

Navigate Chronic Illness With Peptides

Jen Pflieghaar, DO, ABOIM
with **Nafysa Parpia, ND**



Jen Pflieghaar, DO, ABOIM

You. Hi, everyone. Welcome back to the Peptide Summit. I'm your host, Dr. Jen Pflieghaar. Today we have Dr. Nafysa Parpia, and she is a Board-Certified Naturopathic Doctor and Doctor of Naturopathy Medicine at Gordon Medical. Throughout her career in Holistic Medicine, she's focused on treating patients with complex chronic illnesses. She specializes in tick-borne illness, Lyme disease, environmentally acquired illness, mold and mold toxin illness, mycotoxins, illness, autoimmunity, fibromyalgia, and Long-haul Covid in ME/CFS, which is chronic fatigue syndrome.

She chooses cutting-edge laboratory tests and deep intuition applied to a full range of scientific data to create comprehensive treatment plans that are highly personalized. Her targeted systems of care include a synergistic blend of regenerative medicine, oral and intravenous micronutrient therapy, peptide therapies, botanical medicine, pharmaceuticals, injection therapies, and functional nutrition. Dr. Parpia is also on the ISEAI Board of Directors, the International Society of Environmentally Acquired Illnesses, and a Scientific and Medical Advisor for Neuro Hacker Collective. We have such an expert here today. Welcome to the summit.

Nafysa Parpia, ND

Thank you so much for having me. I'm so happy you're doing this summit. It's such an important topic.

Jen Pflieghaar, DO, ABOIM

Yes. Tell us a little about how you became a naturopathic doctor and how you are passionate about chronic illnesses.

Nafysa Parpia, ND

Yes. I became a naturopathic doctor a long time ago. I was going to make a short to spend more time talking about the peptides, but in general, I was working in fundraising. It was paying my bills, but I and my heart were I knew there was a healer in me. I knew I wanted to work with

people at the very depths of everything—mind, body, and spirit. I had to find my niche. Where am I going to meet these people so that I can help them? How am I going to do that?

Through a long exploratory process, I realized that it was naturopathic medicine. Then, when I was there, we were trained to be naturopathic general practitioners. Of course, I enjoyed that. I'm so grateful for my training. It's excellent. but it didn't train me to treat people with the complexities that I do today. I learned that from many different sources. I spent a year under mentorship at Dr. Dietrich Klinghardt Clinic, where I learned a lot about Lyme disease and detoxification therapies.

Then, after working with him, Dr. Isaac Eliaz, who a lot of people know here, hired me to head up the Lyme and Mold and Chronic Illness Division of his clinic for the patients there. I focused on those patients there and learned a lot from Dr. Eliaz on how to treat them and how to detox appropriately. That was maybe 10 years ago or something. Then I put together what I learned from those two and made it my own. I've been at Gordon Medical for the past, I think eight years or something. It's been a long time working with these patients, and it's just such a joy. It's such an honor and privilege to be walking my path.

Jen Pflgebraar, DO, ABOIM

Yes. That's amazing. With chronic illnesses, it's very difficult because these are things that have been going on for decades. You're trying to unravel everything. This is a delicate process. Can you share why you use specific peptides in a specific order regarding these complex, chronic illnesses?

Nafysa Parpia, ND

Yes. I created a methodology by which to use peptide therapies for these patients, who have complex chronic illnesses. I got the peptide certification. Over the past five years, I've been doing a deep dive into understanding the peptides and using them on my patients. What's amazing is that for patients, it used to take maybe 3 to 5 years to recover from their chronic illness. It now could take six, eight, or 12 months, typically. It used to be a long haul. It's still a long haul, but it's way faster. This is why I love the peptides for chronic illnesses: they make everything go quicker. Patients are still coming to the clinic. They're getting a multitude of therapies. It's not only peptide therapies; they augment everything else that we do.

I want to talk about the way that I think about complex chronic illness first, because when I discuss that, that's when I'll be able to weave in why I use the peptides and in what order and for what reason. I tell my patients that there are five reasons why people get sick: infections, toxins, diet, lifestyle, and structural integrity issues. Now I know you're so aware of this. I just want to explain a little bit more to our audience about what these are, a little more specifically.

Infections. My patients have a multitude of infections and are in different sites of their bodies. If we're talking about Lyme disease and co-infections, those infections love the connective tissue

and the nerves. We can have infections at those sites. In the microbiome, in the sinuses, and dental. Tick-borne diseases, bacteria, parasites, and fungi, high viral loads. Our patients have a slew of all of these infections chronically.

