When Joe Rogan first started raving about stem cell therapy on his podcast, clinics all over the world felt the ripple. Patients walked in quoting episode numbers, referring to "those magic stem cells in Panama", and asking if they could expect the same transformation.

If you work in or around regenerative medicine, you have probably heard some version of that story. If you are a patient who follows Rogan, you may be trying to separate hype from reality. That is what this article is about.

## Where Joe Rogan Actually Went

Joe Rogan has repeatedly stated that he received stem cell therapy at the Stem Cell Institute in Panama City, Panama. The clinic is closely associated with Dr. Neil Riordan, a well known figure in the commercial stem cell world.

The treatment Rogan describes involved large doses of allogeneic mesenchymal stem cells, usually from donated umbilical cord tissue. These are not his own cells. They are expanded in a lab, tested, then infused either intravenously or directly into problem areas.

Key points about his treatment:

- Location: Stem Cell Institute, Panama City, Panama
- Type of cells: Allogeneic umbilical cord derived mesenchymal stem cells
- Route: Combination of IV infusions and targeted injections (for joint issues)
- Indications: Chronic orthopedic pain and overall recovery

Those specifics matter, because they are very different from what is legally available in the United States.

In the U.S., the Food and Drug Administration heavily restricts expanded stem cell products. Most of the fully expanded, culture grown stem cell infusions promoted for “anti aging” or generalized wellness are not approved here. That is why many high profile patients travel to Panama, Mexico, or other countries to access these protocols.

Rogan has said he felt substantially better after treatment: less pain, faster recovery from training, and an overall improvement in how his body handled strain. Subjective reports like that are common. They are also not the same as controlled clinical trial data, which is where a lot of confusion begins.

## What Exactly Is a Regenerative Medicine Doctor?

The phrase scares some people because it sounds futuristic, but at its core a regenerative medicine doctor is simply a clinician who uses the body’s own repair mechanisms - or biologic materials derived from living tissues - to improve healing.

In practice, this usually means a physician with a background in orthopedics, physical medicine and rehabilitation (PM&R), sports medicine, pain management, or occasionally internal medicine or dermatology, who has added regenerative tools to their arsenal. Those tools might include platelet rich plasma (PRP), bone marrow aspirate concentrates, fat derived cell preparations, prolotherapy, and in some settings, lab expanded stem cell products.

There is no single, universally accepted board certification in "regenerative medicine" yet. A responsible regenerative medicine doctor will typically:

- Hold board certification in a conventional specialty such as orthopedics, PM&R, sports medicine, or anesthesia pain

- Use imaging guidance for injections when appropriate
- Be transparent about the level of evidence for each treatment

If you walk into a clinic where no one has substantive training in an underlying specialty, and the entire business revolves around unregulated "miracle" injections, that is a red flag.

## How Regenerative Medicine Fits Into Joe Rogan's Story

Rogan's case is a good illustration of what draws many people to regenerative treatments. He is a high output individual in his 50s who has punished his joints with years of martial arts, weightlifting, and high intensity training. Conventional orthopedics can offer him joint surgery, joint replacement, pain medications, and physical therapy. All of those are useful. None of them aim to biologically improve the quality of damaged cartilage or tendons.

Regenerative medicine does not magically regrow a teenager's knee, but strategies like PRP, bone marrow derived injections, or mesenchymal stem cell infusions attempt to shift the biology of damaged tissues in a more favorable direction: less inflammation, better matrix support, and in some conditions, modest structural improvement.

Rogan pursued a high dose protocol with a clinic experienced in treating athletes and chronic orthopedic patients. He also did the basics that matter just as much: he maintained rigorous strength work, mobility, nutrition, and sleep. Many patients forget this part. Biologic injections layered on top of poor mechanics and deconditioning often disappoint.

## What Is the Biggest Problem With Regenerative Medicine?

From a clinician's perspective, the single biggest problem is not the underlying science. It is the gap between marketing and evidence.

The field sits at a tricky intersection of sincere scientific promise, genuine patient demand, and aggressive commercial interests. That tension creates several real world issues.

