The Pain-Relief Breakthrough You Need to Hear About: Dr. Jeff Gross's Way to Heal Without Surgery Transcript

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Intro to Peptides and the Podcast

You know, we we use peptides all the time. We've been doing it for or, you know, decades here. And we just didn't know it. For example, when you take melatonin at night, you're taking a peptide.

If your body secretes insulin, which it does every day, you're making a peptide. So peptides are small proteins in the body. They are essential. They they are in your cells.

They do so many different things. Your cells communicate from one cell to another through a small bubble of signaling material called an extracellular vesicle.

The other word for that is exosome, which is the second part of your question. And we'll talk about that shortly. And those exosomes carry peptides. If you do pharmacist type activities like hot sauna, your body makes your cells make something called chocolate.

These are small peptides. So they're ubiquitous. They're they're cumulus. If you've ever had a runner's high and released endorphins. Endorphins. And.

So there's so many. Well, now we have therapy. That's right. You can buy them and and use them strategically. 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 there. Welcome back to the Integrative Health Podcast. Today we are going to be talking about spines and joints.

So I really want you guys to take a listen and dig in. Today we're talking to Doctor Jeff Gross. He's an MD. He specializes in neurosurgery specifically of the spine.

He's the creator of the company re celebrate, and he is often approached for second opinions to help patients find a treatment that delays or eliminates the need for surgery.

His approaches include offering stem cell and other regenerative medicine applications. This is expanded to allow his expertise to help those with joint and other inflammatory issues.

He's an expert in stem cells, exosomes, and peptide applications to support the root causes of issues in effort to slow or reverse symptoms. Disease formation in aging.

He is known internationally and sees patients in office and by telephone appointment. He's a philanthropist, academia and having written scores of medical journal articles and textbook chapters.

As a proclaimed bio nerd, Doctor Jeff is always pushing the forefront of logical clinical medicine to offer out of the box options for those in need, while maintaining his stance for helping patients with their rights.

Why the Surgeon Shifted to Regenerative Medicine

He sees patients out of As Henderson, Las Vegas, Nevada location from all over the globe via Video health. Welcome, Doctor Jeff. So excited to have you here today.

Yeah, I'm excited to thank you so much for having me. Yeah. So basically, I'm curious how you got into this, because if you go to a neurosurgeon and I worked with neurosurgeons during my emergency medicine, residency, we worked with them side by side.

They like to cut. If you go to a neurosurgery, they're going to recommend surgery. So how did you get into all of this? Yeah. You know, it's, partly, you know, because of of the way I'm wired and partly because of the desire to help people in, in new and cutting edge ways that it all came together.

I was practicing traditional neurosurgery of the spine. I took care of disc problems, pinched nerves, injuries, you know, degenerating discs, things like this over my career.

And, you know, there are many treatments for those things, starting with therapies, chiropractic care, physical therapy, you know, myofascial massage treatments all the way up through medications, injections.

And last, I mean, the last should be surgery unless there's some type of emergency. So I was always follow that philosophy. It's always written about it's it's dogma.

But I notice my colleagues were aggressive with surgery. They just look at the MRI and operate. And sometimes they weren't even operating on what was causing any problems.

So, that was very, disgruntled for me. It was it was very distasteful. So I've always been sort of the non-surgical surgeon and it it helped me, you know, put together a practice where I treated many people without surgery.

But those patients would come to me and say, hey, you know, these some of these treatments didn't work. And I'd say, well, you know, we should talk about surgery as an option.

And I said, well, we I'm not ready. I said, okay, good. I like that because I'm not ready either. And they say, but I still have these problems. We got to do something.

What about lasers? What about this? What about what about stem cells? And you hear that enough times. And luckily my undergraduate background is in molecular biology.

So it was easy to sort of have my feelers open on, on anything in that realm. And, and a lot had happened in the 25 years since I studied that stuff. And I went back and I studied it and I relearned and I reeducated and I trained and, I see that there has been quite a bit of work, mostly in Asia and Europe, because they're way ahead of us.

And I tapped into that work, and I added it to my toolbox of options for people. And now it's blossomed into so much more than just treating spine. So we're treating joints and, and and the spine and other things using the sort of simplicity and natural approach of regenerative medicine, which means based upon stem cells or something signaling from the stem cells.

Yeah, I love that. And oh gosh, what I noticed really quickly in residency. So we actually did neurosurgery rotations. And then we took a call for neurosurgery for our level one trauma center.

