INTRODUCTORY SLIDE

- ▶ 2019 Spring Meeting
 - ► April 25-28, 2019
- ► Neurological, Optical, and Orthopedic Treatments with Stem Cells and Exosomes
 - ► A.J Farshchian, M.D.

DISCLOSURE SLIDE WITH FINANCIAL RELATIONSHIPS

▶ Under AAEM Educational Committee guideline disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.

A.J. Farshchian, MD

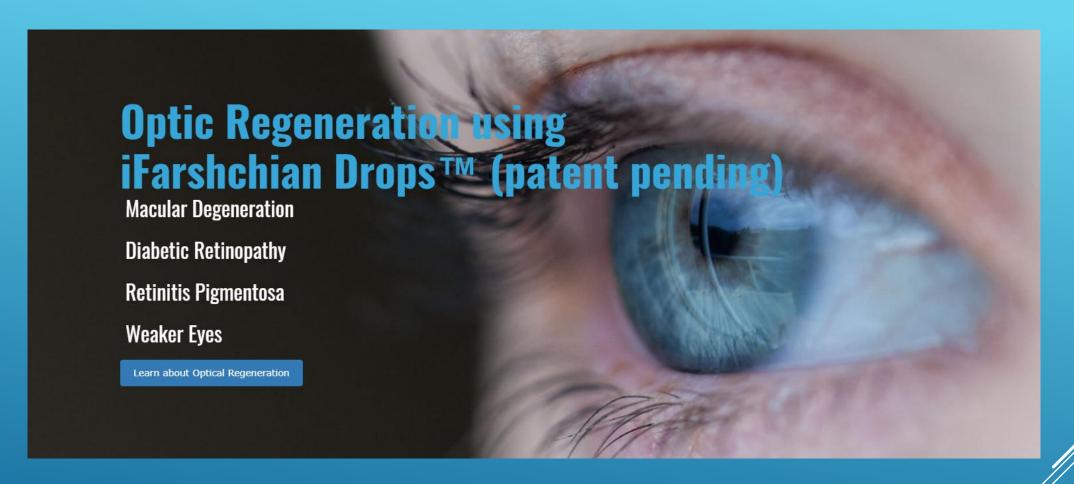
Has a relevant relationship with The Center for Regenerative Medicine Laboratories

Level of Evidence for Patient Care Recommendations

Level C: Consensus/expert opinion

The information, comments, and opinions expressed in this presentation are those of the speaker based on her training, clinical experience and interpretation of the literature and for educational purposes only.

Practitioners should evaluate the information, comments, and opinions using their own expertise coupled with an assessment for each patient.



OPTIC REGENESIS



Symptoms include decreased vision in low light and tunnel vision





Patient Testimonial



Heal the Earth through the Arts



NEUROREGENESIS

Nasal administration of stem cells: a promising novel route to treat neonatal ischemic brain damage.

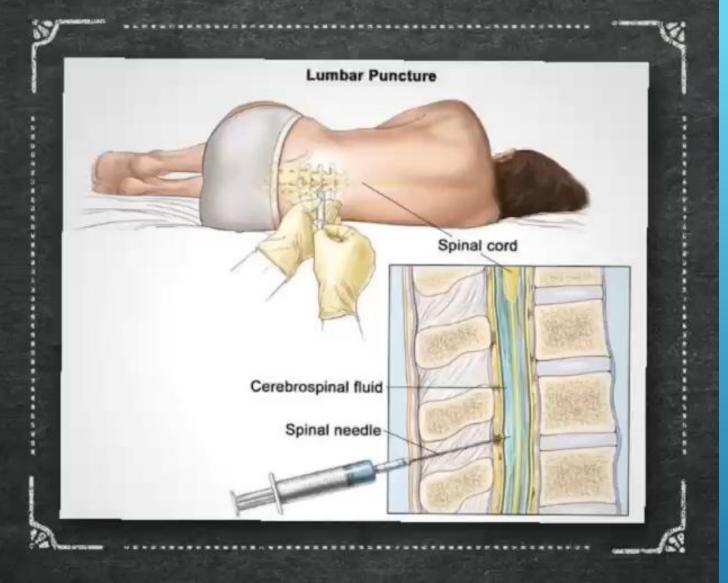
van Velthoven CT, et al. Pediatr Res. 2010. Show full citation

