The Stem Cells That Find and Repair Damaged Tissue? Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to AI and Medicine

I would say that the most important thing that we could get rid of is disease and suffering. Because I think that whole future of AI is not going to be so much everything that everybody thinks about, the jobs and all of those, because those are going be next to nothing.

I even the cars or the robots are gonna be the next of nothing, I thing the real contribution for the future in the AI area is going to be in medicine.

There is no doubt in my mind that it's going make the big, big changes in our future. Hey there. Welcome to the Recharged Biomedical Podcast. I'm Dr. Edward Park, and if you're curious about regenerative medicine, you've come to The Right Place.

We're diving into the latest breakthroughs in telomeres activation, stem cell exosomes, all the cutting edge science that's shaping the future of healing and longevity.

Let's get started. Hi, everybody. This is Dr. Ed Park, your host of the Recharged Biomedical Podcast. Today, we're very lucky to be joined by Dr Paul Tai.

Hey, Paul. Hello there. Great. So Paul and I met about six or eight weeks ago. I was watching some videos. He said, I need to talk to this guy and see what's going on.

And so he invited me to dinner with his lovely wife and his twin daughters, and it was an amazing meal. Indeed, as advertised, the best Chinese food I've ever had.

Thank you. It's wonderful. Yeah, it was really good. So today we're going to talk about mu cells at the end. That's a topic that's come up a lot lately and people are a little confused.

Dr. Ty is going disambiguate that.

Podcast Welcome and Guest Introduction

But the first third, I just want to take a look at anti-aging because you've been there from the inception. I hope you don't mind me saying you're about 79 years old.

And so in the old days, Goldman, Klatz, and GM Papa, you helped them set up the A4M. So you've seen anti-aging from the very, very rough beginnings to now the sophisticated lectures and accreditation and vendors.

Can you share some of that story as how you got started in anti aging from a doctor of podiatry medicine, right? Yes. Well, I was very lucky to have been one of the top podiatric reconstructive surgeons.

So, i was the largest in the state of Michigan, probably the Top 5 in So, and I taught a lot of doctors surgery because I sat on the board of licensing with under two different governors.

So I really was the resident king of the state of Michigan. And so it was very, very good education for both myself as well as the students. But however, I developed this huge big practice, but But I was not happy, I, uh, was a very sick puppy, you know, and I wasn't a good camper.

I had a big stomach, around 40 inches or more and was falling asleep in the middle of the day. I couldn't get up in the morning at five o'clock to do my rounds.

It was just not very happy. So anyway, I quit this very large practice of 135 patients a day and 30 nurses. And I went back to school and I became a board certified in.

in anti-aging and started to join Dr. Robert and Dr Klatz. I was teaching mostly anti aging all over the world. Uh, I did, um, did start with the Bali anti ageing, uh, at the medical school as well as in Thailand, opened the Mexico antiageing.

Dr. Tai's Early Career and Anti-Aging Origins

Open Brazil antiaging. So you're you spent a lot of years what at least 12 16 years in Brazil, right? Yes, I I grew up actually Brazil. You know when you get kicked out of China Yeah, yeah, you know, there's not a very many places to go, so I came to America by myself Yeah when I think about your life, the little I know it's like you have many different segments like the Brazil years, the Chinese early years and then Michigan years.

And now internationally, you're traveling a lot. But you built not only hospital systems and your practice and the A4Ms all over the world, but also you were an investment banker, which is crazy.

I don't know how you had time to do all that. But now you're kind of settling down as you approach 80. So looking back on the last 40 something years of anti-aging, has the armamentarium improved from what it was?

Has our knowledge improved or are we still kind grasping? What do you think? Well, I think it's just changing a lot. I mean, in the last few years with the advent of the GLP, as you know, you and I have been probably using the original format for over 20 years.

You know I had GLPs in my refrigerator for 20 year. Wow, no I didn't know that. It's really been a breakthrough. The armamentarium is off-label for weight loss, but it's only been about six years that it has really exploded into the common practice.

