Ep 606: Could Your Joints Could Be Repaired vs Replaced? With Dr. Marc Pietropaoli Transcript

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Podcast intro and Dr. Petrapalliu2019s mission

Welcome to the Health Fix Podcast where health junkies get their weekly fix of tips, tools and techniques to have limitless energy, sharp minds and fit physiques for life.

Hey, Health Junkies. On this episode of the Health Fix Podcast, I'm interviewing Dr. Mark Petrapalli. He's a traditional sports medicine orthopedic surgeon who's been in the game almost three decades.

that time he learned a ton. But while he was looking at or observing, as we call it in the medical field, a knee replacement during his third year of medical school, that was back in 1991, he asked the question that would change his life.

He said, why can't we repair knees instead of replacing them? The quick answer he told was no, there's nothing that can be done. At that point, he decided he was going to make his lifelong mission to prove otherwise.

And so here he is today with a new model, knee repair, not replacement. He's using stem cells, ERP, laser, genetics for nutrition and fitness protocols.

So he's is using the genetics to design these fitness and protocols specific for the patients. he He is working on total body strength and conditioning programs to keep folks moving and being able to move well and hydrate well.

Drinking water and he's on a mission now to repair not replace joints just beyond the knees at this point without surgery without pills and He has a Mission where he has his book here repair.

Not replace and a dollar of of each sale of the book goes to raise money to help in the education of folks. Not only physicians, medical providers, and coaches for young kids, because this is something we need to be thinking about with our youngsters and our folks, even when we are in our 20s, 30s.

Once we start getting older, we really need be think about how we move, how much we how we're moving our strength because with his mission here by 2043 is looking to end unnecessary replacements of joints.

Now I'm not saying that some folks don't need joint replacements and he doesn't say that either. He's saying there's a lot of unnecessary replacement going on and I've seen this personally in my practice and it makes me sad.

And because I'm not a surgeon, you know, it's hard to jump in there and say, say my piece, but I am glad Dr. Mark P is doing that. And so today he's going to be talking about that and I really want you guys during this podcast to thinking about where you are now with your fitness, where are you at now at your nutrition.

Are you drinking enough water? Are your prioritizing that? That's what helps with circulation, greases our joints. I've realized in my two decades almost of practice that the basics are incredibly important.

How well you eat, how well your move, and your hydration. If those aren't in place, we can't use any of the fancy stuff. And Dr. P talks about it today in the podcast.

So let's jump into it because he's going to be talking about why you're more than your x-ray and imaging and how the answer to your joint pain is not always the surgery.

So, let us give a warm welcome to Dr. Mark Petrapalli. Dr Mark, Petra Polly. Welcome to the health fix podcast.

Thank you, Dr J. I appreciate it being here and I appreciated all your audience and i love your show.

Well, thanks. You know, it's right up my alley. So of course, being an acupuncturist and a naturopathic doctor, I'm trying to figure out a hundred different billion ways that I can help people avoid surgery.

And boy, the knee replacement thing is really kicking my butt lately since I am getting older and so is my population. We have a lot to talk about today as a whole.

But my first and foremost question has to be the need in particular, because of, course guys, we're going to about his book a little bit later here. Why do you think the knee ends up being such a pain in the butt, especially for the recovery for folks?

What gives? Is it because it's trapped between two joints? So meaning also recovery from a knee replacement or just in general? In general. In General.

Well, it is, is a weight bearing joint. So we have to put weight on it.

Why knees break down and the basics of joint health

And a lot of force goes across our knees, our hips and our ankles and are our lower extremities. Obviously every step we take, you know, that's four or five times body weight.

If you go up and down stairs, It might be more, if you start running or jumping, That could be 10 or 22. times body weight. And for every pound we gain, that's another three or four pounds of extra force going across our joints.

So I think the number one thing is there's a lot of force. Going across those joints, the other thing, especially for the younger audience, kids and the parents are pushing the kids to play more and more sports and specialize too early.

There's lot overuse using the same muscles. the same way over and over again versus when in the past it used to be three sports where you use your muscles in your joints and your tendons your ligaments differently and that was always a little bit more less stress on the body.

So I think and then as people get older so I started out the way I mean I start out practice in 1998 fellowship trained in sports medicine, orthopedic surgeon.

So I was seeing a lot of young athletes and a of them were unfortunately tearing their ACLs like girls. And now they, you know, at 27, 28 years later, a lots of those patients are now getting older and they're worried about having to need a knee replacement.

I think it's mostly because of the joint itself has to experience a a force. It's not meant to really twist or turn a and some of these activities we do do that.

I also think, let's face it, our diet, exercise isn't as much a priority anymore. People are more indoors. They're sitting down. I mean, sitting at a desk all day is like smoking cigarettes, right?

It's terrible for your health. So we're just not, we are not moving. Motion is medicine. Our name is victory in motion. And getting up and moving, so people aren't moving enough.

Their diets are bad. you know many many most Americans frankly the majority of Americans are overweight so that's putting a lot of extra stress on our joints then you go try to fix that joint and if you only concentrate on that join you don't concentrate anything else of course it's going to be difficult to recover from because you haven't changed anything So I think that's probably the most underrated thing is, yeah, obviously you do surgery on a knee and the knee is a very complex joint.

And so the rehab is difficult and you're weight bearing on it. So that' difficult. It takes a long time, but if you don't change everything else, it's going to be a lot harder and might just mess it back up again down the road.

Thinking about the whole person versus just the compartmentalized knee itself is big part. I know that is your philosophy as well. I mean, I can't say enough about your book.

It's like, can I hand this out to everyone? I don't care who you are. You don' have to have joint stuff. So I'm holding this up here because of course we have YouTube as well.

