How Mitochondria Can Keep You Young and Healthy | Dr. Joseph Purita | Ep. 21 Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Dr. Joseph Perito

Most everything, I think, comes down, by and large, to the health of your mitochondria. Ooh, the mitochondrion. The mitochondry, The mighty mitochondrea.

Get ready to meet Dr. Joseph Paritta, a visionary in orthopedic laser surgery and a leader at the forefront of medical innovation. From his roots at Georgetown to transforming care at Boca Raton, Dr.

Pareta is here to share insights from his pioneering career. Don't miss this inspiring episode. What I think is the most important medicine of all, is exercise.

Because I really think that's what really makes your mitochondria healthy. You have two organs in your body that have the more mitochondrion. One of the potent anti-inflammatories in the body is carbon monoxide.

So what do you do for gut health? What I do myself is some intermittent fasting, hydrogen therapy, and exercise and try and eat properly. What are the top three things that you would recommend for brain health?

Welcome to another episode of a healthy point of view podcast. I'm your host Sam Tahata. And today we have a special guest. This is an expert in the field of functional medicine, regenerative medicine.

Every single type of alternative medicine what some people call it. He has the expertise. You've probably heard this doctor speak at a lot of the different conferences, organizations.

He's been doing it for a very long time, and he's an expert in his field. We have today Dr. Joseph Perito. Thank you, everyone. Dr Perita, how are you?

I'm great, Sam, thank you. All right. I'm so happy to have you here. I am so Happy to be here, thank you. We have so many doctors. You know, obviously, Liquivita, we have a proprietary product that we sell to over 4,000 doctors throughout the United States.

And a lot of them tune into this podcast, and they're always trying to figure out what else can I do besides just vitamin IV infusion to really take care of my patients.

So, you know people are talking about methylene blue, people talk about ozone, they are trying figure things out. You've already figured it out, right?

You have all of these different services and you've been able to put them together to really give your patients the true ultimate treatment. So first I want to talk a little bit about how you actually got into this whole world of regenerative medicine, functional medicine.

What made you kind of leave that allopathic world to focus on this here?

From Orthopedics to Regenerative Medicine

Very good question. So, I've always been intrigued by the cutting edge, even when I was a resident. When I a was resident, that was involved in a project down at the University of Miami, as an orthopedic surgeon down there, where we would actually inject the disc with chymopapain.

Chymapapane is commonly known to some people as Adolf's meat tenderizer. And we did that and we dissolved

the disc. And I said, wow, this is something.

When I left my residency, I embarked on other things, and I started using lasers on discs. I say, well, it's working pretty good. always you know i've been doing orthopedics but quite honestly i said yeah this is fine this was great and it's interesting and i enjoyed and I like to build things and work with my hands etc but I always looked for the newest thing I mean how can we make things better and one day I sort of had an aha moment and that was maybe when I was introduced to something called PRP, platelet-rich plasma, and I said, what is this?

And I looked at it, I say, okay, so I started doing it on my joint replacements. I squirted the, well, that's the platelets, ok, squirtered that in the wound, And then I had this thing called the plasma, I squirted that on the wound after I sewed it up.

And these people were doing a lot better. I said, wait a minute, i'm onto something here. i've got to check this out further. Interesting. and then i said hmm, PRP.

What we're doing here is we are basically mimicking nature. And I have a sign in my office. It's somewhere. I don't know where, it's in storage maybe.

But I've also had this same slide on some of my talks. And it a simple thing, but it is a profound thing. Cells, not doctors, heal patients. Think about it.

No matter what you do in medicine, be it a heart transplant, the shoulder replacement, ultimately the cells have to heal that patient. When we as physicians are doing something, if we're giving something intravenously, Eventually, that intravenous compound is going to affect a certain number of cells.

And the other thing I like too that's not a simple complex, but a good thing is think of the body, the organs and the cells as the computer hardware. Okay.

The pathways in the bodies is the computers software. Now, when you have a problem with your computer at the house or your office or something, and it's not running well, what's the first thing you do?

You want to reboot it. You wanna get those pathways. And that's what we're doing in regenerative medicine. We're rebooting some pathways, you know, why are we rebooted?

Because they just don't seem to be functioning properly. That's real gist of what want do. we want get these pathways because when we are young, typically we healthy.

As we get older, these pathways are closing down, be it from epigenetics or whatever. If we can turn those pathways back on the proper way, we're going to have a much healthier patient.

modalities to be able to do that. And the other thing I say, most everything, I think, comes down, by and large, to the health of your mitochondria. Ooh, the mitochondrion.

The mitochondrea, The mighty mitochondre. Because they really set the stage. Think of society. If society, all of a sudden, if our power plants start failing, we're not going to be a society anymore.

We're going back in the Stone Age. The same thing, you know, the mitochondria basically making ATP the body's energy currency. And we know for sure that most neurodegenerative diseases are a problem with mitochondrion.

That's what's causing the death of the neurons and things like that. So those are kind of my my tenants that I kind really base things on. and I just go from there and then I start adding on and looking at things.

How can I make this better? Why is this working this way? What can we do to improve this? That's amazing. Dr. Burita, so to go back on one of the things that you were saying, when you're doing surgery, you took some platelets, and you take some plasma, then you started seeing nature do its work.