Toxins. I'm talking about metals, particularly mercury, lead, arsenic, aluminum, cadmium, glyphosate, microplastics, and structural integrity issues. A lot of patients have tissues that are too tight. They're not getting enough circulation, or if the tissues are too loose, then that laxity becomes even worse. By then, the inflammatory chemicals that these patients are creating in their bodies and their lifestyles include stress. It includes trauma. It includes sleep. These are the root causes that make somebody sick. The interesting thing is that functional medicine talks a lot about root causes. We're going to remove the root cause. Then you're going to get better.

For these patients, removing the root cause first typically doesn't work. They've got this, these five root causes, and many more spokes on the wheel. That creates inflammation that is non-stop. That inflammation then creates secondary issues. These downstream effects, particularly an immune system that's confused by immune system dysregulation. They've got a hyperactive immune system and a weakening immune system at the same time. Hyperactive means they've got autoimmune conditions. They've got mast cell activation syndrome. Weakening means they can't mount the appropriate immune response to kill those infections. Those multitudes of infections that they have. That's the confused immune system I'm talking about.

Then we get those other diagnoses: chronic fatigue syndrome, fibromyalgia, and long-term COVID. It's about inflammation, which means genes. But when I'm using peptides, I'm typically coming in to work on that immune system, the confused immune system first. When I can get that in order quickly, then it becomes much easier to detox and treat the infections. Starting with that immune system, then I'll come in and I'll start to detox the patient if it's warranted. However, that patient needs it done, and then treating infections often comes in, as well. I can use peptides to treat most of these root causes. But I'm also using them, typically first, for the downstream effects.

Jen Pflieger, DO, ABOIM

Yes, I love that explanation because it's so complex and you have to do things in order. You have to do things correctly, or you might not see the results. I think that happens to a lot of people for Lyme. They might go to someone and they're going to put you on all these antibiotics, but they haven't worked on those other things first: their sleep and their gut microbiome. then they could do a little bit more harm. What do peptides do? Could you give an example? Maybe if someone came in with a specific chronic illness, what peptides would you use in a specific order?

Nafysa Parpia, ND

Yes, absolutely. Most of my patients come in. A lot of them have a diagnosis of chronic Lyme already, or they have no diagnosis, but they've got mystery symptoms. They've got wandering

pain throughout their body, in the joints and the muscles. They have brain fog. They have GI issues, they have muscle fatigue, and they have chronic fatigue as well. Then some of these people do have a diagnosis—long-haul chronic fatigue syndrome or fibromyalgia—in some way that doesn't even matter because I need to understand what's going on with them biochemically, what's going on with their genes, and make the other diagnoses that are contributing to the way that they're presenting.

I'll give you an example of a specific patient. I mean, all these stories are very, very similar, but something about one woman in particular: she has, my patients who are listening. You're probably saying that's me because we're all so similar. She has LAX ligaments. Highly, highly lax ligaments. Double-jointed. Joints will pop out easily. Cranial cervical instability. Not so severe that she needs surgery for it, but enough that there's laxity in the ligament here that holds up the brainstem. We see that on the MRI. When we get ligament laxity in the ligaments here, there's muscle activation syndrome and chemicals from the mast cells will tenderize the ligaments, make that ligament drop, and create more pressure in the brainstem. We have a lot of patients who have this issue. The lax ligaments, the tick-borne illnesses. She also had high levels of mercury in her blood from eating too much fish and other environmental toxins.

The first thing I did was give peptides that help modulate mast cells. KPV and Amlexanox, I love those remodeling mast cells. They helped most other patients; if they don't have the laxity, the ligaments starting with that help a lot with the mast cells, calming down that hyperactive immune system. But when I gave her GHK-Cu, which is a peptide that helps with connective tissue, with stabilizing connective tissue, that's when things started to drastically change. Before giving her any peptides, I noticed that there was some tick-borne disease. Sure, I wanted to treat it, but just with minute amounts of antibiotics, because she can't handle and absolutely can't handle regular dosages, it'll put her in bed and debilitate her. Microdoses of doxycycline and GHK-Cu peptides and a lot of other treatments for detoxification therapies. She went from pretty much having to be in bed all day to be able to function, to be able to work, to be able to have her life back. Had I not had GHK-Cu to give her to help with the connective tissue issue, this would have taken so much longer. It's about using the right peptide for the right person at the right time.

