PEPTIDES

KENNEDY LODATO
QUANTUM HEALTH PRACTITIONER

AGENDA

1: WHAT ARE PEPTIDES, AND WHY SHOULD A CLINICIAN CARE?

- Understanding Peptides
- Why Are We Talking About Peptides?
- What Is a Peptide?
- Your Body Already Uses Peptides

2: HOW DO PEPTIDES WORK?

- Peptides as Biological Messengers
- Why Different Peptides Produce Different Effects
- From Endogenous Signal to Therapeutic Strategy

3: PEPTIDES ARE NOT A NEW IDEA IN MEDICINE

- A Short History of Peptide Therapeutics
- Peptides Already Exist in Mainstream Clinical Medicine

4: NOT ALL PEPTIDES ARE THE SAME

- The Peptide Spectrum
- Approved, Investigational and Marketed Are Different Categories

5: WHERE ARE PEPTIDES BEING USED OR INVESTIGATED?

- Major Areas of Clinical Interest
- Clinical Application 1: Metabolic / Endocrine
- Clinical Application 2: Repair / Recovery
- Clinical Application 3: Inflammation / Immune / GI
- Clinical Application 4: Neurological / Sexual Health / Healthy Aging

AGENDA

6: WHAT DOES THE EVIDENCE ACTUALLY SHOW?

- Evidence Is Not One Thing
- Mechanism Does Not Automatically Equal Clinical Outcome
- Where Is the Evidence Strong?
- Where Is the Evidence Emerging?
- Where Is the Evidence Limited?

7: CASE STUDIES: HOW SHOULD A CLINICIAN READ THE EVIDENCE?

- Case Study 1: An Established Peptide Therapeutic
- Case Study 2: BPC-157 or Another Emerging/Controversial Peptide

8: SAFETY, QUALITY, REGULATION AND CLINICAL RESPONSIBILITY

- What Does a Clinician Need to Know About Safety?
- Quality Matters
- Regulatory Status Matters

9: BPC-157 and Cancer

- Where does the concern come from?
- The pathway behind the concern
- Concern does not equal causation

10: MOLECULES OF EMOTION

- What mediates the interaction of the new system with the brain?
- Lock and Key mechanism
- Endorphin called Methionine - Enkephalin

11: HOW SHOULD A CLINICIAN DECIDE?

- Seven Questions Before Considering a Peptide
- Closing: The Right Question

KENNEDY LODATO

Quantum Health Practitioner

BHHS | PhD Candidate - Natural Medicine | Health & Fitness Expert Board Certified Holistic Health Practitioner (AADP)

"If all it took was exercise, nutrition, hydration and a positive attitude, the whole world would be healthy. What's missing is addressing the whole person and whole being: from our thoughts, emotions and perceptions and the impact they have on our organs, organ systems, energy flow and subtle bodies."

Advocating Fitness, Health, Wellness and Longevity for over three decades!

1

WHAT ARE PEPTIDES, AND WHY SHOULD A CLINICIAN CARE?

Healing Beyond the Mask: The Regenerative Power of Peptide Therapy

TRADITIONAL PAIN MANAGEMENT

MASKING SYMPTOMS

Traditional meds block pain signals; peptides work at the cellular level to repair the pathology.

ZERO ADDICTION POTENTIAL

Unlike opioids, peptides carry no risk of dependency, respitatory depression, or overdose.

DEGENERATING

While steroids can accelerate cartilage decay...

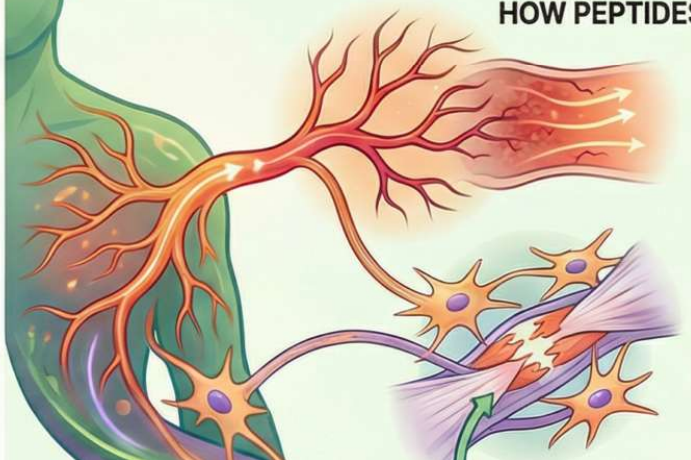
PROMOTING

...peptides like GHK-Cu actively support joint health.

PEPTIDE THERAPY

Peptides are short chains of amino acids that act as cellular messengers, instructing the body to repair tissue, reduce inflammation, and improve circulation. Unlike traditional pain management that suppresses symptoms, peptide therapy hamesses the body's natural signaling pathways to achieve genuine functional restoration.

HOW PEPTIDES REBUILD YOUR BODY

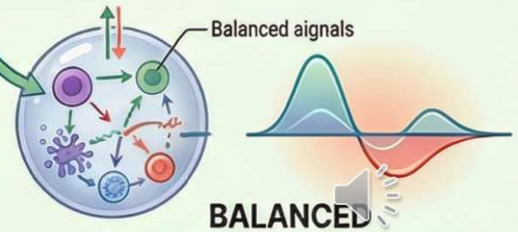


STIMULATES ANGIOGENESIS

Peptides like BPC-167 trigger new blood vessal growth to deliver oxygen to injured tissues.

ACCELERATES TISSUE REGENERATION

Activatee fibroblasts to produce collagen, essential for repairing tendons, ligaments, and muscle strains.



BALANCED INFLAMMATION CONTROL

Selectively regulates inflammatory pathways to allow healing without the risks of total suppression.

COMMON THERAPEUTIC PEPTIDES FOR PAIN MANAGEMENT

BPC-157

PRIMARY BENEFIT: Tissue Protection

BEST FOR: Tendon/ligament healing and nerve repair

TB-500

PRIMARY BENEFIT: Mobility Enhancement

BEST FOR: Reducing scar tissue and improving range of motion

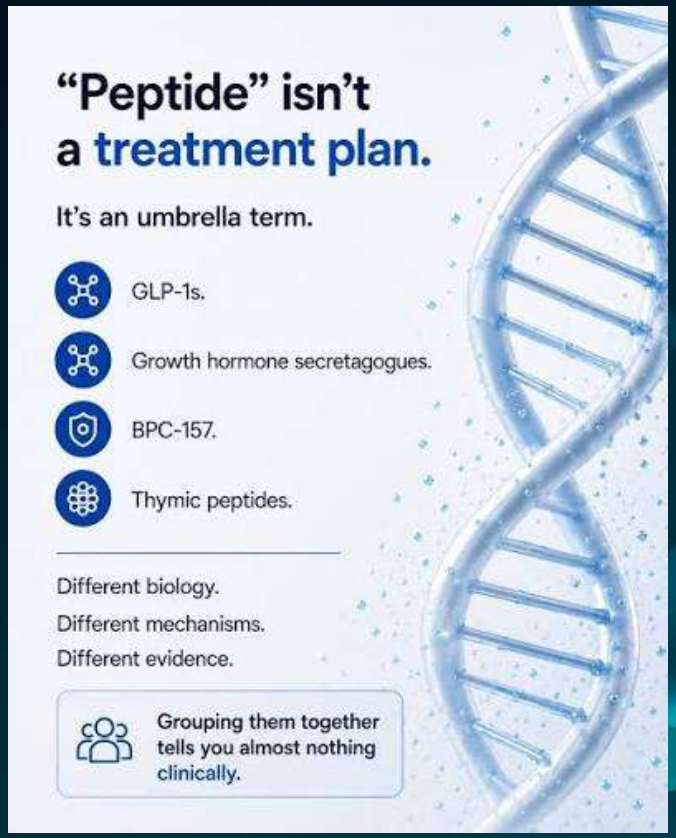
GHK-Cu

PRIMARY BENEFIT: Collagen Promotion

BEST FOR: Strengthening joints and improving tissue elasticity

WHAT ARE PEPTIDES, AND WHY SHOULD A CLINICIAN CARE?

Understanding Peptides



01 *BIOLOGY*

02 *EVIDENCE*

03 *CLINICAL APPLICATIONS*

04 *CORTISOL ACTIVATION*

WHAT ARE PEPTIDES, AND WHY SHOULD A CLINICIAN CARE?

Why Are We Talking About Peptides?

- RAPIDLY GROWING CLINICAL AND PATIENT INTEREST
- INCREASING USE ACROSS METABOLIC, ENDOCRINE, REGENERATIVE AND OTHER AREAS OF MEDICINE
- MAJOR CONFUSION BETWEEN ESTABLISHED PEPTIDE THERAPEUTICS AND INVESTIGATIONAL/MARKETED COMPOUNDS
- THE PURPOSE: UNDERSTAND THE FIELD BEFORE DECIDING WHAT BELONGS IN CLINICAL PRACTICE

WHAT ARE PEPTIDES, AND WHY SHOULD A CLINICIAN CARE?