Correct. What year was that in, if you don't mind me asking? I don't know, I've been doing this maybe, let's see, today's 24, eh, maybe 15, 18 years ago.

I mean, when I started doing it. No one was doing. Very few, and the guys were making fun of me. You know you're an orthopedic surgeon, why are you doing something?

You now, one guy in my office said, this is hocus pocus surgery. Oh wow. Hocus Pocus. Okay. Focus Pocos until you need it? I said you know what? When you learn the science, you really do a deep dive and see how it works, then you'll know.

Right, right. And that goes into what you're talking about, these cells, the mitochondrial cells. I hear a lot of functional medicine doctors, they put so much emphasis behind that.

What's the golden standard to be able to test your mitochondria health? You know, that's a really good question, to really be able to test mitochondrial health.

I mean, I'm not sure there is a good test, quite honestly. You can look at reactive, what do mitochondria do? They also make what you call a reactive oxygen species, so they make free radicals.

But I'm not sure if there's a really good test out there. I know myself and Chris Davis, your medical director, we've sent some blood work to a special laboratory in Germany and they can kind of give us a…

For the mitochondrial potential. Potential and things like that. But that's very esoteric test and that a very expensive test. You know, for the general population, I am not there is a good tests per se.

No, I know Dr. Willicks would say that the test that he would use before the whole IGL test, which Dr Mark Hyman did a whole article recently on it, Dr Willick's would save VO2 max is the way that He would.

Well, yeah, that makes sense because how you're using oxygen is basically, you know, how your mitochondria are working. The more efficient, the better you go to VO 2 max, is going to be.

That's something that I really hope one day that we can figure out how to really test the mitochondrial health. So I was doing some research myself online, and I looked up who owns mitochondria.com.

Mitochondria, Exercise, and Cellular Health

And it's some doctor, some researcher from Harvard University, who he just focuses on research on mitochondrion health, And I've been trying to get ahold of him.

I'm gonna try to a hold of them at one point to figure out where he's at with it. But I feel like if there was an actual test, we could make a lot of headway with a lotta stuff we do.

We've gotta look at it a couple ways though. It's not only how efficient they're working, but how many you have that are working. You know, you could have an army of 100 soldiers, or you can have a army a thousand soldiers.

Now they could all be really good, you know, warriors, but which is going to work better? The army of a thousand versus an army a hundred. So it's not just, how efficient they are, it is the mitogenesis, making new ones, and that's really what I look for.

What can I do to make more mitochondria in the body? So for the listeners who really don't understand the purpose behind your mitochondrial cells, how can you break it down on layman's terms of what the responsibility is?

Well, again, mitochondria typically are what use oxygen, okay? And this is what gives us oxidative stress. When you use the oxygen you get some stress, it makes them free radicals.

what mitochondria do is they basically have something called the electron transport chain okay and this is where electrons are kinda you know transported and eventually they make something call or NAD basically helps make the ATP ATP is the body's energy currency right and that's what we use and ATP isn't not just for energy but it basically is a compound that can really affect many different aspects of the body.

Many different pathways. It can affect something called the sirtuin genes. There are seven sort of genes, very important for longevity. They can also act as a catalyst for other reactions and things like that.

So that's where the mitochondria are so, so important. So how do we exercise the mitochondria cells? Is there anything that we can do, take, exercise?

What helps stimulate those cells or make them healthy? Well, you just mentioned what I think is the most important medicine of all, which exercise. Okay, why is that?

Because I think that's what really makes your mitochondria healthy. It's just like we're talking about the VOMax. You know, the more you start using these mitochondrion, The more efficient they're going to come, but you have to help them out.

As we age, remember now these Mitochondria are also making free radicals. And also, they have their own special DNA. You know, it's not the DNA, and most of the mitochondrial DNA act, not most, all of it comes from your mom.

So you're kind of getting it from her. It's kind not an even split, so to speak. That's mom's fault. We can't blame it on mom, we can blame. Look, there's a lot more we have to know.

All right, what are the other ways that you can do it? One of ways I like to do is I have a modality in my office called intermittent hypoxia therapy.

Basically what I'm doing is I am going with this machine, I just sitting in a chair like I have now and I putting a mask on and this mask is bopping things around as far as my oxygen.

I breathing 9% oxygen and then sometimes I breathe 40% Oxygen. Now 9 percent oxygen is kind of like what you would encounter at about 24, 25,000 feet.

Okay, and I'm also checking my blood Oxygen level and i'll get my Blood oxygen level down to a point where a lot of docs out there would say My god, this guy is ill.

He needs to be intubated and put into the intensive care unit What percentage is that it gets to around 80? Wow, okay, which what you know is from your background is pretty low Yeah, but I feel fine We'll be almost ready to innovate.

You would if you saw it, but I'm used to it. And it's making my mitochondria work much more efficiently, number one. It's causing a lot of mitogenesis, which is the basically formation of new mitochondrion.

So also doing mitophagy, meaning it is going after some of my bad mitochondrial and getting rid of them, maybe recycling parts of it but getting This is really interesting.