Jen Pfleghaar, DO, ABOIM

That was a great example and probably super helpful for those learning and listening at the summit. Now, can I ask you what form of KPV you gave? If it was oral, or maybe a spray? Then, for the GHK-Cu, what form did you give it?

Nafysa Parpia, ND

Yes. I gave it as a spray, an oral spray. I haven't been able to get a hold of the injectable for a little while, so. But the spray works well. The spray is made from integrative peptides. Now I want to give a little warning out there to some people. Because there are some people who, when they

take KPV, don't do so well, they need other peptides before taking the KPV to be ready for that KPV because the KPV has antimicrobial action against Staphylococcus and Candida.

I've had some patients who take the KPV, and they feel horrible. I think that's because it started that antimicrobial action against those infections, which they have. They weren't ready to treat infections because whenever we treat infections, we get a flare of inflammatory cytokines. The patient needs to be ready to handle that flare. Before I give KPVs, often give TB4-FRAG to calm the immune system first, then will we, then KPV, and then I might give him a BPC 157 or the GHK-Cu that was injectable form.

Jen Pflieger, DO, ABOIM

Nice. For those listening also, I've loved this talk so far because it's not just how the peptide looks; it fits with my symptoms. I mean, take it. It's good to have a guide to guide you through using these. That brings us to, I guess, another great question for you. What are the pitfalls of peptides?

Nafysa Parpia, ND

That's such a great question. I think there are quite a few. Just like any medication or supplement that we can take at the wrong time. Timing is critical. Dosage is important. There's a standard dosage when we see this all over the internet. We see stacks of recommendations from people who are not doctors all over the internet. For people who are sick. Yes, exactly. For people who are sick, it's just that I've seen that backfire all too often. People need to be working with somebody who's trained, who's experienced, who knows their peptides, and who knows how to work with patients who have, in my case, complex chronic illnesses. Knowing how to weave the peptides in and out and how to make them specific for each patient.

The other pitfall is peptides, which we can just get from the internet. We don't know where they're produced. We don't know if they're produced in the pharmacy. At the pharmacy, they have been processed and cleansed in a very particular way and repeatedly to make the peptides bioavailable. When they're from the internet, a lot of the time, that process isn't as thorough. The peptides aren't as potent as well. There have been instances where mercury has been found in peptides that have been purchased from just over the internet. Sourcing is important. I'd say those are the major pitfalls. Using it at the wrong time.

I've had patients who've come to me, and they said, Well, I started with Thymosin Alpha-1, and well, the patient, I say, just thanked me and made me feel horrible, or I did well on it for a month or two months, and then it made me feel horrible. Well, this peptide kicks up the immune response. Now, if somebody has an autoimmune condition, I'm not rushing to use that one first. I'm going to introduce the peptides to calm down the immune system first because before I start giving some Thymosin Alpha-1 slowly. I'm going to miss Thymosin Alpha-1. It also has big anti-microbial effects on a multitude of different types of infections. It might cause a person to start to deal with their long-term chronic infections. They weren't ready for that. This makes me think about another thing.

I had a patient say, I want to treat my infections now. The thing is, that's in the acute model of care. If someone's got an acute infection, I want to treat that infection here, now. If it's chronic and we apply the acute model of care under chronic illness, that doesn't work. That's another instance of people using TaI because they've got this chronic infection. the doctor giving it to them or the person. I've got an infection that I treat; it's acute. No, we don't want to treat it; it's acute. For the reasons that I discussed earlier the root causes, creating the inflammation, creating those compensations, and the secondary effects that we want to treat first,.

Jen Pflieghaar, DO, ABOIM

Yes, that's such a great point. I love that you're talking about a lot of the nuances that are so important with peptides. What are your favorite peptides for immune modulation? Can you explain to the listeners exactly what that term means?

Nafysa Parpia, ND

Yes, I have a way that I can describe to my patients the way their immune systems misbehave. Now, earlier, I talked about the immune system being confused. It's hyperactive on the one hand. I'm talking to patients who have autoimmune conditions. That's a hyperactive immune system. Talking about mass activation syndrome. Are you having someone talk about mast cells at the summit?

Jen Pflieghaar, DO, ABOIM

Not specifically, no. I'm glad that we're going to be getting into that a little bit.

