Podcast Introduction and Episode Overview

Interestingly, during a harmonic scalpel surgery, she turned it on, all of a sudden she had this sharp pain and she suffered that for over a year. And people with trigeminal neuralgia, I don't know if you know, it's so painful.

There's three or four really bad pains, bowel obstruction, kidney stone, and corneal abrasion. So anything that's in the eye, the eye has so many, or the face has so many nerve endings, is just, it drives you nuts.

Hey there, welcome to the Recharged Biomedical Podcast. I'm Dr. Edward Park, and if you're curious about regenerative medicine, you've come to the right place.

We're diving into the latest breakthroughs in telomerase activation, stem cell exosomes, and all the cutting edge science that's shaping the future of healing and longevity.

Let's get started. Hi everybody, this is Dr. Ed Park. Welcome to another episode of the Recharged Biomedical Podcast. Today is a hybrid Ask Me Anything live webinar, which we do for doctors and for patients.

And today we're very blessed. I only spoke to him this morning and he agreed. Dr. Zia Gavami, all the way from New Jersey. Zia Gavami was a 78-year-old pediatrician.

I met his daughter at a conference, a pediatric conference. and she had really researched how to help his Parkinson's. Since 2022, they had a severe home mold invasion.

He also had two Pfizer spike shots And then he started getting some tremor when putting on his shirt. His balance got worse. And then he ended up having falls and head traumas as a result of the poor balance.

So the Parkinsonian symptoms came on pretty strong.

Dr. Gavamiu2019s Parkinsonu2019s Story and Treatment

He was seen last year about this time. He was on Rotigotin Patch, Conazaprem, and Lexapro. He was troubled by middle of the night awakenings, anxiety, some sleep problems and depression.

He had lost his lovely wife a couple of years earlier. And so he came to see us in December of third. He was being seen by a doctor who is not public with his use of exosomes.

But that doctor was giving him four day treatments of low intensity focus ultrasound to the basal ganglia. So he would map out the brain. And then on day one, and I think it was day three, yeah, we did treatments, which consisted of IV and also nasal administration of exosomes.

And I noticed when he was in the office, he had the typical poor posture, hypokinesia, braided kinesia, slow speech, flat affect, and shuffling, a little tremor.

And then the interesting thing is his arm was like Popeye, very strong and rigid. And on the second treatment day, day three, it was very soft. And then he was so funny.

He was joking with the staff. One of the staff was also like his daughter. She was the name Miriam. He was joking around and. And his face was very animated.

His speech was very high volume and productive. And after a week, Miriam said that he felt like his mind had come back for the first time in 20 years.

So Dr. Gavami, is that accurate? Can you give us some detail about what you think is going on as a physician, as a patient with Parkinson's? Of course, nice talking to you, Dr.

Park. Your description is exactly what happened to me. I noticed that my process of thought was getting slower. I used to be a good writer and poet. Then I realized it takes time for me to connect, be able to read the page and recognize the words.

And also my sleep was becoming more regular, better sleep. I have a good coordination before when I was trying to drive. I have a difficulty driving that was slow and soft.

Now I could easily can drive without worrying or looking back and forth. And what's amazing to me is that, you know, after a week you said your mind had rolled back 20 years, but throughout this time you're still practicing pediatrics in New Jersey, right?

because that's correct. And part of it because I love it and part of it because now my brain is working better. Okay. I know when I had you, you know, for the mini mental status exam, we have people draw a clock and I'll never forget your clock was like two centimeters big.

It was so small and I'd never seen that before. But is your handwriting improved now? Obviously your speech is fine. How about your expression, your posture?

Has any of that changed? And my posture is good. You can dance with any young teenager woman if you'd be around. OK. So no more fear of falling like before with the balance.

No. And the other thing I recognize, and I see my ophthalmologist three years ago for glaucoma, he said, you know, every time he said, don't think about me, look down, look down.

I tried hard, but it didn't happen. And he told me he's a very recognizable Harvard graduate, pharmacologist. He said, I only see that with the parking, so on.

Ocular motor nerve dysfunction. So that's kind of gotten a little better now. You're able to look around. Yeah. Yeah. He didn't recognize it till a year and a half or two years past.

Tremendous. So you're still on the same regimen of neuro-pro-rotigetin? That's correct. OK, all right. So any other symptoms you can report before we discontinue?

