

Combating the Effects of Stress & Intense Physical Activity: How Peptides Can Help Keep Your Body in Peak Condition

Dr. Kent Holtorf interviewing
Dr. Jean-Francois Tremblay



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

Hi, this is Dr. Kent Holtorf with another episode of the Peptide summit. Today we'll be interviewing Jean-Francois Tremblay—I'm sure I butchered that. He's going to talk about peptide bioregulators and upcoming therapy. His undergraduate study is in biochemistry, and also mechanical engineering and kinesiology. He then pursued his graduate studies in pharmacy to finally complete his masters in pharmacology. His interest in peptides and their application started over 20 years ago. He has consulted privately since then, anti-aging, sports performance, and general health. 5 years ago he started his own company specializing the synthesis of peptides. He is a wonderful character and makes everyone smile. So I welcome you, Jean-Francois.

Dr. Jean-Francois Tremblay ([01:01](#)):

Thank you. [Laughing]

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

Thank you for being on.

Dr. Jean-Francois Tremblay ([01:02](#)):

Hey, thanks to you for having me.

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

Yeah. So, we'll talk a little about bioregulators. What the heck are peptide bioregulators?

Dr. Jean-Francois Tremblay ([01:12](#)):

Well, basically the first ever peptides that were discovered and that a lot of people—like Epitalon is one of them. So to start off with, they were discovered—I couldn't find any studies that are older than 30 years. But it's that Russian doctor, actually like almost 50 years ago. They came out at the

time, the cold war and all that so all of those—US, they did it. The government asked them to find something to make their soldiers better. So he was a military and a military doctor. So he started to search and he came about peptides, the first one being Epithalon, then Thymalin, and then he realized there is a bunch of them. So that's basically, I started back there. I'm not sure if the Russians were very happy with—

Dr. Kent Holtorf ([02:23](#)):

Just for clarification, we'll call it Epitalon and Thymulin, just so people know.

Dr. Jean-Francois Tremblay ([02:28](#)):

Oh, we could talk about that. There is a huge difference between Thymulin and Thymalin. [Laughing] Lot of confusion on that, but I'll come back to that. So that's how they started. And he found that they had the profound effect—again with Epithalon being the first one, the first with mice, then with dogs, and monkeys, and then humans. He found an anti-aging effect, but it's mostly known for the telomere thing, you know? Lengthen the telomere.

Dr. Kent Holtorf ([03:07](#)):

[Inaudible]

Dr. Jean-Francois Tremblay ([03:07](#)):

But that actual part, it was done like 12, 15 years ago and I'm not sure they had the right ways or the accurate ways to measure telomeres. I wouldn't count on that actually at this point, but it has proven so many good effects that you cannot discard it, even if it wouldn't do nothing for telomeres. Basically, well, first that's how it started. Then again, you discover, and right now there is a list of about—he discovered more than 25, but there is a list of 25 that we know what they do and we know they have a positive effect. Because he did discover more but found that they had no physiological effect. Maybe they were byproducts of bigger peptides, we don't know. So right now—and I know that he released a couple of years ago that he found like over 50 more, but now he is in the phase of finding which ones do something. And then he could start research on those ones.

Dr. Kent Holtorf ([04:26](#)):

When you say they found these, so where are they looking for these—? [Inaudible]

Dr. Jean-Francois Tremblay ([04:31](#)):

Basically they're glandular or organ extracts. And that's one of the beauties of it. They are all very small peptides, 2, 3 or 4 amino acids. In a funny way, not only the bioregulators, the smaller peptides are the ones who have the bigger impacts on the body. I'm thinking about GHK. By the way, Khavinson, when he wrote about GHK, they didn't discover it but he said, "Well, I wish I had

discovered that one too!" He loves it. You have the TRH, the Thyrotropin-releasing hormone, 3 amino acid, and despite the name it has a very small effect on the thyroid, but—

Dr. Kent Holtorf ([05:23](#)):

Yeah, it does a lot of things.

