Stem Cells, Pain Relief, and Longevity—Too Good to Be True? Let’s Talk Facts Transcript

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Podcast Introduction and Guest Welcome

They don't treat what the patient needs. And I've seen that so many times and it's absolutely distasteful. So, you know, you got to be your own best health advocate and and find a doctor who's willing to look at things deeper, look at different angles, look, look, look and figure out those complex questions that no one else took the time to really figure out.

I know you do that and I love to do that too. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Hi, I'm Doctor Monica Haruki and welcome to the Truly Healthy M. D. podcast. Today we have Doctor Jeff Ross and he is a pioneering physician blending expertise in neurosurgery, regenerative medicine and longevity science to deliver transformative, patient centered care.

He began his academic journey with notable early achievements, including publishing research. Doctor Jeff has successfully treated thousands of patients.

That is so cool and emphasizing on non-surgical and regenerative approaches like stem cells and exosomes, or an international recognition for his innovative work.

His research contribution, including widely cited publications and authorship and medical textbooks, solidify his role as a thought leader in neuroscience and regenerative medicine.

So we give a great big thank you and welcome to Doctor Jeff.

What Regenerative Medicine Includes

Thank you for being here. Yeah. Thank you. It's my honor and pleasure. Thank you for, you know, sharing all that that it that the paragraphs go on and on, and I can't believe I'm, I'm still doing it, you know, I, you know, I love giving those intros.

I'm always like, wow, what an honor. This is so cool. Thank you for being here. And so today we're going to talk about, one of your favorite topics and something that a lot of my listeners are really into.

It is regenerative medicine, regenerative medicine. And the current applications. So within those, I know one of the biggest things is stem cells. So that one of the biggest parts of your practice.

Yes. We use that phrase stem cells, you know, to, to sometimes interpose or change with regenerative medicine, which is tapping into stem cells and, and signaling factors and other particles that are derived from stem cells.

So they're all one group together. Okay. So it's kind of interchangeable, lingo that we can use. Yes. For, for the

layperson. Yeah. You know, people know the phrase stem cells generally like, oh, yeah, I've heard of those. Those are cool. They might help me.

And, and, you know, I'm here to talk about not just stem cells, but, all the related, biologics, we can say biologics. That we can use to get a regenerative benefit, to help restore, renew, heal, and help the body naturally do what it knows how to do.

But needs a little help. Yeah, and that's amazing. That's that's what I love about this cutting edge science.

Treating Joints and Spine Pain

Not just put people on a treatment that they're going to have to use long term, but if we can actually restore function, that's the best thing we can do for our patients.

So that's this is really at the core of what we do in, in this integrative functional space. So this is an amazing talk. So as far as the different applications, I've heard that you apply this, for example, to painful joints and spine issues.

What kind of applications do you see the most for this. Yeah. Well, coming, you know, my background is in, neurosurgery and, particularly spine and neurosurgery, based on my fellowship.

So for decades, I took care of so many people with neck and back pains and injuries and pinched nerves and disc issues. And I was always trying throughout my career to avoid surgery.

For those people, when I could. And I think my, my rate was less than 5% of my patients ever needed surgery. So I was proud about that. But always trying to get it down even lower.

And my patients came to me and said, hey, well, I don't really want surgery yet, but I'm still having issues, and the usual treatments and therapies and injections didn't work.

How about this? How about that? How about stem cells? So I said, you know what? Let me look into that. So that's how it all, you know came about. And that's why the low hanging fruit is spine and joints.

And now I've branched out into joints. Because now that we have this tool, this regenerative tool without pharmacy, pharmaceuticals or surgeries, I can apply it to joints and for various other issues.

So my scope has expanded beyond spinal care. Yeah. And and that's awesome. Just being an internist myself, I can't tell you what a large percentage of my patients have some underlying back pain, joint pain that really limits their ability to live a healthy, fulfilling life.

I want them to be out there doing exercise, playing with their grandchildren or even children sometimes. And these are things that such a large majority of people deal with.

