# The Perfect PRP: Everything You Need to Know About Platelet-Rich Plasma Transcript

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## Podcast Intro and Guest Introduction

There's plenty of studies out there that diet can play a big role. If you put somebody on a fasting-mimicking diet for five days prior to drawing their blood for their PRP, their stem cells will be increased by up to 600%. Now, tell me, what do you think the response is going to be if you have 600% more stem cells when you give the PRP injection?

Welcome to the Peptides and Longevity podcast. Each week, we'll dive into groundbreaking science, innovative therapies, and the future of health and longevity.

Alongside visionary physicians and experts, we'll explore how peptides, cutting edge medicine, and lifestyle strategies can redefine the way we age. Get ready to transform your health, optimize your vitality, and unlock the secrets to a longer, healthier life.

Let's get started. Hello, this is Dr. Kent Holtor for another episode of the Peptide Summit. Today we'll be speaking with Dr. Piccirillo and he's going to talk about what is the perfect PRP.

Dr. Piccirillo, thank you so much for being on and taking the time. Thanks so much for having me. I think your peptide summit is amazing. I think it's a great forum for doctors to learn, especially doctors that want to think outside the box.

There's so many doctors out there that are depending on big pharma to get their patients better. And that's definitely not the way to go. So yeah, I love your forum.

Yeah, studies show that, you know, Anzalturnal Medicine showed most doctors practicing 10, 20 years behind available medical literature, and it takes on average 17 years for a proven new therapy to be accepted to mainstream medicine, unless it's a new drug with the sales force, you know.

Right. Oh, absolutely. So a little bit about Dr. Piccirillo, board certified orthopedic surgeon that developed an interest in platelet-rich plasma, it was known as PRP.

The first time a centerpiece rolled into his operating room in 2002. He attended medical school at Philadelphia College of Osteopathic Medicine, graduating valedictorian, pretty impressive, in 1989. He continued his training at Chicago Osteopathic Medical Center in orthopedic surgery from 1989 to 2004 and then entered into private practice.

He's practiced general orthopedics and the interest in adult reconstruction and sports medicine. He served on a team position for a number of high schools and colleges.

In 2002, a representative from one of the major joint replacement companies brought in a centrifuge into his operating room. His love for regenerative medicine and PRP began.

In 2009, he switched from a surgical practice. That's major. We see a lot of surgeons and things. I mean, they give them a lucrative practice because they basically see a different way.

It's like in The Matrix, take the red pill. Once you take it, you can't go back. And you see how much better. And really started on regenerative medicine and not replacement and with a different, totally different mindset.

## How Dr. Piccirillo Got Into Regenerative Medicine

As protocols and products evolved, he began to consult through other practices and becoming a teacher on really how to practice regenerative medicine.

Oh, you can put a chapter entitled, Stem Cell Medicine, What Does the Future Hold? And Dr. Jensen Branda's book, maybe a bit about optimizing manhood, which will be released in early 2021. He has a new book out, The Perfect PRP, and we'll talk about that.

He's married with a daughter in Chicago and son at home in Florida. When he's not teaching in the United States and around the world, you'll find him in his garden or writing the front of his computer.

I hear you on that. And he just finished a follow-up book, and we'll get into that as well. So great. So you've got into regenerative medicine. What kind of prompted that?

Oh, I think the combination is a combination of two things. I always joke and say part of it was a midlife crisis, but which it may have been around 2007 and 2008. I started getting bored with.

the basic practice of adult reconstruction. And we were doing a lot of knee replacements, a lot of hip replacements, but it started to seem kind of like factory work.

2002, one of the major joint replacement companies had got into the PRP world and they rolled a centrifuge into my operating room and they asked me if I would try it out.

And the only stipulation was they told me that while I was doing surgery, anesthesia would draw some blood. They'd spin it in the machine. And at the end of the case, they'd hand me a vial of growth factors and cytokines that were derived from the patient's blood.

And I said, sounds great to me. And they said, you just put it in your bone graft and you can add it to your joint replacements and your spine fusions.

And we just want you to collect data and see if you get better results. And so we did that for a while and we saw great results. And so then I said, you know what, I just want to draw in on every case.