Yes, we have had peptides for over 20 years. I've been using peptide. Is that how you lost your weight originally? No, I did not lose my weight using peptides.

As you know, I've written 15 books, 14 books. So I wrote a book on weight loss and I taught weight-loss all over the world. And so I lost my weight through normal dieting and through a normal process, cleaning the system, the toxic liver.

As the problem with weight is not the weight. The problem of weight actually is the liver, right? Yeah, before TA65, I was 210 and had a fatty liver, elevated enzyme.

And somehow the telomeres activator made that go away in eight weeks. So it was bizarre. But yeah, so you decided to quit your 135 patients a day. That probably was stressing you out too.

And then you kind of branched out after mastering like plastic surgery, all the basket foot is incredibly complicated anatomy. Uh, so you decided there's more and always hungry to learn.

So you became kind almost a naturopath, right? You have affiliation. Yes. Yeah, I have a degree in naturopathic. I'm quadruple board certified in regenerative medicine, in anti-aging, and double board-certified in clinical nutrition.

So I went into a really natural approach. You know, so I had a prescription pad, but I don't use it. Basically, all natural, only using natural waste.

And this has been my practice. I've been teaching about 20,000 doctors all over the world on the natural approach. idea of slowing down. I know you just got from lecturing in New York and you're going all over the world.

Do you want to slow down and enjoy the Hollywood Bowl shows at all soon? You are very enticing. You're so damn charming about that. Arlene and Ava are going to build you a mansion with a brand.

And I want be there every weekend. I have to pay money to sit in the cheap seats to listen to the concert, so I'm jealous, but that's great. So you're not going to hang it up?

You're just going keep on keeping on? Like, what's the plan here? What's your exit? No, I am teaching stem cells, and I teach peptides. I continue to teach and am very excited about MEWS, doing more, learning a lot more.

And I learned a whole lot from you. You are one of my great teachers. Thank you, thank you. That's really generous. I can't pale in comparison to you But let's talk about that since you mentioned mu cell so for the uninitiated Can you tell us what mu stands for?

Well, it's a multi-linage, well-differentiated, stress-enduring, you know, a beautiful piece of new stem cell. As you well know stem cells really are quite complex because you have many different kinds of stem-cells, autologous stem, allogenic stem.

you know, mesenchymal type of stem cell.

Weight Loss, Peptides, and Natural Medicine

But the muse with this latest discovery, which was, you now, it's amazing to me how some of the greatest discoveries are always by accident, right? Yeah, sure.

Isn't that great? I mean it's really I went to last year in Hong Kong to a stem cell conference and I was really humbled by the humility of everyone there I think the badge of honor sometimes they say in Silicon Valley but definitely for scientists both at stem cells and exosomes They start they lead by bragging about how they were wrong about something for years right.

So my chance to brag is that i wrote a book about telomerase called telomere time mobs in 2007 and at the time i said that stem cells can be go and become you know endo derm ectoderm mesoderma and i really was wrong.

And, you know, so even Arnold Kaplan, who named the MSC or mesenchymal stem cell, said their main effect is through these extracellular vesicles. But now Mari Dezawa came up in 2010 and said, wait a second, we can give stem cells from any tissue type trypsin for eight to 16 hours, and then we'll kill off the weak ones and only these superhero mu cells will survive.

And that started this amazing like 16 year revolution of thought. But sometimes I think, well, maybe I don't have to issue a correction on my book because within that stem cell of MSCs, there are some that can actually differentiate trilinerally.

So it's important for people to understand that the mu-cells are maybe half a percent to maybe 1% of any population of stem cells. You can mark them for this SS EA3 something, and you'll say, oh, those are the superheroes.

Those are Bruce Wayne's or Clark Kent's. But I still think that my statement that was wrong, that MSCs can become trilinear, it's actually they can be three types of mesoderm cells.

Chondroblastic and then the other two, differentiation. So you can't kill MSC's, yeah. So there's trilineal differentiation from run-of-the-mill MSCs, but then it's trilinear differentiation and from a germ cell perspective for MEWS.

