

Living Pain Free 11/20/21 10:00 a.m.

Narrator: Are you living in pain? Is it joint pain or muscle pain? If so, stay tuned. Welcome to Living Pain Free with Dr. Marc Darrow, from the Darrow Stem Cell Institute in West Los Angeles.

This is the program that can give you effective solutions for the pain you've been living with. Dr. Darrow is a medical doctor, board certified in physical medicine and rehabilitation. He teaches about the use of Prolotherapy, PRP and stem cells. Today's program could open up a new life without pain for you. Now, here's Dr. Darrow with his co-host, Dr. Nita Vallens.

Nita: Hi there, Dr. Darrow.

Dr. Darrow: Hello, Nita Vallens. How are you today?

Nita: I'm great. And yourself?

Dr. Darrow: I'm great too, but I'm living it up.

Nita: Oh, you scared me. You always lead with living it up.

Dr. Darrow: I know. I like to trick you, Nita, because I think hearing that lilted laughter that you have. It cheers me up.

Nita: Well, that's a good thing.

Dr. Darrow: Yeah.

Nita: That's a very good thing. So we have a real treat for listeners and callers today, because we're giving away a free book, your latest. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. And all you have to do is call the program right here, right now, 866-870-5752 right here in the studio, 866-870-5752. This is the book that gives the research and the studies on the regenerative medicine that you do, and the forward is written by Suzanne Somers. There are 264 scientific studies in the book. It took you five years, right?

Dr. Darrow: Yeah, it was a slow go, getting all the research together.

Nita: Well, here's the thing. You can call and talk to Dr. Darrow and get your free book, just right here, right now, 866-870-5752 and check out the website at www.lastemcells.com that's lastemcells.com. what do you think?

Dr. Darrow: I love it. I love the work I do, and I started doing this at UCLA in my residency to the chagrin of all of my professors. They were not -

- they're weren't happy with me. But I had, what I'm going to call for me, a miracle healing at the time. And then I stated experimenting at the -- my first injury that I worked on was my wrist, from a golf injury, hitting the ground instead of the golf ball.

Nita: Oops.

Dr. Darrow: And tried to get a ball up over a tree in front of me so you know the whole idea with golf. Golfers know this. You hit down on the ball in order to make it go up. You know in physics, for every -- what's the physics law? For every action there is an opposite reaction.

Nita: Something like that.

Dr. Darrow: Something like that, and well I never hit the ball. I just hit the ground at 100 miles an hour with a three wood, and my wrist hyperextended backwards, and I was in misery for a long, long, long time. It was even hard to pick up a pencil or anything, it just hurt so bad.

And then I went to a two-day workshop on what was called Prolotherapy back in the day. Prolo meaning to proliferate or stimulate new tissue to grow. And there was a workshop on wrists, and I got in there to see how I could fix my wrist. And the doctor giving it, injected my wrist with believe it not, sugar water, right? How could sugar water help anything?

Nita: It helped me.

Dr. Darrow: It helped you too back in the day.

Nita: Sure.

Dr. Darrow: Yeah, on your neck. So what the sugar water did back then, it's a very primeval type of healing process, but it did some good back in the day. And what it did was it stimulated an inflammatory reaction, the sugar, Dextrose is osmotic, and it would water to it, so it would kill a layer of cells, and create inflammation.

And when there's inflammation in the body, fibroblasts are drawn to the area sequestered to the area of injury or overuse, and you know, a swollen ankle something like and that's actually a good thing. God was pretty smart doing that. So fibroblasts come to the area, and fibroblasts are cells that grow collagen. So it reinstitutes a healing response and regrows tissue, where it's stretched out.

So my wrist literally healed after this doctor gave me a bunch of injections. I can remember it as if it was being done right now. And

he said 24 hours you're going to start feeling better. So after the injections, my wrist got stiff, which is common, and I actually got a little nervous, because I didn't know what was going on, it was the first time that I had the experience, and 24 hours later, my wrist felt about 50 percent better. And then I injected it myself a couple more times and healed it up. And I have not had any wrist pain that I can remember for the last 23 or 24 years since that happened. I play golf -- actually I'm going to go play golf today. I can lift weights. I do whatever I want to. And it was a pretty healing.

Today we have more of a -- more scientific and better way of healing, using platelets from your blood, or bone marrow from your bones. Bone marrow has platelets in it, because bone marrow makes blood and stem cells. And it has stem cells.

