

Biohacking Complex Chronic Illnesses

Dr. Kent Holtorf interviewing
Dr. Nafysa Parpia, ND



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

Hello, this is Dr. Kent Holtorf with another episode of the Peptide Summit. Today we have Nafysa Parpia and she's going to be talking about peptide biohacking for complex illness. Very exciting. She treats the sick of the sick, the very complex, recently she's even treating healthy people, which is nice. I'd like to thank you so much for being on the summit and looking forward to our chat. And I'm sure everyone's going to get a lot out of this interview. So thank you.

Nafysa Parpia ([00:39](#)):

Thank you for having me. I'm honored.

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

I love her, she's always smiling and in a good mood and her passion. So, a little about Nafysa, She's in independent practice at Gordon Medical Associates up in Santa Rosa, specializes in the treatment of Lyme disease, other complex illnesses, autoimmunity, mold, fibromyalgia, environmental toxicity, gastrointestinal disorders, her patients with chronic Lyme disease are typically those that do not do well with antibiotics

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

And as we mentioned in our practice, we've kind of switched from more antibiotics to immune modulation and peptides and found we get from point A to point B much quicker. And so really prefers a biologic medicine approach to treatment, including combination [inaudible] and detoxification. And I think more and more finding that these patients don't detox. Over the years, treating these illnesses she discovered the same methods were used for essentially well people, fostered increased vitality and slowing down the aging process. We need to include specialization in health optimization and regenerative medicine. And I just want to mention that I find that there's such a commonality of aging and illness. So when we looked at , we do tons of labs, and golly, autistic people looked just like the Lyme people, [inaudible]with the older patients, just accelerated.

Dr. Holtorf ([02:19](#)):

So yeah, you look at patterns and that's what you can do when you get a lot of good information. So she uses a variety of modalities, including peptide therapies, oral intravenous micronutrient therapy, botanical medicine, functional nutrition, injections, lifestyle counseling, craniosacral therapy. She looks at biochemical imbalances, energetic expression, how your genes respond to the environment. So that epigenetics, which is just huge, your genes are not your destiny. It's what's turned on, what's turned off, toxins play a part more and more, exposure to infection which we've talked about. Everyone's only touched on it, no one's dug really deep into that, and emotional imbalances and stress is a killer for these illnesses and it just [inaudible] immune dysfunction.

Dr. Holtorf ([03:23](#)):

And she really is a detective and looks for the underlying condition instead of looking at the chart, Oh, you've got this, put you in this little box, and then you get this medication. It just doesn't work. Standard medicine, I think works well, if you fit in a little box, if you break your arm, if you have strep throat. But once you're outside that box, it just breaks down because they have all the specialists that look at everything separately and you can't do that.. So I love that we're you're really trying to be a medical detective. We need more of that. She's really a sought after speaker at conferences, I see her all the time, her and Eric Gordon went across the world. She's spoken on topics like tick-borne illness, environmental medicine, She's spoken at ILADS, and they're very particular about who they let speak.

Dr. Holtorf ([04:20](#)):

Environmental health symposium and more and more, I think environmental, they were kind of thought of as a fringe group, but so much bad is coming in on that, you know? And what I really like is that you go to the certain ones like ILADS, Environmental they're doctors, they really want to be, again, detectives and their scientists were things like, I don't know, other anti-aging groups, they kind of want to be cosmetics and things like that. And they don't want the tough patients, Marin County of ozone therapy. That's a great organization. She's a board member of the neuro hacker collective. Awesome. So we're going to be talking about again, biohacking, and she's been interviewed on their podcast that Collective Insight. So I kind of extended your bio. So now that we're done, there's so much that we can talk about, and she has so much experience with some of the sickest patients. But tell me about yourself, your practice, what kind of patients do you see? How'd you get into this? Just give us a little short summary of what got you into this.

