Regenerative Joint Injections with Ozone, PRP, and Peptides Transcript

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Introduction to Regenerative Medicine

Most people that have pain is because the tendons and ligaments there might be an injury, might be wear and tear on the body, the the tendons, the ligaments are loose or lack.

And that causes the muscle to tense up. And the muscle tensing is what's actually causing the pain. So what we're doing with the injections and for example, for a knee joint injection I'll do 15 to 20 injections per treatment.

So I kind of target the whole knee, not just 1 or 2 areas. Just because we don't know if maybe there's some micro, micro injuries or some scar tissue.

So it's just a more comprehensive treatment style. This is doctor talks. Well, the Doctor King, I'm so excited to have you on this episode of Regenerative Medicine Summit.

The segment. Thank you so much for joining me. Yeah, thanks for having me. I'm excited to talk about regenerative medicine with you. That's going to be so cool.

Yeah, just for the audience, doctor Corey King, as a naturopathic doctor and regenerative medicine specialist who sees patients in person at his office in Palm Springs and San Diego, California.

Doctor King has a passion for regenerative joint injections. He utilizes PRP, ozone therapy and peptides for his patients and for him selves. He loves working with people on their health and enjoys using outside the box therapies to help improve their lives.

Pain and the management of pain is probably one of the most important things that we can do in regards to regenerative medicine, because, you know, people, we're looking at the overuse of like opioids and anti-inflammatory and pain killers, and that's like the biggest killer that that we're dealing with nowadays.

Yeah. So true pain is definitely something that patients are struggling with. They might have been in pain for a long time and I'd be in acute pain. And these regenerative medicine technologies and therapies that we have, they're really natural therapies are amazing to to help people get out of pain.

So the question is always, I mean, if we're going to get more into details and the different therapies that you're doing, I mean, these are what I think are therapies that are underutilized.

Who Dr. Corey King Treats

I don't know how many times a patient come in and they've been dealing with chronic pain for ten, 15 years, and they are just besides themselves. And they use one of these type of therapies.

And all of a sudden life is back again. Yes, that's so true. I mean, patients can be on medications or just managing it. They might do some physical therapy and get better.

But in my experience, when I see patients and they have any type of pain, these regenerative medicine injections, especially PRP and ozone, can get them out of pain pretty quickly.

And it's pretty amazing. Most, most of the results that I see. So so tell me a little bit what what are some of the people that are seeking you out? I mean, what what are some of the complaints that they are seeing and they're coming to you for?

Yeah. So a lot of people with low back pain, knee pain, shoulder pain, any type of joint pain at all, a, you know, we'll

do some imaging or they'll have imaging already, or maybe they've been through physical therapy, maybe they've heard of me from a referral from someone else.

So, yeah, anybody that's in any type of pain, it can be acute pain or it can be chronic pain. Yeah. And are there limitations as to where it is in the body?

I mean, or can this be done for like shoulders for knees, for ankles, wrists, elbows. I mean, is there any kind of limitation to where these therapies can be utilized?

I usually do any joint except the cervical spine. So I kind of refer out for that. But any other joint where I can palpate and I can feel and I know the anatomy well.

So, yeah, pretty much anything. Fingers I have had success with like, you know, rheumatoid arthritis patients. Ankles, toes. I have a lot of patients with plantar fasciitis, which is pain in the bottom of the feet.

A lot of runners that I see, those are not the most comfortable injections, but patients get a better quickly. Yeah, yeah. And I know that I warn my patients as well.

Yeah. I just know that in the foot it sucks. Yeah. Just kind of not good. No. Yeah. But on some headphones. Yeah. Think of happy places. Yeah. Yes. So. So tell me a little bit about pronation.

That is kind of the one I would say it's the kind of least expensive, but it's kind of like a workhorse.

Ozone Therapy and Dextrose Injections

You can get so much done with it. And obviously if, if that is not, if you don't get all the results that you want out of it, then you can then escalate to other type of injections.

But I mean, tell me a little bit about protozoan. What what is it? Well, ozone is the process of kind of regenerating the tendons and ligaments. There's I guess different ways of using prologs on, there's pros on with PRP is which is what I use mainly.

And then there's prologs on with dextrose. Dextrose is just a sugar that actually goes into the cells and kind of tells the body that there's inflammation going on.

So your body will come and regenerate and re heal. I always give my patients the choice. Most of the time the patient's pain are five and above. I'd recommend PRP therapy probably protozoan, because it's going to work faster and they're going to get better quicker with prolonged sound with dextrose.