Abstract

Mesenchymal stem cell (MSC) transplantation is a promising therapy to regenerate the brain after an ischemic event. We investigated the possibility to use the nasal route as a noninvasive method to repair the neonatal damaged brain. Nine-day-old mice underwent cerebral hypoxia-ischemia (HI), and MSCs were transplanted intranasally 10 d after HI. At 28 d after HI, MSCs were still present in the affected hemisphere but had not differentiated into cerebral cell types. Intranasal MSC treatment significantly improved sensorimotor function in the cylinder rearing test at 21 and 28 d after HI. Furthermore, intranasal MSC treatment decreased gray and white matter area loss when determined 28 d after HI by 34

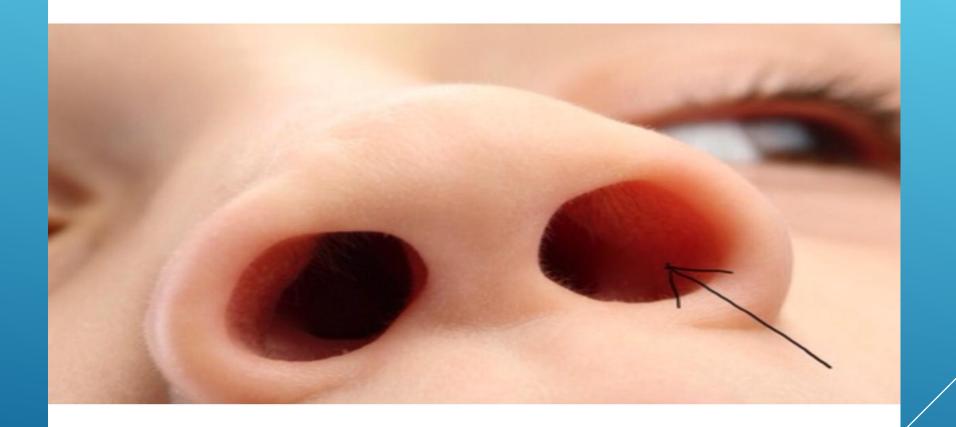


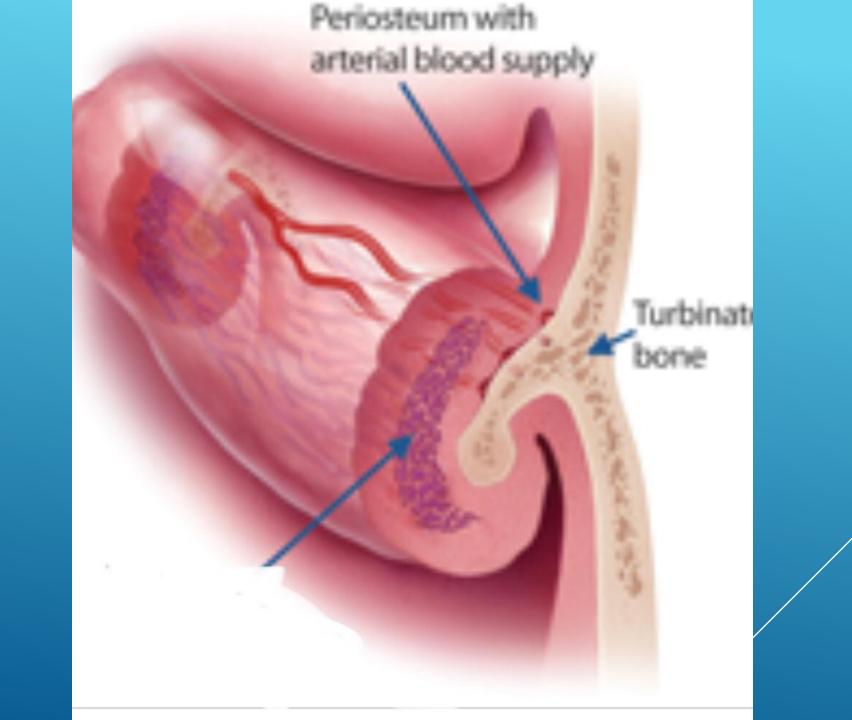
Outpatient procedure

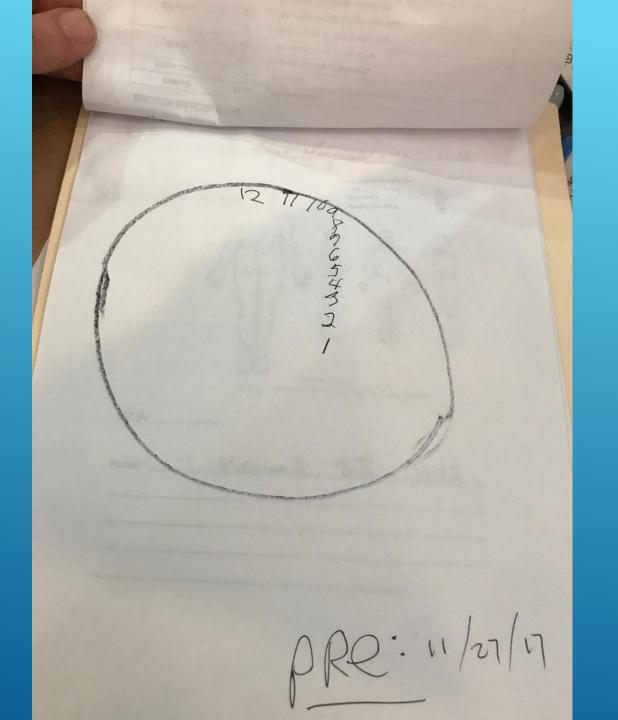


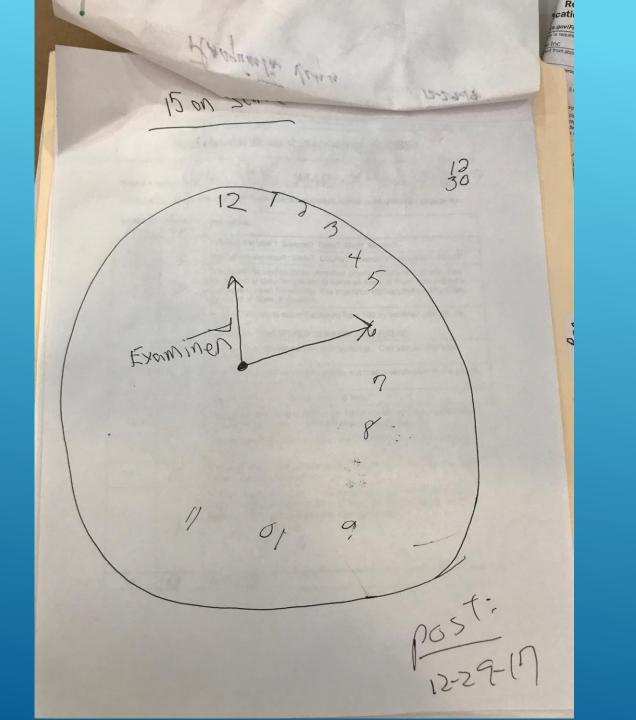
Other routes:









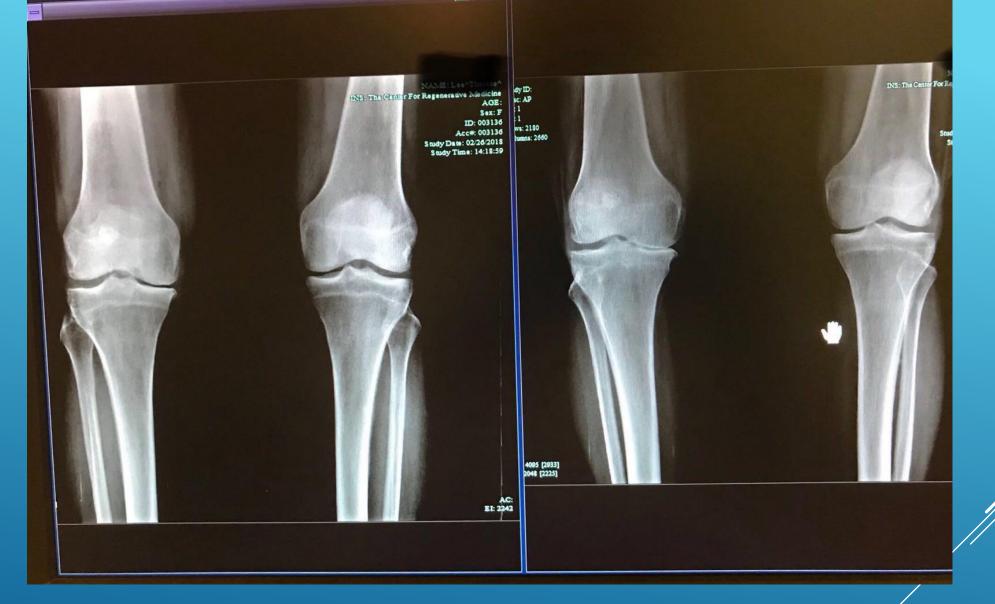




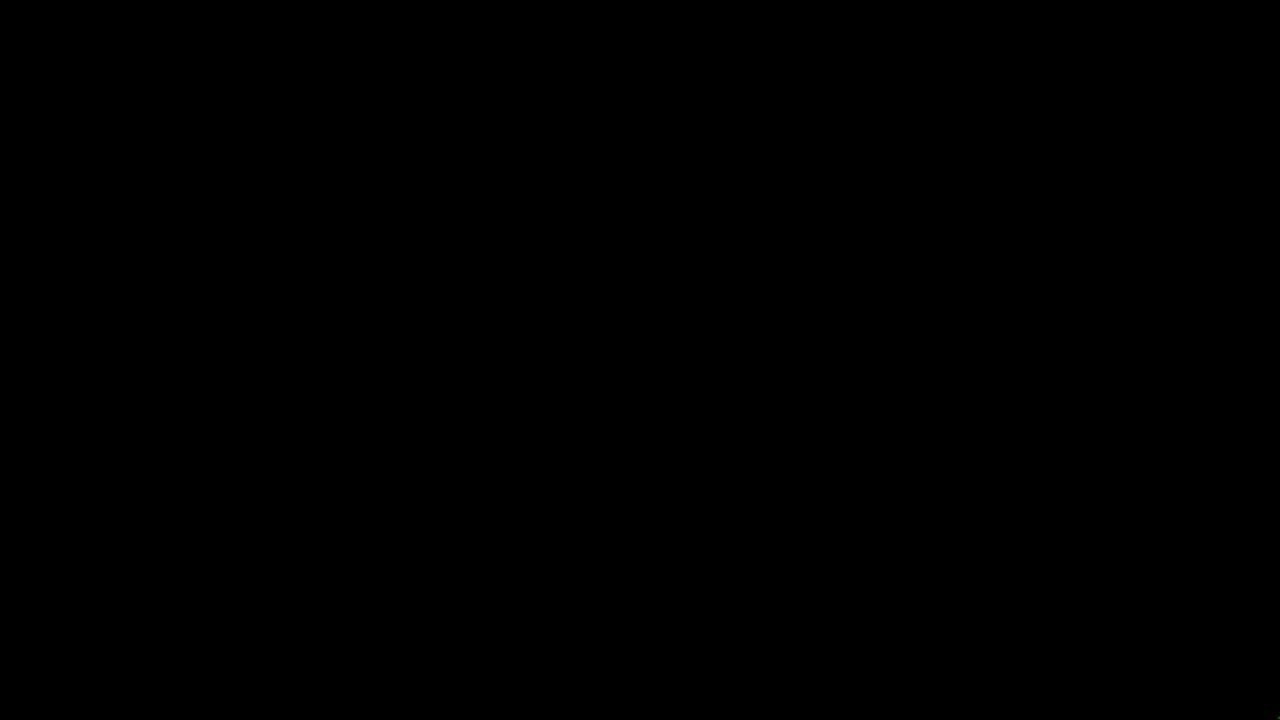
Hippocrates

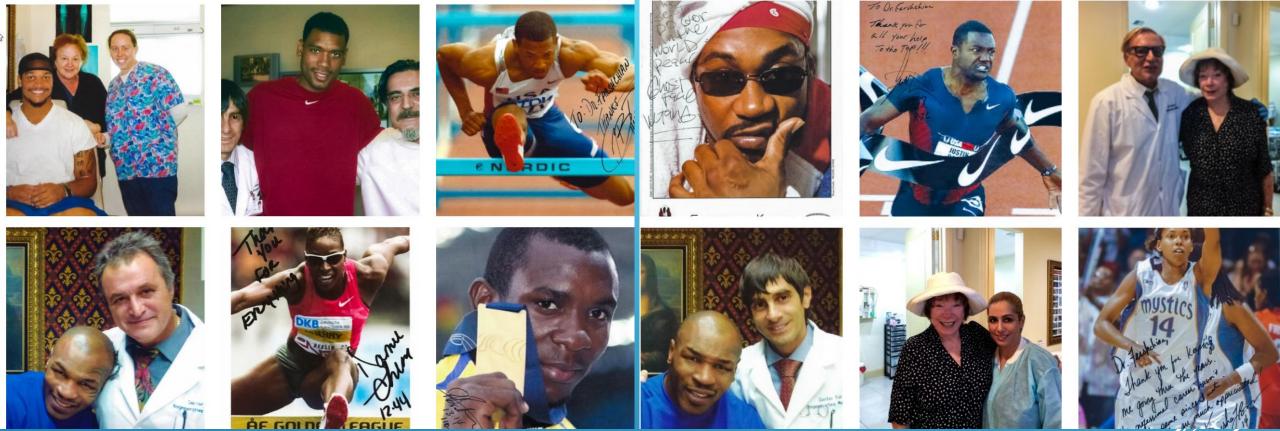
Genius of his time and the father of Regenerative Medicine





AFTER & BEFORE





HALL OF FAME...



SHIRLEY MACLAINE TESTIMONIAL

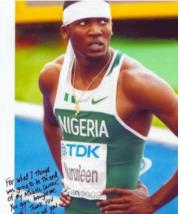
The following is an exerpt from Shirley MacLaine's new book "Above Line"

I waited for the stem cells to take effect. I did my boring ultra-scheduled water therapy every day, regulating my life and activity around the pain, which continued without any hint of letting up. Bathing suit, slippers. Warm water, driving and eating in the car, up at 8:27 with the dogs, lying down and writing. Bathing suit, slippers. Warm water . . . repeat and then repeat again. Then on the tenth day after the injections, I realized I was pain-free . My world changed. In fact, I didn't know what to do with myself. As