So that's so amazing that you can offer this. Thank you. Yes. Well, I'm I'm lucky to be able to do it. I'm lucky my patients suggested it, and I'm. I have a renewal, a new energy in my practice.

Sort of a version 2.0, a reboot. And. And now I'm full steam ahead with regenerative medicine for so many issues for people. But but the low hanging fruit, the things we get great results with early results tend to be joints and spine.

Okay. And when you have a patient come to you with these problems, are you able to quote them as far as like their likelihood of getting better? I know it's going to depend on the patient and their condition, but do you are you able to give numbers or do you just have to say, hey, everyone's different and we can't really tell you that data.

Do you have that data yet? I have data, it's not my own. And I'll say it for this reason, you know, and and what we talk about here today is for educational purposes, because the FDA has not yet approved regenerative medicine

for marketing claims.

So I am not allowed to claim numbers. However, I can show people, research articles, medical journal published articles, and everything we do is based on good science.

Evidence, Outcomes, and Patient Selection

So for example, the way I approach joints, it's based on a European article, a set of articles, actually, out of France, where they have published over 15 year follow up.

So we follow that protocol and I can show those results where in their, their particular, approach, at the 15 year mark, over 87% of the patients were still doing well and did not need a joint replacement surgery that they were recommended when they entered the study but didn't have.

That is that's pretty cool. That's great. I'm glad we have these numbers because, you know, we all want to be evidence based. And I think some of the problems that we run into when we talk to our colleagues who practice very, very, very conventional medicine is that they tell us you don't have evidence, you don't have numbers, but we really do.

So I love asking those questions. I'm glad that you yeah, I'm glad you did these things. Yeah. Yeah, I'm glad you say because the the phrase evidence based medicines gets misused.

Right. And, and evidence means, you know, some, some good study, good work or multiple studies or something like that. Not just what a health insurance company will pay for because they, they misuse it all the time to deny care for people in need.

Yeah, that's so true. And I feel like conventional medicine doctors that are on the straight and narrow feel like they're the keepers of evidence based medicine. And it's not true.

I feel like a lot of times what we do in, integrative medicine, we're actually more at the forefront of the, I agree, but the data. So I love presenting that to our public so that we can have this communication with the public and with conventional medicine so they understand what we're doing.

I totally agree. And and I'm sort of, you know, migrating to, you know, colleagues like you because that straight and narrow that you mention is really so narrow.

Because when they drink the Kool-Aid, you know, narrows that field and all I can see is what, you know, they they treat what gets approved. They don't treat what the patient needs.

And I've seen that so many times and it's absolutely distasteful. So, you know, you got to be your own best health advocate and, and find a doctor who's willing to look at things deeper, look at different angles, look, look, look and figure out those complex questions that no one else took the time to really figure out.

I know you do that, and I love to do that too. Yeah. Amazing. So tell me more about, like, the painful joint and spine issues that you treat. So, you know, there's a there's a process that happens to us as we age and as we accumulate chronic inflammatory changes in our cells.

And of course, the word aging and the word chronic inflammatory, you know, or inflammation can be sort of brought together because there's sort of the same pathway of cell activity.

And some people call that inflammation. And and the slower you accumulate those inflammatory damages to your cell, the slower your age biologically. So we're trying to, you know, work on that from a preventative standpoint.

But when we see people who have suffered a lot of that, one of the earliest places it manifests is in joints. Joints degenerate because the cells that make cartilage, called condo sites.

And for those of you listening at home, it there will be no quiz. But you don't need to memorize that word. But the little cells that make cartilage, that make the meniscus in the knee, that help make part of the disc in the spine, that help make the little the synovial fluid and lubricating fluid in the joints of your knuckles, comes from the bone, and those are in the bone edge.

And what used to be called the growth plate. And when you were growing, that factory was making cartilage and other, other cells like crazy. Well, those are very sensitive to your inflammation in your body.

