Got Back Pain? Ask Dr. Ed Park How Regenerative Medicine Could Help! Transcript

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Intro and Back Pain Overview

Yeah, I mean, again, good for you if you have a great freezer and a good way to keep those good. But I just, you know, for me, it's like I don't charge that much because I have a, you know, decent margin.

So instead of taking these other manufacturers up, you know, I have the luxury of being low price and the same product. So for me, it's not worth it. This is Doctor Talks.

Real talk from real doctors on the issues that matter to you most. Hi, everybody. This is Dr. Ed Park. We're doing another monthly Ask Me Anything webinar.

And today we're going to talk about back pain. First of all, the back is very complex. And so we really need to dumb it down to the basic principles. Jason is calling, I think, from Puerto Vallarta.

And he had some questions, which were great questions. And so he asked, and you can submit your questions, even if you're not attending live, through the website.

And that's in the email that we send every week. So he asks, in a case where a patient presents with bilateral L5S1 radiculopathy with minimal re-innervation on one side and a significant disc desiccation at L5S1, along with multilevel disc bulging and spinal cord compression in the cervical spine at C56, What regenerative approaches would you typically recommend?

Would you consider targeted stem cells or exosome injections, nerve hydro dissection, or perhaps a combination of these therapies with advanced physical rehab given the chronic nature of the nerve damage and disc degeneration?

And that was Jason's question submitted through the website. Well, aside from the very run-on sentence, there's a lot in there to unpack it, so why don't we just take it slowly and simply.

We'll have a couple of patient testimonials that will give you an idea, but let's talk so we are all on the same page, shall we? Okay, so 80% of people experience back pain sometimes.

in their lives it's a leading cause of disability the back pain increases of course with aging and think of it as like your transmission i mean it's got your electrical in there it's got your power train it's it takes a lot of mileage and so everyone is heading towards back problems the bottom line so what is the normal anatomy well we can see here that there are three curves in the spine.

In the neck, it curves forward called lordosis. In the thoracic spine, it curves back called kyphosis. Then in the lumbar, it's forward again. And then in the sacrum, which are five-fused vertebrae, it's again, kyphosis.

And that's what actually defines those segments. So it's made up of backbones, these vertebrae, and so let's talk about what's between the vertebrae.

Spine Anatomy and Common Causes of Back Pain

Between the vertebrae are the discs, which are these amazing annular collagenous structures that are firm and yet jelly, like sneaker jelly in the middle.

And of course that's shown on the top right of the slide. So this jelly can protrude when the circular tough fibers get

weak for whatever reason. And we'll talk about that.

But also the vertebrae are joined by these facet joints. So the reason you can twist and bend and flex is because the vertebrae above inter-articulates with the one below and above.

So those are the facet joints. Running up and down the spine are ligaments which are like a Spanx girdle that keeps the disc in place and those can also get weak or inflamed.

Bottom left you see in red the anterior longitudinal ligament is one of those Spanx ligaments like a sausage casing. There's one at the back holding the disc in and there's one on the other side of the spinal canal as well.

So a variety of muscles interact on these vertebral bodies and then there's cartilage and facet joints in between. Some of these muscles you see are these tiny little multifities muscles and that there are very powerful muscles like the psoas, there are hip flexors that are often the cause of lumbar problems.

Why does your back hurt? Well in most cases it's the lumbar spine. We're bipedal hominids. We walk around. We sit too long. We get weak abs and glutes so that can show up in posture on the top right.

You see a sloucher? That's me. A lot of times we're at the desk. We're slouching and so that can cause cervical spine problems. People who walk have strong glutes and strong abs and that's really good for preventing back pain.

I remember One time I had terrible back pain and it was from having a scooter that I never walked anywhere. I became a total vegetable. And my roll fur, who was a patient of mine, said, oh, this is why.

And I learned and I did some walking and it went away. So we have to be cognizant that there are congenital problems like scoliosis, but a lot of it is lifestyle related.

