

Radical Remedy - Dr Scott Faulkner Transcript

0:00:00 - Chloe

Hey guys, this is Dr Chloe and you're listening to the Radical Remedy Podcast, so this episode has been a couple months in the works and I'm so thrilled to release it today for you guys. So this is an interview with Dr Scott Faulkner, who's not only a veteran but an internal medicine doctor, and he's on a mission to change healthcare in America, and he's also the stem cell doctor that I took Remy to in the beginning of June. So, for those of you who don't know, my son, Remy, has a rare genetic disorder called STXBP1. This disorder causes a litany of challenges and he is multiply disabled. He is also generally the happiest human I've ever met. He's totally my hero and he brings light everywhere he goes.

That being said, this past year has been really challenging, and I don't know whether it's the fact that we have mold in our house, which we just discovered awesome or whether it's because he's approaching puberty, which can cause neurological havoc with kids with neurological disorders, but he was doing hours of hysterical crying and screaming and scratching my face and it was getting really incredibly difficult. I'm a single mom and I'm trying to do all these things and it's really hard. I don't have family nearby and it's really devastating and heartbreaking when your child can't express what's going on and why they're upset. And I don't know that he had any idea what was going on and why he was upset. But so I had heard about Dr Scott from a friend whose father had incredible results with him for stroke rehab and I figured it was time to give it a shot. So we got some stem cells in the beginning of June and I can tell you that my happy child is back and it is life changing. I mean, honestly, I could not be more grateful for this man Like. The shift has been so incredibly dramatic and it's just incredible to have my kid back.

So if you know anybody who has a neurodegenerative disorder, or if you have an autoimmune disorder, or if your child has any disability or special needs, I really highly recommend you consider this therapy. It seems incredibly safe, very effective and really, really interesting. So check out this episode, let me know what you think, please share with anybody that you think might benefit from all this information and, if you possibly could, please do me a favor, subscribe and leave a review. It really helps get the show out to more people. Thank you so much. It's such an honor to get to speak with you every week. You so much. It's such an honor to get to speak with you every week. All right, everybody, I am so excited. Today I'm with Dr Scott Faulkner, and many of you have heard that Remy and I did stem cells very recently and have been asking to learn more, and so here I have the brilliant doctor who helped Remy so much. So, dr Scott, thank you so much for joining me.

0:02:43 - Scott

Oh, it's my pleasure, Chloe.

0:02:45 - Chloe

Awesome, so let's dive right in. I have so many questions because, honestly, I hadn't even done that deep of a dive on stem cells which I am embarrassed to say, but it is true. So let's start with the basics. What are stem cells?

0:03:00 - Scott

Okay. So stem cells are the basic building blocks of the human body. So we're going to divide the stem cells, just for your audience, into two categories. To begin with, okay, chocolate and vanilla. So the chocolate stem cells that's what I affectionately call them. Those are hematopoietic stem cells. So the FDA has approved the hematopoietic stem cells for treatment of blood cancers, leukemia, lymphoma, myeloma, for over 30 years. But in today's talk we're not talking about the chocolate cells or people with blood cancers. We're going to talk about the vanilla cells or mesenchymal stem cells. So the mesenchymal stem cells can become any

tissue in the human body. So they could become brain tissue, they could become eyeball tissue, heart, lung, skin, kidney, tendon, muscle cartilage you pick your favorite tissue. The mesenchymal stem cells or the vanilla cells are what repairs those tissues. We used to think that a stem cell would actually go in your body whether I did it as an injection into your knee or IV, like I did to Remy and then go to the area of damage and become the new tissue. We now know that's not the case. The way the stem cell works is something called the paracrine effect. So the paracrine effect. In my lectures I show a bowl of bean soup. So you can imagine, the beans are the stem cells. The broth, however, is where the flavor is. So the way the stem cell works is he creates, or has the ability to create, every single protein and peptide known to the human body.

Now we're talking adult stem cells. These are not embryonic. I won't touch embryonic because that's abortion, killing a baby, all that stuff. And the problem where they use embryonic stem cells is that you could see malignant transformation, something called a teratoma. A teratoma is a mass of hair and teeth and cells and it's this disgusting ball of stuff. So there's no reason to use embryonic stem cells and potentially put somebody at risk.

Where we have an abundance of adult stem cells and the big difference is if you just wait two weeks after fertilization, so sperm and egg get together, it gets fertilized instantly. That cell divides into two, then four, eight, 16, 32, and on and on. Those embryonic stem cells can become every tissue in the human body, including the umbilical cord and the placenta. Well, we don't care about the umbilical cord or the placenta. So two weeks after fertilization, all those cells going forward are adult stem cells. So if you wait for that baby to be born at nine months alive and healthy, then it takes all the ethical considerations off the table.

And what I use are the umbilical cord-derived stem cells. Those are the most potent and can become everything in the human body except umbilical cord-derived stem cells. Those are the most potent and can become everything in the human body except umbilical cord and placenta. So there have been other studies that put umbilical cord stem cells against your own bone marrow-derived stem cells versus adipose. Adipose is where they do a liposuction. They separate the fat cells from the stem cells and they give them back to you. The problem with those cells is one there's fewer and fewer as we get older and older. And number two, they become old and tired and they're exposed to everything. In your case maybe mold or if you have an autoimmune disorder, your stem cells are not that good. So when we use them from the umbilical cord of a baby that was just born alive and healthy, they are the most potent and the largest number and they're able to differentiate or repair pretty much everything on steroids. So that's why I use umbilical cord stem cells and specifically we're talking the mesenchymal stem cells. Now in the volume in that one cc vial that we use and I'm totally honest where I get mine from.

I get mine from Cords for Life. Cords for Life is the second oldest tissue bank in the United States. They've been around since the 1970s. In the United States they've been around since the 1970s so they are the only tissue bank that has met the FDA's 503B pharmaceutical manufacturing threshold. In fact the owner he was a personal friend of mine he spent \$5 million out of his own pocket when the FDA changed the rules in the middle of COVID. So a lot of tissue banks, even here in Colorado, they shuttered their doors because they could not shoulder that expense. Well, cord for Life, syed Raheel, he paid that \$5 million to get his lab to that 503B level. So we're talking the negative pressure rooms, the buddy suits, all that stuff.

