Introduction and Guest Background

Hello. This doctor can't hold to fit another episode of the Peptide Summit. Today we'll be speaking with, doctor, a picture below, and he's going to talk about what is the perfect PRP doctor, but know thank you so much for being on and taking the time.

Thanks so much for having me. I think your Peptide Summit is amazing, and I think it's a great forum for doctors to learn, especially doctors that want to think outside the box.

I mean, there's so many doctors out there that are depending on big pharma to get their patients better, and that's definitely not the way to go. So, you know, I love your forum.

Yeah. You know, studies show that you as internal medicine should, most doctors practicing 10 or 20 years behind the available medical literature and it takes, on average, 17 years for a proven new therapy accepted to mainstream medicine.

And this is a new drug with the sales force, you know. Right. Oh, absolutely. So, awesome. So a little bit about, Doctor Piccirillo Board-Certified, orthopedic surgeon who developed an interest in which plasma was known as PRP.

The first time a centrifuge rolled into his operating room in 2002. He attended medical school at Philadelphia College of Medicine, graduating valedictorian for the president in 1989.

He continued his training at Chicago, Osteopathic Medical Center and orthopedic surgery from 1989 to 2004 and then entered into private practice. He's practiced general orthopedics, so the interested in adult reconstruction and sports medicine.

He served on team physician for a number of high schools and colleges. In 2002, a representative from one of the major joint replacement companies brought in a centrifuge into his operating room.

His love for regenerative medicine and PRP began in 2009. He switched from a surgical practice. And that that's major. When, you know, we see a lot of surgeons and things.

I mean, they give up a lucrative practice because they, you know, basically see a different way. It's like in The matrix, take the red pill. Once you take it, you can't go back, you know, and you see, I went better and really started on regeneration.

Regenerate medicine and not replacement. And with a different, totally different mindset. As protocols and products evolved, began consulting with other practices and becoming a teacher.

Really how to practice regenerative medicine? He just, Oh, you put a chapter in titled stem Cell medicine. What does the future hold? And doctor. Jensen Brenda's book, maybe a of that Optimizing Manhood, which will be released in early 2021.

He has a, new book out, the perfect PRP. And we'll talk about that. He's married with the daughter, in Chicago. And son, I'm in Florida. When he's not teaching in the United States and around the world, you'll find him in his garden, writing the front of his computer.

I hear you on that. And he just finished the follow up book, and we'll we'll get into that as well. So. Great. So you got into regenerative medicine. What, what what kind of prompted that is?

Oh, I think the common here is a combination of two things. I always joke and say part of it was a midlife crisis, but, which which it which it may have been, around 2007 and 2008, I started getting bored with the basic practice of adult reconstruction, and we were doing a lot of knee replacements, a lot of hip replacements.

But it it started to seem kind of like factory work. 2002, one of the major joint replacement companies had gone into the PRP world, and they rolled a centrifuge into my operating room, and they asked me if I would try it out.

How PRP Changed His Practice

And the only stipulation was they told me that while I was doing the surgery, anesthesia would draw some blood, they'd spin it in the machine, and at the end of the case, they'd hand me a vial of of growth factors and cytokines that were derived from the patient's blood.

And I said, sounds great to me. And they said, you just put it in your bone, in your bone graft, and you can add it to your joint replacements and your spine fusions and, and see if we just want you to collect data and see if you can get better results.

And so we did that for a while and we saw great results. And so then I said, you know what? I just want to draw in on every case. If I'm making an incision I want to use it.

So I started putting it in rotator cuff repairs and Achilles tendon repairs and tennis elbow and and if I didn't have anywhere else to put it, I'd inject it in the edges of my surgical wounds to see if they could heal faster.

And sure, sure enough, they did. We had great results. And so I asked them for a second centrifuge in 2007 to put in my office, and we started playing with it in the office.

We started injecting pretty much anything we thought we could, injecting BRP just to see if it would work. And at that point we weren't even thinking about monetizing it and charging patients for it.

We were just doing it and trying to get collect data and get results. And then mid portion of 2008, one of my billing girls walked into my office and showed me an EOB from a major insurance company, where they were paying me under $900 for a knee replacement, and I realized that it was the time to get out, that I was losing money.

