Introduction and Dr. Auburnu2019s Background

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You want be here. Hi, welcome back to the Healthy by Dr. Jenn podcast. If you are wondering about regenerative techniques for your face and aesthetics, you will want to stay tuned to this episode.

Today, I'm here with Dr Anne Auburn. She completed her residency in family practice at EW Sparing Hospital in Lansing, Michigan in 1995, going on to complete a second residency and OMT osteopathic manipulative medicine at MSU.

Then she stayed on faculty for three years as an assistant professor at MSU College of Osteopathic Medicine. Currently, she also maintains BERT certification in integrative and holistic medicine and OMM.

She's proficient in osteopath manipulation, including cranial sacral manipulation as well as many other techniques including prolotherapy and platelet-rich plasma therapy, PRP.

which she has begun utilizing in practice. She's also spent more than eight years independently training in various areas of natural and complementary medicine with many physicians and mentors in the United States.

Her goal is to continue to innovate and bring patients the best options, integrating traditional and holistic medicine practices, and helping them on their path to healing as naturally as possible.

OMM, Craniosacral Therapy, and Cranial Rhythm

Welcome, Dr. Alban. So excited to have you here. Thank you for having me, Doctor Jen. Yeah. You have so many tools in your toolbox and you have your practice and it seems though you love doing procedures and hands-on with osteopathic manipulative medicine and with the regenerative therapies.

If you could pick one thing to just do all day long, what would it be? Oh, it would probably be, oh gosh, would have to be a combination, probably of osteopathic manipulation and the regenerative injections.

Yes, yeah. Yeah, It seems like you really like procedures. Well, OMM or OMT in particular, do you love craniosacral therapy? Do you feel like get a lot of really good results with that?

Yeah. It's great. I mean, basically all of my osteopathy treatments, I end with cranial sacral. So I basically never just do craniosacral. I'm a tried and true osteopath, I think holistically with the body.

And, you know, basically when you do craniosacra, the sacrum and the cranium are connected by that, uh, Dura mater that goes around the brain and spinal cord.

So you have to kind of fix the Sacrum, and then work your way up the spine to get to the Cranium. Whenever I do those treatments, it's just all together.

And yes, I did get great results. I mean, and I just love it when a patient comes in and they're suffering and you can tell they are uncomfortable, And I know I can get them feeling better before they go home right then and there.

That's great. Yeah. and i don't think a lot of people know that our cranial bones still move as we breathe and our sacrum. And it's this rhythm, the cranial sacral rhythm.

Can you explain that a little bit? Because people, I don't think people know that. They think that, what is this? Yeah. Well, yeah. There's the craniarrhythmic impulse and that moves, like basically your cranium kind of expands and contracts about eight to 14 times a minute.

And actually, when they look at glial cells under a microscope, they do the same exact thing. Oh, that's weird. Yeah, and they actually have found a pacemaker in the brainstem called the locus coeruleus.

And they think that is what gets all of the neuronal cells to do that. kind of expansion and contraction motion. So you can feel that with your hands.

I mean, I've done thousands and thousands of treatments and assessments. After you feel about a hundred heads, you get really good at feeling those very subtle motions.

And of course, with craniosacral, there's so many tendons and ligaments and other fascial structures. that are attached to the structure of the cranium and the sacrum and everything in between.

And let's say you have an occipitomastoid suture that's jammed because you grind your teeth or, you know, hold the phone like this all day or something like that.

I mean that now everything in that expansion and contraction is pivoting around the stuck point. And then therefore your cerebral spinal fluid and all the other fluid flows are not working the way they should.

I always explain to the patients like cerebral spina fluid is like the lymphatic system of your nervous system. So you must have it working optimally.

Yeah. When we're doing a treatment, we are optimizing that. And it's really great. I use it a lot for headaches, neck pain, sinus pressure. And its really rewarding.

Many times on the table when I'm doing craniosacral, a patient will say, oh, I can feel my sinuses draining. Yes. Yeah. So it is really powerful and it affects the entire body.

Well, I like how you brought up if you hold your phone a certain way or if get tight or clenched because the fascia in general, like I, you know, all get type like around my neck.

And yeah, same thing like when I release the muscles, then I think it allows that rhythm to continue and I drain my sinuses and stuff. So what are some other ways that like our sacrum can get stuck?

Because there's a lot of ligaments with that. Yeah, that's where I do a lot of my regenerative injections, lumbosacral area. But yes, the sacrum, I can remember in medical school, this is one of the hardest concepts to understand because it's rotating on several different axes.

