

Living Pain Free 4/16/22

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, Nita Vallens.

Nita: Well, hi there Dr. Darrow.

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

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up.

Nita: Yay! That's a good thing. So we want our listeners to live it up, which you can by phoning this program right now, if you're having chronic musculoskeletal pain. And you will want to speak directly to Dr. Darrow, and you get a free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has over 250 scientific studies, actually. And the foreword is written by Suzanne Somers.

And she wrote a book called a New Way to Age, and you're in her book.

Dr. Darrow: Yes. Yes, yes, thank you Suzanne Somers. You are educating doctors and patients all over the world on how to do things as naturally as can be done, and I honor you for doing that, because that's the way I was brought up in medicine.

Nita, you've heard this story about my grandfather who named himself Edda, those were the books of the Vikings, their wisdom books like their bible. And he took on that name. And he was a philosopher, he was a medical doctor. And I grew up around him. And I wanted to play baseball, but mom wanted me to be with my grandfather.

Nita: Oh.

Dr. Darrow: So I would spend Sundays with him. And one of his greatest healing techniques was to use cherry syrup. So he had, I think they

were a gallon or more big bottles of cherry syrup. And I would have to put them into little bottle, you know, maybe three, four ounces. And that's what he gave to his patients. Now, this was a long time ago. He was born in 1880s I think it was.

And he was an old man by the time I even met him. But I had a great time with him. We discussed as a young boy; our discussions were about Socrates and Plato and Sophocles and all those guys who were the greatest philosophers of the old days and I learned a lot. I learned that it's attitude that is everything, and this is before the New Age movement of positive thinking, you know we call it positive thinking, but it's always been on the planet.

And these masters always taught that, and they taught truth telling, which is many of them were murdered. Socrates was murdered, Jesus was murdered. A lot of these guys are murdered, because the -- I don't want to get into the politics, I'll just say it like this. People don't like to hear the truth. That's basically.

Nita: Or a new paradigm.

Dr. Darrow: Yes. And that's just what I was segway too. You hit the nail on the head.

So what Suzanne Somers does, and what I do, is we have moved and are moving more into this new paradigm of healing, instead of medication and surgery. And sometimes it's necessary. I'm not saying never do it's necessary a lot of the time. But I'm going to say it like this.

In the orthopedic realm, which is what I deal in, orthopedics, but non-surgical, because I find I have way too many patients who come in who are maimed from surgeries. They had something that bothered them, they had some pain. I'll tell you about a guy who just came in yesterday. He was an 81-year-old wonderful man. And he had right knee pain and left knee pain. And both knees hurt him about the same.

However, the right knee had had -- guess what?

Nita: Surgery.

Dr. Darrow: Which kind? A knee replacement.

Nita: Oh dear.

Dr. Darrow: So I didn't know he had a knee replacement. He actually was brought in by a patient for me to just take a quick look at, and I put

the ultrasound on his knee, and I saw a bunch of fluid in the knee. And I said well you've got fluid in your knee. He goes well, I had a knee replacement. I was like well, that makes sense.

And he goes is the pain going to go away. Can you help it? And I said it's not biological anymore, now it's metal and plastic. So the work that I do with cells from your body, platelets, PRP and stem cells which we can get from the bone marrow won't work on that, because it's metal, it's plastic, and what I do is biological. We stimulate new tissue to grow back. And he said you mean it's not going to get better? He said why did I have it done? My doctor told me it would be perfect.

Well, I said what about the left knee that hasn't had surgery? He says well that one is about the same as my right knee where I had the knee replacement. I said the left knee I can help. And we're going to go on a course hopefully of doing some stem cells on his left knee and he said you mean I don't need a knee replacement on my left knee. He said, my surgeon said I have to, and I trust my surgeon.

I said, well I think you might be trusting the wrong guy, and it's worth it to go outside your box, and the box of society and the culture of medicine and check out what's going on. Now, I just starting reading Tony Robbins' new book, have you heard of that, Nita?

Nita:

No, not yet.

Dr. Darrow:

It's called Life Force, it's amazing. And he had a pituitary tumor, and his surgeon said it was an emergency, he had to cut it out immediately, but he might die from the surgery. And he said, well I'm not doing that. And he ended up being fine. You know, and he tells all these stories of people with cancer and other things that healed naturally or without any treatment at all.

So we have to be very careful. That's been the path I'm on. I was almost thrown out of medical school many times for talking about natural healing. This is as a student. I always knew that there were natural ways to heal the body. And luckily I found one that I love for the work that I do, which is orthopedics, terms of healing joints, tendons, ligaments, arthritis, neck pain, back pain, anywhere from the back of the head all the way down to the bottom of the feet. There are many different syndromes, sports injuries and arthritis that cause pain. But most of them, we can heal just by simple injections, where you walk in, you get some injections, and you walk out. It's not like the invasive type of surgeries that way too many people are getting that really, in my opinion, should not be done. I

don't know why it's not regulated. I'm sure it will be in the future. But as of now, these surgeries are still in abound. And I see way too many patients with a failed surgery. That means it didn't get better or it got worse.

