Repeat Exosome Treatments: Why Patients Come Back Transcript

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Podcast Introduction and Regenerative Medicine Overview

Hey there. Welcome to the Recharged Biomedical Podcast. I'm Dr. Edward Park. If you're curious about regenerative medicine, you've come to The Right Place.

We're diving into the latest breakthroughs in telomerase activation, stem cell exosomes, and all the cutting edge science that's shaping the future of healing and longevity.

Let's get started. Hi, everybody. This is Dr Edward Parker. Today, we're going to be discussing repeat treatments. The opening slide reminds us that GMU tells us we have great wishes and we can't wish for more wishes.

Well, I think the reason why people do so many injections or so when people through them is because they get multiple genomes. As a way of disclaimer, do your own due diligence.

Existomes, of course, has not been approved by the FDA for prevention or treatment of disease.

Repeat Treatments and Exosome Basics

This video is for educational purposes only and it's not an advertisement for existome. And anecdotes are not to be construed as scientific proof. Patients were treated in the context of a fully informed patient-physician relationship.

But of course, when a person does their own due diligence, they take a chance and they get results. That's when they start thinking about repeat injection.

Goals of the talk will be to just recap briefly, what are exostomes? What's the therapeutic index, which is a very important concept in medicine? How long do exotomes last and why do so many people choose to have those repeat injections?

So just to remind you, exosomes are not cells. They are about a hundred nanometers, same size coronavirus. And the same kind of mechanism, it's a phospholipid bilayer, a sphere, like a butter sphere.

match with other cell membranes and inject its contents. As a result, they go everywhere. Although it's better, I think, it might be to start them where they're needed.

They're not cells, They don't reproduce, are so small, that they don' have their own machinery, their nuclei, the mitochondria, endoplasmic reticulum.

So they are just messages sent out. And they do have these three antigens, CD63, 9, and 81, which are helped to identify and make sure we have exosomes.

But they don't have the self-antigen, so it's a compatibility antigen that tell the other cells whether they're friendly or not friendly. Therefore, they can be used by everyone.

This is on above me, Duncan Ross. He is a PhD immunologist and he's been culturing cells for about eight years, I think.

How Exosomes Work and Their Biological Effects

And his lab I visited twice in Florida has been FDA inspected. It's one of the few that didn't get a letter in the recent round about warnings on nexosome producers.

And they have three INDs with the FDA going for clinical trials. They employ 40 people with five PhDs. And a lot of those have experience with getting products through the F. D. A.

Duncan took 50 injections at once, 50 times 5, 250 billion. Uh, he also has been treated by me seven times for different reasons, and he gets them very frequently because they're essentially right off of that low cost for him.

So probably every month doing five or 10 billion. No untoward effects. He doesn't have any extra growths or cancers that we know of. And of course, in my practice, as we'll review, there have been no serious untowed effects either, which is huge.

But you talk about how many exosomes are there. We have about 7 trillion cells and maybe an order of magnitude greater than exosomes. There are all kinds of exotomes, not just the ones we're using from newborn and potential stem cells.

The tile cells communicate. It's basically like if they didn't have internet or phone, they only had better. They're communicating with each other through these exostomes that they're creating constant.

Question comes up, well, how long is going to last? And that's a little bit of a tough thing to answer. I liken it to a car wash. How long will a Car Wash last.

Well, of course, if you wash the car and then keep it in a hermetic sealed vault with filtered air, you're going to have a clean car for years, relatively speaking.

But if people around and drive it, then as far as the actual physical exit zone, they only last probably hours. I think they've done radio label tracing.

Definitely not beyond days because think of them as like dandelions. They're sticky for this little nerve ball. they stick everywhere. So the first thing I'd like to find to interact with.

Having said that, the lasting effect of exotomes are forced through expression of mRNA, even more so than the proteins that are contained in there.

Clinical Experience and Patient Treatment Patterns

So, MSC packaged proteins, mRNA which is messenger RNA, which can last for weeks, getting you to produce many, many thousands of copies of that protein.

And then microRNA is the most exciting part. MicroRNAs are blocking RNA. It blocks the expression of certain existing mRNAs. We do think it's doing a lot of the heavy lifting.

There are certain micro RNAs that block the differentiation signal, briefly allowing them to act younger and de-differentiate and be more stem-like and reproducing.

Certainly changes are more permanent in organs that are permanent, like the brain. After my first nasal injection, I developed the ability to make myself.

My hair stand on end voluntarily and have persisted for two years. I've only done two brain injections. So I don't actually like my brain to be bad. People enjoy that.

And so people with, for example, Bell's palsy or numb feet have done lasting benefits. Of course, other organs that are undergoing constant re-injuries such as knees, shoulders, these can, you know, reoccur damage and so the exosomes will appear to not last this long, but it's like you've driven your BMW all around.

Above us, we see that the knee is in a state of constant growth, degeneration and regrowth, and if you get ahead of the curve, One way, that's good. If you get behind the curve, it just depends when you ask how long they last.

I'm permanent, but life goes on. Here's a summary of my, I guess you could say two and a half years of clinical experience. What I think are pretty meticulous records.

all the paysheets, of course, the medical history, a chart note, and a tally. And I have about 158 unique patients, right? Exactly 50% have had repeat sessions and of the 50 percent that haven't, I would say about two-thirds would redo it.

We've done seven or 31 injections, so the numbers don't add up perfectly. Sometimes I double count it, if I did a ligament in the ankle, then I might have counted that as a legament and an ankle.

Most frequent treatments are IV, nasal, muscles and ligaments, knees and shoulders. We also have done quite a few backs for epidurals. Fingers and toes, we'll get 20 fingers done.

