

Patients ask me some version of this question every single week: “Doctor, what country is best for stem cell treatment? Should I go to Panama? Mexico? Germany? Or just stay in the United States?”

The short answer is that there is no single “best” country for everyone. There are better and worse fits depending on your diagnosis, your risk tolerance, your budget, and how much regulatory oversight you are comfortable with.

I have treated patients in North America and consulted on cases involving clinics across Europe, Latin America, and Asia. I have also seen patients come home from overseas stem cell trips with life-changing improvement, no change at all, and in a few cases, serious complications that could have been avoided.

This article is my attempt to give you an honest, practical roadmap, not a travel brochure.

First, what is a regenerative medicine doctor?

People use “regenerative medicine” to describe a wide range of things: stem cells, platelet-rich plasma (PRP), prolotherapy, exosomes, biologic scaffolds, and even some advanced surgical techniques that preserve or restore tissue.

A regenerative medicine doctor is typically a physician who:

- Has a primary specialty (for example, orthopedics, sports medicine, physical medicine and rehabilitation, neurology, cardiology, or sometimes family medicine)
- Has additional training and experience in using biologic or cell-based therapies to restore or repair tissue rather than just cutting it out or medicating it indefinitely

The best regenerative medicine doctors usually do not abandon their core specialty. Instead, they integrate regenerative tools into that framework. An orthopedic surgeon might use bone marrow concentrate and PRP to delay or avoid joint replacement. A cardiologist might work with cell-based protocols in heart failure research trials.

If you are looking for stem cell treatment, the doctor’s underlying specialty often matters more than the country. A knee arthritis patient will generally do better with a musculoskeletal expert using good biologics than with a random “stem cell clinic” in an exotic location.

The real question behind “What country is best?”

When patients ask where Joe Rogan got his stem cell treatment, they are not really asking about travel logistics. They are asking where they can get access to interventions that are:



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1. Potent enough to matter
2. Safe enough to justify the risk
3. Affordable enough to be realistic

Joe Rogan has publicly discussed receiving stem cell treatment in Panama, specifically at an established clinic using expanded mesenchymal stem cells. That publicity made Panama almost synonymous with “high-end stem cells.”

But copycat clinics mushroomed quickly in other countries, offering big promises without comparable infrastructure or oversight. So the country question is really a proxy for deeper issues:

- How strict are the local regulations?
- What type of cells are actually being used?
- How is safety monitored?
- Who is doing the procedures, and what is their training?

Before we talk about specific countries, it helps to step back and look at the bigger challenges and promises of regenerative medicine.

What is the biggest problem with regenerative medicine?

The biggest problem is the gap between marketing and evidence.

On one side, we have tremendous biological promise. We understand far more than we did 20 years ago about how stem cells, growth factors, and biologic scaffolds influence tissue healing. Formal trials have shown benefit in some areas, such as certain types of orthopedic conditions and blood disorders, and exciting signals in others, like heart failure, spinal cord injury, and autoimmune disease.

On the other side, we have:

- Uneven quality control across clinics
- A patchwork of regulations in different countries
- Patients paying out of pocket for treatments that are still experimental for many indications

Patients see a glossy website showing someone tossing away their cane after a single injection. What they rarely see is the painstaking, incremental nature of progress in real research. Many regenerative interventions help some patients, help a little, or require repeated dosing and very careful patient selection.

This mismatch fuels hype, disappointment, and occasionally outright harm.

The four basic types of regeneration in medicine

Cell and tissue regeneration show up in several ways in human biology and therapy. When we teach this to residents, we usually organize it into four broad categories, not as a rigid taxonomy, but as a simple mental model:

1. Physiologic regeneration

This is your body's baseline self-repair: daily renewal of blood cells, skin, gut lining, and parts of the liver. Stem cells already live in your bone marrow, fat, skin, and many organs.

2. Induced regeneration

Here we try to nudge or amplify natural repair. Examples include PRP for tendons, growth factor injections, or drugs that stimulate stem cell activity after chemotherapy.

3. Cell-based replacement

This is what most people think of as "stem cell therapy." We harvest cells from your own body or a donor, process them, and then reintroduce them where they are needed.

4. Structural and functional regeneration

This includes engineered tissues, scaffolds, and organoids, as well as procedures that reshape or reconstruct damaged structures so that the body can build on that framework.

When patients ask about "regeneration," they tend to focus almost entirely on category three. The best clinics and the best doctors, in any country, tend to think about all four together.

Is regenerative medicine painful?

Most regenerative procedures are moderately uncomfortable rather than truly excruciating, with a few important caveats.