So Nita I'm going to torture you just for a minute here.

Nita: Okay, but wait, wait, wait, but we've got to give the phone number first.

Dr. Darrow: I know, but I know how to do that. But I wanted to torture you first, but I won't. I'll take your advice.

Nita: Okay, and the website.

Dr. Darrow: I know. I know how to do that too. So well this is interesting, I just got a text right now, it says you are the placebo, this is from one of my patients. And I can't wait to take a look at what this is, it's on audible.com which is where I listen to books, I've listened to, I don't know how many -- at least 100 books while I'm driving.

So when people say, God, I hate the traffic, and I laugh and I go I love traffic, because I get to listen more. And I lost listening to books on audible.com.

At any rate the phone number here, and I would love to talk to you today. I'm going to give you -- we'll mail you a free copy, and we're not going to even charge you for postage, a free copy of my book, called Stem Cell and Platelet Therapy, Regenerate Don't Operate.

And in order to get that for free, it's a \$25 book, just call me right now. Call me, call me, call me, I'll be nice to you. The phone number to the studio is 866-870-5752, I wish they'd get a better number, so people could remember it. Again, I'm going to repeat it while you grab your pen and pencil, and your paper, 866-870-5752.

If you're driving, see if you can pull off to the side of the road, turn off your Bluetooth so we can hear you better. If you're at home, or somewhere else on your cell phone, try to get off the Bluetooth, and turn the radio down, if you're at home so it's not echoing, because we like to hear what you have to say. In addition, I'm going to give out my office phone number, because there people there that can answer more questions, and you can call there, if they don't pick up, that means they're busy, they'll call you right back. And the number to my office is easy to remember, it's 800-300-9300, I'm going to repeat it for you, it's 800-300-9300. It took me a long time to find a phone number like that for you.

And then also you can watch me doing videos, doing these procedures, you can watch the videos of the procedures, and that's www.lastemcells.com, www.lastemcells.com. And on that website every single page it's a very, very complete website. We work on it every single day, adding new material on how to heal without surgery and without medication.

And every page has a spot to email me. So if you want to email me, I hope you're not shy. I hope you call to the studio now at 866-870-5752, but if you can't call, you can always go to the website and email me, and that's www.lastemcells.com.

Nita: Shall we go to Susan?

Dr. Darrow: Susan, hello, Dr. Marc Darrow, your brother has issues with his hip and his low back. How old is your brother Susan?

Susan: Way older than me. He's uh, let's see he's about 62.

Dr. Darrow: Okay. And how long has he had hip pain for?

Susan: He's had hip pain for I guess a couple years, and they found out that it was bursitis, but he's also kind of had long-term back pain. I talked to you before. I've had regenerative therapy myself years ago.

Dr. Darrow: Oh good.

Susan: I've had great success. So yeah, I just wanted to see what your experience was with people that have this condition and just wanted to kind pick your brain and see what you can tell me.

Dr. Darrow: Okay. Well let's deal with the hip first, then I'll ask you questions about the back, is that okay?

Susan: Okay.

Dr. Darrow: All right. So hip bursitis has to do generally with the greater trochanter, and you can look up on Google, I always tell people who are listening, go to Google and put in a word, let's say bursitis, or hip, or arthritis, whatever word you want to do, and then in the upper left-hand corner, there is a spot where you can click on images. And it will give you photographs or drawings of these anatomical body parts.

And then you'll get an idea of what you're thinking about and what these words mean. So the typical bursitis that we see, it's not the only one, but the typical one is really not the hip. The hip is the

joint, and it's the femur, the thigh bone where it goes into the pelvis called the acetabulum, all right. So you can look up those terms if you want. And the greater trochanter has about 14 different bursae on it. So in order to rectify that problem, I inject a whole bunch of times on all of those muscle attachments. It's really more of a tendonitis, meaning where the tendons from the butt muscles attach to that greater trochanter to help move the leg around. So that may be his issue.

There is bursa inside the hip, near the joint also, but typically doctors don't pick up that, they don't see that. I see it when I use my ultrasound. I have an ultrasound that I look inside the body, like an MRI, or an x-ray but it's live. It's not the kind of ultrasound that heats up the body. It's one that's used like a camera to look inside.

Susan: Right.

