Why “Bone on Bone” Might Be a Lie—Neurosurgeon Dr. Jeff Gross on Healing Without Surgery Transcript

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Introduction to Doctor Talks

We know at least 87% of the patients will go at least 15 years. You know, of course, you're still using your joints and your knees. And during that time, you may you may re degenerated, but and you may need to come back for another one.

But, an injection every 15 years versus a surgical replacement every 15 years. You know, you can make the call that this is good for hips as well, right?

Yeah. We do, we do all the I've done, you know, thumbs and fingers and and large joints. Hips. It's knees. We do it in the spine. And, you know, we do it even on very severe cases or what you might call bone on bone or great for degeneration.

And we've seen some improvements there as well. Of course, the earlier you get to this, you know, the more benefits you might have. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi, this is Ray Solano with another edition of Healthy Choices podcast, Doctor Talks, and we have Doctor Jeff Gross here is one of the leading neurologist neurosurgeons, in this area of regenerative medicine.

We're so pleased to have him here today because, you know, our whole purpose of doing these doctor talk, podcasts or to get the word out and to educate, everybody on all the different choices they have in health care.

And that's what we're all about. Doctor. Thanks for lot for joining us today. My pleasure. Thank you for having me. I know we caught you in between your patients, today.

And and they're all waiting for you at this moment.

Regenerative Medicine vs Surgery

But this is such a, You know, I've been a huge fan of regenerative medicine. I've had a number of procedures, and I tell everybody that, correct me if I'm wrong.

You know, it's easy to fix the knees and the shoulders and as surgery is always a, is an option, but, regeneration, let the body fix itself is probably the best choice. Would you agree?

Oh 100%. I love that concept. I love the natural nature of what we're doing and the less invasive nature. It's been a blessing to sort of develop through my career, going from more invasion to less invasion.

Right. Well, you know, unfortunately, some, some people in there, your, culture or your practice, they may prefer to have more invasions and yeah, I know issues like, you know, less.

And so, you know, one of the things that we look is, is patients are controlling health care a little bit more with choices. So maybe you can kind of tell us a little bit about, what you do so as to educate people, you know, they have a choice in their health care and why they should look at regenerative medicine is their first choice.

Right. And thank you for that. That's the reason I am here on your show and I've been on others. It's, to to educate and let people know what those options are.

Because a number of years ago, I didn't have this option for people, and it was at the request of my patients that I, I learn about them and incorporate them as one of the tools, that I offer to patients.

As you as you may, know, I'm. I'm a spine fellowship trained neurosurgeon. I was taking care of patients with neck or back pain. And during my career, I was, you know, low on the surgery bandwagon.

I always save that as the last option for people. But now I can do that even more robustly with another tool short of surgery. That's regenerative medicine.

Applying what the body has already known and been doing for, you know, for hundreds of thousands or years or more and learning about that and strategizing it to apply it to people with spine problems, cartilage degeneration of the joints, like you said, the knee.

You know, it's sort of a low hanging fruit because we get good results and we get early results, generally from joint work. And that's blossomed into, you know, intravenous wellness that using regenerative medicine to attack inflammatory problems like autoimmune diseases of aging with inflammatory components, infections that have an inflammatory problem like Long-Covid or Lyme's, and even just those who like a little preventative, you know, suppression of inflammation, anti-aging approach, you know, and, and some, some of some of us, because I'm one of them are, you know, we call ourselves Biohackers, right?

We like to do things that help slow that. So, we have some other applications, but by and large, those are, those are what we're doing today. Well, you know, that's a lot of, it definitely gives it gives people, many different options.

And many times, you know, we see people for, you know, it seems like the most popular, surgery today is, rotator cuff surgeries for shoulders and, and and unfortunately, it's the outcomes, you know, where as a specialty compounding pharmacy, we help patients in many, many chronic conditions.

But we see so many negative difficulties post-surgery that we sometimes it is it is not a full disclosure that there is going to be difficulties. Sometimes everything is not perfect, is not, and the recovery is dependent upon the body.

How healthy it is to begin with.

How Exosomes and Amniotic Products Work

It's a, you know, it's a stressful, procedures, and recovery and, especially therapy afterwards can be uncomfortable, but when regenerative medicine, it's not nearly as uncomfortable.