the days passed, the pain didn't return. I didn't have to lie down four hours a day just to bear being alive. Then I noticed that I needed to seriously adjust to being peaceful and physically happy, not easy for an overachiever who wants to learn everything.

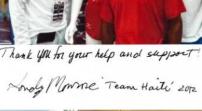
























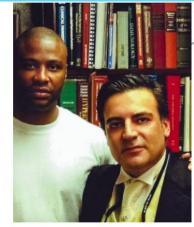


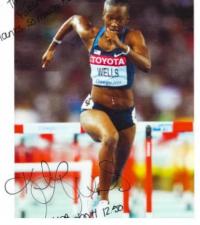


HALL OF FAME..









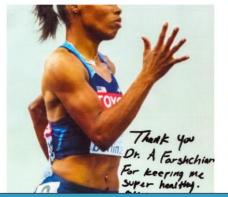














HALL OF FAME.



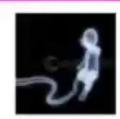


HALL OF FAME

Sources of Stem Cells



The embryos of aborted fetuses



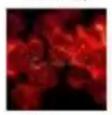
Umbilical cord and cord blood of a new born baby



Bone Marroy



Peripheral Bloodstream



Adult Tissues

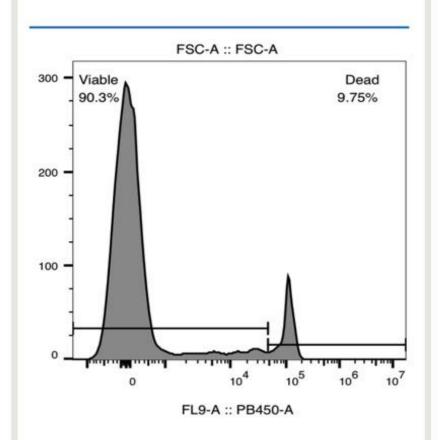


Amniotic Fluid

Two main sources: 1. The patient (autologous). 2. Pregnancy's byproducts (allograft).