First, regulatory gray zones. In some countries, almost anything can be labeled "stem cell therapy" and sold directly to consumers with minimal oversight. In the United States, clinics sometimes exploit narrow interpretations of "minimally manipulated" tissue rules to offer products that walk right up to the edge of what the FDA allows.

Second, wildly variable quality. Two patients can both say they "got stem cells", but their experiences might have almost nothing in common. One receives a lab expanded, thoroughly characterized mesenchymal cell product with sterility testing in a modern facility. Another gets a simple fat aspiration processed in a centrifuge in the same room as their injection. Both are "stem cell therapy" to the layperson. The biology, dose, and safety profile are completely different.

Third, hype. Celebrity stories like Joe Rogan's, high ticket concierge clinics, and aggressive online advertising create the impression that regenerative medicine can fix almost anything. When a treatment is marketed as a cure for neurodegenerative disease, autism, orthopedic wear, and sexual dysfunction all at once, you should be skeptical.

Underneath all of that, there is real progress in certain niches: orthopedic applications like mild to moderate knee osteoarthritis, some tendon injuries, and specific wound healing scenarios. The problem is not that regenerative medicine does nothing. The problem is that it gets sold as if it can do everything.

## How Much Do Regenerative Medicine Doctors Make?

Patients often ask this out of curiosity or suspicion. The honest answer is that there is no separate pay scale for a "regenerative doctor." Income follows the underlying specialty, geography, practice structure, and how aggressively a clinic markets cash-pay procedures.

An orthopedic surgeon in a major U.S. City who adds PRP and bone marrow based injections to a surgical practice might earn several hundred thousand dollars per year, sometimes well above 600,000 dollars. A PM&R or sports medicine physician running a small, low overhead practice with a mix of insurance visits and cash-pay regenerative injections might see incomes in the 200,000 to 450,000 dollar range, depending on volume and pricing.

By contrast, hospital employed physicians who dabble in regenerative medicine but rely mostly on salary and insurance billing will typically fall closer to conventional benchmarks for their field.

If you are curious about the extremes, surveys in recent years usually list neurosurgery, orthopedics, cardiology, and some interventional radiology practices as contenders for the highest paid doctor specialty, with reported averages often above 600,000 dollars and sometimes into seven figures at the upper end. At the other end of the spectrum, primary care pediatrics, some preventive medicine roles, and academic psychiatry often show up as the lowest paying doctor specialty categories, sometimes in the 180,000 to 230,000 dollar range for full time clinicians.

Regenerative medicine weaves through that landscape, but it does not sit on a separate ladder.

## Will Insurance Pay for Regenerative Medicine?

For most patients in North America, the answer is no, at least for the treatments they have in mind when they ask.

Insurers routinely deny coverage for PRP, autologous stem cell injections derived from bone marrow or fat, and most commercial biologic products marketed for joint repair. These services are usually labeled "investigational" or "experimental", even in areas where there is decent evidence of benefit.

You might see narrow exceptions, such as certain wound care products or bone graft substitutes that have specific indications and billing codes. Those are the minority.

Many patients ask about particular branded clinics or products, for example, "Does insurance cover Kinetix?" Kinetix is used as a name by multiple clinics and therapies, so policies vary. In general, if the treatment being offered is a biologic injection for joint pain or sports injury, there is a strong chance it is cash pay only. The safest approach is to ask the clinic exactly which CPT codes they bill, check those with your insurer, and get any coverage promises in writing.

## What Is the Average Cost of Regenerative Medicine?

Costs vary dramatically by region, clinic reputation, and the underlying procedure.

For typical orthopedic applications in the United States:

PRP injections for a single joint often range from 500 to 1,500 dollars per session. Some clinics offer packages of two or three injections that can climb to 3,000 dollars or more.


Bone marrow aspirate concentrate (often marketed as “bone marrow stem cells”) tends to run from 3,000 to 7,000 dollars for a significant joint or region.