The insurance companies didn't care. And so, I fired all my insurance companies, and I went cash. January 1st of 2009. And never looked back. That was that was probably a little scary.

How was how was that transition and what could you. I know there's a lot of surgeons thinking, but it's it's scary. You know, I definitely that's not the way to do it.

Yeah. Not like a sink or swim style. Fire everybody and jump in. I think back to like, high school when I think of Cortez, you know, went to, went to, Mexico to discover Mexico, Spain.

And and they had to fight the Aztecs and his, his, his crew said, well, we're not fighting. And he said, yeah, you are. And you burn the boats. So pretty much what I did is I set my boats on fire, and I didn't have a choice other than to make it work.

But it was kind of the perfect storm because that was the same time that Hines Ward for the Pittsburgh Steelers got a PRP injection in his knee and was able to play in the Super Bowl in 2009.

And it made it it made it on the pages of Sports Illustrated. So, is it amazing how things like that happen? Sense. Yeah. I mean, you know, as long as you believe in somebody above, which I certainly do, you know, God was looking, looking out for me.

So, I still took a huge hit the first year. Didn't make anywhere near what I made as an orthopedic surgeon. But year two was better. Year three was better than that.

And by year four, I was replacing my surgery income by doing natural medicine and actually healing people. Rather than replacing, replacing. And in your transition, did you market or was this word of mouth?

Well, back then we didn't really have much internet. So yeah, it was mostly word of mouth. What I did was I, I went to two groups. I went to, some of the workman's comp carriers because I thought maybe they had more interest in getting people better than the other insurance companies and was able to do some stuff with them.

And then I went to the country clubs because, a I knew there was there was money there, to pay for, but, you know, new treatments like this. And plus, I knew that proactive.

And so, we went and we looked for people with golfer's elbow, kind of elbow and, and that's kind of where it started. And then those people would come in and say, well, you know, I have a bad knee or I have a bad hip.

And we were able to then market to those people as well. And a lot of times if they didn't have the money to pay for it or didn't want to pay for it, we would just give it away free and get their results.

So they would tell somebody they had it and then maybe get a paying customer. And it all worked over time. And by year four, we were we're being very successful.

It's a great outcome. I think it's your passion. You know. You know it works and you just keep going forward because you know, you know it works. And we find it.

You know, peptides are very synergistic with everything very similar to the PRP. Oh, you know, we mostly do, just peptide injection of a much easier to pull the blood.

But once you get the PRP down, it's not that hard. But I think certainly the combination as usually with everything, is very synergistic. Well, we're going to get them, working on, adding some, peptides and seeing what, how the combination works for them as well.

What what types of things can be used for, well, I mean, it's a it's a gamut. You know, the title of my book is, is perfect PRP How to Improve Outcomes From Esthetics to Urology.

And, and really it runs the whole gamut. Doctor Charles Reynolds, who has become a great friend of mine, invented the vampire face facial vampire facelift.

So obviously putting PRP on the face, you can, you know, increase collagen formation and get rid of wrinkles and and build up the cheeks and somebody that looks aging and then, you know, you can use it in orthopedics for joints and tendons and ligaments.

You can use it in your old gynecology to get rid of, urinary stress incontinence. You can use it in the penis for erectile dysfunction. So it really does run the gamut from from a hair hair to hair.

Absolutely. And then how to use it, for incontinence. So, there's an injection that, Doctor Reynolds also, invented called the O-Shot, which was initially, invented for orgasm.

But what he found out early on is a lot of the women, although they were having better orgasms, got rid of all their urinary stress incontinence. And the reason is, is the injection is in the anterior vaginal wall.

So now you're building new collagen around the urethra and it acts as an artificial sled. So it gets rid of the, of the urinary stress incontinence. Yeah. And same thing for stress in college.

You look at the studies, BPC is giving oral BPC dramatic reduction in stress incontinence also for Gerd and what it does some of the studies like will induce basically sphincter failure with severe esophagitis.

And then they give the BPC and it brings those sphincters back. So they're able to function again.

Building a Cash-Based Regenerative Practice

So right there, that's a great synergistic. Yeah. Yeah. That's awesome. So elastic learning to PRP is everywhere. You know, there's no doubt. And then prices, you know, just throw a dart at the, you know, dart board.