If I'm making an incision, I want to use it. So I started putting it in rotator cuff repairs and Achilles tendon repairs and tennis elbow. And if I didn't have anywhere else to put it, I'd inject it in the edges of my surgical wounds to see if they healed faster.

And sure enough, they did. We had great results. And so I asked them for a second centrifuge in 2007 to put in my office and we started playing with it in the office.

We started injecting pretty much anything we thought we could inject with PRP just to see if it would work. And at that point we weren't even thinking about monetizing it and charging patients for it.

We were just doing it and trying to collect data and get results. And then mid-portion of 2008, one of my billing girls walked into my office and showed me an EOB from a major insurance company where they were paying me under $900 for a knee replacement.

And I realized that it was the time to get out that I was losing money. The insurance companies didn't care. And so I fired all my insurance companies and I went cash January 1st of 2009 and never looked back.

That was probably a little scary. How was that transition and what could you? I know there's a lot of surgeons thinking, but it's it's scary. You know, I definitely that's not the way to do it.

Not the way to see your swim style. Fire everybody and jump in. I think back to like high school when I think of Cortez, you know, went to Mexico to discover Mexico for Spain and they had to fight the Aztecs.

And his crew said, well, we're not fighting. And he said, yeah, you are. And he burned the boats. So pretty much what I did is I set my boats on fire and I didn't have a choice other than to make it work.

But it was kind of the perfect storm because that was the same time that Heinz Ward for the Pittsburgh Steelers got a PRP injection in his knee and was able to play in the Super Bowl in 2009. And it made it on the pages of Sports Illustrated.

So Is it amazing how things happen? As long as you believe in somebody above, which I certainly do, God was looking out for me. I still took a huge hit the first year.

I didn't make anywhere near what I made as an orthopedic surgeon, but year two was better. Year three was better than that. By year four, I was replacing my surgery income by doing natural medicine and actually healing people rather than replacing replace.

And in your transition, did you market or was this word of mouth? Well, back then we didn't really have much internet. So yeah, it was mostly word of mouth.

What I did was I I went to two groups. I went to some of the workmen comp carriers because I thought maybe they had more interest in getting people better than the other insurance companies and was able to do some stuff with them.

And then I went to the country clubs because I knew there was money there to pay for, you know, new treatments like this. And plus I was proactive. And so we went and we looked for people with golfer's elbow and tennis elbow.

And that's kind of where it started. And then those people would come in and say, well, you know, I have a bad knee or I have a bad hip. And we were able to then market to those people as well.

And a lot of times, if they didn't have the money to pay for it or didn't want to pay for it, we would just give it away free and get their results. So they would tell somebody they had it and then maybe get a paying customer.

And it all worked over time. By year four, we're being very successful. I think it's your passion. You know, you know, it works and you just keep going forward because you know, you know, it works.

And we find that, you know, peptides are very synergistic with everything, very synergistic with PRP. Oh, absolutely. We mostly do just peptide injections that are much easier to pull the blood.

But once you get the PRP down, it's not that hard. But I think certainly the combination, as usually with everything, is very synergistic.

## PRP Uses Across Orthopedics and Aesthetics

But we're going to get them working on adding some peptides and see how the combination works for them as well. Well, what types of things can PRP be used for?

Well, I mean, it's a it's a gamut. You know, the title of my book is is perfect PRP, how to improve outcomes from aesthetics to urology. And really, it runs the whole gamut.

Dr. Charles Runnels, who has become a great friend of mine, invented the facial vampire facelift. So obviously putting PRP on the face, you can increase collagen formation and get rid of wrinkles and build up the cheeks in somebody that looks aging.

And then you can use it in orthopedics for joints and tendons and ligaments. You can use it in neurogynecology to get rid of urinary stress incontinence.

You can use it in the penis for erectile dysfunction. So it really does run the gamut from a hair to hair. Absolutely.

And how do you use it for incontinence?

There's an injection that Dr. Runnels also invented called the O-Shot, which was initially invented for orgasm. But what he found out early on is a lot of the women, although they were having better orgasms, got rid of all their urinary stress incontinence.

And the reason is, is the injection is in the anterior vaginal wall. So now you're building new collagen around the urethra and it acts as an artificial sling.