And, you know, inflammation of the joints affects those. And those cells cannot make cartilage anymore. And that's called osteoarthritis. Of course, the itis refers to the inflammation.

Osteo refers to the bone. Arth refers to the joint. So it really is a bone joint problem, not just a joint problem. And what happens these days you go in and you get cortisone injections and lubricating injections and x rays.

But but they're targeting the cartilage, not the joint. That's like saying the cells in your in your scalp that make the hair, you know, the source of the hair.

If you have a problem in those cells, just put something on your hair. Well, that's not going to work, right. You're just treating the protein product.

So so injecting the the, you know, cortisone into the joints actually accelerates the degeneration, although it may calm some inflammation.

Inflammation, Autoimmunity, and Chronic Illness

So I attack I attack the bone through those European protocols by helping to use regenerative medicine to re stimulate that osteo the cells that are causing the osteoarthritis.

Those conder sites and some people call that, bone on bone or they call it wearing down on the cartilage wear and tear. They can you can accelerate that with an old sports injury or having had an arthroscopic or scoped surgery can accelerate that.

So I help those people by first identifying the problem, examining them, getting a proper MRI because not all MRI are the same, not just an x ray. To look for the specific targets, we can see that inflammatory stress in the bone edge.

And then if they're a candidate, we inject those areas with the regenerative biologics derived from stem cells. If you liked this discussion, please hit the subscribe button and consider leaving us a review.

It really helps people find us and we truly appreciate your support. That's really cool. Very, very cool. And so with these patients, is there, an age limit as obviously the older people get, the more likely they are to have these problems.

Do you have to turn down people who are older, or can you offer these to people no matter their age? Obviously case by case, but what's what's the general approach that I know we haven't had an upper limit.

If there's a reason someone can't have an injection, like they're on severe blood thinners for some other problem, that might be one thing, but, no, we haven't had anyone we've had to turn down.

We have had people who aren't candidates. Maybe there's no target on the MRI, or they've got, you know, some other problem. But, by and large, anyone with any degree of degeneration, even bone on bone, because when you really look close, it's not exactly bone on bone.

You know, unless the knee is fuzed itself together and doesn't bend at all. For example, our potential candidates. Now, we only invite people here to my clinic in, Nevada and in the Las Vegas area, if they're candidates and we do

most of the work remotely, we order the MRI's.

If they need them, we have them, shipped them to us, and we look at them and share a screen. We do all the remote work and we make sure everyone's optimized.

First you got to have your diet clean. You got to, you know, make sure you're living, right. You're getting restorative sleep. You've got the right, you know, macros and supplements and maybe optimal hormone, management.

We exercise everything we want. You optimize because anything we do with in the stem cell field, will work better if you are optimized. Yeah, absolutely. I think that works.

The same for, a lot of the things that we do in this type of medicine. You know, I treat a lot of chronic infections, and it's hard for me to get results if people are not, nourishing their body.

Right? Feeling it right, doing the exercise, sleeping. Right. If we optimize the immune system, I can't help them with this chronic infection. So I think that's that's a pretty stellar thing.

And what all of us do. I hope that's not a shock to patients. Be like, hey, just give me the injection. I don't want to do my job. Right, right. They got to do the work.

They got to do the work. So I got to do that. We can help. And they got to do their part for sure. Yeah. And they're going to have much better outcomes and outcomes and other things that maybe they don't even know was a problem. But. Right. Exactly.

Yeah, absolutely. And so, what are the like hyper inflammatory issues that you treat. I've heard of like autoimmune things off post infectious things.

Can you tell me more about that? Yeah. Because regenerative medicine works to reactivate cellular pathways. To, to combat inflammation. So you think about how our cells are responding to the world that's dealing with what's additives in our food, in the water, you know, electromagnetic field, everything that we shouldn't be or fast food that we shouldn't be, exposed to.

Our cells are busy in defense mode fighting that. That's chronic inflammation. So regional medicine works against that. It flips the cellular pathways into one of optimal, functioning.

