Intro and Ed Clayu2019s background

But at our hospital in Mexico, the doctors and scientists work together on the same floor, where you have clinical laboratories, genomics, proteomics digital pathology and cellular manufacturing.

So we can really dig in and find solutions fast for patients. Today's guest, we have Ed Play. Let's go! Ed Clay is an international healthcare entrepreneur, mixed martial arts pioneer, founder of TAM Global and the Cellular Performance Institute, official stem cell provider partner of the UFC, Founder of one of largest MMA gyms in the country, and supporter of ICANN.

Today, he's helping redefine the future of healing through advanced regenerative medicine. If I had cancer, what would I do? I would want to get as much information as I possibly can.

And I will try to just… Are you guys testing for environmental toxins? We're not testing them for them, but… What parts of the bodies are you injecting with these stem cells?

Yeah, I think what we're best at is herniated discs. We are about to publish a paper with over 500 patients and the results are really good. The other thing that we do with it is, What would you say is the true problem here in the States with cancer?

Welcome to another episode of a healthy point of view podcast. I'm your host, Sam Tejada. And as usual, we're bringing experts from all over the world to talk about health, wellness, beauty, and mindset.

Today's guest, this guy here is changing the course of regenerative medicine. When we talk about regenerative medicine, and we've had other guys talk stem cells and a lot of these other stem cell derived products and how they're really helping people out, but what we're going to talk today is the true future of regenerate medicine.

We're gonna talk standardization, compliance, how the research by bringing a lots of experts together And what I mean by that, we're talking about MDs, EOs, PHCs, researchers, and pharmacists, bringing them all under one roof to be able to give true definitive treatment.

Today's guests, We have Ed Clay. That's a great welcome. Is that the best welcome you've ever had? It is. I'm ready to go now. Just imagine the first time I told these guys, hey, I need you guys to start squeezing this rubber chicken.

Pleasure to have you here, man. Thank you for having me. You know, you've been moving around in a lot of the similar circles, and you're doing a big things out here when it comes to functional medicine, regenerative medicine.

All of things that we want to focus on to really change the course of medicine and go more into the root cause. But before we get into any of that, for the listeners and viewers, I want them to understand who Ed Clay is.

And we're going to go way back, man. I want to know about your upbringing from when you were like about five years old and what led you to what you're doing today.

Sure. Yeah. So I was born and raised in Nashville, Tennessee. You know, my dad and uncle were both boxers, so I kind of grew up and they had stopped boxing, obviously, when I.

Was born, but I grew. Up around fighting and watching fights every week and just wanting to be, you know. Wanting to. Be a fighter. And so I started wrestling when I was 11. My dad wouldn't let me start boxing until I 13, so started boxing when i was 13. Brazilian jiu-jitsu when was 15.

Muay Thai when when 18. So that was right when mixed martial arts was really, you know, starting to become something. I mean, the Fertitta brothers and Dana White hadn't even bought the UFC yet, mid to late 90s.

And so, yeah, I wrestled. I was one match away from being All-American in high school. Got a scholarship to wrestle in college, but I wanted to fight and kind of went, you know, went that direction.

Wow, man, that's like, when you go that far back, like a lot of people that get into MMA now, it's, they have this motivational factor, which is the UFC and all of these other big organizations.

But that wasn't around back then. So like what really motivated you to actually start doing something like MMA? Yeah, so I always wanted to know what style of martial arts work the best, like who was the baddest man.

And even when I was a kid, we didn't have a lot of money growing up, but I would go through the phone pages, the the, phone book, and I wouldn't look at all the different martial art schools and i would call them.

So I call a kung fu guy, be like, hey, do you think your kung-fu could beat this guy's karate? This guy, you know, David Deaton over here does karate.

You're doing this kung fu. Hey, this guy's a Wing Chun guy. Who do you think would win in a fight? They would just think I'm this crazy kid. I wanted to know.

And so when the UFC came, I was like, oh, shit, it's Brazilian jujitsu. That's that's what it is, and it says ground fighting.

From martial arts to MMA pioneer

and then, the sport started to evolve to where the Kickboxers would learn how to defend the submissions in the ground and then they learn How to Defend the the takedowns and Then so I just evolved for wrestlers were dominating after jiu-jitsu Then the kickboxes that learn takedaun defense were Dominating and that it really morphed into this, you know full mixed martial arts thing.

But yeah growing up I Just wanted to know who was Who is the baddest man? And when I saw the Brazilian Jiu-Jitsu, what is Gracie when, uh, you know, I was looking for a Brazilian jiu jitsu school and I, found one at a, he was a blue belt.

So I training under a Bluebelt, back in the day, it was the highest level we could find. That's great. And, that's why that was where I got my start. Couldn't you find a brown belt or a black belt?

Man, the first purple belt I thought was like, Oh, that guy's a purple belt, he's gotta be like the baddest man ever, you know? But yeah, back in the day, there weren't a lot of us in this sport and it's grown to something really cool.

Yeah, man. You know, going back into the 90s, so my father, He was a black belt kung fu, which he actually still practices martial arts. He does kendo now.

And I actually flew out to Japan and he did the whole, his blackbelt test in Japan, Which is pretty cool to see my dad in his 70s doing that. But growing up, I saw that, man.

I trained in kung fu. You know, trained karate. My dad would say karate, taekwondo. And we did a mixture of different things. But I would always wonder, and I never went into the MMA or grappled the way that you guys did, but I always wondered what is the true one.