Would you agree? Well, yeah. I mean, the recovery from a regenerative injection is is minimal. And you have some soreness after the injection, maybe for a few days, depending on how it is done.

But yeah, I would agree completely. The surgery a surgery recovery is, is you know, it's not simple. And doctors who do surgery like me, you know, we say, well the hard part is the surgery.

Right. And then you go home and we'll see you back in the office in a week or two. Well, I realized during that time that people have a lot to go through.

They have pain. They have they have difficulty sleeping. They have, trouble eating. They have nausea from the pain medicine. They have, you know, loss of work.

They have potential complications. You know, so not only are we coming at this now with regenerative medicine and more, you know, simple approach, less invasive approach.

But we are eradicating the vast majority of the downtime, recovery, remodeling the body has to do the, the, the, the, the after cost. Right. And pain and consumption.

Yeah. Well, you know, the, the specialty cocktail. I know you may have a, your own cocktail. That may be a proprietary, but, maybe we can kind of educate people as to what magic injections that your, your, that you're, you're using that, the people realize it's, it's, it's not something it is mysterious.

It's unique. It's different to you, but it's it's basic. Thank you. Yeah, it's a great question. Let's let's take the mystery out of it. I don't have anything.

I don't have any secrets. When I. When I set to reeducate and learn how to add regenerative medicine to, you know, my, my practice of over 25 years, about 6 or 7 years ago, I said, let me look at the best practices out there and let me incorporate them at the highest level from, from the start so that, I'm doing the best and brightest things out there.

So when I look at the musculoskeletal parts, like the spine and the joints, which I do quite a bit of, since that's a lot of my background. I found out that at the time, I was training this stem cells were found, to be the building block of regenerative medicine.

Right? We all know that phrase, and we still use it to capture attention, but. But stem cells aren't really doing all the work. Those stem cells are gone in 10 to 14 days if you get some delivered to your body.

Okay. But they communicate with our own cells that do most of the work of regeneration. And that work is communicated through small biological packets of information called extracellular vesicles or for short, exosomes.

And these are abundant in the amniotic fluid, so that the source of these biologics, come from amniotic fluid. And in amniotic fluid you have growth factors, you have brain derived neurotrophic factors.

You have all the good stuff you might find in PRP and in stem cells and in Wharton's jelly, which are, other biologics. So. So why not cut out the middleman, the stem cells and go right to the exosomes for these reasons?

One, they are less expensive, to acquire and deliver to is they're easier to handle and store. Three they travel through the tissues better and for they're doing the work anyway.

So I have been using more stem cell derived exosomes in purified amniotic products, than anything. And these are, of course, ethically derived, morally derived through FDA compliant and certified labs here in the US.

Handling the tissues, testing them, screening before they get to my clinic. And then secondly, I deliver them through a method that was, developed in Europe.

By a French orthopedic doctor name Hearn GU and Doctor Hearn and GU has published over 15 years of follow up on some, blinded studies looking at how to deliver regenerative biologics.

Now, at the time he did this with stem cells, he didn't have the direct, access to the exosomes. But of course, if you deliver stem cells, you're delivering exosomes, to your cells, waking them up, activating them.

But he compared delivering the biologics to the edge of the bone, called the sub control bone, just adjacent to the cartilage. Now, you think about cartilage, right? Just a minute.

Cartilage is a protein product of a cell, okay. Just like our hair follicles come from. Sorry. Our hair is a protein product of a follicle cell and, hair follicle.

Cartilage doesn't itself have many cells in it. The cells that make cartilage. And for those of you, that are nerdy like me, they're called condos sites.

Those live in the bone edge in the old growth plate. Those are the cells that made that joint in the first place years ago. Okay. So if you want to tap back into the factory and turn it on to make more cartilage, you have to deliver to the Conder sites.

Well, the best delivery is actually a bone injection. And this was well proven by Doctor Han GU, and he did half the patients in the bone edge, half the patients in the cartilage, for example, the knee cartilage.

And over the 15 years, the groups, he could tell the difference. Over 80 some percent of the bone injected group were still doing fantastic, had improvement and pain function.