And that's why your countrysides can make cartilage again. Well, your whole body, other cells in your body can be affected the same way. So if you have a chronic inflammatory state like an autoimmune problem, rheumatoid arthritis, thyroiditis, in many other, types of, of autoimmune, you know, just suppressing the inflammatory burden in your body, can have huge benefits.

And we see that, in many patients, we also see hyper inflamed states, like you probably do in these chronic infections, like lyme's, like, long Covid and others, chronic bronchitis and things like that.

Well, we can help suppress the overactive and inflammatory state that got started and doesn't turn off. And we get the benefit. We get benefits there in those settings as well.

Okay. Yeah, that that's great because that just feeds into a lot of the things that so many patients have chronic, chronic illnesses, a lot of inflammation, autoimmunity going on.

And it's it's the burden to our society is huge at this point. So that's that's great to hear. And so I know people are all wanting to live a little bit healthier a little bit, but longer.

Biohacking, Longevity, and Biological Age

There's some people that consider themselves Biohackers is this what people that are in the biohacking industry

look, do they look to you for these, sort of interventions, fatigue, brain park, mood swings, weight gain?

If you're a woman in your 40s to 70s, you've probably been told that it's just aging. But what if it's not actually healthy? Empty.com. We look deeper hormones, nervous system health, hidden toxicities.

You're not broken. You just need a doctor who really listens. There's a truly healthy, ecom advocate consultation today. It's time to feel like a real self-care.

That some do as well. So we have healthy people, that are working hard to live longer, healthier and healthier. Longer and those people come for preventative, you know, treatments.

They come for optimization of their sports performance. Let's say these aren't, you know, necessarily these are like weekend athletes, you know, pickleball champions, things like that. We do have a few professional athletes, although we're not allowed to mention them.

Who do this? And they come to, you know, get more out of their physiology, out of their bodies functioning. And, we, we do all kinds of different tests, you know, inflammatory markers, biological age test, because your actual age on your birthday may not be how your cells look and feel or your blood stream looks and feel.

It's your other markers. So we call that the biological age. And you can see this right. You look at if if you see two different 75 year olds, one might be very frail in a nursing home and look like an elderly great grandmother.

And one might be a vibrant golf playing, you know, socialite who's still out there. And they're both 75 on the calendar, but one is more youthful biologically or physiologically.

So we can test that with some different tests and then use the regenerative medicine to help those who desire, you know, keep their, their biological age younger than their actual age.

Yeah. Yeah, that's that's super cool. And, and. Yeah, I was just at the gym, yesterday, I had to ask the person next to me, I was like, can I ask how old you are?

Because I could tell just from, you know, the look of the hair and the skin that he was quite a bit older than me, but he was lifting a lot more heavier weights than me.

And that's I love seeing that, love seeing people who, as they age, they age healthily and gracefully. Very cool. Yeah I agree. Yeah. And so are there any people that a part of the people who don't want to do the work right.

They don't want to put in their effort eating right, exercising. Are there any other people that you would say are not candidates for the type of interventions that you have?

Well, currently, I'm not treating anyone who has active cancer. Not because the biologics, might do something wrong, but because we just don't know enough yet.

And I'm waiting for more evidence based, you know, medicine to come out. However, I am working on a project I'd like to plug here, since we're talking about cancer and, you know, there's a subset of the immune system that we have, called the T cells.

And there's certain type of white blood cell. And, there are certain subset of those that are called natural killer cells. While natural killer cells are probably less than 2% of all your circulating white blood cells.

And they go around, as you know, doc, and they go around and they selectively identify, you know, messed up cells, maybe senescent cells, cancer cells, because we have accident on cancer cells all the time. They're going around oh found one.

And they kill it selectively without harming normal tissue. Well those cells make little vesicles, that do the work.

They're called the, nk cell exosomes.

Exosomes is short for extracellular vesicles. And that's a form of regenerative medicine. We use a lot of stem cell derived exosomes, but these NK exosomes might be an amazing, adjunctive, helpful care for addressing cancer, maybe as a preventative.