Growing up watching the Bruce Lee movies and all of the other stuff, my dad always would come with the VHS with stuff that I couldn't even understand because he didn't speak English in any of his videos.

You know, I can only imagine you were part of that era too, which recently, you know Had one of the guys Chuck

Norris passed away. Yeah, how did you take that?

Man, it was sad. I didn't think Chuck Norris could ever die. All the Chuck Nors jokes that were out there. But I did get to meet him. He was a great guy.

You know, everybody that knew him talked about how genuine he was. And he didn' just do karate. Like he wa really close with Machado brothers in Texas.

The machado brothers to the united states if i'm if I'm uh, correct, but uh You know, I mean huge huge impact black belt in brazilian jiu-jitsu, too. Yeah, and uh I, mean legend definitely legend i'll never forget that the one scene out of a bruce lee movie that i've never Forget and I don't know if you remember is where brucely Like grabs him by the chest rips hair off his chest and then blows it off Oh, man, I don't remember that.

You're going to have to YouTube that afterwards. That's funny. But it's just I'll never forget that because I was a kid, you know, so I'm just like, yo, that Lucy just ripped hair out of his chest.

Yeah. So but yeah, true legend, Man. And, You know I am close with Dr. Bob Goldman, founder of A4M, which he's really big into martial arts. learning his desire to really advance in functional medicine and creating one of the largest platforms in the world, educational platforms.

And one the main reasons he did that was for not just the performance divisions of like bodybuilding and sports, but also for the martial arts people.

So I want to get more into that now, man. I wanna talk about, you know, as a martial artist that was doing martial arts, now we're talking about functional medicine.

We're talkin' about regenerative medicine, so let's jump to that portion of how the heck you even got there. Sure. Yeah. So, you know, I sold my gym and my clothing line.

I had a clothing like called gameness. We did martial arts uniforms and so both of those in 2011, 2012. OK. And my mom was sick without options in the United States, and she had rare form of rheumatoid arthritis.

She had failed all the standard of care medications. she got tuberculosis. You broke her back on a short fall. He got multiple staph infections, all due to the side effects.

of the medication and so it started to attack her organs. And so we had no other options. So basically we were kind of like, what do we do? I started doing research and I saw that there was something called Coley's toxins for rheumatoid arthritis.

It was from a study from 1923 and it wasn't available In the United States, it was, I wasn't available anywhere except one place in Mexico that had closed two years before.

So Scotty and Dedrick, my two business partners and I, when we got a real estate agent, we bought the hospital, he found the owner, we bought a hospital from theowner, hired back the original staff.

My mom came in in a wheelchair and she left three weeks later walking and that's what got us started. So we brought it from my mom in Tijuana, Mexico.

Amazing, amazing. Not everybody gets those type of stories. Three weeks after bringing her in the wheelchair. What did you guys do? Yeah, so that's a combination of, have you ever heard of Gerson therapy?

No. Okay, Gersen therapy, it's 13 fresh pressed juices a day, five coffee enemas. And this was the original Gursen Hospital. So Max Giersen, there's books called, I think 50 Cures is one book that he had back in the 50s and 60s.

His daughter Charlotte Girsen founded the hospital that we now own in 1979. And so Gerson Therapy, they have a

paper from the 1990s where for melanoma, it was like 36% five-year survival for metastatic melanomia where it's just about 5% under standard of care up until 2018-ish when the checkpoint inhibitors won the Nobel Prize for cancer.

But it acts like an immunotherapy. It creates an immune response at about 10 to 14 days. You get a high fever and then and so we're doing that and Then we did um, you know coles toxins colis toxins Come from a doctor named William Coley and in he was at Memorial Hospital, which is now Sloan Kettering and he had a sarcoma patient and and he amputated her arm thinking that was going to stop the spread and it didn't.

She died about five weeks later. So Dr. Coley looked through the files of Memorial Hospital to see if anybody had ever survived a sarcoma and nobody had except one patient.

He found him. It was seven years later, brought him back. He was still alive. And it turned out that when the patient was about to die of their cancer, they got an arecipolis infection, almost out of the infection.

But when infection was gone, the cancer was going on. Any thought? Well, if an accidental infection can cause the spontaneous remission of a cancer and so should an intentional infection And so he injected the next few patients with this live bacteria.

They almost died. A number of them came out cancer free, but a couple of the died of a live bacterium he put in them.

From personal health crisis to Mexico hospital

And he changed it to a dead bacteria and from 1891 to 1936, Dr. Coley had a higher success rate turning many cancers than we did up until about 2018 when the checkpoint inhibitor immunotherapies yet.

And so in the textbook, Dr. Coley is considered the father of immunotherapy. You can read the cancer textbooks, you can the medical journals, and it's well documented.

His daughter founded the Cancer Research Institute in 1952. A lot of her work really drove the immunotherapy for cancer idea. And then it kind of morphed into what we see now where immunotherapy-for-cancer won a Nobel Prize in 2011 and 2018. So now it is mainstream medicine.

But it wasn't for a long time. And this hospital was really an immunotherapy hospital in Tijuana, Mexico before immunotherapie was popular. Right. You know, you're talking about your mom getting sick and that being the reason you going out there, but just listening to you talk.

Like, you're not just a regular guy. Like you research this. Oh, yeah. You're reading and you are diving deep. And you like taking notes. Yes. So where does that come from?