Adipose derived cell preparations sit in a similar price zone, though these are more tightly regulated because the processing can move them out of the “minimally manipulated” category.

International stem cell trips, like the sort Joe Rogan took, typically cost substantially more. A multi day umbilical cord MSC protocol at a place like the Stem Cell Institute can run from the low five figures into twenty thousand dollars or higher, once you factor in travel, lodging, and time off work.

The cost structure alone explains part of the heavy marketing pressure: these are high margin, cash based services.

## Who Is a Good Candidate for Regenerative Medicine?

One of the most useful conversations you can have with a regenerative medicine doctor is not about what the therapy can do, but about what you bring to the table. Patients who do well usually share a few traits.

- They have a clearly defined problem, confirmed by imaging or exam, that fits a known use case such as mild to moderate knee osteoarthritis, tennis elbow, or chronic patellar tendinopathy.
- They have already tried reasonable conservative care: targeted physical therapy, activity modification, and appropriate medications.
- Their overall metabolic health is decent. Diabetes, smoking, severe obesity, and uncontrolled inflammatory disease all blunt the benefits of biologic treatments.
- Expectations are realistic. The goal is less pain and better function, not turning a degenerated joint into a brand new one.

- They are willing to invest energy into the rehab and strength work necessary to support any biologic gains.

On the other hand, someone with end stage bone on bone arthritis, severe deformity, and minimal remaining cartilage is often better served by joint replacement. A stem cell injection will not magically reverse decades of damage.

## Is Regenerative Medicine Painful?

Discomfort depends heavily on the procedure.

Simple PRP injections into soft tissue often hurt about as much as a steroid shot, perhaps a bit more because the injected fluid is more irritating. Joint injections into a knee or shoulder, done with proper technique, are usually quite tolerable.

Bone marrow aspiration from the pelvis is more intense. Even with local anesthetic and sometimes light sedation, many patients describe brief, sharp pain during the aspiration, followed by soreness for several days.

Direct injections of stem cell rich concentrates into joints or tendons can be painful in the moment, especially around structures like the hip or spine. Reputable clinics are honest about this and offer appropriate pain control options. The stem cells themselves do not hurt. It is the needle and the pressure in sensitive areas that cause the experience.

Most patients weigh that temporary discomfort against potential medium term gains in pain and function. You should not expect a spa day, but you also should not be incapacitated for weeks if the procedure is done correctly.

## What Are the 4 Types of Regeneration?

Biologists use the term “regeneration” more broadly than physicians. If you look at the textbooks, you will see several categories, but in a medical context, four conceptual types are often discussed:

1. Physiologic regeneration, which is the normal turnover of cells in tissues such as skin, the gut lining, and blood.
2. Reparative regeneration, which occurs after injury when tissues like liver or bone can restore structure and function, sometimes nearly completely.
3. Fibrotic repair, where damage is patched with scar tissue rather than true regeneration. Many chronic conditions, such as heart attacks or cirrhosis, fall into this category.
4. Induced regeneration, where we intentionally intervene with therapies such as stem cells, growth factors, or gene modulation in an attempt to push damaged tissues toward a more regenerative response.

Regenerative medicine, as used in modern clinics, mostly tries to shift tissues away from fibrotic repair and toward reparative or induced regeneration.

## Does Fasting for 72 Hours Regenerate Cells?

Fasting and cellular regeneration is a hot topic, fueled by animal studies and some human data. Research from groups like Valter Longo’s has shown that prolonged fasting in mice can trigger stem cell activation in certain tissues, particularly the gut and immune system. In humans, early work suggests that multi day fasting or fasting mimicking diets can influence markers of autophagy, inflammation, and immune cell profiles.

That is not the same as saying a 72 hour fast will regenerate your joints or reverse aging. Most of the dramatic regeneration stories belong to simpler organisms, such as salamanders or worms, whose biology is very different

from ours.

For a generally healthy adult, occasional extended fasting under supervision can be one tool among many to improve metabolic health. It is not a direct substitute for targeted regenerative procedures. Anyone with diabetes, eating disorders, advanced age, or chronic illness should be especially cautious. It is the kind of intervention that benefits from medical input, not a YouTube challenge.

