An Oil Change for Your Body: Inside Therapeutic Plasma Exchange Transcript

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Podcast Intro and Guest Introduction

If I can take two things as a take home message for everybody listening here, number one, go to our website at mdlifespan.com, under about, look at resources and download guidebooks on how to avoid the toxins.

We have one on food, mold, chemicals in the house, toxins that babies are exposed to. And then we have one that's a a guidebook on apps that you can download that will tell you what the toxicity is and where you can find toxic free products.

It's a very simple thing process to do, to filter your water and you learn how to wash your food properly, select your food properly, just like you were saying before, eat while sleep well.

Welcome to the TBD Fit Podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, the don'ts.

and everything in between. Come join us. Look forward to seeing you inside. I'm your host, Daniel Healy. Today, I'm honored to be joined with Dr. Paul Savage.

He is the founder and chief medical officer of MD Lifespan. Dr. Savage is a board certified physician with 25 years of experience in functional and integrative medicine.

He's recognized internationally for his work in longevity medicine, hormone therapy, and advanced detoxification strategies. In this episode, we'll be talking about something Dr.

Savage calls an oil change for the body. It's a cutting edge therapy known as plasma exchange. or therapeutic plasma exchange and it was for what it is, how it works, and why it could be one of the most powerful tools for restoring your health.

Dr. Savage, welcome to the show. Dan, thank you. Please call me Paul. It's always better, right? Sometimes the patients call me Dr. Paul. Sometimes they call me Dachshund.

When they think I'm upset with them, they might say Dr. Savage, but I'm pretty informal. It's really great to be here. I really appreciate time on your show.

And I appreciate you taking the time to and I always appreciate practitioners who like to be referred as on a first name basis much like myself because too often we have this kind of god-like mentality and practitioners who for me again I just think that science above all will help us heal.

Dr. Savage's Health Journey

I don't want to undermine any spirit spirituality or religion but I know that we contact on a first name basis via text and I love practitioners who make themselves available to their patients or just in general to help move the world along in terms of where medicine is going.

I know the other call we had with you, you were showing me outside your window out in Rio, I believe in Brazil, if I'm not mistaken, which absolutely looks like a paradise.

I appreciate our ability to connect on a more of kind of a friend basis. So let's dive into your story though. Everyone always has a story, kind of a purpose driven mission as to why they're doing what they're doing.

So if you can maybe provide context to our listeners as to how you kind of got to where you are today. You know, I

grew up in a small town in Michigan and I went to medical school at University of Michigan and then I became the nighttime trauma guy at Detroit Receiving, which was at that time the largest trauma center in the world.

So I was the ninth time guy at the top of the list. And after 10 years of doing emergency medicine, I ended up being 300 pounds, heart disease, hypertension, cholesterol issues, anxiety, trouble saving.

The list was just going on and on and on. And I went to my doctor and he was putting me on my seventh medicine and I'm 35 at the time. So my blood pressure medicine and prostate medicine and cholesterol medicine and heart medicines and antidepressants.

And I was like, I don't feel good. And he goes, that's because you're unhealthy. I said, but I'm here and I come regularly. He goes, you're overweight.

You don't exercise. You have a stressful job. I mean, it's like, why don't you go get healthy? And I said this to thousands of patients, why don't you just go eat right and get some exercise.

And I walked out of his office and that's when my life changed. Cause walking down the sidewalk, I realized for the first time, now I'm the guy who's the top ER doc at the top trauma center.

in the world doing over half a million patients a year, and I had no idea how to do that. I had absolutely no idea what to eat. I mean, am I supposed to swim?

Because I used to swim. Maybe I'm supposed to run, but I'm overweight. That's going to be bad on my knees. And am I supposed to eat vegetables? I like potatoes.

I can eat potatoes. And I'll just drink diet Fanta from now on because that doesn't have it. I mean, this is literally what I started doing. And six months later, I'm 13 pounds fatter.

So then I went and got a nutritionist, which was the smartest move I ever did. And I got a trainer and they started working with me. And six months later, I hadn't lost any weight or minimum amount of weight left.

And patients identify with this. It was like six months, we'd buy it. I was eating well and I was exercising well. And my weight was not coming down. It just wasn't, it kept right there.

And then I ran into some doctors who were doing hormones and this was late nineties. So it was still the interesting new thing on the block. And my testosterone level was low and I gave myself some injections of testosterone and in seven months.

I dropped 70 pounds of fat, 30 pounds of muscles went up, the lights came back on, my brain came back on, my sex drive came back on. Here's where you know you're really low on testosterone.

When you do a shot of testosterone, then next day you realize how long it's been since you had thoughts. I'm like, wow, 10 years and I didn't even, that's how long it was.

Anyway, I built 70 clinics called BodyLogicMD and then I left that and started a software company, which became the industry standard for EHRs. And so I got to deal with 6 million people over 10 years with all their data because I'm the mathematician biophysicist.

And then I left that and I built a bunch of companies that had to do with chronic illness. especially chronic fatigue, fibromyalgia, Lyme, mold, all of the worst of the worst.

And a couple years, about four years into it, I retired because I realized at that time, the toxins had won. I couldn't get people better anymore. And we've been watching the toxins increase over the last 30 years.

I've been watching them measure that. These people used to have two or three, then six or eight, then 10 or 12,

and 15 or 20. And I mean, it just kept snowballing up to the point where everybody had so many forever chemicals that you couldn't remove.

It just didn't work anymore. And then I retired. That's where I'm at. That is quite a whirlwind of experience. Certainly what's interesting is obviously it started with your own health, right?

