Reversing The Fire Within: How Plasma Exchange Protocols Extinguish Chronic Inflammation And Restore Vitality Transcript

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Introduction to Plasma Exchange

Well, welcome back to the conquering Chronic Inflammation Summit. I'm your host, Doctor David Jokers, and today I'm interviewing Doctor Paul Savage from MD lifespan.com, where they are revolutionizing personalized medicine by blending cutting edge science with a patient centered approach.

And under his leadership, doctor Paul Savage is leadership. The development of the patent pending plasma exchange protocols address the global toxin crisis, fostering improved vitality and assessable to innovative health care solutions.

You guys are gonna learn all about plasma exchange protocols. This. This offers great hope for anybody out there that's dealing with chronic inflammatory conditions, especially if you're somebody that has not responded to nutrition changes, lifestyle changes, they just haven't moved the needle for you.

It's most likely you have a really heavy, toxic burden that is overwhelming your system, not allowing you to adapt. And this is where plasma exchange protocols come in.

This is a revolutionary therapy that is quite remarkable and its ability to significantly reduce your toxic burden quickly. And so this therapy has is I mean, they're getting phenomenal results with the hardest, types of cases.

And so this is really an interesting thing. I'm really intrigued by it. I want to learn more about it. You guys can check out MD lifespan.com. And you're going to really be intrigued after this interview with Doctor Paul Savage all about plasma exchange protocols to extinguish chronic inflammation and restore vitality.

Without further ado, let's go into the interview. Well, I'm here with Doctor Paul Savage from MD life span.com. Today we're talking about reversing the fire within.

We're going to talk about plasma exchange protocols and how they extinguish inflammation and restore vitality.

Hidden Causes of Chronic Inflammation

Doctor Paul, thanks so much for joining us here. Let's start with the hidden sources of chronic inflammation that you see in your patients. Sure. You know, David, thanks for having me on the show.

I really I'm quite a fan. And it's it's actually quite an honor to be here on this podcast with you. I've been a physician for 40 years, so I started practicing in the mid 80s.

And, you know, I, I've been able to watch things change over the last 40 years. I've been in the health and wellness space for 30 years. So like, by the late 90s, I had switched from emergency medicine, and toxicology over to, wellness and integrative health.

The functional medicine that we both, adore and, talked to everyone all the time back 40 years ago. Inflammation is we've actually started just first learning how to measure it, because we didn't have all these tests like we have now.

I remember when CRP, which was the first platinum inflammatory marker that came on the market, we're like, wow, this is great for heart disease. And it just wasn't very common.

And then as you've been watching the decades go past, you see more and more about chronic inflammation

because there's more and more chronic inflammation.

I mean, it's just not it's just becoming better known and better seen. It's literally becoming more. I mean, cancer rates in the 50 year olds are up. Autoimmune diseases continue to go up.

I mean, obesity goes up. And these are all chronic inflammatory diseases. Just looking at those and how they're accelerating. We know that inflammation is changing.

But I'm here to tell you today is it's completely changed from what it used to be 40 years ago. The causes of of inflammation. And today, I can assure you, with the 500 patients that we've done data and done treatments, I think it's the toxins, 99.9%.

Now, toxins are driving the bus. Yeah. I mean, it's really the biggest difference in our society is the amount of environmental toxins that we're being exposed to.

I mean, humans have been exposed to things like molds and mycotoxins for a long time. But microplastics are new. Glyphosate, obviously, over the last 30 years.

You know, there's so many different toxins, different metals, like, as far as the just the overall load of exposure, you know, all your different solvents, your flame retardants, things like that.

We're just being bombarded with these things. You know that the United States is one of the top three most toxic countries in the world, right behind the Middle East and then Russia, China as kind of one area and then the United States and Canada tolerate afterwards.

And in our environment now, and it depends on which numbers and who you're listening to. But it's well over 100,000 different toxin. That's probably closer to 200,000 different toxins.

And we can measure only a couple thousand. Yeah. Yeah. Yeah. It's ki I always say, you know, really the equation of health is in a sense, chronic disease builds up when your overall toxic load and your accumulated deficiencies, whether that's nutritional deficiencies or sleep deficiencies or movement deficiencies, when that, overloads your resilience factor, your ability to adapt to stressors.

And in our society. So if you're increasing toxins, that's one end of that equation. That's just putting more stress on your ability to adapt. And, you know, in our society that people are not adapting well.