## What Is the Success Rate of Regenerative Medicine?

There is no single number, because “regenerative medicine” covers a huge territory. For specific conditions, you can find reasonable ranges.

For example, in mild to moderate knee osteoarthritis, several PRP and bone marrow based studies report meaningful pain and function improvement in roughly 60 to 80 percent of appropriately selected patients at 6 to 12 months. In chronic tennis elbow, success rates for PRP in some trials are similar or better than steroid injections, with a lower recurrence rate.

Where people get misled is in translating that into blanket guarantees. A 70 percent response rate in a carefully run study with strict inclusion criteria does not mean any random person with knee pain walking into any clinic has a 70 percent chance of life changing results.

Success also depends on what you count. Reduction of pain by 50 percent is a success in most orthopedic studies, but some patients come in expecting 100 percent relief. Their rating of the outcome can be very different from the researcher’s.

## What Are the Disadvantages of Regenerative Medicine?

Beyond cost and variable evidence, there are several practical drawbacks.

Results can be slow. Unlike steroid injections, which often provide noticeable relief within days, biologic treatments may take weeks to months to reach their full effect. Patients need patience and clear expectations.

Protocols are not standardized. Two clinics may both use PRP and still produce very different products, depending on how they process the blood. That makes it hard to compare experiences or replicate studies.

Not every patient responds. Even in good hands, some knees do not improve, some tendons stay cranky, and some backs continue to hurt. Because most treatments are paid out of pocket, a lack of response can feel doubly painful.

Finally, there are real but relatively low risks: infection from injections, nerve irritation, post procedure flares. In inexperienced hands, those risks rise.

## What Country Is Best for Stem Cell Treatment?

Patients often phrase the Regenerative Medicine Doctor Scottsdale ispwscottsdale.com question this way, but it is not the most useful frame. There is no single “best country,” there are trade offs.

The United States, Canada, and Western Europe tend to be more conservative, with tighter regulation. That protects you from some of the worst abuses, but it also limits access to certain experimental protocols outside of formal trials.


Countries like Panama, Mexico, and parts of Eastern Europe and Asia host clinics that offer expanded stem cell products similar to what Joe Rogan received. Some of those centers are well organized, use GMP style labs, and participate in research. Others are less rigorous. You cannot assess a clinic's quality based solely on the country or glossy marketing.

A more grounded question is: where can I receive a specific, well described treatment, using cells processed in a facility that meets high manufacturing standards, under the care of doctors who can manage complications? Sometimes that answer is a reputable U.S. Academic center running a clinical trial. Sometimes it is an international clinic with a track record and published data.

Travel medicine also adds its own risks: flights soon after procedures, unfamiliar hospitals if something goes wrong, and limited legal recourse.

## How Joe Rogan's Story Should Inform Your Decisions

Joe Rogan is a powerful testimonial, not a clinical trial. He is a fit, well resourced, highly motivated individual who went to a high end clinic for an intensive protocol, then supported it with disciplined training, recovery, and nutrition. He speaks honestly about his subjective improvements, and that matters.


At the same time, his experience does not guarantee that umbilical cord stem cell infusions in Panama will do the same for you. It certainly does not mean every “stem cell” clinic in your city offers something comparable.

Regenerative medicine is a toolset. At its best, it helps people delay or avoid surgery, recover faster from injury, and reduce pain enough to stay active. At its worst, it drains savings on poorly evidenced injections delivered by minimally trained staff.

The task for anyone considering these therapies is to move away from celebrity narratives and toward careful questions: What exactly is being injected? How was it processed? What is the evidence for my specific condition? Who will perform the procedure, and what is their primary specialty? What are the realistic odds of benefit, the alternatives, and the total cost?

Joe Rogan’s stem cell journey can spark curiosity. The real work begins when you sit down with a knowledgeable clinician and map that curiosity onto your own body, circumstances, and goals.

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