What Is a Peptide?

01 *AMINO ACIDS JOINED BY PEPTIDE BONDS*

02 *SMALLER CHAINS THAN MOST PROTEINS*

03 *NATURALLY PRESENT THROUGHOUT HUMAN PHYSIOLOGY*

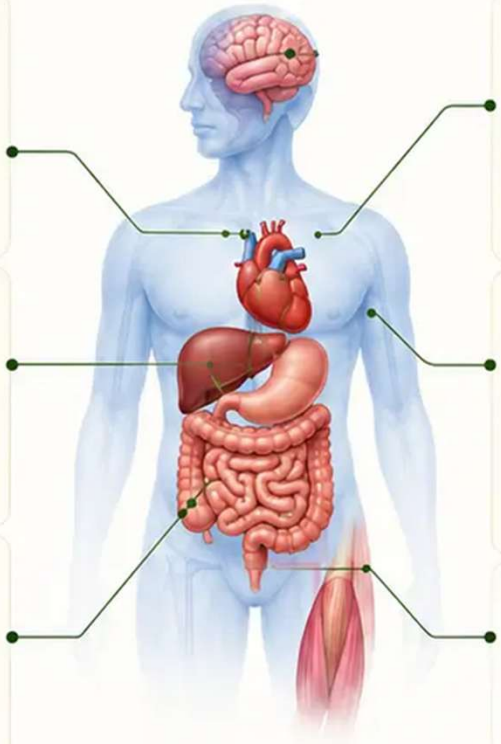
04 *STRUCTURE INFLUENCES BIOLOGICAL FUNCTION*

Your Body Already Uses Peptides

SUPPORTS CELLULAR FUNCTION
Peptides can act as signaling molecules that help regulate cell communication, growth, and repair.

SUPPORTS IMMUNE HEALTH
Certain peptides help modulate immune responses and support the body's natural defenses.

PROMOTES GUT HEALTH
Some peptides help maintain the gut lining, support healthy microbiota, and reduce inflammation.



SUPPORTS TISSUE REPAIR & REGENERATION
Peptides provide the building blocks and signals needed for tissue repair, wound healing, and muscle recovery.

REGULATES PHYSIOLOGICAL PROCESSES
Peptides can influence hormones, enzymes, and other pathways that regulate blood pressure, metabolism, and more.

PROVIDES ANTIOXIDANT & ANTI-INFLAMMATORY BENEFITS
Many natural peptides help reduce oxidative stress and inflammation at the cellular level.

- HORMONAL SIGNALLING
- METABOLIC REGULATION
- NEUROENDOCRINE COMMUNICATION
- IMMUNE SIGNALLING
- GROWTH, REPAIR AND TISSUE REGULATION

PEPTIDE SIGNALING IS ALREADY FUNDAMENTAL TO HUMAN BIOLOGY.

2
HOW DO PEPTIDES WORK?

HOW DO PEPTIDES WORK?

Peptides as Biological Messengers

PEPTIDE

↓

RECEPTOR/TARGET

↓

CELLULAR SIGNALING

↓

PHYSIOLOGICAL RESPONSE

Why Different Peptides Produce Different Effects

01 *MOLECULAR STRUCTURE*

02 *RECEPTOR AFFINITY AND SELECTIVITY*

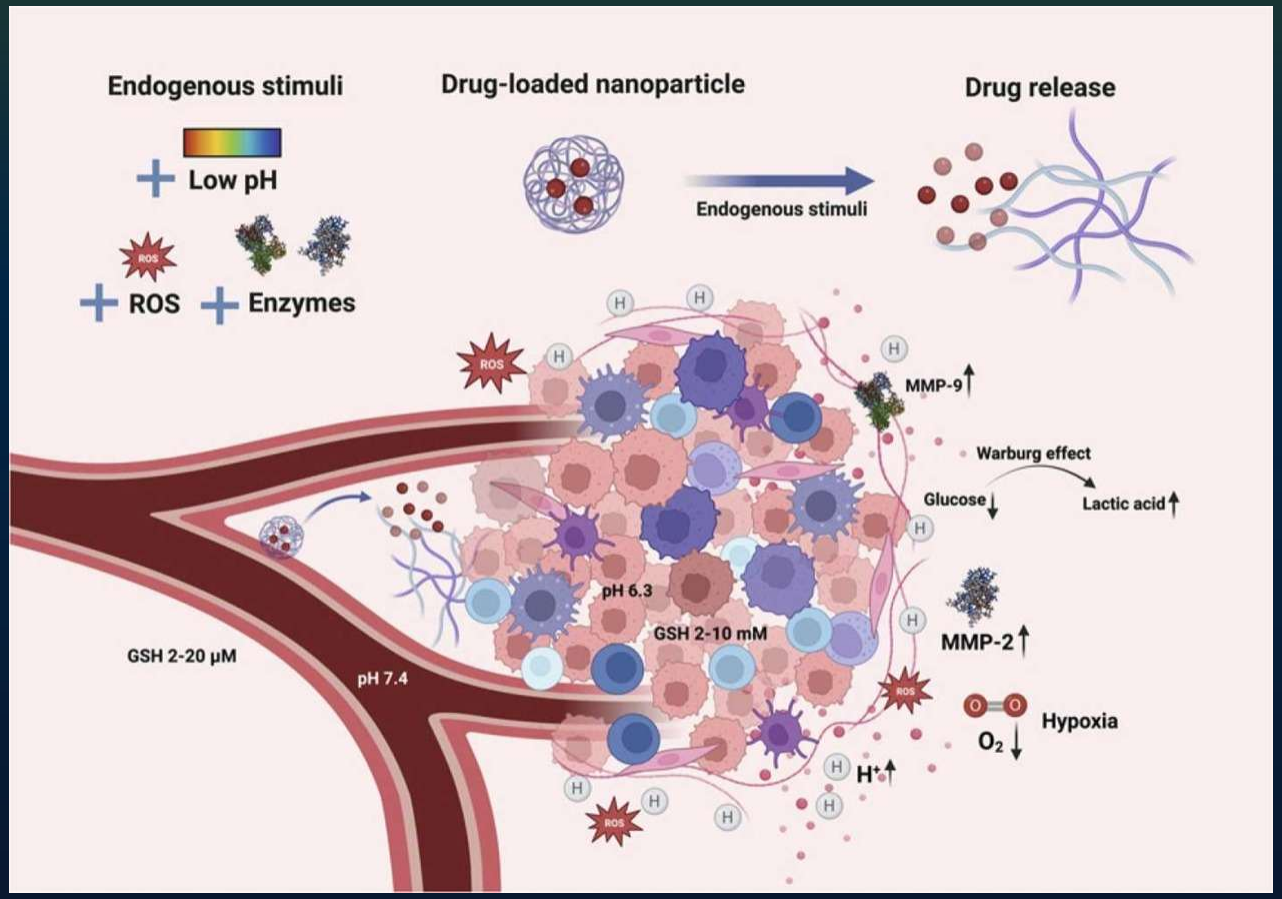
03 *TISSUE DISTRIBUTION*

04 *SIGNALLING PATHWAY*

05 *DOSE AND EXPOSURE*

06 *PATIENT/BIOLOGICAL CONTEXT*

From Endogenous Signal to Therapeutic Strategy



If physiology already uses peptide signaling, medicine can potentially replace, mimic, modify or influence those signals therapeutically.

This creates the bridge from normal biology to peptide-based medicine.