Usually the pain would be five and less. And most of the time patients need 2 or 3 treatments. I found that patients get better 20 to 30% with each treatment.

We do treatments every month for 2 to 3 months. That's awesome. That's awesome. And do you so so Sahana. So the dextrose we shoot that into an area. You're saying that it actually then tells the body there's inflammation there.

And then that brings kind of a focus on that area. So regenerative you know like growth factors and regenerative components can then move to that location to start to heal that area.

Correct. Exactly. That's exactly what happens. And with ozone ozone is a gas that we do injections out kind of after the dextrose or the PRP. And that's going to help oxygenate the area and help it heal quicker.

A lot of people that have had prolonged therapy without ozone, they'll know and they'll understand that it can be inflamed for 2 to 3 weeks. Even adding in ozone is going to help that healing process happen.

So most of my patients are down for a couple days instead of weeks. Okay. That's incredible. Just and I tell me if

I'm wrong. I mean, I have patients when I just do protozoan.

Yeah. Follow. Yeah. You do you follow it with the ozone. And I would say about 80 to 90% of the cases almost get resolved. Just by that I mean it's incredible what you can do.

Yeah I agree at least 80% of patients get better. Yeah yeah that's incredible. So the so bringing in the ozone I mean is it just to oxygenate or does the does the ozone do other things in that tissue as well.

When you when you bring that in. So ozone at least with some of the studies that I've seen it actually helps with inflammation. So it can actually decrease some of the inflammation which can be helpful for the healing process.

But we don't know a ton about it. I just in my clinical experience after using it, patients just get better. I was doing parallel therapy without ozone when I first started practicing because they didn't have an ozone machine and patients would be in pain for a couple of weeks.

And, you know, it's not fun to have had to be in pain, come to a doctor, get injections, and then be in more pain. So after I started using the ozone, it just was a game changer.

The patients got better quicker and, we didn't need to do as many treatments and they're just happier. Yeah. That's awesome. And a lot of patients say the same as sounds.

So what is the difference between this kind of therapy versus, you know, they go to a normal doc and and they say, well, let's just shoot some cortisone into it and see if that gets better.

What's the difference between the two? Yeah. In my experience, patients, a lot of my patients have done that already and have done cortisone injections.

Cortisone is a steroid. So first off it's not going to be good for our liver. Also it can be detrimental to the actual soft tissue to the tendons and ligaments.

It damages it. So in the long run, it can actually cause more problems, which is going to end up, you know, possibly making you have to have surgery or something else extreme.

Why Cortisone Falls Short

You know, some patients can get better for six months with a steroid injection. Some patients make it better for three hours. So it's kind of hit or miss.

That's the inflammation in itself. That's a body's way of signaling that something is wrong in this location and and tries to tell the immune system and the body that it's common.

Heal it. Correct? Correct. Yeah. Inflammation is our body's, you know, ability to heal. So it's a good thing it shifts over time. Wear and tear on the body can become detrimental.

And that's where the pain comes from. So doing the regenerative medicine injections no it's going to help with healing the tissue. In my experience most people that have pain is because the tendons and ligaments there might be an injury, might be wear and tear on the body, the the tendons, the ligaments are loose or lax, and that causes the muscle to tense up.

And the muscle tensing is what's actually causing the pain. So what we're doing with the injections and for example, for a knee joint injection I'll do 15 to 20 injections per treatment.

So I kind of target the whole knee, not just 1 or 2 areas. Just because we don't know if maybe there's some micro, micro injuries or some scar tissue and you know, all the tendons and ligaments.

So it's just a more comprehensive treatment style. And the goal of it is to strengthen those tendons and ligaments so that the muscle can relax and that you can be out of pain.

Yeah. Yeah. Which is huge. And so yeah, because to me it doesn't make sense. I mean with the cortisone. Yes. You do want to get out of pain. But at the end of the day you want that joint or that that ligament tendon to be functioning long term.

So all you're doing is, is pretty much you're shutting down the body's ability then to communicate, you know, saying that this area needs to be fixed.

So you're just shutting down the communication without and fixing the issue in itself. Exactly. And it's it's a Band-Aid approach, right. If you have a knee and you do a cortisone injection, there's no pain.

You start using that knee more and more because you don't have pain. It can just be damaging it. Right. Like your your tendons or ligaments could be, you know, getting more damage because of it.

Yeah. It becomes like a false false sense of security or thinking that, oh this this is this is a good knee or this is a good joint. Yeah. You resume your normal activities then, a damaged joint and then obviously that leads to more injuries and.