Dr. Jean-Francois Tremblay ([05:25](#)):

A lot of things that are not related—

Dr. Kent Holtorf ([05:26](#)):

[Inaudible]

Dr. Jean-Francois Tremblay ([05:30](#)):

So, it's those smaller ones. But those ones, yeah, they're extracts from organs or systems. Actually, Epithalon, known again as anti-aging, is actually the bioregulator of the hormonal system. So you have Thymalin, that is the bioregulator of the immune system, and then [inaudible] by the same token, then there is one for the liver, one for the kidneys, one for the lungs, there are 2 or 3 for the brain and nervous system. So, basically each organ produces its own peptide that regulates that same organ. They work a bit like adaptogens, if a system is—

Dr. Kent Holtorf ([06:25](#)):

Yeah.

Dr. Jean-Francois Tremblay ([06:25](#)):

—out of whack, it's going to bring it down. If it's not working well enough, it's gonna bring it up. So that's another nice thing.

Dr. Kent Holtorf ([06:33](#)):

Yeah, we find it a lot with BPC 157 artificial compound, that if they're hypercoaguable, it brings it down, if they don't coagulate enough, it brings it up, if their blood sugar is high, it brings down, our blood pressure, and it normalizes it. So it's very interesting.

Dr. Jean-Francois Tremblay ([06:47](#)):

Yeah. Well, generally speaking, that's the beauty of peptides, that there are some—they're intelligent in their actions. Not intelligence like you cannot play chess with them, but in their actions. That brings about fears from some people, because there are peptides—I divert a bit, but I think it's important. Like BPC 157, or Thymosin beta-4 that are good to be used in, like for example, in cancer cases. But a lot of people will jump because they say, "Oh, but what about the angiogenesis?"

Dr. Kent Holtorf ([07:29](#)):

Oh, yeah. Yeah.

Dr. Jean-Francois Tremblay ([07:29](#)):

Well, that's the beauty of it. They don't push their actions, the peptide. There will be angiogenesis if needed. So if in the case of cancerous cells around it and the angiogenesis is not needed, then it won't happen. It will work for what it's needed within the realm of what it can do as a peptide.

Dr. Kent Holtorf ([07:57](#)):

Yeah, the angiogenesis, I mean, so does vitamin D, you know?

Dr. Jean-Francois Tremblay ([08:00](#)):

Yeah, and now lately they have thought, well, maybe it's there to help actually, you know?

Dr. Kent Holtorf ([08:07](#)):

Yeah, because they'll find more Thymosin beta-4 around the cancer, so they say, "Oh, it must be causing the cancer."

Dr. Jean-Francois Tremblay ([08:12](#)):

Exactly.

Dr. Kent Holtorf ([08:12](#)):

Well, it's like everytime I see a fire I see these firemen, so these guys must be starting the fire.

Dr. Jean-Francois Tremblay ([08:18](#)):

Yeah, exactly. There you go. That's a concept that was wrongly interpreted before and now people are catching up to it. So basically they're very intelligent in what they do, so that's why it's rare to have side effects from peptides. I'm not saying you cannot have effects, like autoimmune response for example, but that's not a side effect of the peptide. That's a side effect from your condition.

Dr. Kent Holtorf ([08:50](#)):

Yeah. Everyone's immune system is...

Dr. Jean-Francois Tremblay ([08:50](#)):

People that are allergic to peanuts, the allergy is not a side effect of the peanut, it's your condition that brings about those effects.

Dr. Kent Holtorf ([09:02](#)):

An immune dysfunction that—yeah.

Dr. Jean-Francois Tremblay ([09:04](#)):

Exactly. So I haven't found actual side effects from peptides. They're always brought about by the condition—well, sometimes you have to be careful, but as doctors it's the kind of compounds you can use and you don't have to worry that your client or patient will call you at 4 in the morning for an emergency.