So it was a little confusing. But in the MEWs, it is more triple-blastic. It's a different kind of differentiation. And it is a very specific, beautiful differentiation that is absolutely gorgeous in its discovery because it has not only the SSEA-3 that you spoke of, which really stands for stage-specific embryonic antigen, and it's a beautiful combination of multiple genes.

They are not driven by a single, it's a complex gene. Let's help the person who doesn't know much about stem cells

understand. So we all started life as one zygote, which is the totipotent stem cell, right?

And throughout embryonic life, especially the first trimester, there's a lot of potentiality. So every step towards being a 79 or 59-year-old guy, we're losing potential.

But there are certain little reservoirs of these mu cells throughout our body and in the local niches. There's like a crosstalk. Things can get more immature and regenerate, right?

So when I think of mu cell, I'm thinking of it as between an adult differentiated stem cell and an embryon cell. And we know from the 90s, the Bush era, people were doing embryonic stuff and the problem was always they would form teratomas because they were too early.

They had too much potentiality. And that kind of gave a black eye to stem cell science. Now discovered that there's an intermediate category that act kind embryonics in a lot of ways, but they don't have as high telomeres activity and it appears that their ability to form these harmful terratomas is less.

Muse Cells Explained

Is that pretty much fair? Like they're in the middle between adult and embryony? Yes, in some ways, it is a very specialized, beautiful cell because in the embryonic stem cell as well as the induced pluri-potential stem cells, you have something that is very difficult because you had a driver called LIN-28 and the LIN 28 is blocker of the Lat-7.

The Lat 7 actually is the one that represses the ability of cells to become teratomas. So this is a unique one of a kind biochemistry that occurs. It is so gorgeous in its ability to do what it does.

And you know why? Because it has the balance. because it is a very low telomerase as you already know, but it grows slowly and it has that beautiful balance of being a triple blasted ability to become differentiated into all three the ectoderm can become brain, you know, because as you remember in the early Blastula-Glastula stage of our germinatibum, we actually invaginates from the EctoDerm into creating the notochord and the brain.

Right? So this is a gorgeous differentiation of the mesoderm, of endoderma, so it has that ability. And you know, as we go through this, your audience is going to be absolutely in love with the muse, because the Muse has certain characteristics that are so beautifully created, and nature just blows me away.

How beautiful it is. Let's talk about the theoretical potential, right? So we're still talking about an allogeneic product, so if we do a sort of semi-shallow dive into this, we have autologous.

So throughout our bodies, We have stem cells and we our own mu cells, and they're a varying capacity. And sometimes if you know, exosomes or whatever, they can trick the cells into being de-differentiated, maybe in the local niche, the liver, heart, kidney, but maybe they're also acting via mu cells.

We don't know. But in end, I guess my point is the hope is that these mu-cells will go, in graft they'll differentiate and regenerate what you need. And so that I can say confidently of the four people I know that have done mu cells, three were not so happy.

One was very happy and is leading pretty much a normal life after profound neuropathy. And so tell us what kind of numbers you've been talking about because you're one of the only sole licensees for the Desawa protocol in the U. S.

How many patients roughly have you been treating? Not very many because they only became available in the United States just recently in August, September of this year.

So we have only treated a few, but we are seeing extraordinary results because you have these difficult, very difficult cases of which there are no treatment like interstitial pulmonary fibrosis, which are terminal.

You know, I have patients walking around coughing all day, all night. The trials for things like ALS, which is incredibly incredible. Incredible. Yes.

Autism, autism, which you of course already know when you have been using autism treatment. I have used autism with great improvement, with the great results.

So we have all been seeing these absolutely fabulous changes. But the beauty here, Dr. Parks, and which I think not too many people know, is that not only is he is a muse able to become the cells that are dying, okay?

So you have a myocardial infarction, correct? Right. So, you help cells, that have died, they have exploded, and they are fragmented. What happens is, with the muse, Do you not only have that fantastic GPS that's one of a kind, right?

I mean, it really knows where to go. You're referring to the homing. Yeah. It can detect the gradient of the damage. And that homing is very unique. It's not a homi like with the mesenchymal cells.