Yeah. And that can be dangerous. So listen, talk to me a little bit about PRP. I mean, what what is what does that stand for and what is that and what does it do.

Yeah PRP has been used for a couple of decades now. It stands for platelet rich plasma. And it's your own body. It's your own blood product. Pretty much what we do is you come into the office, we take your blood into some vials, we spin the blood within the blood.

There's a separator, a gel separator. So it separates your red blood cells. And then your plasma within the plasma, there's platelet rich plasma. And that has growth factors.

And it has platelets. What platelets are they are the first responder to any type of injury in our body. So if we were to cut ourselves or to injure ourself platelets are the first thing to come and tell the body to come heal.

How PRP Works

So it you know it will recruit growth factor. So when we get a concentration of your own blood product and do injections in a specific areas, it's going to enhance the body to come heal.

The great thing about it is it's a it's your own blood product, right. It's your own to your own body. Just a concentration of it. To heal. It's pretty amazing.

Yeah. And and that's a concern people have obviously, you know. Well, am I going to reject that said, you know, some are going to have some kind of negative immune response.

Am I going to have an allergy to this? And you really can't because it's your it's your own blood. It was already there. Correct. Yeah. Yeah. So so with the PRP then is it.

Yeah. What what what does it process if a patient comes into you I mean what what does the process look like. You know what what what happens. Yeah. Most of the time I get a lot of referrals from people that have had good results.

So people call in the call in the office. I'll ask them if they've had imaging, if they have, and then we'll either order imaging or I'll have them come in and we'll do a quick exam after that.

They, you know, we'd schedule an appointment. The whole appointment takes about an hour. If we're just doing

one joint and they come in, we take a 4 to 8 vials of their blood.

We spin it for ten minutes and add during those ten minutes, I'd have the patient lay down or sit down, and I'd feel around to do an exam and then also mark up the areas that I'm going to inject while they're waiting and, you know, letting them know, you know, some injections could be hurt.

Some of them don't hurt. It's kind of, you know, everyone's pain tolerance is different. And then after it spins, we we get the blood the platelets. And I do the injections okay.

And then after the injections, I mean, are there is there anything they need to prepare themselves, you know, before the injections. I mean, are there certain things they need to avoid.

And then after injections, certain things that they limitations as to in regards to their activity or I what how do they prepare themselves. Yeah. In my experience most patients will definitely patients shouldn't be on any anti-inflammatories because we're creating inflammation.

Tylenol is okay because it's not an anti-inflammatory. But you know, if the patient's on any anti-inflammatories, we need to stop that. A week prior, which can be difficult for some patients because they are in pain.

So they're taking anti-inflammatories like Advil, to, you know, stay out of pain. So, you know, it's it's kind of, interesting dynamic. But most patients will do it and they can go a week without it.

And then they come in, we do the injections, usually 2 or 3 days after the injections is when I want patients to kind of relax and not do anything strenuous.

But the third, fourth day is when I want patients to kind of get back to their normal activities. So it's pretty quick for in my experience, most patients will be able to do that.

Some patients, it could be a little longer where they're in more pain. So they might need to stay off, you know, after joint for, a week or so. But it just depends depends on the patient's activity level, how long they've been in pain.

I see a lot of CrossFit athletes and their stay here so fast because, you know, they're exercising so much. Within three days, they're back to their normal activities.

That's great. And and what can they expect? And so they have a treatment. And you said, do you want to repeat the treatment again and in a month or is it just is, is that how you usually do it.

Yeah. Usually was schedule a month out from the first treatment. Sometimes they'll need 2 or 3 treatments. It really depends. Some patients after one treatment they're completely better.

But most of the time it's a 30%, decrease in pain. And, you know, overall improvement in their joint. And, and when you kind of visual looked done like X-rays or look at it, the ultrasound, I mean, what do you see?

What what changes do you physically see from these type of treatment. So I've only had a couple patients do MRI's after we've done treatments and they've improved.

Treatment Process and Recovery

I've had a patient with low back pain and he had a lot of disc degeneration and some this carnations. And we did three treatments. A year and a half later he came back and was in a little more pain.

So we ordered another MRI and everything improved with his herniations. They were a lot lower and the disc generation was a mild instead of moderate, so he was happy.

Overall, we did. We ended up doing another treatment because he was still on some pain. But most of my patients

I don't I don't actually do any other imaging because they get better and there's no real reason to to continue with doing any type of radiation or anything like that.

And, and what I've heard is that even though because you because I have patient and you're probably the same as that, you do the treatment and then you look at the X-ray and they look pretty much the same.