And I think too often many of practitioners, I hear this time and time again, is it's We have a purpose-driven mission because we see a gap within our own health and it's kind of this caregiver syndrome where we put ourselves last.

We're helping everybody else but ourselves and eventually we decide, okay, we need to do something else.

The Modern Toxin Crisis

The something else is difficult because often the question is, okay, how do we start? Where do we go? Who has the right answers? Certainly the body has an innate capacity to heal.

We just have to get the hell out of the way. And so I definitely want to transition into plasma exchange because that to me is kind of the cutting edge of where science is now gone.

But before we go there, I want to turn what I call the unlucky seven. And I know Peter Attia kind of calls it his four horsemen in his book of killers, but I've kind of expanded upon that into my unlucky seven, which encompasses bacteria, fungus, protozoa, parasite, virus, environmental toxin, which is kind of new in our modern age, heavy metal toxicity, and then kind of the elephant in the room is stress, but stress obviously can coincide with the previous six which drives internal stress and the body can't perceive real or internal stress.

So obviously there's a whole deluge of toxicity now that we have to overcome and while we have been able to evolved with you know, parasite or bacteria infections, viral infections in isolation, never have we had to combat this kind of chemical soup that we now reside in.

So let's go ahead and focus the conversation on plasma exchange, which is kind of technology that you have really expanded upon to be super comprehensive at getting the most chronically ill patients better.

Can we talk just a second about the last 60 years of toxin. This is something that I think people have a hard time wrapping their head around. Back in the 1960s, there wasn't a lot of toxins.

We had some air pollution, but it was mostly limited to the inner city. We hadn't really had a lot of cars on the road, so we didn't have a lot of petroleum stuff going on.

We had some heavy metals because we were digging up stuff. But it wasn't a lot. It was actually minimal. I remember in the seventies for the first time seeing that crying Indian commercial where he's watching at all the pollution in the rivers and he's standing next to it and only you can stop pollution.

Because we knew in the 70s that we were in trouble. But then the cat got out of the bag with PFAs, with the DuPont, and all the industrial chemicals that just started pouring out.

And we have over, we've gone from basically zero toxins to 150,000 toxins. And that's a conservative issue in the United States. Next to the Middle East, China and Russia, United States is the most toxic country in the world.

And we have everybody in the United States has PFAs. Matter of fact, everybody, our calculations, but what we did on testing and extrapolating on the average healthy American has over 10,000 high critical toxins in their body on average.

And that keeps going up 10% every year. So this is where Toxins weren't a big deal 60 years ago. They're not the elephant in the room anymore. They're the room.

I mean, we learned, our body learned how to fight off Lyme and parasites and viruses. At least we have the ability to combat that. But now toxins, they're everything bad to the body.

They do everything bad. They burn tissues. They break DNA. They inhibit detox pathways. They inhibit biochemical pathways. They destroy mitochondria. They act as hormones.

They stimulate hormones. They suppress hormones. They cause the brain to go in all sorts of different directions because the brain, which is supposed to sit in this nice, clear, bubbly fluid, is now in this cloudy, oxidative, inflamed fluid, and that computer up here isn't doing well anymore.

So all of this stuff that you were talking about, like stress, it's amazing how much anxiety and depression gets relieved once you get the toxins out of your system, and we've known that.

The problem was, in the last 10 years, all the ways we had at pulling toxins out of you no longer became effective because, number one, there were too many, and too many of them didn't respond to chelation.

Remember, chelation is what brings out heavy metal. Six out of 35 heavy metals are removed with chelation. About 15% of mold is removed with binders. You can get some of the volatile chemicals out with saunas, but the vast majority of toxins in the human body are forever chemicals because they're impossible to remove until now.

Now we'll go to plasma exchange. I had to hammer that one home hard because I've been in this health and wellness journey for 30 years and I started with hormones and we went to the brain and we went to the guide and we went to the all around.

The nutrition is so critical. The gut is so critical. But the gut is living in toxicity. And so it just became impossible to get people better anymore because there's so many people out there and they know who they are.

They've tried everything. and nothing gets them better because every detox method to date is about giving you something in order to help you excrete more, not plasma change.

What's plasma change? Plasma change has been around for 50 years. I used it back in the ER. It's a process by which you put an IV in somebody, you draw out their blood, you separate the blood into the liquid part and the cellular part.

The liquid part we call plasma, we throw it away. We throw away everything in the plasma, the good, the bad, the ugly, the toxins, the hormones, the nutrients, the medicines, everything.

But it takes everything out. Then we take a substance called albumin, which is a natural clean protein. We combine it back with your cells.

How Plasma Exchange Works

We give them back to you. And within 24 hours, your body produces new, non-toxic, non-inflamed, non-cancerous, Stronger immune system, no Alzheimer's, plasma.

It's baby fresh plasma. So he literally gave you an oil change. That's the best analogy I can give it to people. And just like in the old days when we used to take a car and put it up on the skits and drain the oil out, put new oil in the top.

would run the car around the block for about a month, and we bring the car back in and change the oil all over again. That's what we do as well, because at MD Lifespan, we measure the toxins at one, two, three, four, five, and six weeks after plasma change.

And we did it on hundreds of people. And we've determined that three weeks, five days is the perfect time if you're looking for optimization, where the toxins have returned to enough level in the plasma.

So when you go in after another round, You get as much toxins out. The real trick with plasma change isn't doing it quickly. It's waiting and doing things so you can bring the toxins out of the tissues.

So when you do do the plasma change, you're getting the greatest benefit. That's the way to keep the cost down and give the patient the best. And that's what MD Lifespan does extremely well.

We've added on top of that. whole guidebooks of avoidance therapy because if I can keep you from putting them in, you're going to have better results at the end.