So this treatment or procedure, how long does it typically take to do it? Whatever you want. I mean, typically I'll do mine for about 25 minutes. Every day?

No, no, I do maybe three times a week or two twice a day. It's my go-to thing. Because I did a number of talks on it. And it's really something important.

What it is, it tricking the body. Because what it's doing is the body's kind of saying, hey, wait a minute, there's something going on with the amount of oxygen in the system.

Something's going, and it sets off certain pathways in body. And a similar type of idea was found a couple years ago by the Israelis. They did these very specific studies with hyperbaric oxygen.

Okay. What they would do is they'd do something called an air break. In other words, they would be in a chamber, which is basically a room of regular air, not 100% oxygen, but they'd have the patient breathe 100%. And every 15 minutes or so they say, let's take off the mask and do an air break.

All of a sudden, they found out one of the interesting thing was the telomeres of immune system became longer. You're basically doing away with immunosenescence.

Your immune systems getting stronger. A stronger immune means basically a healthier patient. Remember now, your immune not just protects you from viruses and things, it also protects from cancers and a lot of other bad things out there.

So very important. That's a landmark study and it was only just about two or three years ago. But this does very similar things to that, so I think it's a very good modality.

What else do I use for my mitochondria? I'm not sure if you're familiar with a compound called urethane A. Okay, what's that? Urethenane is one of my go-to things.

I go to a deserted island. I want that with me. If they say you can have five, that's gonna be one of them. Is that the SS 31 peptide? No, That's a peptid.

Now, Urolithin A is over-the-counter. Okay. Anybody can go out there and buy it, okay? SS-31 is very good for mitochondria and things, but Uralithine A basically is a very potent stimulator of mitogenesis and mitophagy.

Now, interestingly, it's kind of derived from the pomegranate, but just eating pommegranates or taking pommegranates is not going to do it. Because it has to be, somehow or other, processed by the gut.

Like a lot of things we know of the guts. But that's what it is, and they have a process of making this. And it's in a pill form. There's a couple of different companies out there that sell it.

And then of course I always take NAD. I take a lot of intravenous N. A. D. and I an N A. D. precursor because you can't really take any D per se orally.

Which is the precursors? N R? That's what I like. Now, I like NR for a couple reasons. A lot of people say, well, you're better off taking NMN because of the fact that it's one step closer to NAD.

Except the problem is that most people don't realize NNM has to be converted back to NR to get into the cell, and then it can do it. Would it make sense to take both NR and NMM?

I don' know if it would make a difference. You know, I'm very happy I've been taking it and I got my intracellular NAD level and it was that of somebody in their teenage years, so I was happy with that.

Testing and Improving Mitochondrial Function

So I talking to a lab and a few people in the IV space are starting to use their product where they have NR for intravenous use and supposedly, based on the studies that they had, the N. A. D.

levels are much higher just with the NR versus actual N-A-D supplementation. You know, there's some people out there that say, oh, it's hard for you to really absorb NAD into the cells and this and that.

I don't necessarily agree with that, and I think Dr. Sinclair agrees with it either at Harvard. But I also think he has an axe to grind also. He has some financial interest in certain things.

So I take a product that has NR? Actually, Dr. Willis, before he passed, he actually put me on this nasal spray called Synapsense. It has the methylated B12, it has NR, and then it the RG3 in it.

And I feel like everything's in high definition when I do it, I hear better, see better. Well, because you're getting a lot of stuff and it's gonna go possibly past the blood vein barrier, which is gonna do that.

Remember now, you have two organs in your body, that have the most mitochondria, your heart and your brain. So that's why another reason why you wanna make your mitochondrion, you know, it's gonna be very difficult for you to survive without a brain or a heart.

There you go. I think so. Okay, so, Doc, to go back on the hypoxia procedure that you have, what is, and I want people to kind of understand, when you talk about it goes down to 9% oxygen, up to 40% of oxygen.

You know, for the listeners, we're typically breathing in, and correct me if I'm wrong, 21% oxygen. We utilize about, what, 5%? 5 or 6% and then we are exhaling it.

So, the hypoxia machine that you have, What is the difference between that treatment procedure versus EWAT? Well, I'm basically just sitting down. I don't have the EY in my office, but I think you're exercising with that.

And I do not know exactly how low they go. They may go maybe about 14% or something like that, But I can tailor this any way I want. Now, what I wanted everybody to realize out there is There's a big difference between intermittent hypoxia therapy and basically hypoxia itself, you know.

You know, when you have sleep apnea, that's hypoxia also. But that is very detrimental to you. And it's something in medicine, some people may know or some may not know called the hormesis effect.

where a certain concentration of something is smack on to help you and too little is probably not going to do anything too much is going basically be detrimental.

The same thing with hypoxia. We have that sweet spot where it really works well and then you have other places where its not gonna help. That sounds like precision medicine to me.

That's exactly what it is. You know, what's interesting, when I tell people, you know what one of the most potent anti-inflammatories in the body is, besides hydrogen gas?

We can talk about that a little bit. Guess what else? What's that? Carbon monoxide. Oh, gosh. Because you really can't survive without carbon monxide.