Right. And this is why we have such chronic disease. I always say autoimmune cancer, all these things are our adaptive physiology. We're just unfortunately not adapting well. Right.

And that's the big key here. And so we've got this issue obviously with with toxicity. Can you explain how therapeutic plasma exchange works. And what makes it different from other detox approach approaches like elation or things like, like that?

I'm really a big fan of like intermittent fasting, for example. Yeah. But can I take one brief second? I just want to kind of drive the point home about other toxins that change.

If we we measured we did a study three years ago in Chicago, and we looked at 300 people who were healthy between age 45 and 65, not on medications, consider themselves fit and healthy, and we measured their toxin levels.

And that of 100, the average number of toxin in healthy people that were over what we call the 75% range of Nhanes is was 13.2 per person, that now, if there's water that mean 13.2.

So out of 100 talks with that, we test that on average they had 13 high risk 13.2 critical ranges. Yeah okay. But since we only measured 100 and there's over 100,000 toxins, we're really talking about 13,000 toxins in healthy

people at the high critical levels that I really want to get that point across from people because people like, oh, I have a half a dozen toxins times a thousand because we're only measuring a small portion of it.

Yeah. So, you know, let's talk about matters of detox because they're effective. But the problem is that it's changed because 30 years ago, when I had toxic people and I was measuring toxins, back then, I was treating people that had they only had 1 or 2 different they had this heavy metal, they had that, pesticide, they had this volatile chemical, but they didn't have what we have now, which is a little bit of everything.

Yeah.

How Plasma Exchange Detox Works

So I mean, that's that's one of the things that changed because all these therapies that we used to use sauna therapy, intermittent fasting, collation, binders, all of that exercise, all of these things worked well back then.

And but the problem is now we have so many different toxins. There's just none of those patterns that we just talked about work on every toxin. They just work on a select few.

And I do mean a select few, like people are aware of that. You know, heavy metals can be killing it out, but what they're not aware of is if you look at all the key layers together, that only covers about 6 to 7 of the heavy metals, all the other ones like aluminum and all these other ones, they're not able to be created out.

Same thing with binders. About a third of the mold toxins can be bound, and the other two thirds aren't, you know, and then you have the sun as anything that's able to be put into, sweat, you know, can come out through the sauna.

But a lot of these toxins are fat soluble. And so they don't come out necessarily as well as solid. So that's one of the problems today is it's harder to get people get their toxin levels down.

But the traditional ways that we've used because they're not universal and they're not effective on every type of toxic. Now plasma exchange is been around for 50 years.

Matter of fact, I used to use it in the emergency room with overdoses, because that's one of the things that was used for is getting out acute toxicity.

So somebody back then we didn't have Narcan. So, you know, heroin overdoses with the plasma exchange. We had a drug called digitalis. Luckily, that's not on the market anymore.

And we use that people come in digitalis overdose. And you apply to change a plasma exchange is a process. It's kind of like a plasma donation. You get hooked up to a machine, your blood comes out, the machine separates your blood into the liquid part, which is the plasma and the cellular part, which is the solid.

And we in this case, we throw the plasma away and we give you back your cells with the replacement fluid. So it's an oil change is what it is. Remember the old days.

You just get the car up on the skids and drain the oil out of the bottom and put the put the put the plug back in and put some new oil in the top of the car and then run it around the block for about four weeks, and you bring it back and you change your oil again.

This time it's not quite so dirty as it was the first time, and then you keep doing that time and time. Then this is what you did with old cars we inherited.

The first thing you did was just this oil changed every 3 to 4 weeks until the oil ran clear. That's exactly what plasma change is. So this process isn't just done once, it's done in a series of them.

Because every time that you do a plasma change, you get out some of the toxins and then you wait a while, let the toxins re equilibrate, and you go back and take it, take it out again.

So that's what plasma exchange is. It's a very safe, procedure. I mean, the adverse reaction rates are minimal, and they're generally things like somebody said they ate before, that they didn't eat, or so they said they but they didn't because you have to eat before this procedure because we're taking out your plasma, and that means we're taking out everything in the plasma, the good, the bad and the ugly, and we're throwing it away.

That's what makes plasma exchange a little different than some of the other things that you might hear about. That has to do with filtering the blood, because this isn't filtering your blood.

This is literally taking it, throwing it away, giving you back albumin with your cells. And then within 24 hours, your body makes new, fresh, nontoxic, non inflamed noncancerous, non autoimmune plasma.