The other thing, and this is the wonderful part of functional medicine, there are thousands of nutrients, we use 75, that actually help you detox. They help you anti-oxidize, anti-inflame, they help with your mitochondrial cycle.

We know all this and we have 30 scientific advisors to be put together this formulation. So adding nutrition with avoidance therapy on our TPE is what makes MD Lifespan's process completely different from everybody else.

Our process removes toxins 300% better than TPE alone. So first, let's double click a couple things that you said, because in terms of toxicity, I had to reference this quickly.

Because from my understanding, I used to quote that there's 2 billion pounds of chemicals in circulation, according to EPA. And as of 2023, now I see that status actually 3.35 billion with a B.

It's estimated there's 200 Yeah, it's estimated there's 290 chemicals in the birthing mom's placenta of a newborn. We're only becoming more sick. So where science is going, what I can appreciate is we try to stay kind of on the cutting edge of certain therapies to kind of clean out the cellular debris or the senescence or to kind of reverse the buildup of some of these toxicities.

I love to hear now that we have these different tools and therapies at our disposal. I'm sure some of our patients may inquire If you were pulling stuff out, obviously when things are sequestered in bone or adipose in between sessions so that when you go back in, you can now clean it out.

What kind of a Hurks reaction is happening after one session or in between that sometimes people can feel more sick. Does that happen with… That's a great question.

That's a perfect question because we didn't know that. We are the ones that discovered how to use plasma chains to remove these socks. Then we went, wow, we got these socks out really well.

Let's look at the mold people. They're really, really sick. Let's start pulling them out. And so what we have after doing thousands of these plasma chains on patients, we know a lot now.

The patients that we're most cautious about but actually end up being the most effective on are the sickest patients. Patients who have mold toxicity, patients who have terrible chronic fatigue, people have the toxicity infection gambit that they got everything going on all at once.

Those patients do the best of the therapy But those are the patients you have to go slow at first, where we can take a healthy person who's coming in for, hey, I got chemicals and I want them out.

Or I'm coming in for longevity protocol because I want to get my telemeters longer and get my toxicities down. Or even patients come in who have some mild cognitive issues and they, by getting the toxins out, we've been able to improve their memory scores by 40%.

The patients with the chronic illness, chronic fatigue, especially the mold toxin patients, you have to do only a half transfusion, a half exchange, the first one, because they will hurt like I've never seen before.

And I've seen people hurt for 30 years. I was patient number one. Patient number two was Barbara, a 75-year-old who'd been sick for 25 years. Matter of fact, she'd been my patient for 25 years.

And I always promised I'd get her better because she had every mold toxin, every heavy metal, every pesticide you measured. And every time you touched her with anything, she would crash.

She came in, we did the plasma change on her. The next, that wasn't even the next day, like eight hours later, she calls me up. She goes, I'm at the hospital.

I got 102 fever. I got a headache. My joints are all swollen. My hands are all swollen. I feel like crap. I said, they gave her some IVs and they sent her home because they said, no, nothing going on with you.

Um, but she came in, we gave her IVs every day and we looked at her immune system and her immune system, her lymphocyte count had gone up 600%. in three days.

It's kind of like you got enough of the mold out that their immune system popped its head up and went, who invited this party? And it went to town. And she really had a rheumatoid flare because of taking the toxins out at such a significant level.

This is different than most Herck's reactions where you give them something like an antibiotic and the die off is what causes the Herck's. This is a hurts because we changed the level of the toxins and the immune system came online.

So we're very clear with patients like if they're, and they're, they do well, we just, you know, they may need five or six platelet changes, but it's so, it's so rewarding now.

to watch these patients that have suffered for so long with so much mold, so much toxicity, or even the people with chronic Lyme, they get better too because the chronic Lyme is not clearing because the immune system isn't working because the toxins in the system.

Get the toxins out, get the immune system back online, now you can clear the Lyme. So those are the patients that we're very cautious of. Barbara to describe her reaction after the TPE because she had had Hertz reactions for 25 years.

She goes, it was the worst I ever had. It felt like I had influenza B and I got hit by a truck.

Herx Reactions and Immune Recovery

Okay. That's a, that was significant. So I remember when I did a CBD infusion through Pico and now they've since changed their formulation, which has more of a euphoric effect.

But I remember when one of this, I believe it was one of the CB. and our CBG strains induce a very severe HERX reaction. Myself, a lot of other practitioners when we had tried their initial formulation, but it was certainly helping at similar kind of what you're prefacing is allowing the immune system to come back online and then go against.

the the deluge of toxins that are now have accumulated. So in terms of albumin, from my understanding, that's kind of one of the most potent antioxidants that the body can make.

And so what happens is you're buffering against this high oxidative burden, which allows the immune system to to rev up, come back online and increase its surveillance and vigilance and be able to against the accumulation of this toxic burden.

It's the body's, it's the blood vessels, it's the blood's sponge. I mean, it'll bind up everything. I mean, literally that's what it does is go around and so giving fresh albumin to somebody is just like giving them a big sponge and then that goes around and even grabs more of the toxins, which you want to do because the whole goal with every plasma exchange is to mobilize as many toxins as you can to be in the bloodstream when you do the plasma change.

So we've done a lot of different things with red light therapy. We've done different medications. We've done different supplements that actually help release the tissue burden into the plasma.

So when we go after the TPE each time, we get more bang for the buck, which is why our study publications are much better in their toxic removal and their inflammation going down and their oxidation going down and their immune system going up because of the stuff that we put together in the protocol to maximize that effect.

I'm sure patients are going to ask, so where is this albumin coming from? Where is this being charged? So it's human sourced albumin, which is what we've done for 50 years.