And it is annoying for the test.

Sacral Dysfunction, Pain, and Neuromuscular Retraining

Yes. So in Medical School, DOs have to do osteopathic manipulation tests. And it was always like the most stressful thing because you would first have to have, for our, at LeeCom at least, you'd have the test on paper where you have name all the dysfunctions and then the professors would watch you do the treatment on someone and quiz you.

It would make us sweat a little bit because it's not just multiple choice. But I love teaching. I get medical students in my office because I'm still an associate professor at the College of Osteopathic Medicines in Michigan State.

And I loved kind of making it crystal clear to them because it's really not that complicated. You can make it really complicated on paper, but basically the sacrum when you're walking, it is kind going like this, and so it can get stuck backward on one side.

And it can get stuck backward on the other side and it could either be stuck on this axis here or this access here. But with some simple tests in the office, we can just have the person on their stomach come up into kind of a sphynx position.

And then we could see, you know, if it gets worse in backward bending, and you probably remember this from med school, it's a backward torsion. and then you know that the axis is left and you lay them on their left side and do the treatment and it's so easy to release.

That is one of my favorite treatments to do because once you release that sacrum, many times even if they did have a pelvic rotation or you know, lumbar rotations that are adapting to that, they go away or they're very easy to fix after you fix the sacrum.

Or a leg length discrepancy. Oh yes, yeah. Yeah, it was interesting because my right leg is always up, like it's, you not an actual leg length anatomical discrepancy, but mine is it's all my sacrum.

So I've been working more at that and I think it became worse after I had kids. I mean, so if no one's had this even looked at, I means they should probably go to someone just to assess their craniosacral rhythm because we get stuck a lot.

What happens if we would stay stuck for too long? Well, it changes all of the mechanics because if you're stuck in a backward torsion, then your lumbar spine is going to have to adapt to that.

You know, even your hip rotation, your pelvis, Your knees, Even your foot. I mean, and a lot of times it's related to problems people are having in their upper back because the quadratus lamborum, the long muscles, The iliocostela.

Naming me, you are naming my problem right now. Like my QL on my right. That's so funny. But seriously, this is very common. And then people, what do they get with this?

Pain. Yeah, exactly. Pain, and then they don't exercise as much. They get more sedentary. It's hard to do things when you're in pain. I mean, and that's what we see in our primary care practice.

I'm a family practitioner at heart. So you see these people come in and they're just deconditioned and not doing the basic, basic things like exercise and lifestyle changes that we know about because they just don't feel well.

And so if you can start by getting their body feeling well, teaching them posture. Maybe I utilize physical therapists a lot to help me with that. I have my own sets of exercises and whatnot.

That's one thing I learned in the osteopathic manipulative medicine residency is about neuromuscular imbalance. And that totally changed my viewpoint on it's not just I'm adjusting you and you're fixed.

The nervous system has learned to adapt to that. So you have to change the adaptation and get the brain and the nervous system to realize, like, that's not where you want to be now.

You want be here. But they're neglecting certain sides or whatever. The compensation, yeah. So the physical therapists are really good. I'm very picky about who I use because I want them to individually help the person to retrain that nervous.

And that is where the proprioceptive retraining comes in, the balance retrainer. You know, people don't realize how huge that is. Yeah, it is, well even pelvic floor health.

So you have all these muscles inside your pelvic-floor bones, and like they can develop trigger points, or they'll start pulling on the sacrum, then you'll have this chronic pelvic problem or pain.

And so many women, they don' go through pelvic for therapy, Or they go to someone that doesn't address internal trigger point. So then they have these chronic issues and I always refer patients.

I'm like, you need to have your pelvic floor assessed too. So I think it's hard because yeah, structure, and function. Structure can really influence function, so looking at that.

When you have someone that comes to your office with pain, your doing osteopathic manipulative medicine and then you other regenerative techniques you add in.

when it's time to go to those injections and techniques, and what are those that you use in your office? Well, as you get to know the patient, you see their patterns.

And if you them coming in with the same pattern over and over again, then you know, OK, there probably is some ligament, tendon, fascial laxity. You know?

And often, this does come after injuries, too. Or it just becomes a chronic overuse kind of situation. And then I start thinking about, okay, could this person respond to prolotherapy, PRP, or some other regenerative injections?

And how can I stabilize that person more? Like, you can use KT tape, if they respond a Kt tape or wraps, stabilizers.