They didn't no longer needed a knee replacement, but, cartilage injected group. By the 15 year mark, only 27% were still doing well. So he's he's this is a wonderful demonstration of why I deliver to the bone edge.

Now, that sounds painful. Of course we do. Another Twilight sedation, you know, at a at a facility. But, we are seeing the same kind of results that his group is seeing.

We have MRI's before versus after comparing, the cartilage thickness, we're showing increased amounts of cartilage, regrowth of cartilage, just like you think.

A hair restoration. Right? Regrowth. So, those are the practices that that my secret sauce. It's not a secret, but that's how I approach joints and spine, as opposed to just putting in a replacement cartilage and repairing it.

Bone-on-Bone Joints and Long-Term Results

And then 15 years or whatever is gonna have to do it again, as opposed to letting the body regrow its own, giving it the fertilizer. Right, right. So, you know, that's, you know, it is so simple.

You just sit there, go, wait a minute. How come isn't that the standard of care? I you know, that's that's the, the big question and hopefully, you know, that this is the more standard because every the recovery is going to be a lot easier too when you do that.

Right. Totally. Yeah. Well, I think it's coming slowly. Obviously there are economic and political pressures that that slow down things that remove profit from, large companies, their knee implants and things like that.

So this is, you gotta turn this elephant around on a dime. It's going to take some time, but overall, it's a lower cost alternative. Oh, yeah, it's a lower cost alternative.

It's much more comfortable. And it's sustainable that you don't have to go back and do a recap. The tires. Right, right. Well, we we know at least 87% of the patients, will go at least 15 years.

You know, of course, you're still using your joints and your knees. And during that time, you may you may re degenerated, but and you may need to come back for another one.

But, an injection every 15 years versus a surgical replacement every 15 years. You, you know, you can make the call that this is good for hips as well, right?

Yeah. We do, we do all the I've done, you know, thumbs and fingers and and large joints. Hips. It's knees. We do it in the spine. And, you know, we, we do it even on very severe cases or what you might call bone on bone or great for degeneration.

And we've seen some improvements there as well. Of course, the earlier you get to this, you know, the more benefits you might have. We we have a lot of sort of, athletes who may have had, scope surgery.

Right. Maybe to trim a tear or something, maybe in their younger years. And that causes accelerate a degeneration. So we see a lot of those people that start to have pain later.

And the orthopedic doc will tell them, well, I guess when you're bad enough, we'll do a joint replacement. I said, wait, those are the patients we want to see.

We want to insert ourselves before that step and hopefully delay or remove that step for them. You made a statement about bone on bone. And and this is that the it seems like a phrase.

It is the perfect marketing phrase that it resonates with the public because they all they somehow grasp on to it and understand their pain. They can understand that there's no hope, there's but it is such a misnomer.

Maybe you get to, if nothing else, people we can just talk about bone on bone. What in the world is that? Well, it's it's an old fashioned world where you go see the orthopedic doc.

They take an x ray, right? Look, your bones are touching. You need a joint replacement. They don't even do an MRI. You know, when you look closely, there is still a layer of cartilage, but you don't have that.

Or else they couldn't walk, right, right, right. Your bone would start to actually fuze together and you wouldn't move. You wouldn't bend the joint at all eventually. Right?

You're correct. So, but when you look, when you actually look at those joints closer on the MRI, there is a layer of cartilage still there. But but it's called grade four out of four degeneration of a joint.

And it's kind of the end stage. So, you know, we like to catch people before that. But I've treated plenty of grade four degenerative patients and kept them from surgery for a number of years, you know, and, and, it's a biological process, right?

We're not not it's not just a mechanical. And we're we're changing the joint or giving them an artificial one. We're helping them make the fluid that lubricates the joint and maintain the joint and improve the cartilage health and diminish the inflammatory damage, aka degeneration.

And of course, we do that by the opposite of degeneration, which is regeneration, right? But it's perfect. And and so, you know, it seems to be, since the that they use the term bone on bone, there is no hope, but you're giving them hope that there are always is cartilage there, and it can't be regenerated.

And but I explain to patients and tell me if I'm wrong and explain to me, just look, investigate this this take a chance. The worst case that can happen is that you would have to do the surgery of what you were recommended anyway, right?