So it gets rid of the urinary stress incontinence. Yeah. And the same thing for stress incontinence. You look at the studies on BPC, it's giving oral BPC dramatic reduction in stress incontinence, also for GERD.

And what it does, some of the studies like they'll induce basically sphincter failure with severe esophagitis, and then they give the BPC and it brings those sphincters back.

So we're able to function again. So right there. That's a great synergistic of that. Yeah, that's awesome. So lots of clinics and PRP is everywhere, you know, and then prices, you know, just throw a dart at the dartboard.

What's the difference? Well, I think that's the problem. When I set out to write my book, I wrote my book because if you start looking at the literature, if you go on PubMed and you put in PRP, you're going to see 17,000 articles.

And the problem is, is they were all over the board. None of them compared apples to apples. So you couldn't get a great perspective of what PRP could do.

And the problem is, is there's so many different PRP centrifuge systems out there. Some are single spin centrifuges. Some are double spin centrifuges.

Some people were using ultrasound guidance. Some people weren't. Some people were prepping the patients. Some people weren't. So there was no great consensus of what was truly PRP.

There was a really great article that had come out almost 10 years ago by Dr. Steve Sampson in California that scientifically looked at what the platelet count in PRP should be.

in order to get results. And what he found was if there was under 500,000 platelets, it didn't work. If it was over 2 million platelets, it was actually inhibitory and didn't work.

And the sweet spot was a million to a million and a half platelets. And so unless you're using a centrifuge that you can concentrate the platelets twice, to get to that high level, a double spin centrifuge will typically give you between four and nine times the concentration of whole blood.

And if you think about what a normal platelet count is, normal platelet count is going to be somewhere between 150,000 and 350,000. And that's where those numbers come from.

If you take 150,000 and you concentrate it nine times, you're between a million and a million and a half. If you take 350,000 and you concentrate it four times, you're between a million and a million and a half.

But you need to be able to hit those numbers in order to get results. And that was the problem in a lot of the literature when I started looking at the articles on PubMed is, you know, you find two articles six months apart, one article would say they had 30 shoulders with partial rotator cuff tears, and none of the 30 got better.

But then when you dig down, they were using a single spin centrifuge, they weren't concentrating the platelets high enough, and no wonder they didn't get better.

And then you look at the other one and it was, you know, they had 28 out of 30 get better, but they were using a double spin centrifuge. They were stopping the anti-inflammatory drugs first.

They were really looking at the platelet count. And so they were, they were doing everything right. And so that was the problem is that the literature was so, you know, so random.

that you really couldn't figure out what was really going on. So hence the reason I put a book together to kind of go over that and to get rid of some of those myths that are out there that whether PRP really doesn't work.

I think that's a great explanation right there. And so you talk about really also preparing the patient makes a huge difference. Absolutely. That's the key.

When somebody asks me, well, what is Perfect PRP? And I've actually, I trademark the name Perfect PRP as a method. So Perfect PRP has really not much to do with a centrifuge.

really doesn't have much to do with joint injection technique, but what it really has to do with is preparing the patient for a period of three to four weeks prior to the injection to make sure that they are primed to have the best possible outcome.

And the reason being is we understand from the science of PRP that when you inject PRP into the body, you need the body to respond. The body needs what's called a paracrine cascade reaction.

## Why PRP Results Vary and How to Optimize Them

What you're essentially injecting is once the platelets lyse, the alpha particles open up and they release all their growth factors and cytokines, those are all signaling molecules.

very similar to what peptides are. And those signaling molecules will then go to the bone marrow and will signal the bone marrow to release stem cells to go to the area and cause healing.

Well, there's plenty of ways to increase your stem cell population and to increase your circulating stem cells so they can go to the area and cause regeneration.

And that's what perfect PRP is. It's looking at making sure that you've stopped all the anti-inflammatory medications that the patient's on. If the patient's on an anti-inflammatory, then they're not going to have a cascade reaction.

But I bet you a lot of patients are not told to stop that. Oh, I'm sure. I mean, if you look at the if you look at the doctors that are out there that are trying to make money off of PRP, but are really not looking at the science and are just trying to jump on the bandwagon, they're coming in, they're drawing their blood, they're injecting them the same day, they're charging them a low price, but they're not getting results.