The homings of mesenchymals cells are more like chemotaxic. More like integrins. Its a different kind of homin. Also the immune system. inflammation right the immune system exactly with the homing of the muse you're talking about a powerful universal homin which is the one that's one phosphatase which isn't incredible i mean because because you know that you That holy capacity is universal because monocytes use the S1PR1 and in this case, Muse uses the s1pr2, you know?

Okay, Dr. Tai, we start to get people to glaze over when we use too much jargon, but the important thing is that you're saying Muse cells can detect, they can sniff out a gradient where the damage is through this mechanism.

and they are clearly a distinct subpopulation that is existing throughout the body and that they can be identified by markers on the surface and also by their behaviors downstream.

But let me for a moment play devil's advocate, okay? So I did a little dive into this. We're not talking in general about mu cells that come from you.

Autologous is not really ready for prime time. So we're talking about scaled manufacture through licensed protocols of allergen. The question is, if you get a donor cell from somebody who's not matched to you, just like a kidney or a liver, there's going to be some rejection.

Now, they have some cloaking, I guess, and they also don't really express MHC2, which is the more destructive specific fingerprint to kill them. So, you know, we see studies showing that they can last weeks to months and in graft.

Therapeutic Potential and Homing Mechanisms

My question to you just on a theoretical level is, under stress, they differentiate and start to express those more specific foreign graft antigens, right?

So what do you think is really happening? Is there a significant engraftment and is that the main part of the mechanism or is the secretome and exosomes also part?

Well, they have to be part with the Secretome, but let me explain something very interesting about this process. Not only does the ability, because of the stress endurance, but also, just remember with the stressing endurance the cells are capable of living, as we have now shown on published research, 52 weeks.

52 Weeks! We are still seeing the engrafted material. Now let me show you something that is extraordinary out of this. In 2015, Marie Dizawa showed and published a beautiful piece of paper on the Bioengineering Biotechnology Journal on duality.

Listen to this part, which is, I think, extraordinary. There is a dualty of the mucous cells. Do you know that when they get homing and they engraft, do you what they will do then?

They will macrophage. They will engulf the pieces. They would engolf the actual fragments of those cells that died in that environment, in the location.

What? They imitate and replicate exactly the same cells again. This is extraordinary. It's a superhero that's like a secret agent, but it also has that doppelganger effect where you can mimic the cells and yeah.

Yes. That's amazing. And I think the therapeutic potential is being proven by these small trials. The question is, there's been one FDA trial of MSCs years ago for graft versus host, and I wonder what you think about the issue of microchimerism then.

Are we actually inviting, when you have these long surviving cells, could there be a problem with having foreign kind of identities of genetics in us or we don't know yet?

Well, I don t think so because I think that what we have shown so far is that there is no the cells within the muse are what call privileged and they are neutral.

Therefore, with the HLAG, we do not have to match the immunity. So they have no contraindications to that. There is no engrafting of the DNA. I think this is an extraordinary ability of that mucel to stay independent and replicate out of those fragments that they phagocytized.

You know, it is one thing to just engraft, but the ability to actually clean up all of that environment and be able to withstand that stress. Because most of those environments, if you look into it, as a surgeon, I can tell you that whenever you go into an area that's necrotic, your pH is different.

the whole entire environment is totally against any cells that are living, because you look at it from the regular MSCs, they don't live more than a day or two even in those environments.

They're much more prone to, I guess, as because they're not The s stands for stress or you know into tolerance they're not as strong and not super heroes but they try but yeah mostly the studies i've seen on regular msc that you go to mexico and you pay fifteen thousand four they'll be destroyed within days cuz they are not a stress tolerant.

Well, it is actually quite amazing that I hear people going someplace where I only use exosomes from companies that are FDA regulated, the FDA oversight.

We actually can prove the surface CD182, CD8, and CD9s. I mean, we can actually show you what we got. We actually can show you the actual count where a lot of these companies and laboratories, they tell you that you have a million cells and you don't.