Nafysa Parpia ([05:50](#)):

Yeah. So I started around 10 years ago at Dr. Dietrich Klinghardt's clinic, where I learned from him and his top physicians at the time about the patients who have complex chronic illness,

particularly tick-borne illness, co-infections and environmental toxicity. So I spent a year there and then Dr. Isaac Elias invited me to be the lead Lyme doctor at his clinic in Santa Rosa. And I learned a lot from Dr. Elias on detoxification strategies using IV therapies. And really nobody else does decalcification that same way Dr. Elias does with the IV, so I feel very lucky that I got to learn from him as well as Dr. Klinghardt. And then I really merged together what I learned from these two doctors, creating my own methodology with respect to detoxification and treatment for people who have all kinds of infections, including tick-borne illnesses.

Dr. Holtorf ([06:55](#)):

Yeah. I mentioned we were talking before we were on that, I went and did [inaudible] at his place. And I love [inaudible], it's just very hard to do the United States. I heard he wasn't really doing it anymore for sick patients, but I don't know

Nafysa Parpia ([07:13](#)):

He is doing it for sick patients still, actually,

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

You hear these things. So [inaudible] Puerto Vallarta, but we're looking into, there's a self-contained unit, which I'm excited about. We're going to try to adopt if possible. But yeah, I mean, it makes sense just cleaning out all of these toxins and in, what, a couple hours, you know?

Nafysa Parpia ([07:37](#)):

Yeah, it's pretty amazing.

Dr. Holtorf ([07:40](#)):

Yeah. It's nice. He's a really nice guy too. And so you were there and then you went over to the Gordon Medical?

Nafysa Parpia ([07:51](#)):

Yeah, and then I went over to Gordon Medical, and worked more with very sick people, same patient base, complex chronic illness. So of course, the tick-borne illness, mold, people who have a high level of environmental toxicants, people whose immune system is both hyperactive and suppressed at the same time.

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

Yeah. And you composed a whole new set of amazing doctors there. So you've had a really nice ability to take from the best of all these doctors

Nafysa Parpia ([08:25](#)):

RI really have. I really love working with Eric, Dr. Gordon, and Dr. Anderson and

Dr. Holtorf ([08:31](#)):

Eric's one of my favorite people. I love giving [inaudible] he's so fun, but just a good person. So you're still seeing a lot of these, "sick of the sick"

Nafysa Parpia ([08:51](#)):

Absolutely.

Dr. Holtorf ([08:52](#)):

And have you noticed, I think it's more than even just awareness, like more people are sick now, Nafysa Parpia ([09:01](#)):

Way more people are sick. I mean, our clinic is packed with people who are sick, who were not sick, say five years ago, and they are now,

Dr. Holtorf ([09:13](#)):

It's like you go to a cocktail party. And I swear, every person it's either them or a family member or a friend, their parents or their kids, it's nuts. Right.

Nafysa Parpia ([09:25](#)):

I'll tell you what I'm seeing more of. I'm seeing more of people from Silicon Valley, people who are at the top of their game, right. Mentally, physically, spiritually, they're really trying their best. And all of a sudden they don't feel as strong physically or they don't feel as sharp mentally. And these are people who are mid forties.

Dr. Holtorf ([09:53](#)):

And they're kind of set up for a type A, and all of a sudden they get some sort of infection or toxin, or we had a big flood of people over-training syndrome who were called the healthiest of the healthy, doing 10 marathons and all of a sudden Wham!

Nafysa Parpia ([10:17](#)):

More over the past four years of this population than I did six years ago, you know

Dr. Holtorf ([10:28](#)):

Yeah. And I don't want to bash them say that about saying what they're capable of, what do they do for it, they do a CBC chem panel and they say you must be depressed, and they're told that. And I'm sure you'd find this. And when you show them on paper, all the things that are wrong, you kind of go I've got good news and I've got bad news. The bad news is you got this, this, this, this and the good news is you've got this, this, this, this when everyone told you they don't know what it is. So that's awesome. And it's one of those things, I think a lot of the doctors in this area, like I was very evidence-based. I still am very evidence-based, but it's ingrained in medical school, all that other so-called alternative, which I don't like that term, is no evidence. And so I wasn't going to help. And I go to these alternative conferences and I'm like, Oh my God, they're more evidence-based than what we're being taught. You know, it's crazy

Nafysa Parpia ([11:36](#)):

It's true The evidence is [inaudible] response, really. You know, we don't have all of the research that I wish we had now where we don't really, there's so much clinical evidence.

