Your Body Can't Flush These Toxins. This Machine Can. Transcript

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Podcast Intro and Episode Setup

Therapeutic plasma exchange is not new. The applications of using it for environmental toxicities is new, using for certain autoimmune diseases that aren't already approved by the FDA.

Like we use it myostinia gravis, Guillain-Barre syndrome, certain acute poisonings. We have these other categories where they're not FDA approved, but they show efficacy.

we are looking at the AMBAR trial when it comes to Alzheimer's and that was a great trial that published in 2020. showing a reduction in people with moderate Alzheimer's.

And globally, it was about a 66% improvement in their cognitive scores. People with moderates and severance slowed the progression of Alzheimer by 61%. Welcome to the TBD Fit Podcast on Dr.

Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to the TBD fit podcast. This is a very special episode where we're doing an in person episode with Dr.

Ryan Bentley. So I made the drive out to his practice in Holland, Michigan, three hour journey, but I had connected with Dr. Ryan Bentley in Austin at the Vibrant Longevity Summit, where I listened to him speak on all things environmental toxin related, if I recall correctly.

He had mentioned his very effective use of TPE or total plasma exchange. So I reached out to him and say, Hey, you know, can I come see you and showcase what you do best here?

And so that's where we're at today. And, so I will let Dr. Bentley introduce himself and what we are doing here today? Dr Ryan Bentley, certified family physician in medical school, went to Went through medical school, kind of thinking I was going to go into general surgery or do med peds.

Ended up going into family medicine. I liked the idea of kind learning a little bit of everything and kind mastering what I really enjoy the most. And my background prior to that of doing, I did a MD, a dual program of an MD PhD program.

Dr. Bentleyu2019s Background and Health Philosophy

Prior to, that I as a chiropractor, so board certified in chiropractic as well. And my whole goal is trying to bring health to people and not focusing so much on the disease itself and really trying get back to how do we establish overall health.

So the word vitalis that's in our name, vitalus means life giving. And so therefore life-giving health, the goal was to help people live their best lives that they possibly can to better serve people with the gifts and skills they have no matter what they do.

We all have a circle of influence. So my goal is really to help people live that best life and also understanding that it's years of dysfunction that often leads to disease and pathology.

Chiropractic really helped me understand the foundation of what health and wellness was all about and the unlimited healing capabilities of the body if you remove the deficiencies and toxicities.

Where on the other aspect of it, chiropractic or medical side really understood pathophysiology, acute medical urgencies and phenomenal things that we're able to do in medicine.

But also recognizing that it's those years of dysfunction that leads to disease and pathology. And how do we meet people where they're at? Some people come in and I like to think of this way as when your house catches fire, you call the fire department.

They come in with their axes and hoses. They save your home. That's where we rank awesome when it comes to medicine. We do a phenomenal job there. But then after that, you're left with a mess.

You need a different set of tools. A handyman with different tools to remodel your house. If you don't want them spackling with an axe, sanding with the hose, we need different sets of tool.

So that's how I look at the body, but also realizing that While we need different perspective, I just been blessed to have the perspective from chiropractic understanding what healthy and well looks like.

And then also the medical training of understanding disease pathology and that pathophysiology and how we get there. But in finding that the majority of Americans right now are suffering in this in-between land where they're not sick and well, and then they just say, oh, it's, you know, we oftentimes maybe it is in their head, maybe they are just anxiety or depression, work out more, eat better and not really having great answers where some people are really suffering.

And our general recommendations are great for people in that 80% category, but when you're in the 20% of people, that are really, really struggling and there are things going on that aren't making sense, but you're not in our traditional sense looked at from a disease, then we're considered you okay.

And from an acute pathology standpoint, you don't necessarily, we don' need to do surgery. We don''t need the do CPR. we dont need intubate you. So it's really trying to understand the years of dysfunction and where do we land?

And so that leads to us always looking at our basics and looking basic blood work. You know, I've looked and reviewed. You know, some of yours and some your labs look really good.

You don't have acute organ failure. So those labs doing our CMP, our CDC, they have served its purpose in what they were designed for. But then when you have symptoms that don' make sense when the labs and everything we're checking aren't adding up, We have to start looking at other aspects and that's where we live in a time right now.