Well, I think from fighting, the UFC, it's all about who's the best. you know, You can't hide who is better in the cage. I want to know what's real and what is not real.

And so I'll never forget like the first patient we had that had a tumor coming out of his neck. I mean, you can see tumors on the scans, but it was a big tumor.

Coming out his next, we were injecting it every other day with the coli's toxins. And within three weeks, it probably dropped by two thirds. Oh, I'm like, It's undeniable.

But, uh, You know, and then just started reaching out to different scientists that were in immunotherapy for cancer. This was 2015. So and Franco Maricola, for instance, is one of them.

He's now our chief scientific officer. But he actually told me, hey, you need to form a scientific advisory board. And Franco, he was the former chief of infectious disease and image genetics for the National Institutes of Health.

It was. The founder and editor in chief for The Journal of Translational Medicine, president of the Society of Immunotherapy for Cancer. So he's a big guy and he started bringing on people to our scientific Advisory Board that.

believed in what we were doing. And those initial ideas, he's like, you gotta publish, we actually have to run studies. You gotta bring on these scientists.

I would set it up like this. Translational medicine, our hospital in Mexico now is called TAM Center. It stands for Translation and Advanced Medical Center, and so translational is from bench to bedside, the bench of the scientist, to the bed side of patient, then hopefully bed-side back to bench.

And so that's what we're set up to do now. I mean, we have a lab in Boston, Nashville, and Mexico, but at our hospital in Mexico. The sixth floor, the doctors and scientists work together on the same floor.

We have 16 full-time PhD scientists, I believe 42 medical doctors. On the same floor where you have clinical laboratories, genomics, proteomics digital pathology and cellular manufacturing.

So we can really like dig in and find solutions fast for patients. We do deep dives, you know, in what's the root cause of what causing these Chronic diseases or or cancer and I mean so the research just never stops for you on your end specific I don't know.

I means this is a You know, you're putting the puzzle pieces together. Yeah, and we can't even say that the puzzles pieces are accomplished because it's an ongoing Project, you know, yes, I feel like I know less now than I did when I started in 2015 I mean true story.

I'm like man, You know I thought I knew like what would you contribute that thought process to what do you say? Just because so many new things are developing that require more research Yes.

I had an idea then about what was causing cancer, what's driving cancer and those type of things. And now I truly realize how much goes into it, how far we have to go, which I don't think is actually that much further.

But now I don't want to know every little detail. I try to look at it from, you know, five thousand feet. But, yeah, I want. To get a good view of everything going on.

And then if there's smoke, send our scientists in to dig in deep. That's I understand a lot of the systems and immunology and, um, some of. The other things, but I'm not an expert expert like they are in those specific things.

So I think knowing now, looking at five to 10,000 feet, you realize that you don't know all of those deep, deep dives in the weeds. You know enough to pass the baton to them when the time is right.

That's right, enough. To be dangerous and explain yourself quite well. And that's how I feel about what I do. I got, obviously, the chief medical officer and all the scientific guys where I pass it on at the point in time that I can't handle it.

So Ed, we're talking about cancer right now, and I know you guys do more than just cancer, but with cancer what would you say is the true problem here in the States with Cancer?

I would say, I mean, Most cancers probably are formed because of epigenetic factors or environmental factors. And our diet dictates, it's probably the biggest determining factor of someone's obesity level, whether they're going to get cancer or not.

Genetics do make a difference. People can be predisposed to having cancer. But our lifestyle choices really, I think, are probably, the bigger determining a factor, of whether someone is going get to cancer, or Basically certain things that you're exposed to through the environments of foods that cause a change in gene expression.

I would say right. Yes, that's exactly right So so, you know for the regular lay person who's listening to this, right? Let's say they get a family member who gets diagnosed with cancer a regular traditional system is not explaining this to No, you know, our traditional system is getting better.

It really is. But it's still not there yet. If someone has cancer, if I had cancer what would I do? My mom had a cancer. What would what I would do. I wouldn't want to get as much information as I possibly can about her or my individual cancer with the sequencing, with proteomics, digital pathology.

I would run it through AI algorithms and I'd try to just get as targeted of treatments as possible, on and off label. Well, insurance is obviously not covering this type of stuff.

So when it comes to this kind of diagnostics and treatments, what is this running somewhat? Well, the diagnostics, I would say you could get a ton of information on your tumor for less than 10 grand.

Right. I mean, so that includes going in, getting getting the biopsy of the tumor and everything. So I don't think it's that expensive. Look at what they, for instance, um, The Foundation One test in the U. S.

is probably the most popular gene panel tumor, gene, panel tests out there. Well worthy of any Roche reference lab in Mexico for for that test. OK. And I think they charge like You know, 5,000 to 7,500 just for that in America.

And so if you were to come to us, for instance, I mean, you're getting a beginning that plus the whole XM plus, a ton, ton of stuff. So I don't think that the price is that bad when you you don't really see what you can get for it.

Yeah, especially when your life is dependent on it, you know? Right. I'd pay 10 times that. Of course. Or even more. You probably thought it was going to be more, it's like, yeah, 10 grand, he can a ton of information.

That's a lot of info to at least start figuring out what are the next few steps. So when it comes to these type of treatments, specifically with the cancer, are you guys seeing people coming in with stage four cancer?

What kind of results do you see with patients that come in like stage 4 cancer. Obviously depending on which cancer it is. Yeah, so I think our model has changed, especially the first…

We closed the cancer program about three years ago and just opened it back up last year because we did a full renovation in the hospital. So you guys had like a grand opening.