Dr. Holtorf ([11:48](#)):

Oh, there's so much evidence. A lot of the really good research is that old research that just gets left behind because it's not a new drug. And I think one thing is that so many doctors rely on societal recommendations, right? But when you look at levels of evidence, like how strong - and this is big now with vaccines - it's funny. I was on Fox news and mentioned I wouldn't get a [inaudible] vaccine, which I was right, it only helped 12% of the people. And people got narcolepsy and [inaudible] disease. And the HPV vaccine, and there's issues, but I'm not an anti-vaxxer, I'm not an anti-vaxxer, if everything's risk benefit then why can't you question even a vaccine, but now they can because it's Trump or whatever. It's funny, but they'll basically say, well, the society or the vaccine society says this, the [inaudible] says this, but the World Health Organization level of evidence,

Dr. Holtorf ([12:55](#)):

So it's a double blind, placebo controlled study. We got med analysis and we take a bunch of, double-blind put them together. Then you've got unblinded trials, then you've got case studies or anecdotal, last, the lowest strike of evidence is societal recommendations. And that is below an anecdotal story. You say, I got this patient better when I gave him this supplement. They found that they're 20 years behind. They don't change their recommendations. They are not evidence-based, they have an agenda and they're basically one side, and they found that they're almost always wrong. You know, like 10 years later they're shown to be wrong, but it's funny how we're called not evidence based and they're going by the worst evidence there is by saying well I just listen to the "whatever" society. But anyway, I'm on my soap box there, but, how did you get into peptides?

Nafysa Parpia ([14:06](#)):

Well, Gordon Medical is on the cutting edge of medicine, always. I almost said alternative medicine, but it's so much more than that. I call it functional medicine and beyond, right. So Eric is always bringing in what's new and what's on the cutting edge. Really. We got into it through you and we...

Dr. Holtorf ([14:30](#)):

Eric, I go way back. I remember fighting the establishment. And we opened 22 centers 20 years ago and I was fighting [inaudible] for stuff that is standard now. And I was called that quack. And I'm like, here's 200 studies showing this. No, we don't like it. You know? I remember commiserating with Eric late at night. Is this worth it, we're getting beat up over here. Yeah. That's

great. So which ones do you kind of start using or, or what would you recommend to a doctor or a patient, or where you start in general and are all patients different? Do you have a general system, or

Nafysa Parpia ([15:25](#)):

Before I started using peptides, I would work with detoxification first because that was my way of being able to shift an immune system that was dysregulated. There is research that shows that environmental toxicants, as well as infections, are going to cause immune dysregulation where there's hyper activity of the immune system and weaknesses at the same time. Right? So when I use detoxification therapies with IVs and treated mast cells, I would see the immune system beginning to shift. The patients were actually able to mount an appropriate immune response to kill off infections, they needed less IV antibiotic therapy or less oxidative IV therapies, but now peptide, enter peptides, right. And what I love about the peptides is that they can modulate the immune system specifically and quickly. And so now it means that I can detoxify my patients in a shorter amount of time because their immune system is going to be able to, it starts to rebalance before I have to detox for too long before I can come in and kill infections. So it really shortens the amount of time between detoxification and killing, getting that balance.

Dr. Holtorf ([16:50](#)):

Yeah. That's kind of cheating. I'll take it

Nafysa Parpia ([16:55](#)):

It is that, it's like boom, now I have something that's specific.

Dr. Holtorf ([16:58](#)):

Yeah. And what I say is it's the safety profile too, and it's very rare if you get a side effect, especially anything serious. So which ones do you like?