We are exposed to environmental chemicals that our great grandparents did not have exposure to in the 1940s. You know, the amount of chemicals we have in United States, I think it's like 185,000 different chemicals, and it continues to grow by like 2000 every year.

And these are chemicals build up in our body. Right now, microplastics. On average, microplastics we accumulate as a human about 5 grams a week. That's equivocal to eating a credit card.

Our body wasn't designed in a way to be able to process those things, nor was it process, you know, designed to processed glyphosate or, uh, You know how the bisphenol a, all these PFAS chemicals, these are what are called forever chemicals.

These forever, chemicals get into our body and we don't have a wage in pathways to really eliminate these. So, so we're finding these forever. Chemicals that come from like flame retardants.

You know, the nonstick coating in your pans. You're eating that and all of a sudden you're like, oh, this pan isn't sticking anymore. Well, guess where that stuff went?

It went in you food, right? And you ate that. So now it's in our body and these things are starting to accumulate and

it just leading to altered physiology in many cases, mold toxins.

And so we learn about sick building syndrome in medicine. We do talk about it in traditional medicine, but you don't really think about in in the traditional practice.

In our training, we don't think about it much, but you do find things like you find acute mercury toxicity. You find a cute poisonings and therapeutic plasma exchange is good for certain acute poison.

Where we're leading to right now is understanding that. Maybe it's not so much, yes, we have acute poisonings, but what about this chronic low-grade exposure that slowly starts to build up in our body?

And think of our bodies as when we're born, this pristine Caribbean water. And then we start to become. what do you want to say an inlet off of Lake Michigan and it starts to become dark and you start to get a little bit murky and then all of a sudden it becomes more like a swamp where it's really thick and sludge and that's kind of like the beginning of life at the end of how our blood is and our Blood is important because delivering your nutrients to all your body parts oxygen delivery to your system and your plasma is kind Of representation a bit of also our interstitial fluid which is what our cells bathe in on a daily basis so Let's just take a fish tank, if you will.

And the fish is your cell and the water around it.

Environmental Toxins and Chronic Exposure

So if we go back to even basics physiology and we know an amoeba depends upon the surroundings, its external environment for the delivery of nutrients and removal of waste.

An ameba does. Same things. Think about that fish now. It's a multicellular little organism, but inside that water, the, water is sick. What do we do?

If the water is polluted, we change the Water, right? We don't give the fish a medicine. We try to, We change The water. That's what happens when the Fish is sick.

So now think about 50, 60 years of accumulation or the kids of today that are living the travel sport life and they aren't given really healthy foods.

We think these snacks that we're giving them, the fruit roll-ups, if you will, and the cakes and pastries and ding-dongs and ho-hos and soft drinks and giving as treats, but they become their staples.

So they're already starting behind the ball when it comes to the nutrients of their body, for their bodies to optimally function. And then we start thinking about the exposure they have.

Everything they're drinking out is out of plastic, you know, bottles. everything is fast food. We've got these fried foods that are in there making ourselves less, less healthy.

The cell membrane is not health, health healthy, and then they start to accumulate. toxins from clothes being sprayed with things. They don't wash it before they put them on.

All these synthetic fibers that are sprayed different chemicals and these harsh chemicals, and they start sweating. Well, do those things get accumulated?

Research is pointing towards yes, we're starting to see this massive accumulation and You can look at type 2 diabetes and we say type two diabetes is associated with POPs, which is persistent organic pollutants.

We start to look environmental toxins and you know how DDT, you and that was a pesticide that, to kill mosquitoes and how that started to change our physiology.

And so now we banned it because it was affecting our body. We have water tables that are completely polluted and we got fish growing three or four legs and you know, they become hermaphrodites where they got male and female parts and.

We're losing the sexualism of animals and based off of environment. Well, we're an animal too. And we live in this ecosystem that we are polluting every day and go back and again, thinking of the fact that were basically eating a credit card a week.

And if we go back to these PFAS chemicals, the PFOS chemicals when they get into your system, these are called forever chemicals. They don't really break down in the water, in this soil, and the air.

It takes the half life in our body. When you get one exposure, it's three to seven years for your body to excrete it between your feces and your urine.

That's crazy. So that leads to therapeutic plasma exchange. The solution. Therapeutic plasma exchange is not new. The applications of using it for environmental toxicities is new, using for certain autoimmune diseases that aren't already approved by the FDA.