Dr. Darrow: So I can tell where that bursitis is, and then we know where to inject. Now doctors who are injecting some of these areas blindly, that means without imaging, are not getting the solution into the right area. So there's failures with the shots that they give. And unfortunately most doctors in traditional medicine, the solution they use are called steroids, like cortisone and all that does is dis-inflame the area, it feels good for a while, and then it usually comes back worse, because the steroids are a very strong anti-inflammatory that actually dissolve away the collagen or the cartilage.

And I've seen people who have so many steroid shots, they have no cartilage left, and occasionally we'll see people that have tendons like tennis players where they have lateral epicondylitis where the tendon is just dissolved away. So we have to be careful not use those steroids very often at all if ever.

Now, let's go to the back. Is his back related to what you're calling his hip pain?

Susan: Yeah, he's had lower back pain for years. So yeah.

Dr. Darrow: Okay. What did his doctor tell him about his back pain?

Susan: Well, I think -- I believe they had mentioned surgery, you know, he's got the -- I believe he's got herniated disks or bulging disks. But didn't know if the -- you know, he was wondering if the -- you know the back pain might be related to the hip in some way. But yeah, not -- not totally sure.

Dr. Darrow: Okay. It's like I tell every single person, I need to examine you, before I can tell you really much of anything specific.

Susan: Right.

Dr. Darrow: Because MRIs and CT scans and x-rays don't really tell us where the pain is being generated from.

Susan: Right.

Dr. Darrow: So in other words, a person can have a herniated disk or bulging disks and not have any pain. And we know that because studies are done. And they're in my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate, which I'm going to send you free and any other caller who calls in, I'm going to send for free to you. And it has all studies that show we're kind of doing orthopedic medicine backwards today.

Backwards we're operating when shouldn't be. And there's way too many surgeries that are being done. I'm going to tell you a little bit about the politics, I'm not going to deep into it. But the bottom line is without these orthopedics surgeries, hospitals would go bankrupt. They're big money makers. So there is a push for orthopedic surgeons to do surgeries. And it's not the best thing for the human body to be operated on. There are times it has to be done.

But I have had way too many friends who have had hip replacements and back surgeries, and too many patients when they just didn't need it. And they've come out worse. And I have patients who come in almost every single day, new patients, who go I have bone-on-bone on this joint, I've got to get a surgery. I've got a herniated disk; I've got to get a surgery. I've got this or that, I've got to get a surgery. I've been to three surgeons; they all tell me the same thing.

If you want a second opinion, don't go to the same kind of a doctor, you're going to get pretty much the same opinion. Go to a different kind of a doctor. I always tell people, even people who come to me, go see an orthopedic surgeon. They go well I came to you, because I don't surgery. And I said you still need the second opinion, because they may know something that I have missed, okay. Does that make sense.

Susan: Yeah, I was just going to say, I'm -- yeah, I have myself, I have --I got regenerative therapy back in, let's see 2004. And I have four herniated disks, and I had terrible pain and terrible sciatica. And it worked. And I'm stronger than I ever was. I don't have the pain

and I'm a believer in it, but yeah, I don't have pain, and I've still got the herniated disks. So I'm proof of that.

Dr. Darrow: Well, I have a bunch of herniated disks also, and I'm fine. You know, I can do any sport I want to.

Susan: Well, just your listeners, I've learned just be careful if something you don't know about. I mean this is a game-changer, because I was told by three different orthopedic specialists that I needed surgery. And I have a friend that's an MRI technician, and he said, you know he told don't go get surgery, because what he sees on the MRI scans is all scar tissue that builds up repeated surgeries.

And when you have surgery, you know that doctor, it's like you're a frequent patient, because you most likely will have to go and have that scar tissue removed, which is often more of a problem than the initial problem you had to have surgery.

Dr. Darrow: Well, you're preaching to the choir here, Susan. I appreciate -- I appreciate that.

Susan: I'm a big believer, but I didn't know about the bursitis, so I thank you for giving me more information that and I'll share that with --

Dr. Darrow: Well, you know the thing is, I'm going to be honest with you, and I'm not saying I'm any smarter, or any better than anybody else, because I'm not. But I get the wrong diagnosis most of the time. In order words, people come in, and they say I've got this or that, and then I touch the body, and I go you don't have that. And they go what do you mean? All my doctors for years have told me I had that.

See medicine is a culture, just like everything else is a culture. It's like a religion. And there's different religions within the cultures. And each culture is a little bit different. So there are endless numbers of religions and there's endless numbers of cultures in medicine. And if you go a regenerative medicine doctor, they have a different culture than orthopedic surgeons.

And their culture is not having surgery, so they're looking for ways to heal without doing the surgery. And you know I tell this all the time, I have some good friends who are orthopedic surgeons, and we fight like cats and dogs about the right way to heal. I mean, I don't know if I told this on the last show, Nita, maybe you can remind me. I think I did. But it's worth repeating.