What's the difference? Yeah. Well, I think that's the problem. When I set out to write my book, I wrote my book. Because if you start looking at the literature, if you go on PubMed and you put in PRP, you're going to see 17,000 articles.

And the problem is, is they were all over the board. None of them compared apples to apples. So you couldn't get a great, a great perspective of what PRP could do.

And the problem is, is there's so many different PRP centrifuge systems out there. Some are single spin centrifuges, some are double spin centrifuges.

Some people were using ultrasound guidance, some people weren't. Some people were prepping the patients. Some people weren't. So there was no great, consensus of what was truly PRP.

There was a really great article that had come out almost ten years ago by Doctor Steve Sampson in California. That really looked at scientifically looked at what the platelet count and PRP should be in order to get results.

And what he found was if there was under 500,000 platelets, it didn't work. If it was over 2 million platelets, it was actually inhibitory and didn't work.

And the sweet line and the sweet spot was 1 million to 1 million and a half platelets. And so unless you're using a centrifuge that you can concentrate the platelets twice to get to that high level, a double spin centrifuge will typically give you between 4 and 9 times.

The concentration of whole blood. And if you think about what a, what a normal platelet count is, normal platelet count is going to be somewhere between 150,000 and 350,000.

And that's where those numbers come from. If you take 150,000 and you concentrate at nine times, you're between 1 million and 1 million and a half. If you take 350,000 and you concentrate at four times, you're between 1 million and 1 million and a half.

But you need to be able to hit those numbers in order to get results. And that was the problem in a lot of the literature. When I started looking at the articles on PubMed, is, you know, you'd find two articles six months apart.

One article would say they had 30 soldiers with partial rotator cuff tears, and none of the 30 got better. But then when you did dig down, they were using a single speed centrifuge.

They weren't concentrating the platelets high enough, and no wonder they didn't get better. And then you look at the other one and it was a you know, they had 28 out of 30 get better, but they were using a double spin centrifuge.

They were stopping the anti-inflammatory drugs first. You know, they were really looking at the platelet count. And so they were they were doing everything right.

And so that was the problem is the, the literature was so, you know, so random, that you really couldn't figure out what was really going on. So hence the reason I put a book together to kind of go over that and get rid of some of those myths that are out there that whether that PRP really doesn't work.

Yeah, I think that's that's a great explanation right there. And, and so you talk about really also preparing the patient makes a difference. Absolutely. That's the key.

The key, you know, when somebody asked me, well, what is perfect PRP and I've actually I trademarked the name

perfect PRP as a method. So perfect PRP has really not much to do with a certain Fuge.

It really doesn't have much to do with joint injection technique, but what it really has to do with is preparing the patient for a period of 3 to 4 weeks prior to the injection to make sure that they are primed to have the best possible outcome.

And the reason being is we understand from the science of PRP that when you inject PRP into the body, you need the body to respond. The body needs what's called a recruitment cascade reaction, which means you inject what you are essentially injecting is once the platelets lies, the alpha particles open up and they release all their growth factors and cytokines.

Those are all signaling molecules very similar to what peptides are. And those signaling molecules will then go to the bone marrow and will signal the bone marrow to release stem cells, to go to the area and cause healing.

Well, there's plenty of ways to increase your stem cell population and to increase your circulating stem cells. So they can go to the area and cause regeneration.

And that's what perfect PRP is. It's looking at, you know, making sure that you've stocked all the anti-inflammatory medications that the patient's on.

If the patient's on an anti-inflammatory, then they're not going to have a cascade reaction. So they want to do maybe they're up, but I bet you a lot of patients are not told to stop that.

Oh I'm sure I mean, if you look at the if you look at the doctors that are out there that are trying to make money off of PRP, but are really not looking at the science and are just trying to jump on the bandwagon, they're coming in, they're drawing their blood during injecting them the same day.

They're charging them a low price, but they're not getting results. And then the problem with that is, is now that patient in that patient's mind, its PRP doesn't work.

And they tell ten people. Right. And so that's the hardest thing is to try to break that scenario because they have to be. And you think about well what's anti-inflammatory.

Yes. It's all the big pharma drugs but it's also tumor and procurement and fish oil. Those all have to be stopped for three weeks in order to get that therapy and cascade reaction.