We use it from myostenia gravis, Guillain-Barre syndrome, certain acute poisonings, demyelinating disease, TTP. So we use in those situations, then we have these.

Other categories where they're not FDA approved, but they show efficacy. We are looking at the AMBAR trial when it comes to Alzheimer's. And that was a great trial that published in 2020, showing a reduction in people with moderate Alzheimer.

Globally it was about a 66% improvement in their cognitive scores. People with moderates and severe, it slowed the progression of Alzheimer by 61%. That's phenomenal data.

we don't get that with Danaza pill. You know, and we're trying to get the acetylcholine levels up. We don't see that and it's crazy to look at that. And also the beta amyloid plaques came down.

There's thoughts that maybe beta-amyloids is produced as a protective mechanism due to some type of cell danger response where it is being exposed to something.

So when you're doing a TPE, we're removing your plasma. You're in this machine. Let me go back. Before we jump into the machine itself, therapeutic plasma exchange has really started to develop into other realms and other categories that seem to make sense of how to remove these chemicals out of our body.

And we're not going to move nanoparticles. Things about 15,000 Daltons and larger, we are going remove immune complexes, which is why we use it for certain autoimmune diseases, is to be able to filter those out, kick them out into the plasma, get rid of them.

So really about 2010, there were some studies that were being done. I believe the first one was done at, it was at Stanford and then the convoys from UC Berkeley got involved in doing some of these parabiosis studies, which is taking two organisms and their circulatory system and hooking them together.

So initially how the research kind of panned out is when they hooked up the young mouse with the old mouse. The old mouse started having stem cell production.

Their muscle tissue was regenerating. They had neurogenesis. Inflammatory markers in the brain were decreasing. And so all those things were doing good, but in the mouse, it was becoming sick.

And the mouth was starting to get neurodegeneration, neuroinflammation. A body was staring to break down. Inflammatory genes were being transcribed where in old mouse they were turned off, so to speak.

So the old sick mouse became young and healthy and the young mouse was getting sick and old. It was accelerating its aging. And that was led to the question of, oh my gosh, what is the young mouse giving the old mouse?

So people started doing all kinds of studies, looking at young plasma, grabbing plasma from young people. And we weren't getting the answers that we were looking for in the research.

And then they did this neutral therapeutic plasma exchange where they 50% reduction took out the albumin or the plasma and replaced with albumine and saline.

And still got the same effects of neurogenesis, anti-inflammatory, muscle stem cells starting to develop in stimulation of growth in these mice doing that.

Which led to us now using therapeutic plasmas exchange. So that's a long introduction. I know to therapeutic plasma exchange. But the key thing is, is when we look at everything from aging, when, we at type two diabetes, it's multifactorial.

When we looked at Alzheimer's, It's multi factorial. There are many things. Obesity is multifactorial. Not everybody going on a GLP-1 is going to lose weight.

Not everyone going onto keto diet is gonna lose way. Why do we have 2,000 plus books out there on weight loss? Because they've all worked for somebody.

But again, we got to get individualized. In the same way, just doing a CBC and CMP isn't appropriate for some patients. We have to do that to make sure organ systems are not failing, things are good, and we don't have certain anemias going, major situations.

And so once we had that, then we can start taking deeper dives with The biological revolution meeting the technological revolution right now, it's a phenomenal time in medicine because we're able to look at specific mold toxins, we are able do mass spec on mass speck.

So we able take isotopes and split them and do a double check to make sure we don't have the isotope that are similar. weight there, which is phenomenal.

And to be able to really look at mold toxins instead of doing all these ancillary testing and trying to pick up a pattern and say, yeah, I think you've got sick building syndrome.

We can actually look these levels in your urine and what your body's kicking out. So I'm excited about where medicine is right now. Oh, traditional medicine as bad.

No, it serves its purpose and its place. It's when it comes to chronic disease that are slow and progressive over time is where we're failing. But we do great to put the bandage on and to stabilize you when you get to end stage disease and pathology.

But yet what can we do to prevent getting to that stage? Again, it's years of dysfunction that lead to disease in pathologies. So how can take a proactive approach and it is not necessarily just Eating and exercise and drinking water and eating and wearing 100% organic clothing.