I was hiking in the Palisades where I live, and I bumped into an orthopedic surgeon friend, I was walking past his house. And he

said Marc, come here, I thought of something so amazing. And I said what is it. And by the way, I really like this guy a lot. I really like him. His patients love him, and I sometimes send my patients to him for a second opinion.

And he said, Marc, I figured out how we're save arthritic knees. And I go, well how are we going to do it. And I know his bent and his culture, which is to operate obviously. And I said to myself, Marc, don't say anything negative, and don't put him down, and don't laugh when he says what he's going to say.

So he said Marc what we're going to do is you're going to send me all your patients with knee arthritis and I'm going to take out their meniscus and then I'm going to send them back to you, then you're going to use stem cells and rebuild the tissue. And I said, yeah, that's a great idea, and I walked away smiling, and I said I'll see you soon, and it's great seeing you.

Inside my head, I'm going why in the world would you want to operate on someone and take out their meniscus, and then so stem cells. Why wouldn't you just do something easy. Do the stem cells first, see if it works. Is it going to work every single time? No. Is it going to work most of the time? If I pick the patient properly. So I've got to be smart in picking a patient that I think is going to heal.

And patients say to me do you tell every patient it's going to work? I say no, I turn some patients away, of course. I don't want to be a failure. And I don't want people spending their money and having to do procedures, that I don't think are going to work. So hang there one second. I'm going to give out the phone number and to the office.

The studio you can talk to me right now, like Susan is, it's 866-870-5752, that's 866-870-5752. And the number to the office if you want to get more information that we're not talking about here. The phone number there is 800-300-9300.

So Susan, there's one more thing I want to say, and then you have more to say. So you had a sciatica and then you had regenerative medicine and you're better. But most sciatica, 94 percent of it goes away without ever seeing a doctor.

Nita: Wow.

Susan: Are you there?

Dr. Darrow: Yeah, yeah, I don't know if you heard what I said.

Susan: Yeah, you said most sciatica goes away.

Dr. Darrow: Most of it goes away by itself.

Susan: Yeah, yeah.

Dr. Darrow: I mean, there's one case years ago. A very good friend of mine had a 12-millimeter herniated disk pressing on his nerve in the low back. He had what I'm going to call a dead leg, okay. I told him to have surgery, so he didn't lose that nerve.

And he said, but Marc, when I swim my leg becomes alive and all my back and leg pain goes away. He said, why would I get surgery. And I said, if that's what's working do it. And to this day, he has no leg pain or back pain, but he swims every day. So is that a placebo? I don't care.

Susan: It's a lot better than surgery.

Dr. Darrow: If you want to hang with us, Susan, we're going to go to the break and then you can come some more when we get back, and the phone number to the studio is 866-870-5752. If you want to call my office and get more information, it's 800-300-9300. My website where you can watch procedures is www.lastemcells.com.

Nita: 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. And we are taking your calls at 866-870-5752. And Susan, thank you so much for your great call. And we just loved hearing all that you've experienced, and good luck with your brother. And we're going to go to Kathy.

Dr. Darrow: Hey Kathy, Dr. Marc Darrow. How's your knees doing?

Kathy: Hi. I guess I should turn off my radio, correct?

Nita: Yes.

Dr. Darrow: That would be good.

Kathy: So, I tried to call you, and I missed you. So I'm excited to speak with you.

Dr. Darrow: Oh, I'm so sorry. Yeah, thank you for calling back.

Kathy: You know, I'm just agonizing over this decision because I have a full knee replacement scheduled for August 5th with you know a very orthopedic surgeon, I'm sure you're aware of. And but I have many friends who have benefitted from either, I guess PRP or stem cells.

Dr. Darrow: Sure.

Kathy: When I asked this doctor about it. He said, oh, he goes you know what, he goes there's a big cause for infection, he goes at the Mayo Clinic --

Dr. Darrow: What? Wait, wait say that again, there's what?

Kathy: He said that having those injections can enhance your chance of having that area get infected.

Dr. Darrow: Oh my God. That is -- I'm sorry, God bless him. The most ridiculous thing I've ever heard in my life, how a needle is a big cause for an infection, and an open huge surgery is not. It's exactly the opposite, my goodness. I see -- I see infections all the time from surgery, I'm sorry. I don't ever see them from doing regenerative medicine. I've been doing this 25 years.

What you can ask him is how many people has he seen infected from surgery. And I'm not here to get into issues with anybody.

Kathy: Right, right.

Dr. Darrow: You know, put on your thinking cap for one second and see what that means. I mean I hear it all the time from patients, their orthopedic surgeons say what I do cannot possibly work. But guess what, the orthopedic journals that these guys are writing show that it works.