Prolotherapy, PRP, and Regenerative Injections

They're probably going to respond, to stabilizing those ligaments with injection therapy, If you get it in the right place. Yeah, so those repeated kind of dysfunctions that just keep coming back over and over again.

Example, one of the girls that works in my office, she had gotten in a car accident and I mean she would require a treatment like once a week, you know?

Yeah. It was just going right back. Exactly. She would get a sacral torsion, lumbar rotation. And she's young, she was in her 20s at the time, and all we did was prolotherapy.

And after about two sessions, it just started staying in place. Wow. Okay, where did you do the prolotherapy at? All right, so you know, in your low back, you've got the iliac crest, and then you got your lumbar spine, then your sacrum, the triangular bone down there.

So between the pelvic bone, ilium and the sacrom, You have the sacred iliac joint. There's two layers of ligaments there, So you would get the external, kind of more superficial, And the deep layers, of those ligament.

Plus, one of the major stabilizers of low-back is the Iliolumbare ligamen. And those go from the lower lumbars down to these iliac crests. And if you can inject where those attach at the iliac crest and then inject at lombar spine, you will stabilize those.

Then usually we'll also do the supraspinous ligament, which rides over the spinous processes of the lambar spinal projections there. So, and sometimes you have to do the intertransversary ligaments, which are out there kind of between the transverse processes at each level.

And they're really not very hard to. I do most of my injections without an ultrasound. I am actually this year I'm going to learn how to use an ultrasound.

Okay. I mean I come up to the modern technology because there are some areas that are difficult like hips and shoulders or if a person has like a partial tear of a supraspinatus ligament tendon sorry a tendon you'd like to get

that right in that area where you see the fraying with the ultrasound.

So it can come in handy, but I was taught by some of the older DOs. I'm actually on the board of AOA PRM as well. And we teach prolo and PRP and other regenerative injections.

An ultrasound can be handy. It's kind of like the young people coming out in medicine right now doing regenerate injections, they all do ultrasound and I am a little bit Older so I learned how to do it.

I think it's good to know how do both ways And know when you really need an ultrasound and when can get by without it Yeah, it could be handy also an Ultrasound just to kind of find the the worst area and be able to show the patient like this is your problem This is where it but yeah, so sorry we skipped around from low back to other things Yeah No, that's because I I mean it gets cool that you you know so she was Had a dysfunction from a car accident.

You tried OMC for a while. She just kept going back. So you had the tools to do the prolotherapy. Yeah. I just think that's great to walk that through because it's complicated and people don't need to be in chronic pain.

That's the big thing. There's always solutions. Now, what is the difference between proliferative therapy and injecting someone with PRP? Really? Okay, so first of all, PRP is platelet-rich plasma.

We take the patient's blood, and in our office we'll take anywhere from 20 cc's to 60 ccs, depending on what we need for the patients. You put it in a special centrifuge, you centrifuged it down to separate out the red blood cells and the plasma, And then in the bottom of that plasma is a couple of ccc's of platelit- rich plasma In the stuff on top, there's several cc's of platelet-core plasma, which we use for other things, but we try to pull out that platelit-rich plasma.

Some systems will separate it out exactly for you in a totally closed system. And so, you know, those kits are available too. and then that Platelet rich plasma is what you use to inject instead of the prolotherapy solution, Which is diluted dextrose 50%. It's diluted with a anesthetic and a homeopathic in my office, down to about 16 dextrose.

And both of these are really forms of prolo therapy, which is proliferative therapy. That's why we call it prola therapy but PRP is just a specialized kind of prolotherapy.

But they're both regenerative injections because when you put these solutions in there, what they're telling the tissue is there's something to still heal there because when you get an injury, the body's response is to go down there, kind of fix it a little bit, send some inflammatory mediators, maybe a few new cells, but it never totally brings it back to its normal tensile strength.

And so if you've had a serious injury and ankle sprains are a great example, they will never go back to their normal tensile strength. You're right. So basically when we put that solution in there, whether it's prolotherapy or PRP or some other biologic cellular kind of injection, your number one, you're stimulating the inflammatory healing response.

And there's a cascade that occurs after that where the body goes, oh, there is still something to do there. Okay. I'll send you down some fibroblasts and necrophages and Oh, you got some PRP in there too?

PRR has growth factors. Well, that'll tell me how to do this better. You're like, thanks, I needed that. And that's why PRRP is stronger and it continues to work a little bit longer than the prolotherapy because it has 10 to 12 different growths factors in it that are getting released from those platelets.