Yeah. So you're taking out the plasma. Are you taking out the RBCs as well. Know that you get all the cellular components back to the patient okay. With the replacement fluid.

In this case we use the albumin okay. Yeah. So you put that albumin back in and somebody has to eat before they do it. Yeah we have to avoid the side effects because if they if we're taken out and we and when we do a plasma rebuild of 60, we're taking 63% of your plasma out when we do want it.

Yeah. And so that means we're taking 63% of your blood sugar out. So there are certain patients that we can't do plasma exchange. And people, for example, who are on medication to keep them from having seizures.

And these are people who have what's called status epilepticus. Meaning if you mess with their level at all, they're going to have seizure. You can't do those patients because we're going to mess with medication, too, or people have very bad heart arrhythmias and they're on like medicines like amiodarone.

It's a very strong ventricular antiarrhythmic to keep you from having lethal, lethal. But we can't do that because we're gonna remove everything. The good bad, the ugly.

But in general, that's a very small percentage of people. And plasma change is very safe and effective. So basically, by pulling out 63% of the plasma, you are taking like a huge load of toxins out of the system.

Yes. Yeah. And then what? So my lifespan first off I'm, I'm the one who figured out they can use plasma to get toxins out. I mean, yeah, that was my discovery.

And we built my lifespan around that. But also what we did is I got a bunch of the smartest people that I knew in functional medicine together, 26 of us.

And we sat down and said, let's design a program, a functional medicine around plasma exchange. So it comes, you know, so our program isn't just plasma, our program is plasma exchange plus a functional medicine approach.

So we added avoidance therapy. That's huge. Teaching people how to avoid the toxins. If you're trying to spend this much money to get the toxins out let's not put them back in.

And matter of fact, they won't come back in unless you put them in. We're three years down from our original set of 40 patients, and what we have at this point, the patients today of the original 40 have lower levels of toxins than they did when we ended the procedure three years ago.

So that means they keep getting better. It just goes to prove, David, that all these people are so overloaded with these 13,000 plus toxins and toxins do everything bad, especially to the metabolism and the biochemical pathways because as you know, the toxins, this place all the nutrients and bind up all the enzymes.

So all these different metabolic pathways don't work, including the metabolic pathway for detoxification. So that's

one of the really hideous things about toxins is when you get enough, it breaks down your ability to get rid of the toxins.

And David, everybody in the United States has too many everybody's toxic system. Everybody's so toxic. Their detox system is not working. Yeah. And so when you pull it out with the first plasma exchange, there's a lot of toxins stored in, you know, for example, our fat, right.

Our fat cells and whatnot. So you make kind of the first exchange and then toxins are going to get back into the plasma just from what's already in the body.

Right. And how often do people get like on this protocol. How often are they getting the plasma exchange. Like what what is kind of the typical protocol?

What's safe to do? And so this is toxic. We actually study we actually studied this. So we took people we measured their toxins twice at the beginning to make sure that they were the variance between the tests we were using was very low.

So that proved that. Then we did a plasma change. Then we tested their toxin again at one, two, three, four, five and six weeks. We did this. A whole group of people and that three, three weeks, five days is three standard deviations away.

That's when the when the when the the toxins re equilibrate in the plasma. It takes about four weeks. So we don't do it except for every four weeks. Because when we go back to do another round, the plasma change, I want to get out as many tacks as possible.

Some centers around the United States are doing like 3 or 5 in a week. What we what we found is your levels go down significantly the one week afterwards and then, you know, and so if you go back and do it within that week, you're not getting that many more toxins.

You got to give the body a chance to equilibrate. So speed is not your friend here basically once a month, once a month. That's it. But we have patients who like, well, can I do it every six weeks?

I do it every you can. The longer is not a problem. We just don't want to do it shorter because we're not getting the biggest bang for the buck. And part of what we do and when our protocol, with the avoidance and we had I. V.

nutrients and oral nutrients, matter of fact, our oral nutrient, I'll send you the label so they can take a look at it. We have 63 different supplements in it, which is kind of crazy.

And it's in a powder because that's just, you know, we're not going to get people in the capsule.

Treatment Protocol and Safety

And as you probably know, it makes it taste terrible because it's all the B vitamins you found. Luckily, one of our very first patients that we did in the original group of 40 was a retired chef from a major candy confectioner company.