And people that are high risk, maybe in between chemo when radiation or instead of chemo radiation.

Cancer Caution and Emerging NK Exosome Research

So, we're looking to get our hands on these that are available in China and in some places in parts of Europe right now. And we'll try to get our hand on these and make them available to people who are looking for alternative and holistic natural approaches to, cancer care.

Yeah, that is super, super interesting. And I'm glad that's expanding to that. There's so many people that that need that in general, and this is probably just, the information that I heard so far, whenever I've heard people having wanting to do stem cells, I've heard that people usually have to travel overseas to get this.

Is this a something that's growing in our own country, or how how easy is it for people to access this? I'm sure that people are going to be looking you up after they listed this podcast, but how easy is it to access in our own country?

So, you know, historically you did have to leave the country on 20 years ago. The the professional athletes would leave and go to Europe and what have you.

And, and so places in Europe, in Asia, and probably in the last decade and a half, you know, central America, Mexico have they have plenty of regenerative medicine clinics and stem cell clinics.

They've been doing it longer. And that's why we're tapping into their knowledge. But we have it here in the US. We cannot advertise. We cannot advertise regenerative medicine on Google or Facebook.

Now hopefully that might change in the new administration and we can have some more freedom there. We we cannot make any claims. Of course, as I mentioned, marketing claims, and a lot of those other clinics outside the country can but you do not need to leave the country.

We have it right here in the US, although we're late to the party, we're doing it right. And the suppliers of the stem cells and the exosomes and all these biologics are, ironically, FDA certified labs, FDA compliant labs. So.

So they're processed properly. They come from, you know, ethically sourced, you know, donors, and, and we should probably talk about that, as well, because I don't want people thinking they're getting some something you know, bad or wrong.

Yeah, absolutely. It's it's so hard to get this information. Like, even me as an integrative physician, I, I have a hard time finding this information.

So that's why I have to do this podcast and get people to talk to me about this stuff, because it's so hard for us, as us as consumers to, to know where to, to go to, to find this information.

So thank you for educating us. There must be a ton of myths surrounding, Regina. And so what are what are the main myths that you would say? And, and what do you have, like, as a top things to educate us as far as that?

Well, we already took care of the myth about, you know, you have to leave the country because you don't. The second myth would be these come from, you know, baby farms and or embryos.

It's not the case. They they come from, donation services. So a patient has going to have a know a planned C-

section and they deliver the baby to the mother.

Congratulations. Here's your baby. Instead of throwing away the placenta. The umbilical cord, the amniotic fluid, they they have, they have an arrangement to have it donated.

You know, because it used to be trash, but now it's treasure. Although, you know, in some cultures, they eat the placenta or they make capsules out of it and are all kinds of things that the placenta has all the stem cells and exosomes in it.

So they, they save that. They they provide it in a sterile way on ice to these labs who then prepare it, tested screen it, and by the time I buy it and get it for use, I'm very comfortable with what we have.

So that's that's ethical. That's one myth. The other myth is, you know, this is cost prohibitive because I hear going to Costa Rica is $30,000 to get stem cells.

Access, Myths, and Cost of Stem Cell Therapy

And that may be true, but because the exosomes are so abundant in the amniotic fluid, the cost here in the US has come way down. In fact, the cost of exosomes are less than half, and sometimes even less than that here in the US.

So you can have a regenerative procedure for a fraction of what you can have it, for overseas, without the cost of travel. Unless, of course, you want the vacation, you can turn it into a vacation.

So that's that's one element. And the last myth is, is. Oh, well, what about health insurance? Well, health insurance doesn't cover this because they they use anything to deny these things.

And they say, well, it's not FDA approved, but interesting. And if you've heard of PRP, platelet rich plasma, which is sort of the lowest level of regenerative medicine from your own blood, spun down and concentrated the growth factors in the platelets.