So when you get that product you know for a fact there is nothing finer, better, more sterile and potent on the market. And just recently an independent lab got a hold of the cells and they tested it for potency. Because you're trusting that when you get those frozen cells and I defrost them and put them in your body or Remy's or somebody's loved one, you want the most alive stem cells that you can get. So this independent lab did the study. They defrosted them and

over 90% of those cells are viable or alive when we defrost them. So when you're paying a lot of money you want every cell alive. That you can get Most other of these fly-by-night companies. You're lucky if you can get to 80%. So they are the gold standard.

The other beautiful thing is when we strip that umbilical cord of the blood, there's both stem cells and red blood cells in that mass. So cord for life has a proprietary method where they destroy all the red blood cells, over 99%. So that's why I didn't care what blood type Revy was, because there aren't any red blood cells to have a transfusion reaction. Because if he's type A blood, the baby was type B it would be a violent reaction. Sometimes it can kill you if there's enough red blood cells and fragments in that transfusion. So the fact that there aren't red blood cells, that's why Remy did so well.

I personally have given myself the stem cells eight times. I have not developed an immunity, I've not developed issues with them, so they're very safe to do them ongoing. So back to the original premise. What is a stem cell? So it is that precursor cell that can. If you allowed him to grow up, he could become every tissue in the body. Well, in our case, the beautiful thing is we don't allowed him to grow up. He could become every tissue in the body. Well, in our case, the beautiful thing is we don't allow him to grow up, we leave him as that naive stem cell that has that potential.

So remember the analogy of the bowl of bean soup. So the stem cells are the beans. The broth is where the flavor is. So when I gave Remy his stem cells intraven beans, the broth is where the flavor is. So when I gave Remy his stem cells intravenous, what happens? And we've radio labeled them, we researchers have. So we know for a fact when we give them intravenously, the vast majority of the cells go to the lungs and the liver. And you're thinking well, his lungs were fine and his liver True, but the beautiful thing about those two organs is there's massive blood flow across both of those.

So if the stem cell's hanging out all day, every day, for six months, just kicking it like he's on the beach, he's cranking out every single protein and peptide known to heal the human body for six to eight months. That's why I'm able to treat somebody like. My first patient was my uncle from Lou Gehrig's right. We don't know what caused Lou Gehrig's and there's no magic white pill that Pfizer has created to help somebody with Lou Gehrig's. But when I gave him the stem cells he got improved strength, range of motion. He was able to get out of his wheelchair and actually stand at his bathroom sink for two and a half minutes to brush his teeth. It was not a cure, but it gave him his life back. So I don't have to be the smartest doctor. I mean we know that Remy has a genetic disorder. How these stem cells actually helped him, I don't have to be the smartest doctor. I mean we know that Remy has a genetic disorder. How these stem cells actually helped him, I don't have a clue. But I don't have to Because the stem cell just figures it out. And not only is he getting improved cognition and behavioral issues. I think what you're going to find over that six to eight months is that his motor tone will be better, that tremor will be better, so other things get improved as well. Because that stem cell he doesn't care, he's just cranking it out all day, every day. So that's how a stem cell works.

Now I have to throw this caveat out there when I treat a patient for regenerative medicine, not on that leukemia, lymphoma, myeloma side, the regenerative medicine. The FDA has not approved these cells for regenerative medicine. But that's our government right and all their wisdom. They've approved it on the cancer side for 30 years. But you think they would approve it to treat kiddos like Remy and adults? No, and will they? That's a long discussion, but so long as I tell you it's an off-label use.

But we use medicines in medicine off-label all the time, right? So when I give a presentation with an audience, I say, okay, how many of you have taken Tylenol PM to help you sleep? And pretty much every hand goes up. I say, congratulations, you just took a medicine off label. And

they look quizzical. I said, okay, the two components to Tylenol PM is acetaminophen, tylenol it has been approved for pain and fever. Diphenhydramine, benadryl has been approved for allergies. But when you put the two together and label it as Tylenol PM, it has never been approved as a sleeping pill. Yet millions of people use it all the time as a sleeping aid. You just use a medicine off-label. So people who have migraines we use an old school antidepressant called amitriptyline for prophylaxis of migraines. So in medicine we're using medicines off-label all the time, off-label all the time.

So the fact that I have over 30 years of data of using these stem cells in patients with leukemia and we're talking massive quantities, at least 25 cc's, which is at least 25 million, sometimes up to a billion stem cells, billion stem cells. So when I use a vial with a million or in Remy's case, I think we gave him three or five, three, okay. So there's 3 million of the vanilla cells. There's a total of 90 million TNC or total nucleated cells. So, at 30 million cells, 29 million are the chocolate, 1 million are the vanilla.

So when you go to a doctor and they start talking quantity of cells, you have to, as buyer, beware, you have to understand the vernacular. Are they talking TNC, total nucleated cells, and again, 29 out of 30 million are the chocolate? We don't care about that. So that's when I'm brutally honest and I just tell you how many vanilla cells are in that volume, because that's what you're paying for, that's what you want, okay. So for your listeners, they have to understand when a doctor is talking total nucleated cells versus how many mesenchymal cells, apples to apples.

0:15:49 - Chloe

Yeah, it gets very confusing because I know that there are a bunch of different clinics out there doing different styles of stem cells, doing different treatment methods and a lot of special needs. Parents who might be listening to this have probably heard of the clinic in Panama. There are a couple in Mexico that I know some of my friends have gone to and they talk about having expanded cell lines and how that's so much better. I'd love to hear your take on that, because I know that that's something that you refute, and I would love to hear a little bit more about how that works out and why you think that the way that you do it is safer and more effective.

0:16:27 - Scott

So we're primarily talking Dr Riordan. He was on Joe Rogan's podcast. He's the one who treated Mel Gibson's dad and Mel Gibson touts him like he's the second coming to Christ and he does good work. I don't want to poo-poo what he does because he was a pioneer utilizing stem cells. But he will take these mesenchymal stem cells, a small quantity, and he will put it on a petri dish with a growth medium on the bottom. He will put it in an incubator. So with artificial food light he's taking a small amount of stem cells and expanding them. So all those double leads are what we call a path.