So the neurosurgeon didn't actually have to be in the hospital. We would call like you're laughing right. Anyway, that that's what we did. And I did notice when I would round on these neurosurgery patients because we would round not on just the trauma, but their post-op patients.

A lot of them had had one, two, three, four, five, six surgeries and it's like, if you're not fixing the root cause for the inflammation or why this is happening, you know, and like we want to avoid surgery, like surgeries have

complications, no matter how talented the surgeon is.

You have to realize that things happen. We are human. We are living an imperfect world, and we are imperfect means. So this is why I love that you really just look at everything in the whole person before jumping to surgery.

And if patients aren't advocating for this and they don't have a doctor like you, they're going to get surgery right? Well, it's certainly going to be, quicker on the menu because, most of those physicians like, oh, you tried this, you tried the injections.

The only thing left to do is surgery. And, a lot of those docs are authority figures, and patients trust them, and and, you know, surgery is an option.

I'm not saying they're all wrong, but, we have to insert other options before surgery if we can. Oh, can I like bash steroid injections? I personally hate steroid injections.

And there was I think he was a podiatrist. He he honestly, he committed suicide, because he became paralyzed because he had so many. He just kept getting steroid injections in his bones, deteriorated.

Could you just talk about maybe like, why steroid inject? Because there's so like there's peptides. Like why are we doing this. There's PRF pre stem cells.

Yeah. There are so many options short of steroids not steroids have a role in in significantly acute inflammation. Like if you have an asthma attack and you can't breathe you need a steroid shot or a steroid inhaler.

That that's important. But if you do it chronically, you are degenerating slash aging your cells and your body faster than someone else born on the same day.

Because of the cellular activity of the steroids. They they do it the way they work at an anti-inflammatory level, unfortunately, has a a downside. And that downside is degenerating faster.

So we see that in joint injections. We see it in, taking oral steroids like prednisone chronically, inhalers. People are taking steroid inhalers on a preventative basis, which unless they have super brittle asthma, or if a Zima, I think is a very dangerous thing to do.

Steroid Injections, Informed Consent, and Surgical Alternatives

I love that we brought that up because it's it's so hard to explain to people like why they shouldn't listen to their doctor about things. And it's like, well, they're not looking at the whole body.

They're just looking at this one thing and they're not telling you about. And this is where it comes true. Informed consent, which I know you're passionate about.

Like, are they really getting true informed consent. Like, yeah, this will help the swelling. But years down the road, you know, it's aging your joints and your joints are getting affected by this.

Yeah. You know, the you know, ethics in medicine just just isn't there at the highest level unless you find the right doctor. You should every patient should be your own best advocate.

If you if you ask your doctor a question like, hey, is there a stem cell option for this? And they say, no, and all you're asking is for the information, for due diligence, for, you know, you know, just someone to say, well, maybe there is, but I don't know it, which is honest.

Yeah. They just say flat out, no, you need another opinion. That's. That doctor is practicing the way he or she learned to train you know, 20 or 30 years ago by someone that trained him, that learned a 20 or 30 years prior to that, and a lot of things that spine surgeons do, if I can bring this full circle, is hasn't changed since the 1940s.

We either do as surgeons, we either make more room for the spine, for the nerves, or we're fuzing the spine together, which is sometimes needed. But up, you know, somewhat barbaric of sorts.

So those are the only two things that we do that has not changed in, 80 years. I mean, yes, there's a new way to do it. A new gadget, a new widget. A new device.

You know, it's all about the device world. That's sort of the the dirty underpinning of spine surgery. Oh, yes. My husband used to sell, like, orthopedic device.

He was in medical device sales. And it's very interesting, I will say that world. So when let's talk about, like, stem cells. So Peyton Manning, for example. Right.

Like he went to Europe and that was like when I feel like people first started talking about it. Yeah. What are stem cells and how can they be used in spine and joints?

Yeah. So that's a good observation. 15, 20 years ago, professional athletes were going to Europe, because Europe and Asia have had these things for, available for longer.

We do have them in the US. If I can dispel some myths, it's here. We're not allowed to advertise or make any claims. So therefore you don't see a lot.

We can't advertise on Facebook. We can't advertise on Google. We are suppressed there. But, it's available, the the stem cells are this is this is a strategic medical application of the very biology that created us in the first place, that made us from a from an embryo to a fetus to a human.