That is not approved by the FDA for marketing claims, but the insurance companies finally figure it out to pay for that, because it's cheaper than paying for cortisone shots and surgery and repeat stuff.

There's a PRP so effective. So what we do with stem cells is even more effective. And in exosomes and so forth. So I think the cost benefit analysis is there is oh, that's that's really cool.

And that's great to try to dispel some of this misinformation because, you know, we're all afraid of having too much costs or doing things that aren't, you know, medically kosher.

So that's that's really, really great information. I would love to hear some of your do you have any examples of any cases of patients that did well and that you'd like to share with us?

I do I mean, this is this is the fun part, right? I get to tell you my stories. Yeah, I have patients where we've done, MRI's before and after. You know, it takes many months for the regeneration to occur, but we've treated knees and we've seen actual increase in the thickness of the cartilage. So.

So the cartilage is growing and regenerating in those patients. Not everyone gets an MRI afterwards because they feel good. They don't need it. We have some people, but we've only gotten a half, you know what we wanted, and we're considering a repeat procedure.

But usually this is a one and done type of approach for the joints or the spine. Sometimes we see immediate benefit just from the anti-inflammatory effect of the regenerative biologics stem cells, the access arms, that kind of thing.

On the on the intravenous health side, we have I have patients with aches and pains all over their body, my octogenarians who come in with, you know, osteoarthritis throughout instead of injecting every last joint in their body, which would be just not the way to go, a second to the to them intravenously.

And those patients have improvement in their function. They can use our hands. Again, I have patients who were having failing kidneys, chronic kidney disease, with, you know, the blood tests we looked at as the creatinine was going up in the bloodstream.

And, they were being told by their, their, internist that they were looking at the future of dialysis. We've done, in some cases, just one IV treatment and have the have been able to sort of reverse that kidney effect and, get the creatinine down where they're and kept it stable with one treatment where they have not had to go back and, you know, been in danger of dialysis.

So we've we've sort of staved off that problem. Because you have to get dialysis can be three times a week. You know, you got to have all kinds of vessel surgeries to, to make that happen.

It's a it's quite a problem. So we've, I have patients recovering from brain injury and stroke and heart attack, or we've gotten accelerated benefits that, had stalled in their more traditional approach to healing, which is usually wait, wait and rest, you know, and do some therapies.

So, we've done that. I have, patients where we've had, improvement in sexual health function, where we do injections in their private areas, both men and women.

Improvement, improvement in sensitivity and function, in, in tightness of the tissues. Elasticity. We have some cosmetic things we do for people, for tightening the skin and for thinning hair.

We can inject the scalp and that's that's you refer to PRP Vampire Facial. We just do the same with with the regenerative biologics of of a higher potential.

Patient Success Stories and Treatment Frequency

And you know, those are and then the breeding treatments, we've had a couple of people with chronic bronchitis, one who was oxygen dependent, had a puller, a little card of oxygen around everywhere.

She went, she stopped leaving the house much because of it. We were able to give her one breathing treatment. She's off oxygen, and now she can leave the house and go shopping and do the things she she likes to do with her family.

So, so so that was a nebulizer version of stem cells, nebulizer of of stem cell derived exosomes. So smaller particles, they travel better okay. And they're less expensive than the stem cells.

So while doing the the work so works for me. That's pretty amazing. So do most patients have, series of if is it just one treatment or do they need to know that it's multiple treatments?

For example, I was recently interviewing a a doctor that specializes in hyperbaric, therapy. And she's like, people need to know that it's not just one and done.

You have to know that you have to commit to doing a series. And that's the only way that you're going to have a good outcome. What's that with regenerative medicine?

Is it just one and done, or do they have to have multiple. Is it different for different patients? Yeah, it's always different. Depends on the goals. Usually it's it's one and we see what they get out of it.

You know we've had joint improvement where people have no pain and and they can go back to full sports. So there's no reason they need another one. You know I say see me when you need to see me.

See me in 20 years. So, you know, they go back to the, the normal path of, of degenerating. So then we have to see them if they ever injure it or something like that.