There's a couple of problems with that. Number one is you want the expansion in your own body. So when I put these stem cells into Remy's body, he gets the benefit of every single pass, that doubling of the stem cells. So a million will become close to a billion cells before the month's out in remnant. So he's getting all those proteins and peptides in his body. So when you do a pass on a petri dish, that's one that your body doesn't get the benefit of. The second problem is that these cells have a programmed cell death. It's called apoptosis. So they can only expand so many times before they're programmed to die out. So that's the good side of stem cells, but it's also the bad side is that they will die out over time and so you have to come back to me to get a repeat treatment, or you have to go back down to Panama to get a repeat treatment and if you have one of these disease states that is always ravaging your body, so, like in my uncle's case, the Lou Gehrig's because it's not a cure, you have to come back and get treated. In his case, the stem cells lasted for 10 and a half months before he had to get a

repeat treatment. We'll see how long it lasts for Remy, but just know that because he has that genetic disorder, it will always be on his DNA. He will probably need multiple treatments over time.

Okay, so back to the expansive cell line. The other problem that we found is when you expand those cells you can actually induce malignant transformation. Yes, malignancy cancer. So for the longest time the FDA in the United States said you cannot expand the cell line. Period hard stop. About three and a half months ago they relaxed that standard to where they will allow expanded cells to be used in the United States, with the caveat. The doctor has to tell you oh, by the way, there's a chance I can give you a malignancy, right? So couple of problems you don't get the expansion in your body because it's expanding out of the petri dish and oh, by the way, I can give you a malignancy.

So why would you pay the price to go to panama? Dr Riordan also makes you stay there for four to five days. There is no benefit. There's never been a study that says, okay, well, giving you sales today and tomorrow, the next day and the next day is more beneficial than just giving it to you one and done and we'll see you in six to eight months. There's never been a study. This is my personal opinion. I think that he has come up with an agreement with the government in Panama to increase tourism, because if you're forced to stay there for four to five days, the country of Panama actually benefits from you spending your money as a tourist, because after you've been in the lab, you saw how quick it took me to infuse the cells in Remy right. Two, seconds.

0:20:26 - Chloe

I was. I don't know why you're nursing. It is flying so quick. I was amazed.

0:20:31 - Scott

Yeah, and then we push the cells, we flush them, you're done. Go home, go live your life, as opposed to being stuck in a foreign country for four to five days, right?

0:20:42 - Chloe

Which, especially if you're dealing with somebody with some sort of either neurodegenerative disorder or special needs, can be extremely challenging when you're traveling by yourself with them. I've done that many, many months of my life and it has been. It was beautiful. I love Ecuador, will always love Ecuador and be grateful for our time there. But it is really challenging traveling with people who are who have disabilities or have neurological disorders, and a lot of people who are going for stem cells are doing that because they have a severe, significant challenge that they're looking for something outside of the box for.

0:21:18 - Scott

Yeah, and when you compare the cost, I mean, if you want to go on a vacation, go on a vacation, but there's no reason to leave the United States. The other problem is, you know, I I don't know Dr Riordan personally. I've heard good things about his cell line, but when you go to some of these other countries, you have no clue what you're getting. Now, as much as I cannot stand our government and our three-letter agencies, especially the FDA.

You have to admit, the one thing that the US FDA does is they make sure that our blood and tissue supply is top-notch, sure that our blood and tissue supply is top notch, okay, so Quartz for Life. By being that 503B, they are forced by the FDA to every sample, every umbilical cord that comes into their lab, they're forced by the FDA to send a sample to a third-party, independent lab. That third-party independent lab will test that sample for bacterial, viral and fungal contamination. They will test it for HIV, for hepatitis, for Zika, for syphilis, for a boatload of diseases. So once the third-party independent lab says, okay, that sample is clear, clean, sterile, then they can continue breaking it down to sell to doctors like myself. If there's anything

in there, they must discard the entire thing. So you know what you're getting. And I always ask for COVID vaccines free, so that there's no choice or no chance, I guess, of the spike protein being transferred to somebody like Little Remy when you don't want him to have that vaccine.

0:22:57 - Chloe

No, we fought very hard not to get that Correct.

0:23:02 - Scott

So if you go to Mexico, let me tell you a quick anecdotal story. So when I was this is in 2018. So my uncle contracted Lou Gehrig's in 2016. He was here in Denver at university. He went to the expert who told him you're dead man walking, you'll be dead in three to five years. You have a terminal disease. But I have a study for this little white pill that you could be enrolled in. What do you think? And of course, my uncle's like well, you just told me I'm gonna be dead three to five years. Of course my uncle's like well, you just told me I'm gonna be dead three to five years. Of course I'll enroll in your study. So they gave him this little white pill. For two years.

I watched him decline from being able to walk and go hunting with me to where he's now in a wheelchair. He has a feeding tube in his stomach. He's confined to a wheelchair. He cannot walk. Clearly the little white pill didn't work. So that's when he called me up and said hey, nephew, is there anything else out there that might help Lou Gehrig? And I'm like I don't know. I mean cause my background is, you know, critical care medicine, hospital medicine. So to research that stuff on that side before somebody ends up in the hospital. It was a bit foreign, but he's like you're a smart guy, you figure it out. So I got on PubMed and I started looking at the research and that's where I found that stem cells could potentially help it. So I told him Uncle Ron, maybe stem cells can help you. There's good literature coming out of South Korea, out of Israel China believe it or not, they're way ahead in the United States in research for stem cells Said, great, get me stem cells. And I'm like okay, this is not like me ordering a blood pressure pill for you. I don't know where to get stem cells. He's like well, you'll figure it out.

So that started the journey. Because there was no class for me to take right, my education as a classic allopathic trained doctor was about 30 seconds. My first semester of medical school, an embryology class, we talked about stem cells for about 30 seconds and we blew past it. That was it. So I had to educate myself on the difference between a hematopoietic and a mesenchymal stem cell, an embryonic stem cell, an adult stem cell. So all this stuff I had to be self-taught for.

So then, as I was looking for a supplier of stem cells. I thought, well, if I'm going to put this into my uncle's body, it had better be top notch. So I'm going to go investigate these places for myself. So the first place that I found online was a place called Livion. Livion was out of Los Angeles, right, and I will be the first one to admit. Their website was gorgeous. It just fucked you in. You're like this is what I was looking for.