I won't name but the major chef, and they came in and said, I can make this better. And I said, you make this better. I won't charge you for the plasma exchange.

And they did. And it actually and it was really interesting because what they used was organic wild blueberries. Right. And that was perfect. So, I mean, it's just as a nutrition nutritionist, you understand that some of these supplements can taste terrible.

It's not too bad. It's actually pretty good for all the stuff that we have. So because we added this whole functional medicine approach and we're including low dose naltrexone and some of the other functional medicines that we

use, our results from plasma change and removal of toxins is 300% better than TPA alone, and TPA alone is 300% better now than every other type of detox, including sweating, intermittent fasting.

And you can get toxins out that way. I'm not saying you can't. It's just it's you're not going to get them all and you're not going to get. And it takes a long time, about 18 months to have that effect.

Yeah. Now what are you what kind of results are you guys seeing using the plasma exchange. So it's been one of the most enjoyable times I've been the doctor because, I mean, so first off, we're seeing incredible reduction in the toxin.

I mean, and we measure a lot of things, including the strength of the immune system through the lymphocytes. So we're doing CD3, CD4, CD8, and in 1966 and we're checking the antibody count.

And we're checking a lot of inflammatory and oxidative markers. Just to kind of give you an idea of the blood type. And we have the 100 toxin that we are measuring as well.

We are seeing a significant reduction in the toxins, like 80 to 90% on every tax. Matter of fact. And our original study, when we were looking at the original results of the patients that we did, and we're looking at 109 toxins that we did, and every toxin came down at that, that level, we were very excited.

We were very giddy, has been and expected to be that good of a result. But our data scientists looking at you guys, you guys are idiots are like, why are we idiots?

You got past you just did 109 toxins and they're all coming out in the significantly high level. Therefore, whether you can measure the toxins or not, I can tell you you've literally got out every toxin, not just one.

You measured all of it and that was it. That was a game changer for us. So what we're seeing is a lot of these, you know, we see a lot of reduction in matter of fact, we see complete resolution of inflammation on every patient.

And that comes back to drive home the point. Inflammation is a toxic disease. It's toxins are the primary cause of it. We're seeing improvement in the immune system.

We're seeing less confusion. And, you know, in a lot of people, their immune system is suppressed because of all these toxins. It goes up between 25 and 65% on average in people.

And then, like I said, all these reductions in the toxins. But the other part of this has been very interesting also because we get people who are very ill and they've been ill for a long time, chronic, more patients, they think they're chronic cold.

They are. But everybody has everything, including mold. So I always tell them it's not just mold, everybody has everything. So let's talk about you're just a global toxic what we call total toxic burden patient.

And so have you. It's been great to watch these people get better for the first time ever and possibly decades. We're seeing people with chronic infections like limbs that we're doing.

And once you get the toxins out, the immune system now works with you. And we've been able to get a lot of these chronic clients converted back to back to health.

So, I mean, we're seeing the only claim I can make because we published the paper was that we get the toxins now. I mean, that was yeah, that's accepted.

But it's been a lot of enjoyment for us because out of all the patient that we have, we've gotten five star reviews from all of them. And everybody's been pleased now.

But that being said, I don't want to put a little disclaimer here. We're very careful on the patients that we choose

because we're doing this in an outpatient setting.

So we have nine centers nationwide. We'll have 20 by the end of the year. And we don't want to do patients that are so critically ill that they might have problems with platelet change because those are the patients we need to be wary of.

So if people have had those medications or they had a heart attack or stroke in the last six months, or major surgery in the last six months, or they're just not able to cooperate with us and sit still in the chair for four hours so they could severe Alzheimer's patients.

We just can't do those patients. So it is a little bit of a, bias of the patients that we're picking. I'm trying to say we, you know, this this applies to everybody in the universe.

This applies to the people who qualified to do the. Yeah. Now, how does the procedure work? So somebody comes in, right. You said it's a four hour process.

They get an IV. Yep. So the process starts actually by people coming to our website and signing up. They have a call and they speak to one of our clinicians.

And so there's no charge at any point for any of the times or the cancer tech we do at MD lifespan until you decide to purchase a package. So the first thing is, is, just what we call a evaluation stage.

Make sure that you qualify for plasma change, that you understand the price point because it is expensive, and that, you know, and that this is something that we, we can and want to treat.

Then we move them on to a evaluation phase where they upload all their labs, fill out some questionnaires, look at our content, and our doctors, spend time the day before preparing for the evaluations.