Well, I would say that is a big recognition between the past and now. I could see the difference on a daily basis and better sleep, more coordination.

Good. So you're reading and writing poetry. Is your arm still rigid or is it softer now? No, it's really I got a strong muscle, but joints are soft. Nice, nice.

Yeah, that was the most remarkable thing. The first time I met you, it was so tight like Popeye. And then on day three, it was soft. I couldn't believe it.

The other thing is that when I was no interest on reading because it took me time to finish a page, I have no interest for keep writing and then poetry and short story writing.

And I recognize those feelings are coming back. Actually, I'm publishing my third book. Oh my God, that's wonderful. Good for you. Good for you. So you did the focused ultrasound and the exosomes.

It's been a year, no treatment in that year. But I know that you had COVID and it kind of had a little bit of backsliding. But compared to where you were, which I would describe as severe Parkinson's, it seems like you came back about 50%, would you say?

I would consider to say I'm very normal for the age, but perhaps the coordination can be improved a little bit more. I'm doing physical therapy and then activity and taking my supplement and vitamins besides everything else.

Excellent. Yeah, no, your daughter is a genius at the supplement. So have you come off the Lexapro or the Clonazepam? I cut the dosage to the half, but it kept a little bit going.

I don't want to cut it right away. Cold turkey. Yeah. I got you. That's all right. OK. Well, thanks. I'm so glad. People ask me, hey, can I get better?

And I always think of you. And I'm glad to see that you've retained most of your gains, pretty much. So it was very severe, Parkinsonian. So you would say you're about 70% back at this point.

That's how I feel. OK. OK, great. Well, thank you so much for sharing that. And if you want, you can stay on. If you need to go somewhere, that's fine, too.

OK? Thank you, Dr. Paz. Thanks, Dr. Gavami. Have a good night. All right. Lovely man. So he, you know, N of 1, I guess it's not science-based, but it's valuable to know that it helped him.

in his opinion, and I just couldn't believe the actual difference in his speech, his activity, his affect, and his arm tone. It was crazy. So let's just run through a few slides here.

Who am I? Well, I went to Harvard undergrad and residency for OB-GYN. I got in Columbia a master's in public health. And since 2017, I was consulting for a high net worth individual using exosomes to try and mitigate aging.

In 2018, I met a doctor who had had a motorcycle accident six weeks earlier. And he actually took exosomes and he restored his functioning. He was up there lecturing, laughing, really amazing recovery.

So I thought I'd try it on myself.

Patient Progress and Recovery Discussion

The use of low-intensity focused ultrasound has been validated in a mouse model and so basically you heat up with energy the areas that you want to do surgery on and for transient time those vessels become more porous and sticky to the exosomes and that you can look up in this published study as the basis of how it helps to deliver the exosomes where you need them.

We'll just gloss over this, but basically exosomes are songs of healing in my way of thinking. When you look at the scale, the coronavirus or virus is 100 nanometers.

That's really what exosomes are. They're literally invisible because 200 nanometers is the limit of light detection, 250-ish. So if you look 500 to 1,000 times bigger are the cells.

So exosomes are tiny and they don't have machinery or DNA. They are just messages or songs. Inside them, we have some protein, a little lipid, no DNA, no self-identifying antigen, so your body doesn't know it didn't make them.

And most importantly, they have microRNA, which we'll get into a lot here. You know, mRNA, messenger RNA, is long and big and bulky, but microRNA is short.

22 to 24 base pairs and they're very interesting things that they block. They gum up specific messenger RNAs so they inhibit the expression transiently of those and that'll be important when we talk about nerve regeneration.

So what are nerves? Nerves are amazing electrical conductivity devices. I mean as you may know from high school biology they have synapses where they join other nerves and they use a system of I mean, they're kind of like exosomes, but they basically depolarize chemicals which cause a chemical reaction and then an electrical signal is conducted.

So they're like modems. A modem is a modulation, demodulation. So a signal turns into electricity, electricity is conducted. At the other end, it's turned into a signal of chemicals, et cetera.

And so we have these bundles of nerves, which are redundant sort of coils that go through our body. And of course, people don't think about it, but nerves have blood vessels too, which is why this microvascular disease, small vessel disease can cause nerve damage.