So I called them up and I talked to their chief medical officer, who said that he was a foot and ankle surgeon. I'm like, wow, okay, so he's talking to me about the stem cells. I was like, great, I want to. He's talking to me about the stem cells. I was like great, I want to come out and I want to visit your organization. He's like we're not ready for you. Give us six weeks. I'm like okay, but I saw your video where you had this beautiful building, this lab, the whole nine yards. I thought okay, so I delayed a little while I called them back. I said okay, so I delayed a little while I called them back. I said okay, I'm ready to come out and see your lab. And they're like we're not ready for you. So the third time I called again. They're like we're not ready for you yet, but if you give us another six weeks we'll fly you out to LA, we'll put you up at Marina Del Rey beautiful hotel, buy you a steak dinner. Has there any questions?

0:26:54 - Chloe
Have.

0:26:55 - Scott

And I'm like I can buy my own steak. I don't care about that, I want to see your facility. So I smelled a rat. So I went online, bought a Southwest airline ticket, flew to John Wayne Airport, rented a car and drove to their address on Research Boulevard. And drove to their address on Research Boulevard right Now. If you know anything about Los Angeles, orange County, research Boulevard is where all the big boys are at. So the first thing you see is Pfizer's billion dollar building right, or hundreds of millions of dollars. It is massive. Here's Johnson Johnson, here's Merck, here's Bayer All these big buildings. And the further you drive down Research Boulevard, the buildings are getting smaller and smaller and I'm getting towards the end and I'm thinking to myself where is this place? And I get to the end of the cul-de-sac and I stop and I look in front of me and here's this little tiny, unassuming brick building and I look, I'm like I'll be damned. They bought the address right. So this was not the building they showed on their website. So you know me now, chloe, mr. Nothing will stand in my way.

I parked the car, I walk up, I try the front door. It's open. So I started walking towards the back and there's offices on both sides and I'm going hello, hello, and there's nobody there. Well, I just keep walking, hello, hello, nobody's answering, there's nobody there. And I looked to the very back and there's a warehouse area. And why they had a chain link fence down the middle of this warehouse area, I have no idea. But there was a card table, some chairs and I saw some of their literature and about this time somebody comes from behind me.

He's like hey, who are you? What are you doing here? I'm like well, I'm Dr Falcon from Colorado and I came here to check this place out. So I want to talk to your CEO. He's like well, my CEO's not here. I said, well, get him here. I want to talk to him. He's like well, he's too busy for you. And I said, well, I want to talk to your chief medical officer. He's like well, he's not here and he's too busy to talk to you. I said, okay, I want to talk to your COO. He's not here, he's too busy to talk. I said, okay. So I turned around and the computer on my cell phone and I type in the name of their CEO. He was a convicted felon. I looked at the name of the chief medical officer. He was a podiatrist, passing himself off as a foot and ankle surgeon, out of Arizona, who lost his license to practice in Arizona and he was not licensed in California. Now I asked you how many podiatrists do you know that have lost their license to practice medicine?

0:29:41 - Chloe
Not a lot right.

0:29:42 - Scott

That's a challenging feat, correct? Their COO had just been indicted by the Orange County DA, so he was now a felon. So in the indictment had the telephone number to the deputy DA there in Orange County DA, so he was now a felon. So in the indictment had the telephone number to the deputy DA there in Orange County who had prosecuted him. I thought, hmm, so I called the number. She answered her phone. I said hey, I'm Dr Faulkner, I'm from Colorado and you might want to know what your boys are up to. And she's like oh, we're very interested to hear what you have to say. So I told her what was going on because they were to have nothing to do with stem cells. Yeah, it turns out that Livian was selling cells that were tainted with Staph aureus. So any doctor that bought these cells was giving their patient a Staph infection. Before they could go to prison, they jumped ship. They are in Tijuana, mexico, today. They set up in Mexico.

0:30:40 - Chloe
Oh wow, that's wild.

0:30:41 - Scott

So you want to truly talk about buyer beware. So when you go to Mexico, you have no idea what you're getting and there's a possibility you can get these felons that are selling you just garbage.

0:30:55 - Chloe

That's insane. I'm not surprised, I feel like, since stem cells are a little bit of the Wild West. People just prey on sick people in a lot of ways, and people who are desperate for some sort of cure. You know, like I live in the world of rare genetic disorders and I thrive, like I love patients with really complicated disorders because I love to study and I love the challenge and I love being able to help them, and so those are the people who are desperately looking for answers anywhere and I just see people getting taken advantage of left and right whether it's shitty supplements or whether it's, you know, unethical doctors or functional medicine doctors who are charging thousands and thousands and thousands of dollars for, like, basic lab work and whatnot. And you're like, uh, but that's one of the things that I love about you is you're so down to earth. Um, your clinic is beautiful, but like you know it's, it's not like you have some flashy pizzazz going on. You're just a good doctor who really cares, and I loved watching the videos of your uncle. I mean that was just absolutely mind-blowing.

And I definitely want to go into a lot of the other stories and patients that you've had and hear more stories of other conditions that you've worked with and I'll tell a little bit more about me and Remy's results, and I also will shout out our mutual friend, dan and Frank, who I'm sure they have no problem with me sharing on podcast Frank's incredible response to the stem cells in terms of his stroke rehab. But before we dive into that, I'd love to hear a little bit more about where stem cells stand politically Like. Why are they in a weird gray area? Why are they allowed in the States? Really, you know, I know they're allowed for injections, for certain things and then, as you mentioned, for certain cancers and blood cancers, for certain cancers and blood cancers. What is the actual state of legalizing of stem cells in the States and why do you think that it's such a difficult thing to get approved?

0:32:59 - Scott

Yes, oh, good question. So let's back up to the days of PRP. So a lot of people, a lot of your audience, has heard of PRP or platelet-rich plasma. A lot of your audience has heard of PRPO, platelet-rich plasma. So platelet-rich plasma was found accidentally because they were looking for a fibrin glue in surgery that would approximate or close a wound. And what they found is when they spin your blood down that you get that clear layer, what we call a buffy coat, right Plasma. Well, in that plasma are platelets. Platelets are what causes your blood to stick together.