So we're prepared when we get into this, and we have about an hour with the patient to actually really specifically get into their care and then be able to put together a customized program for them themselves.

So when they if they move forward with that, then the next thing we do is we typically if they haven't had done, we do a lot of lab testing, both blood and urine for the toxins information because we the the proof in the procedure is looking at the results.

So they get through all that and they've done the and they've read all the video to watch all the videos and read all the paperwork and they start learning about the avoidance therapy.

So now you're showing up for the day of your exam or your day procedures. It's about a four hour procedure and you'll be greeted by our staff. I'm happy to report all of our nurses are ultrasound trained, guided I. V.

nurses. So they've had at least five years, about 12 guided training, and we haven't missed an insertion of an IV. Even when people say I have the worst veins ever, we've not.

That's because we have the nurses. And that's a big bonus, because a lot of people don't, that people don't have these kind of nurses.

Clinical Results and Patient Outcomes

So they're just kind of going around in the dark and trying to get these very large needles into these very little veins without ultrasound. So but once you come in and we just make sure your paperwork's in order and we go through the checklist, everybody has a daily checklist. Did you eat?

Did you not take your medicine? And we just wanted to make sure. And if they had oh I, I then eat. Well then go eat. Come back and we'll do it and know we, they have to check all these lists off.

And then we do a weight and we measure their, hemoglobin by poking their finger. And if you're female who's under fits, we check make sure you're not pregnant.

Not that you can do plasmas and pregnant and we just don't want to, and so once you have that, we get an ATV in one arm and we get the IIB and the other.

So one arm is the IV's, but coming out and going into the machine and the machine separates it. Then we throw the plasma away and we give you back your cells with albumin.

It takes about two hours to do a, what we call a full exchange. And then after that we give you, in most cases, some immunoglobulin and we give you some neutral IV nutrients.

It has a lot of things there because we just took a lot of stuff out. And we have the IV and you get used, started right back in. But the other thing is, as you again, as, often said, you've got to reboot the system.

I mean, these toxins have depleted you said if people are nutrient depleted, the toxins make you nutrient depleted like mercury replaces magnesium, and then you lose all your magnesium star.

So by the time you get the mercury out, you're magnesium. That's for everybody's magnesium deficiency. Because of the way the toxins have bumped all these nutrients out.

So we take the advantage of it and we give the IV, we might give, exosomes and stem cells to certain patients that certain parts in their procedure. And then the nurses are going over them with their instructions for the next 30 days just to make sure.

And they get their powder that they go home with. And we make sure they got understanding of the important things that we want to see, that they start getting a water filter.

I mean, if anybody is watching your podcast, they can go to our website at MD lifespan. And then under About Us, there's the guidebook and they're all download for free.

I mean, but how do you clean your air, your water, your food, the chemicals in your house? Cosmetics are a huge problem for women. We have a, guidebook for babies.

We have a guidebook that talks about all these different apps that we have now and say what? Free tax toxin free and and not. And then we also have a new brochure because we've been partnered with, Doctor Jill Carnahan.

So we have a new mold guidebook for the people that specifically starts addressing things about mold. And that's how the whole procedure works. Yeah, I think that's great.

It's really, really cutting edge now. So that so you see, basically for the average person layperson out there that wants to get this therapy done, the best place for them to go would be MD lifespan.com.

Now how about for the practitioner. What if there are practitioners out there that are interested in offering this therapy? How do they go about getting involved with MD lifespan or, you know, open it utilizing it in their own clinic?

Yeah. So we have nine locations now nationwide. About half of them are inside Cal Poly Pharmacy and the other half are inside clinician offices. So referring physicians can contact us, if there's a specific place or anything, just, they can go to the email for me or, we have an info, email as well, but, we'll contact them because there's a lot of different layers that we can work.

First off, sometimes a physician and this is pretty frequent. They just want to talk to us to understand what we just talked about, the procedure, how it works for the patient, what participation they have.

And because at MD lifespan, we're only doing this period our competitors do this and other things or they do this and functional medicine. So a lot of the function medicine docs like I don't want to send it to them because they've got functional medicine docs there.

And you know and I understand that. So we stay in our lane. We're just doing this. Once we're done we want to return it to the clinician. But now we're returning a patient to the clinician where therapy previously might not have worked or work because the toxins, the back and everything, inflammation is blocking everything.

