Caspar (00:00):

Today we're discussing the fascinating world of peptides and bioregulators. Our guest today is a certified holistic nutritionist, a self-professed science geek, and the host of Biohacking Superhuman Performance podcast. She's here to navigate through the forefront of health innovation and toward a path of lasting vitality through the exploration of groundbreaking topics in the realms of biohacking and holistic wellness. This is the Story of Optimizing Superhuman Performance with Nathalie Niddam. Nathalie, so nice of you to join us.

Nathalie Niddam (00:32):

Caspar. Thank you so much. It's a pleasure and an honor to be here.

Caspar (00:35):

Now, you know, when you say superhuman performance, I feel like today that means a baseline of health is almost superhuman performance, if you look at where we all are in a kind of unhealthy state. But what is your definition of this superhuman performance?

Nathalie Niddam (00:49):

Well, I mean to, that's a really good point. You know, I think that at this stage of the game, you need foundational health before you can get to the next level. Yeah. So I think that what's happening is that, you know, people are, there's this very tantalizing, all these tantalizing nuggets of hope that people can live a lot longer, a lot better that they can, and not only like, you know, we kind of solved for longevity. What we're still solving for is health span and vitality through the ages kind of thing. Right. And I think that, you know, we're, we're at a stage now like, you know, nobody, the human condition is that nobody wants to die ever. Mm-Hmm. <affirmative>, even though everybody needs to die. Nobody wants to die. And I remember taking this philosophy course once, and, you know, the whole premise of the course was everybody knows that everybody dies except nobody really believes that they're ever actually gonna die.

Caspar (01:48):

<Laugh>. Right. It's

Nathalie Niddam (01:49):

Like everyone

Caspar (01:50):

Hears it too. But everybody dies. But

Nathalie Niddam (01:51):

I mean, I can't not be here. I'm just here. Like, how could I possibly not be here? Right. It was really, it was kind of a really interesting course taught by a very interesting philosopher kind of dude. But anyway, so, so I think that, you know, superhuman performance, it's always been the people who are the outliers, who are able to do more longer, who do it better. And, but what's starting to happen is, I think that, that it used to be only kind of genetic freak outliers, maybe, or people who did crazy things. And now it's becoming apparent that for people who are, who have the resources and the luxury of worrying about these things, so they're not worried about putting food on the table. They're not worried about, you know, meeting basic needs, that kind of thing. So they've kind of gotten all that taken care of for the people and people who have the means, you know, with regenerative medicine, with peptides, with stem cells.

Nathalie Niddam (02:46):

Like all these things we can now actually help the body to re rejuvenate and restore and repair beyond what it would normally do. Right. So I think that's, that's where the superhuman performance thing, I mean, it's an interesting time because I do think the name of the podcast is gonna evolve in the next little while. But, but you know, to me that's, that's this whole superhuman performance thing. But it, but it requires that you are at homeostasis at least. Yeah. It requires that you are at that baseline of health where you don't have any active diseases that you've been working towards, you know, avoiding building, because we know diseases build over decades. You know, we don't become diabetic because we had chocolate cake yesterday. We become diabetic because we've had a cake problem for a really long time. Yes. So, so it's, it's all that kind of stuff.

Caspar (03:42):

Yeah. No, it's, it's fascinating because I do feel like medicine and biohacking, there is this bridge and it's kind of, we are bridging the gap a little bit. I, I, I mean, more so than new medicine, functional integrative medicine. Exactly. The medicine that tries to get you back to the baseline of at least healed and self-healing, self-managing. Because as long as you're always on the drugs, you're always going to be sick. It's, it's managing a disease and not truly healing, but integrative, you know, functional medicine is moving that, and now you can basically pass that baton once you get healthy over to the biohacking realm and start talking about truly optimizing your health once you're in that self-management stage. So let's talk about that, because one of the tools that is there that is very fascinating that you're an expert on is this, this new thing of peptides. Hmm. And obviously a lot of attention on it, maybe some of it in the wrong way with things like Ozempic and other very large you know, topics in the peptide world. But can you talk a little bit about what drew you into peptides and why you were so excited about it?

Nathalie Niddam (04:47):

Yeah, thank you. Well, yeah, the attention of the FDA on the peptide space has been really tough. Right? Yeah. And, you know, people, depending on who you talk to, there's lots of different theories as to why that is. And, you know, if pharma has learned, one thing is, and they, and look, we all know that peptides are very powerful. The most, the peptide that everybody has heard of is insulin. Mm-Hmm. <affirmative>. Right. Insulin is a peptide. People don't think of it as a peptide, but it is functional. It is actually a small protein. It's less than 50 amino acids long. What is exci and what is exciting about peptides is that they are very powerful signaling molecules in the body that help the body to do what it does better. Now, insulin is, is an interesting example, because what we're doing, what we're saying, and particularly let's say for type one diabetics, we're saying, look, your pancreas can no longer produce its own insulin, so we're going to give it to you exogenously, so that we can compliment it.