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

When I train doctors I say, "You can't really screw it up. So don't—"

Dr. Jean-Francois Tremblay ([09:33](#)):

Exactly! And more so, BPC 157, TB4, I call them moron-proof peptides, meaning that if somebody comes to you and you don't know what's wrong, give them those 2 and something good will happen. [Laughing]

Dr. Kent Holtorf ([09:55](#)):

They are the [inaudible]. You mention a lot of the Epitalion, or however you pronounce it—

Dr. Jean-Francois Tremblay ([09:59](#)):

Yeah.

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

—the studies showing like menopausal rats, they start menstruating again and actually had babies. And we've been using them for fertility and we haven't really seen someone start menstruating again, but they're FSH and LH will come down and their AMH will—which tells ovary reserve—will actually go up. So it does seem to anti-age the [inaudible].

Dr. Jean-Francois Tremblay ([10:30](#)):

Yeah.

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

And so you're more fertile, yeah. It's interesting.

Dr. Jean-Francois Tremblay ([10:34](#)):

In that sense, I've used it a lot many years ago when I was still training people, with women who were in like physique competitions, or any kind of very demanding competitions where they had a very strict diet. Sometimes they would take things that would put their hormonal system off—

Dr. Kent Holtorf ([10:59](#)):

Oh, yeah there's [Inaudible].

Dr. Jean-Francois Tremblay ([10:59](#)):

Substances and all that. And the actual stress of training. So right after the competition, I would put them right up on Epitalon and in 3, 4, 5 days, everything was coming back to normal and they would sleep like crazy 12, 13 hours but it was a system pushing them to sleep—

Dr. Kent Holtorf ([11:25](#)):

Erase your [inaudible] too, back to [inaudible].

Dr. Jean-Francois Tremblay ([11:25](#)):

There you go. It would put them back on track very, very fast, hormonally.

Dr. Kent Holtorf ([11:32](#)):

How about Epitalon versus Pinealon, different effects?

Dr. Jean-Francois Tremblay ([11:36](#)):

Yeah, of course, Pinealon is brain peptides and it does have an effect on the nervous system. So, we started to use it—not me, I'm not a doctor, but a few practitioners I keep up with—feed them on actually serious cases of neurodegenerative diseases—

Dr. Kent Holtorf ([12:04](#)):

Those are both from the pineal gland, correct?

Dr. Jean-Francois Tremblay ([12:04](#)):

Pinealon? No, it's from the actual brain. I don't know why they call it Pinealon. I don't think it's from the pineal gland. Or it might be, I'm not sure about this one, but the effect is in the cortex of the brain and the nervous system. So in any case of neurodegenerative conditions, they have a good effect. But in therapeutic dosages, not in preventive dosages. So, basically meaning—again for Epitalon, the classic, those ages like a total of 100 milligrams twice a year. I would come back to why only twice a year, but keep in mind that's anti-aging protocol and it's basically a preventive. You prevent aging and age-related diseases. And you see the full effect when you look at the

studies by Khavinson, it's over 12, 15 years where you see all those results. So people, many times they start using them and they tell me, "I don't feel anything." Well, okay. If you start smoking today, it's gonna take maybe 10, 20, 30 years before the cancer shows up. But it is happening! [Laughing]

Dr. Kent Holtorf ([13:33](#)):

Yeah. Like my mom said that too, she used to smoke 5 packs a day. She goes, "Oh, so and so never got cancer." You know?

Dr. Jean-Francois Tremblay ([13:38](#)):

Yeah, well, not yet.

Dr. Kent Holtorf ([13:42](#)):

And the study where they gave the Epitalion with Thymosin—Thymulin, on cardiovascular patients, significant cardiovascular disease, over 65 I believe, a hundred and something patients on them for 15 years and the ones on the treatment basically their heart function got better, dramatically less cancer, dramatically less cardiovascular disease, lived longer, less morbidity, the better quality of life. It's pretty amazing.

Dr. Jean-Francois Tremblay ([14:13](#)):

Basically everything that normally goes down, goes back up and survival rate increased by 67%. They're amazing. About Thymalin and Thymulin, they actually are very two different peptides. Thymalin, with an A, it's a 2 amino acid peptide, and that's the bio regulator. Thymulin is a product of the immune system, the same as Thymosin $\alpha 1$.