Some people unfortunately had a reaction to spike protein from either the wild type corona. vaccination or both because your body became entrained to an animistic response or immune response.

And so we're seeing tinnitus pots, we're seeing some brain stuff. I think the incidence of things like Parkinson's, Alzheimer's, even ALS are going up, maybe related, maybe people want to deny that.

So we basically can use an ultrasound to find peripheral nerves. Of course, the central nervous system is something that we can't really work with as easily.

So what is the ordinary way that cells will get damaged and get repaired? Well, the first three, mechanically, obviously if you cut a nerve or you cause some damage, vascular compromise as with the small vessel disease, Direct neurotoxicity, things like mercury, poisoning can all happen.

Of course, energy and any kind of ionizing radiation or even high dose non-ionizing radiation, as we'll talk about in two weeks in a podcast I did with Joaquin Machado, the world's expert in electrosmog.

So how do they repair? Well, this is a process of de-differentiation. What does that mean? Cells are differentiated, they're adults, and then if you give them certain signals, in this case we'll describe blockers of blockers, then you get a regression for a short time and they can act more primitive and regenerate.

That happens with the Schwann cells, which are the peripheral myelin-coding cells. So in this cartoon or illustration above, you see when a nerve is cut, it's not like you're doomed.

You're probably not gonna do great, but there are mechanisms to de-differentiate the Schwann cells and remyelinate but it's kind of like this suspension bridge cross section, which is similar to bundles of tendons or ligaments.

You know, you can lose a little bit of it and regenerate around it, but yeah, whether you can really do what's next to me, like this electrical splicing with electrical tape, it's not that easy to do, which is why we struggle.

We age because our telomeres shorten and our stem cells deplete, but what if we could support both? I've been taking TA65 for 17 years. It's the only supplement I trust to support better mood, better sleep, and exercise recovery.

At age 57, I don't have any gray hair and I don't need reading glasses. TA65 is available now. Go to rechargebiomedical.com slash TA-65 and enter promo code RECHARGE10 to save 10% off.

There is a mechanism to healing. Neovascularization is a big part of that. And we see that in the studies of exosomes, they do have things like vascular endothelial growth factor, which can regrow blood vessels.

Perhaps they're helping the nerves go through a final apoptotic stage to be replaced. We know that it shifts from M1 to M2 macrophage expression, which is regenerative and anti-inflammatory, and perhaps it can help the signal modulation by transiently altering that in the central sensitization.

I just threw in this slide an hour ago, but I just wanted to emphasize that nobody really understands stem cells. People think they do, they claim they do, and there's ways that you can, with a cookbook, de-differentiate them as you wish.

But the bottom line is that it's complex. And yeah, you may think of a cell as differentiated, but it can transiently be more primitive. The dogma that we're taught is that in the central system, we have these neural stem cells, right?

These niches that become both neurons, and then also the helper cells, the astrocytes and the oligodendrocytes, which are the myelin-producing ones. In the peripheral system, the dogma is that we have these remnants of the neural crest, and they act similarly, and they can become pigment cells, neurons, even endocrine cells, osteocytes, so this ectodermal sort of neural crest cell are latent, and they can become stem-like again, but nobody really understands it.

This slide is so interesting because it talks about exosome microRNA which of course are in our exosomes that we use and the first one is microRNA-133b and again as I mentioned these are like 22 base pair anti-sense messages so they'll go in and they will specifically gum up some kind of protein or messenger RNA that makes the protein that prevents nerves from going zombie and growing extra limbs.

But when you give MIR-133b, the extra limbs or the axons and the dendrites can sprout out sort of like roots in this avocado seed that you see. Second interesting microRNA are 34A and 140. And these can block the blocking of this myelination so they can cause remyelination.

And these are just two of the many possible mechanisms that they're repairing nerves. Not that you're a neuroanatomist, but just so you know, the brain, of course, has the cerebral cortex, which is the outside coding.

That's the newest part of the brain, frontal, parietal, temporal, et cetera. The diencephalon is sort of like the switching station, and that's below that, and that's the thalamus and the hypothalamus.

The midbrain and pons is below that, and that's where the dopaminer neurons that are targeted or suffering in Parkinson's are. And that's also where your life support, your breathing and your heart rate control is.

And then the little, two little mini brains on the side are the cerebellum for balance. The central nervous system is in control of our neuroendocrine.