Nafysa Parpia ([17:11](#)):

So I'll use BBC 157 and TB4 first because those ones will modulate the immune system. And then once they've been on that for a couple months, while I'm using antibiotics, if I have to, or other oxidative therapies and while I'm detoxifying and treating a mast cell activation syndrome, like I said before, that shortens, using the BPC and the TB4 -

Dr. Holtorf ([17:41](#)):

Yeah. The BPC is definitely how you get - I think you're on the mast cell mastermind group, some of the smartest people[inaudible] run that, I mean, he has, you know, three page answers, everyone's like, this is amazing, man. But they're kind of stuck on directly going after the mast cells I'm like, look up screen. And you look at like CRH corticotropin-releasing hormone, huge stimulator of mast cells, and the autonomic nervous system and the sympathetic nervous system,

basically stimulate mast cells, so if you could modulate that you got half your job done for you. And then the things I would TB4, a full length TB4 it has multiple domains, one, there's a domain that grows hair.

Dr. Holtorf ([18:39](#)):

There's a domain that modulates the immune system and then [inaudible], anti-inflammatory, then there's actually a domain that stimulates mast cells. Right. So we just did an interview and a person said, oh, that's interesting. and it [inaudible] that he has to go really slow with a full TB4, but she used the TB4 frag, which has the mast cell part taken out and she said she can go much faster. And she didn't know that it was because that part is taken out. So it's really interesting stuff. And I think the nice thing is that peptides go with everything. I don't know anything that that they don't go with. And I rarely [inaudible] with each other. And it sounded like you liked the oxidative therapy as well, ozone. You know, our go to is BPC, TB4, ozone kind of a mainstay, and then you've got other things which are almost kind of secondary, yeah throw some LDM there, that's not going to hurt anyone, and you never know what's some simple things - Oh my God, my life's changed. You know?

Nafysa Parpia ([19:50](#)):

Exactly. For example, a patient I've been treating for the past few years, high dose vitamin C IVs, ozone, everything you just mentioned, , LBN, all of it, including the detoxification therapies with the IVs and you know, we're moving along and it's great. Then I give her TB4 and BPC 157 and she comes in a week later, one week later, and says I don't know what happened, but I am myself, again, like in my thirties, this woman is 60. She said I don't know what you gave me, what's in there, but nothing has shifted me so quickly. I'm on a whole new page with her.

Dr. Holtorf ([20:37](#)):

Just think what you did for that person's life.

Nafysa Parpia ([20:40](#)):

Amazing.

Dr. Holtorf ([20:41](#)):

Yeah. And I know it's kind of like it happens all the time, yeah, yeah, because it happens all the time. Well, what other peptides do you like?

Nafysa Parpia ([20:54](#)):

So I'll also like TA1, that one I'll add in after using the BPC and the TB4, because then we're going to kick up their response in killing off.

Dr. Holtorf ([21:11](#)):

Yeah. [Inaudible] if you use it too soon can cause a Herx all that. What other peptides do you like?

Nafysa Parpia ([21:22](#)):

I like LL37, I noticed that does just disrupt the cell wall of the infections and of course it weakens the infection. So then when I do come in with anti-infective therapies, that goes faster as well.

Dr. Holtorf ([21:39](#)):

Yeah. And it pokes a hole in their cell membrane, some [inaudible] modulatory as well. I was talking to a urologist who doesn't really, he's a standard urologist, but someone him about LL 7 and he's like, I have all these chronic prostatitis patients that I was just treating years with Levaquin, significant side effects and back trouble, and now I have that with two weeks of antibiotics and they're better and their PSA comes down so they don't need a biopsy now. So people are finding, yeah.

Nafysa Parpia ([22:23](#)):

I'm noticing these peptides are shortening the duration of treatment all around.

Dr. Holtorf ([22:28](#)):

Nice. What detoxes do you like, what's your approach to detox?

Nafysa Parpia ([22:35](#)):

So I am supporting the organs of elimination. So the liver, kidneys, the gut, the skin with herbs and with IV therapies. So using phosphatidylcholine as an IV and amino acids and minerals as the cofactors for their detoxification system. Of course glutathione, chelation therapy. So I measure their environmental toxicants on the labs and from there, decide where we're going to start with the detoxification. Also, depending on their sensitivity, I'm always gonna want to have a binder on board of course to make sure that you're flushing out those toxins.