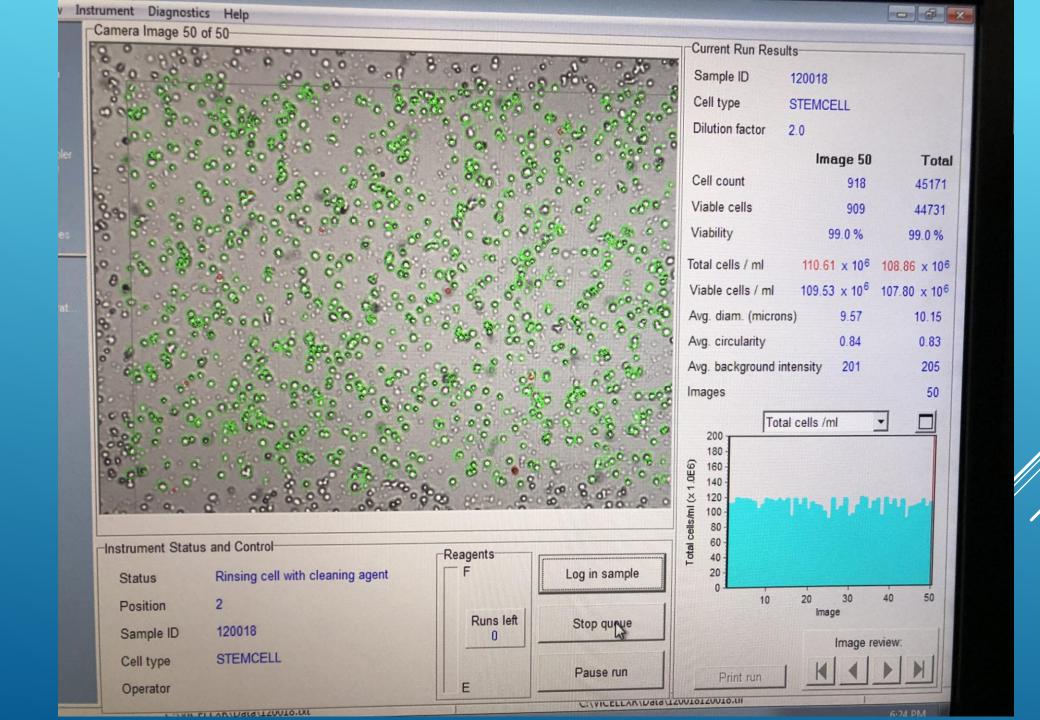


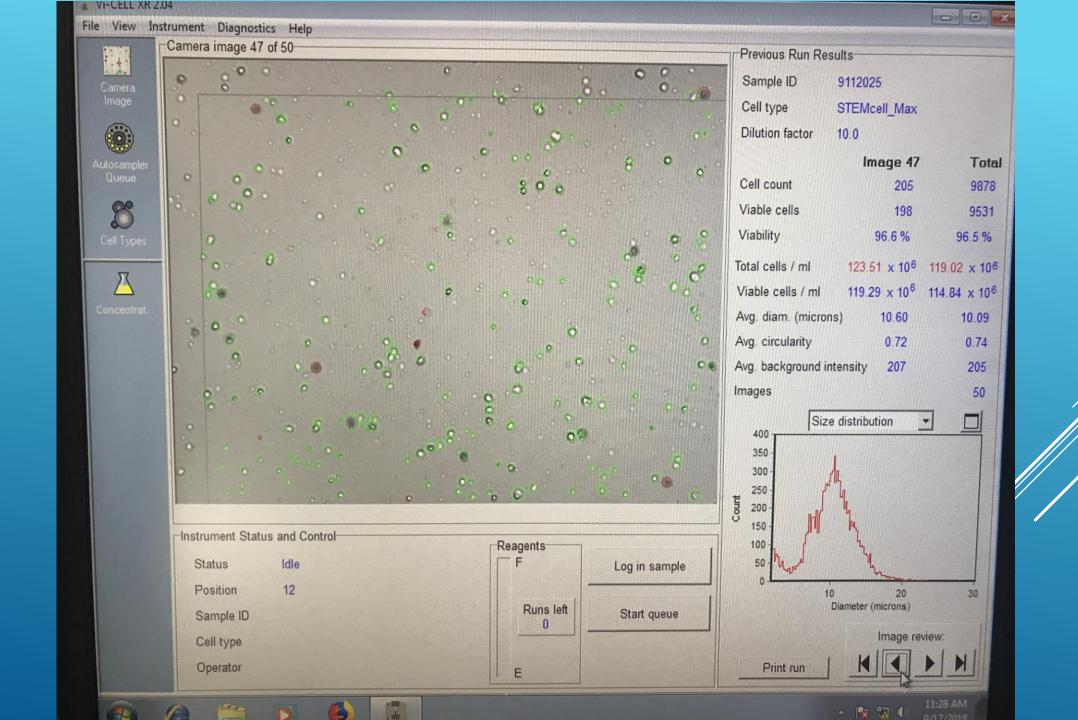
Flow Cytometry of Alocyte measured at University of Miami. 4.12.2018