And then the problem with that is now in that patient's mind, it's PRP doesn't work. And they tell 10 people. Right. And so that's the hardest thing is to try to break that scenario.

And you think about, well, what's anti-inflammatory? Yes, it's all the big pharma drugs, but it's also turmeric and curcumin and fish oil. Those all have to be stopped for three weeks in order to get that peritone cascade reaction so you can get great inflammation.

And then you need stem cells. So what can help you bring stem cells to the area? Well, things like NAD. So if you have something that can boost NAD in the body, like an NAD precursor, like nicotinamide mononucleotide or nicotinamide riboside, those things, if you give those as a supplement, they're going to increase your stem cells production.

So that's going to help. Anything that will boost nitric oxide will help. There's plenty of studies out there that diet can play a big role. If you put somebody on a fasting-mimicking diet for five days prior to drawing their blood for their PRP, their stem cells will be increased by up to 600%. Now, tell me, what do you think the response is going to be if you have 600% more stem cells when you give the PRP injection?

Yeah, very much. And studies show also like, you know, BPC 157 will increase growth hormone receptors and other growth receptors on the cells and the stem cells, you know, so, you know, so there's a perfect synergy between doctors that are doing peptides and doctors that are doing PRP.

One of my really good friends is a regenerative physician down in Naples, Florida area, and also is a big peptide user as a consultant. Everyone's in Florida.

Yeah. It's interesting. Do you do stem cells with PRP at all? I'm not sure they're any better than using PRP. Here's my reasoning behind that. You wrote a chapter on stem cells, right?

I did. I wrote a chapter on stem cells and talked about what they hold and what they can do to the world, especially as we move farther and farther into the future.

I think there is some use for them in regenerative medicine. But I think that if you do really good PRP, you can get very similar results. If you look at the study that came out of Stanford in 2014 or 2015, where they actually did intercardiac stem cells.

So they took stem cells from bone marrow, they tagged them with a radionucleotide tracer, and then they injected them intercardiac through a cardiac path.

And they went back in 48 hours to look for the stem cells, to look for the radiation, and there was only 0.6% left. So why is that? Well, because we know when we inject it, most of those cells are going to lyse and we know that none of them ever incorporate into the host.

But what they're doing is they're going to spill their contents. They're going to spill all those signaling molecules, all those cytokines and growth factors, and they're going to trigger the body's own stem cells to go to the area and cause regeneration.

And that's what you need. You need that cascade. And whether you're promoting that cascade with stem cells injections, you're promoting that cascade with exosomes, you're promoting that cascade with PRP, you're still getting that great cascade reaction.

And the key is, is making sure the patient is primed for with diet, with stopping with boosting nitric oxide peptides to help boost stem that's what you need in or And that's key.

And the so many doctors out there that are say they're practicing re but they're not doing ev for the patient to make su It's kind of like lazy medicine.

And yeah, like you once studied there was a heart failure study where they would give the stem cells and let them go to the heart or the other ones, they would block them from reaching the heart.

No difference in outcomes. Right now, because yeah, people think the stem cells go to that area, start growing and become that tissue. They don't do that at all.

No, it's their signaling molecule. And a lot of those, you know, basically exosomes that they release, which then fuse the cells and dump their contents, have peptides and growth factors all in stuff and that are in PRP and peptides and that.

So it's interesting. There's been some great studies out and I'm a big believer in exosomes, especially in older patients that maybe do not have good PRP, have a lot of comorbidities, have significant disease.

I think exosomes added to PRP is a is a great addition. And there's been some great studies out there that show that Exosomes will go to the site as a signaling molecule far better than stem cells themselves.

So a lot of times the stem cells will end up in the lungs after the first pass and they'll get caught up in the lungs and

they actually never get to the place that they're going.

All right, so you're diving deep into peptides and longevity on this podcast and we're right there with you. Integrative Peptides stands out, trusted by over 10,000 doctors to deliver real results for their patients.

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Again, integrativepeptides.com, use the code PODLIFE for 10% off. It's time to elevate your journey, starting now. And the problem with stem cells too, it's like every company just says how great they are and the other companies suck.