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

And I'm a little ADD to use binders too much, okay, we've used that for years and it binds everything else. And [inaudible] didn't work. I think [inaudible] to me is better than chelation for heavy metals, you know? I love that stuff and it's interesting. I have a center I don't have time to do like the ozone, but a couple days ago I was able to do those ozone, [inaudible] throw some the stem cells in there. Are you doing stem cells at all?

Nafysa Parpia ([24:04](#)):

We are, and exosomes.

Dr. Holtorf ([24:04](#)):

Yeah, I think those are [inaudible] and the the peptides actually stimulate the stem cells and then they'll also secrete peptides such as LL37. And so everything is either a good cycle or a vicious cycle so that's interesting. So timing's always key when you use these things. And so I think that comes in with the art, right. I mean, having treated so many patients that you kind of get a feel

and it's I can almost, do pretty close to, because I like getting tons of Lymes, but if I did none, I'd probably do pretty close, I think, but I think a big part is convincing the patient, what they have. That's where I look at the immune system, look at our natural killer cell function and there, you know, it can be a [inaudible] when those are abnormal. Now you can say, Hey, look, there's something going on. Let's find out what it is. And because it's a tough pill to swallow when we're getting a lot more done through their insurance, you know, labs and then trying to minimize, the specialty tests. But, you know, I love when I have the luxury of getting those. What specialty tests do you find kind of bang for your buck?

Nafysa Parpia ([25:45](#)):

So did you just say specialty tests?

Dr. Holtorf ([25:48](#)):

Yeah. Whatever that may be, gut, genetics, whatever.

Nafysa Parpia ([25:56](#)):

Yeah. So Lyme testing right now we're using a lot of InfectoLab.

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

I have a folder. I really liked them. They came out and I don't see that many new patients I keep meaning to give a presentation to all the doctors on it, but I liked what I saw

Nafysa Parpia ([26:13](#)):

Using it a lot, because they're able to give specificity of what infection is active right now in the patient in a way that other tests aren't able to do. They're looking at interferon gamma and interleukin two with respect to the tick-borne infections and also EBV. And I mean, you know, usually we can tell because we've seen these so many of these patients, we're able to tell what infections they have based on their symptomology, but usually...

Dr. Holtorf ([26:45](#)):

You have to show them because they're going to go to their doctor or friends. And how many times have I heard that those other doctors say There's no Lyme in California and this one guy almost bit my head off and he was so much better. We treated him for Lyme but his doctor and said, this is ridiculous, there's no Lyme in California, he calls just screaming at me and then I'm like, no, no, no. And I showed him the labs and was like, okay, you either have 35 separate illnesses or it's in a one common thing. So it calmed him down and he said, I'm doing better. But my doctor said there's no way it's true. And then two weeks later, his dog gets really sick, brings it to the vet, Oh, the dogs got Lyme.

Dr. Holtorf ([27:35](#)):

Do you use at all the newer test, it looks at the Borrelia bacteriophage.

Nafysa Parpia ([27:44](#)):

Haven't used that one.

Dr. Holtorf ([27:45](#)):

Yeah. So it's just new out. But bacteriophages is a virus against the bacteria and they're being used in, Europe and things instead of antibiotics, they're very specific, they don't just heal everything. But there's no what's called a lytic phage that kills *Borrelia*. So it always is like, special, right? There's just what's called a lysogenic phase where it hangs around. So when you look at your, what we talked about the microbiome that we're more bacteria DNA, than we are human DNA, but there's a hundred times more viral DNA than there is bacterial DNA, so it's really our next thing that we're going to try and understand is the microbiome. And it's really interesting how, as you know, reading the studies where, how they just interact and if like one cells are, study on, you have like good bacteria making [inaudible], It's so good to your body. But if the level gets too high, it turns on the bacterial phase and starts killing that bacteria. Like it's this like the matrix or something, you know? It's so incredible. So, and I think it's one of those things, the more you learn the more you realize you don't know anything, but the doctors that know the least are the more [inaudible] they're right. So, those are your three favorite peptides,

Nafysa Parpia ([29:19](#)):

Those are my three favorite peptides.