That's absolutely correct. You know, the worst thing that can happen would be it didn't work, right. You'll never know if you don't try. At least understand the options when you're sitting in front of your surgeon.

Hey. Hey, doc, what are the stem cell based options? To delay surgery. And if you if they say no, there aren't any or it's illegal or it's it's not ready yet.

There's not a good science or evidence. They. That means you're in front of the wrong doctor. Go get another opinion and and and to be fair to those doctors, that might have been me ten years ago.

If you come to my office, you know, and I'm saying, well, I guess nothing else is working. We need to look at a spine surgery. And someone said, what about stem cells?

At that time, I would have said, yeah, I just, I haven't been training that, you know, it wasn't part of my training 30 years ago. That doesn't mean it's not something out there.

We can't go get retrained. And and it's not illegal. We can take away that myth. You know, the people that that push that agenda are big pharma and and the some of the stem cell clinics that are not in this country, like, like people to think that it's illegal here.

Now, we can't make claims. The FDA has not approved claims. So our First Amendment somewhat is hampered there. But, we can tell you stories about what we've seen.

I can show you people examples. I can tell the truth and I want to protect my patient's rights, to have access to things that are based in good science, even if that science comes from Europe or Asia or somewhere else.

Well, you could use your own stem cells too, right?

Patient Access, Clinic Info, and Next Steps

I mean, but it's a little bit making sure your stem cells are healthy enough, right? Correct. So, you know, like me, I'm almost 60. If I, if I use my own stem cells, they've been exposed to 60 years of whatever I've been exposed to in the water, in the food, in the air, in the electromagnetic waves.

They have chronic inflammation, just like just like I do. So I want the youngest, most effective stuff. And that's why you can use your own stem cells.

We have done that in the past, actually. The European study was based on that because they didn't have access to other things. So, but there are more efficient off the shelf younger sources, of more effective biologics.

And, and you don't need to have a matching, you know, stem cells, the stem cells and the exosomes are privileged in the immune system. They they don't have any, you know, rejection type problems.

So so I would add and plus you have to have a bone marrow or fat procedure to remove the stem cells, process them is a lot of additional steps. So it's not efficient in my mind.

That's right. And so the exosomes now when you do the exosomes with this do you add other growth factors to it. Ozone dextrose other items as well. I don't, but that doesn't mean you cannot or it's wrong in any way.

The the products I like the best are our exosomes mixed with the amniotic growth factor. So there are already are growth factors. And the and the the anti-inflammatory cytokines, which are the small biomolecules, you know, to to help split the cell, are cells from being inflamed and stressed and not making cartilage to, you know, optimal anti inflamed go back to cartilage making mode right.

So that's what we're trying to do. So I don't add anything. I use them off the shelf. But I know we're learning more all the time about how to enhance the benefits of these things.

And we we probably would consider that. I know a lot of clinics that do intravenous use of these biologics, use laser light, use ozone and different approaches.

And those are all great as augment augmentative additives. And one other point that we get asked all the time is NSAIDs. Do they're you know, they may help with pain, but they really retard the repair mechanisms of the joints.

So we have chronic pain and we're not really fixing it. Is that a true statement? It absolutely is true. And I wish we had known that 30 years ago or 20 years ago.

You know, because I have recommended anti-inflammatory NSAIDs most of my career, and I still do in certain circumstances for short term use. But you are correct that we are doing a disservice in the long run.

Because we are we have a plenty of patients out there taking chronic, non-steroidal anti-inflammatory medicines that help suppress inflammation. Certainly when we're doing a regenerative procedure, we need to turn off those.

It's because they will not only hamper the repair process, they'll hamper the the stem cell activity process. So so there are all kinds of downsides to long term and could use also with, cardiovascular disease, kidney malfunction, kidney problems.

We don't want to cause harm slowly and then look back and say woops. So so we have to use those quite sparingly and judiciously. We've, we used the Kirk humanoids.

Tetrahedron. Curcumin is the active ingredient in curcumin that we've developed in a, special lipid particle technology tablet that, we have found very helpful, to reduce the inflammation.

But not only that, but work in concert with, regenerative medicine procedures, where it's a it's a win win proposition. So we're seeing definitely we don't recommend any Zs for or for patients because there's better alternatives.