So the orthopedic surgeons found that, hey, if we spin people's blood down and we inject it into a joint, that some people get better relief than cortisone, because up to that point that's all we had was cortisone. This is we're talking 20, 25 years ago. So if you had a bad thumb or a knee that hurt, it was better than a cortisone injection or something called syndesk hyaluronic acid, which comes from the comb of a rooster. But the problem with that is it only lasts for three months, then it wears out. So PRP was kind of that new breakthrough for especially the orthopedic surgeon. Some doctors started to use it. But the downside to PRP is a platelet is not a living cell. Okay, so the platelet, he cross links when you cut yourself, but he doesn't have DNA, he doesn't replicate himself. He comes from a cell in your bone marrow called the megakaryocyte. So your megakaryocytes kick out platelets. The lifespan of a platelet in the human body is seven days. That's why, if you're about to have surgery, we tell you stop your aspirin seven days before the surgery, because that's how long the aspirin inhibits the platelets. So if you wait seven days, all your platelets are brand new and sticky, so that you don't bleed out or exsanguinate after surgery. So PRP was better than cortisone, but it's not the end-all, be-all. So, and our government had looked into stem cells, believe it or not, back in World War

II, when they invented the atomic bomb, to see if it would treat people with radiation poisoning. But what they found is if you're exposed to an atomic bomb you're going to die. So they kind of put that off on the shelf. So some smart researchers in the late 50s brought this back and started looking into the stem cells.

Fast forward to when George W Bush was the president and you're young you're way younger than me, so but you might remember this argument where Michael J Fox, the TV star, was diagnosed with Parkinson's right. This is after, back to the Future, a couple other movies, his TV series, family Ties, I think yes. Now Michael J Fox is diagnosed with Parkinson's at a fairly young age. He then started to get on his soapbox saying then started to get on his soapbox saying we need to do more research with embryonic stem cells for Parkinson's research and other diseases. George W Bush, being the president, said this is a Christian nation. We believe that taking eggs that were fertilized right for in vitro fertilization and using them to do research for embryonic stem cells is more morally unethical. So the United States he put a moratorium on research, especially utilizing embryonic stem cells in the United States. So very quickly we started falling behind other countries like South Korea, like Israel, like China. Somebody should have told Michael J Fox oh, by the way, if you use adult stem cells you don't run into problems with embryonic. So now there's really no reason to use embryonic stem cells because of the reasons that we discussed. Right, embryonic stem cells can give you that teratoma, that formation with teeth and hair and stuff like that. So if I'm going to put that in Remy, you're going to say not in my child, uh-uh. But if you use adult stem cells from the adult port, there has never been a case of malignant transformation or teratoma ever.

So about that same time they started to experiment with these cells on the leukemia lymphoma side. So this is before big pharma really got their tentacles around the FDA. So they said, well, this is fabulous, these patients with these blood cancers. If we can find a donor that has very, very, very close DNA match, then we can do a bone marrow transplant for those patients and a lot of them survive. So that's when the FDA blessed this after clinical trials about 30 years ago.

So then, fast forward. We started looking that's on the chocolate cell side, remember. But remember what I said there's not only chocolate cells but the vanilla in there as well. So smart doctors started saying, well, why can't we use this for regenerative purposes? So guys like me under the radar screen started treating some patients who were asking for this, because we could find a place like Courts for Life that actually has ethical sourcing of these stem cells. So the United States is behind in research, but we're trying to catch up.

But about that time is when big pharma started putting pressure on the FDA to keep the genie in the bottle because it doesn't fit their model. Their model is I want to give you a pill to treat your symptoms for the rest of your life so that we can make billions of dollars, right? So we're smart people. We know the influence that big pharma has on the FDA. So now the FDA says well, the only way that you're gonna get this approved is if you do studies called an IND, initially investigational new drug. Just to get an IND approval is at least a million dollars.

But the beautiful thing is Court for Life has actually got an IND going for saproiliac joint injections and the IND is that phase one clinical trial just to prove safety. It's not. Is this efficacious? It's just is it safe? So they have just finished with the patient injections down in Florida. They're taking the data, they're putting it together, they're going to present it to the FDA and the FDA will either say, yes, this is very safe, which we know it is because we've been using these cells for over 30 years, or we want more information.

But they make you slow walk this thing. Once you get the IND, then you have to do a phase two clinical trial. So now you're looking at at least another million dollars, then you're going to do a phase three trial more millions of dollars before it's ready for prime time. So that's the history of stem cells in the United States. That's why I'm going to the Philippines here at the

end of this week, because it's much easier to use this outside of the United States. Now will I continue to treat our patients in the United States? Absolutely. I just have to give the caveat that the FDA has not approved this in the United States for regenerative medicine.

0:40:50 - Chloe

Yeah, it's amazing. I think I heard the other day that 75% of the funding for the FDA is paid for by Big Pharma. So if you're curious about the influence you've put, on our government, that would be it.

0:41:06 - Scott

Look what happened during COVID, right? That's the classic example. Oh, we can use this clot shot, this experimental mRNA vaccine that's not even a vaccine by anybody's definition. But can we use ivermectin, hydroxychloroquine? How about increasing people's vitamin D?

0:41:23 - Chloe

Give them some Z Even vitamin D was shut down.

0:41:26 - Scott

Correct, and I know because I was one of those doctors in the big hospital who was told you cannot even talk about it. And we separated because I talked to some patients about ivermectin.

0:41:37 - Chloe

Yeah, it's wild and it's heartbreaking because really our system is set up to keep us sick, to make us sick while we're young and keep us sick throughout our lives, and I think it's so important that medicine like stem cells, like herbal medicine, like getting out in sunlight and actually exercise and eating real foods are. It's so important for us to advocate and to get out there and help more people so that they can actually build health instead of deteriorate into disease, right, exactly, I mean we're talking big ag now right With the GMO everything.

0:42:14 - Scott

Ag now right With the GMO everything. I learned this that to get the amount of iron from spinach today, from a dose of spinach in 1920s, you have to eat 12 doses or 12 servings to get the same amount of iron that you would have gotten in the 1920s. Same thing with oranges you have to eat 12 oranges today to get the same nutritional value. So it looks like an orange, it looks like spinach, but it's garbage. No wonder why our telomeres are getting shorter, our DNA is getting broken and we're suffering for it.