Nafysa Parpia, ND

I'll explain it a little bit to our patients. Our mast cells are a type of immune cell that is responsible for creating inflammation appropriately. When we have an allergic response or sensitivity to something, it could be, as I tell my patients, imagine you're allergic to grass. You go outside and somebody is mowing the lawn, and then you have itchy eyes, a runny nose, and hives. That's your mast cells acting to create inflammation. We want that inflammation to be temporary. It's happening to help you deal with the insult. Then you go away. You leave the grass, and everything resolves.

Well, with our patients who have mast cell activation syndrome, the mast cells are releasing histamine and a repertoire of over a thousand other chemicals non-stop. Their mast cells aren't a hair trigger. It's not just, I'm allergic to something. I'm sensitive to something. It's that they're sensitive to almost everything. Things that maybe they shouldn't be sensitive to. Different. Different smells, different foods. For instance, even broccoli. Or even blueberries. We. Those aren't common allergens, but these patients are allergic to everything under the sun. Mast cells exist everywhere. Not just in the skin, not just in the eyes, not just in the nose, but that they line our nerves. They're in the brain. They're in our bones. Our patients will feel symptoms everywhere. It's not just skin deep; I don't feel an allergic reaction anymore, necessarily. That is an example of a confused immune system.

If the mast cells are thinking everything is in danger and then behaving as though they're in danger constantly, the immune system is doing that. That's the hyperactivity of the immune system and the weak immune system. There's danger. The immune system is trying to fight, fight, fight. It can't do it. Yet there are so many chronic infections, and they count. It can't mount the immune response to kill those infections. How can that be? That's a dysregulated immune system. I tell my patients it's having an untrained fighter and trained boxer in the ring. He's throwing the kicks and punches, but in the wrong direction, in the wrong sequence, and at the wrong person.

With autoimmunity, it's being thrown at yourself. That's a dysregulated immune system. When you ask about modulating the immune system, I want to bring the immune system back online. I want to regulate it so that the hyperactivity is calmed. I'm starting with that first with certain peptides, and then when the time is right, I'm bringing in other peptides to strengthen the part of the immune system that we need to be strong enough to kill the infection. It's making sure that the boxer in the ring knows how to fight if that makes sense.

Jen Pflieger, DO, ABOIM

Yes. That's such a great explanation. This is more common than you think. People just don't know that they have this problem. It's very frustrating for patients who have this. It takes a lot to calm and bring these things down. A lot of the time, people with mast cell illnesses have to calm down everything. The inflammation, the immune system before you even unpack what was the trigger for their mast cell to begin with. What peptides would you use for immune modulation?

Nafysa Parpia, ND

It's very often that I'm beginning with TB-4. TB-4 is wonderful for calming down the immune system. It is, and most patients don't have an adverse reaction to this one. It stimulates the production of our T cells. We get improved immunity. It's got a lot of anti-inflammatory effects. It works to calm down the hyperactivity in the immune system. It also helps with neurological recovery in the central nervous system and the peripheral nervous system. That's amazing.

Now that's been shown in studies of rats, not yet in humans, but I have seen TB-4 Frag help humans with the nervous system when given in conjunction with other things. The next one I love also is KPV. We talked a little bit about it before, but it has huge anti-inflammatory effects and it helps calm the mast cells. I said it's got anti-cancer and anti-Staph Aureus effects as well. Then there's Amlexanox. Amlexanox, I have to get it from the compounding pharmacy. It inhibits the release of histamines and leukotrienes from mast cells and neutrophils. It's used clinically in Japan for the treatment of people with bronchial asthma, rhinitis, and conjunctivitis.

Jen Pflieger, DO, ABOIM

Those are amazing. Some you could maybe get without a prescription, and then some. You said you had to go to the compounding pharmacy so that would be something that you'd want to

work on with your doctor. Now for immune modulation, then mast cells; they're pretty similar. Which peptides are you using for both? Do you have any other favorites for mast cells?

Nafysa Parpia, ND

Those are my favorites too. The KPV and the Lodoxamide are my two favorites for mast cells. But I'm also combining it with mast cell medications. Could be Cromolyn, for the person, could be for the right person, Ketotifen, could be Hydroxyzine. It could be Cyproheptadine if they have issues in the gut. It depends on the patient, and it depends on, the dosages depend on the patient as well. The combinations depend on the patient. I can't talk about BPC 157 and Larazotide actually for the gut because BPC 157 is 57 peptides, golden child. I know that everybody at the summit is going to be talking about BPC 157 now.