But we all know a certain dosage of carbon dioxide is not just bad for you, it's toxic and deadly. And it has that hermesis effect, but that's what is is So when we were just, you were talking about hypoxia in patients that have sleep apnea.

How bad is sleep Apnea for your mitochondrial cells? It's bad for your overall health, but certainly it's gonna increase oxidative stress and things like that.

So you wanna train the mitochondria. There, you're just depleting them when you do the sleep apnea and thing like. Most diseases are basically hypoxic.

That's why sometimes people say, hey, hyperbaric oxygen. At least anecdotally because I don't know who's listening out there can help cancers and things like that, right, so so We're on that topic of the mitochondrial cells There's a lot of things that we get exposed to that that have an effect on your mitochondria health like let's say toxins so What is it with toxins?

How does that affect your Mitochondria? That's a very good question. How does it affect the mitochondria? Well, I think it would affect it in a couple of ways.

I would think that it probably affects the electron transport chain, so you're going to have that not working properly. It could probably cause some mutations in the DNA, things like that.

They're not going be working well. Other little organelles in mitochondrion probably aren't going work well also. And you're going to get more leakage of electrons, and that's really what is the hallmark of a lot of diseases, when the electrons are leaking out of the mitochondria, a leaky electron.

Leaky mitochondrion means disease. And I hear a lotta the functional medicine doctors that are out there, you know, I took the Methylene Blue course with Dr.

Levi, And there's a bunch of other guys that also say that they strongly feel that environmental toxins, that toxins are like the root cause of disease formation.

So in my opinion, if that is the reason for a lot of diseases, how do we get rid of these toxins? Well a couple of different ways to get rid of the toxins we have one Very intriguing modality in our office called EBO to know a lot of people are talking about this So what does he be oh to stand for extra corporal meeting outside the body?

blood oxygenation and ozonation Mmm. What's the difference between that and extra just ozone? big difference, okay, ozone is triple oxygen and Ozone is fairly toxic.

O zone is an oxidizing agent. Now, when we do this procedure, there's really no ozone that actually enters the body.

Intermittent Hypoxia and Hormesis

Because I said it's extracorporeal outside the buddy. So in this procedures, you have one IV line that's leaving the patient. Not only is it an IV with blood leaving a patient, it being pulled by a peristaltic pump.

And it interesting, When you're doing this, You literally will see Globs of fat and things like that being pulled out also really now that blood then goes into a dialysis filter.

That's kind of flipped over Okay, and what happens is because the dialysus filter as we all know has a tremendous amount of surface area Well from the top ozone gas is being mixed with the blood Now, as soon as ozone comes in contact with the watery part of the blood, the plasma and things like that, it gets converted right away.

So there's no ozone that's ever entering your body. Now it get's converted to a couple different products. One product that it has a momentary time with is something called hydrogen peroxide.

And then it makes other things called lipid oxidation products, Now, what this does is we start going back to the pathways. It's a very potent stimulator because, again, of that hormesis effect of something called the NRF2 pathway, which is one of the major pathways in the body that can help reduce inflammation in a dramatic fashion.

But we're also, because of the effect of basically the Venturi effect, we are also pulling a lot of toxins from the blood and it's getting trapped in the dialysis filter.

We're removing something called beta-2 microglobulin, which is a probably something that we're still learning about, but we think it probably has something to do with cancer and immune cells and things like that.

It's a bad thing. And we get that pulled out. You can see some of our patients will have a tumbler full of foam and thing like. I like to call it, when I see it's like, oh, that's the gunk jaw.

The gunky. Like an oil change in a way. Yeah, that's step one, okay? And you know, realize, what else do we do this for? We do it for a lot of autoimmune conditions, why?

Because the NRF2 pathway is getting turned on as being strengthened, and an auto-immune condition, typically

NRFT is not functioning properly. We also do very well for mold and Lyme's disease.

Very good with that. And another thing, we, do some people, just for general well-being, maybe every six months or so, once a year. And what happens, you know, as we get older, viruses in our bodies, such as Epstein-Barr and CMV virus and things like that, which kind of didn't bother us.

As we got older they start becoming a little more active and a lot more and they really start causing inflammation. What ozone can do is it can react with those lipid envelopes of those viruses and expose their DNA and RNA and voila, they're going to be basically killed.

Now step two is one it leaves a dialysis filter it then goes into something called a hemo lumen machine. Now hemoLumen machine is a very interesting machine.

That's where we're using lights, red, blue, amber, green, ultraviolet A, and ultra violet C. Now ultra-violette C is something that most units that use ultra violet don't have access to.

It's usually the B, which the D is, you know, sort of like from the sun, but it can damage DNA. Ultraviolete C can maybe Damage the cells but very slightly and they can recover easy But it's really toxic to organisms such as mold viruses and things like that Now the other thing that ultraviolet a does it a slight stressor of the cell and it can help make something called heat shock proteins Okay.

Which are a very interesting set of things. We cannot have health without proper heat shock proteins. What do they do? And there's also cold shock protein.

They help proteins fold properly in the cell. Okay When a protein doesn't fold in a cell, it misfires. It doesn' work well. Think about a proteins that doesn''t fold into a mitochondria.