Dr. Kent Holtorf ([14:48](#)):

Right, right.

Dr. Jean-Francois Tremblay ([14:48](#)):

So to understand the concept, Thymulin would be to the thymus what insulin is to the pancreas. So if you have diabetes, you take insulin, it will regulate your sugar levels, but it won't do nothing for the pancreas. So the Thymulin will regulate your immune system, that's why it's a very good peptide, but it won't do anything to regulate your thymus as Thymalin with an A will.

Dr. Kent Holtorf ([15:27](#)):

Yeah, that's the one that's available here. Yeah.

Dr. Jean-Francois Tremblay ([15:30](#)):

Well, the problem—Thymulin actually, most of the time you'll see Thymulin sold as Thymalin. The end result is good and that's what you want, upregulation of the immune system, but the point we made on Tymulin and we found out that it's 2 amino acids—it doesn't dissolve in water. So if you buy something that's a stimulant and you can dissolve it in water—

Dr. Kent Holtorf ([16:02](#)):

Oh, really? It's water soluble, maybe that would absorb orally then, 'cause that's a big problem with peptide [inaudible].

Dr. Jean-Francois Tremblay ([16:07](#)):

Probably sublingual.

Dr. Kent Holtorf ([16:09](#)):

Yeah.

Dr. Jean-Francois Tremblay ([16:09](#)):

In that case. Usually if they're more fat, like I draw a fob, then they can be absorbed sublingual.

Dr. Kent Holtorf ([16:20](#)):

Yeah. That's the big problem, they're very polar and it hides the [inaudible].

Dr. Jean-Francois Tremblay ([16:23](#)):

Yeah.

Dr. Kent Holtorf ([16:23](#)):

So it's hard to get them to absorb and a lot of people are just putting them in nasal sprays and just assuming—or sublingual, assuming they're going to absorb, but you can't do that.

Dr. Jean-Francois Tremblay ([16:35](#)):

And again, you know, they're not that expensive, but they're not cheap. Why—just inject it, that's where you get the most bang for your buck. You get 100% of it and then—you know, diabetics, they do it like many times a day and they're fine with that.

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

Usually women are fine, men... [Laughing].

Dr. Jean-Francois Tremblay ([17:00](#)):

Suppositories would be good, but then again I'm not sure, most men wouldn't be happy about that. [Laughing]

Dr. Kent Holtorf ([17:08](#)):

Gotcha. Gotcha. What other bioregulator have you found effective?

Dr. Jean-Francois Tremblay ([17:15](#)):

Personally, I've—therapeutically okay. Epitalon, Thymalin and Thymulin in cases of cancer and of course in anti-aging protocols. Pinealon we're using a lot now. Cartalax, which is the joint and articulation peptide, is good. I wouldn't say amazing. They're good, but there is that one Russian study done by Khavinson where they had 4 groups, they gave 1 group the Cartalax, the second group they gave a cartilage supplement that you buy at the pharmacy.

Dr. Kent Holtorf ([18:12](#)):

[Inaudible] or Glucosamine?

Dr. Jean-Francois Tremblay ([18:12](#)):

Glucosamine, so they gave like the class say 1500 milligrams. Then the third group, where they gave both and a forth where they gave nothing. So they found that Cartalax and Glucosamine, which is actually a good supplement, had pretty much the same effect on joints. Pain, and they measure a lot of things, but they found that when you use them together, then you have a synergetic effect and bang, you get a bigger effect on the joints. So that one, if you want the most out of it, you take it with—

Dr. Kent Holtorf ([18:51](#)):

Different mechanisms and should—go ahead. Have you found Vesugen? I have some of that, was trying for blood vessels.

Dr. Jean-Francois Tremblay ([19:05](#)):

I haven't a lot of experience with it yet. We make it, but not—on paper it looks great, but I cannot talk out of experience on this one yet.