If you're walking, then you have a good balance of forces and hopefully back pain will be slower to come. Once you start getting these problems, you know, everyone has osteoporosis.

As we get older, it's a depletion of stem cells. So you have these fractures that come up and then, you know, you can lose water content and collagen content in the discs so they can cause, you know, cracking, protrusion.

The ligaments become weak and, but mainly I think the chiros are right. The subluxation, meaning the misalignment of the vertebral bodies is key. And so even there's forms of nerve compression just from being too strong on one side with your hip flexors.

And that's something we talk about in a couple of the back pain webinars that I've done. When it gets to the point of radiculopathy, which was Jason's question, you can see the homunculus or the guy here.

in the mauve and the blue and the yellow and the green. These correspond to the cervical, thoracic, lumbar, and sacral nerve roots. So you know exactly based on where their pain is which nerve is being compressed and it's lateralized right and left.

Unusually, people can have bilateral, so we have to figure out what's going on there. If you look at the cartoon there, you can see what that looks like.

A disc protruding, you see the light blue squeezing out, and that can knock out the nerve on that side, cause foot drop, cause excruciating pain, as we'll see from Peter in our live interview.

Muscles can also cause radiculopathy. The powerful psoas that I talked to you about is the hip flexor. When that's asymmetric, like it's stronger on one side, then it can pull the vertebral bodies and cause squeezing out on the contralateral or the other side, shown there in the middle diagram.

And if it is just from a strong psoas, the psoas syndrome, you can actually stretch out the contralateral side and relax it, hopefully. There's also piriformis impingement, which means these tight little hip rotators form a passageway for the sciatic nerve, and if they get in spasm, also causing sciatica.

Spylostinosis is kind of a misnomer, so think of it like this stack of tires. If you go to big old tires or whatever, the tires have got to be stacked.

If they're not stacked perfectly, then what happens? Then the potential space of the canal is no longer maxed volume. And so you get impingement. And spinal stenosis are very different animals.

So you can get this in the neck, but more commonly in the lumbar spine. And it just means that your sublux, oftentimes it's the sacrum. Those five fused vertebrae, but typically the tail is that people feel better when they lean forward usually and so it just it can cause bilateral disease it can even cause erectile dysfunction bowel and bladder problems and it's very very bad so how do you fix that well in the top right you see a terrible subluxation right and that is not going to allow for normal nerve function so every time you slide and the back remains in that slid position the nerves of the spinal cord could be compressed and it's typically even though the spinal cord is not solid like sugar cane it's loose hairs like a horse's mane or a horse's tail they call it the cauda quina it could still cause problems All right, so what do we do?

Prevention is key. Being active, walking, good nutrition, preventing osteoporosis with D and K. When it comes time to protrusion, the docs like and the patients like a microdiscectomy.

It's a pretty minimal surgery and they can just cut off the disc. Mind you, you have less disc. It doesn't fix the problem. But I have not heard great things about artificial discs, quite the contrary, and I don't think it's ready for prime time.

I think that these fixation rods or Harrington rods are kind of a last-ditch thing. If you need it, you need it. But 99% of doctors ask anonymously at a conference who do this surgery say they wouldn't do it on themselves.

So for all intents and purposes, if you can get away with yoga, stretching, light exercise, core and glute walking strengthening, then that's great. So why do we do exosomes?

Well, a lot of people say, is this FDA approved? You know, most of the people in my referral pattern have gotten multiple exosomes, I mean, steroid shots, which are not FDA approved.

The scientific data and the epidemiologic data says it's not helpful. But people want to help and it's paid for by insurance, so they give it a go.

Radiculopathy, Stenosis, and Treatment Basics

But we know that steroids are toxic to stem cells, especially the ones producing the cartilage that make up the discs and make up the ligaments and even osteoporosis can be caused by steroids.

So it is not a logical nor scientifically based or epidemiologically proven thing, but it's paid for so people do it. Could it be accelerating disease?