So the most complete healing we have today comes from using your bone marrow. But for a lot of things, maybe tendons or ligaments, we might still use PRP, platelet-rich-plasma, we just draw the blood from the arm, we spin it in a centrifuge and then we can inject that into the area of injury.

The same thing with bone marrow. The bone marrow on a good day, on an easy patient, someone who is not too overweight, where it's easy to get to the PSIS, which is the Posterior Superior, Iliac Spine, you know, for skinny people, it takes me typically about 15 seconds to do the whole procedure, and it's very similar to a blood draw, but we're getting bone marrow, instead of just blood. So taking blood is great. Doing PRP is great, but it doesn't have very many stem cells to it, whereas the bone marrow has tons of stem cells.

I always tell people when they say what should I do? I go, it depends how bad your injury is, and it depends how fast you want to heal. And the analogy I use is if you have a sniper to take out somebody, do you want one sniper or two snipers. And they go, well, of course, I want two snipers, and that's the same idea with healing. You want to have the two modalities at one time if you want to get healed quickly.

So it all depends on the decision of whether to use PRP or to use bone marrow. It's really up to the patient. I counsel them and tell them what I think. Any chance to inject myself, I'm typically going to use the stem cells and the platelets, because it's a faster healing. And I like to work out. I like to do sports. I don't like to be an armchair athlete; I like to get out to do it. I really don't even watch sports.

You know, a lot of people say you're into sports medicine, you must watch a lot of TV. I don't. Once in a while, late at night when I'm cooking myself dinner, I'll put on the golf channel, because I love golf. And I'll watch for a couple minutes while I'm eating. But I really don't like watching TV very much. I did when I was a little kid, I loved it. But as I got older, I've got a lot to do, and I get emails from people all over the world all day long. I get phone calls from patients; all my patients have my cell number.

I like to do that. I like my relationship with my patients, and all my doctor buddies think I'm crazy, because they go well you don't have much free time. And I got no, I don't because I really make my practice of medicine my life, and I enjoy it. I enjoy talking to my patients. No one abuses me. No one calls me unless there're really a problem. I get texts all day and all night. And I really enjoy that my practice and my patients are really kind of like my social life.

I'm kind of an introverted guy, so I don't like going to parties. I'm one of the few people on the planet that has enjoyed, I don't like people getting sick with COVID, but I've enjoyed the period, because that way I have an excuse, got to socially distance, sorry, I can't come to that party. People are still having parties. I don't get it. But anyway that's fine.

Nita: Yeah, those are very good points, and it provides us the opportunity to have reflection -- self-reflection.

Dr. Darrow: Yeah.

Nita: And to stay in a little bit. And one of the things, I am hoping for is that those listeners, our listeners that are at home, and perhaps have been suffering in pain for quite some time, take the opportunity to phone the show and if you've been -- you know, we all had to slow down, at least for a little while, so we could comply with what was asked of us to stay in, social distance...

Dr. Darrow: Nita, I'm going to give out the phone number, because I'd rather talk to someone else.

Nita: Okay.

Dr. Darrow: As much as I love you.

Nita: I was leading up to that, so go for it.

Dr. Darrow: I know you were.

Nita: Go for it.

Dr. Darrow: The number to the studio everybody, call me right now, I'd love to talk to you and answer your questions about your musculoskeletal pain, anything from the top of the head, neck, back, shoulders, elbows, fingers, ankles, wrists, toes, a lot of hips, knees, you name it, we take care of it, shoulders. And it's all really the same type of treatment because all we're doing is stimulating the body to produce more collagen. And inside the joints the cartilage, the major constituent is collagen. So we can actually grow back cartilage in joints, if you have osteoarthritis, we can help that, believe it or not.

So the phone number to talk to me right now, I really want to talk to you, it's going to be a lot of fun is 866-870-5752, I'm going to repeat it, while you grab your pencil, it's 866-870-5752. And for those of you too shy to call me, I hope you're not, because you can always pretend you're somebody else, or pretend it's about your father, or your sister, or your friend, instead of yourself. Don't be shy, give me a call.

But you can call the office, any time you'd like to get information, we have people typically ready to answer phones, even now, you could call. And the number to the office is 800-300-9300, I'll repeat that for you. It's 800-300-9300. You can also go to the website, www.lastemcells.com, I'll repeat that, it's lastemcells.com. There's a spot on every single page to email, if you like to email, instead of talk and I will get back to you probably very quickly, that day. I get back to everybody who emails me.