This is like not just thinking about, oh, you have knee pain. I am talking about 30 year olds, 20 year old. Like I would love to give this to every patient of mine because the motion thing is and really challenging the motion in different planes of direction, but also, like you're saying, the dietary part, I mean, oh my gosh, let me rein myself in because I get so excited about this kind of stuff.

But I think motion is a big one to hit on because a lot of people will roll their eyes and be like, yeah, we know how to eat healthy, as we already know.

And I want to get into your victory slim, in terms of the DNA testing. I wanna get in to what that is in particular. A lot a people are gonna be, okay, What we're doing in our 30s and 40s is gonna be preventative for what happens in her 60s in 70s.

And of course, some of my population that listens to the podcast might already be in their 60's and they're like, oh man, what do I do? So in your motion training classes, if we had to give like top five motions people should be doing to protect their joints and knees, ankles, whatever joints you wanna highlight on, What should they be do to help protect them?

Well, I think just like drinking water is very underrated for diet, right? It seems obvious, but… I remind myself. Right. So the same thing. I mean, just straight old walking is huge.

Just walking in and of itself. It's not a huge stress on your body like running is, and I'm a big runner, But just walking and getting up and moving. Any type of movement is good.

Riding a bike. If you don't want to walk, then I do like the weight bearing exercises better. But I mean, riding a bike is a tremendous exercise because it's a lot lower stress, but it still moving.

And again, moving our joints were made to move. If you don't move, they start to degenerate. They get stiff and stiffness causes pain. I think that there's certain exercises that you can do on.

What people don' realize is that, yes, we do a of exercises on both legs. But really most of what we do when we walk is we're on one leg, then we are on the other leg.

When we run, run one like them around the leg so we don't do enough single legs, single leg training. I think that's something that is hugely underrated single-leg training stretching is not.

Stretching is very controversial, but there's a lot of exercises you can do dynamically, meaning when you're moving that actually function and work better at getting your range of motion back and making you more flexible.

than actually static stretching does. So a lot of people think static, stretching, or even ballistic stretching. That's kind of the old way to stretch.

I mean, yoga is a great, great type form of exercise. You're moving, but you're also working on mobility and you working balance. Balance is so important.

so I think that's a few that I could talk about. Just straight walking is just something that so simple. It's what we're meant to do every day. Drinking water and walking.

Those two things are just bare minimum and you start doing those on a regular basis and start those over a 21-day course, for instance, like in my book, and next thing you know, you're feeling better.

Then you can start building on that. But single leg is another thing. Single leg exercises, single-leg rehab, people just don't realize how important that really is.

Nice. I 100% agree. So what I'm hearing, Dr. P, is we are over-complicating stuff. We need to get back to basics. I agree with that and I get super excited about like peptides and exosomes, all these little particles and all of these new things that are out there.

But if you go back to the ancients, and trust me, I'm involved with all those things and do think they're going to have a place. Next thing you know, you have all this things in your head.

I should be doing this. And you forget the basics and then that causes more stress, right? So people can be over try to be, over healthy. I see, I actually see a lot of that as well.

Nowadays, even my, my own kids, they're into being healthy, but they worry about so many, every little thing. If you worry, about every single little.

Then that creates more. And then you have cortisol release and that's bad for you. So you get the reverse and the best example I can use in my personal experience.

He's 97. He pretty much eats or drinks whatever he wants, but he doesn't necessarily eat terrible food. But he's always moving, he is always gardening, always doing something.

he actually does drink a fair amount of water. And he also has low amount stress. Always talking about next year, do this, that. and he 97, and always planning on the next thing.

And he loves friends. He loves social company. We know how important that is. You know, and so yeah, we're talking about the knee or joints, but it's the whole body.

It's. The whole person and that's how really you get people better. And in your, in our training, everything is so segmentalized and compartmentalize and you only get, you know in the traditional method, what would you say the average you go to an average, your average healthcare practitioner, how much time do they spend with you face to face?

7 to 15 minutes if you're lucky. That's the average. But let's face it, there's no way you can get to know somebody and treat everything you need to treat.

So everybody's treating their own little thing, but they're not treating the whole person. And I think we're suffering because of it. And it's not necessarily the doctor's fault, it is the systems fault.

It's the way we're trained and indoctrinated. The system needs either changing or I think the system is very difficult to change.

Whole-body movement, balance, and prevention

So I'm on a mission to really, with a bunch of other doctors and practitioners and healthcare practitioners, kind of create a new system. And I'd say you're in that category as well.

Absolutely. I think it's time, you know, and yeah, the old system is going to just do what it is gonna do and people will choose, their adventure, whichever way they feel to go.

You know I, think one of the things that we kind of look at in something you addressed in the book is like, okay, I've got a guy, his name was Wayne, where he ended up eventually You know, having to get a knee replacement, but

you know you held it off for quite some time.

And this is a situation that my husband is in. He was hit by a truck on his bike and tore up his knee pretty bad and um, tibial plateau and you, know all kinds of things and they were like, yeah, you're gonna have to.

a knee replacement probably when you're in your 40s or 50s. Well, right now he's 45 and has no knee pain because he has been drinking water, you know, doing all the things.

Yeah. Wonderful. Great. Good job. And so in this case, I think this is something that we do want to talk about. Like, yes, there's the systems there. of the modern advances for when we need it.

But I think what a lot of people are not sure of is the peptides, the exosomes, that advanced stuff and then joint preservation concept compared to getting to the like actually need to replace it, can you describe for us a little bit of how it looks going from a state where you don't quite need a knee replacement, there's some preservation that can be done and how long on average would you say someone could go through that phase?

indefinite if they keep really, you know, in some cases because they completely avoid it. Absolutely. We can get most people to avoid a knee replacement or a hip replacement, or shoulder replacement because the book does have knees on the front and I do talk about knee repair and not knee replacements because I had an event when I was younger and was told there was no way to repair knees and there were no ways to grow back cartilage.