Yes, quite possibly. So where are the treatment areas? The question Jason asked is kind of illustrated on this left cartoon. You have a needle with a little curvature, it's blunt, and you're trying to get to the epidural space.

This is what a woman in labor will get, an epidural. So it's not that difficult, around four centimeters, you just keep on finding it. And there's a video on my website and my YouTube channel demonstrating this.

gently gently pump the syringe and when you hit the epidural potential space you lose resistance and it's pretty easy. It's not even as dangerous because you're not threading a catheter for continuous analgesia or anesthetic.

So you get it in there and of course the epidural space is a potential space This is not usually one that really exists. So you put some volume in there and it'll dissect around and up basically to the ligaments, around to the discs, sometimes to the nerve roots.

And so this is the basis of why we think it's working. If you want to get to the disc, you see that there's a straight needle going through the epidermal needle.

that's puncturing the spinal canal. So you have to traverse the spinal canal to get to the other side to get to the disc. And that I think is very technically difficult without live fluoroscopy.

Ultrasound arguably is not good enough to penetrate and guide that. But for usually our purposes, we're doing epidural needle placement. I hope that explains it.

I want to share a couple of videos and I think they'll be illustrative. One I just did 30 minutes ago. So we're with Mike. So about five years ago, yeah, this month you had sudden back pain after a two day trip.

And then what was the diagnosis? just a bulging disc just my disc has the height but it's malnourished so it's black on the number i instead of white and it's slightly bulging posteriorly out the left side so it's kind of pressing on your hair for so you've yet sometimes pain shooting on the side of your calf and whatnot l4 l5 yeah i mean they did the micro disgectomy did that help at all no fortunately So it's kind of an alignment thing.

It's kind of a disc thing. So yeah. Have they told you to do surgery? There's no more surgery. I mean, the surgeon said maybe do a fusion, but no. So you did like 150 hyperbarics.

What else did you do? PRP? Yeah, PRP, some lesser exosomes that didn't do anything. Where did you put them? IV? Or in the back? No, they did them with ultrasound just down the size.

Oh, yeah, the wasp will set them out. Yeah, yeah. Yeah, it did. So then nothing really moved the needle. You just been in pain like six to eight out of ten for years now.

Yeah, it's the biggest trial of my life. Yeah. How did you find my daughter's spore? I've never like held her. I've never like, I mean, you know, there's been a couple of moments, but.

Yeah, no. And you're at the soccer game, you're lying down, the people are noticing you're in pain. Yeah. So that's ironic. Yeah, so you'd make a red light device in your company which you're doing on this uses.

That's amazing Yeah, but sometimes you need a little biological help. So in December, how'd you find me Dave Asprey? Oh, yeah, that's a thought. Yes Yeah, yeah, so you got a shot and for three days it was like nothing, right?

Yeah, it was like it completely like changed my perception of my pain because it nothing had ever turned it off I tell people it was like April 2020, like somebody like flipped a switch and it never got flipped off.

So those first few days, the pain was gone. And I was like, this is something. But then it kind of crept back. It wasn't built in a day. So you came back last month.

And then how long did it help? Yeah, almost three weeks. Wow. Which is just like, like zero pain, zero pain, zero radiculopathy. I mean, it was like nothing.

It was crazy. I was like nervous. I was almost nervous because I was like, what is, this is so foreign, you know? But eventually, like, Foster syndrome, right?

No, but in the last week, something started creeping back. Yeah, it kind of crept back. Yeah, so, but out of a scale of where you were, like, 8 out of 10, you're like, what, 3, 4 out of 10, you know?

Yeah. Oh, good. So you can see the improvements. So you're not giving up. You know, I finally can see like, you

know, I was an avid golfer. I was I was trying to be a professional golfer, which I think is well, the rotation or yeah, but I haven't been able to do that with my son.