Now our company only uses Grisfold, which is a United States based pharmaceutical company. And they get most of their albumin from plasma that comes from the American Red Cross and blood drives and things like that.

But it's okay because plasma is then, to get albumin, you go through a process called electrophoresis and they put an electrical charge through the plasma.

and only the protein comes to the one side of the pool on which they basically just kind of scoop it out. And then they wash it and then they irradiate it and then they stop on it and they keep doing this.

It's such a pure product of albumin. When you do the MRI on the sample, you just get this one blip. I mean, that's all you see. The other thing is we've been using the human albumin on patients for over 50 years through the AIDS era, through all the cancer scares, never ever saw anything transmitted.

Even on the COVID, even with the spike proteins and the mRNA, we're still not detecting that in any of the albumin samples. Our company actually took an albumin and did something nobody else had done before.

We tested it for toxins, including microplastics, and it had none. I mean, it was literally zero all the way across the board. So I want to segue into the toxin test, but you also mentioned COVID on the other side of the spectrum in terms of patients who are dealing with long haul COVID symptoms.

How effective is this therapy? Well, so what we've seen in most of the patients who have a long COVID syndrome. They also have tons of toxins, which is probably what set them up for long COVID because they're immune.

When you have this many toxins and your toxins are doing everything bad to the body, it suppresses the immune system. Most of the cases on a couple of times it makes it hyper, but it's very uncommon.

In general, what we see is a significant immunosuppression, but we also see what we call immunoconfusion. Because all the toxins make all these other targets for the immune system to start making antibodies for, and it's those antibodies to those toxin targets that start cross-reacting with your body, ergo autoimmune disease.

Autoimmune disease isn't your immune system attacking your tissue. It's your immune system attacking toxins, but those same missiles look like a tissue.

It's an innocent bystander. which is what we've known for 30 years, and we've been saying that for 30 years, is why would your immune system go after you without being provoked?

It's being provoked by the toxins, and those same toxins, antibodies against the toxins just happen to cross-react. It looks a lot like a protein or whatever in you, and so that's where autoimmunity comes from.

So when we take the toxins out, this amount of what we call immunoconfusion, drops significantly. So we see thyroid antibodies drop, we see anti-ANA antibodies drop.

Matter of fact, the main thing that plasma exchange has been used for in the last 50 years is immunology, that means antibodies, and neurology, because it would be the antibodies attacking the neurons.

So in terms of the now the toxin burden, I know you guys start with the total toxin test from Vibrant, which is what we use. And so right away you said, Dan, we got to test you.

It's interesting because I had actually done the test a couple of months prior. So I was able to see a little bit change in some of my toxic accumulation.

And this is a test I've been utilizing probably more so than any other test. on all my patients because the question is why are we sick? Why are we getting more sick?

Why are we not healing? Why are we stuck? And it's for those reasons that you've so elegantly outlined is that our toxic accumulation has become so high that we are unable to to heal.

Albumin, Long COVID, and Autoimmunity

So we almost need this kind of oil change. We almost need this jumpstart. to be able to clean up the buildup and then allow the body to do what nature intended.

And so you sent a kid out, we went over my results. And while I am extremely myopic with my lifestyle in terms of my foundational five, which as I say is all the time, is you got to eat right, sleep right, move right, talk right, poop right in order to feel right.

Even myself, I mean, I still have, you know, kind of a small toxic accumulation. It's absolutely unavoidable. Speak to, I guess, the initial intake, because I'm sure patients clients are going to be interested in, in how kind of the process starts.

Sure. You know, the one thing to realize about the toxin load, and we use Vibrant America's total toxic burden plus the add on the PFAs, because you want to know what the PFAs are.

So when people order, I just want to make sure they understand it's the toxic test, total toxic burden plus the PFAs. Second thing is, like you said, 200 billion tons of chemicals in the environment over, I say 150, but I always say it's conservative because you're right.

There's numbers from 209 up to 315 now, depending on what you want to include in the toxicant category. But the other thing to understand is with the Vibrant test, you're measuring about a hundred different toxins.

So you have 14, that's really translating to 14,000. when you realize that we're only testing 100 out of 100,000 plus. So I always want to make sure people say, like, wow, I only have five.

No, you have 5,000. That's how that translates. So you just need to put things into the global context of everything. What people come to see us for is varied.

A lot of people are just healthy and health conscious and want to get the best out of their life, which is absolutely what you want to do with plasma chains or get the toxins out.

Other people coming to us have been sick for a very long time and they're overburdened with toxins. And these people come in with thousands and thousands of toxins.

But the one thing that people need to understand about the toxins is how the toxins interplay with your DNA. If you have really good DNA, you might be able to handle tens of thousands of toxins better than somebody who has not so good DNA.

So my family, all the guys died by 65 from cancer, and all the women died by 70 from Alzheimer's. So I got really poor genes. So it may not take a lot of toxins for me to push me over that edge.

So what we're doing is we're always having people do the toxin test, but then we're talking to them and saying, do

you have a family history of Alzheimer's, cancer, diabetes, heart disease, all the inflammatory diseases?

Do you have chronic inflammation? because if you have one of those issues or are you sick already, if you're one of those three people, then you need platelet change right away because you're already in that process.

But if you're not real high on toxins and you've got a pretty good gene set, you can get away with avoidance therapy and just check your toxin levels every year to make sure that they're coming down because If I can take two things as a take-home message for everybody listening here, number one, go to our website at mdlifespan.com, under about, look at resources and download guidebooks on how to avoid the toxins.