Yes. The cancer part was closed for about two and a half years. Before that, we saw really what I would call good results before the checkpoint inhibitors got popular.

So the checkpoint inhibitors oncologists in the US started treating patients with those in around 2018 when it won the Nobel Prize. They were using it before, but it really got popular.

So we started noticing that we were getting less results from the patients because they'd already tried immunotherapy. Whereas before when they came to us, they had never, there were no other immunotherapies really out there.

So that's really when we changed the model to doing what we're doing now. And so now we are running clinical trials to see what those results are. When you have your patients come into your clinic, I would assume it's more than just procedural.

Do you guys have nutritionists working with the patients? Yes. Yeah, we have nutritionist. We have two full time psychologists. You know, think about this from a fighting perspective.

If you told your fighter, oh, don't worry about visualizing winning, you know. Yeah. Don't even don' worry bout your diet. Would be like the worst coaches ever.

But then people go into this cancer battle and. They're not told at all to work on their mind, to hey, this is the fight of your life, you gotta get your mind right.

And so we take it very seriously. That's like one of the most important parts. It is, it might be the more. I was just having a conversation last week, that you might know him, Conan with American Top Team.

Oh yeah, I know Conan. Conan, he hit me up, we work with Hippocrates Health Institute, 60 Acre Camp is bringing cancer patients.

Translational medicine and cancer research

And he knows we're there. He said, Sam, I want to go there and I wanna talk to these patients. And I wanted to talk about the mindset. Yes. You know, it says Conan, that's actually, he said Sam I do it with the fighters.

If I could do with with fighters and change them, and know I can do what the cancer patients Yeah, and I mean when you look at your biology and what the mind does, you know, You listen to guys like dr patrick porter, uh brain tap and you Know joe dispensa how patients truly cure a lot of their illnesses and even pain in their body By tapping into the mine.

Yeah. No, absolutely I I 100 believe in it and i think it's probably the most important thing If someone has cancers to, you know, and you got to let go of the people that you haven't forgiven and get a let-go of that.

We have a class called The Power of The Mind, where it's kind of intense. It's almost like group therapy, but the patients' loved ones there and, they're talking about what their experience is.

And you can see, and it's very much about having the patients take personal responsibility for their life and how they react to things. What can they control, what can't they can control.

I mean, I've never left that class without coming out with tears. But you see the weight off the shoulders of the love, because a lot of times the loved ones are going through it, or the person's just hanging on for their loved one, you know, and they need to let go.

And so, but when you can see the weight come off of their shoulders from that, it's making a big impact. It's a huge shift at that point. You guys didn't mess around with any plant based medicines throughout those processes or ceremonies?

I mean, we've done this is probably 10 years ago. We were doing some DMT the frog We we're doing ibogaine in the very beginning As well, it wasn't a great mix with the patients though.

They're going through two different experiences You know one addiction the other fighting for their life and we just couldn't make it work with that the patient population But I'm a big believer.

I meant iboga in I've never seen Ibogaine not work on somebody that, for opiate withdrawal. It's not a magic bullet, it's gonna cure them of whatever their addiction is, but from an opiate withdrawal standpoint, Ibagaine, as far as I have seen, works every time.

Yeah, I was saying that with a lot of people too. And that's one of the things that we're doing as well too, we are doing the CLEARLY test, you know, The heart scan.

Oh, okay. So where it utilizes the AI mapping and you can actually see how much blockage is in the cell. What's it called? Clearly. Clearly? So like clear, clearly.

I'm actually doing mine for the first time in a few weeks and I want to document the whole thing. Yeah. My business partner, Dr. Christopher Davis, who's an interventional cardiologist by trade, you know, obviously has a very strong passion about heart health.

Sure. And that's one of the ones when it first came out, doing the actual heart But with the AI mapping, which is a separate almost like application that goes into after they do the scanning, you can actually see in the vessel.

So now if they got 10% blockage, You can see it. You don't have to wait until the person has like 70% Blockage to then actually have the diagnosis. And you could see down to the little tiny vessels and everything.

Wow. It's very interesting the technology that's presenting itself. That sounds awesome. You know, we've done the prenuvo. I had a founder here doing full body MRI.

Technology is getting better with AI, I would say. It is. But yeah, so that's pretty cool that you guys are doing all of that and a lot of the blood testing.

What about anything with, you know you were talking earlier about epigenetic testing, right? Lifestyle. We want to talk about toxins. Right. This is a big talk.

You know, you go to the Maha different MAH events and we hear about the different poisonous stuff that's in our food and our environment. Obviously that has a huge effect on patients overall health.

Are you guys testing for environmental toxins? No, we're not testing. For them. But I mean, I totally believe it's a. Huge issue. And we do coffee enemas.

We recommend coffee and it was for our cancer patients. Awesome, and so let's say, I wanna talk about stem cells. You guys have taken a way different approach on stem cell.

We've actually have done some research on a lot of stem-cell-derived products that are out there, very popular products, we don't have to name them, but I want to talk some of your findings.

What you guys are doing, what you are offering when it comes to real stem Right now, you know, here in Florida, there's been a huge shift. Yeah. Right.

They passed a bill July 1st this past year. And now you got a lot of guys that were living out of state doctors and researchers that now live here, taking advantage of this bill that was passed.

So I want you to kind of comment on some of the things that you guys are doing and why it's so forward thinking and you, guys, are leaving the way. Yeah, so, you know, the paper that we wrote about the Wharton jelly products and we did not name people got really upset with it.