I mean, the joint, you know, it still looks like it's bone on bone, but they're the patient as, as yeah, as no pain and they're running around. And of going back to the normal activities, what I, what I've heard and what it what you know, in my research I've seen that all you need is pretty much kind of one layer of cartilage in order to be able to remove that pain.

And so even though visually on an X-ray, it still looks like bone on bone, you know, if you just have that one layer of cartilage that has grown, you know, from the from the PRP or from the proteasome, then you, then you've achieved your goal.

I mean, you you have that knee is more protected. Yeah, 100%. I agree with you because all the all that matters is that patient's quality of life is improved.

So if they're out of pain, who I mean, in my opinion, who cares what the x ray says? If it's bone on bone still on the x ray, but they have no pain, then that's it's a win in my book.

Patients. That's that's all we care about, right? And like, we just don't want to be in pain. So if there's a treatment out there that's natural and non harming and can avoid us from having surgery or avoid us from, you know, not being able to do what we want to do in life, then we should we should offer and everyone should be able to to do it and have access to it.

Yeah. I mean, it to me makes sense to do the, the less harmful, less detrimental therapies first and see what kind of traction you can get. And then if you're not getting the result that you're looking for, then you can escalate in aggressiveness.

But why not start softer and restorative in regenerative first? And if that is not the solution, then you can escalate. I think that would result. And and so many less surgeries needed to be done.

And so many people living a more active and and non pain free life. Yeah I agree. So one of the things that you also bring into the equation are peptides.

Yeah. And, and how do you utilize them. What what what are they. And are there specific ones in this area that do you like to use. Yeah. Peptides are pretty much signals for our body.

The peptides that I've been using for joint pain and for tissue regeneration are all natural. Our body makes them naturally. One of them's called BPC 157 and it was actually discovered in our stomach acid.

So we have it normally in our in our own body, which is amazing. I've found that patients, patients kind of reach out to me looking for peptides just because it's kind of a a regenerative medicine word.

And I've had some patients that have a shoulder injury and don't really want to do the PRP because they're, you know, iffy about doing all the injections.

So we'll just start them on BPC 157 and they can get better. So it's been shown to help with regenerating the joints, breaking up scar tissue and helping with inflammation.

There's this other one. Go ahead. And so with that one do you do that then orally or do you, do you inject it on site or do you do both. Yeah. That's a that's a good question.

BPC 157 does come in at oral version.

Peptides for Joint Healing

I usually use the oral version only for patients that are having actual digestive issues, like acid reflux. The injectable is the one that I recommend for patients to use.

And it's a subcutaneous injection, a really small needle, and I patients do injections once it once a day for either 2 to 3 months. And they do they shoot that on site where they have the issue.

Or they can just do subcu in the belly for that depends on the patient's comfort level. A lot of the patients, I don't want them to do it on the site just because they're not comfortable with it.

So I would just have them do it in the belly. But patients that I can educate that are okay with doing injections that I think are comfortable with it, I can have them do it around the joint.

I've had patients that have seen other doctors and they've done it into the joint and they get lumps and it's just not a good thing. So I'd rather have them just do it into the belly.

Subcutaneous. Yeah. Because it's, it's going to get into the bloodstream and, and go where it needs to go. Exactly that. That's what's so fascinating with these these peptides is that they, they're function specific.

And so they, they go and do a very specific job. They don't go and run and do other things. I mean, it's like the BPC, like you said now working on scar tissue, tissue regeneration.

So wherever there's an injury, yeah, that's what will go and that's what will work. Exactly. And are there other peptides to use as well, or is that kind of the main.

Yeah. The other one I use for joints is called thymus and beta. And this is a natural peptide as well. It's kind of from our thymus gland which regulates our immune system.

But it also helps with any type of tissue regeneration in terms of muscle. So it's actually in our skeletal muscle and in our heart muscle smooth muscle.

So I kind of combine both of those when I have patients do a peptide. Some just want to try one. But I always recommend doing both of them. And then even when patients are doing PRP injections, I'd recommend them to do the peptides after the treatment.

Love it. And with this are, are there people that they come to your office. And. Yeah you do valuation and you say that I'm sorry what I have I can't you do need to have surgery.

Is there a line that you draw. What people should seek you out versus and thinking, oh I should probably just go and have surgery. It's that bad? Yeah.

It's really hard for me to turn people away because, I've had such amazing success with patients, especially, like bone on bone and they're, you know, supposed to have surgery.