So I don't know, it's the culture again. I always talk about the culture of things. The culture has nothing to do with reality. The culture is what people just generally think. You know not based on science.

Kathy: Well, I asked him, I said I have -- I have friends that have benefitted from these different kinds of therapies. And I said why is that. He told me, stay away from the injections, don't get the stem cells.

None of them work. And I said well, I have lots of friends who it has worked for, and they're really happy with the results. And I said, why is that? He says I don't know, I guess they just believed in it.

And I said, so it's a belief system, if they believe in it, it works? I said, it's not science. And he goes I don't know. And so I just -- it's freaking me out, because that's not a very good answer.

Dr. Darrow: Well, you know, I think it's a great answer in a way, because if someone believes in something and it happens, isn't that the best treatment there is? That's called placebo, isn't that the best treatment?

Kathy: I'll take it.

Dr. Darrow: Yeah, me too. We know by doing scientific studies, that placebo works 30 to 40 percent of the time. Okay. Now, wouldn't you rather do a placebo, where nothing can hurt you, and heal?

Kathy: Of course. But wait, so wait, just because I'm not doing the placebo I'm going to do something, because I'm in pain all the time. So let me direct the conversation back to my knee.

Dr. Darrow: Sure.

Kathy: And I just want to hear your opinion.

Dr. Darrow: Yeah, yeah.

Kathy: So let me just tell you the three events that has driven me to this doctor.

Dr. Darrow: Okay.

Kathy: Every time I take a step kind of click. And he told me that was because the cartilage, there's little pieces of it breaking off, and they're getting in the way of the joint moving. Now I have -- I have cartilage left on the left side of my knee, and I have cartilage left on the side, but it's bone-on-bone on the right side.

Dr. Darrow: Okay.

Kathy: And so that's my condition, I can come and see you. And then the other thing I have a large bone spur on the right side of that knee. We're talking about the left, my left knee, and there's a large bone spur. And most of the pain in the knee from the area kind of surrounding the interior part of the bone spur.

Dr. Darrow: Right.

Kathy: So I asked him, I said what about if you just surgery, and just remove the bone spur. And he said no, it will just grow back. So does any of this make sense.

Dr. Darrow: No. None of it -- none of it makes sense to me, but maybe I'm a dummy, okay. I'm not saying I'm the smartest guy in the world, but none of this makes sense to me. None of it.

Kathy: Okay.

Dr. Darrow: So if you don't mind me speaking to some of these things. I've got a bunch of things to tell you, okay?

Kathy: Please. Please.

Dr. Darrow: Okay. Anytime I hear somebody's famous, like you said, he's a famous surgeon. As soon as I hear famous, I back off. And I reassess. Because with fame comes a lot of things that are not necessarily real, all right.

I mentioned on the first half hour of the show, I've had several friends get hip replacements from a "famous surgeon", all right? And they come to me, and they go I want to go see Dr. So and So because he's famous and he's helped you know these other people we know. And I said none of those other people needed a hip replacement. I saw all of them. Not one of them needed it.

So you get caught into the glamour of the fame, do you understand that concept?

Kathy: No, absolutely. Absolutely.

Dr. Darrow: Okay. So yes, there are famous doctors who take care of the top athletes, and do the most work, and all of that, are they better than other doctors? Maybe. Maybe not. They just may be on a roll, you know. I don't know the answer to that. I know that the word "famous" turns me off, personally. That's just me.

Kathy: Well, I was attracted to famous because my husband is on Board of Directors at Cedars, and so he is able to always find out, okay, who's the best in -- you know, in this field and that field, so that we get to see what we think are the best doctors. And time and time again, he said everyone he spoke to, said if you have to have knee surgery, you have to go to this guy. So that's how I -- that's how I got to him. I just -- like everything --

Dr. Darrow: Well, I think that's probably a great referral. You know, you do want to go to the person who does -- you want to go to the doctor who does the most of whatever it is that you want, because they have the most experience. But I'm going to say it like this. I know a lot of famous surgeons in LA, who have had terrible outcomes with their surgeries.

Now, is that because they screwed up? I don't think so. It's just what happens, okay. There's a lot of reasons that surgeries come out bad. And let's face it. We all know people that have had surgeries that come out bad, it's just the way it is. It's an invasive procedure. A knee replacement is a huge, huge, you know I don't know to put it. It's just a huge surgery.

Kathy: Right.

Dr. Darrow: And unfortunately, I get to see the people that it didn't work on, they come to see me. So in my mind's eye, it doesn't work. You know, I know it works on a lot of people. But the way I see, from what I see, it doesn't work. I would never want one, because I see the travesties that happen.