That human grew and developed. And even as an adult, those cells, those stem cells help maintain us. They help replace and repair and heal us. Well, we're just tapping back into that when we use them strategically to help a joint or the spine or something else.

Yeah, and I love that. And when when we're looking at what they how. So say someone has a herniated disc or they have, nerves that are being compress.

So how would these different therapies help. What's the mechanism of how it helps. Well, we don't have a stem cell that will push the disc back in yet.

So so the two applications of stem cell type medicine are what we call regenerative biologics would be. Number one is for an acute herniated disc with a lot of pain.

There's an inflammatory component and there's nothing more anti-inflammatory than stem cells or stem cell biologics. So we can use them to help suppress the pain component while that disc settles down.

You know, because most discs over time, if you treat them well, they will quiet down and give you less trouble. So this this can be used to accelerate that.

The second thing is if the disc is degenerating top to bottom, which contributed to that slipped or herniated disc. There are methods to help enhance the health of the disc and help restore some of the cartilage that forms the disc, and that's really the magic of working with joints and spine using stem cell biologics.

We we follow, here in my clinic, a French protocol that's been around for 20 years. And they've demonstrated, you know, significant improvement in, in joint degeneration, which can be also called osteoarthritis.

Some people call it bone on bone condition or, or I hate this phrase, but degenerative joint disease, it's not really a disease unless aging as a disease.

But, it's a disease to the extent that there is a metabolic change in the in the cell function of what's called the

condor sites, these are the cells that make cartilage, the cells that made that joint when you were a baby and maintained it when you were younger.

But for whatever reason, too much wear and tear, too much, things we shouldn't have in our diet, in our water or electromagnetic fields, etc. we could go on and on, all the things that contribute to the health of your cells and and by health, I'll include the subset of, you know, suppressing inflammatory stress, inflammatory damage.

So those cells get damaged. And joint pain is an early signal of body inflammation. Yeah. Absolutely. It's there's a root cause for this. Now, you did mention in your bio that you like peptides and exosome.

Can you talk a little bit about your favorite peptides and also how you're using exosomes currently. Absolutely. So we'll start with the peptides. You know we we use peptides all the time.

We've been doing it for or, you know, decades here. We just didn't know it. For example, when you take melatonin at night, you're taking a peptide. If your body secretes insulin, which it does every day, you're making a peptide.

So peptides are small proteins in the body. They are essential. They they are in your cells. They do so many different things. Your cells communicate from one cell to another through a small bubble of, of signaling material called an extra cellular vesicle.

The other word for that is exosome, which is the second part of your question. And we'll talk about that shortly. And those exosomes carry peptides. If you do or miss this type activities like hot sauna, your body makes your cells make something called heat shock proteins, which are small peptides.

So they're ubiquitous. They're they're in us. If you've ever had a runner's high and released endorphins. Endorphins are peptides. So there's so many.

Well, now we have therapeutic peptides, right? You can buy them and and use them strategically for healing, particularly joint stuff. I love the Wolverine protocol, which is BPC 157 combined with TB 500, maybe some some additional copper peptide called GHQ.

I also like mitochondrial support peptides like Moxie.

Stem Cells for Spine and Joint Repair

And and I, I do like the, the growth hormone secreted dogs and that I'm using all these fancy medical words. But that, as you know, means the, the small peptides that encourage your body to release more growth hormone, not because we want you to grow as an adult, but growth hormone is probably the master anti-inflammatory hormone.

And remember, inflammation is damage and it's aging. So we want to suppress inflammation at the end of the day. So that's my peptides. Part of the answer.

The excessive well I love growth hormones. Secrete a guy like when I sleep so well and I'm cycling that through. And then might see which sadly we can't get anymore.

But we named our stray cat after after that. But, but but it sounds cute. It's like might see we just color like moxie, but you know the how you spell it for those.

It's not C so and I like to name my animals after peptides just to like normalize them because you know, the powers that be know that they work and they don't want to normalize them.

Right. So anyway, some of these are harder to get. Right now. There's this power struggle between pharmacists and the FDA. So, you know, just get with your trusted doctor that is peptide literate.

That isn't that, you know, when they talk peptides, you need to make sure your doctor knows more about peptides

than just the GLP ones. So you need to make sure that they have been using peptides before the weight loss peptide.

Because I'm seeing a lot of, you know, bandwagon jumping. But but anyway, so exosomes two is so I newer. Yeah, I alluded to exosomes. And you know, when when we talk about regenerative biologics or stem cell biologics, one of the most efficient way to apply that technology is to use exosomes and exosomes from stem cells, particularly so.