I get emails from all around the world, all day long, and I love communicating with people. You know, when I was a little boy, I used to love getting letters. I've always been a communicator, so I wrote a lot of letters to people in my family and friends. And I love getting the letters back. I think a stamp back then was five cents.

Nita: Wow, you're turning 95, huh?

Dr. Darrow: In some ways, I guess, like who knows. So anyway, I'm going to go a question until we get some callers.

Nita: Okay.

Dr. Darrow: Because I do get questions like I said, all day long by email, and this is one of them. The lead in here says osteoarthritis in my right knee. So let me see what this person says, it's a female, I won't give out your name, I'll keep you private.

It says my friend said that ten years ago, you treated his knee, and he was very pleased with the healing that took place, he is still

happy with the outcome. That's ten years ago, so that gives you an idea what regenerative medicine can do for you, regenerative medicine now is using platelets from your blood called PRP, or using your bone marrow, which has PRP and stem cells in it.

She says I have osteoarthritis in my right knee like my friend did, and I'm looking for ways to get rid of the pain and improve my sports life. Yeah, that's what we're here for. We do knees really all day long, I think I get more knees than anything else. You know there was -- there's an old adage the knees go first. And we do the whole body. I mean there's no part of the body I haven't injected, but I think I do get more knees than anything else. And a very simple injection to do.

I use an ultrasound, not the type that heats up the body but the type that looks into the body. So I can see inside your body with my ultrasound, you don't have to necessarily get an MRI and I use the ultrasound to guide where my needle is going. You can actually see the needle entering the skin, and going into -- in the knee, it's the joint capsule, and if there is fluid in the knee, what we call an effusion, what I do is I numb up the area, I look at it with an ultrasound so I can see, and I numb up the area, and I put a needle in.

It's actually above the joint, so we don't scrape the cartilage. The dinosaurs of medicine do not use ultrasound. They go, I don't need to do that, and they put a needle in, and it hurts like heck, because they're literally scraping off the cartilage on the bone, a very painful procedure. The way I do it, I numb up the area, I can look inside, put the needle in, and I can aspirate or take out every single drop of fluid that's in there without having the fish around, hoping I'm finding it. So that ultrasound is a Godsend to my work. And it's a Godsend to the patients, because when you use the ultrasound, it's pretty much pain free. So it's a very easy way to inject, and if you're going to a doctor who is not using an ultrasound, I'm going to tell you that that person is a dinosaur, you know coming from an old age of medicine, and they need to get educated.

It is -- it does take time to get educated, I typically do about two to three several-day workshops a year, I have to travel to do it often. And they're not usually in LA, they're down in San Diego, or Texas, Virginia, all over the place, but it's really worth it, if there's any doctors listening, get yourself educated. The ultrasounds are fairly expensive, I have three of them in my office, so I can jockey them from room to room. They're on a stand that has wheels on it. And it's very cool, I can get a new patient in, and I'll say let get the ultrasound and I can take a look and see if there's fluid in the knee, or the shoulder, it hips, things like that.

And if we do inject, we can watch the needle, so it's called needle-guidance, very easy, you don't have to go into a live x-ray, or into a surgery center or a hospital. You can do it right in the office, do the injections, it takes a couple of seconds to do it, and we can actually see what we're doing.

So yes, to this person who wrote this question to me. Yes, we can probably help your knee. I never promise anybody anything in medicine, because we never know what's going on, and we never know what that person's going to do. I've had people completely healed, who have fallen down afterwards, and then they had their injury, is a new injury, but they think it's the same one, and then they blame me. And they go, see it didn't work. And I said no, it worked, but then you have a new injury going on there.

So you've got to be careful. You've got to listen to the doctor, and that means that you -- you leave the area alone after we injected, so it has a chance to heal. I'm going to give out the phone number again, hopefully get some callers in here and we can hear other people talk about their experiences.

The number to the studio, you can talk to me live right now, 866-870-5752. I'm going to repeat it for you, it's 866-870-5752. If you need more information that we didn't cover on the show, you go right to my office, you can call there any time, the phone number to the office is 800-300-9300, I'll repeat it, 800-300-9300, and to get to the website, you can get to me through the website, you can send me an email, it's www.lastemcells.com lastemcells.com.

And the cool thing about my website is there's endless pages of education on it. And through the website, you can get a free copy of my book, Stem Cell and Platelet Therapy, which I'm also going to give out to anybody who calls in right now, it's a \$25 book, and we send out copies of the book every day, and we even pay the postage on it. So you can get a free copy of the book by calling in right now, 866-870-5752, I would love to talk to you.