We have environmental exposures that we can't avoid and certain people genetically are predisposed that they're not going to be able to eliminate them effectively.

So let's say that, they have an issue with their glutathione transferase enzyme. And they got a homozygous mutant or let's just, for example, also that they have a lot of people have heard about MTHFR that's been around for a long time.

But what if they can't methylate? Well, methylation is part of phase two detoxification. What about if your cell membranes aren't healthy and they don't have good essential fatty acids into their lifestyle and their cell.

Membranes are good and healthy. Well, then it's like having a rusted door. Our cells want things to move in and out. But if your omega check is like 2.9, you're massively deficient in essential fatty acids.

You're not eating enough fish. If you eat enough commercial fish, your probably going to get toxic in mercury and arsenic and lead and cadmium and all the things that are in the water supply that we have today.

So you know, You got to make sure you got good, healthy cell membranes. That's more phase three detoxification. What can we do from a longevity standpoint when we start looking at the mice and those studies and then translating with what we currently use TPE for, can we use it for these other things?

And the answer is yes. Do we have randomized controlled studies across the board? No. Are we getting there? Yes. 100%. Therapeutic plasma exchange machines are getting to the point that we're going to be able to start very getting very precise, be to filter things out, depending upon what they put in here.

So let's talk a little bit more about therapeutic plasma change and what it does and its purpose. So with this, with the Therapeutic Plasma Exchange, we have a line coming out.

Therapeutic Plasma Exchange Explained

It goes into the machine where it is met with citrate. Well, actually, citrite is actually coming down here. So citrete binds calcium. Calcium activates the clotting cascade.

So we want to make sure that's our anticoagulant, the citrate inside the machine comes up through this marvel of medical engineering, in my opinion, pretty self-run.

Multiple things are going on here right now, but this thing is phenomenal. The blood will come up and as it's mixing with the Citrate will go in here where there's a centrifuge.

The centrifuge is when you take your blood, so blood coming out of you is a colloid solution. So it's a mixture. When we separate it out down here, all the red blood cells and platelets and the heavier cells within your.

Blood are getting pushed down. And then there's like a divider and a lighter things such as your plasma will get filtered out and it comes out. Of the tube.

Your blood is coming in here getting spun down and then the plasma comes up. And then actually right here is the inlet cord. And this is, the blood coming back out mixed with, you've got saline that's going to be mixed, with it.

and then the albumin, 5% albumins. So albumine works in a way that we have to replace what we're taking out. so our max loss is 160 milliliters of fluid from your body, from the cassette at max.

Okay. But all your blood components are going back into your white blood cells, red blood, cells and platelets. We're removing all of this. Now in your plasma, that's where your hormones are to where you're minerals are, amino acids, things circulating around, but it's also where all your toxic stuff is.

So mold toxins, environmental toxins. They're going to be in here. There are certain ones that are very small that we're not going be able to necessarily remove.

But what we see is like a lot of toxins are protein bound, bound to your own albumin. And so, and your plasma and other plasma proteins. So we're removing those.

And then once the scale weighs and we know it's got a certain amount, you're going to hear another pump kick in and it is going kick it into these waste bags.

before you leave here today. So all your toxins and all of your junk is going to be in there. From there, after the therapy is done, we're going do what's called a recovery and perform IV.

I'm going give you your amino acids back, your B vitamins and your minerals and vitamin C. We'll do that and it will rehydrate you a little bit as well.

The, as I mentioned earlier, the therapeutic plasma exchange, you're going to be able to start getting even more precise on what we filter out. So maybe we'll be all to isolate and keep all the hormones.

Now people will ask, does that create a significant issue with regards to their body? No, most things are replenished back in 24 to 48 hours. I don't recommend that you go do a hard workout and mixed martial arts or anything, because we are removing some fibrinogen.

So that's why bruising could be a little bit of a concern. We have yet to see it in doing a one-to-one exchange, meaning that, you know, your plasma, we're replacing your plasm with an exact amount of albumin and saline going back into your body.

As you can see here, this just kicked over because the weight of it knows, okay, we know how much plasma we just removed. So now it's kicking it back in here.

At the same time, there's pump everything, it has got a sensor in there, still monitoring. It's still measuring and we now how plasma were still removing.