And, you know, and one of the chief residents told me that in the operating room and I made a, I was embarrassed, but I said, i'm going to prove that guy wrong and figure out a way to repair knees and not replace them.

And hence the book now. But it's not just, it' not, just knees. It's, all our joints and yes, the vast majority of people I'd say 82 to 95% of that people we see we can prevent from needing a joint replacement for a long, long time, if not forever.

I mean, most of them we've prevented it. Forever, but even Wayne, he was 44 when I met him and he, was told by everybody that he needed a joint replacement and I was just starting out and luckily I had some really good training in my fellowship, which was the year after my five years of orthopedic residency training.

It was a sports medicine fellowship with Dr. Andrews, who's the greatest sports, medicine doctor of all time. And they were more progressive, more, into whole body, taking care of the whole athlete, and so I tried to take that into my practice and it was difficult with my colleagues, but When I spoke to Wayne, it was day one of my practice and I was like, I don't think you need a joint replacement.

He's like what do you mean? That's bone on bone. And so we can try a lot of other things. First, you're only 44. If you get it now, It's going to wear out again and you are going need another one.

That is a more difficult surgery. Revision surgery is more dangerous. It doesn't do as well. Doesn't last as long. Does not work as Well. So if you want to need one, put it off for as much as possible.

Obviously, I understand as people get older, their health may suffer, but that's why taking care of the whole person and keeping them healthy, maybe they won't ever need it.

The goal is to put it off for as long as possible, but even if someone's in their forties or fifties and you put off 10 years, that's a huge, huge advantage that they hopefully will only need one and not need it down the road.

But yeah, our goal. Is not only to prevent it or put It off, But it's to Prevent them from getting like, this is the harder part. And this Is the secondary part of my mission, and but it has been part Of my Mission for a while anyway, with trying to, prevent injuries in the first place, trying To prevent the arthritis in The first Place.

And we've done that in many a time, but it's a lot harder to convince a 20 year old, a 30 year-old, even people in their 40s to do these types of things to prevent them from getting the arthritis in the first place.

Yeah. Oh, the greasing the joints conversation, it does not always go well for me to like convince folks. I can usually see like deer in the headlights, so like seriously, really, but I don't like working out.

It doesn't have to be. Do you ever consult with folks on dancing and doing whatever they want for motion when you talk about motion? Of course, of course.

Like Pam in my book, she wanted to get back dancing again. She, I met her because her knees were so bad she fell and broke her pelvis. And so I saw her, we got her pelvis better.

And then she said, everybody's telling me I need knee replacements. The reason she fell was because of her knees and she had to have my, my grandson's wedding is coming up.

I want to boogie, I wanna dance at the wedding. We took her through a program and knee repair, not knee replacement program. That required, you know, that took a few months to get her.

Through that. Part of that is a total body fitness, strength and conditioning RV motion fit that you were talking about. and we have experts who are not only healthcare and have medical degrees, but they also have fitness degrees.

And that's, we meld that together. Everybody has to kind of have that who's in our department and they take care of these people. They'll take, they'll an hour with them, not 20 minutes or 10 minutes.

She chose to continue with that part of, and she's still doing that by the way, she has about 250 visits in, bottom line is she wanted to get back dancing and we got her back, dancing.

Diane in the book, She wanted Motion is medicine. Whatever the motion is, go for it. So dancing, sure. My wife's a huge dancer. She loves dancing. See, you guys heard it here.

You do not have to be in the gym. I want to reinforce that so much because I think when we hear workout, we like go, no. But dancing is so many moves that are one leg.

I am a huge fan of that department. I'm a fan having fun and I think that's where a lot of us have kind of gotten into the seriousness of life and forgotten.

Well, you're not going to continue it if it's not fun, right? So, let's say dancing, even walking, is it that strenuous? No, but if You don't want to go to the gym and you don' to do other things.

At least do something you like. Hiking, people love to hike, especially where I'm in upstate New York. People love go hike. That's one of the most common things people want get back to that I see.

Yeah, hiking's a great exercise. Uphill, downhill, uneven ground, single leg. I mean, you're… Stability, mobility, balance, it's great. Do you guys do a lot of balance training, like agility and balance in your work?

Absolutely, yes. And we even, for the longest time, we had a specific gait and balanced program in and of itself. We have a balance plate, basically a test your balance.

You look straight ahead and we have you close your eyes, open your and it can put down graphically what your bounce looks like. Then we also would even do VNGs, video nystagmography to see if there's an inner ear problem because a lot of balance issues come from that as well.

They can come for musculoskeletal, they can from different neurologic problems, neuropathy meaning numbness and tingling in the feet, things like that.

So we would test for all that stuff and I mean the success rate is amazing. to get people improve their balance because if you improve, they're less likely to fall.

And if they fall and break their hip, people who fall break, one third of those people die within a year. It's crazy. So we can, it's all about prevention.

There's so many preventive things, but then people either don't want to do it or the insurance won't pay for it. Cause we were trying to that through insurance and they wouldn't Sometimes they would and then patients didn't want to do it if the insurance wouldn't pay for it.

And it's kind of sad. I know. Kind of said. So eventually by the time, you know, three years ago came around two years, about 80% of what we did and what offered was not covered by insurance.

That might be using your own blood, your platelets, which have growth factors, PRP, platelet rich plasma, using own stem cells. Your bone marrow has stem cell.

It has other cells that help the stem. laser therapy. I love it. That tau patch, I want to know if you have used that thing. We use lasers as well to stimulate the mitochondria.

Obviously, acupuncture stimulates microcirculation in the autonomic nervous system and nitrous oxide and indirectly the the Mitochondria, so it's all about getting our mitochondrion, which are the little powerhouse of our cell, fired up and there's lots of different ways to do it so we use laser.