Simple PRP injections into a small joint or tendon can feel like a regular shot or a dental procedure: brief, burning, and pressure, with soreness afterward. On the other hand, bone marrow aspiration for stem cell harvest, or deep injections into the hip joint or spine, can be quite painful if not done with careful anesthesia and image guidance.

In my practice, most patients describe the experience as "tolerable but not something I would do for fun." Pain usually peaks in the first 24 to 72 hours and then settles. People with chronic pain syndromes or very inflamed tissues tend to feel more discomfort.

If a clinic tells you that a complex regenerative procedure involving bone marrow or spine injections is "virtually painless," that is more marketing than medicine.

Does fasting for 72 hours regenerate cells?

Extended fasting has become popular as a do-it-yourself longevity tool, often with bold claims about stem cell activation. There is some interesting science here, mostly in animals and small human studies.

Key points from what we know so far:

- Short fasts (overnight, 16 hours, 24 hours) do trigger metabolic changes like increased autophagy, which is your body's way of cleaning up damaged cellular components.
- Some mouse studies suggest that longer fasts, on the order of 48 to 72 hours, may enhance stem cell activity in certain tissues, such as the intestine or immune system.
- Human data are more limited. There are hints that repeated cycles of fasting or "fasting-mimicking diets" can improve markers of inflammation, metabolic health, and possibly some aspects of cell renewal.

However, a 72-hour fast is not remotely equivalent to a targeted stem cell therapy for your knee or spinal cord. Fasting is a systemic intervention with broad effects, not a precision tool. It can also be unsafe in people with diabetes, eating disorders, heart disease, or on certain medications.

I encourage patients to think of fasting, when appropriate, as one potential component of a health strategy that supports intrinsic regeneration. It is not a substitute for formal regenerative medicine when you have a clear structural problem.

What are the disadvantages of regenerative medicine?

Patients tend to hear about upside first: regeneration, reduced surgery, fewer drugs. The disadvantages are more subtle and sometimes show up months later.

Some of the main drawbacks include:

1. Cost and limited insurance coverage

Out-of-pocket expenses are often substantial and recurring. I will give numbers shortly.

2. Variable success rates

The success rate of regenerative medicine depends heavily on the condition, stage of disease, and specific treatment. For early knee osteoarthritis, some cell-based therapies combined with lifestyle change might help a majority of patients reduce pain and delay surgery. For end-stage bone-on-bone arthritis or advanced neurologic disease, expectations must be much more modest.

3. Lack of standardization

Two clinics may both advertise "stem cell therapy for joints" and yet use different cell sources, doses, preparation techniques, and injection guidance. That makes it hard for patients to compare options honestly.

4. Time and effort from the patient

The most meaningful regenerative outcomes typically require changes in biomechanics, nutrition, sleep, and stress. There is no injection powerful enough to offset destructive mechanics in a severely overloaded joint.

5. Regulatory gray zones

Some therapies offered abroad, and occasionally domestically, sit in legal gray areas with limited oversight. That can expose you to contaminated products, improper cell handling, or unrealistic expectations.

For many patients, these disadvantages are worth it, as long as they understand the trade-offs and choose wisely.

How much do regenerative medicine doctors make?

Patients ask this for different reasons. Some are trying to gauge whether their doctor is recommending an expensive treatment mainly for financial gain. Others are curious how new this field really is.

There is no fixed salary range for “regenerative medicine doctors” because it is not a single specialty. Income usually tracks the underlying field:

- The highest paid doctor specialties tend to be orthopedic surgery, cardiology, dermatology, radiology, and certain surgical subspecialties.
- The lowest paying doctor specialty group in most surveys includes primary care fields such as pediatrics, family medicine, and sometimes psychiatry, depending on country and survey method.

A family doctor who adds occasional PRP injections will usually earn nothing like a high-volume spine surgeon. A well-known orthopedic surgeon who runs a large regenerative practice in a major city may earn much more.

What matters to you is not how much the doctor makes, but how transparent they are about cost, how conservative they are in selecting candidates, and whether their recommendations change when you tell them you cannot afford the most expensive package.

What is the average cost of regenerative medicine?

Costs vary widely by country, clinic, and condition, but some rough ranges are consistent across many markets:

- PRP injections for a single joint might run from a few hundred dollars in a basic setting to 1,500 dollars or more in a specialized clinic using advanced processing and image guidance.
- Autologous (your own) bone marrow or fat-derived cell procedures for one joint typically fall between 4,000 and 8,000 dollars in North America and Europe, sometimes more in large metro areas.
- Multi-day, systemic stem cell protocols abroad, involving repeated intravenous infusions and sometimes multiple sites (joints, spine, soft tissues), can range from 15,000 to 40,000 dollars or more, not counting travel.

