

Dr. Nancy: Well hello everybody. Thank you for joining us on Lunch with Doctor Nancy on Wednesday. So we've been doing this for a full year now and we started with Doctor Scott Nall and we're going to end with Doctor Scott Nall. Stay tuned to the end of the broadcast and I'll let you know what we have in planned for the next year. So welcome! Nice to have you again.

Dr. Scott: Yeah, thanks for ... I'm going to say you saved the best for last, right?

Dr. Nancy: I did. I started with the best and I ended with the best.

Dr. Scott: No, all the other ones I've listened to have been awesome, so.

Dr. Nancy: Yes, we have had wonderful speakers this year. Lot of great information shared and then we're going to celebrate our year celebration today so we both have cupcakes. Got your cupcake?

Dr. Scott: Yep.

Dr. Nancy: Oh, you got the Hummingbird, okay.

Dr. Scott: Yeah.

Dr. Nancy: So we really like to support No Label at the Table, always got coffee [crosstalk 00:01:09].

Dr. Scott: [crosstalk 00:01:09].

Dr. Nancy: No Label at the Table food company in Carmel, they do gluten-free, dairy-free cooking and they employ autistic workers so this is- it's a great program we'd love to support them so our cupcakes are from there and I've got lemon and he's got Hummingbird, which I think has got some pineapple in it and spice and...

Dr. Scott: Yeah it looks delicious!

Dr. Nancy: Yes it is, I had one yesterday. I had to taste it.

Dr. Nancy: So, Dr. Scott wanted to talk to today about stem cells. He does a lot of neat things in his practice and you'll have to check out his website, it's really- he does some really unique stuff and I really like working with him. And he's- you're doing a lot of things a lot of people around here aren't doing, right?

Dr. Scott: Yeah, it's kind of in the field of what I would call regenerative medicine. We're trying to get the body to regenerate. It is people like yourself who do a lot of manual medicine that's kind of what we're trying to do anyway, are trying to promote the body to heal itself either through trying to increase blood flow or neurotropic flow, through manipulation to get the nerves freed up and things like that.

Dr. Scott: What we're trying to address with the stem cells or even with other treatments like PRP or , it's trying to increase blood flow into soft tissues mainly the connective tissues like ligaments and tendons and then with stem cells in the joints. I've been utilizing stem cell therapy now since I think 2011, so quite awhile, and things have changed over time.

Dr. Scott: Up until recently, I would say what we were doing was kind of in a gray area in terms of what's legal and what's not in terms of the FDA. I just kind of want to update people today on some new things that have risen in terms of law and things of that nature so if you're thinking about getting one of these procedures done yourself either my clinic or another clinic, you kind of know what to expect or you know maybe you might know someone's operating in a fashion that's not up to what it's supposed to be happening nowadays.

Dr. Scott: Before maybe two weeks ago, there are two ways you can cross or harvest stem cells from your body. One is through traditional bone marrow tap, where you go in with little- kind of a large needle and pull bone marrow out of the hip or the pelvis. The other one is through lipoaspirates, you'd get maybe a little lip...suction procedure done and you're able to use an enzyme to break that down and isolate a lot of stem cells with that. There has always been two camps in the regenerative medicine field, some people are really pro bone marrow and some people have been very pro adipose tissue.

Dr. Scott: For some reason the FDA has always been more leaning toward liking bone marrow as oppose to adipose. And the problem they have hung up with that is if it were to pull the stem cells out fat, you'd have to use an enzyme to break the fat down. There argument was that because you're using this enzyme, that's considered a drug manufacturing process, and so they were labeling patient's stem cells as a drug.

Dr. Scott: They went as far as at one point that they really wanted- they had a idea out there that they wanted all drug processing equipment to be illegal and that include centrifuges in doctor's offices, almost every doctor's office has a centrifuge if you draw blood. That was a really huge step away from just saying hey you shouldn't be doing that here, let's just remove all equipment that's even related to this. There was a lot of pushback for that and things were kind of, like I said, operating in a gray area cause FDA by itself doesn't have a whole lot of power it has to kind of be pushed through the Department of Justice.

Dr. Scott: I think they were just kind of thinking they didn't have enough manpower to kind of handle the kind of stuff they wanted to do, so we were just operating along doing things that were very safe and really relatively effective but the FDA wasn't happy about it. Then a couple years ago the big clinic- there's two big clinics in the United States but the big kind of adipose clinic that's down in Florida, did have a couple of bad results with their stem cell procedures, they were trying to help cure or help people with macular degeneration so they actually injected stem cells into people's eyes. The people ended up being blind afterwards.

Dr. Scott: So those are- as far as we know, those are only two cases of adverse events from stem cell therapy and there's a long history of what I do as far as joints are concerned was

safety profiles and as far as I know, there's never been a adverse event from a joint utilization of the stem cells. But because of that, the FDA was able to get the federal government to go in and put a lawsuit on this clinic and we happen to use that clinic's stem cell bank on a lot of our procedures.