So, number one, I rarely ever see a bone-on-bone joint, rarely, rarely, rarely rarely. But most of my patients coming in ready for a joint replacement tell me they have bone-on-bone. So what does that mean? Bone-on-bone doesn't mean what you think it means. It means you have some cartilage wear, but I had a guy yesterday who came in with bone-on-bone ready for a surgery, and I moved his knee around, and I said my goodness, you've an amazingly great knee, it's smooth. There's no grinding. There's nothing. There's no laxity. There's no swelling, there's no fluid in it. I looked with an ultrasound inside. And he said well, why did they tell me, I went to three surgeons, they all told me the same thing. I said that's their culture, they talk like that.

Kathy: Yeah, they do.

Dr. Darrow: So the clicking, most clicking in knees comes from what we call patellofemoral syndrome, where the back of the patella is worn down. It fits in a little groove in the femur called the trochlear groove, and when that wears down a little bit, there's grinding, clicking, okay. Most people get that at some point.

And there's a real easy way to fix that. You inject platelets or stem cells into that joint, and then you inject around what's called the retinaculum which is the covering over the patella. And it tightens up that joint and the clicking can stop. All right. I'm not saying it's going to happen every time.

Kathy: Amazing.

Dr. Darrow: I'm not saying this is a cure-all. I'm not saying what I do is magic, it isn't. It just makes sense. It makes sense --

Kathy: But no, but if it works, then it's not magic, it means that you have a protocol that's effective.

Dr. Darrow: Well, yeah, and it just -- you know, I try to put down, people come, and they go I want stem cells, that's amazing. I go it isn't amazing, it just makes sense. It makes sense that we're going to stimulate some tissue to grow. And sometimes it takes several treatments to get there. You know, it's not like you wave a magic wand and a person is healed.

So, yeah, I mean if it's my knee, and look I get -- my knees get beat up all the time. You know I run in the mountains, I do sports that I get injured from and when it happens, guess what I do? I inject myself.

Kathy: Yeah.

Dr. Darrow: And then I get better. It's worked on me every single time for almost 25 years, sometimes --

Kathy: So how long -- how long does the stem cell injections does it last. I read your studies, I read everything, I'm reading your book, I just got it. And I ready your study and your percentages, and you know, it seems that stem cells and you have to do at least three to really to get up to the 80 to 90 percent efficacy, but how long -- what I didn't see in the study was how long does it last. How often do you have to get re-injected after you do the three series -- the series of three injections?

Dr. Darrow: You know that a great question, and when patients -- every patient asks me that, and I laugh and I go how long did it last when God made you the first time, when you were brand new? You know, it depends on the usage.

Kathy: Oh, I get it. Because you're regenerating the cells so there.

Dr. Darrow: You know when you're born our body is generating cells constantly, right, you're growing.

Kathy: Right. Right.

Dr. Darrow: And then that process the fibroblasts which are the cells that lay down the tissue slow down when you're fully grown, but they still

work like when you sprain an ankle and it's swollen, fibroblasts are sequestered to that area, they're drawn to the area, and they regrow those ligaments that get stretched out or torn. So we're in a constant state of breaking down and going back to homeostasis and this amazing human body that we live in. So I don't how long --

Kathy: That's a good answer.

Dr. Darrow: Yeah. I don't know how long anything lasts, you know, it depends how much you use it, like the tires on a car if you're speeding and hitting the gas, it's not going to wear as long, and then you go back and redo it. I've parts of me, like my right wrist, I hurt very, very bad, and I couldn't use my hand for quite some time. And I didn't know about this stuff. And then I went to a workshop, and they were doing a seminar on wrist pain. So I had the doctor inject my wrist, and he said it's going to really hurt, you'll be stiff. And then in about 24 hours, you're going to feel better. And he was right, about 24 hours later my wrist was about 50 percent better, and then believe it not, I started injecting myself. So I injected my own wrist another two, three times, I can't remember, and it's been completely healed now for, it's got to be close to 20 years, more maybe.

So my wrist is good.

Kathy: I'll take 20 years. I'll take 20 years.

Dr. Darrow: No, no, I'm not promising you that, because I've had other parts of me --

Kathy: I know that. I understand.

Dr. Darrow: You know my shoulder, the first time I injected after a failed surgery that went really bad, that was before I knew about this. When I learned about it, I injected my shoulder after my wrist healed up. And that healed overnight, the first time. And then I reinjured it 12 years later and that took two treatments.

And then some years after that, a third reinjury -- now this isn't I'm just sitting around, this is like injuries, okay.

Kathy: Right.

Dr. Darrow: And that took a few months of injections to heal it up. And I still have, so people should hear this. I still have rotator cuff tears in my shoulder, and a labral tear, but it doesn't cause pain. And that's important issue. These tears don't mean you have to get surgery.