So we have the pituitary gland. It's also all the brains, the afferent to the brain and the efferent going out. There's also been a theory for a couple of decades that memory, and even there's a hypothesis in Parkinson's that prions, which are shaped mimicry proteins, like one protein will make the other protein look similar, that's part of the hard coding of our memory, but it's still somewhat of a mystery.

But somehow we're, with 15 watts of power, able to think, even outthink AI at times, and we are functioning because of virtue of these beautiful systems that all developed one on top of the other from the primitive brain.

How Exosomes and Focused Ultrasound Work

I just got off the phone today with a gentleman who had a stroke. Unfortunately, I always warn people when they're old, even when young, because it lowers your blood pressure and your perfusion.

So an older brain and its arteries might have stiff pipes that are not really perfusing. So this unfortunate gentleman had a 10-hour surgery three months ago or two months ago, and he woke up with a stroke.

Now, they could have perhaps done a clot buster, but they were just too freaked out. Anyway, it was a complication, but he's making a great recovery. If we think about stroke, what is that?

Well, 15% is bleeding. So he could have been a bleeder, because he was on eloquence for a heart valve. But they had had him stop a full week before, which is very conservative.

So in this case, his blood was still tending to coagulate. And with the low flow state of a long surgery, he must have formed a clot in the circle of Willis and had brain death.

So that's what it is. The circle of will comes up from the carotid arteries. It's a circle at the base of the brain, and it perfuses the brain. And if you form a clot, then downstream, very little collateral blood flow, and you get ischemic stroke.

Just so you know, I have a patient in Dallas who had a stroke last summer ago, a year and a half ago, and she had a couple of few treatments and she's really recovered her energy, her brain function, her cognition, everything.

And there is a webinar I did about stroke rehab that you can reference. But for people that don't know, when you start having the slurred speech or the weakness or whatever, It's very important to know the signs.

You can go to the ER, because most ERs now have a protocol where they can give you TPA or a newer clot buster. And if it happens to be, as in the majority of cases, 85% of the time, a clot, then they can bust it and save your brain, which is what this patient in Dallas had.

The ventricles are kind of the fluid system of the brain. And so they look like this cool little spaceship, the blue above, and it cushions the brain.

And that's what's inside the lumbar space, going all the way up to the brain. It's one continuous kind of watery cushion, and that cushions the nerves.

And so, you know, I've had a discussion with my colleague who is a neurologist who's done many lumbar punctures, and he doesn't feel like the delivery of exosomes intraspinally is helpful.

But, you know, it's arguable and I've discussed it with AI and again, kind of arguable. So what's the rationale for nasal? Well, if we look back at this doctor often from Israel, he did a study on mice and he showed that stem cells, of course, don't penetrate the blood brain barrier.

but exosomes can even when just given inhaled and you could see that the luciferase or fluorescent labeled exosomes are in the brain paranchroma after nasal administration.

Now for me, unless they're like a child or someone that can't handle a tiny 32 gauge needle after numbing, I do Injection. So injection obviously just skips the step of mucosal absorption.

So it stands to reason it's probably a better delivery. And the premise is that you have these olfactory nerves coming down through the cribriform plate at the base of the skull.

And I guess they kind of through venous or lymphatic nerve or who knows, somehow seem to get in the brain. And so we do find in my mind, I think that if IV is the lowest dose, nasal inhaled is a little higher.

nasal inject is probably even more high and intrathecal is higher still. And then if you add low intensity focused ultrasound, obviously any systemic exosomes will stick and penetrate better.

That's the theory at least. So that's pretty much all I wanted to share. We did have two questions. So these are monthly Ask Me Anythings, and then through the website, you can submit a question, two providers submitted questions, and I'll address them now.

SS said, have you treated oral facial pain with exosomes? I specialize in burning mouth syndrome, always looking for new patient cures. The picture above me is my good friend, you know, it's funny, we met like 12, 13 years ago.

She bought me dinner after attending my lecture at the A4M about telomeres and telomeres. And I never, to that point in my life, I never had a woman buy me dinner and she and her friend were so nice.

And you know, I ordered like a salad because I didn't want to be that guy, but it was fine. And then 10 years later, you know, we were talking, I called her up and she said, oh, I have this neuralgia.