That mitochondrion is not going to work very well Right. And we think a lot of the heat-shocked proteins are related to neurodegenerative diseases. That's why, for instance, Alzheimer's, they have the plaques and this and that, things like that.

I'm actually talking, I think in about two weeks, at a thing called the RadFest, Revolution Against Death and Age in California, giving electron heat shot proteins.

So that's what we do there. And then we have red light, which can stimulate the mitochondria and things. Remember now, the circulatory system is the superhighway of the immune system.

and it's delivering everything. And we oxygenate the blood a little bit too, but that's kind of like neither here nor there. That's not that important.

So Doug, I don't know how open you are to talk about it, But with what I'm hearing right now, it is like, if you have patients with a lot of these type of, you know, autoimmune issues, chronic diseases, neurological issues.

You must be seeing tremendous results off of doing these procedures. We have it's very gratifying. Okay, and people call us from a lot of different places And the thing is with the ebo to not only do we do it in our office?

But we train other doctors all over the United States, Europe, Turkey. You know, I have a head nurse that unfortunately now she's only there three half days, three days.

She's too busy traveling, traveling teaching. OK, which is a good thing.

EBO2, Ozone, and Blood Detoxification

So we kind of set the standard of this and we're always looking to improve it. We're not just kind resting on our laurels. That's one thing I've never done.

I never rested on my laurel. Like I say, OK. No, this. It can always be better. It could always better, how do you make it better? And that's what we're aiming for.

So we have a lot of doctors that tune into the podcast that do IV hydration therapy with all the different nutrients. Some people are treating very ill patients, others are more doing it for the health and wellness.

Do you think that the EBO2 is something that would benefit most of these doctors in their practice? Absolutely. I can't see why it would not benefit somebody because, again, one of the things we do it for is just general well-being.

Remember now, as we get older, the viruses, it helps get down the viral load. It helps reduce inflammation in your body. Inflammaging, okay? We all have inflammation.

So you can basically offer it to any patient. with other things. I mean, many times we'll do EBO2, then we will do NAD, methylene blue, things like that.

So it complements it. Because, you know, the other thing, some of the pathways when we do EB02, it helps produce more NED. Things like, that it gets the NDDH ratio in a better frame of mind, so to speak, around 700 to 1. That's usually what we're aiming for and things So, it can help dramatically.

And from a practical point of view, as far as one has to think of finances, what I like about the EB02 is I'm not taking all my time to do the procedure.

Now if I do a cellular therapy, yes, I have to go ahead and I to harvest the fat, harvest a bone marrow, et cetera. Whereas EBO2, basically do something like a social round.

I go and say hello to the patient, kind of assess them some, but my nurses are basically doing the procedure. Now we typically have a rule that if it's a first time, i'm in the office.

Not really doing much, as far as that's concerned, but at least we watch him. So basically it's something that the doc can do other things at the same time.

He can make more efficient use of his time, he can kind of split his times up. I like that. And doctors have to look at that, you know, I mean we have be practical about things, we are a business also, and we need to have that end of it also.

Absolutely. So the EBO2, and I'm not going to use the word because then we get shadow banned and flagged, but this, I could say post-pandemic, people see a lot of health issues.

Has the EB02 helped a lots post pandemic? That's a very common ailment that we're treating. post pandemic, long COVID, vaccine reactions, things like that.

Remember now we're cleaning out the blood in many different ways. We're filtering it, we are hitting it with ozone, different color lights, stimulating a lot of different pathways.

And the one thing I will tell you, it does not get rid of, you know, for someone who may go, yeah, but I don't want you to get my antibodies. We dont get the antibodies, we're not going to make you all of a sudden you're going out and youre going get all kinds of diseases.

No, that doesn't do that. It seems to work very well because these are autoimmune conditions. You know I wrote a blog a number of years ago how post-COVID, fibromyalgia are very similar in their respect and they all seem to have a problem also with the mitochondria.

That's why most of those patients are going to do well by giving them NAD, give them some hydrogen to get the inflammation down. Hydrogen is one of my go-to things also in my office, hydrogen gas.

You know, very potent anti-inflammatory antioxidant. Do you do the hydrogen peroxide IVs at all? No, no. Well, we get that from EBO2. Right. That's much more potent.

Remember, hydrogen Peroxide is interesting in that it's the most potent stimulator of white blood cells. But again, it's transient. So we don't have to give and take, but we do hydrogen gas a lot.

And hydrogen, I like that because I read an article recently of all the antioxidants, most all of them, Where's your free radicals? In your mitochondria.

They can't penetrate that mitochondrial membrane. Hydrogen gas can. So that's why it's a good thing. For instance, if I do hyperbaric oxygen in my office, it an oxidant.

It's gonna cause oxidative stress. The patient gets some hydrogen gas ahead of time, and we really nullify that effect. I'd say being in the industry, I feel like the time that I go to your office and visit your, office I'm gonna be like a kid in a candy store.

You have a lot of really cool stuff. You will be. How did you even figure out this whole EBL2 thing? Because you're like one of the first ones to ask yourself.

Okay, so how I figured it out, it's a funny story. So I came across some guys that I know. I was training a baseball player. He happened to come from the Dominican Republic.