Again, if it's, you know, for example, if you're recovering from a brain injury and we give an IV and they have, you know, 30% improvement in their cognitive function, their energy, their motivation, their speech, whatever.

Then we we might wait a while and see if we can booster that by giving them a second one. So, you know, everyone has a case by case. The goal isn't to come in and sign up for a series of these.

The goal is to have one and see what you get out of it. And if it does the job you're looking for, you could be done with it. You know, at least for the least.

For the time being. Yeah. That's great. As you know, as a doctor, I always tell people that the less you need me, the better. I've done my job, right? Yeah. Is there.

I asked you previously about the age limit as far as how old, and you said no age limit. Is there an age limit? As far as how young is this only available for adults?

You have to be past 30. Or how does that work? Well, kids have great stem cells. The only thing I'm doing with kids right now is, we do some some of the breathing treatments or the nasal spray delivery of the exosomes from the stem cells.

For, kids with in the autism spectrum, we're seeing some improvement in attention and behavior in those children. So that's the only thing I'm doing for kids.

And we don't really do any injections for kids that that is really, really cool. Such, so much to learn about all these different, things that are it's just up and coming.

Anything else that you do in your, in your clinic that you would like to share with us? Well, you know, we, we do some anti-aging work. So it's not just regenerative medicine.

We look at peptides, we look at bioidentical hormones. We look at, supplements. And, we try to get people off chronic medications who might be taking them.

I have people I had a woman come in who was on a steroid inhaler because two years earlier she had a, case of bronchitis. So her doctor just never stopped it.

And, it was affecting our joints, so it you know, it. The problem is the the medical system is so watered down and, you know, Kool-Aid drinking and you call it the straight narrow.

I think it's the crooked path. And. Yeah. I'm so glad to not be like Sarah themselves. They like to consider themselves the straight, narrow. But yeah, it's it may be a bit different in other people's perception.

Yeah I agree so so I'm, I'm happy to be with people looking for an alternative path to not only meet their health care needs, but their health and longevity desires.

Yeah, that's great to know. So it's not like people come to you for stem cells and you're like, okay, let's do stem cells. You look at them as a complete person.

You're like, okay, I'm actually a doctor and I know all these other things, so I'm going to give you the best treatment. Even if you came for me looking for what?

I'm going to tell you what the what the best treatment is. So that's, that's the best way to be a doctor, right? I know a lot of people just kind of. They get blinders on and they say, this is what I treat this the only way I treat patients.

So it's always good to realize or to have an ample toolkit, right. To think outside the box, to think broadly to, you know, bring in, holistic things to.

And I'll, I'll take from your field to integrate, to be to look at all the different elements. You can help someone, whether it might be natural, it might be an herb, it might be a type of manual therapy or something.

Excellent. And if any of our listeners are physicians that want to learn more about this as a physician, where where did you get your training or where would you suggest that we, as you know, physicians who want to get into this, topic, obtain our training from.

Yeah, I mean, there's there are a lot of great resources, and textbooks on this, but, they're there really our dominant regenerative medicine. So our organizations, there's no, one single board at this time that's recognized.

So, you have to be, creative and think out the box.

Children, Anti-Aging Care, and Physician Training

I, I attend the American Academy of Anti-Aging medicine annually because we call it a forum, because that covers so many elements of what we do, including regenerative medicine.

Although that's just a small percentage of it. There are other stem cell conferences. Many good ones are not even in the US. So, I did some training courses here in the US and, I've, I've been actually teaching and been part of faculty on some global, stem cell, ones.

So, so don't be afraid to, see what's going on in the rest of the world and either take a trip or there are so many webinars and other ways you can learn.

And and one one good way to learn is just start simply and and jump in and see if you can help people with, based on the good medical evidence out there.

Excellent. If any of our listeners are interested in become your patient, what's the best way for them to to find you, to look you up? Well, thank you.