So, Nita, let me take another question, unless you have something -- yeah, let's -- I know you're going to ask something else, so I'm just going to jump the gun here.

Nita:

Okay.

Dr. Darrow:

We also do something called the Vampire Facelift where we can inject platelets or stem cells into the face. And it's for cosmesis, meaning to make you more pretty than you are. It grows back the collagen in the face, so as we age, everything in the body starts to dry out. The face looks a little more gaunt, and this can rejuvenate

the face also. And the top of the head, as we lose hair on the head, this can stimulate the follicles to create healthier and thicker hair. And it's just -- it's amazing -- these are amazing procedures, regenerative medicine is the new name, and I love it. I don't know who coined it. But I certainly copy it.

Nita: I like it.

Dr. Darrow: So, let me go to another one.

Nita: Okay.

Dr. Darrow: Here's another knee question. This one says I've been diagnosed with bone-on-bone arthritis in one knee, I'm a 68-year-old female, very active. I have little pain, that's a key. But want to avoid surgery. I'm wondering if BMAC stem cell treatment. BMAC is bone marrow aspirate, okay. Bone Marrow Aspirate Concentrate. That just means taking out bone marrow from the pelvis, right above where the butt is on the PSIS, Posterior, Superior, Iliac, Spine. A very simply, quick procedure. I do it right in the room while the patient's there, very easy to do. Would that help? The answer most likely is yes, I can provide my x-ray if needed. That's helpful, it's not what I treat on. I treat on my examination.

And if you recommend it, what would be involved in coming in for treatment. I live in Illinois. Well, we get patients that come in from all over the world, and sometimes they'll stay for a day. I have patients who fly in, get the treatment, and fly right out. And I have some patients, who fly in and stay for a week or so, they'll come to sunny California, and they'll have fun just being here. They'll stay at the beach and the hotel or something like that. So it's whatever the person wants to do.

I can do as many treatments as they want in the week, if they're here for a week, or whatever time period. I've had people stay -- people have been like high elite athletes whose bodies are really beaten up, I've had people come from other countries, and stay for a month, because they want to treat so many different areas and they want to really vacation here. So it all depends. It can be for a day. It can be for an hour. Whatever it is, that you have the time to do.

So, yeah, living in Illinois, is not a problem for getting out here. Lots of people travel to get here. I think my average patient actually drives about two hours to get to me. This radio show travels all up and down California and inland. So I get patients from all over. The internet grabs patients from all over the world, and referrals are coming from all over the world now, so I've been doing this work for close to 25 years, and I've been told I do more than

anybody else on the planet, so I have quite a bit of experience. I do these procedures all day long, and I love what I do.

I love watching the healing. I've used it all over my body. I've done my knees, both of them, both my shoulders, both my elbows, my right wrist. I've had other people do my neck and back. I had some broken ribs years ago. I did that on my lower ribs in the back. And I'm very grateful because this has worked for me, and it's been pretty amazing for me, there's been times when I was in my 40s, I'm 73 now, and I hope you wouldn't know it. People always say, well you look so young. Well, I'm real active, and I'm pretty skinny, I'm 160 at about six feet. So I think that's two of the keys is being thin is really important to health and youth. And being active. I don't know if I've mentioned this on the show last week, because it may have been since, that I can't remember, maybe you'll tell me, Nita.

I was running -- I live in the mountains, so I was running, and I run about a mile a day. So, I'm running up the hill, and I see this old couple, and I'm very gregarious you might say, and I talk to everybody. So I ran up to them, and I said how old are you guys, and the woman took the lead, and she said well, I'm 90, he's 92. And I go do you guys -- I said, I run every day, I haven't seen you before. And they go oh, no, we hike every day.

And I'm like you're serious, you do this every single day? They go yeah, we spend hours a day doing this. And they said it keeps us young. And I said, well I hope when I'm your age, I'll be doing the same thing. Because I push myself every day. I always go beyond the place where that governor in my brain says, I shouldn't do it, I'll hurt myself, it's too much. And I go beyond that.

There is an ex-Navy Seal, David Goggins, who says that he erased the governor on his brain, so he never stops. He does these ultramarathons. He wrote a book called Can't Hurt Me. I think it's one of the greatest books ever written, because it shows that being active is really a key to our joy and our health. So anything for you to say, Nita, before I move onto another question. We're going have a break pretty soon.

Nita: Yeah we are going to have a break pretty soon, but I love what you're saying about keeping movement going, and that's like key to aging well.