3
PEPTIDES ARE NOT A
NEW IDEA IN MEDICINE

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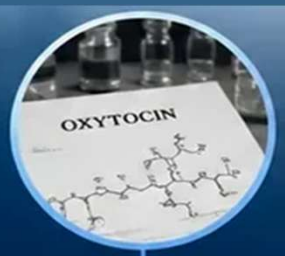
A Short History of Peptide Therapeutics

1902

Emil Fischer proposes the structure of peptides

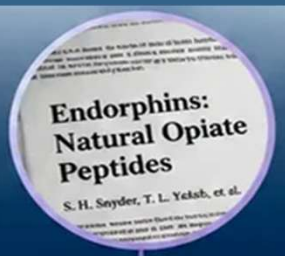


1953

Synthesis of oxytocin – one of the first peptides synthesized

1963

Solid-phase peptide synthesis introduced by Merrifield (Nobel Prize 1984)



1975

Discovery of endorphins and their role in pain modulation

1990s

Advances in peptide therapeutics and drug delivery technologies

2000s–PRESENT

Growth of peptide therapies, imaging, and research across multiple fields

PEPTIDES ARE NOT A NEW IDEA IN MEDICINE

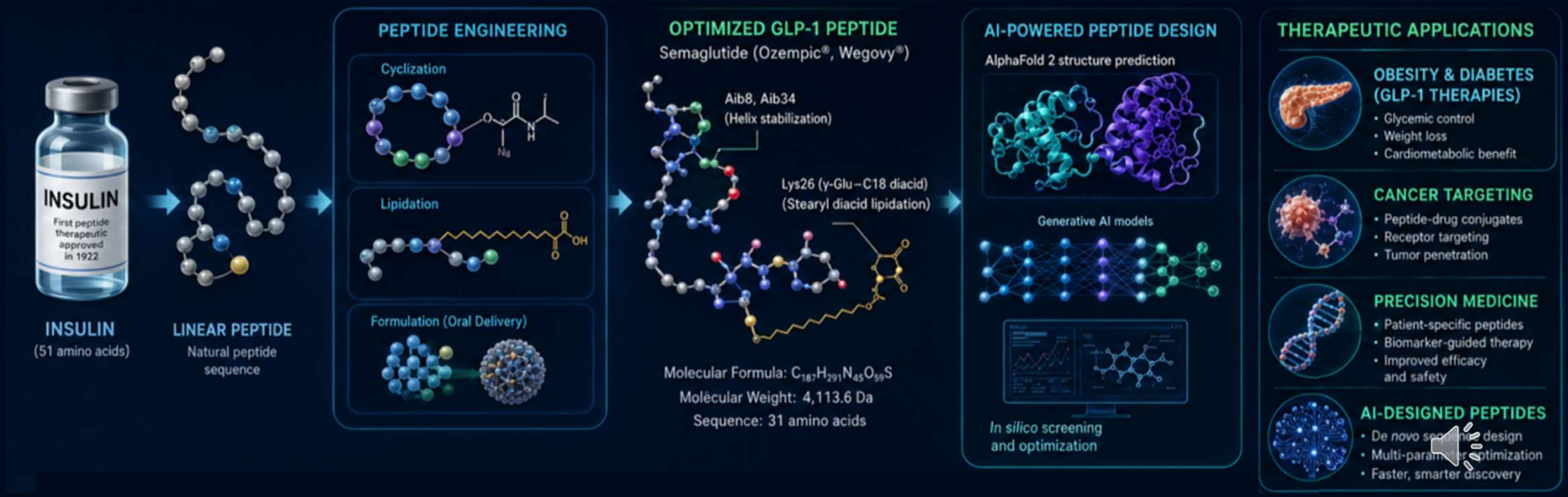
A Short History of Peptide Therapeutics

Landmark peptide therapeutics such as insulin

Advances in synthesis, purification and molecular design

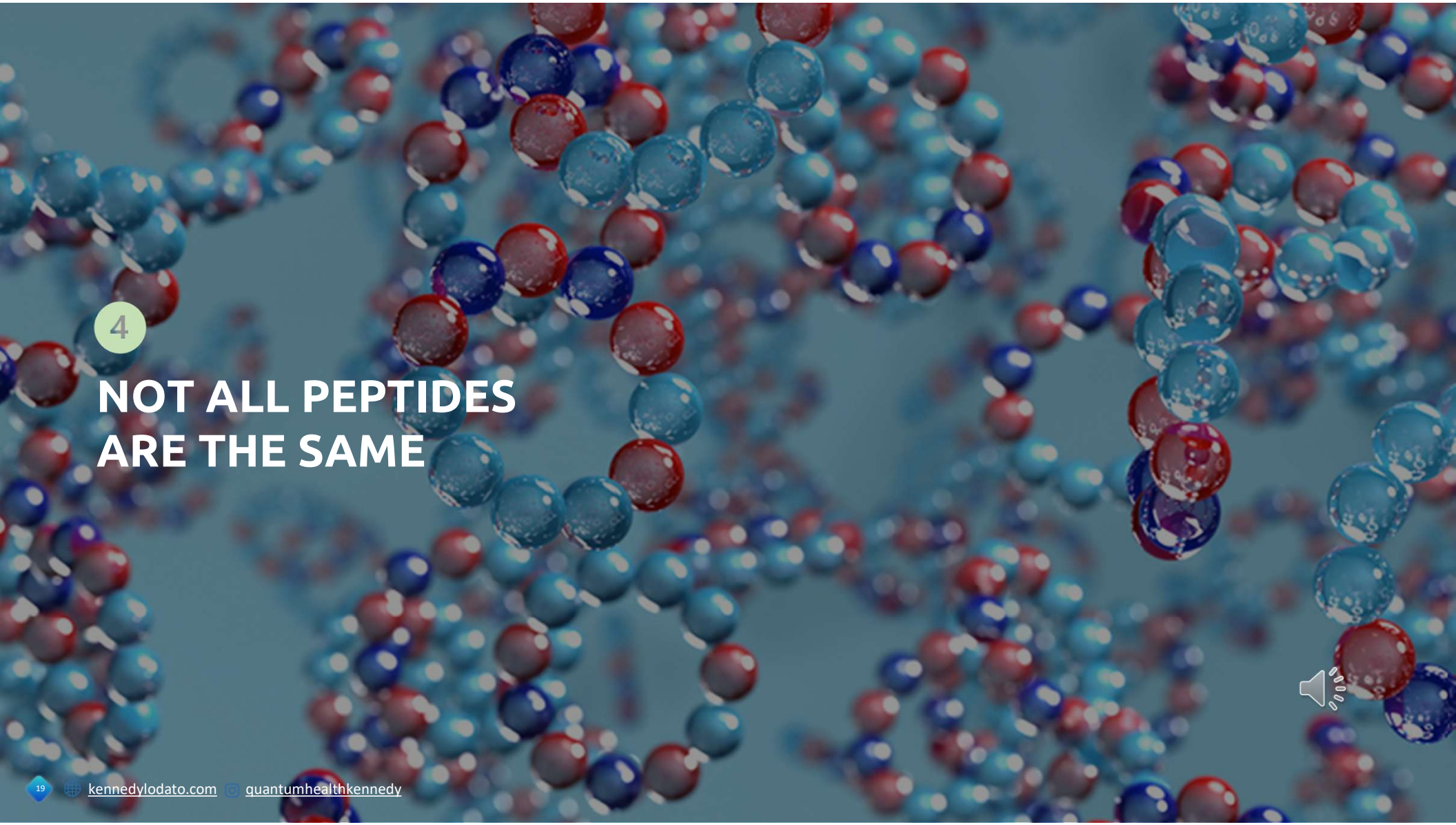
Increasing ability to alter stability, half-life and receptor activity

Expansion of peptide-based therapeutics across modern medicine



PEPTIDES ARE NOT A NEW IDEA IN MEDICINE

Peptides Already Exist in Mainstream Clinical Medicine



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NOT ALL PEPTIDES ARE THE SAME

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The Peptide Spectrum

ENDOGENOUS PEPTIDES

APPROVED PEPTIDE THERAPEUTICS

MODIFIED PEPTIDE ANALOGUES

INVESTIGATIONAL PEPTIDES

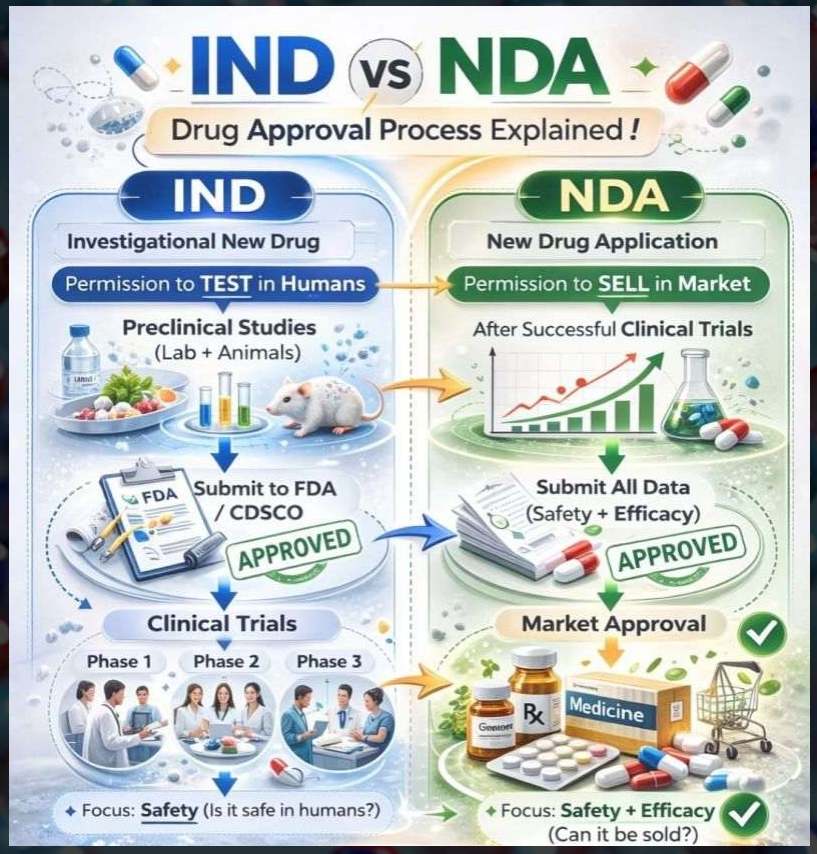
COMPOUNDED/ OFF-LABEL APPLICATIONS

PERFORMANCE/LONGEVITY MARKETPLACE

THE WORD "PEPTIDE" DOES NOT TELL YOU THE STRENGTH OF EVIDENCE, SAFETY PROFILE OR REGULATORY STATUS.