Nathalie Niddam (05:48):

Now, the, the conventional world, unfortunately, doesn't give a lot of guidance to the individual saying to them, you know, what, what we need to do in a, in alignment with this is manage your diet so that you don't, you're not riding this crazy blood sugar roller coaster for your entire life. And unfortunately, that is not, that is not part of the conventional world. You've got guys like Dom D'Agostino, who's a really, really well-known, incredibly accomplished researcher in the space of ketogenic diets and ex and ketones. And I remember him talking years ago about having one of his graduate students in his lab who was a type one diabetic. And, and of course to a type one diabetic, a conventional doctor would say, if you go on a ketogenic diet, you will die. Right. You will kill yourself because You'll go into ketoacidosis and, and you're done.

Nathalie Niddam (06:45):

What they did is they put this, they, they helped this person to get on a very closely monitored and manage ketogenic diet, and they noticed that his use of insulin dropped dramatically. Mm-Hmm, <affirmative>. Mm-Hmm. <affirmative>. So now he didn't need, so instead of, so part of it is the approach, instead of saying, here you go, go eat your cake and your candies, you're good to go. We've got you covered. It's more like, okay, here's the, here's your stop gap. We're gonna make sure that you stay alive and we're giving, we're replacing your body's ability, but we still don't want you to, we still advise you for the health of the rest of your body to avoid these massive spikes and drops in blood sugar. Right, right, right. So, moving on to the other peptides that we're talking about. So, and then, and then pharma is now seen with Ozempic and Mounjaro these incredibly powerful peptides.

Nathalie Niddam (07:38):

So these are proteins that are naturally occurring in the body. When we reintroduce them to the system, they perf what they've done is they've, they've altered them so that they have a much longer half-life. So now that effect of the GLP-1 and the GIP is much longer. And now we're starting to see all these incredible benefits both metabolically and physiologically. So, I mean, we could do a whole episode on those if they're sure used properly. I think they're the best thing literally since sliced bread. If they're used improperly, they're just as damaging as, for example, anything else, right? Yes. Yes. So on the now moving further down, now moving towards those peptides that really have come under fire by regulatory bodies, particularly in the US lately, these are fragments, again, of naturally occurring proteins in the body that act as signaling molecules. Mm-Hmm.

Nathalie Niddam (08:32):

<Affirmative>. So depending on the peptide, we have some that can help to signal the body to, to like, to initiate healing cascades where tissues are able to heal much faster and more efficiently. We have them where we have one that's very powerful. It's sending signals to healing the GI tract. Mm-Hmm. <affirmative>. You have other ones that are great for the brain. They're great for skin. Like, it's, it's, it is really, so what what got me so excited about them to really answer your questions. I've been talking for a long time without answering <laugh>. Is that what we're doing? And it's a little bit of something that you point, you alluded to earlier, we're tapping into the body's ability own ability to heal. Right. All we're doing is we're kind of giving a little, we're giving an extra push and saying, Hey, we need more of this.

Nathalie Niddam (09:23):

Mm-Hmm. <Affirmative>. And then the body's like, oh, okay. Gotcha. And so we're not really doing much, we're just, yeah. We're just kind of, you know, poking at a button or flipping a switch, however you wanna call it. And then when you go to the bioregulator peptides, these are really tiny little proteins. They act as epigenetic switches. Mm-Hmm. So what they do is they are literally able to get into the nucleus of the cell and flip genes on and off, back to more youthful expression. So again, we're not, we're not interrupting a pathway. We're not blocking anything, we're not pushing anything. All we're doing is saying, Hey, here's this thing that you used to make. You're not making as much of it now because you're either stressed or sick or old, and we're gonna to re reignite that ability that you've always had to do this thing. Yes.

Caspar (10:14):

So much of what I find in medicine that's, that's truly effective is the ability to provide information to the body so it could do what it's always meant to done. You know, we've just kind of fallen out of homeostasis because of dysregulation, because of lots of toxins, chemicals, everything going on, stressors, oxidative stress that causes dysregulation. What we need is the instruction manual against ourselves can do what they always have done for millions of years and evolved to do so wonderfully. And

we are such miraculous self-healing mechanisms. We sometimes forget that. And we're told you have a pharmaceutical chemical deficiency, which is not true. Not at, not at all. Yeah.

Nathalie Niddam (10:54):

<Laugh>.