Take the most injections, where the lady above, my mom, she has done 19 injections by me. That's 19 sessions. Each session might consist of two or three injection sites.

Just something that differentiates me from other practitioners. I don't tend to charge more or more difficult sites or multiple sites, So you sort of have the luxury of getting multiple receivers on the same day, and you're just paying for the amount of access.

Why Patients Repeat Exosome Injections

I'm next with 12 sessions. Deb up in San Fran has 11. My friend R. A. has eleven. D. R. had seven, that's Duncan Ross. A. M. seven. And A-F seven Keep in mind that, again, if I do your IV both knees, shoulder, and nasal, that would be one, two, three, four, five, six side ejections.

In all fairness, I tried to keep good track of the patient's time of maybe a dozen or so or less to follow up, but these are the ones that I would say, if you called up they'd say that didn't work for me and I'd agree.

If you don't see your initials on the list, feel free to email me so I can update that. I will say no significant benefits in about 13%, which is rather low for any procedure I think.

Although, of course, there is no guarantee of results. Four reasons why people do injections repeatedly. Number one is to make gains. R. A., like I said, had 11 sessions.

He started out with his knees. It's a weightlifter, martial artist. But after about the fourth session, he had no more pain. He just wanted to get ahead of the curve and rebuild the car list.

The man who squats a thousand pounds, runs up hills, can't go heavy bags. So he's gotten five more cents to rebuild and he can get a head. A second example of someone trying to get ahead of the curve is my friend Doug Malewicki, who is 82. Here he is running at Mount Baldy as he wants to do.

And again, he did one injection at around 2020 miles and then did another injection around 2000 miles. About four months ago he had knee surgery, partial replacement of his tibial plateau, but he's a firm believer and if money were no object, I think he would certainly attest to multiple injections.

and keep on doing. Second out of four reasons is new injuries. A. D. is a nice gentleman I've known for many, many years. He fractured his scapula and lost consciousness back in November of 2019 while mountain biking Beaver Creek.

And he fractures scapaula, but he's having persistent rotator cuff pain. They came to me. I'm sorry. It was in June. and then he came. In November, we treated rotators cuff and he resolved.

So then A few months ago when he had a re-injury of shoulders, he flew out to San Francisco where I was treating patients and again he got a repeat. He had that case in the hole.

It flew and his shoulders are improved now. So second reason is people get new injuries. Above me was my previous blog about my ridiculous scooter accident.

I ran to that chain at 20 miles an hour. And it did help us discover that it's your constal rib injury quite fast. So people get rib injections because they get…

The third reason is they have old problems. They have a checklist. Well, I went to see Dr. Park. My knee is much better. Maybe I'll do something else.

And a good example of this would be our friend Akimi in Hawaii, who's 60, and she's gotten probably seven or eight treatments. One of the first times I flew out there to help her, she had had whiplash.

She had a military knack. It's something I blogged about. Her whiplash was solved and her brain fogged. The inability to find words and to drive safely resolved pretty much overnight.

So she knew that there are old problems that are occurring and still on the list. Just before I left a month ago, we gave her 10 billion IB and her persistent dental pain cold tolerance went away.

Course, Book, and Closing Remarks

It's nice to have some regrowth of tubes. The last reason is some people want to stop aging, like this beautiful Cadillac. They want it to be original, but well-maintained.

And so RL is an example of this. I just treated him last week. He had a history of erectile dysfunction, he had radical prostate surgery in 2017 with a chemical recurrence treated with external beam radiation.

And so he had, of course, very severe ED, which he has been treating with prostate injections. He states that his erectile function did improve after our treatment two years ago.

At that treatment, we also treated his patella. knee calf and that pain has since gone away. So he has some persistent plantar difficulty or pain intermittently that seems to be improved since last week.

Last week we gave him 15 billion, that was 9 billion IV and 6 billion nasal. And he wants to stay young at the age of 74 and he believes that the X-Tomes did help him so he's taking that leap of faith to do that.

If you're gonna do way to stay ahead. In conclusion, recall and attribution bias are very important. If you think something helped, then you tend to believe it.

I think the concept of value is important, you know, we're living in a situation where our bodies are constantly decaying. We have tendinosis, which means attendance, and cartilage can't repair.

Stem cells are burned out and for a brief time, if you use the exosomes, it can regenerate. So once a person has the benefits, they believe in it and they go back and rub the genie's ball again and then they try something else or they get a new injury or try and get ahead of the curve or the trying to get gains.

Again, an asymmetric risk reward ratio is there, easy for me to say, and it just means that, well, I'm going to lose a couple of thousand dollars, but I have a shot at a really nice permanent benefit.

or something that could be repaired in a way that we currently don't have other modalities for. Many clinicians are getting interested in exosome therapy and they hesitate for good reason.

Questions like, does this work? What forms do I need? How much should I charge? how do i stay out of trouble? All these questions are addressed in my online course.

That's why I created it to help you get started. The online course is your permanent turnkey resource to get started

either treating yourself, friends and family, or to expand your practice and help more people, as well as increase your revenue.

Thanks for tuning into the Recharge Biomedical Podcast. If today's episode got you thinking, you'll love my book, Exosomes, Songs of Healing. It's packed with cool analogies, full color illustrations, and all the science you need to understand how exosome are changing the game in aging and regenerative medicine.

You can grab it in paperback, ebook, or audiobook, whatever works for you. Now head over to www.rechargebiomedical.com to check it out. And don't forget to like and subscribe so you never miss another episode.

See you next time.