And what did you get to? I'm sorry. That is half. Yeah. Wow. Yeah. Yeah, I love that. I mean, I did it 10 hours a day, you know, I saw the Masters this year.

Oh, very so cool. Yeah, I love the Yeah, I haven't watched the ton of golf because it honestly kind of gives me PTSD. Like, you know, dad, yeah, so because I can't play but this is the first time I was like, I got to watch the Masters but All right, so we're going to try and do the triple strike.

They're going big. I know it's a stretch, you know, but we're going to do sell a lot of red light and get you back going. Yeah. Up to. Yeah, Emily, man.

Yeah. It's been a blessing. Thank you so much. It's changed my perception of what my life can look like. So. Yeah. And we don't even think it's COVID related.

It's just that long drive. You never got COVID or vaccinated or anything. I got COVID. It kicked my butt for a couple of weeks. I never got vaccinated or anything.

All right, cool, cool. Let's do it. Okay. All right. Here's the stuff and this is the good stuff. I don't even know what brand you used before, but obviously…

It wasn't… Well, even Paraspinal's not gonna help with this. Yeah. Okay. How are you, Peter? Pretty good, thank you. Good. What was the problem for…

You're 79. What was the problem for how many years? Probably only two years. Yeah. I've obviously had scoliosis my whole life. Yeah. But it… It never bothered me.

And in the last year and a half or two years, that's when it really started to bother me. And it wasn't so much in my back. It was really the back causing terrible pain in my right leg.

Right. So you have what we call radiculopathy. So it's like the nerve is getting pinched, right? So what did that feel like? Yeah. What did that feel like in your foot?

It was very painful when I was trying to walk and I really couldn't walk any distance at all. And it was very demoralizing because even though I'm 79 years old, I feel, as everybody says, I feel much younger and my attitude is still of a much younger person.

And it was starting to make me feel more my age. I didn't like that very much. So it's just this burning pain on the side of your foot and some muscle wasting.

Were you able to stand on your toes on that side? I probably could stand on my toes, yes. So we did the epidural injection and so what happened? How was the quality, the amplitude of the pain?

It took a number of weeks for it to start to feel better. And the interesting thing or the good thing about taking the cruise was that there is a lot of walking back and forth in terms of going to your room and going to restaurants and going to the entertainment.

And I've done this twice before, but I still felt like. It was overwhelming. And then it wasn't, it wasn't because I was not experiencing the pain in that foot or in that ankle at all.

At all. Okay. Fantastic. Not at all. That's good news. All right. So. Maybe next time we're in Miami, we can get you a little, but how, how, if you have no pain, how can we get any better than that?

You answer that question.

Patient Testimonial: Chronic Disc Pain Relief

Because, you know, we discussed this when I saw you and I, and I don't remember if, if, oh, this is good. Now this is it for the rest of my life. Or, you know, this is going to come back for it's going to come back.

Well, I don't know if they'll come back, but okay. All right. We'll, we'll talk about it further, but I thought you'd say all the pain is like 20%, 30%, but if you're walking around the poop deck and you're dancing to the salsa, then it must be pretty good there.

It was surprising that it was pretty good there. Yes. Well, that's good. Mazel Tov, happy anniversary, happy birthday, and thanks for chatting with us.

Of course. Thank you. 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. And 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. And so that was a good result. Since then, some of it has come back and he feels it's because we were one disc level off.

Even professional anesthesiologists are off 30 to 50% of the time in their disc level. Are there any questions that people want answered? OK, can you hear me, doctor?

Roman Gregory, yes, sir. Go ahead. A question about dosages, really, and then the frequency of. administration. Okay, this is a great question. It comes up a lot.

You know, the fact is, and if you watch my interview with Duncan Ross, the owner of the Exisome company that I use, nobody can really measure quantity.

So unfortunately, all these people who are like drug rep detail people, they play fast and loose. You can't really measure Exisome. So what this company I use has been doing is they do probably size, exclusion, inclusion, filtration, and then all the safety testing, and then they measure them for RNA content.