Average cost is a slippery concept because many patients undergo more than one session. A knee patient might invest 2,000 to 6,000 dollars over a year for a combination of PRP, bracing, and physical therapy. A neurologic patient going abroad might spend a similar amount just on flights and lodging.

This is one reason the question “Will insurance pay for regenerative medicine?” matters so much.

Will insurance pay for regenerative medicine?

In most countries, mainstream insurance (public or private) will only cover a narrow subset of regenerative therapies. Examples include:

- Bone marrow transplant for leukemia and other blood cancers
- Certain types of skin grafts and bioengineered tissues for burns or chronic wounds
- A few orthopedic biologic products used in surgery, typically with strict indications

Most of what patients think of as “regenerative medicine” - PRP, office-based bone marrow concentrate, adipose-derived cell injections, exosomes, systemic stem cell infusions - remains self-pay.

Patients often ask about specific branded products or clinics. "Does insurance cover Kinetix?" is one I hear in some markets. Kinetix can refer to different things depending on region, often an orthobiologic or sports medicine product line. In general, if a therapy is marketed as a premium regenerative solution, you should assume it is not covered unless your insurer confirms otherwise in writing.

Some employers and specialty plans have started offering limited coverage for PRP in well-defined conditions, but this is still the exception. It is worth asking your insurer explicitly which procedure codes are covered and under what circumstances.

Who is a good candidate for regenerative medicine?

Good outcomes usually come from good selection. The best country and the most impressive clinic cannot compensate for poor fit between therapy and patient.

You may be a reasonable candidate if:

- Your diagnosis is clear and structurally defined (for example, mild to moderate knee osteoarthritis, a partial tendon tear, early disc degeneration) rather than vague "chronic pain everywhere."
- Standard conservative treatments have been tried with fidelity and have not given enough relief.
- You have realistic expectations: improvement, not miracles. A knee might feel 40 to 70 percent better, not like it did at age 20.
- Your global health is stable enough that a biologic procedure is not overshadowed by uncontrolled diabetes, severe obesity, active infection, or major cardiac instability.
- You are willing to participate actively in rehab, load management, and lifestyle changes.

Patients on the margins - for example, end-stage joint collapse, advanced neurological disability, or multiple uncontrolled autoimmune conditions - may still explore regenerative options, but we frame these as experimental, lower-probability attempts, not standard care.

What is the success rate of regenerative medicine?

There is no single success rate that applies across diagnoses. Instead, think of bands.

In early to moderate osteoarthritis of the knee or hip, high-quality clinics using image-guided intra-articular biologic injections sometimes report that a clear majority of patients experience meaningful pain reduction and functional improvement over 6 to 24 months. "Meaningful" here usually means at least 50 percent improvement in pain scores or daily function.

For chronic tendinopathies, I have personally seen PRP outperform steroid injections in many active patients over the long term, though steroids often feel better in the first few weeks. Success rates in good hands might be somewhere between one-half and three-quarters of appropriately selected patients, especially when combined with proper loading and rehab.

For complex neurologic and autoimmune conditions, the picture is far murkier. Some patients report striking improvement after systemic stem cell therapy abroad. Others notice no change despite spending tens of thousands of dollars. Published success rates, where they exist, often come from small, early-stage trials and are not directly comparable to real-world, heterogeneous clinic populations.

When a clinic abroad tells you that their success rate is "over 90 percent" for almost everything they treat, skepticism is healthy.

Comparing countries: regulation, access, and reality

Now we can return to the core question: What country is best for stem cell treatment?

There is no universal winner, but different countries offer different balances of safety, access, and innovation. The following comparison is a simplification, but it captures the landscape many patients navigate.