We have one on air, we have one on water, we have one on food, mold, chemicals in the house, toxins that babies are exposed to, toxins outside, and then we have one that's a a guidebook on apps that you can download that will tell you what the toxicity is and where you can find toxic free products.

It's a very simple thing process to do, to filter your water and you learn how to wash your food properly, select your food properly, just like you were saying before, eat well, sleep well, walk well.

It's eat well, that's the big part and eat clean in the process. You know, when you, when we jumped on a call, I forget some time ago and you were showing me your playground outside, obviously, I think beachside.

Air quality perhaps is the number one most overlooked component. We breathe approximately 11,000 liters of oxygen every single day. So where you live matters if you're in an urban area, if you're inner city, if you're inhaling constantly fumes from the cars in traffic or even jet fuel.

which can increase heavy metal toxicity, right? So that's one component. Everything bad in jet fuel. Yeah, I think the, I think, believe it was the EPA who just announced that our indoor air quality is somewhere between three to five times more toxic than outdoor.

Toxin Testing and Personalized Assessment

If you're cooking, right, and your hood isn't on, and now you have these kind of heterocyclic amines that are coming off from charring your meats and things of that sort, people are often overlooking some of the most lowest hanging fruit.

So air quality being one of them, you alluded to water quality and so making sure that unfortunately in this day and age, you have to get a filter here in the US.

So our water is contaminated with chlorine, fluorides and every other sort of chemical under the sun that's The water's contaminated with every toxin.

The toxins have made it through the whole ecosystem and all 150,000 toxins are in the water, including all the drug metabolites that everybody drinks, pees out, and then it's in a water supply.

So all your birth control pills, hits of estrogen, xenoestrogens, they're all in the water. That's why those guidebooks on how to clean up your environment and then the air one, it talks about getting HEPA filters for your home because you're right.

Your home is the single most dangerous place to be and air quality is the number one toxin in your home. I live in Brazil on a beach that gets a nice wind or I live in Michigan out 35 miles out in the middle of a forest, Manistee National Forest.

So I'm lucky that I don't have to worry terribly. about the air quality, but we're still getting the virus from Canada. So the filtering of the air in the house and outside your house and make sure you got is huge.

Filtering your water is gigantic and making sure you eat clean food. If you just do those three things and then for

women, stop using cosmetics. that are filled with toxins.

No, I mean, when we did our original study of 300 people in Chicago, half men, half women, and measured their toxin level, on average, the number of toxins they had out of 100 was 13.2. And that's a lot more than what it was 10 years ago when it was eight and 10 years before that when it was three.

But that 13.2 was five in the high critical range and eight in the moderate range. except for there was this group of women about 10% of the entire woman population and it was only women who are up in the 40s.

That's the cosmetics. Yeah, we just did a total toxin test that came back yesterday with a patient and latex came back high and she is uh, very kind of myopic with, again, my foundational five, you know, the eat right, sleep right, move right, talk right, poop right.

She was very, very surprised as to why they came back. And even in one of her organic cosmetic, whatever she was applying onto her skin, that's where latex was, was coming up from.

And another one is fragrances often overlooked too. We're kind of spraying in our bodies as well. Going back to the genetic component that you, that you adhered to earlier is It's interesting.

I have one patient who's been with me now almost for 10 years and I have the privilege now of even treating his kids. And I see kind of things coming off full circles and his gene report when it came back to me was one of the most beautiful, lowest kind of risk factor gene reports that I've seen, which speaks to how kind of fortunate it is because his lifestyle is anything but clean.

But yet he's been able to kind of maintain this clean bill of health. because his predispositions are so low. While if I look at someone like myself, I get patients all the time.

They're like, yeah, I have the MTHFR. And I show them this kind of genetic then imaging. I say, show me where MTHFR is on this map. And it's kind of this kind of small sliver.

And now while that does matter how well you can methylate phase two detoxification, there's also acetylation, transulphation, glucuronidation, conjugation, amino acids.

So many different pathways. So many different pathways. people think that their genes are their destiny. They're certainly not, but they do speak to predispositions.

And so looking at mine as an example, so my great grandfather died in his sleep at, I think it was 104. But then my grandparents moved from outside of Sicily from the farm to move to this industrial area where they were working in the inner city.

And they passed unfortunately from cardiovascular issues at 84, both respectively. Genes matter. So looking at mine, I have extremely high risk for cardiovascular disease, for methylation, for oxidative burden, for high inflammation, for all of it.

I lost the genetic lottery, but I look at my great grandfather who died peacefully and asleep. So it really speaks to our environment or the kind of epigenetics.

of our modern lifestyle and this toxic burden. So I appreciate coming full circle, going back to TPE and an oil change for the body. So how does someone start this process?

You go through the toxic test, we see that obviously there's a high degree of accumulation. There's mold, there's environmental toxins, there's heavy metals.

Are you kind of layering DMSA with this treatment? Are you just going at it through the plasma exchange? Are there nutraceuticals that are integrated in between sessions?

I know when we discussed the option of stem cells and exosomes, what is kind of everything that encompasses from like starting session one all the way to depending on how long someone needs to do?

The first thing, the first thing for people to understand is getting into assessment. So we have a ability for people to go through our website, schedule a call, they'll get on with one of our clinicians, and we'll make sure that you're the right match for us and we're the match for you, and you can go through TP, make sure you're not excluded.

And if that's the case, you'll be put into a evaluation call with one of our clinicians. You can upload your data, you'll fill out a questionnaire, and our clinician will spend an hour with you over your information, your questions, because at MD Lifespan, we want to make sure we provide people good information.

there's absolutely no charge at all for any of these physician visits. Just because we wanted to make sure that you understand what's going on. Now, some patients come to us with toxin tests.