The thought being that RNA content is how potent the exosomes are. If you want to take a deep dive, watch the podcast that was just released yesterday about that.

But even you go to these conferences, I just came back from Vienna two weeks ago, The scientists, the manufacturers, nobody can measure exosomes. So when your rep comes in and says, I can give you 100 million, which is 10 times more for half the price, I can guarantee you they don't know what they're talking about.

So because I've only used one brand, the dosing in my own thought process has been consistent and I keep records of it. But it's a great question. No one can really answer.

But generally, exosomes are denominated in the 10th to the 9th, or billion. And stem cells are in the million, right? So that's a little different. It can vary as low as, you know, 1,500 up to even 5,000, 6,000. Any other questions to be typed or asked, you can raise your hand.

Vicki has a question. Go ahead, Vicki. Okay. stem cells and they'd be injected directly into the SI during Yes, the short answer is yes. So, you know, stem cells, anecdotally, you know, they probably work pretty well.

I am conflicted over it because you're taking someone else's usually, unless it's autologous, genetic material. And Duncan was saying yesterday, like, these cells don't even survive a day, according to science.

And then you go to conferences and you go to people who do stem cells, they say, oh, no, they engraft, they live forever. So I don't think the truth is really that close or in between.

They don't usually last forever, maybe days. And then your immune system tracks them down in most cases. But the answer, anything that you got results with, with PRP or stem cells, you can do just the exosomes.

Because remember, the PRP works because of inflammation, which brings in stem cells, which secrete exosomes. So now you don't need the stem cells or the PRP or the inflammation.

Jason has a question. Here we go. Hi, Dr. Park. What's your opinion on the Muse stem cells that the multi-linage strap in? Great question. OK, so Muse cells are discovered by Japanese scientists.

There's some people doing them. They're very expensive. So the reason they like them, what we deal with usually is adult stem cells, meaning a newborn placenta is an adult.

It doesn't have the pluripotency of, let's say, an embryonic cell. But mu cells appear to have much more pluripotency, so there's promise there they can switch a little easier.

You know, my intuition says that I don't think that that's all they're cracked up to be because I think the reason we see mu cells and maybe all we're really witnessing is Mother Nature taking an existing stem cell and de-differentiating it just a little bit so it has more potency.

But as far as using them, if you're talking about using a stem cell that has more potency, you also take on more risk of teratomas, which are multi-germ line tumors.

Patient Testimonial: Scoliosis and Leg Pain

So I don't see the benefit. They're very expensive and for research purposes only. I think it just more elucidates stem cell ecology, which is something that people, nobody really understands.

I'm going to Hong Kong in three weeks to try and understand, but I can guarantee you, It's definitely a great marketing thing, but I don't think it's for use in humans yet.

established results, but that was just an IV together with the DPC-157, a few other ingredients added. And I understand that IV is one thing, direct injection is a different one.

But again, trillion, two trillion, I mean, half a trillion, so many MLs, usually two ML. And again, what are the exosomes are dissolved in, I guess? It was supposed to be amyol fluid.

Get to talk a little bit about that more. Of course. Yeah. So I would encourage you to watch the video I did yesterday with Duncan Ross and it, you know, he's kind of talking about that, that all exosomes unfortunately are not created equally.

And even within his process, he's learned that different things make them more potent, less potent. He's talking about amniotic fluid to have no mRNA.

So that assumption that all exosomes are created equal is quite debatable. In fact, what Chimera two years ago went to playing the same particle game.

So really, if I brought you distilled water and put it in one of these machines, I could call it a trillion of exosomes because it's just measuring particles.

So the machine can be set to measure and give any result you want, sadly. So really some manufacturers have better quality control, some don't even monitor quality control.

And every cell makes a wide range of exosomes and it depends on how they're curated. So you really, it's like comparing apples to aardvarks.