Dr. Scott: Knowing that was kind of going on, I switched from using mainly fat to mainly bone marrow about two years ago? But about last month, that court case was ruled in favor of the FDA and they also leaned toward the fact that they believed in the FDA's standing that your stem cells at least from derive from fat are considered a drug and the FDA should have the ability to regulate those as they see fit. You can kind of see there's a lot of- kind of do you own your own body kind of issues with that, I do understand the fact that you are using an enzyme to break it down, that they could have that but the fact that they could say your own cells should belong to them, and that they should have control over that seems to be quite a bit of an overreach. As of right now, the court, the lower courts have agreed with the FDA.

Dr. Scott: As of right now, pretty much any type of fat processing at least using an enzyme, probably should not be done. If you're going into a stem cell clinic that's gonna to be doing that, just know that there is a possibility that you know, someone could bust in in the middle of your procedure and you know confiscate things-

Dr. Nancy: It's your fat.

Dr. Scott: Yeah it's your fat and they could take your cells away, it could happen. Another thing we've had a problem with is it because of this the stem cell bank that we use, since they're connected to them, has actually quit shipping out stored cells so we were able to also bank the cells and save them for later; anything that has been processed for fat. Luckily the patients I've done over the last few years with bone marrow, those are still available and the FDA doesn't seem to have a problem with bone marrow because it's more of a mechanical separation as oppose to a chemical separation that occurs. All those are fine.

Dr. Nancy: Hmm.

Dr. Scott: Now I personally have my ones, I've had mine pulled out from fat so mine are frozen now too and I can't access them. I'm a little upset about it.

Dr. Scott: It might change in the future but as of right now, U.S. stem cell has decided not to ship out any stored stem cells that are fat derived.

Dr. Nancy: So except for calling it a drug, can't you write a prescription to get your stuff?

Dr. Scott: Well it's a non FDA approved drug so-

Dr. Nancy: Oh okay.

Dr. Scott: No you can't. Since they don't have... So what the other side of the argument is, is this even a drug? Before we were saying this was just the practice of medicine, right? Lets say you go in for a knee replacement. The knee replacement procedure itself is not FDA approved, because it's procedure, it's not a drug. The prothesis that goes into the knee replacement might be FDA approved but our FDA has to stamp FDA approval, the actual procedure itself is not because you know they don't approve the procedures, they approve- they do food and drugs.

Dr. Scott: Before we were saying that doing the stem cell procedure is just a procedure, it's a practice of medicine. It's no different than doing a heart bypass or it can be like you know, taking a ganglion cyst out of someone's wrist or something or shaving a little mole off. It's just the practice of medicine, it's a procedure, it's not a drug. So now they're saying it is a drug it needs an order to be prescribe, it has to go through a double blind placebo control trial which can't be done because everyone's cells are different.

Dr. Scott: It kind of puts everything into limbo and it's limiting a lot of patients that have been being helped in the past. I mean I have someone who has Parkinson's Disease and has been completely controlled without medications, now for a couple of years just by getting stem cell infusions 12 times a year. Now this guy is gonna be, you know, he doesn't have any other choice all his cells are locked up now and can't be accessed. Kind of frustrating.

Dr. Nancy: Yeah and that's a definite- there's no appeals or anything going?

Dr. Scott: Yeah there won't be an appeal. Yeah.

Dr. Nancy: Oh.

Dr. Scott: There's an appeal but until that kind of comes back probably I don't think, unless they get some opinions from lawyers saying it's okay to start shipping again probably won't happen.

Dr. Nancy: Okay.

Dr. Scott: Regardless, any type of fat processing in office or offsite is not gonna be happening. Or shouldn't be happening.

Dr. Nancy: So you're okay cause you're just doing bone marrow now?

Dr. Scott: Yes we're doing bone marrow so we're fine as far as you know to do that. I think quite honest from if you're doing a culture expansion the in product is the same whether you use fat or bone marrow anyway and using the bone marrow it has a little less pain post-procedures than the liposuction anyways. I-

Dr. Nancy: Oh really?

Dr. Scott: Yeah you're not like ramming this thing through multiple passes, you know, I just think it just leaves less disturbance, you're basically using one little hole verses doing this kind of disruptive thing with the liposuction.

Dr. Nancy: Okay.

Dr. Scott: People have a lot of fear when they hear bone marrow aspirate. A lot of that comes from the way it's done for cancer, so when you think about- people are going to do it for cancer, they're trying to get a big biopsy in there, trying to get all of these spicules out. They're aggressively- they're trying to be aggressive to try to get things to break loose like bits of chunks of kind of the spicules in there.

Dr. Scott: What we're doing is just a little gently pull and so it's not really that bad, it's not the real aggressive type cause we're just getting aspiration of the biopsy.

Dr. Nancy: Okay, cause that's the only thing that's seen on TV? So-

Dr. Scott: Yeah it's all- yeah the ones on TV is when I- that's the way I was trained in medical school cause every time we did it was always for cancer purposes, so I mean isn't this real you know or this big event? There's a lot of screaming and not good? When I went and got some extra training on how to do it for more the stem cell way I'm like wow! this is much easier. We had two patients even fall asleep while I was doing it so it adds up.

Dr. Nancy: Wow.