And after a couple of treatments, they're out of pain, or they're 60% better. So, yeah, it's most of the time if a patient came to me and I thought it wasn't a good case, I would maybe do the treatment for cost, just to see how.

And, you know, because I can't guarantee anything. It might be something outside of the box of what I'm used to, but I don't want to turn patients away.

So most of the time, I would, I would, you know, give them a discount or something in case I'm comfortable with it. Yeah. I had a patient that actually had, you know, she had plantar fasciitis, but it really wasn't plantar fasciitis.

It was kind of up in the more medial portion of the foot. And I told her, like, I can't guarantee this is going to work.

Let's just, you know, cut the price in half and, and we'll we'll see.

And she's been an amazing patient. She wasn't able to run for a couple of years. And she was a big runner. And she ran marathons and and now a year and a half later she's going to do the Boston Marathon.

So it's it's pretty amazing. That's awesome. That's so cool. But what are some of the other stories that that you've had some cool stories that, so people can understand the impact on what can be done and, and the successes they can have these kind of therapies.

Yeah.

Whole-Body Support and Patient Success Stories

One that comes to mind is, this gentleman who, he's probably in his 60s, and he came in in a walker and was hunched over super bad back pain, probably eight out of ten and the pain scale and couldn't do surgery.

I think he had surgery in the past and wasn't going to do another surgery and heard of me from another patient of mine. We did three treatments and by the second treatment, he wasn't even in a walker anymore.

He's standing up straight and walking normally, which is just amazing. And a lot of my patients come to me for regenerative medicine, and then I start talking to them, obviously, about natural medicine and their health and blood work.

So he ended up becoming a patient on the natural path medicine side. So he checked his hormones and looked at his cortisol and got him on supplements and he's losing weight.

So yeah, he's doing a lot better just overall health wise, which as you know, it's super important to look at a diet nutrition like regenerative medicine and the PRP and ozone and peptides are they're all kind of high end regenerative medicine.

You know just taking vitamin C and eating well and decreasing inflammation, that's all regenerative as well. Our body wants to regenerate right. It's it's a healing process happening all the time.

So if we can detox and, you know, get rid of all these toxins that are in our body, then it's going to have a better time of improving. Yeah. And that's what's important for people to realize is that, you know, the, the joints and ligaments and all of that is it's kind of an, a result of what's going on in the body as a whole.

So by, by addressing the body as a whole, in addition to being side specific with the PRP, with the pros on but addressing it like you're saying, you know, getting rid of the toxins and, and then obviously you need to feed the body, the building, the materials that need in order to be able to support that joint or support those ligaments.

Yeah. Otherwise they're going to be weak. That that's where nutrition comes in. Yeah. So what are some of the nutrients, that you feel and also herbs that you've seen be very helpful along with the PRP and protozoan, you know, to help to to strengthen and support the joints that that people can think of when they have issues.

Yeah. So just overall, I mean, having a really good daily vitamin to get all the minerals, all your B vitamins, they're all necessary for our DNA to repair for our body to heal.

So that's like number one. I, you know, looking at the gut and having a stool test probably once a year can be really important because a lot of inflammation can be coming from the gut.

So I do that with most of my patients because, you know, some patients might be constipated or they might have long term diarrhea, and they just think it's normal.

And it's it's not normal to have a long term diarrhea. So it's important to get a stool test or to, you know, check it out

so that we can kind of determine what's going on with your microbiome.

And then getting them on a protocol to either clean the gut out or to, you know, give it nutrients, IgG or whatever is necessary specific for the joint.

Glucosamine and conjugated are definitely some good supplements that can be helpful. Vitamin D, like I said, vitamin C. So yeah. Yeah, I'm not in mind yet.

Yeah. Awesome. Well, Doctor King it it's it's been a pleasure. I mean, you're amazing. And the work that you do, I'm there's it's so important for people to have resources like you, to be able to go to when they are dealing with pain, because we know how important it is to move, to be able to exercise the emotional well-being that that that brings.

And then also, it is probably one of the greatest preventers of other chronic diseases that we're dealing with, like heart disease. Yeah, cancer, diabetes and all these, these major killers.

So to be able to go to someone like you to address the pain so you can keep on moving and be active, that will then have increase your longevity and increase your ability to to enjoy life.

Yeah, exactly. I mean, just being able to go for a walk for 30 minutes a day can be so beneficial. And your overall quality of life, but also your longevity and keeping you out of the hospital as we as we know.

That's awesome. Well, thank you so much, Doctor Kang, for for all of this. Yes. Thank you so much, I appreciate it. Thank you for tuning in to Doctor Talks.

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