We have a full exact one-to-one ratio. The albumin is going back. And the albumin, I was getting ready to mention earlier, the Albumin is great because albumine acts as a sponge, so to speak.

It will bind up other circulating free toxins in the body, also acts a potent antioxidant, has immune modulatory properties, and also maintains the oncotic pressure.

Cause if we didn't give you albumen, we just remove your plasma and replace it with saline, you're going to swell. Because there's no more what we call, there is what's called a hydrostatic pressure.

And then there was oncotic pressure, meaning that, so a lot of people can relate to this of like milk and magnesium. If they have constipation, they may take a Miralax or milk of magnesium that magnesium oxide is not absorbed by the intestines very well.

So it stays in your gut. Well, the solution to pollution is dilution. Soda body is going to take water and move it from your extracellular environment and moving it into the colon to loosen the stool.

Well, the opposite is in reverse. If we don't have albumin in your blood, there's nothing in there to keep that fluid there and it goes into your extracellular space.

So you might get like pitting edema into you lower legs, hands might start to swell, all those fun things. There's a huge advantage of what albumins does naturally, which is an antioxidant.

has immune modulatory properties and acts as a toxin scavenger as it's going back into your body. And then your is constantly making plasma right now.

So we will have about 65% of your plasma completely removed by the time this procedure is done. What you see is exponentially things getting lower and lower as the body, as we remove these with each subsequent therapeutic plasma exchange.

With that said, I recommend that we do no more, some people will recommend if we're doing certain autoimmune diseases, we might do it in close proximity, like every other day to remove these immune complexes and antibodies out of the system.

If somebody is really, really sick with certain, auto immune diseases. We're going to try to, remove those immune, complexes in a very rapid amount or in the very, rapid time because it's be life altering for them and the amount of damage that affects their, their tissues in their body.

When I'm dealing with environmental toxins, I like to wait at least two weeks for what's called redistribution. Redistribution, 94% of toxins are fat soluble.

So they're going to get deep into your tissues. And yes, we know we're getting, there's things in your system. We're removing them, but redistributing the way I think about it is go back to that dirty fish tank or let's do the dirty, fish bowl.

If I take a shot back, suck out the water. Put clean water in. Water looks nice and clean, right? What if I go down to the rocks? I didn't clean the rock.

Now I agitate it. That water is going to become murky again, but it's going be more dilute than what it was before. I shot back, suck all the water out, put fresh, clean and water and wait two weeks.

Shake the rocks again, more comes up. That's the process of redistribution. So some of these toxins can get deep into your tissues and it takes time for that redistribution to happen.

And that's, we're creating a gradient because now if your blood is filled with different chemicals and toxins, We're making your body less thick and viscous.

We are removing all those particles and things that are floating around. And then while you have, now your body's clean, we wait two weeks and then let that redistribution happen and do another one.

On average, when I'm finding a people that are, have a good toxic load, usually by the third one, the majority of their levels are completely down. I've had people where they've 100% removal of bisphenol A that was like eight times higher than what's the allotted amount of what, what what recommended, not that this phenol is ever recommended.

But like our threshold of like, okay, this is okay. Not toxic. Same thing with aluminum. I've had people where it's at a hundred percent removal. Usually by the second, almost 70% of everything is out of the system significantly.

And that can allow people to do things that kind of help stimulate detoxification from a nutritional standpoint, say in the liver. If someone's got a really heavy burden of toxins.

To me, having them, oh, do this detox. And it's not just some random detox, we need it precise. We need to know what we're working on, what pathways we are working.

Not just, Oh, I'm going to do a two week liver cleanse and go do it and think you're doing good by taking some supplement that's. NSF certified is probably laden with heavy metals and making your system sick because someone's making a quick buck.

It needs to be very precise and individualized where we can look at genetics and find out what are your predispositions? Uh, what's your environmental thing?

So, you know, to clean your body out of mold, and then you go back into a building that's sick. Doesn't really make sense. You're constantly, then, just a cat chasing its tail, with no end in sight.

So that doesn't make any sense, but when you remove it and where the sources are coming from, no matter what the environmental toxin is, wherever it's coming, from you, remove that source.

Do something like a therapeutic plasma exchange. The way I look at this, it's like, if someone has a huge toxic burden, I'm not going to teach them to swim when they're drowning in 20 feet of water.