Other patients want us to do a toxin test. Other patients just want to get started on the protocol. They'll do the toxin test before they get going. So whatever works for the patient, we're going to work with them.

So if a patient comes through and qualifies for TPE, meets with one of our clinicians, we agree this is a good thing for you, and which one you're going to do.

Most of the protocols are essentially the same, and it starts with you showing up at the office, our nurse greets you, they may poke your finger, well, they will poke your finger to get a Maticrit, and then we get a weight on you by which we can calculate the volume of plasma in your body.

And then we hook you to the machine. We put an IV in one arm and an IV in the other arm.

Treatment Protocols, Nutrients, and Stem Cells

That's where the blood comes out and goes in the machine, which separates it. And then we take the plasma, we throw it away, we give you back albumin and we bring it back into you.

And after about two hours of this, we disconnect the IVs and you're done. Now, with a lot of our protocols, we will then give you an infusion of nutrients because remember, the plasma exchange took out everything.

So this is a great opportunity to get the body going with all the magnesium, calcium, molybdenum, selenium, giving it back B vitamins, giving it back vitamin C, giving it back glutathione.

Get the body jumpstarted because I just removed all the bad oil. Let's go put some air in the tire. Let's go put some spark in the tank and let's go get this car moving a little bit.

And then we'll send you home with some especially compounded nutrient that we put together with over 65 to 75 different amazing nutrient, and they're all made of the highest quality products.

These are gluten-free, soy-free. They're toxin-free. We got the clean seal fresh, which means it got tested and qualified as ultimately organic and pesticide-free.

So we've gone a long ways to make sure that we're not introducing toxins back into you. But we also may use on certain protocols what's called DMSA, a chelator, in very low doses just to help a certain patient get a little bit more boost drawing out their heavy metals with the TPE.

Some other patients, we have a mold protocol. So we worked with Joe Carnahan and we put together other things that we added into the supplement part like body bio, a phosphatidylcholine.

zeobind for clay and just to give us a little bit more hole in those areas that people are suffering the most. So all of them have this detox program to it.

And some of them have this additional part, especially when we're looking at immune system, heart, brain, we may be giving stem cells an exosome because these toxins have done damage.

to the immune system, to the brain, to the heart. This is a great opportunity once you get the toxins out to reintroduce exosomes and stem cells, which are the little messengers that go to the different tissues and say, heal.

So we're utilizing all of these things in a functional medicine approach. So by the time that you're done, we're meeting the criteria that we set out for you in the beginning.

Speak about the stem cell portion and exosomes. I know patients are going to inquire as to quality. What is it coming from? What kind of stem cells and exosomes?

Sure. So we use umbilical cord products, mesenchymal stem cells from a lab called BD Labs, B-I-T-T-I. Bill BD is a very well known and renowned stem cell PhD.

Uses the highest quality products been around for very long. I mean, that's really the only product that I've ever used in any of my clinics. I've never had any problem whatsoever with an infusion of any of his products on any patients.

And I've had hundreds of clinics. And it does matter, right? Where you get your stem pills from. That's a big deal. Make sure you're making the right choice.

So I tell everybody all the time, check it out, BD Labs. As a matter of fact, all of our scientific advisors, we all agreed on BD Labs. We were like, that guy has been around the longest.

He has the best product. There's other people out there, but it's a product that we all knew and used for some period of time. The thing that people should also understand is, unfortunately, this is an expensive problem.

At MD Lifespan, we've been able to get this price down considerably. But, you know, I've been in business for 30 years, and with the last company with 27 clinics dealt with people who were very sick with the mold toxicities and the chronic fatigue and fibromyalgia, the chronic Lyme, these patients on average spend $100,000 every 10 years trying to get better.

I get that because and they don't get better but with this product they will get better. So I mean you can get some patients who come in to see us who are healthy like you and like hey I want something just make sure my telomeres stay big and make sure my inflammation stays low and get these toxins out.

You can get away with our MDL toxin or MDL longevity program for around 23 to 25 thousand dollars and that includes everything. So Be careful when you go to other places, they charge between six and 10,000 just for a TPE.

We're doing the TPE, all the labs on the front side and the back side, all the albumin, all the doctor visits, all the supplements, all the nutrients, all the IV product, everything is at for that price.

You're not gonna find a price better anywhere, and you're not gonna find a quality better either, because this is all we do. We're not one of those centers that does TPE and 50 other things.

We just do TPE, day in and day out, we do it very well. Yeah, the reason why I wanted to get you on the call and we're also doing a podcast episode with BD Labs as well.

So I can definitely speak to the quality. Our goal is we never ever compromise with quality. I'd rather spend a premium to ensure that this is the best in class because I never cut corners with my health, with my family and certainly not with our patients.

It speaks to the level of outcome in terms of improvement that we'd be able to achieve. I would say 100% success

rate. That's because we have a non-negotiable commitment to our patients.

And so I have this unrelenting mission to find whoever's doing kind of the best in class and what they're doing. Yeah. To be able to improve outcomes.

And certainly there's a cost. Medicine has become, especially pharma, big business. you're going to pay for it either way. You're going to pay for it either with your health or with your sick.

And so my goal is to at least try to pay for it to maintain a clean bill of health because it's going to happen either way. And unfortunately, the more sick someone is, the more they're going to have to pay to get out of that situation.

And so And what I appreciate is the depth of what you put together by layering in stem cells and exosomes and nutraceuticals and the IV infusion above just the TPE to ensure someone gets better faster.

That has been our mantra all along is how can we help our patients heal safer and faster? Not only faster, less expensive. Because if I can do things that mobilize more toxins, instead of five, I can now get away with three, which drops the cost 40%. MD Lifespan is our vision of our company is to detect and remove toxins from the public.