Dr. Kent Holtorf ([19:18](#)):

Yeah. So I tried that and the one for the kidneys. Yeah, so don't know yet. That's the thing, you don't know until you've had some blood work.

Dr. Jean-Francois Tremblay ([19:27](#)):

Usually, what I've found in general, the difference between preventive dosage and therapeutic is there is a ratio of about 1:5, 1:10. So like Epitalon, we saw good results in cancer like almost overnight, but they were taking 30 milligrams a day and nonstop. They wouldn't stop after 10 days. Same thing, you know, if it's therapeutically again, just like bump them up as much as they can afford.

Dr. Kent Holtorf ([20:05](#)):

And they tolerate it, it gets a little pricey.

Dr. Jean-Francois Tremblay ([20:08](#)):

That's the thing.

Dr. Kent Holtorf ([20:09](#)):

I've heard you mention like the Thymosin beta-4 study on how high they went and—

Dr. Jean-Francois Tremblay ([20:13](#)):

Yeah. It's one study that was done in 2010 with Thymosin beta-4, they went up 1260 milligrams. So like, let's say you work with 10 milligram vials, that's 126 vials. So of course they did it with IVs and after—and then you man. So after two weeks, basically they concluded that it was harmless with a few minor side effects in some cases, but overall—and obviously they concluded, we won't try higher because nobody will ever use that much.

Dr. Kent Holtorf ([20:56](#)):

'Cause we're using microgram doses. That's thousand times—

Dr. Jean-Francois Tremblay ([21:01](#)):

But, no—

Dr. Kent Holtorf ([21:02](#)):

Try that with anything after, try that with Tylenol, try it with water!

Dr. Jean-Francois Tremblay ([21:05](#)):

No, you can't.

Dr. Kent Holtorf ([21:09](#)):

You have to admit it.

Dr. Jean-Francois Tremblay ([21:09](#)):

[Laughing] No, so basically, except for a few like LL-37, which is antiviral, it may have serious side effects if you take too much. A few you have to be careful—

Dr. Kent Holtorf ([21:24](#)):

LL-37 we started very well, 'cause I was looking, [inaudible] myself and started LL-37 and I could not find any dosing, except for [inaudible], say, "Okay, I'll try this much." Did—oh my gosh—way, so much, it just killed the oven. So I had the biggest hurts, angry come out of my skin.

Dr. Jean-Francois Tremblay ([21:53](#)):

No, no, no. But generally, yeah, no, I don't see—again, as I expressed before, it's basically—okay, let's say you have an autoimmune condition. You may have a reaction, not to immune response, to the actual peptide. So, you know, you have to be careful with those, but those are not side effects from the peptide. They are side effects or an effect from the condition.

Dr. Kent Holtorf ([22:24](#)):

Well, yeah, it's interesting. And I really found this out in myself. We'll get people say—you know, they get a big welt when they do the injection and say, "Okay, it's allergic", but I found in myself, when I was sick and my immune system was off, I would get the biggest welts. And then as I got better, I would inject and would never not get the welt. You know? So when we see people get kind of that welt from it, it shows they have immune dysfunction.

Dr. Jean-Francois Tremblay ([22:55](#)):

Exactly.

Dr. Kent Holtorf ([22:55](#)):

We don't think it's a standard allergic reaction.

Dr. Jean-Francois Tremblay ([22:59](#)):

No, no, no. And many times if it's serious as a reaction, because I've seen a couple of times actually people have a very bad reaction—

Dr. Kent Holtorf ([23:11](#)):

Yeah, I mean you can be allergic to anything.

Dr. Jean-Francois Tremblay ([23:15](#)):

At that point you introduce Thymosin $\alpha 1$ for a few days or a week and then you can start the actual peptide therapy. If Thymosin $\alpha 1$ wasn't there. And usually you can—

Dr. Kent Holtorf ([23:30](#)):

Once you get the immune system back in balance then they don't have that. So, when I give talks on peptides and go through all these studies, the typical response from doctors are, "Why haven't I heard of these?!"

Dr. Jean-Francois Tremblay ([23:42](#)):

No, I get that. I get that a lot.