Absolutely. And I've done many videos on this topic, so we're definitely on the same page there. I mean, you and I could make exosomes tomorrow and buy machinery to isolate them, but would they be high quality?

Probably not, you know, not batch after batch. So this is an industrial process with really hard, a lot of mistakes that need to be made. But so yeah, there are a lotta bad exosomes.

I tried to do a search on the exostomes from mucels, and basically the AI said that they're quite different actually, which would make sense. In terms of their gene expression and whatnot, they are different.

Does Zawa have a muce cell? secretome product at the market? Yes, this is wonderful because there's a wonderful research from Alessio. This was done in 2017 and he wrote a beautiful paper on the axosome and the secretomes of mues.

And you know, because they come from this parentage, right, I mean you understand, When it comes from this parentage with extraordinary capabilities, the exosomes themselves carry a much stronger ability to be powerful antioxidant.

The ROS In fact, it's a lower P62. It's much more powerful in its ability to engraft. Of course, they cannot become cells as such because it will not reproduce cells.

But remember that you and I are basically using the exosome for functionality. And this is where a clinician will separate the proper usage depending on what we are dealing with.

Because the pathology, if we're dealing a structural problem with their cells dying, then we want, of course, the cells to be replicated. But most of our problems are functionality because in a neuropathy is a functionality in the IBS with Crohn's disease is the functionality with with brain fog and dementia is functionality.

All of that stuff. That's exciting and I'm glad that you brought up that Dazawa has a Secretone product because you know a lot of the vendors out there, they're just selling condition media right?

They're not even buying to go through all the steps of isolation and characterization but I think the thing that really strikes me is the potential for this field and I hope they don't ruin it.

I know there's one vendor who I met in Dubai and his name is Deal Khan and he is very charismatic, very good lecturer, but he got a black eye a few months ago as a hit video claims that he was diluting his product.

And when I dug deeper into that, I mean, he's really promulgated the buzz and the sizzle and everyone knows a deal con is the mucel guy. But it appears that he may not be an MCI licensee.

In other words, I think he is just copying the protocols and making them himself and then diluting them for profit. So this is not a good- Dr. Park. Yeah, but Dr.

Parkey, you and I can get the papers.

Engraftment, Secretome, and Product Quality

I could get you the paper on exactly how to make the new stuff. The protocol is given, it's well published by Caruda. It's a well-published. We have all the steps.

But that does not make it proper because the C of A that is produced is very specific. Do you know that we use fluorescent DNA in order to actually delineate the mu cells?

We actually use We actually use the antibodies. We can tell you that the SSEA is in the high 90 percentile. I've seen the COA. and I've seen what the markers are and have also done a little dive into like, you know, because I asked and my intuition was right.

Even if you have isolated them and you're reproducing them, your yield is not going to be 99% at the end. There's going be some loss of muse potentiality as they start to double and double.

And that's normal. That's to expected. But at the other end, the product that they're giving you for whatever the cost is going to be very high percentage, 90 something percent of pure immune cells, which is extraordinary.

And the viability, Dr. Park, they guarantee viabilty of 70% plus. We are very careful. If you are going for the actual Marie de Zawa's authorized mues, if you're not going to the authorized muse, they can talk about it.

I was shocked at the price points and I get that. Some of these less scrupulous providers that are doing it by their own cookbook, I mean, you can Google whatever the expose video on it, but it was being diluted.

It was so bad. So I think it's buyer beware, right? So if you have an MCI authorized vendor like yourself, and you're through Axis, then do a Google search, figure out who the actual ones that are.

Because in this field, just as in Exosomes, It's not that it's hard to make, it is hard do well over and over again. There are a number of mistakes and unknown unknowns in the production that I'm sure are big problem.

But let's just do one more point of differentiation because people don't understand. Cells, including stem cells, are BIG and exosomes are tiny. So I had a patient I treated over the weekend.

I did nasal for her ADHD. And she's like, why does my shoulder hurt? Why is my carpal tunnel hurt. Oh, it's gone better. It's because they're so tiny, they'll leak everywhere.