And the other problem is the FDA is looking at you really, really close if you have the word stem cells on your website at all. And who knows what's going to happen in May of this year.

Supposedly, the FDA is going to have their new position statement out on stem cells, exosomes, and neon. And it's probably going to say that there are drugs And so all of these companies are going to have to have an IND for phase IND before they're able to sell their products.

It's going to eliminate a lot, a lot of companies, but there are some that are forward thinking. Yeah. And, uh, and, and basically do, you know, doing the right stuff.

Yeah. And, uh, let's see what one STEM shop we use direct biologics at XS homes. They've got a time error on a base ground for IRB. Are they for our COVID?

The time error one? Yeah. They just came out with an IRB for COVID as well. Yeah. And it's so funny. They all just bag on each other and, or, or there'll be a rep who was working with one company saying, Oh, they were, this company is terrible.

Now they're working for him. Say, Oh, we're the bells. Great. Yeah. That always happens. Yeah. I, I think I'd laugh at that. It's funny. Now just a little backtrack hurt.

You had Lyme disease. Did that factor into your switching to regenerative medicine? It did. I had Lyme and part of my Lyme disease, I developed some tremors in my hands.

So I still felt safe in surgery, but I was always afraid that somebody would think that that was a deficit and that, you know, they would somehow try to sue me over it.

So that was also in my mind when I switched over to a non-surgical practice. But yeah, I had Lyme disease and was sick. pretty sick for about six months where I didn't practice at all, but it got through it.

How did you cure yourself? A combination of antibiotics early on and then a lot of more natural nutraceuticals and homeopathic stuff to get me over the hump.

Did you catch it early on? I caught it probably about six months after I got exposed to it. That's pretty good. Or decades. Interesting. So you feel fine then?

Yeah, I feel I still have a little bit of tremor in my hand. But other than that, I feel pretty good. I had really bad memory loss initially on I mean, to the point that like, forgotten names of like, close friends that I've known for 20 years just couldn't remember.

I had it all my whole life. I can't forget a dinner with someone, especially when I was really sick. And then my girlfriend will go with dinner like, what are you talking about?

I don't remember them. We went to dinner with them last night. No, I don't, you know, it's like, shut up, you know,

it's, yeah, it's scary. I got scared to take the Alzheimer's tests, you know?

Yeah. Yeah. I would definitely fail, but interesting. And yeah, let's, let's hear a little bit more about, about your book. So it's on Amazon. It's on Amazon and it's on Kindle.

Okay. And then you can download it to your Kindle or it's also available in paperback. Okay, and then basically it takes mainly for doctors. Yeah, the first one I wrote was for doctors.

I just finished up the follow up book, which will be for patients. I figure that when once a doctor starts kind of looking at perfect PRP and incorporating all the steps of perfect PRP into their treatment realm.

## Patient Preparation, Diet, and Stem Cell Mobilization

Then they can get the patient book and easily say, Hey, we're going to do this. We're going to run through this whole method. Here's a copy of the book from the man that developed the method.

It's going to tell you why each of these steps are important or why it's important to control your blood sugar and why it's important to take the supplements and why it's important to change your diet and a walking through all the steps so they can understand some of the science behind it.

And the doctor doesn't have to sit there for an hour and explain it all. Oh, that's, that's huge. We're here. Yeah. I think this book and it's really innocent.

It's small. It's about 60 pages. So it's something they can easily go through at home. It doesn't go very in depth on any of the science, but it gives them some of the science.

So they understand that what they're doing is real. It's not something where the doctor is trying to sell them a supplement or trying to sell them, you know, additional treatments.

It gives them. doesn't hear from their friends. Oh, I heard it doesn't work or whatever. And I congratulate you on getting a book done. I can never finish one.

I've got like 890% done because I just, I'm like, more studies, more studies, more studies, you know, perfection is the enemy of Well, it is because you're always worried that somebody is going to read it and criticize you for either leaving something out or or making a comment about something that they don't agree with you on.

And you're always you always have the fear that somebody is going to come after you and they're going to. And you just have to, I guess, get over that fear.