I was a little surprised when people were upset because what we didn't name anybody and. We were we. Wrote a scientific paper. The our point was minimally manipulated Wharton jelly.

So if you're getting Wharten's jelly, it's not a stem cell product. And we knew it wasn't. There was past literature that suggested it to and we just ran the studies.

We weren't saying that you can't get stem cells and plate from Whorton jelly and plait them out and grow them and those type of things. Um, so if someone wants to expand the stem, cells, the very small amount of stem.

Cells that are in that word jelly they absolutely, they actually can. But our process is we use umbilical cord lining stem cells. Our basic stem cell is, we grow them in a hypoxic environment, so between 3% and 5% oxygen.

Why do you guys do that? That's kind of different from what other people talk about. It is different, yeah. I mean, the cells live longer, more growth factors, just perform better.

The normoxic cells are going to like a 20% oxygen environment. And if you go into a disk, the oxygen level is really low. So you want to have stem cells that were grown in a similar oxygen to where they're being injected in.

Number one, the other thing that we do with it is we use the same lysate that grow the cells in when we inject the cell into the disc or into a joint.

A lot of places as well will use fetal bovine serum to grow their cells. We use human platelet lysates. Would you rather grow your stem cells in calcium or human serum?

And pretty much everybody's using fetal bovine serum. And so we don't do that either. But our focus is quality and making sure we have a consistent product every single time.

We grow about 7 billion cells a week. And we have a great process. And then that's kind of what we're known for. CPI is probably our most popular company, but the innovations are really coming through our biosciences company and the new things that we are just kind coming out with.

Yeah, I mean, you guys are very well respected when it comes to that. I. Mean, some some very big names have gone to your facility and speak publicly.

Joe Rogan is actively talking about you, guys, consistently. So, um, obviously what you. Guys are doing, people don't talk like that unless there's results connected to it.

I can't wait to actually do the study, especially now that we can actually measure that, but we have a biomarker we could look at. But there's no doubt anecdotally we've seen a number of great cases that like Alzheimer's, dementia, Patients have to keep coming back.

But then we could say, well, we don't know if it's the NAD and all the other things, HBO, that we give patients that same week. So it is a combination type therapy.

Will stem cells by itself have that big of effect? I don' think it will have THAT big an effect. I think the combination synergistic stuff, kind of like what you were talking about with HBO with stims, all of that can make a big difference.

And then, were going to be making a new neuromap cell. So we have that coming out which is going to be sized. It's going be a smaller stem cell, one of our MAP cells.

Map cell is a new product that we are coming up. What is that for? Is that something that passes like the blood brain barrier? Yes, and we're still doing before I make that claim.

We're doing the studies, but that is the plan. And but the map cell, for instance, have you heard of a muse cell in USC? It's pretty popular right now.

There's a scientist out of Japan that did the work on that. And what I think I saw them at a conference. Yeah. And so, you know, when we saw what she was doing, one, we're still going to be comparing those to our hypoxic cells, but thought it was really interesting and then, um, You know saw some scalability issues with with it.

And so we then found other markers when we started digging in. So we're going to have our own patented version that is different and we think better. We'll be able to do some comparisons here really soon.

But from that we're making a neuro map as well. So we have the map cell and then we the neuro-map which is going to be to cross the blood-brain barrier is the goal.

What would be your goal for the route of administration? Nebulizing it? Um or like um going through the using interventional radiology To get right, uh right to it right.

To it. We've got to be you know, very careful We gotta do studies, you don't know so but that's the ultimate plan. I think that s a little safer than intrathecal um, so Uh, that' s that the plan the the mu cells are claiming It crosses via IV, even using IV.

Really? Which, you know, we got to see more studies on that. We got a bunch of studies. That's one thing where people always kind of start questioning that some of the IV stuff obviously works for different things.

But when it comes to like TBI, it was a while it gets stuck in the lungs and then, the different organs or starts going elsewhere where they have inflammation or something like that?

Exactly. Yeah, that's most stem cells, about 75% of IV stemcells or more end up in the lungs. But with these new cells we think we can bypass a lot of those things.

Pretty cool, man. I got to follow that closely.

Cancer diagnostics, mindset, and treatment approach

So you're talking about a combination of different things, so I'd like to talk about some of the combinations that you guys are doing when someone goes through some stem cell procedures at your clinic because it's not just a matter of coming in and just getting injected, right?

So what does that look like? Yeah, so someone comes in on a Monday and we do all their blood work, you know. We do NAD plus Myers cocktail, IV ozone. Uh, we got a six person hyperbaric oxygen chamber.

Oh, well we've had for years. And so they're getting N. A. D. and ozone and Myers Monday, Tuesday, like they get four days that week. So they stay a week with us.

pulse electromagnetic field therapy, pretty much every day if they want. And all those things increase stem cells. So we're looking for things that work synergistically with the stem cell therapy that we are doing.

I don't think we would be getting near as good of a response if we were just doing come in and you know get stem cells you got to prep the body yeah especially for you.

We don't get like small injuries and we get a lot of times people in wheelchairs and major things and, you've got, to give the, body everything that it needs to have the best potential for a response.

You guys doing red light therapy too? We do some we do, some redlight therapy I've, got a panel at my house in Mexico and Nashville that I'm a big believer.

When you have 70 something patients there at a time though, getting them lined up, it's always been, we have it there, but they don't really use it a lot.

