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Biography

Myles Suehiro completed his graduation from University of Colorado Boulder in 1965. He is a recipient of several fellowships and certification in Internal medicine including Fellowship in Anti-Aging Regenerative and Functional Medicine. He worked as an Assistant Professor at Charles R. Drew Post¬graduate Medical School till 1986, after which he was appointed as the Director of I.C.U. at City View Hospital, Los Angeles and Medical Director at Cardio-Pulmonary Lab in 1990. He holds immensely vast experi¬ence in the field of medicine (more than 45 years) and is interested in the potential of treating rare disorders with the help of regenerative and functional medicine. At present he works as the Director of the Ha¬waii Institute for Health and Healing, LLC.

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Note:

A SYSTEMS METHOD FOR THE COMPLEXITY IN REGENERATIVE MEDICINE

Modern medicine is based on the scientific method of observation, a hypothesis of etiology and testing that hypothesis by therapeutic trial. This method has worked well in acute diseases of a single etiology. With the success of this methodology came the sequela of chronic debilitating diseases of greater complexity with which the basic scientific method demonstrated to be difficult due to the nature of complexity. Complexity in contrast to complication refers to unpredictability and inconsistent response to a given intervention. Chronic diseases which are the focus of Regenerative Medicine are models of complexity due to their multiple interacting processes. This complexity thus demands a different methodology which would cope with the ever-changing multiple processes. A systems method or holistic approach would be an iterative, repetitive process focusing on the fundamental process of inflammation which underlies all diseases. Because inflammation has many different factors, a systematic approach to balance these underlying factors of inflammation while adjusting to the new changes ensuing from intervention must be constantly monitored. The implementation of stem cells in the chronic diseases of Regenerative Medicine would also benefit from this systems approach by decreasing the underlying inflammation and allowing the regenerative process to focus on the disorder of extreme concern. Stem cells, given intravenously, will follow the course of circulation by migrating to areas of greater inflammation. Stem cells like other cells would thrive and be more productive if placed in a stimulating environment. Therefore, the implementation of stem cells in Regenerative Medicine should be a methodical process to control generalized inflammation and allow the stem cells, by providing a stimulating environment for the better function, to focus on disorders where the conventional methods of treatment are limited.