Dr. Holtorf ([29:22](#)):

So cool. And you mix them for, like, localized pain. Are you using them for pain?

Nafysa Parpia ([29:29](#)):

I do. So of course these patients have a lot of pain, a lot. And, of course it's is systemic pain they have. But in addition to that, there's pain in the joints, specific muscles as well. So we're using BPC 157 intramuscularly, just simple injections. Either neurotherapy style or IM style and I have helped patients resolve pain that they've been living with for years. Last week, I did this with two patients, both of them with tears in their eyes saying Dr. Parpia, I thought I had to live with pain forever. I got used to this and all of a sudden I don't have pain. I don't even know what to do because I don't have pain. I can hardly fathom this. This is from BPC 157 injections.

Dr. Holtorf ([30:26](#)):

And was it neuropathic pain? Musculoskeletal pain?

Nafysa Parpia ([30:30](#)):

Musculoskeletal pain. Okay. Now speaking of neurological issues, I do have a patient, many patients, who have tick-borne illness, one patient specific, she's starting to develop more neurological symptoms in her Lyme. She'd come off of her IV antibiotics for too long. She moved

away and got sicker, started to fall. Okay. And I injected BPC 157, just subcutaneously in the pair of spinal muscles. She stopped falling.

Dr. Holtorf ([31:09](#)):

Yeah, isn't that amazing. Just last night I had a good friend over who does his exosome products and he said he was treating this guy, terribly story where he dove off a boat, and there was a rock four feet underneath. And he couldn't walk, he couldn't go to the bathroom and he said to me he combined BBC4 and the XSL and just subcutaneously Paraspinally all of a sudden he goes I can kind of feel on my legs. And he said, I have the urge to use the bathroom because it hasn't happened in years, you know? And, it's amazing, of course he's been to many neurologists and all these things and not even going in the joints, you know, and this guy will actually like, if someone has significant joint pain he will guarantee they're significantly better before they leave the room, not the office, the room, or he gives their money back.

Nafysa Parpia ([32:22](#)):

I know I couldn't.

Dr. Holtorf ([32:27](#)):

It's bold, and he does basically like just subcutaneously, where the nerves are kind of coming in and there's actually more studies on TB4 with nerve pain. But I think BPC seems to maybe work better. There's more studies on TB4, and then ARA 290, which I don't know anyone who carries it, but some nice studies on that and remodulation, or it's like MS. But peptides are going to be amazing and reversing that. And ALS is Lyme until proven otherwise, we have ALS patients come in in wheelchairs, they're jogging when we send them back to the neurologist and the neurologists go, Oh, it probably wasn't ALS. Well, three of you diagnosed them and unfortunately gotta treat kind of a famous person. The guy I was talking about was going to donate a hundred thousand dollars worth of STEM cells to them, but his doctor said, Oh, it's not worth it, there's no way that's going to work. I was like, okay, you're giving a death sentence and telling him not to do this. It's just crazy, [inaudible] where it's just not the mindset, but when someone's in that position, I guess I can't judge, right? You know, until you're in that position, you don't want to, like making a decision is harder than making a bad decision...

Nafysa Parpia ([34:06](#)):

Yeah. Most of our patients have seen many other doctors before coming to us of course, without appropriate treatment, without success. So when they come to us, we have these treatments that are new, they are cutting edge

Dr. Holtorf ([34:21](#)):

Or their doctor will say oh, it's the placebo. Our patients don't react to this they have "nocebo" they don't expect it to work.

Nafysa Parpia ([34:28](#)):

Exactly.

Dr. Holtorf ([34:29](#)):

Yeah. So that's true. So it looks like you do a lot of things and like traumatic brain injury which is obviously becoming a bigger and bigger problem. And, just a quick question, would you let your child boy play football?

Nafysa Parpia ([34:57](#)):

Probably not.

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

Yeah. It's kind of no right or wrong. Yeah. Maybe or to be preventative. Right.