NOT ALL PEPTIDES ARE THE SAME

Approved, Investigational and Marketed
Are Different Categories



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WHERE ARE PEPTIDES BEING USED OR INVESTIGATED?

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Major Areas of Clinical Interest

METABOLIC HEALTH AND WEIGHT MANAGEMENT

ENDOCRINE SIGNALLING

TISSUE REPAIR AND RECOVERY

INFLAMMATION AND IMMUNE MODULATION

GASTROINTESTINAL APPLICATIONS

NEUROLOGICAL/COGNITIVE RESEARCH

SEXUAL/REPRODUCTIVE HEALTH

BODY COMPOSITION AND HEALTHY-AGING RESEARCH

THE WORD "PEPTIDE" DOES NOT TELL YOU THE STRENGTH OF EVIDENCE, SAFETY PROFILE OR REGULATORY STATUS.

WHERE ARE PEPTIDES BEING USED OR INVESTIGATED?

Clinical Application 1: Metabolic / Endocrine

Research basis: STEP 1 (NEJM, 2021); SURMOUNT-1 (NEJM, 2022); FDA EGRIFTA labeling.

PEPTIDE / THERAPY	INTENDED OUTCOME	HUMAN EVIDENCE	KEY LIMITATIONS
Semaglutide GLP-1 receptor agonist 	Weight reduction and improved blood-glucose control.	**Strong.** Large randomized human trials. In STEP 1, average weight change was about -15% at 68 weeks.	GI side effects are common. Requires appropriate patient selection and ongoing treatment.
Tirzepatide GIP/GLP-1 receptor agonist 	Weight reduction and improved metabolic measures.	**Strong.** Large randomized human trials. SURMOUNT-1 showed about 15-21% average weight reduction, depending on dose, at 72 weeks.	GI side effects are common. Results apply to the populations and *indications studied.*
Tesamorelin GHRH analogue 	Reduces excess visceral abdominal fat in HIV-associated lipodystrophy.	**Established.** Randomized human trials supported FDA approval for this specific indication.	Not a general weight-loss or anti-aging therapy; indication is specific.

WHERE ARE PEPTIDES BEING USED OR INVESTIGATED?

Clinical Application 2: Repair / Recovery

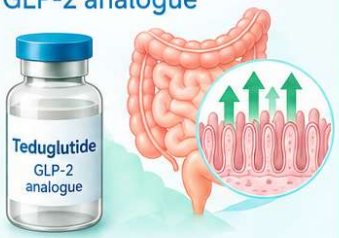
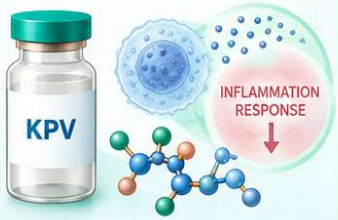
Research basis: teriparatide controlled trials; thymosin beta-4 phase 2 venous-ulcer trial; 2026 GHK-Cu clinical evidence review.

PEPTIDE / THERAPY	INTENDED OUTCOME	HUMAN EVIDENCE	KEY LIMITATIONS
Teriparatide PTH(1-34) peptide 	Stimulates bone formation and reduces fracture risk in selected osteoporosis patients.	**Strong.** Controlled human trials and established clinical muse.	Evidence is for bone/osteoporosis treatment - not proof that all regenerative peptides heal endons or muscles.
Thymosin beta-4 	Proposed support for wound repair, cell migration and tissue healing.	**Early human evidence.** A randomized phase 2 venous-ulcer study included 73 patients and showed a possible healing signal at one dose.	Small studies; specific formulation and indication. Do not treat TB-500 marketing claims as equivalent to thymosin beta-4 clinical evidence.
GHK-Cu Copper tripeptide 	Proposed support for skin remodeling and tissue repair.	**Limited.** Human studies are small; the preclinical/mechanistic literature is much larger than the clinical literature.	Human outcome data remain thin and fragmented; formulation and route matter.

WHERE ARE PEPTIDES BEING USED OR INVESTIGATED?

Clinical Application 3: Inflammation / Immune / GI

Research basis: FDA GATTEX information; FDA Pharmacy Compounding Advisory Committee materials, July 2026.

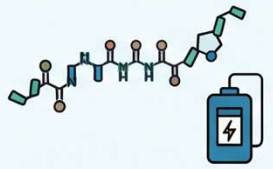
PEPTIDE / THERAPY	INTENDED OUTCOME	HUMAN EVIDENCE	KEY LIMITATIONS
Teduglutide GLP-2 analogue 	Improves intestinal absorption and can reduce dependence on parenteral support in short bowel syndrome.	**Strong / established.** Controlled human evidence; FDA-approved for short bowel syndrome in patients dependent on parenteral support.	Very specific indication. Requires clinical monitoring and should not be generalized to broad 'gut-healing' claims.
KPV Alpha-MSH-derived tripeptide 	Proposed anti-inflammatory and wound/GI effects.	**Limited.** Biological and preclinical rationale exists, but robust human efficacy evidence is lacking.	Mechanism does not equal proven clinical benefit. FDA reviewed KPV-related bulk substances in the compounding context in 2026.

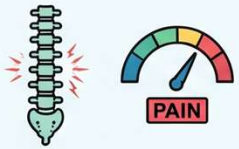
WHERE ARE PEPTIDES BEING USED OR INVESTIGATED?

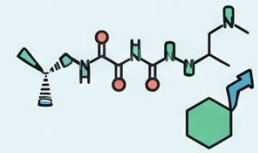
Clinical Application 4: Neurological / Sexual Health / Healthy Aging

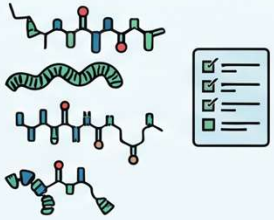
Research basis: FDA PRIALT and VYLEESI labeling; FDA 2026 peptide-compounding review materials.

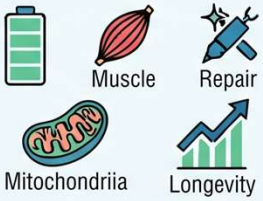
AREA	PEPTIDE	INTENDED OUTCOME	HUMAN EVIDENCE	KEY LIMITATIONS
Neurological	Ziconotide	Intrathecal treatment for severe chronic pain.	Established. FDA-approved peptide therapeutic with human clinical evidence.	Specialized intrathecal treatment with important CNS safety considerations; not a general cognitive-enhancement peptide.
Sexual health	Bremelanotide	Treatment of acquired, generalized HSDD in premenopausal women.	Established for this defined indication. Human trials supported FDA approval.	Not approved for men, postmenopausal women, or general sexual-performance enhancement.
Healthy aging / longevity	Many	Claims often include energy, body composition, recovery, mitochondrial function or longevity.	No single peptide should be presented here as an established general anti-aging therapy.	Disease-specific results, biomarkers or animal findings should not be presented as proof of longer life or broad healthy-aging benefit.











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WHAT DOES THE EVIDENCE ACTUALLY SHOW?