My eye is tearing up. I feel like like a spike is in there constantly. And she is an OBGYN surgeon. Interestingly, during a harmonic scalpel surgery, She turned it on, all of a sudden she had this sharp pain and she suffered that for over a year.

And people with trigeminal neuralgia, I don't know if you know, it's so painful. There's three or four really bad pains, bowel obstruction, kidney stone, and corneal abrasion.

So anything that's in the eye, the eye has so many, or the face has so many nerve endings, is just… It drives you nuts. You can see on the illustration next to that is the trigonal nerves lives in something called Meckel's cave, right?

So it's not like accessible on the surface like cranial nerve 7. So hard to get in there. But arguably, I don't know why we gave her nasal shot one time over two years ago.

And she's been pain free since, which was transformative. So you can look that up on my website under synchronicity. It's just weird that, you know, somehow she got paid for it and it was fabulous.

She had no idea that it was going to help. Her nurse had attended my The second question was, Ellie, have you seen any success with peripheral neuropathy of unknown origin?

Not diabetic, not chemo. Yes, we've seen plenty of success. In general, I like to use the ultrasound. It's very easy to identify the peripheral nerves with the ultrasound.

They have like a honeycomb appearance. and then you inject right into the perineurium and it kind of blows up the thing like a sausage casing. And there was this one guy who had melted his nerves, ascidian corpuscles I think they're called, for pressure in his feet.

And that like, I'll never forget the call the next morning was like 80% better. A patient of mine in West Texas with some Bell's palsy, we sometimes get quite an improvement in that.

And in my book, Bob, who allows me to stay in his lovely casita when I go to Sacramento, also has had some improvement in his motor and definitely his sensory after several peripheral nerve injections and also intrathecal.

Nerve Repair, Parkinsonu2019s, and Stroke Concepts

So I think it's important to understand that when we talk about nerves, yeah, there is an inherent ability to regenerate, but it's super low level. You know, maybe someday they'll have better stuff, but We're talking about asymmetric risk.

There's really nothing. And rehab, all this stuff, you know, mitochondrial, this and that, I mean, it might help a little bit. And indeed, we can talk a little bit about the etiology of Parkinson's that may be a metabolic because they're highly metabolically active.

But A real doctor can't really cure your nerve damage that easily. Your body's trying, it's pumping out its own exosomes, but they're weaker exosomes.

So the premise of what we're doing is that we think these anecdotes of improvement are somehow related to the exosomes. And we think that it's probably through some kind of de-differentiation.

And some people can't wait 20 years for science to validate what we're seeing in the clinic. So if you're not going to miss a couple thousand dollars, it might be worth it to recover some of your function.

And I always tell people, if you get better, then repeat it. If you don't, or get worse, which I don't see, then don't. But it's an asymmetric risk. What is there out there to cure nerve damage?

If you want to learn more, go to my website, rechargebiomedical.com. There you can download a full list of educational materials, videos, blogs. You can get more information about the procedures, and you can book a complimentary 20-minute Zoom consult with me.

On YouTube, we have Dr. Park 65. There's dozens of lectures there and the podcast that we launched this year featuring a lot of alternative health perspectives.

And then finally, if you don't want to miss anything, join my Substack community at DRED Park, Dr. Ed Park, and pick up my book, Exosomes, both in ebook and in audiobook.

So yeah, I got a little confused at the beginning. That was Dr. Govami and his health keeper. And so I wasn't going nuts. But some of the reviews of my book, at the beginning of the chapter, I put my voice really low like this.

So that was kind of funny feedback. So if you don't mind my voice now, then you can enjoy that. And I have heard from the years that people with brain damage from aging, a lot of 70 year olds have said to me, Oh, I like to read again, Dr.

Park. I'm like, what does that mean? He goes, I couldn't focus enough to read. So now it's pleasurable. And I appreciate that coming back. So above me, we have the resources for providers.

We just had a lovely doctor sign up today. It's full provider training, 20 modules going through, at least from my perspective a couple years ago, things have a little evolved in terms of the facial treatments, but pretty much it's all the same.

And I provide 20 different lessons, different areas, all my protocols are there, forms to download that you can customize to your own letterhead. and we have video demos of the procedures too.

In some cases, if they get a critical mass of friends and family, we can do a clinic visit and on-site inservicing. You can also purchase from me at the course, and we're very responsive.