Oh, that's where I'm from. Okay, Bartolo Colon. Okay. Because it's all over the newspapers. So, you know, I'm not, there's no patient confidence yet. The funny story is they called me up once.

There was a guy in the Dominican Republic. He was the physician down there and Colon was out of baseball. And he said, look, he wants to treat him, but he did mainly cardiac stuff.

Right. I said all right, listen, as long as I don't take a dollar out my pocket, pay my airfare, my hotel, and I'll go down and make sure it is done right.

and we became friends. Then I met another guy there and they were treating some of these baseball players with EB02. Really? They called it BCOR, a little different name, but it was essentially the same thing.

And then I met another fellow that was out in California that kind of really helped to do this. And I said, hey, I think this is something good. At first I looked at this and said wait a minute, now I'm an orthopedic surgeon.

You've got to be like a cardiothoracic surgery. It was like the same setup that you guys do with the light therapy? No, no, it was no light-therapy, though.

OK. So I say, all right, so we started doing that. I says, let's bring this to the United States. This is where Dr. Parida puts his little flavor to. I think that light therapy would really work good because I said, that's where all my immune cells are in my circulatory system.

I bet you light can help. So we started doing some 3D printing. We got these light strips. we put mirrors in these things and we had a crude light. Okay.

Then I met these fellows. Now it's interesting, one of the fellows, I'll tell you a funny story about him, he helped me develop this light. His name is Gene and he doesn't mind me telling you this, but I think Gene really got a lot of his light engineering skills because this guy is a genius when it comes to light stuff.

He used to be the manager for a number of the big rock groups such as the Rolling Stones when they were in the States and things like that. You know, they would have laser lights.

Right, right. There you go. So, but we hit it off. I was just talking to him because we're doing some testing of this

stuff in Mexico because they're looking at it for TB and rickettsia and a couple of other diseases.

Well, he says, it should work. I said, all right, well, we'll do it on me. And I say, wow, this is the next step. This is a great thing. That's how we really got light involved.

Because at one time, when people were doing EBO2, no one was using light. They had no idea whatsoever. Then a couple of guys said maybe we can use some crude ultraviolet light?

Very interesting. So let's talk about the light stuff. Sorry. You brought this unique, amazing device here. Okay, so let' kind of look at it a little bit.

What is this thing called? It has to have a name. This is called the PureLight. The Pure Light. We're PureForm, it's one of our little devices so to speak.

So initially I made this, and I still use it obviously, for photo activating, photo bio activating I should say, most of my biologics. Now, I can use this for, sometimes I'll use bone marrow aspirate.

Light Therapy and Photoactivation

Sometimes I use it for adipose. sometimes, use for PRP. You could use if you're one who wants to use exosomes, or if want to some of these other products that I happen to not use, but some people use them, you know, from the cord blood or something like that.

It can photo activate them. And I could choose what wavelengths of light I want. What different wavelengths are there? Well, if you look at it here, you can see there's red, blue, amber, green, and yellow.

And they all can have various effects. You want to grab that so people can it on the camera? Sure. I can grab it and I could even put it if I need to.

Then we'll have you sit by the microphone so they can hear you. OK, so basically, let's say I have a 20cc syringe. So I've kind of programmed it now. Now go ahead and move the microphone a little bit.

So thank you. Okay, can you hear me good? So now I'm photo activating things. And you can see here. Look at that thing. I had my syringe, goes in there, 20 minutes or so.

We have some wavelengths that we use and some frequencies that use, and we're kind of experimenting with it. One of the things, before we started the podcast, you brought something up that I think was very, very unique.

And you said that you've noticed that your NAD treatments with this. I was going to get to that part. OK, because that I feel like when people hear this, let me get that light.

So that's that one thing. And then what I said is, hey, you know what? I wonder how this would work. with some IV therapies, because it's working great for the biologics, cause initially we were using methylene blue, and people know that with methyylene blue it is very photo-activated.

Usually, typically what you do is you put the patient on a red light bed, where they sell these little watches that can go over your radial ulnar arteries, it has a read light and it works fine.

But I said, how about if I get the methyline blue put it in a syringe when it comes from the pharmacist or the compounding pharmacy and just photo activate it here.

Then put in an IV bag and voila. And it's a heck of a lot more effective. So then I said well what else can we do? So I looked at some of the wavelengths of like NAD and what activates N. A. D.

and I say hmm ultraviolet light. Well we have a violet light here I bet you that would work so I did that with red. And I

said, well, like everything else, let me try it on myself first.

I mean, I'm either gonna croak and die or maybe feel better. So I did it and I noticed, you know, for those that haven't done NAD, it feels like you kind of get chest tightness and you're going hard.

Impending doom is what I call it. What does he call? Impeding doom. But then lo and behold, it would kind of go up a little bit, but then it kind tail off.

I said, wow, this is really good. One of my partners could do it even quicker, two of them. But we all said the same thing. It seemed to give us a lot less in the way of symptoms.

I can say it's almost every patient that we do it on now. Be it an older lady, 75 years old, be it a young guy, 25 years. They all seem to have the same thing.

Hey, you know, Doc, I could do quicker. I seem have less symptoms. This is like really amazing what you're saying here because most clinics, that 500 milligram NAD, they're dripping it over four hours.