Caspar (10:54):

But it's, it's fascinating now that we're tapping into so much of this, which is truly informational. We live in an information age, and so we're just providing this information back into the body. And I think that's what's so exciting about, because it isn't something that is unnatural. We're trying to, you know, push the body to do something. Yeah. We're just getting it to do what it's always done, but in an optimized way and restore all these wonderful self-healing capabilities.

Nathalie Niddam (11:20):

Yeah. And you know, it's interesting when you talk about giving information to the body, because the one big source of information that I think has fallen by the wayside that people forget about is that food is information.

Caspar (11:34):

Absolutely.

Nathalie Niddam (11:34):

It's, it's information to yourselves. Like, we think of food as, oh, I'm eating food to get calories. I'm eating food to get energy. Maybe I'm eating foods to get vitamins and minerals, or whatever the case may be. But really what food is, is information. It, it's like, it's information to the cells and to the body. And one of the ways that we've gone so off track and why so many people are dysregulated or out of balance is that the foods that they're eating are not, it's, they, they're void of information. Like if you think of beyond meat, like lab grown meat and stuff like that, it is the, it is the height of arrogance to think that you can recreate in a lab with something that, that comes from nature. Like, we don't, we don't understand, like we don't know most of what's in there, <laugh>.

Nathalie Niddam (12:22):

Right. So yeah, you can give calories. I mean, maybe you can give calories. I mean, you can probab, I mean, you can definitely give calories. We know that you can maybe if, and I don't even, I've never even looked at a package. Like I can't even, I won't even go near that stuff. But <laugh>, you know, maybe they're putting vitamins and minerals in there D for doubtful, but maybe let's hope. Yeah. but the, but the fundamental essence of what food provides to the body can, I think really at, at this point anyway, can really only be provided by real food that has, you know, it has a resonance to it. It has vibration. It yes, it's taken in light and energy. Mm-Hmm. <Affirmative>, it's picked up energy from the soil and, and all the other tangible things that we know we get from food.

Caspar (13:10):

Yeah. It's the quality of the information that matters a lot. Whereas most people get so stuck on the quantity. What are the calories that, these are precisely, this GMO shows the same numbers as this, but what is the quality completely different. That energy of a natural apple versus something lab created completely different. I don't care about those top level numbers because that, that, that I know, you know? Yeah. A car is not a car, you know, put me in a beautiful, you know, Ferrari and let me drive that. And a beat up car, you're saying, well, a car is a car, it's going the same speed and everything. Those numbers

are there, but the quality of the experience, the quality of what you're receiving is completely different. And that's where so many people get a little bit hung up on, you know, calorie and calorie out. And you could eat McDonald's all you want. It's the same as broccoli, you know, from a natural source. No, it's really not. If we go back in. Yeah. Yeah. If we go back into that idea of, of, you know, peptides being information, what are the kind of top ones you're looking at now for information that would help the most amount of people? Because you have so many out there now, and it's constantly evolving. What used to be just like BPC and TB-4 is now so many other things out there. Mm-Hmm. And it's constantly changing, but what are the ones you, you are looking at?

Nathalie Niddam (14:29):

Well, I mean, I think that, you know, it's interesting. There was an A4m conference that I wasn't able to attend recently, and they just released 13 new peptides. And part of what's happening is, you know, there are, I, I mean, there are at least 7,000 of these amino acid sequences in the body that act as signaling molecules. We haven't identified most of them. The ones that you just mentioned, the BPC-157, the Thymosin Beta-4. These are the real workhorses. Partially because they are so pleiotropic. They do so many, they are capable of doing so many different things. So the bad news is that these, these two are among the very large group of peptides that were reclassified by the FDA mm-Hmm. Last fall as being like a class two compound, which means we don't know that they're safe in the long term.

Nathalie Niddam (15:22):

Mm-Hmm. <affirmative> is basically what it means. And so it's caused, you know, a bit of a, of of an, it's, it's destabilized things in the sense that a lot of compounding pharmacies are, they're not supposed to be synthesizing them anymore and, and making them available, which is really difficult because there are a lot of doctors treating a lot of patients using these compounds, really helping people in many ways that unfortunately it's not even like, we don't wanna use conventional medicine, we wanna use this instead. It's conventional medicine doesn't have the answers for it. Right. Yeah. So if we look at other ones other than those two, I mean, there's there's a peptide called Thymosin Alpha 1, which actually is a drug. It's a, it's a, it's a, it's an approved medication in about 30 countries worldwide. Mm-Hmm. <affirmative>. And it is a very eff effective and powerful immune reg balancer, if you will, between the innate immune system and the TH1 and TH2 arm of the immune system.