Laser really is good for that. I mean, then the total body fitness and then a genetic based nutrition where we figure out genetically what the best diet is for you because people are always experimenting.

They don't know. You know, I struggled with that for years. I just try to find someone in my office who could help people with their nutrition, but everybody has their biases.

Like you get someone you like. You need to do vegan only or you need do carnivore only, or atkins only. They're so stuck on one way, but there isn't one type of person.

There's eight billion type people and everybody's different, right? So testing their genetics and figuring out what the right diet is, has been huge for us.

Repairing joints with PRP, stem cells, lasers, and genetics

And there's also lasers that we use, red light laser, a little bit different wavelength. that opens up the pores on the fat cells and helps the fact drain out and.

Helps get rid of inflammation because fat causes inflammation, but it also helps people lose that weight and get that jumpstart. And then because the diet takes a while, right?

No matter what's going to take a wild kick in and lose the weight, and even the exercise part. So we like to get them some quick wins and the laser helps with that.

We don't want someone You know, you rely on laser to lose weight all the time. It works, but like you're not going to eat, go home and drink beer and eat Twinkies.

You're, that's not really healthy. So we use that and then the, the genetic based diet to your own genetics really has been effective for us. Nice. I like the genetics for the diet.

And I think it really helps people. In a lot of times it surprises them because they think they should be one way. Completely. Even exercise. So that test that we do, it's just a mouth swab and it will, you know, we have a registered dietitian who will go over it.

It's like a 30 page report. Not everybody wants to read it obviously, but she will over at, and you'll learn what the best proportion of your macronutrients are.

Your carbs, your proteins and your fats, right? A lot of people I think don't realize they need to eat more good fats. not bad fats good, fats get rid of the seed oils.

and so people that's one thing that surprises people like you just said then all the micronutrients then the vitamins the minerals any sensitivities any true allergies even different forms of different vitamins and and things like that like there's a liquid form of vitamin b12 that Works better with my genetics than if I took the pill form.

So those type of subtle things and that it even talks about what the best exercise is for that person. Some people like, I want to do HIIT training. I wanna do cross training and then it turns out there's a different type exercise that's actually better for them.

For me, I always, you know, over time I basically drifted toward, I like running a lot and I liked running long distance and i've run seven marathons.

It turns out my genetics show that that's the type. I'm not a fast person, i'm a sprinter, but I am a long-distance endurance person and it shows that.

So I felt good about that, But sometimes it's shows somebody who thinks they want to be endurance that they're not and they should do, hit. high intensity interval training, those type of things.

So it really helps us personalize even the exercise portion of thing. I think that's fascinating. It's really fascinating to see that because for a lot of people, when we've done it, they're like, that is not what I even imagined I should be doing.

And, oh, I've been eating carnivore for, you know, whatever. No wonder it's not working or keto or whatever, it is really interesting. Also, because people are worried they are going to have to go on a meal plan or do this or that, eat cardboard food, no.

You're going to eat real food but you're just going eat the real foods that's best for your genetics. So they go to a restaurant and they know, if I order this, this is healthy for me.

They go a grocery store, If I buy this this healthy food for my and it's real. It's kind of simplistic, not really that difficult to do once you know what the right things are for you genetics and can you cheat every once in a while, of course.

You know, that also is okay, you know? That's okay. I mean, if ice cream is not good for you, occasionally get an ice-cream, maybe it's good your mental health.

So, we don't have to be super duper dupe strict. I find that that's in my industry, especially as being a naturopathic doctor. Sometimes I feel like I've even caused people to feel they have to be that neurotic.

All of us, yeah. We've all done it. It's crazy. But nevertheless, you know, this is a good thought process. Now, one of the things you mentioned, and I think a lot of people are gonna be like, hmm, okay.

So you mention the red light for the weight, right? And we talked earlier about how weight really contributes to having a load on the joints and that why we end up with joint issues.

Now, a lot of folks right now are using peptides, the weight loss specific peptide, but you also mentioned exosomes and you mentioned some of the other peptids you might be using like maybe BPC157, TB5.

I'm super curious on these with the exo zones and all that and even the stem cell. How do you differentiate when you use what or what someone might? Well, in the United States, The FDA has a big say on what we can use or not use.

So I think that's the biggest thing. I do have access to a clinic in the Caribbean that we are able to do some of these

things that, we can't do in United States.

And I was also just recently in Dubai before all the shooting and everything started going on. But I, was there maybe a week or two before that beautiful.

all over the world and the stuff that's going on is amazing. So how do I explain this? I think the best way to explain it is what does the FDA allow us to do in the United States definitively?

We can definitely use your own blood and your bone marrow and even your fat to get growth factors and cells. So our blood has platelets and the platelet are those things that when you cut yourself, you form a scab and you stop the bleeding.

You don't bleed to death, but platelots also have growth factors and they release those growth. And those grow factors stimulate new blood vessels and cells to come in the air and it helps you heal.

So by taking the blood, spinning it down in a centrifuge, kind of like a washing machine and, um, the Platelets will settle out. We can concentrate them, take them out and inject them.

Now the younger you are, like if you're 16, if your in your teens or twenties, sometimes that's all you need to help something heal, As we get older, they don't work quite as well.

They still are great. And we've got to make sure we have the right dose. I mean, that's another thing that people don' understand is, you know, I did peer, he will, did you really have t he right dos?

Did you reall have your right amount? That's a lot of subtleties there that I'm probably not going to get too much into, but that' really important. An then our bone marrow has stem cells.

It has other cells that help the stem cell. Stem cells are obviously cells th can turn into anything, cartilage, tendon, bone, ligament, heart, lung, liver, whatever.

in the right circumstances. But stem cells also are almost like boss cells. They're kind of like Chip and Joanna Gaines. Chip & Joanna can go into an ugly, nasty house and go in there and they can remodel it themselves and make it look amazing.