I want to pull them into the shallow end, let them catch their breath. And now I might teach him to swimming later. Right? Same thing. This is a way to, pull people to that.

shallow in, so to speak, and then we could do more of a gentle detoxification and get their body cleaned out. These Hertzheimer's reactions that people have or what people will call a healing crisis basically means we did it in a body that wasn't ready.

And that doesn't make sense to me either. You can do gentle detoxification and get things moving and mobilizing, but it's important to remove the source and then help support the body, depending upon where people are at.

Making sure they don't have end organ damage of some sort, making sure that they're not anemic. I mean, I'm not, certainly not going to do this on you.

If you have a hemoglobin level of a seven, we're going find out why you a hemo-globin-level of the seven.

Treatment Timing, Safety, and Detox Support

Fix that first and make sure you can tolerate a procedure like this. So yeah, any quick questions? So you mentioned initially some nanoparticles. What are certain things that maybe this will not pull out?

Are there certain thing whether infection based where this maybe isn't the best tool? Yeah. So, you know, if you look at most immune complexes and larger things are going to be there.

But if we start looking at some of these, some microplastics are gonna be nan??article. It's not like we actually have this, the amount is as much of a credit card that we're exposed to on a daily, you know, on weekly basis, but it's like, there's the accumulation of it.

It goes everywhere and our body doesn't know what to do with these things. And some of them are very small particles. So if you think red blood cells are seven to eight microns big, they're all going back in.

They're not getting filtered out here, usually about 15,000 Daltons and greater is certainly going to be things that are going be filtered pretty consistently, but some things will start to bind and create, um, they will agglutinate or bind together certain environmental toxins or they'll bind to our protein.

So that's where we're still evolving the science of what's binding to what being able to test, you know, the plasma and check use, check you before. You know, say with the urine test and the mycotoxins that are being kicked out of the system.

And then go and check and see what's coming out in the plasma and then see, what are they bound to? We're at that point that we're able to start doing that, but this is all in evolving science.

Therapeutic plasma exchange is a very safe procedure. It's just making sure that people are healthy and stable to, or healthy enough and stay able do it.

Most people getting it done aren't healthy. Um, there does seem to be longevity benefits, uh, from that aspect of it and making sure that the body is as clean as you can be.

So if you're 85 years old, you've got 85 of accumulation and more specifically the last 65 years after 1940 on when we really were booming in the industrialized revolution and all these other chemicals coming about in our environment.

Is there a way to, to enhance this treatment? I know when you suggested, so toxins being fat soluble, is there anything someone can do to take or prep to pull maybe some of those toxins from the fat such that when come and clean this up, it becomes even more application?

Yeah, there's, certain push catch protocols for detoxification. But again, depends upon the person. Cause I'm not going to do that on somebody if they're just.

chock full of toxins and they've got I've, got a patient that's got, a number of genetic issues on top of multiple sclerosis, on the top active Ehlers-Danlos syndrome.

That's very symptomatic on, top multiple toxins in their system. There's, it just doesn't make sense at that point. Well, we did get things like getting the cell membranes nice and healthy first.

They were very deficient in essential fatty acids. So their omega check was really low. so we want to make sure we got. A lot of the foundational things taken care of first, pull them slowly to the shallow end, spacing them out in a different timeline to let their body recoup.

Like with Ehlers-Danlos syndrome, people are easy, are more susceptible to bruising because they don't have good genetic makeup with regards to their tissues.

And now if we're removing a little bit of fibrinogen, they might be at more risk of having even more of an issue there when it comes to bleeding. So it becomes very personalized and dependent.

I'm always hesitant to say, this is something I would do absolutely for everybody. You know, I definitely recommend everybody eat and drink before you come in, but you don't want to drink too much because if you got to get up and urinate, we have to turn, you know undo the machine.

And it's you want try to not do that because you didn't wanna lose your vein access, access. But we've done it. So in terms of treatment, what I appreciate is that you have an order of operations and everything is very contextual.

Everything. It's what, I term as practicing precision based medicine, especially when you're leveraging genetics. So I, appreciate how myopic you are in looking at the detail to determine what is the right protocol for the patient, for, the, treatment or course of.

Yeah. Any other tools that you have here that, you want to highlight? Obviously this is wonderful in terms of improving health outcomes for your patients.