That means we got to get this price down. I was in Washington DC eight weeks ago and we talked to the Department of Defense and we're talking about doing research.

So like, can you get this price down? Yes, with your help, I can get this probably under $20,000 if not under $15,000 because the way we're doing it at MD Lifespan is we're integrating functional medicine things that help us mobilize the toxins faster.

So when we're doing the TPE, we get a bigger withdrawal each time. So empty lifespan is leading the charge to the bottom, as I always say. We're going to be driving the price down because that's the mission of the company.

We actually made the company a public benefit corporation. So that means we're a for-profit, but we can't have a big profit. It means we have to keep bringing the prices down for the public.

That's just part of our vision that is part of who we are as a community. Yeah. And I can understand when you're suggesting, you know, profit is when practitioners are doing something on an extremely high level, there is a lot of overhead costs that the patients, I don't think recognize.

And so in terms of functional medicine, now I see the pushback is often, you know, the prices are so high looking at consultation rates and things like that.

But there's also a something to speak for experience. One of my mentors always said is Daniel, you're either going to pay for it right or you're going to pay for it twice.

And so unfortunately is, as you said, a lot of our patients, they've seen three, four, five, six other practitioners.

Cost, Access, and Closing Takeaways

And I see that now in the world of functional medicine, we are certainly not all equal. And a lot of it starts with a simple test. I don't like guessing.

I like testing and treating because then you could. treatment is preceded with good diagnosis. And so what you've done so well is you see the toxic burden ahead of time, and then you can specify in terms of when you said, you know, whether it's for viral or for mold for anywhere in between.

But it's not only the toxins, we see the inflammation, we see the immune system, we see the oxidation, we see, we look at all of these parts as a whole so that we can see how much toxins you have, what's it doing internally.

And then we match it up with your, with your bio, right? what, what's in your family history, what's in your history, what's in your labs, you have information.

So this gives us a fingerprint on each patient that is kind of unique for each of these processes that we're doing, which is why it's always about the data.

Yeah. Staying sick is no longer inevitable. I mean, the power of hope certainly is real, but beyond that, there's also science and where medicine is going.

And when you're able to expose yourself or undergo therapies as as you brought to market, I think it really allows patients to not only have the hope that they can recover, but certainly you see that in the results.

I know we were going over the data that you demonstrated in terms of efficacy with your patients. And it's super rewarding to see that we can, we finally have tools to get our most sick patients healthy again.

Right? So if you look at. metabolic disease, cancer, autoimmune, things that obviously are hitting the mitochondria and the high oxidative burden load from high inflammation or chronic inflammation, immune suppression.

You see now that you can reverse this, right? So change for the better is now an option. So two is staying sick. Certainly patients can decide to do nothing, but the upside is yes, there's a, there's a cost concern here, but there's also the ability to get well.

And so that's what I want to applaud what you've been able to bring to market. Certainly I look forward to going through the process myself and, and the onboarding is very consistent with what you suggested.

I got on a call with a practitioner. We went over everything. And when I spoke to her, I said, I got to talk to Paul. I need to learn about the science.

I need to learn more about what's going on behind the scenes here because this is something I feel could really benefit our patient population. This is going to cover every aspect of medicine because it's in every person.

So whether you're looking at cardiology or neurology or rheumatology or oncology or obstetrics, because our babies are being born with incredible levels of toxins as well, which is why autism, ADHD, obesity, childhood IQ, all these are starting to run into significant problems is because we are living in a chemical soup that is not healthy for us or our children or future generations.

And Stephen Hawking said in 2016, and our stupidity to it is the only existential threat facing mankind, period. And it's not getting any better, unfortunately.

No, but we have a solution. Finally, we have a solution for getting it out of individuals that we didn't have three years ago. So yes, we got to stop putting things into the environment.

But at this point where we were, we didn't have the ability to get the toxins out to the level they were going in. Now we do. Now we have such a degree that our method is safe, effective, and universal.

That means it gets out every toxin, whether you measure it or not. Yeah, and you begin to feel better. So that's what I can appreciate, obviously, and our patients above all else appreciate that the most.

Looking at the genetic propensity again is often enough is with people who are kind of have this high degree of toxic burden, one plus one equals three, one plus one can equal 10. And it's the same thing when you said is no one's testing these toxins together, right?

When they're generally recognized as safe, which to me, it's very foolish to think so. No one is testing how these chemicals interplay with one another when they're being tested.

In medicine, they will teach you once you start your third drug on a patient, you can't determine side effects anymore. because nobody's tested three drugs.

Now we're looking at 50,000 or 209,000 toxins and people want to know what could happen if you mix them all together. Everything happens, not anything, everything happens and it's all bad.

And beyond the side effects is you're not being taught or spoken to about drug-induced nutrient depletions or drug-induced mycobrium impact, right? Well, this is exactly why when we took the functional medicine approach to TPE, if we're removing your toxins, we got to give you mercury, give you magnesium right back.

Otherwise, those slots are open. I mean, that's one of the reasons why we take the advantage of giving people IV nutrients and then we send them home on a tub of nutrients for them to take every day for the next 30 days between the fusions is because you've left all these toxins have displaced all these nutrients and you have to replace them.

Otherwise, the system doesn't work. Yeah, heavy metals will themselves displace obviously these minerals, mercury, magnesium, lead with calcium. Well, you can look at any of the oxidative chemicals, a lot of the mold toxins, all of the pesticides, they literally burn the enzyme so that the nutrient has no place to sit anymore.