When I first started to use the peptides, I wanted to give everybody this one first. A lot of people loved it. Then some people said, That just wired me. It didn't allow me to sleep, or they had an adverse reaction. It caused too much tingling. I don't know why. It might cause tingling in certain people. I've got to think more about that and talk to some people who make peptides to find out what they think. But yes.

Jen Pflieghaar, DO, ABOIM

I wasn't letting anyone have that. I guess when you talk about it, could you talk about the forms in which they were getting the tingling because I've used the injectable BPC 157 more for tendons, ligaments, and that kind of thing? Then the oral is more for gut health. Also BPC 157 eyedrops for dry eyes. I mean, so many amazing ways. I guess yes, I'm curious, what were people getting the tingling?

Nafysa Parpia, ND

That was just with the oral capsules. It's not everybody. I won't be clear on that. I'd say it's 5% of my patient population. I think they can't handle that. Those who can't handle the oral, and the oral is very specific for the gut. The oral spray is intended to be used systemically. Yes, it helps so much for pain when it's injected locally, especially in the, just subcutaneously, just underneath the skin or trigger points, in the muscles of the neck for people who have cranial cervical instability. By the way, GHK-Cu injected subcutaneously over ligaments, not into the ligaments, just over, can help the connective tissue a lot.

Yes, it was back to the BPC. It was just the oral BPC, for a few people, was too much. Now, it has something to do with their gut. Why? I don't know. That's what I'm going to be on a hunt to figure out. But BPC is amazing when given in injection form, just subcutaneously in the abdomen. It helps incredibly with overall inflammation in the body. There are so many ways to deliver it. Yes, for eyedrops, dry eyes, and irritated eyes. After I got the COVID vaccine, I had a vaccine injury in my eye. I had an autoimmune condition show up in my eye, and BPC 157 helped me heal that autoimmunity in my eye as well as access my eye drops. There's a lot that we can do for our patients with regenerative medicine.

Then Larazotide for the gut. I love that peptide for the gut as well. That helps with leaky guts very specifically. It helps prevent the tight junctions from becoming loose from insults to the gut, pesticides from non-organic foods, a lot of antibiotic use, or for some people, gluten. Larazotide helps with that. It also helps with the reassembly of the junctions once they become damaged. That's an important one.

Jen Pflieghaar, DO, ABOIM

Yes. That one is newer. I feel like I just started using that within the last few years. Yes, your tight junctions are supposed to stay tight. Because of the toxic soup we live in, all the environmental things become damaged. That's when you start having those autoimmune diseases, especially the ones we were talking about earlier. I'm in the Midwest, so glyphosate is everywhere. It's everywhere. I have a lot of patients with leaky guts. Yes, Larazotide. It's been helpful, and don't worry, all these names of peptides and letters and numbers will start rolling off your tongue. The more you listen to this, it seems like a foreign language at first, but it is.

Nafysa Parpia, ND

It does. They've got funny names.

Jen Pflieghaar, DO, ABOIM

Yes. Well, let's keep going. Let's talk about infections. What peptides do you use for infections? There was one that I got, but it was hard to get. I'm sure it's the same on your list.

Nafysa Parpia, ND

Which one is that?

Jen Pflieghaar, DO, ABOIM

The LL-37.

Nafysa Parpia, ND

It is on my list. We'll talk later about it.

Jen Pflieghaar, DO, ABOIM

That's on the other.

Nafysa Parpia, ND

Yes. Ta1 and LL-37, are my two favorites to help with when it's time to treat the infection. I'm starting by calming down the immune system first. With all those that we talked about, then we come in and introduce Ta1, and then LL-37 very slowly. Low dosages because I want patients to have a sense of how a sense of what their ideal dosages are because the ideal dosage for these sensitive patients is going to be different for each person. It's not going to be the standard dosage that you read on the internet.

Ta1, this directly affects the immune system to strengthen it to kill infections. It also has antiviral, antifungal, and antibacterial properties. I love this one. This is another one we don't want to come in. Don't use it too fast because it's going to kick up that immune response very quickly. It's going to start working to kill infections very quickly. We want to make sure that you're ready for that. Before we do that.