Exactly. You're having someone have to keep checking the patient. Right. We're getting patients out in less time. Now, I have some other tricks that I do too.

I'm going to be, and I might as well tell you guys, it's a good thing to do. We always pre-medicate our patients with TMG, trimethylglycine. Okay. Methylating agent.

It seems to help tolerate a lot better. And the other thing, when the first time I said this to my head nurse, she looked at me like I was nuts, because I like to joke around a I said, you know, she says, he's kind of struggling a little bit.

This is a couple of years ago. I say, give him a cup of coffee. She says come on now. Give him coffee because I read it somewhere. Coffee. Make sure your patients drink coffee when they do NAD.

It'll help dramatically. Really? How does that? What's the science behind it? I'm still not sure. I am still searching. If you come up with the answer, Sam, please let me know.

Because I think you'll figure that answer out before I do. But I got to do a deep dive in it. So now we have the TMG, we do the coffee, and we the photo activation.

Wow. Actually, I named the process EPET. Extra Corporal Yeah, extracorporeal photoactivation therapy. I'm actually gonna give a little talk about this also at the RadFest.

And how much does one of those little machine run? I don't know, it's around 5,000 I think. Yeah around 5000 or so. But you know again, you can use it for biologics, You can it use for your IV therapies and things like that.

So, and we're constantly looking, so what else we do? We also do it with Kirk Kerman. Another photo. Okay, so we're using that also for you guys are doing that intravenously.

Yes We have some pretty exotic things. We do some intra venous curcumin We're doing some intervenous Sperm adene that we do once while intra Venus coq 10. Oh, okay 10 we have isn't that a fat soluble though?

We haves we have a source from Australia Wow, ok and then one of the things we just started doing now is a intravenous green tea, EGCG. Really? Yeah. Okay.

And what I like about that, and I wrote a little blog, they can go to our website and read the blog because I don't really want to, I put a lot of stuff on LinkedIn also, that E G C G basically helps with building up muscle.

Remember now, people that are on the semi-glutides, That's one of the problems. They're losing some muscle

mass. A lot of muscle. This will help build it up, among other things, as will some of other the things.

You know, speaking about hypoxia, are you familiar with the blood flow restriction? Cuffs? Blood flow restriction. Okay, so that's localized intermittent hypoxia you work with certain kind of blood cuffs when you workout It'll restrict the certain amount of your blood interesting.

It will dramatically increase so you can do a very low intensity workout You'll get better results than doing a high intensity work out without damaging the muscles Wow Very interesting.

Never heard that one before. Well, look it up. Blood flow restriction. A lot of the athletes know a lot about it.

NAD, Hydrogen, and Performance Support

And that's localized hypoxia, whereas with the machine… They use that while they're working out. This is not like the compression socks or anything like that.

No, no, you use it while you're workout. I mean, it'll sense a good… I think there's a company called Smart Cuffs. It'll send your pressure and you can kind of see what you want to do.

70% of the blood to go through, 50%, something like that. So it's kinda really doing it, but it increasing growth factors and things like. Very interesting.

So what else do you guys have at Pureform? Because as I said before, I'm like a candy store here. And you have a lot of different unique modalities and everything else.

We talked about the EBO2. we talked the different light therapies that there are. I know you guy have Cold Plunge, Infrared Spana. Cold plunge. Infradred spana, we have whole body crowd therapy.

And some of the unique things that we do with our hyperbaric is that premedicate the patients, not just with hydrogen, but we're giving all these patients a nitric oxide supplement.

And there's a reason for that. Most people think that hyperbaric oxygen just works by increasing the amount of oxygen into the blood. Absolutely the case.

But the other very important fact, and it goes back to what I said in the very beginning of our talk, cells not doctors heal patients, because from the work of Dr.

Tom at the University of Pennsylvania, he said, you know, the real reason hyperbolic oxygen is working, it's increasing nitric oxide, which then stimulates your bone marrow to produce over 23% eight times more stem cells than it normally would.

Remember now, stem-cells are really what's gonna heal you. So that's why we like that, and that what unique about us. We're pre-medicating these people every time they get a treatment.

You give them something similar to the Neo 40 product? Not like, exactly. Oh, okay. I'm on their scientific board, and I am proud of it, but it's a very good product.

And that's what we do. So we actually put our patients that are going through a lot of the erectile dysfunction procedures on the new 40. Works great.

But it is working by not only vasodilation, it probably helping them basically with the stem cells. That's very interesting. Now, I love all this stuff.

Where do you see the industry when it comes to functional medicine? Where you do see it in the next five to ten years? I think it's going to exponentially grow.

I feel like it is growing very quickly. In the last five years it has grown very fast. It's hard to keep up with things now. There's always new things.

The problem we have in this field is there's a lot of junk out there. You look and say, what? No science there. But there's a lot of stuff that is. Nicole just showed me something now.

She said something about something that generates hydrogen water. I said, well, let me look. Wait a minute. OK, yeah, they were doing electrolysis. That's the real thing.

Because there are a lots of people that say you just put tablets in and you have hydrogen order. Right. That hydrogen water stuff has really like blowing up and you got little shakers that they sell for like a hundred bucks and does it really work?