Exosome Dosing, Stem Cells, and Batch Quality

I mean, there's just some manufacturers have great potency, some have great marketing, but I've never met a rep, someone who's selling it, that really understood what a next home was and how to measure it.

It's just way beyond, apparently, their interests. You can't really go by heart. Yeah. Let me rephrase basically. Yeah. I absolutely agree with you. I was more in terms of like, again, the basic explanation to a patient, but I could say, for instance, okay, if I first, do it intravenously and the same night I sleep for 12, 14, 20 hours.

That means, yeah, it's working. The second night I sleep again, that means this particular batch is definitely compatible with my body. So I like what you're saying about having a heuristic or an active test.

And again, 100% agree. People who get somnolent, it tends to be a good sign. But the problem is there have been, I would say, 13 or 14 manufacturers, maybe four of them have gotten out of business.

And it's a case of really not knowing what you don't know in terms of manufacturing. And we can all do safety testing, but you alluded to one batch being stronger than the other.

You know, in the six years that I've used this brand, I felt maybe one batch wasn't as strong, but they do have internal validity testing. So for example, when you say a trillion, now the products are measured in trillions of particles.

whereas before they were in billions of exosomes. So everybody's playing the game now, but it's hard to really compare, in my opinion. But yeah, if you have great heuristics like sleep or, you know, obviously the reason we continue to do this after six years is because on average about 70% of people just get better.

And so whether that's black magic, placebo, or some kind of biological mechanism, which is rooted in science, who knows, but as long as people are getting better, then it's ethical to keep on treating.

Well, my point is, this is my next step is like, okay, if I respond really well by sleeping immediately after the IV, then I can proceed with knee injections, spine injection from the same back.

Oh, I see. See, I never had that batch concern or question because everyone I've gotten has been good. I see it's like a heuristic and then you're kind of saying, okay, the patient's going to react to this batch.

I never questioned the batches anymore. I write down all the lot numbers, but they've all been good. So something they're doing right in my opinion. But have you tried the brand that we're using?

Yes. Okay. I mean, it's expensive. Very, very, no, like I didn't really dose myself enough. So rarely anything works for me. So it's actually another tissue bank provided things that had this effect on me.

And I was like, Whoa, finally we had some. At the end of the day, like I told him to his face, like anybody can make an exosome. It's just what the stem cells secrete.

But the real question is safety, reproducibility, scale. I met this other guy who was making them in a strip mall. It's crazy. Most people don't know what a clean room is, the ISO clean room.

So you're only as good as your worst batch. So that's what it is. Watch the webinar that I did yesterday with Duncan. You'll find it interesting, I think.

Oh, I will. I like, I work with, you know, microbiologists, virusologists, geneticists. I mean, yeah, we take it down to atomic level if we have to. But again, in practice, this is what I'm thinking of first trying it on myself.

Yeah, that's great. And then, and then I, but of course we already did plenty of patients and this is what I'm just trying to say, okay, it's going to be more expensive, but it's like first Yeah, I'm just scared of doing something that is maybe not safe, but maybe not as potent batch to batch.

So I think they have internal QA processes that are just pretty robust. So, you know, but yeah, I mean, it's not hard to make an exosome and some times people have great results, but again, the whole field is just about safety and you're, you're basically have every reason in the world to exaggerate and to lie.

And so that's where most of these companies are. They just don't even know what they're doing. So yeah, that's my opinion. That could be wrong. No, no, no.

I'm not sure if my point is getting your cause. Again, the heuristic testing, you know, if that's positive, then yes, then I'm going to inject in every joint, you know.

Yeah, if you buy a big, like, are you buying a bunch of vials from when you manufacture? Is that how you're doing it? Frankly, the whole bash sometimes.

Yeah, I mean, again. good for you if you have a great freezer and a good way to keep those good but I just you know for me it's like I don't charge that much because I have a you know decent margin so I instead of taking these other manufacturers up you know I have the luxury of being low price and the same product so for me it's not worth it it's not it's not about the money it's about results right you know so I it's again getting results but so far what seems to be And I think Duncan also said that he picked himself with like some massive doses.