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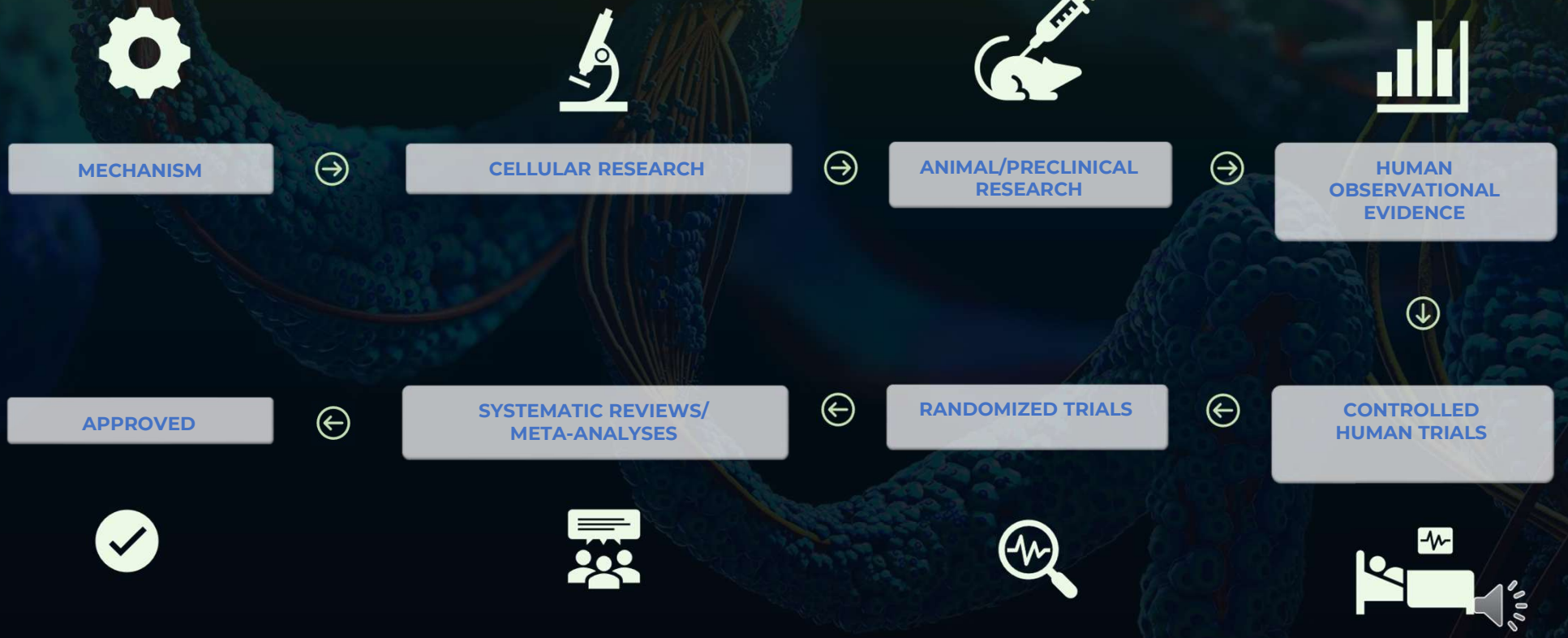
Evidence Is Not One Thing

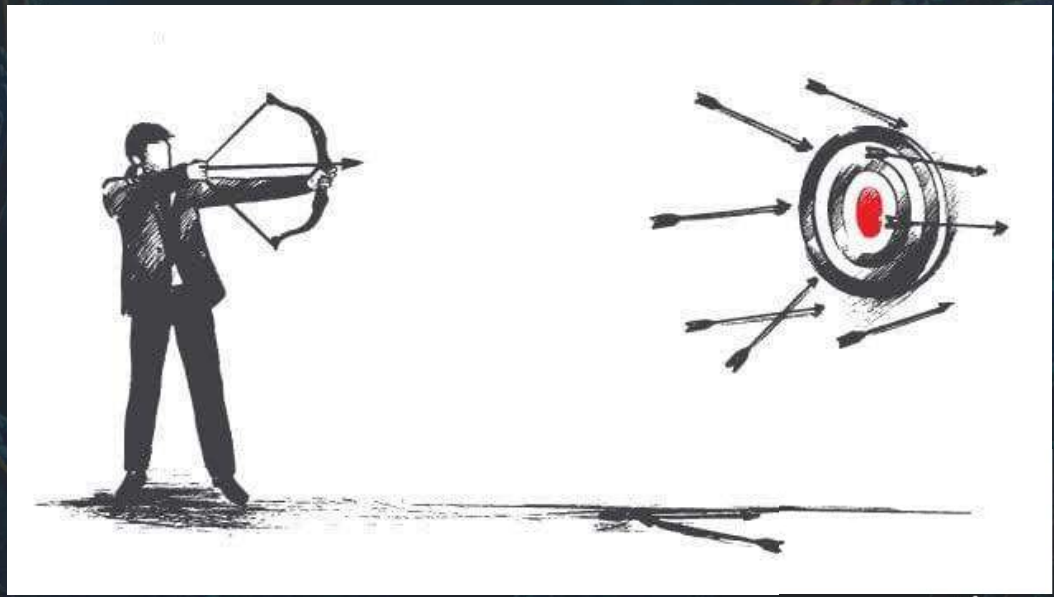


BIOLOGICAL PLAUSIBILITY IS NOT THE SAME AS DEMONSTRATED CLINICAL EFFICACY

Mechanism Does Not Automatically Equal Clinical Outcome

A peptide may affect the expected receptor or pathway and still fail to produce a meaningful human clinical outcome.

This is a key scientific distinction for a medical audience.



Where Is the Evidence Strong?

STRONG EVIDENCE
Demonstrated clinical benefits in well-designed human studies.

BPC-157
Promising preclinical research in tissue repair and inflammation. Human studies remain small and preliminary.

TB-500 / THYMOSIN BETA-4
Research has explored wound healing and tissue repair, but evidence for marketed TB-500 products remains limited.

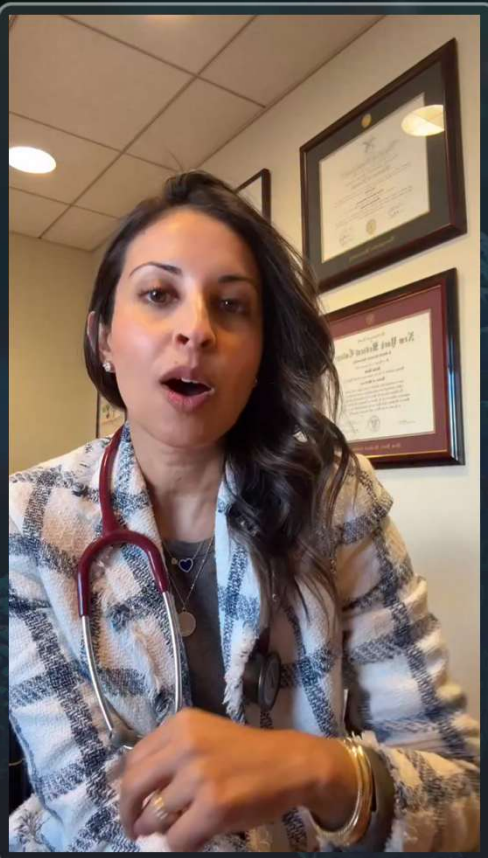
THE IMPORTANT DISTINCTION
Limited evidence does not mean ineffective. It means effectiveness and safety have not yet been adequately established.

WHAT DOES THE EVIDENCE ACTUALLY SHOW?

Where Is the Evidence Emerging?

Show areas with promising but **incomplete human evidence**.

Clearly distinguish what has been demonstrated from what is still being investigated.