But people are thinking, well, why don't you use the stem cells? That that's the sexy phrase we all hear. Well, it turns out stem cells are great, but a couple downside stem cells, when you compare them to their signaling factors is this.

Stem cells only last about 10 to 14 days in the body and then they're gone. But the benefit lasts longer because the exosomes from those stem cells continue to do their work on your cells.

And your cells, at the end of the day, are doing the repair. Second, stem cells do not cross the blood brain barrier. So if you have anything involving you want to treat the nervous system, you want to treat, help Alzheimer's, Parkinson's, recovery from stroke or traumatic brain injury or anything cognitive, maybe affecting balance or nerve function, maybe post-Covid loss of smell or taste.

You want exosomes, they will get there. The stem cells will not. Now the stem cells will make some exosomes. But why not cut out the middleman and go right to the exosomes?

And and lastly, although I can make a longer list, exosomes are less than half the price for the same effective doses stem cells. So I'm a big fan of stem cell derived exosomes.

So in my practice there are different products we use. And these are these are donated ethically by mothers having C-sections. So congratulations. Here's your baby.

Instead of throwing away your placenta and your umbilical cord and your amniotic fluid. Ma'am, can we keep it? And that's how it goes. Yeah, and these are medical grade products, too.

So some people, they're like, oh, you know, no, they're purified. They're tested. And, there, there are ways that you can get stem cells from your cells.

But most people having joint problems, they're they're older. So you're going to get less of these matters that kind of stem cells from like your own bone marrow or something.

So that's what you have to think about. Like two or no. Gosh, it was a long time ago. It feels like two years ago. It was six years ago. 6 or 7 years ago.

I tore my meniscus and a partial tear, and I got PRP done. And, you know, I was younger than I was still in my 30s. So, you know, we I thought that that would be fine.

But if that happened when I was in my 50s or 60s, I would probably do something like exosomes, or stem cells from like the placenta, like you were saying.

Yeah. I mean, the youngest source is the best source of, of any of these biologics.

Peptides and Exosomes in Regenerative Therapy

And when we look at the strata of regenerative medicine, the lowest level is PRP. And it can help. And the next level up is stem cells and it can help.

And the next level up would be stem cell derived exosomes. And and they can help. And and we're we're looking at

new combinations all the time. You know now we've got exosomes plus growth factors from the amniotic fluid.

And you're right they are tested and screened. So by the time I purchase a dose for use in my clinic, it's gone through a rigorous process. And we have a complete testing, panel on that sample.

Yeah. So the only downside of these things is cost, unfortunately, you know, these modalities are usually not covered by insurance. So that's the only downside that I will tell my patients, maybe someday they will be covered, but they work.

So I don't know if insurance companies are really going to be that motivated. So that's the only downside. My yeah, it's interesting you say that it's true.

So they're not covered by insurance. Except now PRP often is. And why why is that? Because the the accountants and the people tracking the dollars that these insurance companies figured out that PRP is more effective and cheaper than a surgery.

So I think it's just a matter of time before they pay attention to stem cells and exosomes in the same way. Now remember, exosomes are less than half the price of the stem cells.

So you know, when you're looking at your deductible and if you have an HSA or FSA type of, health plan or one of those accounts, you can use those funds.

But when you're looking at your deductible, and the cost of missed work, downtime, pain, physical therapy, complications, risks and all that you would have to go through to have a knee replacement, for example, I think a 10 or $12,000, regenerative knee procedure, is a lot less expensive.

Yeah, absolutely. And you're actually helping your body heal it. It was interesting. I had a patient who tore her ACL and was going. She had to get surgery for the repair.

And I said, I know that this doctor can do PRP right out of the office because I consulted with him for my own, and he said he could only get it covered by insurance if he took you took me to surgery?

You know, to clean out my meniscus. So obviously that's not what I wanted to. I want to someone else. But I tore I'm like, I know he can do it in the O. R.

with surgery. So she got it. And she ask. She advocated and asked because it wasn't offered, and she got it. And she was so grateful because her recovery was so much faster.

So it's just these little things. As patients, we need to, we need to advocate for ourselves. Ask. And if we're going to a doctor that is acting almost like, you know, defensive about it, then you need to just be like, okay, like, bye.

Like, thanks for your opinion. I'm going to go get a second, third opinion, you know, get as many opinions as you need. You should hear all the different options.