Whereas when we're talking about cells, a lot of it, even with the homing, If you have hip arthritis, you're not going to put it anywhere. You're going try and start it where it's needed, right?

So it is important to go to a trained clinician who can use the mu cells to the maximum benefit, no? Because it isn't just the number. It's where you put them location wise, Correct.

But there is an advantage. There is a intrinsic advantage to MEWS because MEWs are about half the size of MSC cells. Okay. And you know that we have, since 1999, we had well-published research that the MSCs has what we call a pulmonary first passage.

No, it's a pulmonary first passage because the capillaries are only eight microns, okay? So the MSC cells are too large to go even through the capabilities.

But however, as you already know from physiology, when we were in medical school that the RBCs are sometimes 10 micron, so they banned Bend in order to go through that Let me let me translate for the layperson when you say first pass It means that these things are too big to Go from capillary artery to capillary vein they get trapped in the lungs and we know this a lot of when You radio label a bolus of stem cells and get trap in The lungs liver and spleen which makes sense, but you know exosomes are hundreds of times smaller So they go everywhere they cross the blood-brain barrier at Yeah.

So beautifully, beautifully. And this is where I think the muse exosomes will become even more powerful in that sense because it has a greater homing ability.

It is less, less problematic to cross the brain barrier, as you know, because you are the king of the nasal injection. Okay. I just crossed a thousand.

You are my teacher, okay? I learned it from you. And just as a kudos to you, most people don't know that you can give that injection and it's painless.

Most people do not know. I mean, they are so afraid of it because they think that the nasal injection is going to be extraordinarily painful. But it is pain less.

Yeah I did I just did over a thousand I passed a 1000 and it's funny because I was giving a lecture in Cancun a couple years ago and Joy Kong who teaches stem cells was my teacher and she taught me that technique but she no longer does it either because you know it kind of.

uncomfortable for the patient and their provider. But yeah, it's definitely a pretty high delivery to the CNS. So we do see that. And you know that I use, I don't know if you even appreciate that, but I actually use a 34, a 32-34 gauge with 4 millimeter, with four millimeter.

Okay? And do you that know I give myself that shot on a bi-weekly basis and there's no pain. No pain? Well, I have a 32. I haven't seen the 34. Those are like mesotherapy needles.

But yeah, mine hurt like heck last week because I didn't have anyone to distract me with pressure and vibration. Still, it seems to have helped a lot.

Yeah, no vibration, nothing. Uh, uh, yeah. Do a technique. And I actually learned the technique from you. You are my teacher. And I really, really thank you for all that you do for everybody, because it's so much better than, of course, you know that we have, I don't know if you'll know this, but there is a well-published new secretome, exosome published on nasal tube burn.

Did you that? There is a well published paper, I can send it to you. It is well-published, diesel to brain. You know that you can use the sphenoid delivery, right?

Yeah, and the DART, but I think if you just do the thought experiment, how could the absorption be any higher than going submucosally? There is a logical thought because the sphenoid is on the back end side of the nasal passage.

The sphenoid is an opening directly to the brain. And the covering of the sphenoid is not cribiform bone, but it is actually just a membrane that is no more than about two to three millimeters.

So, it has a much higher absorption, and you know that with the sphenoid we do, I don't know if you are using that or not, but you do know with a sphenoid…

Delivery Methods and Clinical Use

It gives me the heebie-jeebies to thread it that high into the upper turbine. No, no, that I will teach you. I'll show it to you, okay? I've had people wanting to show me about threading a catheter that high.

It just seems uncomfortable. No, but there is a new patented catheters that is self-guided. And it's no pain, zero pain. Yeah, no, it is very unusual.

I think we're getting a little into the weeds. So basically, I want to just circle back and kind of wrap up. Mu cells are special, maybe powerful. They're different, but they are maybe a pre-existing cell population, just like there's always going to be a Clark Kent or Bruce Wayne in the population.

Nobody really understands why they're there or how they get decided, they have much more potential because they were earlier in their behavior differentiation.

More potentiality, more power, great, and available. Although not FDA approved, maybe someday they will be. But MCI license is through Axis, which you're one of maybe one or two physicians in the US that can provide them.