Yeah. Unfortunately, that is our modern reality, but the good part is again, we can do something about it. So that is really, oh, you can build new enzymes, which again is interestingly pH dependent.

It's mineral dependent. And so most of our patients who are stuck in this toxic accumulation, whether it's long-haul covalent or mold, Lyme, et cetera, if you look at something like a simple pH test, whether it's blood or urine, you'll see they're very, very acidic.

And their practitioners are not talking to them about this. You need to remineralize. You need to alkalize and alkaline water is not the answer, but certainly minerals are.

Yeah. And so there's, there's actionable things you can take to, to begin to implement change. And the good part with what you're doing is you're covering all the bases.

That's what I appreciated the most is that it's not just like here, we're doing exchange and then we'll see you again in four to six weeks is you're ensuring that there's an aftercare.

not only are we covering all the bases, we're doing it at the right time. It's what we call orchestrated timed therapy. Because you gotta get the toxins out first, and then you gotta give the nutrients back to get the body started.

And you have to do a couple of those before you start giving the exosomes and stem cells, because exosomes won't, and you know, I was told by the PhD, by Phil Beatty, he goes, by PhDs before as well, that exosomes are not firefighters, they're foresters.

They go into the forest and replant the forest. They don't go in and put out the fire. So there's a fire going. They're not they're not doing anything.

Yeah, that totally makes sense. So that's a great analogy. Stem cells and exosomes themselves are so powerful. And obviously, when you're layering in plasma exchange now, to me, that has you said, because I asked that question when I first met you, I said, how do you define this kind of in a simple sentence?

And you said it's an oil change. So much like we take care of our cars, it's prudent to to take care of our bodies. And often enough, now where things are going in terms of aesthetics, everyone is concerned about, you know, the wrinkles on their face or skin or excess adipose, right?

But what are we doing internally to clean up our internal biochemistry so that it manifests externally? And so this is why to me is this is just next level.

So I appreciate everything that you've shed light on today. I appreciate your life's work really, which has enabled you to kind of get to this point to be able to help people on a much higher scale.

We look forward to partnering with you guys and offering this in our clinic, I know, so that we can help even more patients and create more impact. So anything else that our listeners, any other takeaways that you want our listeners to surmise here?

The takeaway is this, go clean up your environment, go to our website, download the guidebooks on how to clean up air, water, food, your chemicals in the bathroom, go do that.

That's for you, that's for your family, that's for your friends, that's for your kids, it's for your pets, it's for everybody. And everybody gets better when they just do this and it's not terribly expensive.

Number two, test your toxin levels. You don't know what you don't measure. Absolutely brilliant. And I can only speak to the first one when you said, you know, take a look at the guidebook.

A lot of that is free, right? You can get rid of it. It's all free. Meaning like you can, you can throw out any sort of plastics. I always say I'm plastic free since 2003, before people understood really the impact and the accumulation now.

You can get rid of the plastics. You can get rid of the fragrances, some of the cosmetics or swap them out. You can test your water, you can test your air, you can do things that sometimes are often enough free just to make sure that your environment is setting you up for success.

And then in terms of the test, yes, there's always a cost to testing, but to me, as you said, is we can only manage what we measure. And so the beginning part is really just seeing, okay, what toxins have you accumulated so we can begin to pull that out.

I feel like there's no better therapy than what you've been able to bring to market here. So kudos to you and your staff and team and what you've been able to achieve.

I know when I spoke to Jill Carnahan some time ago and she was expressing how impactful this has been for her patients. I was super keen to get on board.

So I appreciate your time today. I appreciate the friendship that we've been able to. Nice to bring to light here too. Like I said, I hope to one day come visit you in, in Brazil.

So that's, that's a goal. But, uh, I love to, to, to finish every episode with one question for all the guests. And it is, if you could have any superpower, what would it be?

Speed. You know, my favorite animal is a cheetah. I always said need for speed. But Carol fan, I've been comic book, I collect the comic books when I was a kid.

There's been plenty of different, uh, arguments over the years of which superpower is the best. Speed always wins. Love it. Well, I appreciate your time today.

Everyone else, thank you for subscribing. Thank you for listening. If you feel this could benefit a family, a friend, a neighbor, anyone that's been struggling for a long time, understand now that there are answers and there's ways for people to get help.

Where can people connect, find you? I know you mentioned mdlifespan.com. It starts with a call, but anywhere else that people can kind of track what you're up to and doing.

Instagram, Facebook, we're on all the social medias. The other, you know, the idea of the podcast, your podcast, because, you know, this is fantastic, but there's, you know, Joe Carnahan's got podcasts and you talk about TPE.

Getting information from a trusted source today is the best thing ever. And so listening to you, because you are very Like you said, your goal, your homage is to make sure that you're providing to the patient, to your community, the best true advice that you can give them, which is honorable beyond belief.

Appreciate everything that you shared. I look forward to providing impact to all our patients, all our listeners, and just people worldwide. And this has been a genuine pleasure and privilege.

And I look forward to doing around too, as we continue to move forward and helping helping patients just genuinely feel better. So thank you again for your time today, Paul.

We look forward to, yep, we look forward to doing a round two in the future as, as you begin to change and redefine what medicine looks like on a principle in what's happening in our government.

I know we spoke to insurance and kind of getting this, you know, approved at hopefully some point with Medicare and bring the cost down. It will happen.

It will happen. It'll take a little while, but it will happen. You're fighting the good fight. So thank you so much. All right. Thanks so much. Thank you for tuning in to the TBD Fit podcast on Dr.

Talks, where we unpack all things health and longevity. If you enjoy the show, like, review, and subscribe. This allows us to have a greater reach and help others on their health and wellness journey.