And anyone, any doctor out there that's treating a patient based on what the insurance will cover, it should be shut down immediately. This should be the patient should come first, not the payer.

Oh snap. Wow. I in my mind I just see all these offices shutting down if that would actually happen. And complete health systems, you know, out in the West they have like Kaiser I mean that that would just that would just vaporize because that's what they do.

They it's it's scripted Kool-Aid, you know, consumed, watered down, institutionalized health care. You know, people say we don't have a government, you know, health care system.

Yes we do. It's all, Medicare, Medicaid based, even if it's trickling through the privatized system. It's it's federal

dollars at work, federal rules, federal dollars.

Doctor Jeff is getting spicy. I like it. This is my kind of podcast material. I'm just end up buried. Buried in the desert is what we say out here. Maybe.

Maybe by you. It's, dumped in Lake Erie, but here I'm going to be buried in the desert. So if I disappear after this podcast is released, you know why?

I know. During the pandemic, I joked, like with my family, about that because I was prescribing all the things that actually work, and I was like, just so you guys know, I would never hurt myself.

I'm a good driver. I'm not going to eat anything and get sick. Like we we would joke about that. But but doctors are waking ups and there's so much of us now.

It would be a lot to go after, so that's good. Now tell us a little bit about these metabolic problems that could be causing these joint issues. And how you how you approach that in your office is one of the steps to conquer before surgery and before an injection.

Oh yeah. If someone's going to invest in, in a, in a procedure, that's not covered by insurance yet, we want their body optimized. So we work backwards to the root cause, why are they so inflamed?

And sometimes we don't. We don't find out, but we do with it anyway. That might include diet, nutrition, supplements, sleep better, sleep, exercise. Maybe hormone optimization for people, all kinds of things that improve their cellular activities, which we call cellular metabolism.

And when your cells are working better, there are less inflamed because, you know, poorly working cells, are are rusting internally. Biological rusting is sort of degradation and oxidation, inflammation.

All these words, they, they serve in the same group of activities at the cellular level. So now sometimes there's a root cause that's specific. Maybe they have an infection.

We didn't know about a parasite. Maybe they've suffered Lyme disease and have the after effects. Maybe it's a long Covid. Maybe, they have an underlying, genetic marker for rheumatoid arthritis or something like that.

All kinds of different things we look at, as you probably do in your practice to help find the root cause of why someone has this inflammatory damage.

Some people manifested in their skin. They have psoriasis, some people manifested in other ways, and some people have a combination of ways. So finding the root cause is great because then you can deal with all of it.

Yeah, absolutely. And like you said, you want to optimize everything before that procedure too, because then they're going to heal better and they're going to get the most out of what they're getting done.

Yeah. Exactly. Yeah. And then you mentioned so if you so walk us through kind of if someone comes to you for a consult, say for, for chronic neck pain or, you know, just like walk us through what you do, the process.

So we get on a video, there's a little intake form and we start to go over. Okay. When did it start? Where is it exactly? What sets it off? What makes it better?

What have you tried? What's worked? What hasn't? How has it worked? If it has, we we really want to listen. Because if we listen enough, we're going to learn a lot about the problem.

Then we say, well, what tests have you had done? Oh, I've had an x ray. Okay. And we get a copy of the x ray. We study it. Have you had an MRI? If they have and we look at it, if they have it, we order one at the highest quality.

Optimizing Metabolic Health Before Treatment

And people out there should know that not all MRI eyes are created equal. MRI is a great way to look at the spine and joints and the surrounding structures, but you have to get it on the highest quality machine, just like if you were going to buy a brand new television for your for your living room right now, and you would you would want the 4K ultra HD, you know, the highest quality picture.

But we want that with the MRI and, you know, the insurance coding in the, in the, you know, many doctors don't understand there's a difference between the, the low end MRIs and the high end MRI.

Plus we can add some additional specialized bells and whistles sequences that don't cost more. For example, there's one called inversion recovery sequence that helps us look at the bone marrow surrounding the joints.

And we want to see that because ultimately that's where the cells are that we're addressing. So once we get that MRI, we have it sent out to us or we have digital access and we put it on my screen and we, and then we share screen and we look for targets that match up with where the pain is coming from.

And we have seen crazy things. I've seen people who've had knee arthroscopy surgery who did not get better, for their meniscus because the doctor was treating a prior MRI when their problem was really their kneecap cartilage, the patellar cartilage.