Nathalie Niddam (16:25):

Right, right. And why that's meaningful is for people with certain types of autoimmune conditions, it can be very, very effective at helping to re restore some balance to their immune system. Then we've got things like another one that landed on that list, which really had me kind of shaking my head, although, I mean, I guess because it's so powerful. This is a little three-amino acid peptide called GHK-Cu Mm-Hmm. It's now, it's called GHK, and then it's got a Cu attached to it because the Cu stands for copper. For those of you who have done chemistry and have any knowledge of the periodic table that GHK triad of, of amino acids requires copper to be as a co-factor. And so it's, it, the doctor who discovered it, Dr. Loren Pickart in the seventies figured out very quickly that this copper is necessary.

Nathalie Niddam (17:17):

So what's interesting about GHK-Cu? Well, there's a lot of things that are interesting about GHK-Cu <laugh>, but, but some of those things is, it was studied, I think it was Stanford University that did a study, because, but guess what, it's three amino acids. So those two to four amino acid chains we know are small enough to get into the nucleus of the cell and to influence the expression of DNA and GHK does exactly that. What's crazy about GHK is it affects hundreds, if not thousands of genes and flipping them back to more youthful expression. And it affects things like healing of tissue, scarring. It has some, i I recently read it has some effect and some anxiolytic effects for the brain. Mm-Hmm. <Affirmative>, it is

like, we're not even scratching the surface of this compound, on top of which, because it's so tiny, it's also can be used topically.

Nathalie Niddam (18:12):

Right. So we have a couple of skincare lines, like really good ones, one of them being Vitali Mm-Hmm. By a company called Restoracell. All of their products are blue because copper is blue. And the main foundational ingredient in their products is GHK. Mm-Hmm. <Affirmative> and GHK for skin can help to reduce wrinkles. It helps to stimulate collagen production. Like it just all does all these amazing things now before everybody runs out, spends a lot of money, and then comes back three weeks from now and says, look, I'm still looking like I was looking three weeks ago. <Laugh>, to be clear, these products are amazing. They're good for your skin. I think they can slow down aging. Yes. But let, we need to be reasonable in our expectations. I mean, you know, the

Caspar (18:58):

Jk I think we've got really spoiled with our expectations, right. <Laugh>, because we have Botox, we have surgery. Right. So everyone's like, if it's not that, what am I spending my money for? But come on. Yeah.

Nathalie Niddam (19:10):

<Laugh>. But you know, even even that there's now a, I just interviewed a, I call him a facial restoration doctor because I am, I'm not willing to call 'em a plastic surgeon because, and there's two of them that I interviewed recently. Because these guys are so beyond what we think of as a traditional surgery. And as a matter of fact, at least one of them, if not both, I can't remember if the first one or not, at least one of them, is integrating peptide therapies because they know that they can help the body to recover. And what they're doing is using the body using fat, moving it around and creating it in certain ways, using stem cells, helping those stem cells, because there's a lot of stem cells in fat. So what can we do to help those stem cells kind of re revive once we've put them in a new place? Right? Mm-Hmm. <affirmative>. Yeah. And getting spectacular results. Yeah. Like totally spectacular results. As a matter of fact, one, one of them said to me, well, you know, nobody will ever know my best work because he works on so many celebrities and none of them want anybody to know they've had anything done. Of course. And so they're just the celebrities that just seem to either age very, very well, or, you know.

Caspar (20:27):

Yeah.

Nathalie Niddam (20:28):

Just, they just look amazing.

Caspar (20:30):

Yeah. Well, that's, that's the beauty of what we have now. We could meet in the middle a bit where you don't have to do this drastic surgery that's so noticeable, and suddenly everyone's like, whoa, that doesn't look very good, but, and you look kind, you're of pulled back. Right. Yeah. And, and do it in a more natural way that is obviously something is, you know, helpful and beneficial. You're seeing it, but it isn't something that you're gonna say, wow, you, you had a butchered kind of, you know, surgery type of thing. So that's, that's a wonderful step, I feel like in using things like peptides. Now you mentioned the A4m. We had our clinical director at that meeting down there for peptides. That was intravenous peptides. I know they were talking a lot about there. You also have oral peptides. I had the creator of Healthgevity on talking about the idea Michael of SNAC with Yeah. Michael. And Yeah. And, you know, in the

normal kind of route that we've all known from the beginning, is this subcutaneous your own injections daily, sort of, or at least a few times a week? What are your thoughts on the three delivery systems of oral versus injectable versus intravenous?

Nathalie Niddam (21:39):

Well, and then there's topical, right.

Caspar (21:41):

And topical as well. Of course. Yes.

Nathalie Niddam (21:43):

And then, and then some of them can be applied to the eye. Like it's, it's, it is, it is

Caspar (21:47):

Sublingual. Like Yeah. They, they're whole thing. They're finding all the ways to do it. But yeah.