What PRP Can Treat

So you can get great inflammation. And then you need stem cells. So what can help you bring stem cells to the area? Well, things like nad so if you have something that can boost NAD in the body like an NAD precursor like nicotinamide mono nucleotide or nicotinamide riverside, those things.

And you give those as a supplement, they're going to increase your stem cells production. So that's going to help anything that will boost nitric oxide will help.

There's plenty of studies out there that diet can play a big role. If you put somebody on a fasting mimicking diet for five days prior to driving their blood for their PRP, their stem cells will be increased by up to 600%.

Now tell me what what do you think the response is going to be? If you have 600% more stem cells when you give the PRP injection? Yeah, very much. And studies show also like your BPC 157 will increase growth hormone receptors and other growth receptors on the cells and the stem cells, you know, so it's a, you know, so there's a perfect synergy, between doctors that are doing peptides and doctors that are doing PRP.

One of my really good friends is, is a regenerative physician down in the Naples, Florida area and also is a big peptide user. As a consultant. Everyone's in Florida. Yeah.

It's interesting. Do you do stem cells with, with the, Oh, interesting enough, I, I'm not sure there are any better than using PRP. And here's my reasoning behind me.

And you wrote a chapter on stem cells, right? I did I wrote a chapter on stem cells and talked about what they hold and what the world can. You know, what they can do to the world, especially as we move, you know, farther and farther into the future.

And I think there is some I think there is some use for them in regenerative medicine. But I think that if you do really good PRP, you can get very similar results.

If you look at the study that came out of Stanford, in 2014 or 2015, where they actually did enter cardiac stem cells, so they took stem cells from bone marrow, they tagged them with a regular nucleotide tracer, and then they injected them into cardiac, through a cardiac cath.

And they went back in 48 hours to look for the stem cells, to look for the radiation. And there was only 0.6% last. So why is that? Well, because we know when we inject it, most of those cells are going to lice, and we know that none of them ever incorporate into the host.

But what what they're doing is they're going to spill their contents. They're going to spill all those, signaling molecules, all those cytokines and growth factors, and they're going to trigger the body's own stem cells to go to the area and regeneration.

And that's what you need. You need that cascade. And whether you're promoting that cascade with stem cells injections, you're promoting that cascade with exosomes, you're promoting that cascade with PRP.

You're still getting that great cascade reaction. And but the key is just making sure the patient is primed for with diet, with stopping the anti-inflammatories, with boosting nitric oxide, with adding some peptides that help boost stem cell growth and formation.

That's what you need in order to get that response. And that. And the problem is, is there's so many doctors out there that aren't doing that, that are let's say they're they're practicing regenerative medicine, but they're not doing everything they can for the patient to make sure they get that grade out.

Yeah. It's kind of like lazy medicine. Yeah. And you have like one study there. There's a heart failure study where they give the stem cells and let them go to the heart.

The other ones, they would block them from reaching the heart. No difference in outcomes right now because, yeah, people think the stem cells go to that area, start growing and become that tissue.

They don't do that at all. No, it's their signaling molecule. And a lot of those, you know, basically exosomes that they release which then infuse the cells and dump their contents, have peptides and growth factors all and stuff in that are in PRP and peptides and things like that.

So know it's interesting. There's been some great studies out, and I'm a big believer in exosomes, especially in older patients that maybe do not have good PRP, have a lot of comorbidities, have significant disease.

I think exosomes added to PRP is a is a great addition. And there's been some great studies out there that show that exosomes will go to the site as a signaling molecule, far better than stem cells themselves.

So a lot of times the stem cells will end up in the lungs after the first pass, and they'll get a little up, get caught up in the lungs, and they actually never get to the place that they're going.

Yeah.

Why Most PRP Fails

And and you know, the problem with stem cells too, it's like every company says how great they are. And the other companies suck. And and the other problem is the FDA is looking at you really, really close.

If you have the word stem cells in your on your website at all. So, and who knows what's going to happen. And in May of this year, supposedly the FDA is going to have their new position statement out on stem cells, exosomes.

Amnion is probably going to say that they're drugs. And so all of these companies are going to have to have an eye. And for phase II and, before they're able to sell their products, which means that it's going to eliminate a lot, a lot of companies.