And I see very quickly in some respect, any other tool that because at the beginning you mentioned, what I appreciate is the depth of knowledge, the wealth of experience that.

You bring in just amassing a lot of just knowledge over the years and pursuing a I guess, staying on the bleeding edge of where science is going in order to offer what's best in class for our patients.

What other tools that you've found that work very well in terms of treatments, whether it's stem cells or ozone or IVs or anything in between, obviously peptides being a hot topic too.

Yeah. Um, what else do you see that that's been most beneficial and has changed maybe how you practice in the last, uh, Whether decade, five years or last year.

I think where research is So here at Vitalis Health in Pollen, Michigan, this is absolutely painless. I mean, a little poke into the vein. Apart from that, I really don't feel much.

So I do have to squeeze here just to ensure that the blood continues to circulate. Yeah. Push everything out. come home with a goody bag of plasma. So we'll see kind of what that looks like at the end.

relatively simple procedure. The magic is in the machine as Dr. Bentley has alluded to and the marvels of modern science. And that's my goal is to stay kind of in a cutting edge as to where things are going so that we can enhance patient outcomes, both faster and safer.

That is absolutely critical. So my role in practicing natural medicine, and I appreciate the depth of experience that Dr Bentley brings in terms of the intersection of both modern medicine and chiropractic care.

We'll see kind of what my lab values look like after this. Generally my, my total toxin test that I performed before this, it's pretty clean, relatively speaking.

Most of you know my own kind patient journey with gut issues that started when I was a kid that evolves into mold issues and kind-of SIRS and cell danger response and some aggressive symptoms like heart palpitations and low HRV and poor sleep and constant migraines and.

Precision Medicine and Additional Clinic Modalities

Constant gut-issues that. can get better over time once you change the environment. So as Dr. Bentley alluded to, we are all toxic. The question is just to what degree?

And I see that within our patient population performing the total toxin test, some of the other tests. the question. What is someone struggling with? The goal is not to treat the specific symptom, but rather to understand the pathophysiology, to the root of what's driving these underlying symptoms.

And so. What we're doing here is very simple. How can we leverage now where technology within the medical field is going to enhance our patients treatment outcomes again, faster and safer.

Dr. Bentley had mentioned longevity and kind of this whole arena of longevity medicine and preventative care. And in the U S we rank very poorly while we excel with trauma care and ER medicine.

We don't make a practice of practicing preventive care, and so something like a procedure that we are doing today. is what I would suggest is kind of both the epitome and the zenith of what we can do to ensure that we're aging healthily because we are all exposed to toxins.

It's unavoidable. The threshold while in my humble opinion and in clinical expertise should be zero. Unfortunately, the reality is we continue to accumulate.

And so looking at your genes, looking your ability to detoxify, ensuring that the foundation is set to set you up for long-term health and longevity, if you will.

There are certain things that we can begin to do early on now that can leverage some of these technologies, whether it's total plasma exchange or stem cells or the use of peptides.

As we all know, my foundation five is you got to eat right, sleep right move right talk right poop right. to feel right. And so that goes back to mastering the foundations.

Then you can begin to layer in some of these treatments that will really help move the needle much faster in terms of both recovery and staying ahead of the game such that you could continue to age absolutely pain-free.

My philosophy now with stem cells and exosomes and TPE and ozone, IVs, et cetera. Pain is a choice. Question is how fast we can change the environment, both externally and internally, a lot of which is our own choice, what discipline do we adhere to?

Are you living life intentionally? And something as simple as nutrition is very instructive. It will indicate what hormones we begin to secrete. Hormones being one of the most potent molecules that we do secrete.

And so nutrition is either going to heal us or it's going hurt us. That's how I think of things in terms of how i live my life is what am I doing today?

Is it going help me or is it gonna hurt me? Nourishing or self-sabotaging? And my philosophy is we are only limited

by our self-beliefs and our own doubt.

Hope is very powerful. And the goal really is, is with medicine has evolving too, we can get to the root of why you are struggling and now we have the tools to be able to reverse that.

So I hope this has been beneficial for you guys. I'm always using myself as a guinea pig to see kind of where science continues to evolve. Always seeking out who I consider to be best in their category, doing what they are doing best, in order to, again, help our patients heal faster and safer.