0:42:42 - Chloe

Oh, we're totally swimming upstream and I keep shouting from the rooftops that our kids are the canaries in the coal mine because, you know, it's bad enough looking at adults like ourselves who are dealing with chronic health issues and autoimmune explosions and cancer and all of the things that are going on, but if we looked at the trajectory of our children and their health, it's absolutely horrific and it's getting worse and worse every year and these are even like pretty poorly done as well.

0:43:11 - Scott

Right? Well, look at your generation, right, Because you're that generation. So big tobacco. Their profits were actually starting to suffer in the 1980s because there was a big campaign, you know, stop smoking. So what did RJ Reynolds and other tobacco companies do? They started buying food companies Kraft, Nabisco and they told their scientists we want foods, we don't care about nutrition, we want them highly addictive. That's where Oreos and Ritz crackers and shake and bake and all that stuff came from. Now they divested in about 2001,.

But that's what you were raised on. If your mom and dad didn't have a garden or greenhouse, is all that crap that had no nutritional value Highly addictive.

0:44:00 - Chloe

Oh, totally. I grew up on cup of noodle and easy math. My parents were both full time, you know. Both worked full time in New York City. I grew up in Brooklyn, and so you know they would often pick up food they tried to cook on the weekends, you know, but nobody really knew better. Nobody understood how bad it is, and it's appalling to me today to see so many educated people that I respect and love still really have no concept of how detrimental the diets that they're eating and that they're feeding their children are to their long-term health. And I, you know, again, I feel like sometimes it's like you just want to shake people because you're like no, no, this is not okay.

I remember arguing with one of my friends who was trying to argue that the Entenmann's donuts are healthy and that they're fine, they're not that bad because and they like tried to show me the ingredients. I was like well, we don't know what half of these ingredients are, first and foremost, but second of all, just as a rule of thumb, if it's a shelf stable pastry for like up to two years, you probably don't want to eat that Like. That's a good rule of thumb, but I'll like so, just if it's going to rot, then eat it, but eat it before it rots. But if it's, if it's something that's indefinitely shelf stable, you know, unless it's like a oh grain or something that you have.

Anyway, I digress, so I'm trying to think of there have been a couple of questions from other families that I know. One that somebody keeps bringing up is that she believes that you have to do chemotherapy before you do stem cells. I'm guessing that that has to do with the blood cancers. I've never heard of this for any of the programs that I've looked into, but I'm guessing that might be something for blood cancers. I know a lot of other people. A couple of my friends have looked into different hospitals that are doing stem cells and trying to see if they can get stem cells that way so it's covered by insurance or whatnot and I looked at them and they all seemed like they had to do with like oncology or some sort of immune support.

0:46:11 - Scott

That's okay, yeah, so all those conditions that are a blood cancer, insurance will pay for that. Those are the chocolate cells, but not on the regenerative side, and you're exactly right. So you go to the oncologist. He gives you the bad news. I'm sorry you have leukemia or lymphoma, but here's the good news I can give you chemotherapy. Smoke your bone marrow, try and kill every cell in sight. Hopefully we don't kill you. And then if we have a DNA match or close to it, then we can transplant these stem cells into your bone marrow. They will become your own DNA. So that's why the match has to be very, very, very, very close on that side, on the regenerative side, what I'm doing. Insurance doesn't pay a dime of this. But no, you don't have to get chemotherapy for me to treat multiple sclerosis, parkinson's genetic disorder like Remy's, lou Gehrig's, ulcerative colitis, autoimmune disorders.

0:47:12 - Chloe

All right, cool. Yeah, I was curious about that. It was fascinating because this one kept insisting and I was like, no, we definitely did not do chemotherapy before, we did the stem cells. We definitely got great results. So let's dive into some of that. So I will talk a little bit about Remy's results first.

So anybody who's listening I think a lot of you know that Remy and I had a really difficult year. So, starting in like November of last year, Remy just started screaming and crying some days for hours on end, scratching my face, and this can be a phase that kids with this disorder go through as they're going into puberty. I'm also concerned that we have a lot of mold in our house and that may be playing a role in the neuroinflammation. He had had a bad virus right

before this started also, so it could have had something to do with pans or pandas or post-COVID or whatever. You never really know with a kid like Rip.

But what I did know was that I was going insane and my very, very happy child was nowhere to be seen and it was really, really challenging. So somewhere along that line, my good friend Dan, who is basically like a bonus brother to me, his wife Kate has been my best friend since we were three, so I adore Dan and his family, and so Dan's dad had had a very massive stroke and was wheelchair bound from it, as well as having a lot of physical and neurological challenges with speech and other things. I know one of his hands. He was having a very difficult time Left hand.

And so you know Dan had told me how worried he was. His mom had just had a stroke and a heart attack. They've just been through so much over the past couple of years. It's just truly astounding how beautifully that Kate and Dan have pulled together and navigated all of this for their families. But so he was really just devastated because Frank is really just such a smart man. He's so with it. You know he's getting older, but he's just really engaged. He's obsessed with their adorable granddaughters and they've wanted Frank to have the best quality of life possible.

So Dan had found out about you from a friend and got Frank some stem cells and was showing me the videos of Frank walking independently upstairs like three weeks after the stem cells, after being wheelchair bound, and I like absolutely lost my mind. I still don't think Dan really understands that like people don't come back from straight books. It is mind blowing. Like I worked you know acupuncture is amazing for stroke rehab. I worked in a clinic in hospital doing acupuncture for stroke rehab when I was, when I was in school, and you're just hoping for like very little tiny incremental changes, and so for him to be walking independently was mind blowing. And then you know, as you obviously know, he's gotten a subsequent round of stem cells and now he's living independently right now, which is just a complete game changer for their entire family, and particularly for Frank, who I know that was so important for him. But so Dan told me about you and he was like, oh, you should try it. Um, and I was like I've been, I've been researching stem cells for like five years now. I just haven't been able to muster up the money and the energy to take Remy back down to South America to do stem cells, do a whole week there, like it's so much money, it's so much time and all he's doing is screaming at me. Traveling with him is going to be even harder. But so as soon as I heard that you were here in Colorado and that you had gotten such great results for Frank, I was like I'm doing this, we'll figure it out, doesn't matter. And so we got the stem cells on June 4th and I would say by the end of July and forth, and I would say by the end of July.