Nafysa Parpia ([35:09](#)):

I feel like if you love it, if you love it.

Dr. Holtorf ([35:13](#)):

Yeah. I guess where the big problem comes when they start getting so big and so fast now that momentum you know, but also it doesn't take major trauma, it's just repetitive trauma skateboarders, soccer players, all those things.

Nafysa Parpia ([35:33](#)):

too many of those people come in. That's why, when you said football, I thought about the other sports where they get concussions and whiplash very easily they're more susceptible to tick-borne infection if that were to come.

Dr. Holtorf ([35:50](#)):

Yeah. And I think when someone gets Lyme, their fine. It's when they get all the other things that now we had, I remember, a whole family come in. The nicest family, they owned a cheese farm in central California, they're all seconds except the Dad. And at that time we had, which I'm trying to get back, a microscope with immunofluorescent antibodies. And so we're looking and oh my God, his blood was just full of Bobesia, more than anyone else, and he's fine. He's like [inaudible], and I'm working out now and it just shows how his immune system was hot, but all the other ones were really sick and where it affected him, he was okay. But, let's see, so you treat so many thingg, I'm tryign to think - well, what do you do for sleep?

Nafysa Parpia ([36:54](#)):

You know, for sleep. I do use a lot of herbs. I do like to use an Ayurvedic sleep medicine. If we have to, we'll use sleep medications, but if I use herbs and teach them relaxation techniques and not using light and internet, electronics at night, usually we can calm it down.

Dr. Holtorf ([37:22](#)):

Yeah. And with all the EMF controversy, and we have our CPA who [inaudible] everyone in our office has Lyme until we got them, but that she tells everyone, and I started telling people like friends or whatever turn off your wifi at night. And there was this architect said I don't believe in that crap, but he did it. He goes, I slept great for three nights and the fourth night I couldn't sleep. Oh my God, I didn't turn it off. And he's like couldn't even believe it. And wait until we get 5G you know, and all the problems. And it's interesting. So you don't do like deep dive on peptides where most things work through a receptor, but like five peptides, there's no receptor. We couldn't find a receptor. That's one study showed it was her mind. So he got this peptide vibrating with a certain frequency, which then stimulates the cell.

Dr. Holtorf ([38:24](#)):

What if you throw all these EMFs and wifi at it, how's that going to work? You know? We'll see, and it becomes kind of that fringe, no EMFs, but it's been shown to cause mold to grow, suppress the immune system, but the little cocktail that I love, for sleep is a combination of Delta sleep inducing peptide epicallion, and then either a growth hormone, AOD which is a fragmented growth hormone, or the growth hormone [inaudible] so many people, it doesn't make them sleepy, but it reduces that inflammation in the sleep center. So it seems like so many problems are inflammation of the hypothalamus, and also that's right where all the pain centers are and actually one study they published that you looked at chronic fatigue syndrome versus fibromyalgia, essentially the same elements.

Dr. Holtorf ([39:28](#)):

But what they found is that the chronic pain syndrome patients had more inflammation in the pituitary, the fibromyalgia was more in the hypothalamus where it kind of ended up the same, but the fibromyalgia patients had more inflammation in the pain center, so they had more with the pain. And it's interesting. And also [inaudible] seems great at lowering inflammation. And so it really helps diabetes. That's what it also inflammation in the hypothalamus causes insulin resistance. And so we just got a text from one of my girlfriend's, she had sent a couple bottles to her friend of BPC, and TB4 frag, and she lost all this weight. I love this stuff, we didn't tell her it could do all that, but she must have had some insulin resistance, some inflammation. And [inaudible] sent her a picture and she is so happy. But you know, so many things that, inflammation,

Nafysa Parpia ([40:27](#)):

Inflammation. I can't wait to use peptides for sleep because just as I've noticed the peptides, make everything else go faster in my treatments. I bet you, the sleep ones will too.