We have other levels of, engagement. We have some clinicians become medical advisors to us because, you know, we have the top toxicologist, the top leopard allergists, the top neurology, I mean, throughout the country.

And they're on our medical advisor retreat board, and we not only do they refer patients to us, but they help us with our research. We have 27 medical advisors at this point, at MD of lifespan.

Then there's another group of doctors who have relative sizable reach, for example, like yourself, that also have a practice. And we put a we put our, one of our locations in their office because they have such a reach, throughout the network.

So there's a lot of different ways that we work with clinicians. We want to be there for them and for their patients. We want to provide a service for them that they don't need to do in their office.

And most of the time I would say to do this. Well, David, you have to do a lot of these and you have to the team has to be somebody who's done. I mean, we do two a day every day for the last three years.

I mean, because you don't want I mean, the typical adverse reaction rate for TPI is 6%. Our adverse reaction rate is less than 1%. And I tell people all the time, if you're not used to doing this every day, it's expensive procedure as well.

I mean, the equipment alone is about $250,000. Yeah. So obviously it costs you guys a lot, but you guys are doing it regularly, so you've got a lot of experience with it, which reduces the amount of potential complications that that take place with it.

And obviously you screen out people to, to make sure that, higher risk patients are not obviously not going to get the therapy. So that way you know that you don't you don't have more complications with it.

So that's great. Now what you said, you know, patients, I'm so glad you said you had nine locations as well. Where are they? And then where else are you looking to, to build locations.

So we're outside New York, Detroit, Chicago, Orlando, Sarasota, Houston, Mesa, Arizona and Colorado. And right, right near Denver. We're coming out more in the West Coast will be having a couple places in LA, San Diego.

And we have more, couple of other places coming up in New York, Washington, DC and North Carolina. So we're we're spreading it around the country. We're just finding the best matches for our locations.

Yeah, yeah. Make sense now that we've already we already have 13 more centers ready to go up this year. And we already have 50 more centers that we've qualified, that are kind of like a no holding pattern as we get these, next 13 up and running for sure.

For sure. So you got a big team there trying to kind of basically get this out and, get into all the major cities.

Locations, Practitioner Access, and Expansion

Yeah, we've gone from three people to 38 people in a little over two years. Yeah. Well, great. Well, obviously it's, it's, it's credit to the success of the therapy.

And so where do you see that? Where do you see the future of functional medicine and longevity medicine going? And utilizing plasma exchange? I love this question.

I feel that this is a great matter of fact, last week I just returned from Washington, DC, where we were invited by the administration to come in and talk about plasma change and the toxicity that exists in the United States.

It's kind of interesting hearing some of their comments, but, they are aware that, we have a problem going on here. Yeah. So, so the answer to your question is, I see this going to traditional medicine and I see functional medicine coming with it to traditional medicine.

That's our goal. I think the mission behind and lifespan is to drive this into tubes. So insurance pays for a good pair. Get the price down first. And we've been successful at lowering the prices over 30% in the last three years.

And our goal since my lifespan is a public benefit corporation, which means our goal is the mission, not the finances. Of course we want to be profitable, but we're not sacrificing the mission, and our mission is to be able to detect and eliminate toxins in the public.

And that means everybody, which means we're going to have to drive this into the insurance models. And so that somewhere down the road here, David, and I'm not talking about decades down the road, you're going to have an A3 center and every cardiology office you're going to have in every, gynecologist office, you're going to have it in obstetrics office, rheumatology, cardiology, oncology.

I mean, these are all things that are, if not caused by or accelerated by these toxins. And there's enough of these people. We've been using this on people with cognitive issues.

It clears it up that people have autoimmune issues. It makes their autoimmune diseases better to manage. But my favorite ones are all the toxic patients having the chronic fatigue.

And the more toxic. And they've been through everything and they can't budge. And, you know, I used to have patients like that before I made this discovery.

And it'd be difficult because, you know, you you treat them with anything like even just a little bit of a binder and they just react. So violently. I mean, you've had asset class.

This is the first time these people are getting better. And their numbers, I mean, you can bring joy back to their life when they finally get at least a little bit of hope, understanding that this this can work because it's not a matter if plasma exchange removes toxins.

It does. It's a question of how many exchanges do you need to remove enough of them so that you get back on your feet again? And the answer to that question is usually five.

But some of the more severe patients it may be eight. But you know, okay. So you're seeing people getting a lot better than that. You find that most people are getting better within 5 to 8 sessions.