Middle of July the crying stopped, my kid is happy again and, like the, the change has been like night and day. I mean it was the hardest couple of months, especially over the summer, because there's no camps, there's no soccer, there's no playdates for kids as disabled as Remy. So it's just in your face, literally screaming in your face, and he's non-verbal so you can't like figure out what's going on. Um, so he is. He's just happy again. Um, his, his sleep has been better. His, his gait has been better. I keep catching him where he's like he'll trip a little bit and he catches himself so well now. So I feel like his balance is much better. He's just much more intentional with a lot of his actions and he's making new sounds.

So it's just, it's really been amazing for me and as a mom of a child who, you know, technically his disorder is somewhat neurodegenerative, a lot of the kids pass away in their teens and 20s.

A lot of the kids regress and have an increase in seizures as they go into puberty.

I never thought that that was Remy's path, but it is something I have a lot of anxiety about, obviously, and so for me I feel so much more relieved knowing that this is a resource that we

can tap into regularly, especially as he's, you know, going through puberty and getting older and having those more challenging years.

You know it means that we can come to see you and he can get a boost and hopefully I can keep my kid as happy and healthy as possible for as long as possible, which is every parent's hope. So I am incredibly, incredibly grateful for the work that you're doing and the advocacy that you're doing and spearheading this and so, yeah, so, for everybody listening, that's a little bit about me and Remy's story. If you have any personal questions, you're more than welcome to reach out to me to talk about it, but I would love to hear a little bit more about some of the other patients that you've worked with and some of the things that have been most exciting to you. Obviously, we're not sharing anything, as we've mentioned, but just, you know, some anecdotal stories of some people you've worked with would be, I think, really exciting for everybody.

0:53:27 - Scott

Well, sure. So I had this one gentleman who lives in Minnesota and how he found me I have no idea, but he went to the Mayo Clinic because he's in Minnesota, had a file about this thick, got a phone call. He's like I was diagnosed by the Mayo Clinic with an autoimmune disorder and they don't know what it is. They know it's not an immune disorder and they just want to pump me full of these drugs that are going to knock my system down the Remicades, the Edbrels, which is going to expose me to tuberculosis and maybe give me a blood cancer. I'm not excited about that, but my quality of life is really sucks. It's limited. Do you think you could help? I'm like well, I treated other autoimmune disorders, lupus, things like that. Um, it's the only thing that might help you and actually reverse your course, without all these other drugs that are just immune suppressants. He says great, I'm going to fly out and see you. So guy shows up on my doorstep and I'm like all right, so gave him IV stem cells. As you know, it takes about five minutes. Yeah, sent him back and about two weeks later I get a phone call from a number I didn't recognize and it's this gentleman. He says Dr Faulkner, it's me. I said okay, he gentleman. He says Dr Faulkner, it's me. I said okay. He says you'll never guess what I'm doing right now. I said I have no idea. He says I'm actually walking down the sidewalk with my wife where he couldn't do that before. And so when I hear stories like that, or my uncle, or the remedies of the world, that's what keeps me going.

Frank with all his stem cells how Dan knew about me was his best friend. His father had COVID when I was working in that big hospital. During COVID he was my patient and Terry was not doing well. He had full-blown white out of his lungs. He was on high-flow oxygen. Those were the people that oftentimes didn't do well but of course, because we needed the bed, he's on at least six liters of oxygen. And I'm kicking him out saying oh, you know, kind of have joking, you're fine, because that's what we're told to tell patients. Oh, you'll be fine on six liters of oxygen, go home, because I have somebody who's even more sick than you that needs this room. So Terry and I we became friends as I was sitting there talking to him, because you know me, I'm a chatty cat. I like to talk to my patients and I told him if you want the cure, let me know. He's like well, of course I want to know. I said well, it's umbilical cord stem cells.

Because just before this there was a study that was published out of Wuhan, china, with patients on the ventilator. Every one of them, within a week, came off the ventilator and went home. The people in the control arm, two of them died, one stayed in the hospital and the other started to slowly recover. But imagine taking somebody, because those were the people that died. In front of us.

We knew what was going to happen. Once we put you on a ventilator and we had to sedate you, we knew what was going to come down the pipe your lungs were going to get stiff, you were going to collapse. One lung, what we call a pneumothorax. We put it in a chest tube. About You're going to collapse. One lung, get into what we call a pneumothorax. We put in a

chest tube. Well, about a week later your other lung would collapse. We'd put in another chest tube and then we'd watch you circle the drain and then you would die.

So, Terry, as I'm setting him up with oxygen to send him home, he's like yeah, I want that treatment. So I went and met him at his house. I gave him stem cells and I don't know if you've met Terry Kyle's dad. I've met Kyle, but I haven't met his dad. All right, so he's an engineer, and the one thing about the engineer is they keep detailed records of everything. And so he wrote down how much oxygen he was on, how far could he walk, what was his symptoms, and within a week he went from six liters to nothing, yes, and then he was able to start to go outside with Michelle and walk around the block, and now he's 100% because of the stem cells.

0:57:38 - Chloe
That's incredible.

0:57:39 - Scott
Uh-huh. So I've got patients like that with you know the arthritis, believe it or not. Treating joints, bad knees, bad shoulders, bad hips. That's actually the low-agging truth. That's fairly easy. Yeah, it's taking somebody with one of these horrible conditions multiple sclerosis, Parkinson's where I can actually give you your quality of life Again, not a cure like it was for the COVID, but for everything else. It's just an improvement. It gives you your life.

0:58:08 - Chloe
Well, and with a lot of these conditions. I mean, if you look at the alternatives, there's literally nothing. I mean, with Remy's disorder I talked to all the best doctors all over the place and they're like, well, what medicine would you like to give him for his seizures and at what dose? And I'm like I'm sorry, I am a doctor, but not that kind of doctor. Like why are you asking me Like do you literally just have no concept of what's going on? And surprisingly it seems to be the case, especially with neurological conditions.