Dr. Darrow: So, I'm going to throw out the phone number again, it's 866-870-5752, please call me, 866-870-5752. I'd love to hear questions about your musculoskeletal pain, or your friends. And before the break here, if we have another minute, I'll try to get to another

question. This is full thickness rotator cuff tear. That has to do with -- whoops, there we go. I'll take it after the break, and Nita, take it away.

Nita: Well, you're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this information coming your way, it's very important. I'm your host Nita Vallens and we'll be right back.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at jointrehab.com or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host Nita Vallens. We're taking your calls at 866-870-5752, call now and get your free book today, Dr. Darrow's latest, called Stem Cell and Platelet Therapy, Regenerate Don't Operate is the subtitle. The foreword is written by Suzanne Somers, and it has 264 scientific studies. What do you think, Dr. Darrow?

Dr. Darrow: I'm loving it as always, Nita. Should we go some of our callers here right now. Let's go to Steve.

Nita: You got it.

Dr. Darrow: Steve, Dr. Marc Darrow. How are you? Is there anything with stem cells for Parkinson's?

Steve: Hi. I'm pleased to talk to you. I've Parkinson's Disease, and I wonder if there is any potential application for regenerative medicine for Parkinson's Disease?

Dr. Darrow: I'm going to make a guess on that. It's not the kind of work that I do, Steve. So I don't have a definitive answer on what the results are. I'm sure someone is working on it, because the Substantia Nigra, which is the back of the brain that has to do with fine movement is the area that is being attacked, okay.

And I can't see any reason why stem cells wouldn't help regenerate that, but I do musculoskeletal work, orthopedics, and I'm not up on the research in that area. What I would do if I were you, is I would go a Google search on research on stem cells for Parkinson's

Disease. And it will probably lead you to some studies that are being done and typically in this area of stem cells, you want to stick with University-driven studies, okay. Because they're watched very closely at the University level. You might find someone, a doctor who will say that they can give IV stem cells and it will heal Parkinson's. I'd very careful of that. Okay? Do you understand what I'm saying?

Steve: I do. There is UCI study being done right now that amounts -- the substantia nigra is hard to get to. The putamen is closer to the skull, it's less dangerous to get to. So they are doing a study with injecting stem cells into the substantia nigra.

Dr. Darrow: Okay, well let me just say this, because the show really is not about neurology, which you're getting into here. I'm glad you called though to ask about it. But there are guys flying under the radar. I'm not one of them who do IV stem cells, and they say that it works great on everything. I don't know if that's true or not. So if it were me, I'm just telling you for me, I'm not telling you what you should do or anybody else. I experiment on myself, and that's why I do regenerative medicine.

I started experimenting on myself 25 years ago, doing this. And at the time all the other doctors thought I was absolutely insane. But guess what, I healed my body. But it was in the orthopedic realm, you know, I had pain, I had joint injuries, tendinopathies, things like that.

So you got to get on the horn, meaning the internet and start doing some research of your own and I can't guide you there because I don't want to lose my license, and a lot of these guys don't care. They're pioneers, but you'll find them they're out there, okay? And God bless you, Steve, we're going to move onto to Bret, right now. Bret, you've got lower back and neck pain, this is Dr. Marc Darrow, Bret, how are you doing today?

Bret: I'm doing good. How are you? Can you hear me?

Dr. Darrow: Oh yeah. I hear you. Is your name Bret or Brit?

Bret: It's Bret.

Dr. Darrow: Bret, okay. I have a daughter named Bret. All right. So you have low back pain, and your neck pain. How long has that been going on?

Bret: Yeah, about four a half years ago, I was rear-ended at a high-speed.

Dr. Darrow: How fast?

Bret: Oh, I'm going to guess anywhere between 50 and 60 miles an hour. And I was pretty much at a dead stop, almost, I was just starting to make a left turn, when I got hit.

Dr. Darrow: Okay.

Bret: And I received physical therapy. I saw an orthopedic surgeon, and basically when -- I think it's Lumbar-4 and 5 was rotated about 15 degrees.

Dr. Darrow: Okay.

Bret: And he was saying that I guess at the nerve sac at the very end of the spinal cord, he was saying you're eventually going to need back surgery. And then he showed me a diagram of how they removed a muscle and cut the bone off and scrape around the end of the spinal cord. And I was no, there's no way I'm going to take a chance of doing that.

Dr. Darrow: Yeah, I hear you.

Bret: So I visited chiropractic and massages and stem but it's not getting any better. I wake up numbness going down my legs and my hands, it eventually goes away.