Nathalie Niddam (21:53):

So I would say that typically, I mean, intravenous is really in the medical realm, right? Yes. And it's not necessary for most of these peptides, depending on, and I'm going to say overarching, my first comment is, it depends what problem you're trying to solve.

Caspar (22:08):

Yes.

Nathalie Niddam (22:08):

Right. Will affect what mode of delivery is the most effective and efficient. Now, the good news is that Oral BPC, BPC-157, which is a real workhorse, is orally bioavailable. Mm-Hmm. <affirmative> For musculoskeletal injuries. It's not quite as powerful when we take it orally, but it still can work depending on the person and the situation. It's really good for GI repair

Caspar (22:35):

Gi, right? Yeah. When you, it's going right there. When you take

Nathalie Niddam (22:37):

It orally, it's go, it's going. Exactly. And it, and it, you know, because it originates, it's na it's a fragment of a protein that naturally originates in the gut. So it's 15 amino acids of a much bigger protein. But essentially think of it as what the researchers figured out is this little sequence is the money. This one does all a lot of the work. Mm-Hmm. <affirmative>. And so they isolated it, they resynthesized it in the lab. And by testing it on animals realize that it's got, I mean, if you go onto, you know, if, if your audience is into going to places like PubMed or DeepDyve, like these places where you can find scientific articles, the number of research articles on these compounds is astounding. Like people think their brand spanking new, these things have been around for decades.

Caspar (23:26):

Mm-Hmm. <affirmative>,

Nathalie Niddam (23:27):

Right? Yeah. The tricky thing is that a lot of them haven't had a lot of human research done because there just hasn't been the funding because basically the, you know, the pharma companies have had their attention elsewhere. Mm-Hmm. <Affirmative>. And they're the ones with the money. Yeah. I think what's happening now is their attention is turning to this stuff, and we're gonna start to see these peptides come back. But as drugs,

Caspar (23:50):

As drugs,

Nathalie Niddam (23:51):

Do you think like Mounjaro and Ozempic, right? Yeah. Those, that's exactly what those are.

Caspar (23:57):

Do you think that's what's going on right now with the FDA already kind of putting these on a, you know, different list? List? It's possible. Yeah.

Nathalie Niddam (24:04):

Yeah. I mean, it's hard to imagine that it's not, but I, but I have no, first, I have zero information on that, so I can Yeah. You know, at best I'm speculating. I I think that they're too powerful and, and they're, you know, I I would say they're pretty darn safe most of the time. Mm-Hmm. We don't, Mm-Hmm. The problem is we don't have the long-term clinical trials. Mm-Hmm. The double blind studies, the whole nine yards. But I would say that anecdotally what we're seeing is that they have, so they're so effective at moving the needle in so many ways that it's, it, it, it, I mean, it requires investigation. Like it, they should be studied. Right? Yeah. There was when I first heard about peptides, there was guy talking about how in croat a lot of the research has been done in places like Croatia.

Nathalie Niddam (24:56):

Mm-Hmm. Russia, Russia, those, those worlds. I mean, the bio, the whole bioregulator space is 40, almost 40 years of research. Right. And on both on animals and humans. Mm-Hmm. <affirmative> out of Russia. But there was this story of these researchers who, who actually, if you look up the papers, their names aren't the lion's share of papers from a certain period of time. And they did a bunch of experiments on humans. But what happened was they weren't able, they published them, but then they had to withdraw them because they jumped the gun. They didn't do the animal experiments first and then get them cleared for the human experiments. Mm-Hmm. <affirmative>. But those experiments definitely showed that they were wildly effective at helping, you know, stimulating, healing in, in various tissues in the body.

Caspar (25:43):

And, you know, there is some you know, validity in saying that something like ozempic could be used effectively without the side effects. I mean, what are your thoughts on, I I know a lot of doctors especially in more of the, let's say cosmetic realm using microdosing, compounded semaglutide along with regulators of digestive enzymes and other things that were the concern when you're using something like Ozempic

Nathalie Niddam (26:11):

Yeah. I mean, look, Ozempic and Mounjaro, if they're used properly and not as a crutch Yeah. Are phenomenal, phenomenal compounds. Like these are compounds that have benefits for the brain. They

have benefits for the kidneys, they have benefits for the heart, they have benefits, they have metabolic systemic benefits. You're talking about a population of people that are stuck. Mm-Hmm. <Affirmative> with insulin resistance. They're not moving. They're overweight, they're inflamed. They can't think their their body. They're metabolically completely dysregulated. We have something in hand here that can almost overnight help to reregulate things get, restore insulin sensitivity, particularly at skeletal muscle. Mm-Hmm. So the invitation and, and affect the brain centers for for food reward systems. Right? So now we have the, here's the invitation you guys, if you are going to use something like Ozempic or a, or a Mounjaro, this is your oppor.