But there are some that are forward thinking, and. Yeah, and and basically, do you know. Yeah. Doing the right stuff. Yeah. And, so one standard shot we use direct biologics, exosomes.

They've got, I think chimeric spacecraft for IRB, I mean, for our Covid, the Camaro line. Yeah. They just came out with an IRB for Covid as well. Yeah. And it's so funny.

They all just bag on each other and. Oh yeah. Or there'll be a rap post where one company saying, oh, this company's terrible. Now they're working for MJ.

Oh, we're the best, right? Yeah. That always happens. Yeah I, I think I laugh at that. It's funny. Now just a little backtrack here. You had Lyme disease.

Did that did factor into your switching to regenerative medicine. It did. I had Lyme and, I started part of my Lyme disease. I developed some tremors in my hand, so I, I still felt safe in surgery, but I was always afraid that somebody would think that that was, a deficit and that you know, they would somehow try to sue me over it.

So that was also in my mind when I switched over to a non-surgical practice. But, yeah, I was, I had Lyme disease and was sick, pretty sick for about six months where I didn't practice at all.

But did you did you how did you cure yourself or, you know, and a combination of antibiotics early on and then, a lot more natural nutraceuticals and and homeopathic stuff.

The that get me over. Did you catch it early on or. I caught it probably about six months after I got exposed to it. That's that's pretty good. Early.

Yeah. Yeah. Or decades. Interesting. So you feel fine now? Yeah. I feel I still have a little bit of tremor in my hand. But other than that, I feel pretty good.

I had really bad memory loss, initially on. I mean, to the point that, like, I forgot names of, like, close friends that I've known for 20 years, just couldn't remember, area.

Yeah, because I had it in my whole life. I can't go to dinner with someone. Especially when I was really sick. Then my, girlfriend would go vegetarian.

Like, what are you talking about? I don't remember them. We went to dinner with them last night. No, you know, she's like, shut up. You know, it's. Yeah. It's scary.

I would just care to take the Alzheimer's test. You know? Yeah, yeah, it definitely fail, but, Interesting. And let's just, let's hear a little bit more about about your book.

So it's on Amazon. It's on Amazon, it's on Kindle. Okay. And then you download it to your Kindle or it's also available in paperback. Okay. And then and, and basically it takes it's mainly for doctors.

Yeah. So I yeah, the first one, the first one I wrote was for doctors. I just finished up the follow up book, which will be for patients. I figured that once a doctor starts kind of looking at perfect PRP and incorporating all the steps of

pure, perfect PRP into their treatment realm, then they can get the patient bought and easily say, hey, we're going to do this, we're going to run through this whole method, here's a copy of a book, from the man that developed the method.

It's going to tell you why each of these steps are important and why it's important to control your blood sugar, and why it's important to take the supplements, and why it's important to change your diet and, and to walk them through all the, all the steps so they can understand some of the science behind it.

And the doctor doesn't have to sit there for an hour and explain it all. Oh, that's that's huge. Go here. You know, take this, take this book. And it's in, it's in it's it's small.

It's about 60 pages. So it's something they can easily go through at home. It doesn't go into and it doesn't go very in-depth on any of the, on any of the science.

But it gives them some of the science so they understand that it's what they're doing is real. It's not something where the doctor is trying to sell them a supplement or trying to sell them, you know, additional treatments it gives them because they hear from their friends.

Oh, I heard it doesn't work or whatever. And I congratulate you on getting the book done. I can never finish one. It's I've got like a 90% done because I just I'm like more studies, more studies, more studies, you know, and it's a fraction is the enemy.

Oh, it is because you're always worried that somebody's going to read it and criticize you for either leaving something out or or making a comment about something that they don't agree with you on.

And and you're always you always have the fear that somebody is going to come after you and they're going to, and you just have to, I guess, get over that fear.

And you know what? I which I think is healthy and I like medical debates, I think it is. That's awesome. That's what medicine should be. But most of these debates come down to political, financial, just, you know, attacking someone's character rather than, you know, debating the science.

I mean, that's what I think everything's coming down to now. It's just, you know, oh, you're a racist. That's that's the response. Yeah. You know, it's it's scary.