Dr. Holtorf ([40:35](#)):

Yeah. And it's one of those things, you don't sleep, you don't get better, you don't lose weight. I'm gonna do as I say, not as I do too much, you know, I'm up all night and I'll get to start research all of a sudden the sun's coming up, But it is key. So that's been something that's been really good. Let's see. So peptides that have really helped and let's have you back on, and we've talked about kind of the sick patients and maybe optimization of healthy patients. Because we can talk about the sick of the sick but there's so many people that are used to have energy now I'm just dragging. And I assume you use thyroid and hormones and, you know...Kind of my first passion was thyroid and that kinda got me through certainly, chronic fatigue syndrome, which ended up being Lyme. But, I had chronic fatigue syndrome before it really was chronic fatigue syndrome. So, my dad had it too. But no one, that wasn't even close, it was just the mystery illness, for our whole family. And that's, I know I grew up with it, But you're right. Some people are sick

Nafysa Parpia ([42:12](#)):

So many and they weren't, it's been very quick that ths has happened.

Dr. Holtorf ([42:18](#)):

Yeah. And I think it's going to be exponential.

Nafysa Parpia ([42:21](#)):

Yeah. I think it has to do with the environmental toxicants.

Dr. Holtorf ([42:27](#)):

Yes. [inaudible], that

Nafysa Parpia ([42:30](#)):

Post COVID syndrome coming up, I'm getting patients now who did have a diagnosis of COVID who were hospitalized and now all of a sudden they have a tick-borne illness that they didn't have diagnosed before.

Dr. Holtorf ([42:46](#)):

Yeah. So it wakes up the immune system. They tend to have chronic heart inflammation. So they get a lot of palpitations, heart failure. So are they going to be the new chronic fatigue syndrome, you know? But really at this point, no one should be dying from COVID and we keep waiting for this vaccine. What we have now is sufficient to keep 99% of the people, you know? And, I don't know if you heard the ILADs [inaudible] Covid, [inaudible] a letter from the FDC, so I'm not saying any cure, I'm just saying there are treatments that are safe that you could give to nursing homes, just a suggestion, writing a letter too, with references, about vitamin C and Zinc and flavonoids and probiotics.

Dr. Holtorf ([43:59](#)):

So we had the microbiologist for microbiome laboratories at MegaSpore great talk, you know what I'm talking about? Why don't you have someone give you a grant, go give the probiotics to all the nursing homes and probably saved tons of lives, but they just have to have the million dollar cure at the last minute, you know, in America. But I don't want to end on a bad note. And I think a good basic ending thing that patients, they just get so discouraged. Right. And I'm sure by the time they see you, many have given up and I think it's interesting with human nature. People can be empathetic, I think, for about two to three weeks. And they go, Oh yeah. Oh, you're sick. I'm sorry. And after two weeks, you know why don't you just get out and exercise and especially spouses and family members and friends, they lose all their friends. And I think, don't want to be sexist, but it's usually worse for women. They're like, Oh, you canceled on my dinner. You know? Well, I'm sick. Oh, well I was sick last week too. I'm tired too. You know? And they you can't explain how bad you feel with this?

Nafysa Parpia ([45:30](#)):

No, a lot of them are isolated by the time they come to people like us. Well, we have therapies for them. Finally someone's giving me a diagnosis. Finally, someone has therapies for me. That's what they say.

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

And I just want to say, we can never guarantee anything, but odds are good that we can help, and we have published studies for back up. But I tell patients, you're not a study, you're a person. We use the studies to try to figure out what's most likely, what's safest, what's most cost effective. And we do that, but you may respond 99.9% of people may get better with that. And you can not. Then we keep going forward. And that's a nice thing is not having the two or three treatments, you have hundreds of treatments, you know? Yeah. So, awesome. Thank you so much for taking the time and, we'll have you back on and we'll talk about some healthy patients.

Nafysa Parpia ([46:34](#)):

Thank you for having me.

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

So wonderful. Have a great weekend. And again, thank you so much. Nice pearls in there and they gave people hope and thank you for that and keep up the great work.

Nafysa Parpia ([46:48](#)):

Thank you for your great work for interviewing me.

Dr. Holtorf ([46:51](#)):

Thanks so much. All right. Bye. Bye.



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