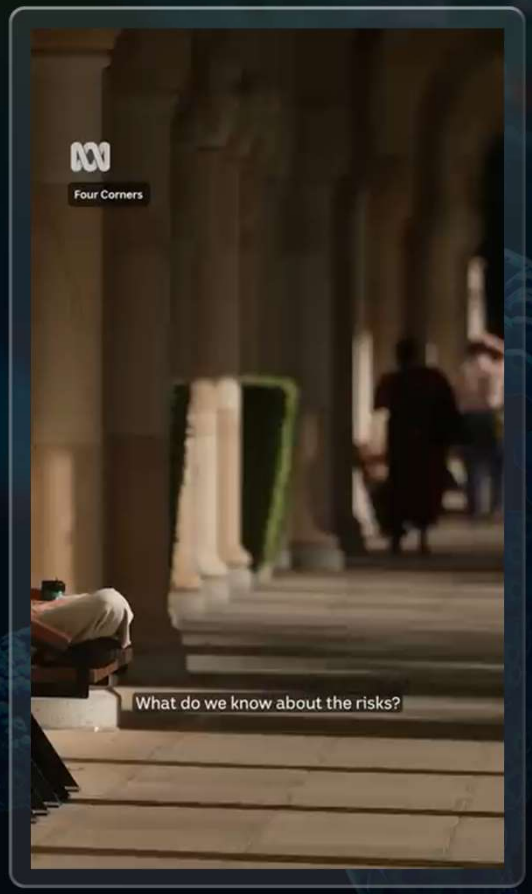


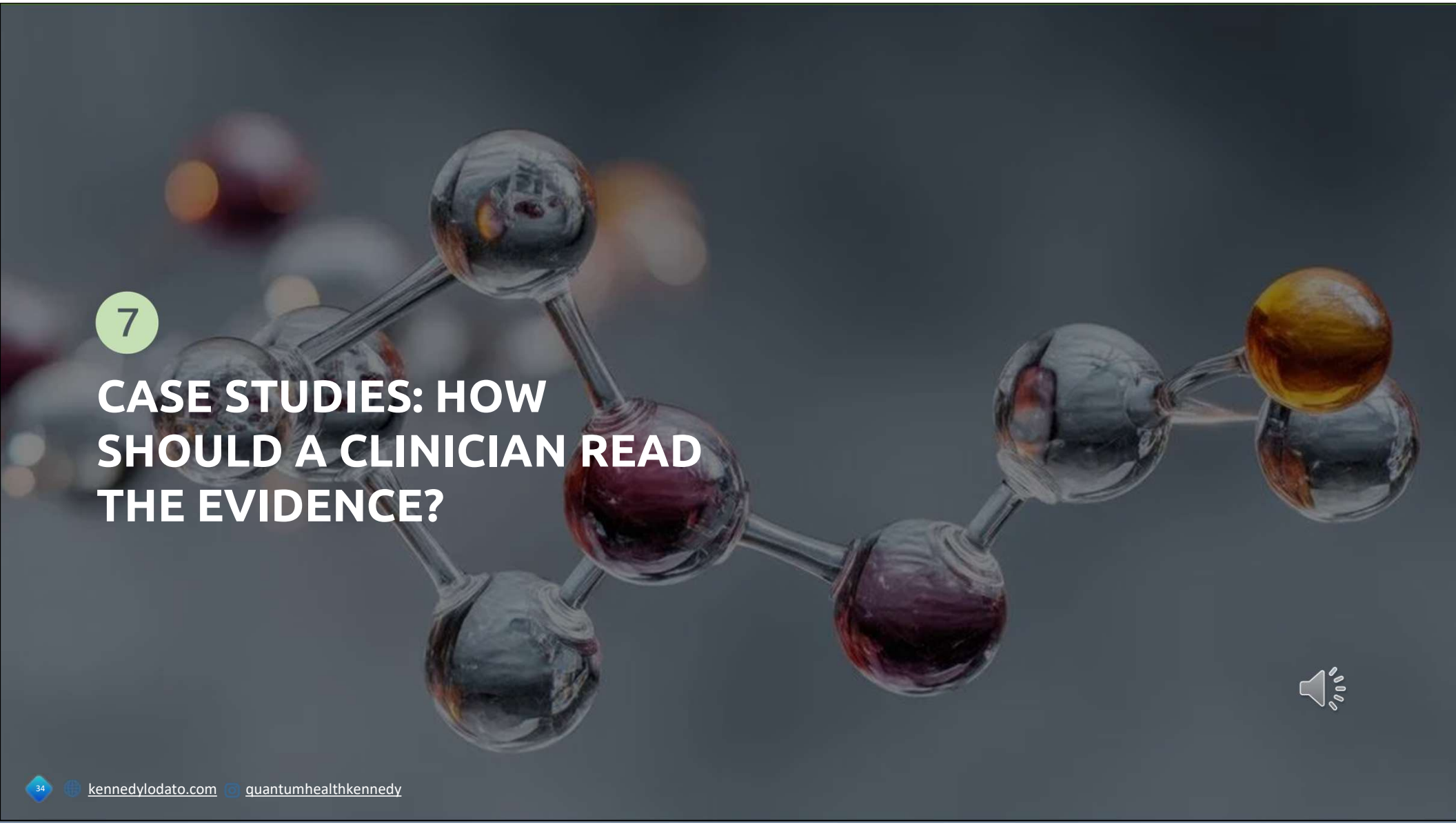
WHAT DOES THE EVIDENCE ACTUALLY SHOW?

Where Is the Evidence Limited?

Preclinical evidence, small studies, anecdotal reports or **insufficient long-term human data**.

No ridicule and no dismissal: simply here is what we know, and here is what we do not yet know.





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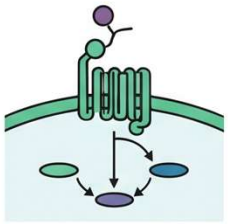
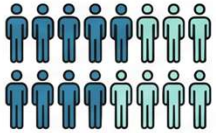
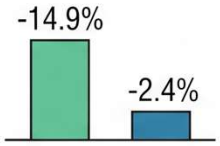
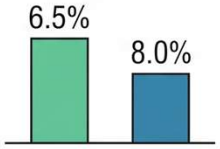
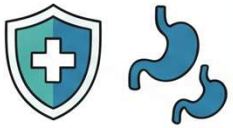
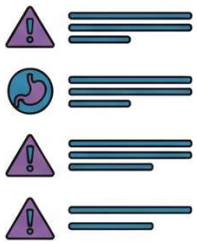
CASE STUDIES: HOW SHOULD A CLINICIAN READ THE EVIDENCE?

Case Study 1: An Established Peptide Therapeutic

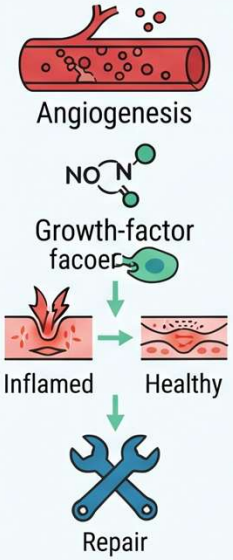
Research basis: STEP 1 (NEJM, 2021); SELECT/FDA cardiovascular indication (2024).

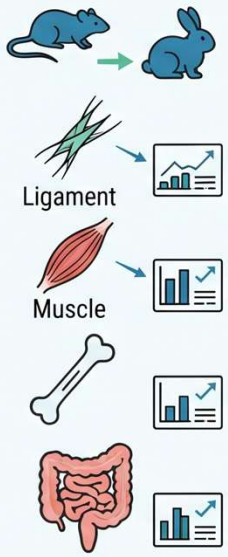
MECHANISM	INDICATION	HUMAN EVIDENCE	CLINICAL OUTCOME	SAFETY	REGULATORY STATUS
GLP-1 receptor agonist.  Influences appetite, gastric emptying and glucose-dependent metabolic signaling.	Chronic weight management in defined patients with obesity/over-weight. Also has an FDA-approved caf-tiılar-risk-reduction indication in a defined high-risk population. 	Large randomized trials. **STEP 1** enrolled **1,961** adults. SELECT enrolled more than **17,600** adults. 	**STEP 1:** average weight change about -14.9% vs -2.4% placebo at 68 weeks.  SELECT: major CV events **6.5%** vs **8.0%** placebo. 	Well-characterized safety profile. GI effects are common; contraindications and warnings require patient selection.  	FDA-approved. Indications, dose, route and safety requirements are defined in approved labeling. Indications, dose, route and safety requirements are approved labeling.

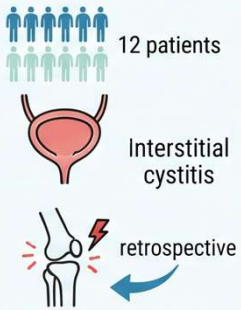
Case Study 2: BPC -157 Another Emerging/Controversial Peptide

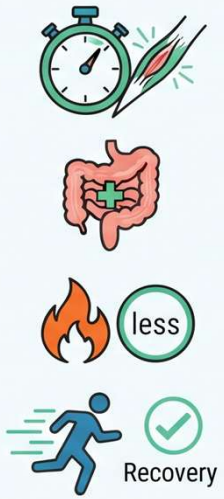
Research basis: 2024 interstitial-cystitis pilot; 2021 retrospective knee-pain report; 2025 systematic review; FDA Pharmacy Compounding Advisory Committee materials, July 2026.

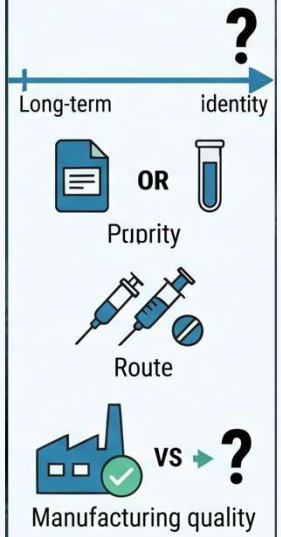
PROPOSED MECHANISM	PRECLINICAL EVIDENCE	HUMAN EVIDENCE	CLAIMS BEING MADE	SAFETY / UNKNOWNS	REGULATORY STATUS
Proposed effects involve angiogenesis, nitric-oxide signaling, growth-factor pathways, inflammation and tissue repair.	Many animal studies report effects in tendon, ligament, muscle, bone and GI injury models.	Very limited. Examples include a 12-patient interstitial-cystitis pilot and a small retrospective knee-pain report. No large definitive randomized efficacy program.	Common claims include faster tendon/ligament healing, gut repair, less inflammation and faster recovery.	Long-term human safety is not established. Product identity, purity, route and manufacturing quality remain important concerns.	Not FDA-approved. FDA reviewed BPC-157-related bulk substances in the 503A compounding context in July 2026.











Interesting biology + early human signals are not the same as established clinical efficacy.