Dr. Kent Holtorf ([23:45](#)):

What's your thought on that?

Dr. Jean-Francois Tremblay ([23:47](#)):

Well, big pharmaceutical companies, they knew about that all the time. They just shut up about it. Now they're in the game of peptides. They found a way through probably very expensive lobbying, because peptides, you cannot patent them per se, 'cause you know, they're human produced. But now they went around that and if you look at the latest patents of peptides, they patent the way you make it, which is easy to go around. But they patent the application of, so it's in the title a patent for this peptide and its application. And then they will list everything they know it's good for. So what's the implication? Since it's patented, now they put it on the market. So you as a doctor, let's say you prescribe Thymosin beta-4, then you sign off your client to the pharmacy or a compounding pharmacy. I'm not sure if that will be required by you to write why you prescribe it. But most likely the pharmacist will ask, "What is it for?" Or maybe he's going to call you. So if it falls within one of those conditions, then by law it will be forced to sell to the patient the one that is made by that pharmaceutical company.

Dr. Kent Holtorf ([25:21](#)):

What I don't understand—I've seen these too. It's like they're—yeah, they're taking peptides out of all this research and then getting a patent on the application when I thought that would not be allowed because if a person in the industry would not be obvious, then they can patent it, but there's studies on it showing it does this and that, and then they get a patent on it for that. So it seems like—I'm like, "How can that be?" You know?

Dr. Jean-Francois Tremblay ([25:52](#)):

Well, that's the sickness of our pharmaceutical system. Basically it's—

Dr. Kent Holtorf ([25:58](#)):

Yeah. It's like—

Dr. Jean-Francois Tremblay ([26:00](#)):

Shouldn't be, but—

Dr. Kent Holtorf ([26:02](#)):

We've been doing it for 40 years and then they patented under for a condition.

Dr. Jean-Francois Tremblay ([26:05](#)):

There you go. And that's what they're aiming at now. That's why they got into the game. That's why you see things happening slowly. But, you know, like with Tailor Made they say, "Okay, you cannot make this one, this one, or this one anymore." And they're slowly getting into that.

Dr. Kent Holtorf ([26:25](#)):

Yeah, I worry about compounding pharmacies. They have the thing with the—we can only—where they had a list that you couldn't compound. Now they're going to list that this list can compound from, there's going to be very few things. Like they said things like, "Oh, you can't compound Quercetin because we have a drug for that."

Dr. Jean-Francois Tremblay ([26:45](#)):

Yeah, so they're going to use the same argument.

Dr. Kent Holtorf ([26:48](#)):

[Inaudible] are you kidding me? You know? Or they'll say, "It's difficult to compound." Well, difficult for whom?

Dr. Jean-Francois Tremblay ([26:55](#)):

Right? Leave it to us if it's difficult or not. [Laughing]

Dr. Kent Holtorf ([26:59](#)):

Yeah. I think there's going to be very few things or they'll say, "Well, if someone takes too much, they could have a problem." You know? And what these doctors, that we're debating that this should be allowed, they would say—well, they wouldn't even look at the literature. They don't need to look the literature. Yeah, like alpha-lipoic acid they said can't be given IV. And they're just eliminating everything. They said they weren't going to touch the hormones, but that's gonna be

on the list. I'm very worried that T3 is going to be gone because they're gonna say, "Oh, it's not necessary we have Synthroid."

Dr. Jean-Francois Tremblay ([27:34](#)):

Well, that's what they did in Canada. You cannot find T3 anymore, for many years. T4, that's it, centroid T4. That's the only thing there is still. Like in Montreal, there is one pharmacy, compounding pharmacy where I get my Armour extract and this is it. And most other chronologist they say, "No." You ask them, they're gonna say, "No, T4 is all you need."

Dr. Kent Holtorf ([28:07](#)):

Yeah. And you know, I've written numerous reviews on how T4 doesn't work for anyone, especially any sick person, with hundreds of references. You know? But they're still like, "No, no, no, you don't need it." Or they'll say it's dangerous. It's like, are you kidding me?