Well, see what we do when we hydrogen therapy at the end, I go get a bottle of water and I just put the hydrogen gas in there. I bubble it and say, hey, drink it down because there's some studies that show it can have a very, very beneficial effect on the gut bacteria, which I know is so important.

So what do you do for gut health now that we're talking about gut? Gut health. You know what I do myself is some intermittent fasting, things like that.

Hydrogen therapy, exercise and things and try and eat properly. Any kind of supplements that you would recommend for gut? Well, I take a probiotic every day, and I think Urolithin A is good also and things like that.

I mean, it's more diet, a lot of it is diet. And I eat salads every seven days a week. Nice. So we're actually launching a new campaign at Liquivita for cognitive health, for brain health.

We've never had a true focus on it, but I'm very passionate personally for Cognitive Health, just because I want to make sure I am as sharp as a tack.

What are some of, let's go with this, what are the top three things that you would recommend for brain health, for cognitive health? Exercise. NAD. You familiar with clethoprotein?

I'm not. Okay, learn about it then. That's gonna, you're gonna find that's going to be something that is going have a marked effect on brain heath. What is it?

What does it do? It's, we think it's one of the more potent anti-aging compounds, anti aging proteins that we know of. Increasing it is very important, okay?

And I was gonna be involved in a study where I'm gonna use a suit that was electrified. And you would exercise it, and I'll tell you a funny story. So they said, you gotta get a blood test of it.

I said okay. So basically I got the blood test. My head nurse, Bella, got my blood and we sent it to some lab in California and I get the results back.

And the result said I was in the 90th percentile. I said, well, that was good, except it was a 90 percent of the 18 to 35 year olds. So I said, I think I'm gonna pass on the study.

I just gonna keep doing what I am doing.

Gut Health, Brain Health, and Future Therapies

Because read about it. You'll see it's an amazing thing. And you know, levels can, apparently if they say if you can boost your levels, you'll actually boost you IQ among other things.

Really? I like that. It's really something, it is something we're gonna hear a lot of. A good friend of mine, Joe

Cleaver, is really into this too. Where can you get it?

Well, I think you can probably, there may be some peptides that'll start stimulating it. Who knows? Hard to say. The other thing that we didn't get upon, but something I'm really interested in also is, and I am going to start doing it soon, is therapeutic plasmapheresis.

I that's another thing we're just kind of starting to touch the surface on. Okay, is that similar to, there's doctors out there doing this plasma exchange therapy?

That's correct. Okay. What they're trying to do is they want to get a bank of plasma only from 18 to 25 year olds. Really? You know, and what, you know we know for instance, some of the stuff that's been done already, Conroy's and I believe they are at Stanford, what they'll do, they will just take a liter of Plasma and throw it away and just replace it with albumin, which is an anti-inflammatory compound.

and they seem to be getting very good results. Interesting. This is all awesome stuff. Doug, is there anything else that you want to leave the listeners and viewers with?

You know, one thing I'll say, when I was in orthopedics, I knew I never was going to really make a big difference in the field. I said, yeah, going be another orthopaedic guy.

In regenerative medicine, each and every one of us out there has a potential to make really a mark on this field, and you just got to keep plugging away on it.

That is extremely important for people to hear that message from you because I'm noticing a huge shift in a lot of medical providers where they're leaving a Lot of the allopathic world and they are coming more into this preventative health side or more of precision medicine if you will Correct.

And it's not just about helping the patient, but it being able to make the true difference, changing the course of medicine, being to elevate from where the last guy left off.

That's something that I put a lot of emphasis on, even with our doctors, is as you keep on learning, take it and speak about it. and publish things out there.

Write your own book. So the next guy who graduates from medical school, he doesn't have to start from where you started. He can kind of take over where he left off.

You know, have a successor. But I agree. I think people in this field can truly make a difference. There's a lot of patients out here that are seeking true help and they're not finding it.

People are getting wise. They're not just listening to the Marcus Welby anymore. I don't know, maybe I'm dating myself too much. Okay, but they're saying, wait a minute, there's other things out there.

Let me seek them out and see. Right, right. So Dr. Parita, where can people find you if they wanna hear more? Well, we're located at the, campus of FAU, we have about a 12,000 square foot facility, soup to nuts of everything, and they can look us up, pureform.com, they look up me and can just find it.

We're more than happy to talk to them about what they're interested in and what we could potentially do for them and go from there. And, you know, doctors, the same thing.

I mean, we have a lot of trainings that we can do them. We can set them up with EBO2 with the pure lights. You name it, We Can Do It. Absolutely. Nicole will be at the Vibe Conference talking about you guys do and everything.

So we're excited about that. Okay. you know, next time we'll have you come out and speak as well too. So this is amazing. I appreciate it. You know guys, if you guys want to learn more about what they're doing and learn from Dr.

Parita and his team, they are very active on social media, on Instagram, I follow them, and lots of educational content, unique content aswell too, so tune in, but besides that, Thank you.

Dr. Parita for coming on my pleasure and honor. Thank You so much. Absolutely. So guys, make sure you follow, click, tap, leave comments, share it with everyone.

All right. And do what you do best with all the social media stuff. Make sure subscribe as well, too.