8
SAFETY, QUALITY,
REGULATION AND CLINICAL
RESPONSIBILITY

What Does a Clinician Need to Know About Safety?

KNOWN ADVERSE EFFECTS

CONTRAINDICATIONS AND INTERACTIONS

DOSE AND ROUTE CONSIDERATIONS

DURATION OF USE

PATIENT SELECTION

LONG-TERM UNKNOWNS WHERE EVIDENCE IS INCOMPLETE

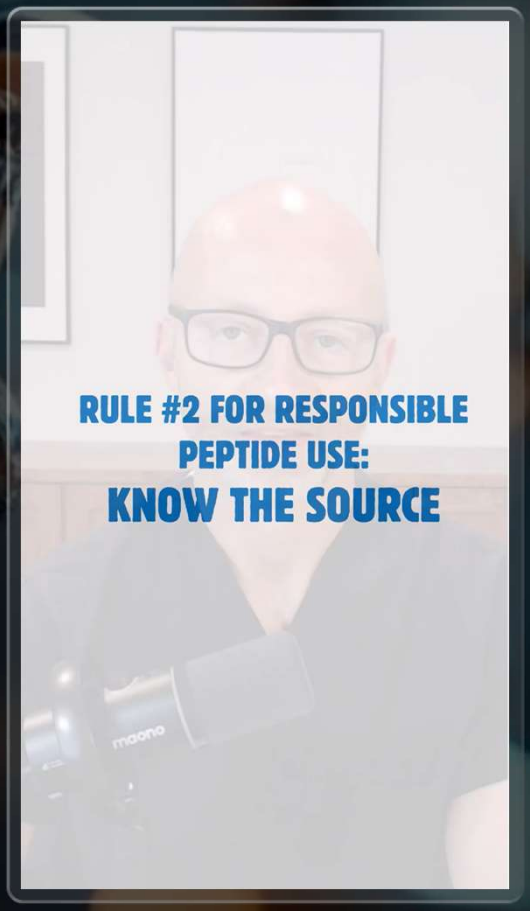
SAFETY, QUALITY, REGULATION AND CLINICAL RESPONSIBILITY

Quality Matters

General clinical considerations only:

- Identity and purity
- Sterility where applicable
- Stability and appropriate storage
- Consistency and appropriate testing
- Reliable sourcing
- Potency Concentration

EVIDENCE FOR A MOLECULE AND QUALITY OF THE ACTUAL PRODUCT ARE SEPARATE QUESTIONS. BOTH MATTER.



SAFETY, QUALITY, REGULATION AND CLINICAL RESPONSIBILITY

Regulatory Status Matters

Clearly distinguish approved, off-label, compounded, investigational and unapproved/research-use contexts.

Regulatory status and clinical evidence are related considerations, but they are not identical questions.

9

BPC-157 and Cancer

What Is BPC-157?

BPC-157 (Body Protection Compound-157) is a synthetic peptide fragment derived from a protein found in human gastric juice. It has been extensively studied for its potential to support tissue repair, reduce inflammation, and promote healing throughout the body.

TISSUE REPAIR
Supports healing of muscles, tendons, ligaments, and the gut.

ANTI-INFLAMMATORY
Shown to modulate inflammatory pathways and reduce oxidative stress.

GUT HEALTH
Originally studied for its protective and regenerative effects on the gastrointestinal tract.

BPC-157 is a 15-amino acid peptide sequence.

BPC-157 AMINO ACID SEQUENCE

15 AMINO ACIDS

Gly Pro Ala Asp Ala Val Gly
Leu Val Gly Leu Lys Pro Ala

EXTENSIVELY STUDIED
Over two decades of research across multiple preclinical models.

WIDE APPLICATION
Explored for muscle, joint, neurological, and gastrointestinal health.

RESEARCH ONLY
For laboratory research use only. Not for human consumption.

SCIENCE. QUALITY. TRUST. | AMERICAN PEPTIDES

WHERE DOES THE CONCERN COME FROM?

There is no good human evidence demonstrating that BPC-157 causes cancer. However, there is a biological reason why the question gets asked.

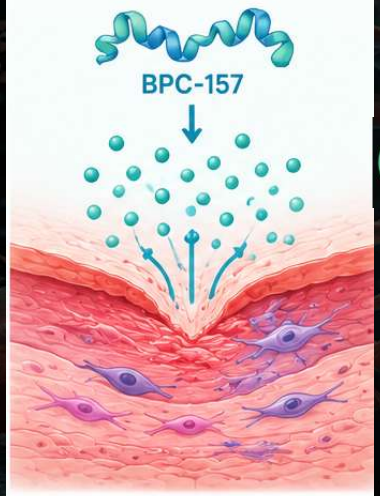
Simple supporting points:

- BPC-157 has been studied for tissue repair and healing.
- Some of its proposed effects involve blood-vessel and repair signaling.
- Existing tumors can use some of those same biological pathways.

THE PATHWAY BEHIND THE CONCERN

Tissue-repair signaling

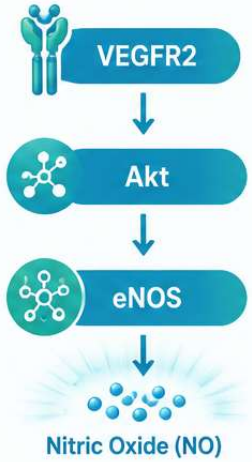
BPC-157 activates multiple cellular pathways that trigger tissue repair and regeneration.



- Cell proliferation
- Collagen production
- Tissue regeneration

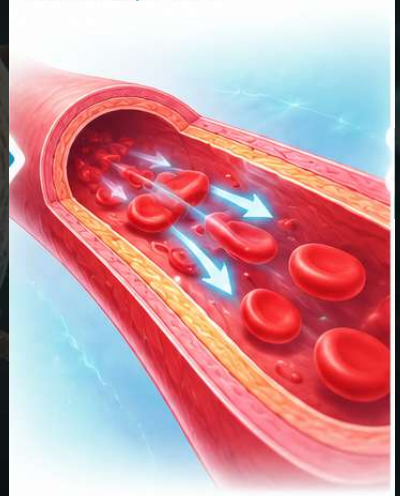
VEGFR2 → Akt → eNOS

BPC-157 upregulates the VEGFR2/Akt/eNOS pathway, which drives nitric oxide production and vascular health.



Endothelial activity / blood flow

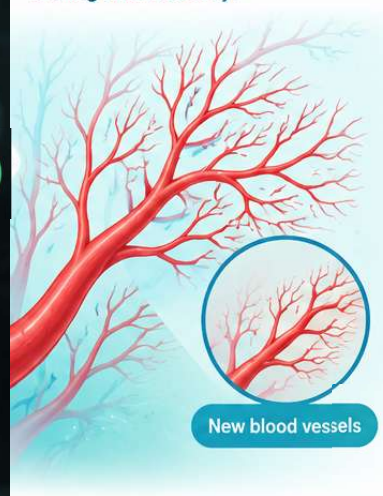
Increased nitric oxide production improves endothelial function, leading to better blood flow and tissue perfusion.



- Improved endothelial function
- Enhanced microcirculation
- Better tissue oxygenation

Angiogenesis — formation of new blood vessels

BPC-157 promotes angiogenesis, helping to form new blood vessels and support long-term tissue healing and recovery.



- New vessel formation
- Improved nutrient & oxygen delivery
- Long-term tissue repair

An existing tumor may also use angiogenesis to obtain more oxygen and nutrients.

If the body is repairing damaged tissue, building new blood vessels can be useful. But an existing tumor can use blood vessels too.

CONCERN DOES NOT EQUAL CAUSATION

WHAT WE KNOW

BPC-157 affects repair and angiogenic signaling in preclinical research

WHAT WE DO NOT KNOW

We do not have adequate human oncology research showing whether BPC-157 accelerates an existing cancer.