Nathalie Niddam (27:11):

This is your invitation to change your diet. Yes. Eat protein, like it's your job because your body needs protein before it needs anything else. When you're not eating enough calories to begin with, if you don't eat protein, your, your muscle--out the window. Next, if you don't show your body that you need muscle by moving and exercising, once again, it's very expensive tissue. It's gonna punt it to the curb. So if you exercise, you reeducate your palate. Right? Recalibrate those taste buds so that they're not overwhelmingly calibrated to these hyper palatable foods that have been, you know, kind of put in front of us and put us in this mess to begin with. So now we learn what a real piece of fruit or real piece of vegetable tastes like. Instead of having it deep fried and rolled around, and God knows what else we've done to it, <laugh> and we good protein.

Nathalie Niddam (28:07):

Then all of a sudden the landscape starts to change because now you're exercising, you're building and maintaining lean muscle, you're nourishing your body. I have found with clients that what's really, I, people often can't eat enough when they're using these compounds. So we end up having to lean into things like essential amino acids to fill the gap on the protein we might need. We may use like greens or reds powders just to get those micronutrients in without the volume kind of thing. But there's, there's ways of hacking this. And now you have a person who's, who's well-nourished, who all of a sudden is, wants to get off the couch, is able to get off the couch, the pounds are coming off. There's an opportunity if they take their time and don't, you know, I've gotten calls from people saying, well, you know, I only lost five pounds last month. And I'm like, I'm not seeing the problem here. <Laugh>. Well, my friend lost 20. Well, your friend's crazy <laugh>. Yeah. Your

Caspar (29:06):

Friend probably lost a lot of muscle mass too. Yeah. Which isn't good.

Nathalie Niddam (29:10):

Yeah. And you're gonna lose muscle anytime you lose weight. Yeah. Right. That's, that's the truth. But, but it's how much, right? Mm-Hmm. <affirmative>. And so using these compounds at a lower microdose is more of an anti-aging strategy to maintain insulin sensitivity that whole nine yards. But, but even keeping it at the lowest dose where you are seeing benefit for yourself Mm-Hmm. <Affirmative>. And just that stay the course steady, slow, and steady as she goes. Allow the hypothalamus over time to reset that set point so that your body doesn't think you need to be 300 pounds. Right? Yes. Yes. But that takes time and it does take work. So the thing that nobody wants to hear, because, you know, Mounjaro and Ozempic are supposed to be the silver bullet that's gonna solve me being fat. The thing that nobody wants to hear is you still have to do the work. It's easier to do, but you still have to do the work if you wanna do this properly Yeah. And end up with lasting results.

Caspar (30:09):

You always gotta do the work. That's where I always get kind of, you know, tired of everyone saying it's a silver bullet. It was like, oh, ayahuasca just solve all my problems. It's like, no, it may show you a, a, you know what you need to do a little bit more, but you still gotta do the hard work. And there, there are no, and that's, that's where probably the pharmaceutical industry doesn't want to hear that 'cause you know, they'll do the work for you in a sense, because they'll put you on another pill afterwards. They'll get you somewhere else with it. So it's, it's a profitable machine if you don't do the work there, but you always gotta do the work. Now, the pep with so many different choices out there, although somewhat limited with all the restrictions and everything, where does someone start? Because I know so many people that are excited, Hey, I heard about it. To me it's kind of like cryptocurrency or something. Everyone's, oh wow, I heard it's really doing well. Where do I start? How do I, how do I buy a Bitcoin? Right. And it's like, okay, you know, just learn about the whole, you know, exchanges and everything and go from there. But for someone that is a client of yours trying to get started with, without getting into the personalization of everything, where should they look to start?

Nathalie Niddam (31:15):

Yeah. So basically what I did a few years ago when I, when I first heard about peptides, and I found that I couldn't resist the pull <laugh>, I couldn't turn away I, I started a, a Facebook community that's now quite large and quite active. Now, it's, it's an interesting place to start. Just understand that it's filled with all kinds of characters. Mm-Hmm. <affirmative> a lot of people who, anyway, it's, it's, it's a, it's a wonderful community. It's very busy, very active. The next thing is, you know, I have a lot of episodes on my podcast where people can start to educate themselves. Like, the first thing you need to do is educate yourself. Yes. Understand what these things can and cannot do. Understand that you can't, like I get emails from people sometimes saying, Hey, I just bought this, this, this, and this. Now what do I do?