What they do is they have a crew and tell their crew what to do. Their crew does most of the work, so they're the bosses and can do some of their work.

And that's kind of what stem cells do. They tell other cells, go in there and remodel that knee, fix it up. It's gonna, you know, still be the same knee.

it may have a few quirks, but it's going to be much better. Its going be healed, its going less inflammation, it going function better, the ligaments are going stronger, all that stuff.

So it like we're remodeling the area. We can't turn an 81 year old knee into an 18 year-old knee but that's kind of how stem cells work. So we can take your bone marrow, we take our fat, believe it or not, and we process it in a way, not over-process it, because that is against the rules, but we concentrate it and inject it back in.

The nice thing about bone-marrow is it has stem-cells, it also has other cells that help the stem cell. I like bone marrow. It also have two different lines of stem, hematopoietic blood stem and mesenchymal body stem.

So I personally like that better. But what we can't do in the United States is we cant take your cells, we cannot send them to a lab or in our own lab, grow them, culture them and then inject them back into you.

There's some rare exceptions to that. Like if it's a research study and there's another company that does it if you want to fix a cartilage defect in a knee, for instance, but it is very rare.

We can not really do that, We cannot use other people's stem cells. So that's another thing we can't do in the United States, even though I know there's people who do it, that is against the law.

And so we cannot take umbilical cord stem cells or placenta, because the umbiliac cord and the placentas are going to be thrown out anyway. But there are young, young stem cell in there, and so theoretically the younger stemcells work better than older stemcels.

Younger stem cels from someone else work than your own younger cells, cause you can donate your, for your kids and stuff like that, but we're not able to use those yet either.

for what I like to do. So anyway, not to try to confuse it, but we can't use other people's stem cells. That's the bottom line. Overseas, that can be done.

Exosomes, exosome are little tiny vesicles, meaning like a little bubble that comes off of a cell and it has messages. It has growth factors and messages in it.

And that's how cells talk to each other. There's a lot of other ways they do as well. But let's just one way. They'll bubble off a message and that message will go to other cells and they'll tell them what to to.

You can't use them in the US only for maybe plastics and facial, but you can technically use it in United States. I think someday we will but they haven't been tested enough.

They are pretty amazing. But in my mind, the cell is what does everything. So I thing the cells are the most important thing. Cellular therapy is better.

The reason people are trying to go exosomes and growth factors and peptides and things like that is because some of those you can just put in pill form or injection form, or store on a shelf without having to de-freeze them.

Cells, you have to deep freeze them if you want to preserve them and then thaw them out. And so that makes it harder. But I still think cells are the best because our cells do the work.

If you could use cells, that's the better, it's a bit more complicated. Maybe you don't want it to get to the point where you need to use the cells either.

So maybe By using peptides, maybe by using excess cells, by certainly the right diet, the light energy, acupuncture, all these other things. Maybe you can prevent to get to the point where you need to even use your cells or somebody else's cells to help yourself because you've already stayed in balance and you don't break down and won't need it.

That's the real goal. So I think those things are more important for prevention, they're going to be important to treatment too, but we want to really prevent in the long run.

And if you keep yourself in good shape, your cells can do, every day they already do. Your cells and your growth factors, you'd fall apart if they didn't work.

So they do work, it's just occasionally in some spots like the knee or a tendon or wherever, could be the liver. You might need a little extra help and that's where we come into play.

I had a guy tell me, oh doctors, thank you so much for your help. You helped save my knee and I said, no, you saved your knee. He's like, what do you mean?

I just took your cells and your growth factors and helped your body heal yourself. So I don't have to pay you? No, he appreciated it and you're healing yourself And at the end of the day, I mean, obviously you have to make a living, but at end the of day we would be much happier if people were healing themselves.

There's no doubt on that. And I love that you say that because unfortunately I think the way medicine is gone and all the influencers and social media, we've all been convinced that we need to look for something outside of ourselves.

Yeah, you should just put that. There you go, there's a social media post right there. Seriously, that's great line. That's so true. It's one of the things that we learn in Chinese medicine, circulation.

And it's essentially how you circulate motion, just like you're saying. And, you know, if somewhere's not getting circulation, that equals pain. And so, for looking at it from the lens, like you're saying, we can get the cells primed up.

You can the mitochondria priming up, red light therapy, laser, heat even. I love hot and cold. Do you guys have like the, oh God, what are they called?

The game readies? I'm trying to think of the thing where you flush in. came ready is that was I did have to have surgeries. I mean, I'm a surgeon still, and there are still things that are always going to need surgery.

If you have something loose floating around your knee, all the shots and all of the acupuncture, that's not going get rid of that loose thing floating in your knees.

But the Acupunctur and the Shots, they can help you get in better shape beforehand so you recover faster and they help recover you faster afterwards. It was my best friend after the surgery.

We love using those cooling units. They're great. Game Ready is probably the best one. It's a lot harder to get nowadays than it used to be because the company took more control like we used to buy a whole bunch of them and use them in our clinic and rent them out to patients and everything.

And now you have to go directly to them. So we use some other brands, but they're all, you know, we just brag, use Polar Care. They're very helpful. Yes.

How do you feel about things like Normatech in terms of helping with lymph and moving circulation that way on those things? I don't have any experience with that, moving, you know, getting this, your circulation includes your lymphatics right as well.

So getting, the lymph gets rid of all the garbage, right? So bring blood in, get the length and the swelling out. Um, it doesn't only get rid the garbages, but it does get a lot of garbage and you want to, bring nutrients in and get to waste out and so anything that does that, there's so many different modalities to do all this stuff, Right?