Dr. Scott: Yeah, I mean I'm not saying it's pain free by any chance but it's not- it's more like just getting a shot really.

Dr. Nancy: Not as seen on TV?

Dr. Scott: Yeah not as seen on TV.

Dr. Nancy: Great. Well I see that you're doing some knee regeneration with the stem cells?

Dr. Scott: Mm-hmm. Yes yeah. Knees work really well, they do really well.

Dr. Nancy: Great. How far gone does the patient- like if it's bone on bone? Can you still work with it? What is the severity that you can help?

Dr. Scott: Most of the results that is stage people about will it respond has to do with registry data, you'll look at how other clinics well there's like a national registry where you can put data in and they kind of look and see who responds and who doesn't.

Dr. Scott: With the knee, they've looked at response rates. It's about a 75% response rate. The thing is we're not able to tell who's gonna respond and who doesn't, it's really just

rolling the dice when it comes to that. With the hip there's a bit of a difference, but with the knee, it's mainly just rolling the dice. They've looked at age, severity of arthritis, weight, and gender; all of those really didn't play any kind of factor into it at all.

Dr. Scott: Now that doesn't mean there could be- as far as response goes. Now that being said, I think if you're bone on bone and more than one compartment, it's probably gonna be less likely because you can't really brace for that. If your- most people are gonna have unit compartmental arthritis though as you know it's kind of more medial compartmental where the inside of the knee, people tend to be... they're more bow legged, they're knees collapse in like this as oppose- some people do get knock kneed where they get the lateral compartment. Most people are kind of bowed in, their knees come in, their knee comes in like- they're leg, bottom leg goes in like this. So you can put them in a brace to straighten that and unload it, then you can do the stem cell procedure and hope that by doing that it changes some of the structure in there and some of the... adverse metabolism that's going in the joint. They do get increase in function and decrease in pain.

Dr. Nancy: Okay.

Dr. Scott: As far as what's severity, there really isn't one. It's more are they- could they be compliant with wearing a brace while we're going through the treatment?

Dr. Nancy: Okay. Wonderful.

Dr. Scott: Yeah.

Dr. Nancy: Great information. Is there anything that you want to share with everybody on here, while we have you here anything you want everybody to know?

Dr. Scott: Let's see, we got some new stuff going on to clinic. We just hired on a esthetician. I know nothing about this kind of stuff, lash, lips, I don't know. It's- the kind of the fun thing when you're doing regenerative medicine is one thing I found is that the kind of aesthetics, wound care, and orthopedics, we all kind of do the same thing. We're all trying to regenerate tissue it's just at different places.

Dr. Scott: I've always kind of want to bring a esthetician on because I feel like some of the regenerative things we do, we can kind of lead over into the aesthetics a little bit. If I'm regenerating a joint, why can't we regenerate collagen on the face for instance? Because it's very similar, it's just the way you apply it is different. We're kind of playing around with that for a little bit, we're also doing... we call it Beauty from the Inside and Out, so they're getting some sort of chemical peel facial thing going on while we're running a... antioxidant IV for instance, the same time. You're kind of getting some antioxidants going through your system intravenously also kind of work on the outside of the face. So that's good.

Dr. Nancy: Nice.

Dr. Scott: It's going to be fun. Trying to get some of this.

Dr. Nancy: That'll be great. Yeah, I stopped by your office yesterday it's beautiful. It's the first time I've been there-

Dr. Scott: Thanks!

Dr. Nancy: Since you've moved so I like it.

Dr. Scott: Yeah I wish they would've told me. I didn't even- they just said "yeah this lady came by and dropped this off for your interview tomorrow" like oh okay! So I asked for your picture and I was like oh you were here!

Dr. Nancy: Yeah I was on my way to my sister's house, so I was like oh I'll just drop these off! Cause I was gonna ask somebody to bring them to you today but- and I got there just before you closed so I was fortunate.

Dr. Scott: Thanks for stopping by.

Dr. Nancy: Yeah my pleasure. It was great talking to you today, it's great. Thank you again for kicking us off and then- ending with us of our year of Facebook lives, I appreciate it.

Dr. Scott: Yeah I look forward to hearing what you guys have in store for 2019-2020.

Dr. Nancy: Yes! We're gonna be doing... we're gonna call it Just a Mommy Minute and we're gonna be doing just one minute health tips for moms- for babies actually. Working with-

Dr. Scott: Oh good!

Dr. Nancy: So it's all going to be one minute because moms are so busy. You know, they don't have time to sit and listen to us ramble on-

Dr. Scott: Yeah, rambling on about FDA regulations.

Dr. Nancy: Yeah. Yeah, so we're calling it Just a Mommy Minute and we'll be doing weekly tidbits here and there so that's our plan...

Dr. Scott: Neat!

Dr. Nancy: Thank you again for coming on, I appreciate it.

Dr. Scott: Thanks for having me.

Dr. Nancy: And again everybody out there, Village Osteopath, he's a wonderful doctor I highly recommend him. Go see him.

This transcript was exported on Jul 31, 2019 - view latest version [here](#).

Dr. Scott: Thanks!

Dr. Nancy: Thanks.

Dr. Scott: Have a good one.