Caspar (32:09):

<Laugh>? Yeah. Yeah. I'm like, I've seen that. Yeah. Why do you

Nathalie Niddam (32:11):

Buy them? Like, I, I don't understand. Like, how did you just go up and buy them? And, you know, and to your point, like, people get super excited, right? Yeah. if you want find a functional provider, like, I think A4, I'm sure A4m has a directory of some kind at this point, or find a coach. Or, the other thing I have is I do have a private membership community that is much smaller and more intimate. And, you know, we're able to have different types of discussions in there. Mm-Hmm. <Affirmative>. So I have a lot of people in there. So you gotta, you gotta educate yourself. You gotta know why you, you're using, you think you need to use peptides, because here's the news. Not everybody needs to use peptides all the time. The bioregulators are a little bit different because we're more into this space of organ regeneration.

Nathalie Niddam (32:58):

Mm-Hmm. <affirmative>. And so you could argue that as the tread wears out on your tire, there's a benefit to restoring it. If you have a way to do that, that's not invasive. And the bioregulators along, you know, coupled with a few other things can be really helpful in that. But always understand, like, do your due diligence. Find people to follow or people to, to get information from who you can trust. And that's becoming increasingly difficult in this space because you have to, some of the loudest voices are not always the best to be following. No, unfortunately, <laugh> there's pod we have podcasts now. There's books, there's A4m there's, and then of course there's then people like me who have these communities where you can really kind of start to get in there. Even the Facebook group, as much as I, sometimes it kind of gives me the shivers. I do think, like, there's, there's amazing people in there who are really what, you know, they're, they're knowledgeable, they've had experience. But even if you just sat and read the feed,

Caspar (34:01):

Yes,

Nathalie Niddam (34:02):

You would learn, right? You would hear about the good, the bad, and the ugly. Because here's the thing, peptides are very powerful. And like anything else, if they're not used properly, sometimes you can, you can end up with not a great outcome. Like we haven't, not that we've seen horrible things necessarily, but the more imbalanced a body's a person's body is, the more chance there is that they may have like a negative response to something because they're not using the right peptide. For example, thymosin alpha 1. I'll just give you one quick example. Mm-Hmm. <Affirmative>, you know, very good at bringing the, the, the innate immune system back up again in someone where it's depressed. So their TH2 dominant and their TH1 is down here. So it can be really effective. But here's the thing. You get some people that are actually TH1 dominant Mm. And their TH2 is down here. And when they take that thymosin alpha 1, it sends them into a complete tailspin. Yes. Because it's not what they need. So you need to understand where you're at, what your situation is. Mm-Hmm. <Affirmative> what you're trying to accomplish. And then you need to figure out what is it that is gonna help you to do that.

Caspar (35:14):

You know, it's, it's, it's like with so much out there, you need to know thyself. You need an intention of what you want, an outcome, and you need awareness. And sometimes that requires help from an expert such as yourself and others. And then you gotta lean on that intuition. What is best for me? Right. And really tap in and for sure take that time because no one's gonna do that for you. And that's where I think a lot of people get mixed up 'cause there are so many loud voices in this, you know, arena that you just try and follow one, it's maybe not what's best for you, it's what that person believes is best. And that's not always the case for yourself. So yeah,

Nathalie Niddam (35:50):

I would say anybody who tells you, you know, this is gonna add 20 years to your life, go run the other way.

Caspar (35:56):

<Laugh>,

Nathalie Niddam (35:57):

Run away <laugh>.

Caspar (35:58):

Yeah. No, I mean, I seen that in writing. The claims are out there, right. The claims are out there.

Nathalie Niddam (36:02):

Oh, I've seen it in writing. So just, just

Caspar (36:04):

The bolder you are, the more attention you get, but the more off the truth, I believe that is. Right. So yeah. Out outside of peptides, you know, what's exciting you? Is it stem cells, VSELs, exosomes, all of the above. What, what's out there that's really

Nathalie Niddam (36:21):

Exciting? You? All the things. Yeah. All of it know, I think, I think there's, there's such a, there's such a richness in, in what's coming out right now, but even people that are really focusing more inward, focusing on energy, on, on the individual, the power of the mind that it has on facilitating healing and regeneration in the body, we forget, right? We run around looking for the, the supplement, the p like, you know, the, whether it's stem cells or VSELs or all the things. And we kind of forget, like going back to basics, which is, you know, what are you, what are you nourishing your body with? Mm-Hmm. <Affirmative>, are you moving? Are you getting outside? Are you sleeping well, properly? Mm-Hmm. <Affirmative>. And are you, and you've, you've spoken about this a couple of times today. Like, are you working on your thoughts on your Mm-Hmm.