It's interesting you say that, man, because I got like biohacking stuff at home and I'll like post about it. And then people was like, Hey, I went to your clinic.

I didn't see that. I don't offer everything, but I do everything myself. You know, like I'll have a bunch of other gadgets at home and post about it. I represent other companies and support them, out of my clinic, there's only so much that I can really do.

Only so you can do, yeah. But I'm a believer in it, I mean, Red Light, my gosh, it's unbelievable. Science is there on it too, man. For sure. So on the stem cell topic, you know a lot of companies out there with these exosome products.

Exosomes, you know, lyophilized exosome, like everywhere you go, there's something people want to just inject directly into the knee. For people that are out there that, are being pitched from every single angle, what would be your advice on looking at doing any kind of regenerative injection for, let's say, any muscle skeletal?

Well, um, first of all, if you're using real stem cells, one stem cell produces about 5,000 exosomes every 24 hours or so. So, you know, get a lot more exisomes from using stem.

We use exusomes by the way. Uh, we've never marketed our product though, because the numbers that other companies claim we can't get to. And we're very advanced.

So, you know, when they say 50 billion exosomes, it's like, are these really exo zones or these? Particulates, you know, so we don't feel comfortable advertising them because we can't compete with the numbers are saying so But I don' think most of its real in other words, I dont think they're real exosomes.

We're doing a study on that too. we've got Six of the top products that we're gonna actually see how many exisomes are actually in there compared to what You know they say and what else is in their?

That's the particulates, that's okay too, but it's hard for legitimate companies that are doing things like GMP to compete if the numbers by the competitors are all 10x, 15x.

They're all a little skewed. I've heard a lot of that before also. It's like, what type of microscopes are they even utilizing? The type microscops you need to actually get down to the granular of those exosome cells These are now, you know, $2,000 microscopes.

Oh no, like 60. Easily. I've heard of some of these microscoping be close to half a million dollars. Yeah, they can be high. Very expensive stuff, man.

So it's like, are they actually utilizing the technology to really define, which obviously sounds like you guys are using great technology and that's why your numbers are showing differently.

Yeah, well, on our new mill tinny cell sorter and flow cytometer, I think we spent four hundred thousand. So, yeah, you've got to have really good equipment to get to the lasers program.

And I'm not a laser programmer. expert, but I know that we're paying for these things to get programmed to measure the exosomes perfectly and those type of things.

So now does it mean that if they're not really exasomes, it's bad? No. Just kind of like with the Wharton jelly, does that mean if it doesn't have actual stem cells, that's a bad no.

It's just you can't call it an exo zone product. You can call a stem cell product because it is not. But we'll see actually, we will see what it turns out to be.

I was very sure about the Wharton jelly. Already knew pretty much what the results, what I thought they would be, I don't know with the X's number, but I think, you know, maybe they're doing something that we haven't been able to figure out.

Right, right, now, Ed, You know I'm a very patriotic guy, ya know? I believe in our systems here in the U. S., I do know that some of our system are broken.

But for the other people that are very patriotic, just like me, why would I go to another country to go get medical treatment? Yeah, I think if I know the answer, but I want you to share.

I. Think if it's options that. Are not available in our country, it makes a lot of sense if. If I'm able to get a, you know, get something, let's say I am facing life or death or I can't get stem cell injections in my herniated disc and I cannot walk.

You know, I think that it just it, just makes sense. I'm a patriotic guy, too. Right. But, you know when it comes to my health, if I have to go to another country, how about a hospital in Mexico for my mom?

So I love America, but we couldn't do what we wanted to do. What we need to to for her here. So had to get to Mexico. That's that's why. And to add to that, man, I'm with you 100%. And sometimes we're living in this world of certain regulations that are antiquated, right, becomes very political.

We're we know and even the people in charge know that we have technology and science that could be available to people. And unfortunately, politics gets involved and doesn't allow, you know, people like what you have on your team to actually effectively treat patients here in the US.

And this is one of the reasons, and you can attest to this, but why you see the biggest of elite go to countries like go Mexico, go these other countries to get these type of stem cell treatments.

Yeah, that's what it takes. And, you know, the U. S. is hopefully going to be catching up soon. You know. Florida did pass a law. So, maybe maybe some places will catch up.

We really need to figure out quality. How do we verify the quality of all of these things and. because what I don't want to happen is somebody gets stem cells and let's say, you know, they didn't, uh, the quality wasn't right.

And then stem sales get blamed for whatever bad happens. So we got to fix that problem. But I think that America's, it's not too far away. If, if, If we could solve that, I, think the state by state laws are a good way to go, but they're never going to be able to do everything we do in Mexico because of our licensing there.

I mean, to me, U. S. is such a litigious environment. I don't think that it would necessarily work like it does in Mexico. But stem cells have been around for so long, I think it should be available in America.

And I you know, relatively soon. Yeah, I can see that. So talking about politics and things that are happening in the medical field, there's a big movement happening right now, the MAHA movement, Make America Healthy Again.

What are your thoughts on this movement? I think it's amazing. I mean, uh, i was supporting RFK, you now back in that RF K for President days. Oh, nice.

Um, so I'm friends with Bobby Kennedy III. We hang out when we go to DC and You just wrote a book. Yes, he did. Yeah, the the voucher book actually I got him coming out to the podcast to talk about it, too We've been in talks about oh, that's awesome.