LL-37. I love it because it is cytotoxic to a variety. Cytotoxic means toxic to the cells of a variety of different bugs. It has a broad-spectrum effect. It's great for those patients who have tick-borne diseases, parasites, funguses, or high viral loads. I had a woman who had Aspergillosis in her lungs, and she had it for 20 years. There will be times when it will subside, and then there will be times in her life when she will just be laid out in bed. It was awful—just awful. Couldn't breathe. I had to stay indoors. Using the peptides helped so much the way I've described tailored to her using other things as well to modulate the immune system of their mast cell modulators. and then finally, when it was time to use Ta1 and LL- 37, it went away. We did a sputum culture. No more Aspergillosis. I mean. There was nothing. She had tried to get rid of this for two decades. These peptides are incredible. It surprised me, even so pleasantly surprised that the peptides work magic.

Jen Pflgebraar, DO, ABOIM

It's amazing. Her immune system was finally, Hey, yes, and I do need to get rid of that because it gets so confused. Yes, that's amazing. What a great story!

Nafysa Parpia, ND

Yes.

Jen Pflgebraar, DO, ABOIM

Those are your favorites for infections. What about neuroinflammation? Because of a lot of these chronic illnesses, you see that they have severe neuroinflammation and it affects their quality of life.

Nafysa Parpia, ND

Now, working with the mast cells, to begin with early on in treatment helps out a lot because mast cells do linear nerves. We find that treating the mast cells often helps with neuroinflammation. However, the neuropeptides that are specifically directly acting on the nervous system don't work early on in patients who have complex chronic illnesses. The thing is, if you need a neuropeptide, chances are you do have a complex chronic illness. We need to investigate why you've got that issue.

But my favorites are C-link, Semax, Tubulysin, Bi-Hexa and, again, coming in toward the end. They just don't work, but sometimes they do. I mean, sometimes I have patients as I have, and I just have horrible brain fog. Please give me something now. I tell them, I do have these neuropeptides, and chances that; they're not going to work now because we haven't treated

their infections; we haven't detoxed haven't even modulated their immune system. I've met you for the first time. They're, please, can I try? Well, you can. Sure. It's not going to do you harm. Usually, they don't harm, but they often do nothing early on. Now, some people have tried it early on and have noticed a difference. Maybe 25% of patients are. When they try early on, it makes a difference. Sometimes it's worth a try.

Jen Pflieghaar, DO, ABOIM

Yes, that can be difficult, but with peptides, I feel that when they're used correctly, they are a wow thing. There are certain supplements that too, where you'll be, wow, I notice a difference. Or if you were on magnesium or vitamin D3, it's there. Simple. But if someone's truly deficient, it's a big wow moment. That's the thing with peptides. I think the great part of this talk is just talking about how they need to be used correctly. Also, you need to be optimal elsewhere, have that inflammation down, and make sure you're sleeping well, and then they'll work better because they are expensive. One of my concerns about peptides is their presence. They can be pricey. You want them to be doing what they're supposed to be doing to go in as chains of amino acids go in and turn on or turn off those switches. They need to do so because that is something that can be confusing. But that's why there are people out there to help you figure it out.

Nafysa Parpia, ND

You mentioned sleep. Sleep is just so important when our body heals. It's when our body detoxifies naturally; if we're not sleeping, it's typically in sympathetic overdrive. I also use peptides for sleep. That can help a lot with sleep. The combination of delta sleep-inducing peptide Epitalon and CJC can help a lot with sleep. Now I also use Epitalon to help regulate the hormonal system because, in these patients, the hormonal hormones are way out of whack. I'm also giving them bioidentical hormone therapy if it's needed, testing it in the lab, and giving them the appropriate dosage of that. But with just a low dose of that Epitalon can make it even more powerful. You don't want to give too much Epitalon if somebody is on bioidentical hormone therapy. Just a little, but it helps. It helps regulate the hypothalamus in the anterior pituitary and the hypothalamus as a regulator center for the hormones. Those are some other peptides that I love.

Jen Pflieghaar, DO, ABOIM

Yes. You brought up CJC, and I think that's great. I had a great case with this on someone who was disabled after a COVID vaccine injury. He was starting to walk better and do a little bit better. But he needed his strength back. He didn't want it, but he was still resistant to going on testosterone. But the CJC Ipamorelin was great for him because it helped him build up some muscle mass, which gave him strength. He was able to go back to the activities he needed to do.