So how do people get in touch with Dr. Paul Tai? I have a telephone number, it's 313-561-6800. Paul? We have a website, but it is easier. We are very old, so we're not very good at website thing.

I mean, we do have one, But it's best because we have actually people there to help. So if you call 313-561-6800. Okay. Cause you know, people feel guilty when they call me on a Sunday night and I pick up the phone, but I do have a website too.

But you're clearly, even though you act young, you look young and you are thinking young. You're kind of a boomer, we would say. I'm old, I am very old.

Well, you are very vibrant, let's put it that way. You are sort of my model because listen, look at you and your hair, it is amazing that your is naturally beautiful and naturally colored.

I mean, how the heck do you do that with that astragalicide? You use the astrogalicide, which is the one that… I told you 30 minutes ago. It's amazing.

20 pounds just by taking that in the first eight weeks is crazy. Yeah. But thank God I'm here to help and learn from people like you. And so you're doing an amazing thing.

You're still teaching, you are not going to wind it down anytime soon. So Dr. Paul Tai, what is your general website? And your books are on Amazon too?

Yes, my books are on Amazon and obviously they can Google or they go to AI and find out. It's a professor, Dr. Paul Ling Tai, and I'm on YouTube also with lots of lectures.

You know, I lecture all over the world. But my real contribution is that we are a nonprofit and we teach doctors. We are the doctor's doctor. And we primarily are teaching institution.

I love that. Okay. So the website, once again, last time. Yeah. It's DrTai, D-R-T-A-I at A-i-n-h-o dot org, org. Okay. Einho.org. I love it. So you speak Portuguese?

You are the linguist. You speak Mandarin and Shanghainese then. Both Mandarin. Okay, great. That's great, amazing.

Closing Remarks and Resources

Well, it's always a pleasure to chat with you. Thank you for sharing what you know. It's granted an evolving field, but one that holds a lot of promise.

So I think that people can trust what your saying and just be aware out there. Cause there's a lotta people selling what they say is mucels. Maybe it is DIY, maybe they know what their doing, Maybe they don't.

so it very important to go through the Mari Dezawa Institute. And they have a licensing protocol and they make sure people know What the heck they're doing.

And let's be clear, you're not making this in your kitchenette. You're buying it from the original. Of course not. It comes with a COV from Marie Dizawa.

And if it's FDA approved, it has to be FDA-approved. Under the FDA auspices, they have created that. Yeah, and you've got to have an inspected lab in the U. S.

because I know one of the major brands. Inspected by the FDAs. One of the major brands I know that's popular for exosomes, I just learned a couple of months ago that it's manufactured in India, which I'm sure India is great for regenerative medicine, but it is not like someone can go in there and inspect it and shut it down.

Anyway, okay, Dr. Tai, thank you so much for your generosity of spirit and we will look forward to learning more from you and hearing we'll have you back in a couple of years and see how your patients are doing and by then maybe we have something FDA approved as well.

Both cell-wise and secretome- wise. Thank you. It's been an honor. Oh, if you like this content, then please like and subscribe and join our sub stack at DREDPARK.

And we'll be back next week with another episode of the Recharge Biomedical Podcast. Thanks a lot. Many clinicians are getting interested in exosome therapy and they hesitate for good reason.

Questions like, does this work? What forms do I need? How much should I charge? how do i stay out of trouble? All these questions are addressed in my online course.

That's why I created it to help you get started. The online course is your permanent turnkey resource to get started either treating yourself, friends and family, or to expand your practice and help more people, as well as increase your revenue.

Thanks for tuning into the Recharge Biomedical Podcast. If today's episode got you thinking, you'll love my book, Exosomes, Songs of Healing. It's packed with cool analogies, full color illustrations, and all the science you need to understand how exosome are changing the game in aging and regenerative medicine.

You can grab it in paperback, ebook, or audiobook, whatever works for you. Now head over to www.rechargebiomedical.com to check it out. And don't forget to like and subscribe so you never miss another episode.

See you next time.