Dr. Darrow: Yeah.

Bret: And it's just non-stop -- I'm uncomfortable. And it's made it difficult for me to -- you know, I'm pretty physical and working out, I have to be careful because not to injure myself more, so I work with a trainer, but I'm not getting any relief from the pain.

Dr. Darrow: Okay.

Bret: And I know there's got to be a different way to go.

Dr. Darrow: Well, there's two issues going on here. Number one, you have pain in the neck, and you have pain in the back, is that correct?

Bret: Yes.

Dr. Darrow: Okay. And then you have an occasional numbness or tingling down the arm or leg, or the hand, whatever that is. So they're really, in a sense unrelated issues. Now, people always come in and they go, well my leg is numb, and I have some back pain. Would you fix my back? And I go, well I can probably help you with the back pain, but not the leg pain. But they go the leg pain, or the numbness is

coming from my back, right? And I go yeah. But it's still two different issues, because the back and neck pain is local pain, okay. That's not coming from a nerve being pinched. But if a nerve is being pinched, where the foramen, which is the opening from the spinal cord, where these nerves go down the arms and legs, if that's being pinched or has stenosis, as we might call it, then you get the, what we call the paresthesias down the limbs, and they're two separate issues. So very often and there's another issue, this is very complex by the way. There is another issue which is that you can have what we call trigger points in the neck or back, that actually can refer down the arm or leg, when it is not anything to do with a nerve being impinged.

Now, I don't look at an MRI to decide what it is. I use my hands. I have to examine you, and move you around to find out number one, where is the pain being generated from. And number two, is that -- are those radicular symptoms, meaning they're going down the arms or legs, are those coming from the back or is it something that is more local to the area. Because if it actually is a nerve that's impinged, let's say your hand, that could be carpal tunnel syndrome, it could be cubital tunnel syndrome. It could be impingement in the neck.

There is a study that we can have done that's called an EMG Nerve Conduction Study, Electromyogram Nerve Conduction Study. And if there is an impingement, there's an 85 percent chance that study will let you know where it's at. The study has a 15 percent failure rate, so we have to be cautious about reading the results from that also.

It's a very complex thing you're going through. It's not as easy as looking at an MRI and telling you you're going to need surgery. I abhor doctors who say that. Let them get the surgery see how they like it. There's a high probability from what you're telling me, that we can inject your low back and your neck and get rid of the pain, I'm not going to tell you a thing over the radio, because I don't know. I'm just saying there is a high probability from what you're telling me, that you can be healed without surgery. Okay. I have to examine you, use my hands, move you around, see what's going on, and get a better idea of what's happening to you personally. Understood, Bret?

Bret: Yes, I do. It sounds great. So I should give your office a call?

Dr. Darrow: The number there is 800-300-9300, I'll repeat it for over people. It's 800-300-9300. And people can also email me through my website, and I answer every email every day, it's

www.lastemcells.com, www.lastemcells.com. And I'd love to see you, Bret.

Bret: Great.

Dr. Darrow: And let you know what's going on. And take away that concept and probably the fear that you may have that that surgeon gave you, that eventually you're going to need a surgery. That's a bunch of hogwash.

Bret: Yeah. I've known too many people that have had back surgeries and they wished they never did.

Dr. Darrow: Yeah, well me too. Because I get patients every single day, who come in, who have had a failed surgery. Where they go I wish I hadn't of done it. And I'm not putting down the surgeons, because believe me, man, I love the surgeons. I call the surgeons all the time, to do second opinions on my patients.

I just had one -- a guy came in and his leg was swollen and ecchymotic, meaning black and blue. And it was an inch bigger than the other one. And all the people he had seen did have the wit to get an MRI, which I had done. He had ripped off the hamstring from ischial tuberosity and I immediately sent him to a surgeon buddy of mine, okay, that's -- that's a deal where you need the surgery.

But on most of these surgeries that are done, you know, for knees and hips and shoulders, for rotator cuff tears and meniscal tears and labral tears, in my humble opinion should never be done. Because we have a way of healing them now, which is regenerative medicine, using platelets from your blood or bone marrow and platelets, you know from your pelvis. And why get a surgery which is replete with so many possible side effects, infections and failures, when you can walk into my office, and have an injection and walk out?