That's where we have our toolbox of all these things, which is so great. We have actual pharmaceuticals, we have peptides, we have supplements, and we have bioregulators. For each person, because everyone is different and their circumstances are different. Even with all these

chronic illnesses, one chronic Lyme patient is not the same as another. That's why it's so great to be able to pull special things out of the toolbox and use them at the correct time.

Nafysa Parpia, ND

Absolutely. That's what's interesting. You bring up a very interesting point. One person's line is not going to be the same as the others. In the acute model of care medicine, there's one cause, one diagnosis, and one treatment. It's the same for each person. That's the case with, say, broken bones or heart attacks. But it's not that way with complex chronic illnesses at this point. It's your stick. It's your own. That's why these patients have their symptoms. Then we have symptom similarity. But each patient that comes to me shows up in a specific way. That's where we have to untangle everything. It takes getting to know each patient and understanding who they are as human beings.

In that, even before using the peptides, that's the first thing I want to do. Who's sitting in front of me? Who are you? How do you want to walk in the world? What do you see? How do you see your life after you heal? What's your vision? Some people don't even want to know that yet. I'm not even thinking about that because I'm too sick. I'm afraid of what's going to happen when I get better. It's just meeting each person where they are. Some people want to think about those things. Some people are not at all. They're not ready for that. Using the peptides and knowing who the person is and meeting them where they're at because each person is an individual, is an individual expression of illness, health, and life. That's the honor and beauty of being a doctor, isn't it? Working with these people?

Jen Pflieghaar, DO, ABOIM

Yes, it's amazing every day. The other point with peptides is that you also have to look at the person in front of you because some people will not do injections, even though it's just a little, little subcutaneous insulin syringe. Sometimes people will not do that because some of these are dosed; they could be dosed a couple of times a day, even MOTS-c and stuff like that. I think that's another thing. Looking at the person in front of you, what form can they use and would they be happy with?

I just loved our conversation. Are there any other case studies you would like to share with us? Because I feel those are the best. I love listening to them.

Nafysa Parpia, ND

Yes. Let me think of one right now. I mean, it's amazing how I see the peptides shift people very early on. so I'm able to come in and treat their illness and their root causes early on. Here's a patient who is overweight. It's not because she doesn't eat well. Not all of her diet is pristine and clean. You can't get cleaner than this. Her diet is organic, whole foods-based, and contains no packaged foods. Super clean diet. It has been this way for years. She's had recurrent C. difficile. She's had tick-borne infections. She has mast cell activation syndrome. This patient needs a

combination of many different things to work. She's not overweight because of her diet. This is about a highly inflamed system with inadequate drainage.

It took, actually having some work within structural integrity first. We have an incredible healer and bodyworker. We have two of them at our clinic. By being able to open her pathways, her drainage pathways first, she was able to work on her nervous system first as we allowed her to be more responsive to the peptides. This is an example of somebody who, no matter what I gave, nothing would work, including peptides.

Then she sees our healers and bodyworkers, and now she can handle the peptides. I do everything else I need to do to treat everything else. I need the multiple infections, the mast cells, and the environmental toxins. Life is a lot better. She hasn't had a C. difficile infection in a long time either. It is about when to use the thing for her. It wasn't that much peptide is the wrong thing. It is that they did nothing until I could open up the drainage pathways. Now, peptides will help her lose weight. She is losing weight. She's feeling a lot better. That's another patient story. It's about the order of treatment, which is different for each patient.

Jen Pflieger, DO, ABOIM

Yes, I love that example. C. difficile is difficult to get rid of.

Nafysa Parpia, ND

It sure is.

Jen Pflieger, DO, ABOIM

Here are the layers that you were working on: That's great. Well, I have loved everything you've shared today. I think everyone can take away from learning so much about peptides today. How can people find you in your clinic? Where do you hang out online on social media? Could you please share that with us?

Nafysa Parpia, ND

Yes. We're at Gordon Medical. It's gordonmedical.com. People come to us from all over the country and the world. They come and spend time at our clinic. They go back and forth. Some people come for a longer time. Some people have shorter times.

We're in the San Francisco Bay area, and we do a lot of online events. Those are posted on our Facebook page, which you'll find coordinates Gordon Medical, and we have an Instagram page where, while our online presence with social media isn't that huge, it's there, and it's not a big part. But you can find us at those places and on our website, gordonmedical.com.

Jen Pflieger, DO, ABOIM

Awesome! I love it. Thank you so much for joining us today.

Nafysa Parpia, ND

Thank you so much for having me and for doing this awesome summit.