So I'm, I'm glad to hear that we're, we're at we're we're in sync on that as well. Yes. You know, it is. So for the the people that are, you know, that are there, that are suffering right now or that they, they're walking around with their joints or their hips, maybe give us a path forward of how they should get in contact with your clinic.

And maybe the kind of discovery process, is that something you can help us with? Sure. You know, I'm not the only regenerative medicine practitioner here in the US.

We're all over. You don't see us as much unless you search us, because we are suppressed from advertising on Google and on Facebook. Hopefully that'll change, right?

Maybe. I'm hoping it changes. With health care, right? Yeah, yeah. Gosh, I agree. But, yeah, our clinic is called re celebrate because we're celebrating the renewal of your cells.

And you can find us online at re celebrate.com. That's our e celebrity. And if you go to re celebrate.com/podcast, you'll, you'll, you'll find a message to you and a way to opt in and follow us.

And if you're interested in talking to me, I love to meet new people all the time. And I'm probably one of the few surgeons that actually likes, patients awake.

So you, you know, you can book, a free 30 minute, session with me. If you have any records, you can send them along and we can look at them. If you have imaging MRIs, particularly, when I do these joint and spine work, I do it based on targeting, on imaging and not just X-rays.

So and and the MRI can't be a cheap open MRI. And has to be a good quality, high resolution MRI with certain bells and whistles we order. I'm very particular about that.

And but it helps us find the targets. And we can sometimes see in the bone edge the actual inflamed, you know, growth plates. And we deal with that. So but that's how you get us and, and, we can talk about joints and spine, anti-aging, autoimmune problems.

You know, any anything you're interested in in the regenerative realm? We're we've got our hands. And I want to mention one other thing. We have an ongoing project.

If you allow, you know, one of the most important things becoming a, clinician is, is, you know, how can we help a greater number of people? And it's not just an answer on a medical school application.

Right? We really have to do this, and we enjoy doing it, and we're wired that way. But, we are on a project to look at a subset of these exosomes that come from the immune cells called natural killer cells, which selectively identify and remove senescent and cancer cells in the body.

And we are looking at that as an augmentative therapy for helping people with cancers. Whether it's in between radiation and chemotherapy, whether it's instead of, you know, we're looking at that we have an active project here,

involved, you know, in that and if you if you know anyone or have anyone interested in looking at that, you know, please, please reach out.

But it's exciting because, you know, senescent cells and zombie cells, or, are key to improving longevity to get rid of, all the dead cells that just need, especially after chemo, that kills so many of them.

But what a great, great a great concept. Unfortunately, we can't you can't do this by telemedicine. You have to come and visit you. Where are you? We are.

Where are you located? Where's your clinic located? It's a good point, but I will say most of what we do ahead of ahead of time is, is by telemedicine.

But we are located in the greater Las Vegas, Nevada area. And you know, we invite people here to the clinic who, who, are ready and are candidates. You know, not everyone is a candidate.

You know, we do say no to some people, and we like people to be optimized first. That means, you know, we talk about anti-inflammatory diet and exercise and sleep, right?

Because if you're going to have this regenerative procedure throughout your body as tuned up and ready to receive and deliver as possible. But, most people don't mind if they need to come to Las Vegas.

We've had people come from outside the country, even spend spend a few days, enjoy a show, have a nice dinner and then get get your voices certified. I mean, it sounds, you know, that's great.

Great to hear. And it it and it one thing for people that, it's coming through this, this podcast is that you're sincere, you're honest, and you want to truly help people, which is so refreshing.

And and we're just looking forward to getting the word out, for, for many patients. And I think we accomplished that, here today. And one more time, just give your, your the, your website one more time for our patients so they can and we'll post it on our website.

PD labs.com as well. Thank you so much. It's re celebrate.com/podcast. And doctor Jeff Gross. You just a amazing practitioner. We appreciate all the work that you're doing.

And we're looking for work. We're going to be sending you some referrals and also some that the collaboration and some of the interesting pharmaceuticals and nutraceuticals that we're working on together, I love it.

Thank you so much for having me. I appreciate the time. Well, thanks for your time today. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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