I mean in medicine be conservative, it's the first law of medicine, be conservative. Do the thing with the least potential for side effects. And again, I love surgeons, they do the hardest work in medicine, but I think that they're making mistakes about doing a lot of these surgeries. And for a surgeon to tell you, you're going to need back surgery someday is, you know, that -- they shouldn't be saying that. I hear it all the time. People come in and go I'm going to have to get surgery. You know, especially when someone has bone-on-bone, you know, we started talking about that before the break. A person had bone-on-bone on the knee, but they said they don't have much pain, and they're still active.

What does bone-on-bone mean? It doesn't mean diddly. That's just some guy's opinion, trying to suck you into getting a surgery. I get patients with bone-on-bone, you know, according to other doctors all the time, and they have little pain, they have good range of motion. So bone-on-bone doesn't mean anything, don't get sucked into that, okay. And you can have an MRI that shows the bones are close together, the cartilage worn down, but that does not mean it's bone-on-bone. If it's bone-on-bone you're not going to be able to move that joint. Because the bones are like bricks, you know they're very porous, and if you have a bone trying to move on a bone with no cartilage, it ain't going to move. So forget that term, bone-on-bone.

Bret: Right.

Dr. Darrow: Very rare, I see a joint that has bone-on-bone, very, very, very, rare. Anyway, there's good hope for you, Bret, I have to examine you to see what's going on. I'm certainly not going to tell you over the radio what's happening to you. You're still active though, which let's me know you're not in bad shape. You're having some pain, it's totally a nuisance, and who needs it, but there is a good probability that regenerative medicine of platelets and/or stem cells can help you heal up. I need to touch you and feel what's going on to give you a better idea. The phone number to the office if you want to come in is 800-300-9300 and I'd love to see you. And do a consult, and let you know what's going on.

Bret: Oh definitely. I can tell you though that I do believe in stem cell research, because of a good friend of mine, five years ago, had Stage 4 Leukemia and he went into an experimental program somewhere in Santa Monica where he was treated with stem cells, and he's been in remission ever since.

Dr. Darrow: You know, that's a different story. That's been going on for years and years, and that is now considered traditional medicine. But that's in the field of oncology. And it's different than stimulating tissue to grow back, which stem cells and platelets do, but that's been going on forever, where they take bone marrow, and inject that after they kill off the cells in the body that have cancer in them. That's been going on forever. I remember that being done when I was in med school, you know, 30 years ago.

So yeah, you're right you do believe in stem cells, and it's a whole different thing with orthopedics. Unfortunately, in orthopedics, the orthopedic surgeons don't believe in it. And that's a shame, because they could be doing stem cells instead of cutting people open and causing problems from the surgeries. It will get there.

There are a lot of orthopedic surgeons that are starting to do stem cell therapy for you know orthopedic injuries, arthritis and sports injuries, but a lot of them who do it, don't really do it, they don't really get trained in it. They'll do and if it doesn't work after one time, they go hey, see, it didn't work. Well, now we've got to do surgery. I keep about it. I know it works; you know I know it doesn't work on every single person.

But I know it works on most people. And it's worked on me. And I've had great success using this stuff forever. And I love the work I do. I love watching people heal. It's a great conservative type of medicine, that helps people. And it's so simple you just walk in, basically get an injection, you know, how bad is that, and then walk out.

Bret: No, not at all.

Dr. Darrow: Yeah, so it's an easy way to heal.

Bret: Well, I definitely look forward to meeting you, doctor.

Dr. Darrow: God bless you, Bret. I'd love to meet you. You sound like a great guy, and I don't think -- you know, I can't tell you for sure, but from what you're telling, I think we can heal you up pretty easily and get you back doing sports and all that without pain.

Bret: Awesome. Well, thank you, doctor. I'll be seeing you soon.

Dr. Darrow: All right. Man, God bless you. I appreciate the call.

Nita: And we are 866-870-5752, right here in the studio, talk directly to Dr. Darrow about your pain, 866-870-5752. And get the free book today, Stem Cell and Platelet Therapy, Regenerate Don't Operate. And the foreword is written by Susanne Somers.

Dr. Darrow: I love it. So I'm going to go to another question, but I just -- you know, a thought popped into my mind.

Nita: Uh-oh.