So, and we've had to treat that, so sometimes if your doctor's not spending time with you and examining that body part in detail and correlating clinically, correlating the imaging with the with the anatomy and etc., then you're not getting the full doctoring, you're getting sort of the quick and dirty, let's fix the MRI that fix the patient.

So, so then if we have a target for for treatment with regenerative biologics, typically exosomes and growth factors, we will do that. We will invite someone to come here to Las Vegas where we do it at a surgery center, an injection center with a little sedation.

Not not general anesthesia, but just twilight sedation. That sounds like such a good office visit. What other kinds of things do you guys treat and see at your clinic?

Well, we do, a wide spectrum of things. Although, my, the low hanging fruit is thought of spine and joints because they tend to get good results early.

But we have people who do IV treatments to help suppress general inflammatory problems, like, like some of those, you know, highly inflammatory infections, lyme's long Covid, things like that.

Other, other highly inflammatory problems like autoimmune issues, recovery from heart attack, stroke, traumatic brain injury, things like this. Even athletes come for this.

We have people that do this for general wellness and biohacking just to help stay young. Anti-Aging sort of approach. I do it myself. Every few months, I'll have a nice IV of, of exosomes.

We also do, some cosmetic stuff, for, for skin rejuvenation. We'll do a micro injection of the face. We've done, plenty of, scalp injections for thinning hair.

We have some injections for sexual health and sexual function for both men and women. So those are sort of the more common applications. We have breathing treatments as well.

Consult Process and Conditions Treated

I've done some eyelid not eyes eyelid injections to stimulate the my bomi and glands for ladies with dry eyes syndrome. So all kinds of different things.

Wow, that's really cool. Tell me a little bit more about your exosomes you get and what you've noticed. Personally. Yeah. So, I, I have done it now for about four years.

And I noticed, and mostly the first time you really notice it because, you know, your body's just starved for something, but, I noticed improvement in energy.

I noticed, cognitively, like, my brain was on fire, you know, just wanted to do stuff, I was motivated. I have a few little aches and pains being 59 years old, and those tend to, you know, go away for the most part.

Not everything, but, it's it's sort of a general it's sort of a general setback in years. You know, it's what it does for me and about, my own personal experience for three months or so, I start to get some of those symptoms that start to creep back.

So I know it's time for another one. And I've I've changed the dose over time because I wasn't feeling it as much. So either I maintained the benefits or, I don't know, I'm getting older, so I, I increase the dose and now I feel it again, I love it.

So really, you're like 95 years old or something, right? Yeah, that's exactly right. I love it, I love it, and I think the hardest thing for patients is that they don't know these things are out there.

And like, you said, the cost. You know, that's a myth. Because if you have a high deductible, which most insurance companies are like that now, you could put in something that's regenerative and really going to help you heal versus paying down.

You know, the surgery which comes with complications and isn't really addressing the root cause, that's that's right. You know, this makes more logical or biological sense, right?

It's logical, logically biological. So, why not? Why not use your own body's blueprint, re stimulate the very aspects of your body that created and maintained it when it was younger, in a more youthful and restorative way.

So it makes complete sense, to try something now, you know, it's not going to fix everything. Although we're learning more about it. We have new options all the time.

In, in this field, it's a blossoming field. So it's coming, hopefully, you know, some of the new administrative health aspects of what's happening in Washington will help, make it more available.

And, and one of the reasons we're talking here today, hopefully, is to help educate people, let them know it is an option. It is here for you. You don't have to go to Central America and spend $30,000.

You can get your regenerative biologics here in the U. S from an FDA certified and compliant lab that's tested and screened and everything. Awesome, awesome.

That's so cool. Well, I'm so glad that you shared your expertise today and your passion. How could people get a hold of you and how could they become your patient?

Well, we love to meet new people. So our company, our clinic name is called celebrate because we're celebrating the renewal of your cells. So just look us up.

It's r e c e l e brt. And that's our website. That's our Instagram, that's our LinkedIn. That's our Facebook. Just really celebrate. I think we're the only people using it spelled that way on the internet.

So if you type in re celebrate, the whole page should in your browser should be one of our channels. Awesome. Well everyone go check it out. We'll link that in the show notes and really appreciate you.

Well, thank you for having me. And, I appreciate the chance to speak to you and your audience. And please put me

down as, phone a friend. If anything ever comes up in this room.

I'm happy to talk to you again. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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