Yeah, yeah. And we have some people get that the other day with three. Yeah. The by far the, the, the most ones that we recommend and the best results we see for people is around the five part.

Yeah. That's great. And then from there what would be like a maintenance plan. So if let's say they did, let's say they did five or say they did six months once a month.

Right. For six months felt significantly better. Toxic burden was down. Then what would be a typical maintenance plan from there. So we we we have a maintenance plan that we give people and we, we want them to get a functional medicine doctor after we're done.

Yeah. You've just learned how to get all these toxins. You don't have to use exposure right now. We we so another

way we work with physicians is and all the cities that we have, we have patients that come to see us and are like, I've never heard of this before.

How do I find a function that we want to be able to refer to the best doctors in the area? Because, yeah, we want them to get that, up and going. But our maintenance program is simply the avoidance therapy we have three years of data now that shows that's what you need to do now.

Nutrients, supplements, intermittent fasting, all that stuff. Absolutely. I recommend people do that. Because that just adds on to your overall health, including limiting the toxins to be able to help your own detox pathways work better.

But the key, the magic is the avoidance program. That's what I tell everybody. Whether you get plasma change or don't go read the guidebooks do that. They actually we have three years of data that shows those guidebooks work, that you can keep the taxes out, and if you're that overloaded, the vast majority of people aren't significantly I mean, they're 13,000 plus, but they can still detox.

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People do very well with the avoidance. Therapy just takes longer to get the toxins out of your body can do it if it has the majority of the detox pathways working.

But after we get the plasma changes like we'd that had to do another plasma change on any patient. Yeah, for three years because today are actually lower than they were when we finished the procedure.

It's the body is able to start healing itself as a work. Yeah. This is really remarkable stuff. And I definitely I'm I'm happier we're having this conversation.

I definitely want to learn more about it. Guys, if if you're like me, you want to you're intrigued. Do you want to learn more? Go to MD lifespan.com MD lifespan.com.

That's Doctor Paul Savage's company. That uses the plasma exchange therapy. You can find out where their clinics are located. You can find out how you can become a patient and get this therapy if you are if you are a practitioner, also, you can find out how you can refer refer some of your your challenging clients, to get this therapy and, let's all learn together.

Let's all explore together with MD lifespan.com. So Doctor Paul's has been really, really good. Any last words of inspiration here for our audience? Yeah. Two things.

You don't know what you don't measure, right? Yeah. Find a functional medicine doctor or go to our website and get a tax test. It's amazing how many people that we have have huge amounts of tax and and they aren't aware of it.

And again, because it's the interplay between the toxins and your DNA. Right. It's always but the DNA holds as the car that the toxins are playing off.

And so some people can tolerate a lot of toxins. But that doesn't mean that long term it's gonna be good for them. It's that so we'll get measured. I mean, that's just what you have to do.

The second thing is do the avoidance guidelines, download them. They're free. And they're not expensive. And they're simple things that you can do, but it's not a little bit I mean, there's a lot because, believe it or not, the most dangerous place with toxins in the environment is your home.

That's where you have all. But we have ways of making that a safe zone for you. And you do that, and you and you save not only you save yourself, but you save saving your friends and your families, and your and your children and your loved ones.

I mean, this is this. I cannot be more adamant that you must do that. Yeah, yeah, you got to clean up your environment. Have is toxin free. Environment is possible.

Although it's fully impossible to be completely toxin free. But our body knows how to handle a certain certain amount of toxins we're going to adapt to.

The more we can reduce our exposure, the better. And then we want to do things to help build our natural resilience. Getting good movement in exercise, intermittent fasting, getting sun exposure, getting really good quality sun exposure, infrared sauna or, you know, also getting cold therapy like like, cold showers or a cold plunge and things like that.

All that builds resilience and your ability to adapt to stress. And so all these things work together. But like you were talking about, there's so many people that are just they're overburdened by their toxin load, right, by their toxic burden.

And because of that, they can't adapt. And this is where this plasma exchange therapy comes in and really just dramatically reduces that toxic load. So then they can just go about their life, have the energy to go out and start moving, exercising and doing the things that we just talked about to, to optimize their health and their vitality.

So again, really, really good stuff and life span.com is a website, guys. Check that out again. Doctor Paul Savage, thanks so much for your time. We'll see you all in a future interview. Everybody be blessed.