I appreciate that. So, our, our clinic name is now called re celebrate because we're celebrating the renewal of your cells first through regenerative medicine.

And if you, if you just, use your search browser and type in re celebrate. That's r e c e l l e r at, you'll find us. So we have a website with that name.

We have, you know, the social media accounts under that name. We have a YouTube channel. There's some videos there. So you know, look us up and and reach out.

I love to meet new people and have a 30 minute, you know, fact finding, introductory video session no matter where you're located. We've had people come from, out of the country, too, but, we start remotely.

We see what you need. If you need labs, if we need to. And and not just regular labs, but the full, full, detailed. Look, if you need imaging, if you've got a new problem or a different problem that no one's been able to help you with, Doctor Monica or.

I love those problems. Right. So we'll take it on. Yeah. We love those. Those cases where other doctors were like, head scratchers are like, I don't know, we've tried eight, ten different things.

Can't figure this out. That's that's what the type of patients that you and I thrive on, right? I agree I love having those kinds of patients. Wow. I just this is I love having this conversation so, so useful.

It's it's you know, there's there's so many new things coming out that it's impossible for just one of us to know all of this. So us having this conversation and sharing these things for, for me is what I, what I thrive on.

I so glad you were here today. I think this is a ton of information for, for all our listeners to, take in. So if you could say, okay, top three things, these are the takeaways that we want our listeners to, to to go home and understand.

What would those top three things be first, the easiest thing you can do and to help prevent disease formation to, slow and reverse disease formation, to stimulate your own stem cells, to promote health and longevity would be to move and exercise.

So move, move, move. We're we're we have moving parts. If you don't use them, they go bad. And when they go bad, you lose muscle mass, you lose bone density.

And both of those are needed for longevity. And guess what's in your bone marrow if you don't stimulate your bone density, you're not stimulating your stem cells because many of them live in your bone or out.

So to stimulate your stem cells, stimulate your bone density by using your muscles. Secondly, there are options beyond what, a regular Kool-Aid drinking, AMA card carrying doctor will tell you, because we get set in our ways and, you know, to some extent, I was a few years back before I made the switch to open and include regenerative medicine as a tool, even though now I'm doing mostly anti-aging and regenerative medicine because I love it so much and people need it so much and they need options.

How to Find the Clinic and Final Takeaways

So I, it is one tool in addition to other tools. So I'm not saying we going to stop all surgery, we're going to stop all cortisone injections. I mean, I'd like to work against that, but if you're not given an option by your doctor, that includes these things.

Ask why. Why didn't you give me a regenerative medicine option? And if the doctor says, well, it's not ready, it's illegal, or they give you some, you know, talk about that.

You're at the wrong doctor. Yeah. They haven't done their. Yeah. They haven't done their, research yet. Yeah. And and then the third thing I'd say is restorative sleep.

If you are not, if your cells are not repairing during the night and not just sleeping, but restorative sleep, then they're then you are chronically cycling in the wrong direction.

So if you're not wearing some type of health tech, like an Apple Watch or an Oring or a hoop band, or you don't use an app on your phone that tracks your sleep, on your bedside bedside table.

You know, you can really learn a lot about, your health and your longevity by by the quality of your sleep. And there are some rituals you can do to help that there are some supplements.

That exercise will help, that there are so many things, you know, not eating for a few hours before you go to bed, all these things. So your cells will repair better during the darkness of night.

We're supposed to. We're like a plant. There's a dark phase and a light phase. Absolutely. Yeah. I love all these take home messages, especially since they're things that people can do without having to necessarily invest a penny, you know, do a little bit more exercise sleeping better.

Not having to take it's not something that we're telling people invest in more pills and less and that these are basic, basic things that I love getting the message out.

And I love helping people live healthier, happier lives. And so it's such a wonderful conversation to have with you. Thank you so much for for being here with us.

My pleasure. Thank you for having me. And I if we help just one person today, then we've done our job. I'm sure it's a lot more than that. All right. Thank you, doctor Jeff.

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