Dr. Darrow: A lot of my patients come in, and they say, I went to several orthopedic Surgeons, and they say if I don't have this surgery, I'm going to end up with arthritis. Now, my experience is when patients who don't have arthritis, have a surgery, they do end up with immediate arthritis, okay. Because the surgeon takes out tissue. I don't like those surgeries. We need that tissue. What we need to do is grow back more tissue. You can't do that with surgery. With surgery, you take out tissue. You know, you do a clean-up. I've

seen people after a clean-up where their arthritis is so bad, they need to a joint replacement after that. So, that's just me. I'm sorry. Everybody, I don't like surgery. I had one on my shoulder. It didn't work out. Luckily, I learned about regenerative medicine, I injected myself and healed up my shoulder literally overnight. And it's been a Godsend, this type of medicine, I do this, it's a Godsend to me. I hope I can do this to my last day on the planet in case I'm injured. Because why should I live in pain. I don't like pain. I like to do sports; I like to be active. And I want to be active till the day that I'm leaving this nice planet of ours.

So, Nita, I'm going to go to a question, if you don't have anything else for me here.

Nita: No. I'll just give the phone number again, 866-870-5752. We have some time left.

Dr. Darrow: Okay. This is an ankle question, we'll spread this around to different areas of the body. Let's see what this person says. My ankle joint is almost completely eroded, I'm told. Would stem cell therapy work for me? I'm 64, weight 215. That's probably a problem right there, depending how tall you are, how big boned you are. I've lost about 10 pounds, and I'm watching my diet, eating very healthy.

I am committed to reversing everything that caused this to happen. I'm eating gluten-free with very little meat, and mostly vegetarian. Please let me know if this would help for me.

So this person has a lot of misconceptions about what they're doing. Unless you're a very big person and you're tall, 215 is way too much weight for that ankle. Losing 10 pounds, I don't know how long it took you to do that, but if you do a ketogenic diet, you'll probably lose about seven to ten pounds the first week. That's just a low carb diet. Watching my diet, eating very healthy.

Well, I don't know what that means. Everybody's got their own idea. Eating a little meat doesn't mean that's healthy, being mostly vegetarian doesn't mean that's healthy. Being low carb is very healthy, because that lowers insulin, which is inflammatory, it causes just about every disease known to man. So carbs are out for health. Not being vegetarian, not eating little meat, okay.

I know we hear about these things, gluten-free, it may be an issue for a very small sect of people, but for most people it doesn't help at all. And a lot of people that are eating gluten-free, are eating a high carb gluten-free. So we have to get this straightened out. Anybody who's got lower extremity pain, hips, knees, you know, muscle,

ankles, like this person, toes, whatever it is, feet. I get them on a keto diet, ketogenic, k-e-t-o, look it up. Basically, it's just low carb.. We get our carbs from vegetables not from grains and other things like that.

There is a book called the Grain Brain. It's a great book. There's another book called the Wheat Belly. Read those. The author, I think is David Perlmutter. He's an MD. And once you read that, you're going to cut out your carbs. So carbs are the killer. And the weight this person has of 215, not good for that ankle joint. Now the question of "completely eroded", I'm not going to buy into that. If that person is walking around, it's not completely eroded. They asked can they reverse the problems in the ankle?

With regenerative medicine injecting some platelets or stem cells in there, there is a good chance we can grow back some of the cartilage. I don't know anything about this person. I'd like to examine you, if you want to come in. The number to the office is 800-300-9300, I'll repeat it for you, 800-300-9300. And the number to the studio right now if you'd like to talk to me live, I'd love it, get some more callers in here, 866-870-5752, 866-870-5752. Give me a question that stumps me. I love to get stumped by callers. And figure out -- I always learn when people call in, I learn a lot about new things and it's a lot of fun. So we have about four minutes left, I guess here, Nita.

Nita: Yes.

Dr. Darrow: So, I'm going to go to -- actually, I'm going to talk about the Vampire Facelift again, which is injecting the cells from your own body back into your face, to regrow the collagen if you think you're looking older, this can rejuvenate, and make you look more beautiful and younger. And it's a very simple procedure, just injecting needles in the face, a very quick procedure, and typically by the next morning, people are feeling a lot better in the way they look. We use it for men and women, believe it or not, it's about 50/50, about men and women. We think just women want to do it. But a lot of men want to look better also.

Nita: Interesting.

Dr. Darrow: So, let me go -- here's a few callers coming in, but let me get a quick question and you can cut me off -- oh my God, the show is over.

Nita: Oh gosh.

Dr. Darrow: Too fast.

Nita: We are totally out of time.

Dr. Darrow: I'm sorry, callers, but you can go to the website to get information, www.lastemcells.com or you can call the office at 800-300-9300. Thank you Nita, you're a great host. Thank you, Suzette, and Alex, and all the staff. God bless you all and thank you, listeners.

Nita: And I'm your host, Nita Vallens, we'll see you next time.