And it's your own body. Yes, from you. So it is really safe. Yeah, prolotherapy I think is kind of an introductory thing. I would do it maybe more on young people or people that don't have as severe a condition or chronic of a conditions or their arthritis is not as bad.

Prolotherapy actually has been shown to build cartilage. It actually does. We never used to say that 30 years ago

when I got into this. Okay. That's a long time.

But now you can say it. But yeah, in Wisconsin there is a guy there that did a lot of research and he actually biopsied it and it was actually hyaline cartilage.

Wow. So people that think, oh I have to do PRP, I to have do stem cells or whatever, you know, You don't. You can start with prolotherapy and see if it works because many people it does.

I did it for 15 years before I do all these other therapies. That's amazing. The growth factors give you that extra push. Prolotherapy, I actually did research on this once where I took two people who had never had low back pain.

They had, never have any regenerative injections. We ultrasound their ilial lumbar ligaments. And we put prolotherapy in there and then every week the ultrasound tech would go in and measure the ilia lombar.

Ligament. Yeah. You could see it was getting whiter, thicker. Or and it's exactly like the old george hackett study on rabbits. It's the same exact thing at about five to six weeks The changes stop So, you know with prolotherapy is lasting about 5 to 6 weeks.

We're with but it sustained sustained. Yeah, it actually healing It' not scarring it people think scaring it No, it's not that at all. Those tissues, when they were tested on the rabbits, are exactly the same flexibility and mobility as regular, healthy ligaments.

And with PRP, you're getting more effects for longer. They stay up to about three months. You know, and then, too, there's usually not one and done for any of these.

I usually say three to six for prolo. two to four for PRP depending on what it is but you I mean every once in a while you get those amazing cases where you do one and it's like miraculous you know healing.

It's really fun when that happens. Yeah now for women I think the face is important in aesthetics right.

Natural Facial Aesthetics with PRP and Microneedling

So what can we do for the face that's more natural? Well, I love this. I've had several PRP facials myself. Your skin is beautiful. Oh, thank you. So you can do many things.

You can just do microneedling. Microneadling alone with no solution at all except for like saline or something or sterile water or whatever, that will alone force the body to develop collagen and put, you know, kind of plump it up and reduce spine lines and wrinkles.

Right. And those usually take, three to six treatments. Usually they're done like about a month apart because the When you add PRP to that, which the way we do microneedling in our offices, we have an assistant with us and we've drawn the blood, spun it down and everything.

We have the patient's PRPs. It's dripped onto their skin and kind of moved around with the gloved hand. And then the micreneedeling is done over that area.

Yeah. The gal in the office that's super expert at this is Leslie Tenbrink. She's one of my nurse practitioners and she's so, so good at it. You know, we have pre-instructions, preparation instructions, and post instructions for the patient.

And then the other thing we do, if a person wants a little bit deeper treatment, is PRP injections into the face. Yes. Have you gotten those yourself?

Yes, yes. I do too. They work really well around under the eye. Because if you're using like a dermal filler, you can get this effect where you get blue or actually more swelling under the eyes.

So I like using, I'll just inject myself with an insulin syringe because I'm doing it myself. Yeah. My kids are like, what are you doing? And I am like nothing.

Well, because I'm just like doing it out in my like office on my mini farm But I love it because it gives us a natural way to age because instead of using filler So so same thing as what it's doing in your knee.

It's kind of doing your face when you inject Right, exactly. Yeah, it's getting that proliferation going. It's reminding the body, the nervous system, and the immune system like, okay, we need to send some new cells there and heal this and plump it up.

Lots of it. Send it all here. And all of this is done after the face has been numbed. Do we put a topical numbing solution on it? So you really don't feel much at all.

Right. Um, you know, he might feel a little prick here and there, but it's really not uncomfortable with the microneedling. The face is a pink for, I would say you're 80% less pink the next morning.

That's the PRP. Like I feel like because yeah, it like great. Yeah. When we would do even RF micro-needle and. People would add on at the end, putting on, you know, we did PRF and it's so nice because they're just, they look so good and they are not even red.

You can't even tell. Yeah. The injections are really cool because it gets a little deeper. I've done it on people who've had synthetic fillers before, and you can kind of feel it's almost scurry-like underneath.

It actually softens that, so if people have already had that and they get the PRP injections, it smooths that out. I feel like that would be good for the lips, because a lot of people, they have that ridge and want that gum.