Country / region	Regulatory posture	Typical access to stem cells	Strengths	Common risks or downsides
United States	Relatively strict FDA oversight for more-than-minimally manipulated cells and non-homologous uses	Autologous bone marrow and fat-derived preparations in-office, PRP, some clinical trials	Strong safety culture, good imaging and procedural standards, access to trials	Many therapies remain experimental, high cost, heavy marketing noise
Panama	More permissive for expanded mesenchymal stem cells under certain frameworks	Culture-expanded allogeneic MSCs via IV and targeted injections at a few established centers	Access to higher-dose allogeneic products, some experienced clinics, international reputation	Travel burden, out-of-pocket cost, fewer external checks than US or EU regulators
Mexico	Patchwork regulation, variable enforcement	Wide range: PRP to high-dose systemic stem cell infusions from various sources	Lower prices, geographic convenience for US patients, some excellent clinicians	Highly variable quality, risk of poorly regulated clinics, inconsistent protocols
Germany / Switzerland	Generally strict but with some pathways for advanced cell therapies	Select centers offering specific cell-based therapies, often in research or highly regulated settings	Strong medical infrastructure, conservative standards, good peri-procedural care	Limited indications, long evaluation process, often expensive
Japan / South Korea	Relatively advanced frameworks for some regenerative products	Hospital-based and commercial cell therapies under specific approvals	Innovation, integration with academic centers, structured follow-up	Harder for foreigners to access some options, language and logistic barriers

This is a simplification, but it makes one key truth clear: “Best” depends on what you [Regenerative Medicine Doctor Scottsdale](#) value most.

If you want maximum regulatory oversight and are comfortable with slower access and more limited options, the United States, parts of Europe, and Japan might align with your priorities.

If you are willing to accept more regulatory ambiguity for access to systemic expanded stem cells in higher doses, and you can afford the trip, Panama or selected centers in Latin America may be more attractive.

If cost is the primary driver and you are considering Mexico or similar markets, the specific clinic and physician matter far more than the flag on the brochure.

Where did Joe Rogan get his stem cell treatment, and should that influence you?

Joe Rogan’s stem cell experience in Panama at a high-profile clinic has unquestionably shaped public perception. I have had patients tell me they trust Panamanian clinics more than American ones because “if it worked for him, it must be the best.”

Celebrity anecdotes are not clinical data. Joe Rogan is an athletic, relatively healthy middle-aged man with access to top-tier training, nutrition, and recovery protocols. His response to treatment says almost nothing about how a frail 70-year-old with multiple chronic diseases will fare.

That said, the clinic he used is one of the better known and has invested in lab infrastructure and protocols. That sets it apart from the many small entities that sprang up afterward.

Use his story as an invitation to learn, not as a template for your own decisions.

Does the country change whether you are a good candidate?

Here is where patients often get misled. Some overseas clinics will accept nearly anyone with a credit card: late-stage Parkinson's, end-stage COPD, advanced dementia, chronic fatigue, multiple autoimmune conditions.

The problem is not just ethics. When you treat a broad swath of desperate patients with low probability of response, any apparent success rate plummets and is subject to bias from both sides.

The basic principles of who is a good candidate for regenerative medicine do not change by country. What does change is how strictly clinics adhere to them.

In my experience, clinics that:

- Turn away a significant fraction of inquirers
- Require thorough records and imaging
- Collaborate with your local physicians
- Set modest, specific goals rather than promising cures

Tend to deliver more credible outcomes, regardless of geography.

Practical checklist before choosing a country or clinic

Here is a short list you can use as you narrow your options. It applies whether you are considering a local PRP injection or an overseas stem cell trip.

1. Validate the doctor's primary specialty and board certification. It should match your problem: orthopedics or PM&R for joints, neurology or physiatry for spine and neurologic conditions, etc.
2. Ask exactly what type of cells or biologics are being used, how they are processed, and whether they are autologous (your own) or allogeneic (from a donor).
3. Clarify the regulatory status of the therapy in that country: approved indication, part of a registry, or purely experimental.
4. Request realistic outcome data for your specific condition: not just testimonials, but follow-up percentages, failures, and complications.
5. Get total cost estimates in writing, including follow-up visits, imaging, rehab, and what happens financially if you need additional sessions.

If a clinic in any country cannot answer these questions clearly, or responds with pressure tactics ("limited-time pricing," "slots filling fast"), that should weigh heavily in your decision.

So, what country is best for stem cell treatment?

From a regenerative doctor's perspective, the best country is the one where you can obtain:

- A medically sound, diagnosis-specific approach
- From a qualified physician with verifiable training
- Using well-characterized biologics under transparent protocols
- At a risk and cost level you understand and accept
- With a clear plan for follow-up back home

For some, that will mean staying within their own healthcare system, perhaps participating in a clinical trial. For others, it could mean traveling to **Regenerative Medicine Doctor Scottsdale** ispwscottsdale.com a respected overseas center for a therapy not yet available domestically.

No country can magically transform a marginal candidate into a perfect one, nor can a border crossing guarantee results that biology does not support.

If you focus more on the quality of the doctor, the clarity of the protocol, and the honesty of the risk–benefit discussion, and less on the glamour of medical tourism, you will almost always make a better choice, regardless of which passport gets stamped on the way.

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