Hope you, guys, enjoyed this episode. This is obviously a video component, so feel free to catch us on the video here, wherever you listen to your podcasts.

Until next time, stay healthy, Stay wealthy. Some people are healthy and well, and I see them once a year. some people I've seen them every couple of weeks until they're stabilized.

Sure. And people come in here, they are type four, you know, or type two diabetic or they have stage four cancer or, You know and we got everything from newborns that we do well childs on to my oldest patient's 97. God bless.

So in our office, we offer multiple different aspects beyond just the therapeutic plasma exchange. We offer a direct primary care model where people pay a monthly membership where That includes, you know, some basic services.

They get as many visits as they need in a month. Um, they got strep throat. We try to get them in same day, next day. Uh, just to kind of evaluate them and see them.

And we have everything from newborn babies all the way up to my oldest patient is 97 to professional athletes, to people with stage four cancer. It's just meeting people where they are and having the ability to do partnering with companies that provide Precision testing to be able to help get very much get more detailed in to someone's physiology to understand that and where they're coming from.

And then also making sure that we rule out the other biggies by using our traditional lab testing that. And depending upon what people come in with, again, we got to meet them where they're at and then figure out, okay, what's the different levers that we can pull to optimize them?

Is there one lever that need to pull or is it a smorgasbord of things? Because we are a living being that were not a randomized controlled trial. We are an actual living thing and how do we ascertain the information that timeline of life and where we have accumulations of things over time, deficiencies that can develop over a time that ultimately can lead to dysfunction and ultimately lead disease and pathology.

It's pathophysiology. So it's physiology that goes bad. Again, it really understanding that balance. With that, we have other modalities beyond the therapeutic plasma exchange.

My PhD was in photobiomodulation and understanding light therapy and how it interacts with our body. We do it a number of different ways with regards to using light as a source of helping the body heal.

I mean, UV light helps people with psoriasis and it does that for a reason. It activates our vitamin D. There's different light waves and things that work at the level of our mitochondria as well.

So we offer that. I'm not shy, I don't hide my faith here at my office. I'll pray with my patients. Creating an environment, the environment is as important to make sure that they are comfortable, to feel that there are at a place of health and healing where they can actually achieve and not be a number.

We know that just went and saw their grandkid play soccer or someone just got married in their family. You know, we know with our patients and on top of that, it's about having an amazing team.

So my team is awesome here. We focus on doing common things uncommonly well. And with that, it's doing

uncommon things even better and to be able to really try to meet people where they're at.

We also have EBU, so extracorporeal blood oxygenation and ozonation. So we utilize that modality. Do I do it on every patient? No. We offer IV nutrition?

Yes, but we're not an IV drip bar. You know, we have people that come in here with Crohn's and all sort of colitis. If they have a ferritin of three and their iron is at 15, but their hemoglobin is just at 12. Well, I'm not going to wait until they're at eight or a seven or six and then say, okay, now we can do an infusion because they are bleeding.

They got ulcerative colitis or Crohn's that's creating this and. Their body can't heal if they don't get the red blood cells be able to deliver oxygen to the tissues to be all to heal.

So we try to top them off a little bit. So, we look in, you know, how can we optimize our traditional practices of what we do, depending upon where the patient's at.

Would I do that with everybody? Depends upon the situation, so we're, again, it's just trying to find that balance. We also offer high intensity pulse electromagnetic frequencies.

You know we have a zero gravity bed where we implement that into the protocols. Um, We do biological tissue injections for osteoarthritis and to help provide less inflammation into the body to help the, body be able to start to repair itself and from that capacity.

And so there's different ways. Like I said earlier, it's an incredible time right now to be part of medicine because again, technological revolution, a biological revolution are meeting and we're able crunch data and numbers and create things above and beyond what anybody could ever imagine.

So it's an exciting time. So I appreciate you coming here and seeing the practice and everything that we do. Thank you for having us. This was a genuine pleasure.

Most likely we'll have to do a round two with some of these goodies and gadgets that Dr. Bentley has accumulated, but it speaks to, again, the depth of his practice in continuing to stay on the cutting edge of where science is evolving.

And so super excited to have had this experience here, and look forward to coming back in the future. Until next time, appreciate you guys for tuning in.

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