And I would say for the fine lines above the lips, actually, microneedling I think works better. It hurts right there. Even when you numb it, I'm like, yeah, it's a little bite.

I call it just a bite, right? And also along the jawline. Yeah, to bite a bit because it is so close to bone. And that's funny because on the micronedeling, when we go up over here, the facial nerve is affected and it can make you sneeze.

Then what we do in our office is after microneedling PRP or the PRT injections, we give the patient, they have an option for $85. We give them a little bit of ozone cream.

Oh, cool. Uh, We use this ozone that's very nice. It doesn't have any smell, that pungent ozone smell to it. Yeah. Its got some essential oils in it and we put some of their PR in.

Cool. It's like a healing. Yeah, just like half cc. And then they can keep it in the refrigerator for a month and put it on morning and night. So they're still getting PRP going in.

That's great. Yes. There's just so many fun things to do. If they want to fillers, it's not going to give as pronounced an effect as the synthetic fillars.

But if we have like marionette lines or, you know, crow's feet, things like that in there, we, have a filler that we make from the platelet pore plasma.

We put it in a heater. When you put in the heater, it heats it very, very slowly. And it makes it kind of like semi-melted butter. Yeah. And then basically we use a needle that is blunt on the end and we make a tiny little hole and then we can put that filler in here to kind of plump up that part of the face and lift it a little bit.

And it's your own. It's your own filler. Again, it's you're own tissue, your body, and it is going to have those growth factors in it. So you get this little, you know, kind of buttery thing kind sitting there.

It diffuses after a while, but it also diffusing all of those gross factors into your tissue and telling your buddy, heal this, put more collagen there, more elastin there and make it more beautiful and happy and shiny.

Yes, I love it, Well, thank you so much for sharing all those tips, especially women that don't want filler and they want to have more natural skin. I'm glad we got to talk about that because it's so important and I love that part.

And I did natural aesthetics in Ohio at my brick and mortar before we moved to Tennessee. So I would love to do a lightning round with you. Sure. What is your favorite biohack that actually works?

Oh, my favorite Biohac. I would say, I mean, it's a toss-up between exercise and diet changes, but hormones are amazing. Yeah, that's good one. You know, hormone replacement is, is just so key to getting your body to heal and repair itself and reduce inflammation.

Yes. And, oh my gosh, so many things. It's so hard to pick just one biohack. That's great. I think that is a great answer. Now, if you can eliminate one toxin from the world today, what would you pick?

Hands down, glyphosate. Yes. Yeah. Glyphocytes, it's related to Parkinson's, Alzheimer's dementia. I mean, the petrochemical. In general, yeah. Matricine and yeah, all of that.

All the herbicides and pesticides. Get them all out.

Biohacks, Toxins, and a Message of Hope

Yeah, we need to do regenerative farming and you know, people just don't realize how much it's affecting their body I mean we had a great talk about that yesterday here at ICIM and Wow, it"s like I'm gonna take a lot of that back to my patients and say this is why you need To do a detox twice a year.

And that's why we needed to get a sauna and sit in the sauna Yes, some of these forever chemicals. You just can't get out Well, one thing as a mother that I hate is flame retardant pajamas I think that those should be taken off the market and just kids should wear snug fitting cotton pajamas that is I'm very I feel crazy when I go and they're marketed or even I see kids that Maybe the parents are saying that they are struggling with autism or something.

I am like, oh my gosh But you're coating your kids in basically a Teflon pan every night. Like, what are you doing? Don't get me started on that. They don't know!

They're not going to pick the tag that says, danger, this could catch fire. I mean, why the heck are we putting our kids on flame retardants? I should look that up.

Who pushed that? Because I think it's bizarre. Anyway, put them in cotton PJs. I guess that really hits a nerve with me. And then one word only that you would like to share with the listeners for the week.

My word is hope. Yeah, because I never give up on a patient. And I always tell them, there's always a solution. Maybe I haven't found it yet. If I can't find it, I'll send it to somebody who can.

Those are the people that get better. The people who know there is a solutions and they never gave up hope. I'm talking not just on the physical level, spiritual, mental.

physical as well. It's a package. And you have to keep that hope alive. That's what we do by educating people, like telling them about the flame retardant and the clothing and whatnot.

You're empowering them to have hope. Because some people come to us and they've just lost hope, they're so I mean, you can feel it. It's palpable sometimes and it just hits your soul and you just want to bring them up.

Yeah, that's so good. Well, thank you, Dr. Auburn. We appreciate you being here today. Thank you so much.