And you know what I which I think is healthy. And I like medical debates. I think that's. Awesome. That's what medicine should be. But most of these debates come down to political, financial, just, you know, attacking someone's character rather than, you know, debating the science.

That's what I think everything's coming down to now. It's just like, you know, oh, you're racist. That's that's the response. Yeah. You know, It's scary and you have a training program as well.

I do. So I have a training program for doctors. It's called perfect PRP and joint injection workshop. So what we do is we go over the perfect PRP method and talk about each of the steps in the workup process to get the patient primed for the injection and what they should do and how they should evaluate the x-rays and evaluate, you know, the patient's comorbidities and what they need to do to address those.

And then it's a hands-on workshop with live models where everyone will have the chance to inject shoulders and elbows and knees and Achilles tendon and plantar fasciitis and golfer's elbow, tennis elbow.

So it goes over What I figured is if I could teach a doctor that was not an orthopedic surgeon how to address 80%

of what would walk into his practice, I figured that would be helpful.

And so that's what I did is I looked at what are probably the eight or 10 injections that will cover 80% of what can walk into your office. So it's all the ones that are easy enough to get you through without a lot of risk and medical legal risk.

So you'll feel very comfortable with your certificate at the end that you're certified. And I do it through I'm actually doing it through Dr. Runnels office.

His group is called Cellular Medicine Associates. So he's the one that teaches vampire facial O shot, P shot, vampire breast lift. And then we do the same training in his office as well on the off weeks.

So one week at a month, he does his one week a month, I do mine. You can kind of do both if you want. You could. Yeah, you could do, and you could come out knowing how to inject PRP from everything from hair all the way down to plantar fasciitis and everything in between.

So that's your plantar fasciitis, often partinella. But how long is the course? They're both two day courses and they both involve some marketing as well.

How to take the injections, market them on your social media, Facebook, make videos to send out to your email list. So it goes over ways to promote the injections as well.

And I'll just ask you, how much is that? It's $48.97. Okay. Yep, they're both $48. So for 10 grand, you can get pretty much coverage from top to bottom.

And I just think a couple of procedures are going to cover that. Oh, absolutely. Yeah. And you're going to be doing it right. Yeah. You're going to be at the top of the list when people start talking about, hey, I had PRP done and I had a great outcome.

You're going to be those doctors because you're going to know how to make sure the patient's prepped for the injection. Yeah. No, I think that's great.

So what are key features to the method? I think the biggest key feature is to make sure that you stop their anti-inflammatories at least three weeks before and then two weeks after.

So a period of five to six weeks of no anti-inflammatories. You need the body's inflammatory response. in order to regenerate tissue. You need that intact response so cells can come to the area and cause regeneration.

If you blunt that response with anti-inflammatory medications, typically the injections will not work. So I think that's the first step and that's easy.

You may have to counsel the patient because a lot of them are going to be afraid to stop their medications, but they can use Tylenol, they can use CBD for pain control.

They just can't use anything that's going to be strong in stopping the inflammatory response. And do you find PRP is less effective in, let's say, diabetics, elderly?

Yeah, I think diabetics definitely. Well, it depends if their blood sugars are stable. If they're diabetics that are not following their diet, they're not taking their medications, and they have a lot of blood sugar spikes, it does not work as well.

A lot of my practices, and when I was still seeing patients, the supplement that I really liked was berberine. Berberine is a great natural blood sugar stabilizer.

So I would put anybody that was diabetic and coming in to have an injection, I put them on berberine to help

stabilize their blood sugars. Yeah, it's an AMPK activator.

It has a lot of great properties, actually. Yeah, it does. It's amazing. And so I would always use that to make sure they stabilize their blood sugars and did not have blood sugar spikes.

I tell All my patients, diabetic or not, to cut all processed sugar out of their diet for the three weeks before and the three weeks after. So no sweetened sodas, no sweetened juices, pie, cake, cookies, anything that with high sugar content should be out for that six week period of time.

There's some great studies out that show that's a benefit. A great article that actually came out of Japan about two years ago that looked at the common growth factors in cytokines that are derived from platelets.

And what they found is starting at age 40, there's a gradual decline to the end of life in those growth factors in cytokines. So I think that starting at age 40 is when you really have to think on whether you need to augment your PRP or not.