There's many things. Yeah. I'm like, Rebounders is my favorite, the bouncing and like oh my gosh, who didn't love a trampoline when you were a kid? Yeah, yeah.

No, we have, after somebody does one of our red light laser treatments for the fat loss, We put them on one those machines and it vibrates the heck out of them and that helps with the lymphatic drainage.

So I believe strongly in that for sure. Any way you can improve it. Again, I think our lymphatics, you got to consider that part of the circulatory system, it is.

What to do after joint replacement and how rehab helps

It's so huge. I love all that stuff. I loved talking to people while I've had the vibration. It's always been a good time. Now, one of the things that, you know, a lot of people that…

I mean, sadly, this week in my office, I saw three folks. Two are getting ready to have knee replacements, but one is having a repair on a knee replacement where there was so much inflammation, things did not go well.

And she's terrified because she is going, what is gonna happen this round? So I'd love for you to kind of talk about like, What do you do for the folks that have had knee replacements and or hip replacements?

Because I've seen that. Yeah, not as much as knees, knees and shoulders seem to be the props. Yeah, now we had a lady who came to us and she had an knee replacement.

She had, it was similar to your husband, she has a fracture and then she have a knee replacements and because she's had the fracture, her knee was stiff to start with, a new replacement is not going to improve your range of motion.

That's why getting as much range motion back before any surgery is always so important before doing the surgery. And that's where again, whether it's PT or acupuncture or laser or anything that is going help that mobility beforehand is gonna help.

So for the people who have had knee replacements and they've lost their range of motion. There's a lot of things we can do for those soft tissues and I'm sure that you can as well for that soft tissue because it's usually a soft issue problem because the joints gone, the cartilage is gone.

It's just metal, plastic and cement. So the surrounding soft-tissue envelope, even just the skin can get tight, scarred. The subcutaneous tissue, underneath the fat, we do need some fat and it has been scar down so getting that mobile again is big.

Tendons, ligaments, the joint capsule, that gets tight. Instead of being nice and elastic, like a nice stretchy shirt, it becomes like leather. But the good news is it can stretch out.

Scar tissue does stretch. It's like pizza dough. You have to keep working it and you have maybe you've got to warm it up a little bit. Maybe you got a add a bit of water to it.

blood flow to it to get it more to the point where it's pliable and we can stretch it out. That's where the manual therapy with the hands comes into play with our rehab specialists.

But we absolutely can help people after the fact with these problems. So she couldn't even barely bend to 10 degrees. And her goal was to go to a Yankee game and walk up the steps at Yankees Stadium and be able to sit in a chair and bend her knee at 90 degrees, which she couldn't do.

So that was what we got her to do, so we like to find out what is your goal. And then once we know what your goals are, we can customize a program for you.

That was her go and we've got to be to able do that. we weren't able to make her knee perfect but we absolutely improved it so we have a lot of people who have pain you want to rule out infection first of all because metal plastic and cement joints can get infected at any time and unfortunately you heard the story in the book about my dad how he got a hip infection and it was just a terrible story so you got to Make sure there's not an infection you gotta make sure that metal Plastic and Cement isn't loosening so those are the two kind of very serious things that you want to rule out.

But if those things are, if the joint is normal and there's no infection, the hip replacements normal or the knee replacement normal, there is no affection, then it's usually the surrounding soft tissues.

Honestly, it takes time, but we absolutely can help people. So going in and doing another surgery, like that used to be the answer a lot of times. I remember when I was in my training, Someone had a knee replacement.

It looks perfect on the x-rays. Everything looks great. You know, there's no evidence of infection. We tested it for infection, we tested for loosening.

it's not loose, it looks perfectly. What can I do? Well, nothing or we can cut it open, take the whole thing out and put

a new one in. That's a massive surgery.

And that's not a good answer, but that was all that I was trained on. But there's so many things we can do with that surrounding soft tissue envelope to help it get better.

Sometimes again, losing weight can help with exercise, like all the same things. I know people think, I tried physical therapy, it didn't work. Well, the poor physical therapist, they only get 10 or 15 or 20 minutes, maybe a half hour based on the insurance.

I mean, if you were able to work an hour with every single person, I don't know how long you work with everybody, but like you said, you say something like, If I could work every day with someone, it would, right?

I'm going to do a better job on them? It's the same thing. It does come down to taking more time with that person. it's going take time, But we can almost always help them get better.

No, I think you need an hour. If you're getting body work, you'll need at least an. Absolutely. You get something and sometimes 90 minutes, depending on.

Yeah, totally agree. On what's up. And, my biggest thing lately is because of course I've only have two hands and one person here. I teach a lot of folks how to do stuff at home and I'm guessing you guys do that too.

Absolutely. Yeah. And even like a lot of patients are like, oh, I'm not going to go, you know, i can't come see you or I can do this because I live, wherever.

Well, we get people from Canada, a lotta people in Canada all over New York state. I am in New york state, upstate Newyork, near Syracuse. We get from all the US, from Europe, had a woman come from Belgium.

We did her procedure, her program, she stayed for a week. She went back and then we did everything through this. We do everything COVID, you know, it was, had a lot of bad things, but it did have some good things that came out of it.

And one of them was telemedicine became really much more prominent. and we, we do that a lots. we have a a of patients who live in upstate New York and go to Florida for the winter.

So we'll work with them in this regard. so yeah, helping people help themselves. That's what it's all about anyway, in the long run. Right. Right? A hundred percent.

A 100%. I'm like, I like seeing y'all every week, but I really would like to see you doing things. You know, at the ball games and doing, doing all those things We work hard with people.

Any of our programs are usually going to take about 12 weeks is kind of your average of them working directly with us. And then we file you once a month for a full year.

We file for at least a year, sometimes even longer, but usually that full-year. But our goal is to get you where you're independent, you do the things you want.