I love Bobby. He's easy. Have you heard the audio of his book? Yes. It's not your voice. You know, but um, you know I'm a big fan of I mean I think it's perfect because I I think, for instance, RFK, him being in the position he's in now really is where he needed to be, even more so than president.

So I that was awesome. And now he is finding kind of all the roadblocks. Part of the issue right now um is like for instance nih i've got a lot of friends in nih and they just don't trust the administration and so i would love to be able to build a bridge and say guys these guys are actually cool let's do some research together you know and those type of things but there needs to Be a trust built with like nih, and um you, know some of the other nci a Lot of great people at ncai too the problem anybody that's been an insider nih will tell you Is that the bureaucracy is so bad they all know it's a problem And I wish they'd let this administration come in and fix it.

Yeah, but how do you think they're going to be able to fix that trust? You got to trust and then just cut the damn red tape. You need somebody to call out the bullshit.

But the people at NIH and NCI know what's going on. They know where the bureaucracy is.

Stem cells, exosomes, and regenerative protocols

they know these stupid rules that have been written that keep them from being able do what they want to do. Right. Um, But, you know, I don't think that they necessarily trust the MAHA or the administration.

And so they're not really showing them the way. And I think if we could build a bridge, I'd think it would make a big difference. Franco, our chief scientific officer, talks about me about this all the time.

So late 80s, early 90s he was at NCI, National Cancer Institute, with Steve Rosenberg. Rosenburg's still there.

Legend. Cancer immunotherapy would not be where it's at today if it weren't for Steve Rosenberg and Franco and all that whole crew.

But Rosenborg was the leader. He was a fearless leader back then. And they would be able to try things over and over, fast, try new immunotherapies. And it really got the field going.

Franco ended up leaving because he said, by 2010-ish, it would take forever, just over 20 years, the whole system changed within NCI where they couldn't do their clinical trials like they wanted.

The bureaucracy got to be so much. So they all know with that, every time I talk to anybody from NCI or NIH, they know the bureaucracy is the problem, the red tape is a problem.

So we have to cut the tape. Now, I can understand where they're coming from, but they don't trust the administration. They're like, who are these guys?

They didn't support Trump. and politics going on. We all know how that goes. But I know they're good people too. So I wish that they could figure out how to get along and not necessarily get a long just to know each other.

Because I think a lot would open up if we cut the red tape at the NIH. My gosh, we could have discovery after discovery. If we let Rosenberg and the old old school guys from the NCI go and do their thing again with all the where technology is at right now, with our sequencing and all of the science.

I mean, Franco thinks we would cure cancer in five to seven years, two thirds of solid tumor cancers. We had unlimited budget and could cut the red tape.

He said, yeah, we could cure it. Five to 7 years. Two thirds is all tumor cancer. So the potential is there. And I think, you know, I'm a huge fan of They're all always surprised when they hear that I was, you know, a fan of this part of Maha.

But then, yeah, we have conversations and we're friends and they trust me too. And normally they're like, huh, interesting. Well, I just I don't trust them over there.

Yeah. OK. That's because they have to make it a nonpartisan. All this health stuff has to be done, but eventually it's still you've still got to get the politics involved.

You know that that's unfortunate for. Well, you got to cut out. You know, I don't love all of the, the NIH, depending on who's, what administration is in.

All the administrations before this, Trump administration, NIH would fund all the universities. And I actually think that's a mistake. I think it causes too many conflicts of interest and the research then has to come from the government for these universities to work.

Right. We saw during COVID, You know how? It seemed like everybody was on the same page, even though behind the scenes were like, what's going on here?

They're like you know, everybody's like take the vaccine, wear your mask, blah, right? And, you. Know, I don't know about you, but like for me, as I didn't get the.

Vaccine. And yeah, touch that. Yeah. So we're saying it's. But but it was an effort that it. Was like. The people like for instance, I had a friend that got a 70 million dollar grant from NIH and he's like Ed I can't talk out against this You know, and I mean I understand where he is coming from But that's a problem.

Yeah when your money is from this group and back then it was I guess Francis Collins was was in charge and You know, so it's coming from this group. He was out there saying you got to get the vaccine.

If you don't agree with me, you're a bad person and you just want people to die. You can say that exactly. But you know what I'm saying? That was the messaging.

And so imagine being a big scientist, getting 70 million dollars, which is all of your funding from NIH. It's a complicated problem. I wish Maha would.

There's good people in NIH, I'm telling you. Good, good, people. They could figure out how to work and trust enough to cut the red tape so we can make some breakthroughs.

Create that bridge, man. Yeah. Really hope things keep on going with the traction that we have now. Depending on how the next election goes, if the administration changes, that might be a big problem.

So I hope that we can keep on putting the right people in leadership roles that are going to eventually benefit the patients, right? The patients that have been dealing with the illnesses and everything else.

Absolutely. Ed, what I wanna do now, man, the question I'm gonna ask you, I want you to take some time and just think about it for a bit, and I wanted to come from the heart, so my question to you is, What is the true issue in our nation related to what you're offering and what your doing, And what is that solution to that issue?

What does a true What is an issue that we're dealing with that keeps us from being in America? The true issue in our nation, related to what you're offering through your business, right?

Obviously you've created your facility in Mexico for a reason. And there's a reasons why you created that. There's an issues here in your nation. I want you to, after stating what that issue is, what the actual solution is for it.

