dr. Holtorf ([01:06:04](#)):

Yeah. And just—do you find Exosomes or decellularized cell proteins—? However—the new terminology.

Dr. Aimie ([01:06:18](#)):

Yeah, yeah, yeah.

Dr. Holtorf ([01:06:18](#)):

That you have to say now. And cell signaling cells or STEM cells, you find those helpful too?

Dr. Aimie ([01:06:24](#)):

Towards the later stages, yes. Not in the initial phases. Their body just does not have the amount of health and flexibility to use that well. So that's what I'm bringing in towards the end where we're in a great state of health and now we're really going for optimization.

Dr. Holtorf ([01:06:43](#)):

Yeah. Because I think if they have too much inflammation, it just—

Dr. Aimie ([01:06:45](#)):

Exactly. Exactly. Yep. As long as we're still in the middle of the somatic, the body-based trauma therapies, there's going to be more stuff coming up. There's going to be pockets of inflammation that I like to say, pockets of inflammation that get released and discharged. So that's not the right time for Exosomes and STEM cells. It's not—not yet! Not yet.

Dr. Holtorf ([01:07:06](#)):

Yeah. Yeah, awesome. Yeah, no, I agree. We do a whole thing beforehand and just find that they tend to work so much better. But again, another tool.

Dr. Aimie ([01:07:14](#)):

Exactly.

Dr. Holtorf ([01:07:16](#)):

Wow. I love everything you say. It's been—I'm like, "I didn't know this person down the road has been kind of thinking the same way I am", you know?

Dr. Aimie ([01:07:26](#)):

Yep.

Dr. Holtorf ([01:07:26](#)):

Kind of learning, separately, we kind of figure it out. Very similar things. I think that's awesome. It's just really neat to see these patients that oftentimes aren't—you may find—they're very reluctant to get treatment to start out with.

Dr. Aimie ([01:07:42](#)):

Very, yepp.

Dr. Holtorf ([01:07:42](#)):

It's like, I've offered veterans with post traumatic stress, "Come in, I'll feed you for free!" You know? And they don't come in. It's like they're not ready, or yeah.

Dr. Aimie ([01:07:50](#)):

Right. Well, part of their core beliefs from these patterns of, "I'm not worth it." They're in their freeze and they've given up, they don't care. So they don't have the energy to put towards something that's not just basic survival.

Dr. Holtorf ([01:08:09](#)):

I'm like, "Why wouldn't you come in?"

Dr. Aimie ([01:08:11](#)):

Right.

Dr. Holtorf ([01:08:11](#)):

But, yeah.

Dr. Aimie ([01:08:12](#)):

They're in their freeze, they're in their freeze still.

Dr. Holtorf ([01:08:16](#)):

You have this intuitive thinking and I think it's done you very well and you're able to put all these things together and kind of understand, "Hey, this makes sense to go with this." I'm telling you, you're just doing great work for some of the patients and changing lives.

Dr. Aimie ([01:08:36](#)):

Well, that's the hope, right? That's my mission is be able to save people the time from learning from my lessons so that they don't have to go through what I went through. They can have a much faster course and journey to healing.

Dr. Holtorf ([01:08:53](#)):

That's awesome. That's awesome. I love this and I think you're just doing great stuff here. Talk about it ahead of the curve.

Dr. Aimie ([01:09:03](#)):

Thank you.

Dr. Holtorf ([01:09:03](#)):

So, that's awesome. Pleasure to have you on and thank you for taking the time out to explain this very complex conditions to make it actually understandable. I think that's great. You have a gift, so keep doing what you're doing and thank you.

Dr. Aimie ([01:09:27](#)):

Thank you.

Dr. Holtorf ([01:09:28](#)):

Great. All right. Bye-bye.