And you have a training program as well I do. So I have a training program for doctors. It's called perfect PRP and joint injection workshop. So what we do is we go over the perfect PRP method and talk about each of the steps in the workup process, to get the patient primed for the injection and what they should do and how they should, evaluate the x rays and evaluate the, you know, the patient's comorbidities and what they need to do to address those, and then it's a hands on workshop with live models where everyone will have the chance to inject shoulders and elbows and knees and Achilles tendon and Clara fasciitis and, golfer's elbow, tennis elbow.

So it goes over. What I figured is, is if I could teach a doctor that was not an orthopedic surgeon how to address 80% of what would walk into his practice, I figured that would be helpful.

And so that's what I did, is I looked at what probably the the 8 or 10 injections that will cover 80% of what can walk into your walk into your office.

Preparing the Patient for Perfect PRP

So it's all the ones that are easy enough to get you through without a lot of, risk and medical legal risk. So you'll feel very comfortable if you get a certificate at the end, that you're certified.

And, I do it through. I'm actually doing it through Doctor Runnels office. His his group is called Cellular Medicine Associates. So he's the one that teaches vampire facial o-shot shot, vampire breast lift.

And then I do we do the same? We do the same. My training in his office as well on the off weeks. So when we get a month, he does his one week a month, I do mine.

So you can kind of do both if you want. You could. Yeah, you could do and you could come out knowing how to inject PRP from everything from hair all the way down to climate fasciitis and everything in between, so that your plantar fasciitis often Bartonella. But, how long is the course?

They're both two day courses. And they and they both, involve some marketing as well. How to take the injections, market them on your social media, Facebook, make videos to send out to your email list so those over, you know, ways to promote, injections as well.

And do you, another sale. How much is that? Because it's the doctors are going to ask. It's 48. 97 okay. Yep. They're both 48. So for ten grand you can get pretty much coverage from from top to bottom.

And yeah, just think, you know a couple procedures going to cover that. Oh absolutely. Yeah. And you're going to do it. All right. Yeah. You're going to yeah.

You're going to be you're going to be at the top of the list when, you know, people start talking about, hey, you know, I had PRP done and I had a great outcome.

You're going to be those doctors because you're going to know how to make sure the patients prepped for the injection. Yeah. No, I think that's great.

So, Yeah. What what are key features to the method? I think well, first, I mean, I think the biggest key feature is to, make sure that you stop their anti-inflammatories at least three weeks before and up to and and two weeks after.

So a period of of 5 to 6 weeks of no anti-inflammatories, you need the body's inflammatory response, in order to regenerate tissue, you need that intact, response so cells can come to the area, and cause regeneration.

If you blunt that response with inflammatory medications, typically the injections will not work. So I think that's the first, that's the first big step.

And that's easy. It may be you may have to counsel the patient because a lot of them are going to be afraid to stop their medications. But they can use Tylenol.

They can use CBD for pain control. They just can't use anything that's going to be strong, in stopping the attack, if the inflammatory response and do you find PRP is less effective in, let's say, diabetics, elderly.

Yeah. I think diabetics definitely. Well, depends if their blood sugars are stable, if they're diabetics that are not following their diet, they're not taking their medications.

And they have a lot of blood sugar spikes. It does not work as well. A lot of my practices, and when I was still seeing patients, the supplement that I really liked was berberine.

Berberine is a great natural blood sugar stabilizer. So I would put anybody that was diabetic and coming in to have it injected, I put them on berberine to help stabilize their blood sugars.

Yeah, it's an Ampk activator. Yeah. It has a lot of great properties, actually. It does. It's amazing. And so I would always use that to make sure they stabilize their blood sugars.

And, and did not have blood sugar spikes. I tell all my patients, diabetic or not, to cut all processed sugar out of their diet for the three weeks before in the three weeks after.

So no, no sweetened sodas, no sweetened juices, pie, cake, cookies, anything that with high sugar content should be out for those that six week period of time.

There's some great studies out that show, that that's a, that's a benefit. Age also plays a great article. That came out actually came out of Japan about two years ago.

That looked at the common growth factors and cytokines that are derived from platelets. And what they found is starting at age 40, there's a decline, a gradual decline, to the end of life.

But in those, growth factors and cytokines. So I think that starting at age 40 is when you really have to think on whether you need to augment your PRP or not.