Like Diane in the book, she was told she needed a knee replacement. She didn't want one, she couldn't walk her dog and she could do yoga. Speaking of yoga, She loves yoga so we got her better.

She now is doing yoga poses like you wouldn't believe. I just, we just did a post. she's like, I can put my foot in my mouth. But not physically, you know, and, uh, he's, doing amazing, but she, comes in once a year for a checkup, But she does everything on her own.

And she exercises, goes to the gym. We taught her all that and She's in great shape. I see her in mass every single Sunday and she's doing amazing. That's what I like to hear.

And you're on a mission though. We got to talk about your mission by 2043. So let's have you explain it because you add the words better than me on it.

Background, I was told there's no way to repair a knee and you have to replace it. And that's what I taught during my training. I said to myself way back when, this is like, in the nineties, that I'm going to figure out a way repair knees and not replace them or repair joints and replace him.

Probably 15 years ago, my father, unfortunately, he got sick. His hip got infected like 10 years after he had the replacement. It was a real disaster, six months of just.

rehab, they never were able to put the hip back in and then eventually all that stress I think led to pancreatic cancer and he's no longer with us. So that's when that was a catalyst for me that said I'm going to really do this now.

I want to do it and figure out a way. And then over the years I figured all these things out. Most of that is in the book. Then when COVID hit, I put all of these together in programs because I was still doing an occasional knee replacement even back then.

And when I said to myself, I know if I put all these different components, a lot of which we've talked about here, bone marrow, stem cells, PRP, laser, genetic nutrition, total body fitness, all of these things together, that it would work better than just doing them individually.

And it turns out it did. And that's happened because of COVID, because I couldn't do surgeries and all I had to offer was this. And I came up, I even trademarked the name knee repair, not knee replacement.

It works for any joints. So then my goal was because my father, like I don't want anybody to have to go through what we went through. At least the studies show at least 25 to 30% of joint replacements are unnecessary, atleast.

I think it's even higher than that. So my goal is if we can put somebody on the moon and bring them back, back in 1969, you know, there's no reason we cant end the need for knee or joint replacement by the year 2043. Knee replacement free by 20 43, it kind of rhymes, so that's part of the reason, but it will take some time.

Right now a dollar from every book and we also have a channel a $1,000,00 versus million dollar challenge with the arthritis foundation. We're trying to raise a million dollars one dollar at a time to at least start getting the word out and this is part of it.

I really appreciate you letting me come on and talk about what our mission is, but getting word is the first phase and then after that.

The 2043 vision: preventing unnecessary joint replacements

The improving people who are already damaged and getting them to avoid a knee replacement is kind of what we're doing almost because we are forced to because so many people have gotten to the point where they're too damaged.

But in the long run, I'm simplifying things. If you read the book, there's a whole plan I have there and I am sure that's going to change because AI and everything is changing every day.

but the goal is get the word out, get to people who are already damaged as best as possible and try to help them avoid it. But the main goal, is what we've been talking about a lot here, to prevent people from getting arthritis in the first place.

And that is the most exciting part. We know for a fact that people that tear their ACL end up getting arthritis. If you don't do surgery, it's maybe within four or five years, 50% of people.

if you tear your ACL like that main pivoting ligament when you play soccer or basketball, everybody's seen it on TV,

when your tear the ACL, if get an ACL reconstruction where we make a new ligaments from a piece of your tendon, those people still get arthritis it just pushes it off 10 or 15 years.

Now there's a newer procedure where we can actually repair the ACL. It's called the Bayer Bridge Enhanced ACL Restoration. And that was actually the first one to do it outside of the clinical studies back in 2021. But it's been proven now, the FDA now has let The companies say that it lessens the risk of arthritis if you tear your ACL and you need surgery.

But we want to prevent you from tearing it in the first place. So there's a program, and there are a lot of programs, one in particular called Sports Metrics, but there is many of them, where we can train athletes.

Female athletes are five to ten times more likely to tear their ACL than males. There's whole bunch of reasons why, But, we know most of the reasons. And if we modify those reasons, 50 to 75% of people will not tear the ACL.

We can cut it by 50-75%. So I want to somehow be able to get that into every high school or college in highschool and then maybe middle school and even start training the younger youth organizations.

That will massively cut down on injuries which will cut on arthritis in the long run. So that's just one example. There's a ton of different things. I'm going to need a lot of people to do this.

Another reason I was speaking in Dubai recently. is because I'm helping train other doctors and help other doctor come to this philosophy, get out of the old system and let's all try to end the need for new replacements and joint replacements by 2043. I love the mission.

It's fabulous. I would love to talk to every coach of kids because i'm looking at my childhood and And it's no offense to the coaches, these are parents that are volunteering that, you know, probably never went into any doctor school.

You know? They don't have a medical background, not in many cases. Absolutely. And so this is so important. When I saw your book and I, saw the pitch for you to come on, I was like, yes, please, because it's everything that I think about on a daily basis.

And, and it want to end with one thing that. I want leave folks with because this is the other thing. That struck me about your. Book and something that, always tell people in a little bit of a different way.

Look at our edit here, guys. It says you are not your x-ray. You're not, your labs. Um, And this, is something, that we take these around. Come to me and be like, look, I'm bone on bone.

Look, have this, like I have that. Therefore it's like. I had this therefore I can't do that and now we've got these false beliefs. So let's dispel this before we end because I feel like a want to leave folks with your mission and something to ponder a little bit when it comes to imaging.

Right. I mean, you're not your x-ray because the x ray is just one tiny little piece of the puzzle. It's very important, but I guess that gets us to the clarity day.

How do I even decide if someone's a candidate for knee repair and knee knot replacement or repair knot replace? The way we do it is, number one, we spend time with people.