Nathalie Niddam (37:17):

<Affirmative> on your, on your inner terrain. Yes. Right? Because that inner terrain energetically is gonna have everything to do with how well your body is able to heal. Yes. And, and you know, I've, I, you know, like you, I have a podcast and I've interviewed a couple of people over the last year that are, that are just like, they're doing such amazing work in this space. Like one woman who was virtually wheelchair bound who tried everything, and at the end of the day, it came down to what was happening in here. Mm-Hmm. <affirmative>. Mm-Hmm. <affirmative>. And she got outta that wheelchair. She does a TED talk where she comes out in a wheelchair and she, you know, next thing you know, she's walking around stage in her Manolo Blahnik's, which nobody should be able to walk in <laugh>, <laugh>, you know? So, so, so I think it's, it's what excites me the most is also the attention is as we're going outwards, right? Yeah. With the stem cells and the exosomes and the VSELs, which by the way, are from within, just to be clear. Totally.

Caspar (38:16):

Yes.

Nathalie Niddam (38:17):

That there's also a whole branch of this space that's saying, Hey, don't forget about inwards. Don't forget about, you know, releasing past trauma or re resolving past trauma. Don't forget about that inner child that is still trying to work out. Sorry, that word. But, you know, still trying to work things out because sometimes those things are also holding us back.

Caspar (38:44):

Those things are often the last pieces. We need to truly heal what I've seen, because we have so many patients come from around the world with chronic disease that walk through these doors at our center and get all the different types of IVs and all these things. We're talking peptides, a you know, NAD like all this and energy work. But in the end, my mother's a psychologist who works here as well. And, and we say, now it's time to really address the emotional side, your trauma, those psychological issues. And people are just like, Nope. Don't want to deal with that. I feel much better <laugh>. And guess what? They didn't make it to the finish line. Yeah. They felt better 'cause you're boosting with all this stuff. Their body's taking in the information, of course. But if they don't address what's going on in their head, they will never truly heal. And we see it so many times that you just stop before the finish line, when all you had to do is address that relationship with your family member. That the childhood trauma, it is the hardest thing. And that's why hardest people don't wanna do it. The <laugh>. Yeah. It's the hardest thing. You can't, it's the most worthy thing, right. To get you there. Uhhuh,

Nathalie Niddam (39:47):

I like, I couldn't agree with you more. And the problem is you can't pay somebody else to do it for you. It's a little bit like the Ayahuasca, right? If you outsource yourself to Ayahuasca and think that you're just gonna trip out and then come out the other side of it, or per, you know, a better version of yourself, right? Without, like, there's integration, there's yeah, there's the intention when you go in. And I think that that's one of the biggest mistakes we see happen. And then you see these people who are doing Ayahuasca every three weeks or every two weeks or every month, and then they end up messed up. Yes. Because they, it's, they're, they're kind of missing the point, right? Yeah. So anyway. Yeah,

Caspar (40:27):

No, I think this is the, the, the beautiful part that people are missing. It's very sexy to focus on the new peptide, the new exosome. All these words we're throwing out and very interesting. And you're right, they're all within us already. You know, it's not like we're trying to create something out of nothing in some new found compound. They're very sexy. They're, you should look at those things. You should get excited about 'em. But if you don't have the foundation of what you're thinking, what you're putting inside your body, what you're doing, connecting with nature doesn't really matter. You know, those two have to go together and you have to have the foundational piece to truly be superhuman, so. I really enjoyed this discussion Nathalie. I love everything you're putting out there. Where could people learn more about you and connect with you?

Nathalie Niddam (41:12):

Thank you, Caspar. So, you know, ground zero would be my website, natniddam.com. Mm-Hmm, <affirmative>, which, you know, just so people know of the next little while it's gonna be going through some transitions, <laugh>, but it is still the place. The podcast, the Biohacking Superhuman Performance Podcast and on Instagram @nathalieniddam. And you know, to be able to keep track of all the things that I'm doing and all the places that I'm going and all that kind of stuff, if you go to the website, make sure you sign up for the newsletter, because that's kind of the best way to kind of, no matter what bumps in, in the road happen with the, with the po, with the website, the newsletter will always be there. So <laugh>,

Caspar (41:50):

That's the beauty of the newsletter, right? I have a weekly one too, and it's just a way to connect with people and throw out your ideas and kind of be a sounding board with everything. So definitely if you're listening, go out. Check out natniddam.com, N-A-T-N-I-D-D-A-M.com. Natalie, thank you so much for this. Really appreciate it. And hope we could connect again soon.

Nathalie Niddam (42:11):

Caspar, it's been a total pleasure. Thank you so much.

Caspar (42:14):

And until next time, continue writing your own healing story.