Do you need to add a exosome or an amnion product? to help augment the response. Even if you're following the perfect PRP guidelines to the end degree, I think it might be important to at least have that conversation with the patient.

And if they're able to afford an augment, to go ahead and add it to your PRP. So I think age definitely plays a role. Then I think you've got to look at everything, you know, the next step would be to look at everything you can to increase stem cell mobilization from the bone marrow.

So you've got to look at supplements that will increase nitric oxide. So any of the NAD derivatives, so NAD, NMM, Any of those will work to help increase nitric oxide, which will mobilize stem cells from the bone marrow for peripheral circulation.

## Stem Cells, Exosomes, and the Future of Regenerative Medicine

And then diet, if you can do any form of fasting for five days prior to the drying of the blood for the PRP, you can increase stem cells in the body by about 600%. So Dr.

Longo that developed the ProLon diet, if you read any of his stuff, it's pretty amazing what fasting can do. And I think ProLondi, it's a great option, is to just put it on that for five days, because it's easy.

I get it myself, and I found a couple of other people have this. I lost like 10 pounds, and then I gained 15 right after. And so you got to like do it a couple.

Honestly, I do as I say, not as I do. But there's a lot of great benefits of that. It's interesting. We talk about age and diabetics, and I think we get a lot of people come in who did like autologous stem cells, and they got diabetes, obesity, and elderly, and it didn't work.

Those stem cells suck. That's the problem. Yeah. And so you need things. I look at some of the stuff that's out there. You know, there's a lot of doctors out there that tout bone marrow as being an option for joint injections.

And I did bone marrow injections early on when I was in practice. We do a bone marrow aspirate and we spin it down and we take the cells and inject them back in.

But the problem is, is if you look at the studies, you know, when you're born, one in every fifteen hundred cells in your body is a stem cell. But at age 60, it's one in two million.

So how many stem cells are you really getting? I mean, you know, if you Omer aspirate, even if you have 30 million cells, you're only getting about 15 stem cells.

So is it going to be helpful? And I think that using PRP and really making sure the patients mobilizing the stem cells that they have from their bone marrow to the peripheral circulation may actually be a better alternative than doing bone marrow.

So yeah, you know what, I don't doubt that I've seen it just not work and people come into our office. But things also like, you know, TB4 shown to really stimulate stem cells, BPC, actually, LL 37 antimicrobial peptide as well.

And it was like a bunch of slides of us. I'm going to shoot that over to you. Yeah, absolutely. Add that to the book. Because we're starting some trials, actually.

And it sounds like you'd be set up for a trial, too. I'll shoot you some products. All right, sounds great. So for your training, how do people find you?

Two places you can find me. What is my regular website? which is www.regenmedicalgroup.com. And that'll have links to all our training and all of our products or centrifuges and things like that.

And then if you go to www.perfectprp.com, that will have links to the book as well as to the training. So both of those are options. And if you go to the Perfect PRP website, there's a little thing where I ask for your first name, email address, dress.

If you go ahead and fill that in, then what I'm going to do is I'm going to send everybody out the first couple chapters of my book for free so they can get a nice the program.

Any discount for the listeners on this for for the training program? Yeah, you know what? I think that if anybody is listening, if they want to do the perfect PRP joint injection workshop, what I can do is I'll knock $250 off the cost of the of the injection.

All right. There you go. That was spontaneous. He didn't know it was coming. So I did not know that was coming. But yeah, I'll take the dollars off. all right and we'll put your information during this talk at the bottom at least i'm trying to get her to do that uh the web address and stuff and i think you're doing great work and i think you know teaching other doctors is so key because you know you can only see so many patients and that's it i mean Yeah, you know, the things you want to do and I tell doctors this all the time.

I mean, it's it's twofold. You've got to a you've got to increase revenue. I mean, you have families to take care of and and employees that you have to pay.

So you definitely have to increase revenue. But the other thing is you want to do is you want to increase outcomes. So you want better outcomes and you want better revenue.

And I think that these techniques will do that. Once patients start talking about having a great result and knowing that you're pushing them through all these steps to get better, then they're going to have more of their friends come in to see you.