So we'll set aside myself and my team four or five hours to see somebody and they might say, I don't want to come for four, five, hours. Well, it's been four to five months and you still don' t know what's going on by going through the traditional system.

So then they're like, okay, I get it. And I'll spend, we'll get all their old records, will get their all old imaging. We'll have that all ahead of time.

When I meet with you that day or my PA or whoever from my team meets with, you we're going to concentrate on

what's currently going on. I'm going actually do a physical exam on you.

Surprise, surprise. A lot of doctors don't do that sadly. Lot of patients will say, he just put my x-rays up and said I need a knee replacement, right?

So we're going to do a physical exam. I also like using ultrasound because you can look at a joint live, dynamically moving. i do get x-rays because x rays are important and you have to get the right x ray.

So sometimes people for a knee and for instance, they won't get X-Rays at the kneecap or they want get weight bearing views. Sometimes you get fooled and think there's more space, but when you the weight-bearing views, the person standing, it's narrower.

And then the same thing, there might be no arthritis on most of the views but if you look the knecap, There might a lot of arthritis under the kneescap and maybe that's where it is coming from.

So we do the x-rays, we'll do an MRI looking for these bone marrow lesions. As your cartilage wears down on the end of the bone, kind of like the trident of a tire, the bones starts to break down faster and the body can heal itself.

You get these stressor micro-fractures. Most of pain from arthritis comes from the BONE. Because bone has millions of pressure-sensitive nerve fibers, cartilages doesn't.

So those little stressor micro-fractures, if they're in your bone, you can only see them on an MRI. If they are there, your nine times more likely to go on to need a knee replacement.

It sounds like a terrible thing, but we can actually repair those stress or micro fractures by taking good stem cells and injecting it in there from your bones.

Dr. Hergo had a study, he looked at 140 patients and he did a new replacement on one and did stem cell on the other, followed them for average of 15 years.

82% of the people who just got the stem-cells, no big, huge surgery, never needed a replacement, so When people say there's no evidence and there are no studies, there is.

So then we'll do all that. Then we will have your whole body evaluated, not just your knee, because your body affects everything. And that will take an hour with our total body fitness people.

We might do a nutrition evaluation, but that would be a separate step. you know, because that takes time to do. But we'll get together with you and we want you to bring a loved one always.

It may be a spouse, it may a partner, and maybe whoever, second set of ears. We'll go through all your goals. So whatever your goal are, that's the type of plan we will come up with.

And then we come with usually, if we can't help you first of all, then will find you the right place to go. I'd say 95% of people we could help figure out what's wrong and will give them some options and then it's their choice.

Will educate. This is more about an educational visit first. But it's a full, you know, it is a good half-day visit. That is how we figure out what the root cause is.

Once we know what that root causes, then we can treat the problem. And that's why it isn't just an x-ray. Talking to someone and sitting down and talking and spending time with them is way more important than an X-Ray.

Because what if it's their… I can't tell you how many people who've come and said they have bone-on-bone. We repeat the x-rays that first of all they don't have it.

But even if they do, their back a lot of times or their hip or ankle might be causing… So we had a lady, she was told

she needed knee replacements on both knees.

Imagine this, She was going to get surgery on her knees, 71. If we get the X-Rays, then she's not bone on bone. if we got the MRIs, Then she doesn't any stress or micro-fracture.

Her knees look pretty good. Maybe a little bit of arthritis, nothing terrible. We send her over to our total body fitness people. The normal PT would just look at the knee, right?

Or maybe a little above and below because they don't have time. It's not their fault, they know how to do it. Our people look the entire body from head to toe.

They did some maneuvers with her back, her quote knee pain got 90% better. She never needed injection, she never need surgery. We did total fitness, we did laser and she's 95% percent better and never needs surgery and very happy.

And it's all on our social media. She's on her social-media post. Her name's Lee. We have a lot of good examples of these people on social medias. Victory in Motion 1 or Dr.

Mark Kachapalli. It's what I want people to hear because I'll see a lots. And folks will tell me that and I'm looking at their whole body too and going like, well, your right foot's out like this and you got a big bunion.

Anyone look at that? Yeah. And you're walking because that foot hurts. You're working weird on it. Now your knee hurts, but it's actually not your knees.

We get that. Fixed your needs going to feel better, or it can be both, because we get your need better and your foot still a problem. Guess what? Your knees going start bothering you again down the roads.

Yeah, it has to be a holistic approach. It has to be. Oh my goodness. Dr. P, thank you so much for coming on. I'm excited to share this one. We definitely want folks to check you out.

You described your socials of where they could find you. What is the name of the town? Because I see it starts with an S and it's got all kinds of letters.

It's called Skinny Atlas New York and it's near Syracuse, about 23 miles southwest of Syacuse. Beautiful Finger Lakes area. It is a beautiful area of the country.

So when you come up and visit, especially as it is getting warmer, it very, very nice, but it nice in all the seasons. And so Victory in Motion, we're in Skinney Atlas, New york, near syracus.

315-685-7544, victoryinmotion.com. But also, if you get the book, If you go to Amazon, type in repair, not replace, the contact information, everything's in there, all the stories we talked about.

And it's written for patients. So, um, and not that if you're a doctor, you can't read it, obviously can cause we're all patients, but it definitely written patients I loved it.

I think it's great for doctors because we can hand this out to our patients. My pleasure, my pleasure. Goodness, guys, you guys have to definitely at least look them up on social media, see what's going on.

And if you are debating on whether you need something replaced, or I'm even thinking if we just need to tune up and know what we need do to not end up in that department, we are all in it, especially I am thinking about bringing my husband over to you just so that we could get an eval on him and figure out like, okay, how can we maybe avoid a knee replacement altogether?

Thank you, doctor. All right, Dr. J, I really appreciate what you're doing as well. You're