Date Received: 04/25/2018

Assay	Result	Reference	Date Tested Comment	<u>Lab</u>
CMV (total)	Negative	Negative	04/26/2018	CTS
HBcAb (total)	Non-Reactive	Non-Reactive	04/26/2018	CTS
HBsAg	Non-Reactive	Non-Reactive	04/26/2018	CTS
HCV Ab	Non-Reactive	Non-Reactive	04/26/2018	CTS
HIV 1/2 Plus O	Non-Reactive	Non-Reactive	04/26/2018	CTS
HTLV-I/II Ab	Non-Reactive	Non-Reactive	04/26/2018	CTS
HBV NAT	Non-Reactive	Non-Reactive	04/26/2018	CTS
HCV NAT	Non-Reactive	Non-Reactive	04/26/2018	CTS
HIV-1 NAT	Non-Reactive	Non-Reactive	04/26/2018	CTS
WNV NAT	Non-Reactive	Non-Reactive	04/26/2018	CTS
Syphillis	Non-Reactive	Non-Reactive	04/26/2018	CTS
T. cruzi	Non-Reactive	Non-Reactive	04/26/2018	CTS







White Labeling

THE CENTER FOR REGENERATIVE MEDICINE LABORATORIES

CSO: A.J. Farshchian MD



The Center for Regenerative Medicine



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MSC from Bone marrow.

■ fda.gov

Approved Uses

Cord blood is approved only for use in "hematopoietic stem cell transplantation" procedures, which are done in patients with disorders affecting the hematopoietic (blood forming) system. Cord blood contains blood-forming stem cells that can be used in the treatment of patients with blood cancers such as leukemias and lymphomas, as well as certain disorders of the blood and immune systems, such as sickle cell disease and Wiskott-Aldrich syndrome.

"Cord blood is useful because it is a source of stem cells that form into blood cells. Cord blood can be used for transplantation in people who need regeneration, that is, 'regrowth,' of these bloodforming cells," Wonnacott says.

For instance, in many cancer patients, the disease is found in the blood cells. Chemotherapy treatment of these patients kills both cancer cells and the healthy blood-forming stem cells. Transplanted stem cells from cord blood can help regrow the healthy blood cells after the chemotherapy.



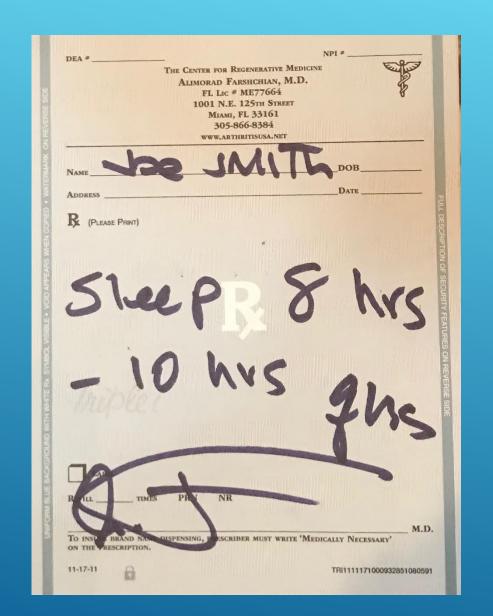






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TRAINING PROGRAM



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