So by increasing your outcomes and having patients talk about how great it was, then they're going to have more patients come to your office and you're going to increase your revenue.

So you're winning on both sides. Yeah, a happy patient is just, you know, what we all chew for. Now, I've read this. Do you have a PRP machine that you endorse or sell?

I work with Refine USA and our centrifuge is called the Pure Spin. And it's a double spin process. So it takes either 30 or 60 cc's of blood and will spin it down to anywhere from five to 10 cc's of PRP.

## Training Programs, Pricing, and Clinical Practice Tips

I always recommend that you have a starting platelet count from the patient. So if you know you're going in with a

platelet count of 250,000, then you know you need to concentrate six times in order to hit that million to a million and a half.

I, you know, that right there, I think is a key pearl. Yeah, actually looked scientifically, figure out what the patient needs. Yeah, no, you can't. That's, you know, and that's all part of that perfect PRP process is that there's science out there that shows, you know, Steve Sampson, I mean, his, his study is landmark, because he took cartilage cultures, took chondrocytes in a in a Petri dish, and he added PRP to them.

with starting out at, you know, 300,000 platelets and then 500,000 and 800,000 and a million and a million and a half and two million. And he looked at what the cartilage growth was in those Petri dishes.

And he found that the best cartilage was between a million and a million and a half platelets. So you need to hit that mark. And if you don't know what your starting point is, then you don't know what your end point can be.

That's huge. If somebody has a platelet count of 400,000 and you concentrate them eight times, it's going to be inhibitory. You will not get a response.

More is not necessarily better. But what about so these patients that are very inflamed and they'll have high platelets? Any comment on that? I mean, I think that, you know, obviously, you know, if they're if they're coming in highly inflamed, you may need to use something to bring down their inflammation first.

before you go down the pathway to the regenerative injection. I think you need to treat their inflammation first. And that could be something like IV exosomes or one of your peptide products to bring down inflammation.

But I think treat the inflammation first. Somebody asked me that question on a call earlier this week, and their comment was, is they were treating stroke and they wanted to treat stroke with IV exosomes.

But they said the patient had like rheumatoid arthritis and had two highly inflamed joints. And if you inject the exosomes IV, they're going to track to the area of most inflammation.

So they probably would go to the joints before they would get to the brain. And, you know, that was my comment there is you've got to bring down the inflammation in the joint first.

and then do the IV exosomes to treat the post-stroke symptoms. So, you know, make sense, make sense. And there's a lot of peptides that I know you offer that will help bring down that systemic inflammation.

So, yeah. And you mentioned just, you know, like with aging, aging sucks, right? Right. Like, can you look at when just the thymic failure contributes so much to all the inflammation and then immune dysfunction?

That's why, you know, right around 40, then so you get your thymus, this isn't working. And then so the 10 years after that, so you start getting all the degenerative diseases and all that stuff.

Yeah. So also my testosterone plays a role in that. Yeah, yeah, low testosterone. Men as our testosterone fails, I mean, degeneration and, and fatigue and brain fog and everything go up.

So I mean, I think that's also an important aspect in overall health is to, you know, make sure these patients are also optimized on their on their hormones, male or female.

And it's true. Yeah. You don't have testosterone near, you know, you're not going to be able to regrow. It's your catabolic set of anabolic. Right. Yeah.

So everything's a vicious cycle. Yeah. And you've got to address all of it. Yeah. Hey, this was wonderful and really just a great synergistic treatment and the way you're looking at it.

And I love your training program. I know some people I'm going to, I think I'm going to send some people to you. So

that'd be great. because I just totally agree with everything you're saying.

## Closing Remarks and Podcast Outro

We'll take great care of them. Awesome. And we'll have all your info up so people can contact you and great information for yourself. I learned a lot.

I appreciate your time and wish you the best and we'll talk more. I'm sure we will. Great. See you your weekend. Thank you so much. Thanks so much. Bye bye.

Bye bye. Thanks for joining us on the Peptides and Longevity podcast. If you enjoyed today's episode, don't forget to subscribe, share and leave a review.

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Together, let's embrace a future of health and vitality. Until next time, stay inspired and keep thriving.