Do you need to add, exosome or amnion product, to help augment the response? Even if you're following, the perfect PRP guidelines? To the degree I think it might be important to at least have that conversation with the patient.

And if they're able to afford an augment to go ahead and add it to your PRP. So I think age does. Age definitely plays a role. I think that I think you've got to look at everything.

You know, the next step would be to look at everything you can to increase stem cell, mobilization from the bone marrow. So you've got to look at supplements that will increase nitric oxide.

So any of the NAD derivatives. So nad, and and or any of those will work to, help, increase nitric oxide, which will mobilize stem cells from the bone marrow.

It's peripheral circulation. And then diet. If you could do any form of fasting for five days prior to the drying of the blood for the PRP, you're going to increase.

You can increase stem cells, in the body by about 600%. So, you know, doctor, Longo that developed the Pro line diet. If you read any of his stuff, it's pretty amazing what fasting can do.

And I think pro line diets, a great option, is to just put him on that for five days because it's easy. It's like, I get it myself and a couple of people have this.

I lost like 10 pounds. Yeah. And then I gained 15 after. And so you got to like, do it again. Honestly, I, do it and say not as I do, because. Yeah. But, there's a lot of great benefits of that.

And it's interesting we talk about, you know, age and diabetics. And I think we a lot of people come in who did like, autologous stem cells and they got diabetes, you know, Beasley and, elderly, and it didn't work, you know, themselves.

So that's the problem. Yeah. And, so you need things. You know, I look at some of the stuff that's out there, you know, there's a lot of doctors out there that tout bone marrow as being an option for joint injections.

Stem Cells, Exosomes, and Peptides

And I did bone marrow injections early on. When I was in, when I was in practice, we do a bone marrow aspirate and we spin it down and we take the cells and inject them back in.

But the problem is, is if you look at the studies, you know, when you're born, one in every 1500 cells in your body, it's a stem cell, but at age 60, it's 1 in 2,000,000.

So, how many stem cells are you really getting? I mean, you know, bone marrow. Ask for it. Even if you have 30 million cells. You're only getting about 15 stem cells.

So is it going to be helpful? And I think that using PRP and really making sure the patient's mobilizing the stem cells that they have from their bone marrow to the peripheral circulation may actually be a better, a better alternative than doing bone marrow.

So yeah. Yeah. What I don't doubt that. I've seen it just not work. And people come into our office, but things also, like, you know, tb4 shown to really stimulate stem cells.

BPC actually L 37 the antimicrobial peptide as well as I have a bunch of slides of those. I'm going to shoot that over to you. Yeah, absolutely. I want to add that and maybe add that to the book because we're we're starting some trials actually.

And it sounds like you'd be set up for a trial too, so. Yeah. I'll shoot you some products and we'll. All right. Sounds great. Yeah. And let's see. So.

So for your training, how do people find you? I, I go, so the best place, two places you can find me. What is my regular website, which is dot region, our Aegean region medical group.com.

And that'll have links to all our training and all of our products or centrifuges and things like that. And then if you go to perfect PRP, that will have links to the book as well as to the training.

So both of those are options. And if you go to the if you go to the perfect PRP website, there's a little thing where I ask for your first name, email address.

If you go ahead and fill that in, then what I'm going to do is I'm going to send everybody out. The first couple chapters of my book, for free so they can, get an idea.

Nice. The perfect, any discount for the listeners on this, for for the training program? Yeah. You know what? I think that if, anybody from the anybody is listening, if they want to do the perfect PRP joint, injection and workshop, what I can do is, I'll knock $250 off the cost of the of the injection.

All right, there you go. That was spontaneous. He did no, no, I did not know that was coming. But, yeah. Is off. All right. And will put your, an information, like during the, during this talk at the bottom, at least I'll can do that, the web address and stuff.

And I think you're doing great work. And I think, you know, teaching other doctors is so key because, you know, you can only see so many patients, and that's it.

I mean, you know, the things you want to do. And I tell doctors this all the time, I mean, it's twofold. You've got to a, you've got to increase revenue.

I mean, you have families to take care of and, and employees that you have to pay. So you definitely have to increase revenue. But the other thing is you want to do is you want to increase outcomes.