Kathy: Right.

Dr. Darrow: I mean, I'm pain free.

Kathy: I had that experience about 10 years ago, I had this chronic back pain. It was so bad, I was literally sleeping on the floor on a mattress, because that was the only way I could get relief. And I went to a bunch of orthopedic, I went to Texas, I went everywhere to the best back surgeons, and I had again, I had a back surgery scheduled and then I read the book by Dr. Sarno, I don't know if you've ever read his --

Dr. Darrow: John Sarno is one of the greatest doctors that ever lived, and I read his books way, way a long time ago. He's long gone.

Kathy: And in nine days, I completely healed of lower back pain, never to have lower back pain again, I saved myself --

Dr. Darrow: That's funny I heard about him on what's the shock jock's name that tall radio host.

Nita: Howard Stern.

Dr. Darrow: I heard about him driving, I heard about John Sarno, Dr. Sarno from Howard Stern. And Howard Stern was talking about the same kind of back pain you had where you know really to kill himself and then he read the book by Sarno, and he healed up.

Kathy: I heard that. I heard that same one. That's how I heard about the book. I heard the same broadcast.

Dr. Darrow: Yeah. So we don't know healing works.

Kathy: Right.

Dr. Darrow: Can it be from a knife in surgery? Sure. It can be. But I see way too many failures. So -- and why does someone want to get into something invasive, where there's a high risk of infection, and different problems that come up, when you can get injections of stem cells or platelets where it's so easy, you walk in, get injected and walk out, and heal. That just doesn't make sense to me.

Kathy: I don't know. I'm willing to try it, I mean I've been -- like I said I listened to you all last week. I've researched everything I could about you. I happen to know a lot about you, probably more than you want anyone to know. And spoke to people about you, and I'm going to book an appointment. But I have one -- I know you're off in a few minutes, so I have one last question before you but me.

Dr. Darrow: No, no, I'm not cut you off. You've got very good information here.

Kathy: What about the bone spur?

Dr. Darrow: Bone spurs typically mean nothing. And you use the word --

Kathy: Dr. Darrow, it's huge, it's embarrassing.

Dr. Darrow: It doesn't mean it's causing any pain. Bone spurs typically are from laxity in a joint, where the joint is literally trying to stabilize itself.

Kathy: Okay, that could be, that bone spur grew because the right side of my knee joint is according to the x-rays which I send you, it shows when you look at the x-rays, you can see that it's just the bone on top of the bone. It doesn't show any --

Dr. Darrow: I have to touch the area, Kathy, you know I can't tell you anything based on your words.

Kathy: Okay, yeah.

Dr. Darrow: Bone spur means nothing to me, because I have endless patients with bone spurs, and I'll tell the bone spur story that I lived through. I played a lot of tennis when I was young, and I had a bone spur in the acromioclavicular joint that dug down into the rotator cuff, okay. And it was -- I don't remember the size of it, but I was a young buck in medical school and doing orthopedic surgery, and I was enamored. I wanted to be an orthopedic surgeon. And so I asked my boss to cut off that bone spur. I said, it caused me a lot of pain. He goes fine.

My shoulder freaking blew up like a balloon and I had a high fever after the surgery.

Kathy: And what happened to the bone spur?

Dr. Darrow: The bone spur was gone, I just had miserable pain afterwards.

Kathy: Yes, but for how long, but then the pain was gone, and you didn't have --

Dr. Darrow: No. The pain was not gone. I had that pain for about --

Kathy: Oh, it never left completely.

Dr. Darrow: No, I had about four years of misery, and then I injected my own shoulder and healed it.

Kathy: Oh, got it. Got it, got it. Okay. I mean I lived with the bone spur, even though it's ugly, if I can -- if I can heal, the cartilage, and that you know and just have relief of pain, and be able to walk. I don't walk normally, I kind of compensate by not taking a full stride and straightening my leg all the way with each step.

Dr. Darrow: Yeah.

Kathy: But if I can regain a normal gait, a walking gait, then and not have pain, I would be -- I can't even tell you, I would be beyond --

Dr. Darrow: I'm going to say something, Kathy. I going to promise you zero. Do you still want to see me.

Kathy: I've got to tell you, when I read the first part of your book, and you say that early on, you promise zero, it kind of -- it kind of scared me, however, I do know that with regular total replacement knee surgery, that they don't promise you anything either.

Dr. Darrow: You know I wish it were like that unfortunately, most of my patients have failed surgery, had a promise they would get better. I never promise that to anybody, because --

Kathy: Yeah, he didn't -- he didn't -- well, he kind of did. Because I asked him, I said how long is this going to last. And he said oh for the rest of your life. And then I saw another orthopedic surgeon as a follow up to get another opinion, and he said well, that's just not true.