Dr. Jean-Francois Tremblay ([28:25](#)):

And as a practitioner, you should know. Because I have a doctor who actually got suspended for 9 months because he prescribed the extract and he said, "Yeah, on paper and studies, yeah they do pretty much the same thing." But he said, "If you ask the patients how do you feel? And 80% will tell you they feel much better with the extract than with the synthetic T4." So yeah, the blood levels, they're both good.

Dr. Kent Holtorf ([29:05](#)):

[Inaudible] It's like they had bipolar patients that were treatment resistant. They tried on average 14 medications with no improvement. They gave them straight T3 and 80% improved. And 75% had total resolution of—I'm sorry, 35% or something like that had total resolution of symptoms. T4 doesn't work in these patients. They don't utilize it. But anyways I'm getting off—

Dr. Jean-Francois Tremblay ([29:32](#)):

[Inaudible] and most probably some cofactors we don't even know about yet that support—

Dr. Kent Holtorf ([29:38](#)):

It sounds like a very hopefully upcoming thing and it doesn't get quashed by big pharma and the medical board and FDA are all kind of in cahoots. So, yeah. So with—kind of closing, I think this is a really upcoming thing. Where do you think it's kinda gonna lead?

Dr. Jean-Francois Tremblay ([29:59](#)):

Well, I'm just gonna say this. Why do you think so many US and Canadian doctors open clinics in Mexico and the Caribbean? It's not because—yeah, of course it's nice. [Laughing] Being Canadian

I would love to have an office there, but that's not their first reason. It's for that reason basically, so they can continue to offer the best treatments without being bothered by FDA regulations.

Dr. Kent Holtorf ([30:31](#)):

Yeah. It's even, I think, in this whole integrative space or whatever you want to call it, a standard doctor was like, "Oh, there's no evidence." Which is crazy, it's more evidence-based than what you learn.

Dr. Jean-Francois Tremblay ([30:44](#)):

For me, it's actually a sad thing that's happening in medicine in general. 30 years ago when I was young, I would go see—because as a doctor, what's the first thing you do? First thing, when you see a patient, you ask him questions. No tests, no nothing. First, questions.

Dr. Kent Holtorf ([31:06](#)):

Yeah.

Dr. Jean-Francois Tremblay ([31:06](#)):

If you're good, just with that you know what's wrong with him. But now the system, like it doesn't trust you anymore. They force you to do all those tests to back up your diagnosis that you had probably with 10, 10, 15, depending, but very fast. After, if you have a doctor that has a bit of experience, they say, "Yeah, this is it. This is this." Sometimes you will need a couple of tests, maybe it's lupus, maybe it's fibromyalgia, let's look at it. But you'll have a pretty good idea. Now the system forces you to back up everything you do, why you do it and everything. I find it amazingly sad because it's like you have to have all that information, that knowledge and experience, and suddenly they're telling you, "No, we don't trust you."

Dr. Kent Holtorf ([32:03](#)):

Yeah. And everything comes down now to in terms of the protocols, especially in hospital, or anyone affiliated with—Kaiser or whatever it may be. You do this, do this. Everything is memorization. The art of medicine has gone. And I think at some point it's going to be put all their labs and symptoms in a computer. It's gonna be artificial intelligence.

Dr. Jean-Francois Tremblay ([32:24](#)):

Yeah. AI, that's where it's going to.

Dr. Kent Holtorf ([32:29](#)):

And that's the thing. So all these patients—that works well for a patient who fits in a little box, but if they don't, that system breaks down and that's where the doctor goes, "Oh, you must be in your head." You know?

Dr. Jean-Francois Tremblay ([32:43](#)):

Yeah. [Laughing] That's a classic. Basically they are in the limbo.

Dr. Kent Holtorf ([32:47](#)):

Which I think is where peptides have a big place. And I think you'd agree with that.