So you want better outcomes and you want better revenue. And I think that these, you know, these techniques will do that. They'll, once patients start talking about having a great result, and knowing that you're pushing them through all these steps to get better, then they're going to, have more of their friends coming to see you.

So, by increasing your outcomes and having patients talk about how great it was, and they're going to have more patients come to your office and you're going to increase your revenue.

So, you're winning on both sides. Yeah. A happy patient is is just, you know, we all cheaper now a friend is do you have a PRP machine that I do endorse or sell?

I work with refine USA and our centrifuge is called the Pure Spin. And it's, it's a double spin process. So it takes either 30 or 60 ccs of blood, and we'll spin it down to anywhere from 5 to 10 CCS of PRP.

I always recommend that you have a starting platelet count from the patient. So if you know you're going in with a platelet count of 250,000, then you know you need to concentrate six times in order to hit that million Joe millionaire hands.

I you know, that right there, I think is a is a key Pearl. Yeah. Actually, let's scientifically figure out what the patient needs. Yeah. No you can't.

That's, you know, and that's all part of that perfect PRP process is that you need.

Training, Book, and Practice Resources

You mean there's science out there that shows, you know, Steve Sampson, I mean, his his study is landmark because he took he took cartilage cultures, kind of sites in a, in a petri dish.

And he added PRP to them with starting out at, you know, 300,000 platelets and then 500,000 and 800,000 and a million and a million and a half and 2 million.

And he looked at what the cartilage growth was, in those in those petri dishes. And he found that the most, the best cartilage was between 1 million and 1 million and a half platelets.

So you need to hit that mark. And if you don't know what your starting point is, that you don't know what your endpoint can be, that's that's huge. And, if somebody may or may not, you know, you can get too much, right?

If somebody has a platelet count of 400,000 and you concentrate, you know, eight times it's going to be inhibitory, you will not get a response. It may or may not necessarily better.

What about so these patients that are very inflamed and they'll have high platelets. Any comment on that like. Well, I mean, I think that, you know, obviously I, you know, if they're high, if they're coming in highly inflamed, you may need to use some things to bring down their inflammation first before you go down the pathway to the regenerative injection.

You know, I think you need to treat their, their inflammation first. And that could be something like IV exosomes or one of your peptide products that bring down inflammation.

But I think treat the inflammation first. Somebody asked me that question on a on a call earlier this week. And their comment was is they were they were treating stroke and they wanted to treat stroke with IV exercise.

And but they said the patient had like rheumatoid arthritis and had two highly inflamed joints. And if you inject the exosomes IV they're going to track to the area of most inflammation.

So they probably would go to the joints before they would get to the brain. And you know, that was my comment. There is you've got to bring down the inflammation in the joint first and then do the IV exosomes to treat the post stroke symptoms.

So, you know, make sense like sense. And there's a lot of peptides that I know you offer that will help bring down that systemic inflammation. So yeah.

And you mentioned just you know like with aging aging sucks right and right. Like and you look at when just the thymic failure contributes so much to all the inflammation and that immune dysfunction.

That's why you know, right around 40 then. So you get your thymus. This isn't working. And then so the ten years after that, so you start getting all the degenerative diseases and all that stuff. Yeah.

So awesome. Like Osterholm plays a role in that. Yeah, yeah. Low testosterone man. As our testosterone fails, I mean, degeneration and and fatigue and brain fog and everything go up.

So, I mean, I think that's also an important, important aspect in overall health is to, you know, make sure these patients are also, optimized on their, on their hormones, male or female.

And it's true. Yeah. You don't stop and you know, you're not be able to regrow. It's, you know, catabolic sort of anabolic. Right. Yeah. So everything's a vicious cycle. Yeah.

And you got to address all of it. Yeah. Hey, this was wonderful. And really just a great synergistic treatment. And the way you're you're looking at it, and I love your training program.

I know some people. I'm going to you know, I think I'm going to send some people to you, so maybe. Great. Because, I, I just totally agree with everything.

You're. So we'll take great care of him. Awesome. And, love all your, info up so people can contact you and I great information myself. I learned a lot.

I appreciate your time. And, yeah. Wish you the best. And, well, I think we'll be talking more. I'm sure we. Well, you're great. Your weekend. Thank you so much.

Thanks so much. Bye bye. Bye bye.