Dr. Darrow: It's just not true. It's just not true, yeah, I'm sorry.

Kathy: That's what he said, he says it's not true. I hate that he said, because he's a really good surgeon, he's very well-known, but I just don't --

Dr. Darrow: You know I want to say this also, Kathy, there's other callers, but I want to -- I want to just put this out. I love orthopedic surgeons. I love neurosurgeons. They do the hardest work in medicine. Okay. This is not a statement against them. It's a statement about the surgeries that they do that they don't need to do. Okay. Does that make sense?

Kathy: All right. I will make an appointment, come in and speak with you further, and see what you say after you have examined my knee.

Dr. Darrow: Well, you're really putting me on the spot with your husband being on the Board of Directors of Cedars Sinai, but guess what, I'll take the deep dive and take the challenge.

Kathy: I love it. Okay, fantastic. I look forward to meeting you in person.

Dr. Darrow: All right. And I'll tell you, as soon as I touch your knee and move them around, and look inside with an ultrasound. I may say I don't want to help you. I'll say you're not the right patient. I doubt it, but it's possible, just so you know what you're in for.

Kathy: Okay. All right.

Dr. Darrow: I just like to put it up front. People always -- my patients always go how come you're not my cheerleader? I go I'm not here to be a cheerleader, I'm here to tell you the truth. And if you don't like it, I can send you across the street to another doctor who will lie to you, all you want. I don't do that.

Kathy: No, I want the truth. Because if you tell me it won't work for me, then I'll keep my appointment on August 5th, and I'll just have knee surgery. But if you say yeah, I really, really believe that I can help you, then you know, then it's -- for me it may be worth it.

Dr. Darrow: Well, I'll tell you the probabilities that I can help you. I can't promise anything to anybody.

Kathy: Right.

Dr. Darrow: You know, I'll tell you I've have over the years, I've had so many people that have healed, and then come back, and they say you promised me it was going to heal. And now it hurts again. And I'll go I never promised you one thing. And look, you're as much in this as I am. And you can beat up something that we've healed, and make it worse by not listening to me. So there's lot of elements involved in this.

And the failures that I get with regenerative medicine using stem cells and platelets are in a category of over-activity, okay, so you come in, you've got a knee that's not working the way you want, and let's say that the regenerative medicine heals it up, and then you start mountain climbing, what do you expect. Okay.

Kathy: That is not me. There will be no mountain climbing.

Dr. Darrow: I know. But I'm telling you it happens all the time. Or people that are sneaking anti-inflammatory medicine, you know, like ibuprofen while they're getting the treatment which blocks the healing. And then the big one, is people don't get enough treatment, they'll do it, and this is often what orthopedic surgeons will do. They'll do it one time, and it doesn't work and they go now you need the surgery. It doesn't work like that. It's like filling a hole with dirt. It may not be

one shovel full, you may need a few shovel full of treatments to get it healed.

Kathy: Right.

Dr. Darrow: The other reasons for failure --

Kathy: Your (inaudible) at least three times.

Dr. Darrow: I'm not saying it needs three times. I've had a lot of people heal one time, and a lot of people not heal, because they didn't do enough.

Kathy: Wow, yeah.

Dr. Darrow: There's no way to know ahead of time. Some doctors don't use ultrasound, the stem cells or platelets don't go into the joint, it goes in the soft tissue, that's a failure. And then a lot of time there's bad doctors, those guys that don't know what there's nurses doing this that aren't trained. And the main reason it fails, they don't have the training. They don't do it a lot. This is something I do all day, almost every single day of my life. I don't like taking vacations, talk to my wife about that. I like what I do. I love what I do. It's fun.

Kathy: Well, I think keep helping people. I think that's probably the greatest way you can have in life, right?

Dr. Darrow: Well, I like what I do, and in my mind, I'm helping people. In other people's minds, maybe I'm not. You can look at my yelp reviews, there's some people that hate me, most people like me, but you know, there's always going to be haters our there. But at least, you know, the main thing is I don't think I'm hurting anybody.

Anyway, we will see you soon, Kathy. God bless you and I'm looking forward to giving you a good prognosis and hoping that we can help you.

Nita: Thank you for your call, Kathy. Okay, oops, I hear music. Uh-oh.

Dr. Darrow: Hey that's a song, I hear music.

Nita: I hear music, okay.

Dr. Darrow: Yeah, to get to me at the office, 800-300-9300, watch the procedures on videos at www.lastemcells.com thank you, Nita Vallens. Thank you, Alex, Suzette and the rest of the staff. God bless you all. Thank you.

Nita: And we'll see you next time.