All the products ship directly from the manufacturer, never from us, but we're very responsive and we can help you customize, and purchasers of the course get that full credit back towards their exosomes.

But I think most importantly, as with today, we're gonna open up to questions and we have these private sessions and doctors can learn from other doctors and really help each other help patients, which is what it's all about.

So we're really a community of pioneers and we're trying to bring these treatments to people because they can't wait. So with that, I'd like to open it up.

If anybody has a question, they can raise their hand or they can type it in the webinar chat. Let's see what Barbara has to say. Hey, Barbara, you can unmute yourself if you like.

Hi, Dr. Park. Are you taking any exosomes to A4M? I am not. I am not licensed in the state of Nevada.

Q&A on Facial Pain and Neuropathy

Are you attending with Dennis? I was tempted. Yeah. No, I mean, you're going to have to go with the Exosome Club with Sandy. So if you don't mind me saying so, Barbara's husband, Dennis, has some Parkinson's and I guess his balance and his sleep was better right after we treated.

But now he's backsliding again. A little bit. Yeah. But is the watch still showing REM sleep? Because that had been absent for like six months. It is showing a little bit.

Nice. Nice. Yeah, I know you were a little hesitant to do the wet tap, but maybe after your shunt, if you're still doing that, we can consider that. Absolutely.

The focused ultrasound, too. Yeah, I don't know about that. You'd have to talk to them directly. But at least for Dr. G, I mean, he really impressed me.

And, you know, that was the case. It was interesting that he was available to help discuss his progress. But I think that his quality of life has really come back a great deal, which is amazing.

Yes, absolutely. But yeah, we'll keep you posted. So let me know if you're definitely going to do the procedure. And I hope that goes really well. Thank you.

OK, Barb. Bye. Right now? Oh, yeah. Hi. What's your question? Dr. Park. Yes, sir. Oh, I don't have a question. I hope you remember me. We met at Davis Space Conference in Austin.

Oh, yeah, yeah, yeah. Yeah, you work with the Ethereum people. Yeah, yeah. And that lady and her husband. If I say Charles Hoskinson, then you will know.

Otherwise, you don't know. I remember we had a brief chat outside the cocktail lounge. How are you, Dr. Dhar? How are you? Are you guys in Wyoming right now?

Yes, we're still there. Just wanted to say hi to you and we should connect sometime. Yeah, your colleague said she was going to hit me up, but I think they got busy with other things.

But I'd love to work with you guys. I know you're opening a clinic out in Wyoming, right? already open. Fabulous.

Closing Remarks and Resources

70,000 steps. Oh my god. Yeah. Time to get my Wyoming license. Give me a job. I'll send you a resume. Why not? Come over. Please. Yes. Okay, Dr. Dar. Thanks for lurking in.

Yeah. Let me know if you need to order some exosomes. You should get on board. It's really great. Oh, that was a nice presentation. Thank you so much.

Yeah. I'm going to email you. Put your email in the chat. All right, super bueno. I'm going to edit this and post it. And if you're on my newsletter list, you'll never miss a edited and reposted video.

And again, special thanks to Dr. Navami. Thank you so much for joining us. I'm so happy that you are. better much better and you know it wasn't cheap i know uh we tried to give you a good discount because you know i'm a friend of your daughters but at any point i mean can you really put a price on your quality of thinking and life i don't think so whether you own ethereum and you're a billionaire or whether you're just struggling with pension there's no price you can put on quality of life so Okay, everybody.

Thanks so much for joining and please do subscribe to my YouTube channel and to plenty of YouTube videos and my newsletter. Plenty of interesting, fascinating movers and shakers in the health field that we'll be meeting and working with.

So again, this is Dr. Ed Park. Thanks for joining us at the Recharged Biomedical Podcast. Take care. Thanks for tuning into the Recharged Biomedical Podcast.

If today's episode got you thinking, you'll love my book, Exosomes, Songs of Healing. It's packed with cool analogies, full color illustrations, and all the science you'll need to understand how exosomes are changing the game in aging and regenerative medicine.

You can grab it in paperback, ebook, or audiobook, whatever works for you. Now head over to www.rechargedbiomedical.com to check it out. And don't forget to like and subscribe so you never miss another episode.

See you next time.