WHAT HAS NOT BEEN DEMONSTRATED

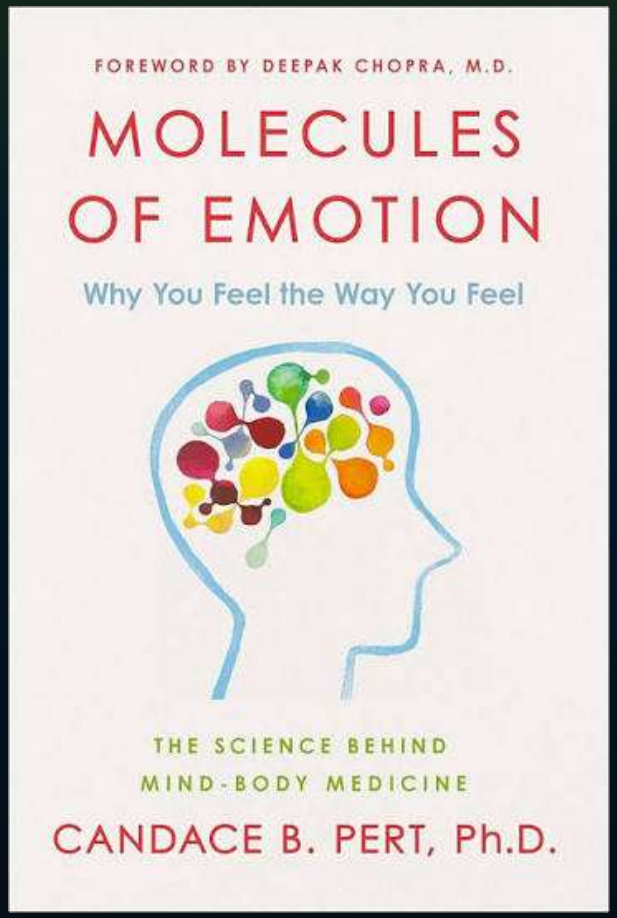
There is no good human evidence showing that BPC-157 turns normal cells into cancer cells or initiates cancer

A THEORETICAL REASON FOR CAUTION IS NOT EVIDENCE OF CAUSATION.
In someone with an active malignancy, the limited evidence and the theoretical angiogenic concern are reasonable reasons for caution.
That is very different from saying, “BPC-157 causes cancer.”

10

MOLECULES OF EMOTION

What mediates the interaction of the Immune system with the brain?

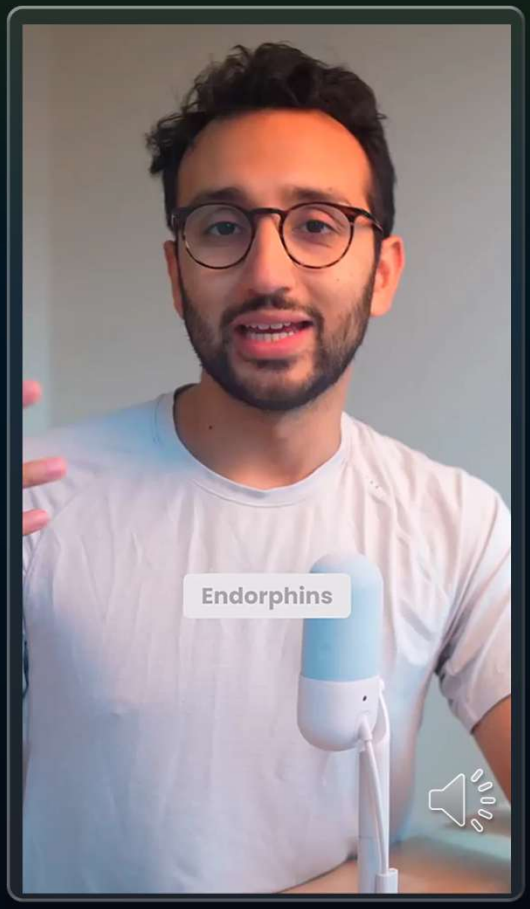


In the 1970's, Candace Pert (1997) and others discovered that the brain secretes certain molecules called neuro peptides which help mitigate analgesia hormonal changes and response to stress resulting in illnesses.

Amit Goswami - PHD - Quantum Doctor

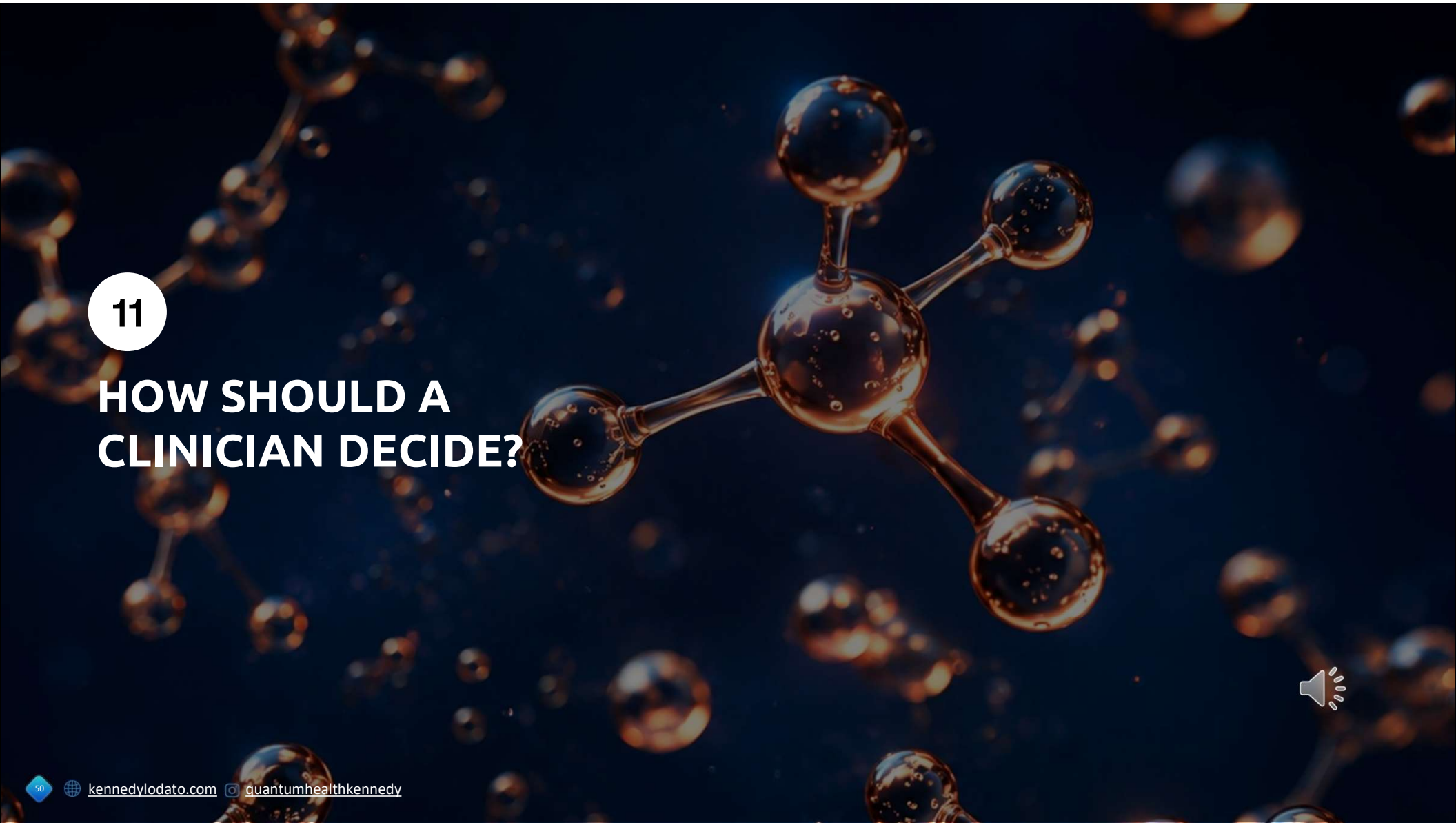
Lock and Key mechanism Revisted

Among the well-known **Peptides** is the **endorphins** which taps specific receptor types in the Brain and the Body like a Lock and Key mechanism, and they can also alter our experience of pain and has been more covered in the popular press.



Endorphin called Methionine - Enkephalin

It was also discovered again in 1979 that certain components in the immune system, the key cell lymphocytes have receptors for an endorphin called Methionine - Enkephalin, this established conclusively that neuro peptides like endorphins are the mediators between the brain and the immune system.


11
HOW SHOULD A
CLINICIAN DECIDE?

HOW SHOULD A CLINICIAN DECIDE?

Seven Questions Before Considering a Peptide

01 WHAT EXACTLY IS THE PEPTIDE OR THERAPEUTIC?

02 *WHAT IS THE PROPOSED MECHANISM?*

03 WHAT CLINICAL OUTCOME ARE WE TRYING TO CHANGE?

04 *WHAT HUMAN EVIDENCE SUPPORTS THAT OUTCOME?*

05 WHAT ARE THE KNOWN RISKS AND IMPORTANT UNKNOWNS?

06 *WHAT IS ITS REGULATORY STATUS?*

07 DOES IT MAKE SENSE FOR THIS PATIENT, IN THIS CONTEXT, AT THIS TIME?

HOW SHOULD A CLINICIAN DECIDE?

Closing: The Right Question

The question is not: Are peptides good or bad?
The better questions are:

WHICH PEPTIDE?

FOR WHOM?

FOR WHAT PURPOSE?

SUPPORTED BY WHAT EVIDENCE?

WITH WHAT POTENTIAL BENEFIT, RISK AND UNCERTAINTY?

CURIOSITY WITHOUT HYPE. CAUTION WITHOUT DISMISSAL.
FOLLOW THE EVIDENCE.

Questions?

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Thank You!