That's like safe. So, okay, so let's go to massive doses, you know, not just IV, but like, okay, IV is just addictive, but then you can do intramasal.

I think it's a very safe product. Yeah. You can't overdose. Yeah. But I do, since you're a PhD, you probably understand the whole. way of measuring them with the Brownian motion.

And so, yeah, the light scatter is an indirect measure of particles. So that's really where it gets messy. Unless you're doing size, exclusion, inclusion, then you really don't know what you got there.

Right. So yeah, the numbers are a marketing game, but then, okay, fine. So let me inject. I mean, batches usually are 80 mls or 160 mls. So that's at least from this guy.

So we get a lot, you know, so I can basically then do, you know, presumably like ridiculous amount. I haven't done that yet, but I have people in line basically willing to do that.

And it's like, okay, you know, that's why we're asking you these questions. Yeah. No, it's legit. I mean, I just, to me, I don't have time to, you know, kind of guess.

So I just kind of go with what has been working thus far. But thank you for the input. You can send me the name of your supplier if you want. Okay. Well, I wanted actually, again, to understand you better because a lot of our people are mixing basically PRP with exosomes that stem cells PRP exosomes.

Yeah. You know, so, and then that's like going directly into the knees for instance. I mean. Yeah. I mean, I used to do that stuff, and I used to do stem cells.

I never really did PRP, but I used to combine with hyaluronic acid. And so we're getting into an aspect of religiosity here. You know, doctors are proud.

They go, oh, I've been doing it this way for years. It's working great, blah, blah, blah. But you know, at the end of the day, I just kind of dumbed it down to just the one thing now.

I have expired the vials of hydrochloric acid I don't even use. So I do think that when we think about, I don't even

know how exosomes work, but if the premises that they work by being secreted by stem cells, which are brought in by inflammation, which are brought in by PRP, then I'm just cutting to the chase.

PRP, Peptides, and Preparing the Terrain

I could be wrong. But yeah, lots of people say, wow, my method is great. I did a PRP or did a platelet lysate and I combine it with the stem cells and yada yada yada.

I mean, it's great, you know. But for me, you know, I could just take a shot of vodka or I could have you mix your long-awaited iced tea. You know, I don't know if it's better or worse.

OK, how about any other peptides that you'd like to do together like BPC 157 or a few other ones maybe? I am so ignorant. People do it. I just interviewed world expert and manufacturer of peptides, Adam Bender.

So make sure you're on my podcast email list. But he goes at great length, 50 minutes talking about peptides. Again, I hear great things. It tends to be a slower ramp up for the effects.

from what I'm hearing but they can be powerful but in excess cells we have a wide therapeutic index like even a little can help a lot won't poison you and the results are pretty predictable and where the cost meets the consumer is pretty affordable too in my experience so well I'm more like into preparing the terrain basically pride what would you then do Yeah, I appreciate your point.

Like the only time I would do PRP or maybe do shockwave things in order to prepare the terrain is to create a situation of inflammation. Because we know that if there's some low level inflammation, then the vascular permeability, the amount of immune cells going there, all the amount of blood flow to that spot will be helpful.

But yeah, I don't recommend ongoing inflammation. I had one lady, Russian doctor was treating her shoulder and she spent so much money on exosomes, but she kept on zapping it and zapping it and zapping it over and over and over.

And I thought that was really starting the inflammation cycle from day zero. So I don't think she did, there's a whole pattern in inflammation and recovery.

So if you keep on zapping it, you're going to day zero in my mind. But yeah, if you wanted to give PRP in a knee and get it really inflamed and then do the exosomes, that might be a synergistic thing.

But again, I like to go a little more gently. You know, already the exosomes can cause inflammation, usually day three or four, so I just have dumbed it down.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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