I mean, that's something I've really obviously dove into over the past couple of years and it's really heartbreaking how little the Western medical system understands the brain and how to support neurological function or to restore neurological function, which there's a lot of things that can be done, but it takes a lot of work and in order to get it going, something like stem cells is a huge bump and it's such a low hanging fruit in terms of, like energy. Know, like I used to take Remy, I was telling you before I would take Remy to Ecuador, I would adopt him, go to Ecuador for a month, which is not easy for any working human, especially a single mom. Take Remy down to Ecuador for a month by myself. I would have to go in the hyperbaric chamber with him with nothing in there, so I'd have to keep him entertained for an hour minimum. I'd have to like hold him still doing all of these other therapies and whatnot. We would get a little bump in his neurological function, in his physical abilities, in his connectivity. Every time it was.

0:59:42 - Scott
You called those inch stones, didn't you?

0:59:43 - Chloe
Exactly, we would get a couple inch stones for each one and each of those inch stones added up over time. You called those inch stones, didn't you? Exactly, we would get a couple inch stones for each one and each of those inch stones added up over time. But it was a tremendous amount of money. It was a tremendous amount of work. It was very stressful, very isolating, incredibly difficult, and with this I literally drove an hour hour and a half, got out there. I mean, it was a five minute procedure. It couldn't have been easier. I'm sure I could have done better in terms of adding some supplemental therapies with him at my house, in terms of doing maybe some smells or sensory stuff or the hyperbaric, but we were in summer mode and I was

just trying to survive. To be quite honest, after all that screaming and it's just, it's the easiest way to get a massive, a pretty massive bump, if you ask me.

1:00:33 - Scott

I feel like it was really substantial for Remy, instead of an inch down, it was an inch boulder.

1:00:38 - Chloe

It was an inch boulder, no it, you know, but especially if you're dealing with a neurological condition, whether you're old or young, to be able to do all you know there are things that will move the needle, but those things take a lot of determination, a lot of time, a lot of effort, a lot of energy and a lot of times you don't have that if you're dealing with a degenerative neurological condition, whether it's for you or for your child. So being able to have something that's just so incredibly simple and relatively affordable obviously it's not super cheap but, like compared to all the things that I've done, it's very reasonable.

1:01:19 - Scott

Yeah, and to actually see something within a month, month and a half, for the fruits of your labor that I can clearly see. I know how my child was. I see him now. Clearly, the only thing that we did differently was the stem cells.

1:01:34 - Chloe

Exactly. Yeah, people give me like do you think it was the stem cells? I'm like there was nothing else, I did nothing, there's no other change. I didn't add any supplements, I didn't do anything else. I didn't do anything else. And so for me, I know that Remy will be getting them at least once a year as long as he lives, probably you know, and I'm looking forward to getting some stem cells. Yes, but it's you know. I think it's just a beautiful modality and you help so many people. I'm trying to think if there are any other interesting clients that might, any other interesting like cases of. I actually was just talking to a mom whose daughter has an autoimmune like bleeding disorder. She's interesting, I might recommend. Yeah.

1:02:23 - Scott

Autoimmune, yes, and what do you think? Your friend from West Virginia? Oh yeah, 10 month old, yeah, so that little girl, she has ulcers and they can't give a name to it because it's not crumbed, which is the most common one, where you get ulcerations from basically from your mouth all the way to the rectum. The mom figured it out because her poor little daughter was just crying all the time and when the grandmother would change her diaper she would see blood. And of course the pediatrician was like, oh, that's okay, that's fine, she'll outgrow that. No, so finally they went to what the University of Virginia had, a doctor who finally listened, scoped this little girl and saw ulcerations from one end to the other.

1:03:08 - Chloe

So, and of course, they're like well, let's put her on immune suppressants, the Remicades. A 10 month old, she was in the hospital for over a month, I think, almost two months, I believe it was absolutely wild.

1:03:17 - Scott

So I'm excited. I'm hoping that she gets great results. You'll know probably before I will. I will know soon.

1:03:26 - Chloe

Yes, so keep me posted. I'm in. I'm in close contact with them. I will keep you posted. I'm sure it'll help. That's what I told Casey. I was like we never know how it's going to help or what it's going to look like, but I think it seems pretty clear to me that it will, you know.

1:03:42 - Scott

And there's really no, because there's never been a major adverse event with these cells. There's really no downside.

1:03:48 - Chloe

Yeah, have you worked with kids on the spectrum much?

1:03:53 - Scott

So I've treated a couple of kids with autism and typically what we see is about a 40% improvement in behaviors. So that's the feedback. Well, a lot of times the families they'll get the kiddo treated and then I just lose track of them. But when they did report back because they were like you, they were at their wits end. They're like we're definitely seeing at least a 40% improvement in behaviors. So, yes, I have treated little kiddos with autism.

1:04:23 - Chloe

Yeah, and again in the disability world we talk about inchstones. So 40% is much more than an inchstone. And again, a lot of these kids are put through therapy after therapy and hours of therapy in order to get those inchstones. So just highlighting the ease of just getting one IV push versus the hours and hours of therapy, if that any special needs mom with their child and put their children through on end. I know Remy. Even when he was in early intervention as a baby, he was getting 20 hours of therapy a week from when he was one until he was like three, you know, and that was just the therapy that I was doing with the therapist. So I was doing an additional uh, 20 hours a week probably with him, like he was the hardest working kid I've ever met wow and we got.

No, you know, he didn't even crawl till he was two and a half so, but that's a whole different show and if you, if anybody's listening, and you want to hear about what I would recommend, if you have a kid with special needs in terms of supporting their neurology, check out Dr Kristen, check out Matt Newell from the Family Hope Center and check out Dr Malalo. Those three episodes and those three doctors are my absolute favorites. But all right, well, I think we will cut it here for today. I would love to come out and see your clinic and maybe we can record some videos and talk some more. But thank you so much. I love chatting with you. I feel like I learned so much and I know people are going to have more questions, so I will put the link to your website in there. Thank, you.

I know you can sign up for free, so that's what I always encourage people to do. And again, I'm really grateful for your time. I'm really grateful for the work that you're doing. You're absolutely changing lives and it's really incredible.

1:06:19 - Scott

Well, it's been my pleasure to meet you and Remy, and I look forward to seeing you guys soon

Chloe

For sure.

Scott

Thanks a lot.