Yeah, so the issue is people not understanding how bad the regulations are, in my opinion. Our solution was to go to Mexico, vertically integrate everything so we could compete with big pharma, do everything in house, not spend five to seven years and 30 to $50 million to just get a drug through phase one.

And do it in, we can go from discovery to patient within six months now in Mexico and do for less than a million dollars. So, you know, people look at us as CPI or hospital, really it's, on the outside, it is the biotech that has all the treatments, that's our big business.

And the Biotec has a huge advantage because we don't have to deal with the red tape. And so in the solution, I was just talking to this, talking adult big tree yesterday on the high wire about this.

The solution is getting other biotechs access to cheaper studies and faster. Like right now, it takes five to seven years to get to a phase one, the paperwork, when they send their samples out for testing, everything costs so much.

So my suggestion was, if we had a government agency or something to where, or NIH, we have it, let these smaller biotechs send they're testing into NIH for reduced costs.

You don't have to spend, because the markup is crazy on sequencing and these type of things. And you need certain sample sizes to get the price down. Well, let them pull the sample size is.

And, you know, we had acquired a team out of Boston. What they were spending eight hundred thousand dollars a month for. We spend sixty thousand a. Month for just because we're vertically integrated.

and you. Know, if that it's first principle approach. But if. That was taken in and put into to for other organizations and the government could do something like that, that would fix that problem.

It's really The problem with science in in health care right now is it takes so long just to get something to humans and it costs so much money. So we've actually solved that problem.

That is like that's a part of our model. People don't realize the whole model set up to go discovery the patient within six to 12 months, do it for less than, you know, as little as possible, not waste time on things that don' work so we can go discover more.

And if that could be brought to the U. S., and there's ways to do it, we have to get, it's regulations. We have get those in place. I mean we could cure so many things, man.

It would be a game changer. So you said about six months. How long does it take in the traditional system? Five to seven years. 30 to 50 million dollars just to phase one we can do it in six months you know interesting so dr davis my partner he he always says that science is 25 years ahead of medical practice yes we're getting it like we want to fast yeah any innovative treatments that you People that have biotechs call me because we can, you know, run inexpensive trials for people and like find out if it works.

And now we have great scientists like we're not, yeah, making shit up. You know it's very, very direct, real clinical trials. But if people are serious, like yeah we would love to be able to help other people too.

We haven't done that. we are actually working with a group right now out of Harvard. If if there's others, yeah, we're completely open to helping people translate their science into treatments, you know, for patients.

It's amazing. Amazing. And we've got to have a little fun here real quick before we wrap up. But one of my favorite podcasters, Stephen Barlett, with the diary of a CEO, he came out with these conversation cards.

I'll grab that. Just slide that open. Randomly pick two cards out of the middle or wherever. You're going to read the card and answer it. All right.

MAHA, regulation, and closing thoughts

What is the hardest thing you've ever done in your life? Oh man. The hardest it has been the hospital, you know, figuring out how to buy the Hospital of Mexico.

We lived in the first six months for five years, seven days a week, 15, 17 hours a day. You know, our health, we weren't focused on our help by any means.

No balance. And we've sacrificed a tremendous amount. So just that sacrifice was by far, I think, the hardest thing. Listen, at the end of the day, it's the goal is for it to pay off, not just for yourself, but for all of that people that are going to help.

Right. Amen. What else we got there? Right? What is your selfish dream? Gosh. Selfish dream. Keep it PG there. Come on. Yeah. Well, I'm engaged. Gosh, selfish.

Dream. You know, we almost bought a yacht last year and but I couldn't do it because I. I felt bad, but we were going to have it licensed as a hospital.

So I was like, I'll get this thing, if we can license it as the hospital in Mexico and keep it docked here in Florida, and then people could go to International Waters for treatment.

Five treatments a year, pay for the, yeah, that was the initial idea, But that would have been my selfish idea. That's pretty interesting. The cruise ship's got a whole operating room on them, right?

I know, you never know. It'll be done, it'll done. I like that. Awesome. As we wrap up here, man, if there's someone listening or viewing this podcast that resonates with today's message, right, and potentially, you know, is suffering with pain or dealing with something that truly everything you talked about can help them out.

What is that last thing you can leave them off with? You know, for me, I rely on my faith, you know. Have faith in God, pray about what's going on. And if God leads you, trust where God is leading you from there.

You know, a lot of people with their, you know have terminal cancer. They don't know what to do. And we always tell them you can't, You're not going to make the wrong decision.

Whatever decision you make is the right decision and I like to pressure them and you pray and then trust in God and be fine with the decision You made.

That's my, that's My advice. Amazing man. Listen, I always say trust and God, everybody else produce data. Yeah. So if people want to find you, how do they find Yes, CPI stem cells calm the TAM Center Talk calm and then was at Ed clay official for Instagram So yeah, one of those three amazing brother.

It was a pleasure having you on a healthy point of view podcast Thank you for having me out man. I really appreciate it. Thank using Guys you heard Ed Lead by faith, you know how I always feel about that.

Always make it a priority. God is always first and There are so many other things that we can be doing to take control of our health, especially if you are currently suffering.

There's other treatments out there besides what we're so used to in the traditional system. Yes, there's science behind a lot of the stuff that's already out, but there is a reason why a of people, the elite, are going out of country.

Sometimes there are just too many regulations to really be able to help us, our loved ones, and many more. Guys, if you resonate with today's message or you know someone who might, make sure you share this podcast.

Make sure like, subscribe, do all that fun stuff, and we'll see you for the next one.