Dr. Jean-Francois Tremblay ([32:52](#)):

If things would go as they should, the future of medicine—and I'm talking 5 to 10 years, no more, because things are moving fast—you would go see a doctor and probably 60-70% of his prescriptions would be peptides. And soon—not now because with the—or biomes, you know? The probiotics we have. Now they're mapping it, but it's going to be like the DNA, you know, you map it. 20 years ago we said, "That's it! We got it." Then epigenetic came. So I think there is an epibiome that goes with that interaction. But once they get down that path, that's going to be a mainstream. It should be a mainstream in medicine.

Dr. Kent Holtorf ([33:45](#)):

But it's going to get more complicated because they're finding the virome, the bacteriophages, the viruses of the bacteria play a big part. So there [inaudible]—

Dr. Jean-Francois Tremblay ([33:55](#)):

Exactly, it's very complex. It's not for tomorrow but I have big hope 'cause things are happening faster and faster. Another 5, 10 years and they should have a pretty good idea of what to do with that. That's gonna be a big, big line in medicine to use. I think it's gonna be very important.

Dr. Kent Holtorf ([34:14](#)):

Right. So, just kind of in closing here, you'd say Epitalion is probably the main bio regulator?

Dr. Jean-Francois Tremblay ([34:23](#)):

Epitalion, it's kind of—hormonal system that regulates—

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

That you've had the most experience with and [inaudible].

Dr. Jean-Francois Tremblay ([34:30](#)):

And Thymalin—well, even if you use one that it's called Thymalin and it's Thymulin, it's good. It's gonna basically—because in those aging studies and it figures, Epitalion is good. You add Thymalin or Violin, which is—and you can inject it, water soluble. If you have a strong immune system, you will get less sick. So hence healthy, more healthy, and yeah, probably you live longer.

Dr. Kent Holtorf ([35:05](#)):

And then also that immune system goes along with monitoring the body for cancer. [Inaudible]

Dr. Jean-Francois Tremblay ([35:13](#)):

There you go, so it's all—so the main ones in the anti aging protocol, Epitalon, Thymalin, Thymulin, Violin, Thymosin $\alpha 1$, you know, one of those will do the trick. That combination, it's a winning combination.

Dr. Kent Holtorf ([35:31](#)):

Yeah. I think those are the most studied as well. Yeah. Yeah. And we like the combination of them.

Dr. Jean-Francois Tremblay ([35:38](#)):

And the other ones in terms of prevention, like the one for the liver, and the one for the kidneys, I would use them in a preventative approach, like Epitalon, if you have a familiar background. So let's say like half of my family, they got diabetes.

Dr. Kent Holtorf ([35:59](#)):

Yeah.

Dr. Jean-Francois Tremblay ([35:59](#)):

Well, okay. Maybe that's not so much genetic. It could be you pass to your children the way you eat. So it may not be that genetic after all, but anyway, if there is a condition that really—

Dr. Kent Holtorf ([36:15](#)):

Everything is a combination.

Dr. Jean-Francois Tremblay ([36:15](#)):

Then yeah, you could use preventively the one for the pancreas. Or if in your family there is a weakness for the lungs, then yeah, don't—I wouldn't suggest everybody to use them all.

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

Then you'd be taking so many.

Dr. Jean-Francois Tremblay ([36:31](#)):

Yeah. But just to pinpoint one thing or two that you see as kind of a weakness in your family, that's a good indication. Then you can throw in those and the preventive protocol.

Dr. Kent Holtorf ([36:46](#)):

Gotcha. Great. Yeah. We'll see what the future holds and I hope we'll be talking more about all these and—

Dr. Jean-Francois Tremblay ([36:56](#)):

Hey, that'd be my pleasure. [Laughing].

Dr. Kent Holtorf ([36:57](#)):

Yeah. So thank you so much again, love your personality and you're always searching for new knowledge which is wonderful. So I'd like to thank you for being on with us.

Dr. Jean-Francois Tremblay ([37:11](#)):

Hey, you're very welcome. It was my pleasure.

Dr. Kent Holtorf ([37:14](#)):

Great. Alright, goodbye.