

Living Pain Free 4/02/22

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 today? You look beautiful.

Nita: Why, thank you. I'm great, and yourself?

Dr. Darrow: Living it up.

Nita: Well, that's what we're supposed to do here. And we want our listeners to live it up, which you can do, right here, right now, by phoning 866-870-5752 right here in the studio, you can speak to Dr. Darrow, and you can get his latest book for free, and it's fabulous. It's called --

Dr. Darrow: Stem Cell and Platelet Therapy, Regenerate Don't Operate.

Nita: With 264 scientific studies, and the foreword is written by Suzanne Somers. And it's really going to blow your mind.

Dr. Darrow: I hope so.

Nita: Our number is 866-870-5752, so call right now, get your free book, talk to Dr. Darrow, it will make your day. What do you think?

Dr. Darrow: Yeah, I would love to hear from you, it makes the show so much more interesting, than me and Nita just joking with each other. Although, that's not bad either, right, Nita?

Nita: No, it's actually kind of fun, actually.

Dr. Darrow: So the number to talk to me right now is 866-870-5752. You can ask any medical questions about orthopedics, musculoskeletal pain, neck pain, back pain, arthritis, I get a lot of people believe it or not, with finger and hand pain, and toe pain. But everything in between, a lot of knee arthritis, meniscal tears, rotator cuff tears in the shoulders, elbow arthritis, wrist pain, you name it.

So I do inject the entire body, when I say the entire body, the entire musculoskeletal system. That's tendons, ligaments, joints, and muscles, you name it, whatever the problem is. I had a very nice gentleman come in yesterday, who is an old patient of mine. The regenerative medicine using platelets and stem cells fixed his shoulder, he's a high-level tennis player. And he came back, he was skiing last week, and he ripped his quadriceps tendon, you know right above the knee. So I looked with an ultrasound, and he's got a lot of blood in there, and I said we can aspirate that.

And I know this is going to sound weird to all you folks who have listened to me for a long time. But I said I think you need surgery on this. And he said, no way, I came to you, so I don't have to have surgery. And I said in this case, where there's a muscle tear, where the muscles are separated, it's a good idea to just suture it up. It's not like getting a knee surgery, that take the cartilage out, and cleans things out. It just puts things back together.

So I said I can take the blood out right now, but if you're going to do what I want you to do, which is to get a surgery, get that done, get it cleaned up, and then you can come back to me later to do some stem cells or platelets and help it heal. So oftentimes with new injuries, we will still do these procedures, not just chronic old injuries, but new things, we'll do them to help stimulate healing.

The whole process of regenerative medicine is just what that name means to regenerate or regrow tissue. In the old days, we used to call it Prolotherapy. And that was simple injections using concentrated Dextrose. Dextrose is sugar. I know that seems crazy, but wherever you put that in the body, it creates an inflammatory reaction that draws fibroblasts to the area.

Nita: Makes sense.

Dr. Darrow: Fibroblasts are cells that actually do the growing of the tissue. So when we're just little people the fibroblasts are very active as we're growing. And then as we get older they're not very energetic anymore until there's an injury. So let's say that you sprained an ankle, there's fibroblasts that come to that area, and then regrow the tissue.

However, many injuries don't heal, and that's when we start injecting with your own cells, stem cells and platelets, to regenerate. So I'm going to ask for callers again, now that you know what's going on here, and the phone number to the studio right now is 866-870-5752. And if you want to get a hold of me, or talk more at the office, the number is 800-300-9300, I'll repeat that for you too. That's 800-300-9300.

And a really good way to learn about the procedures that I do is to just call in now, we're going to give you a free copy of my book. That's a \$25 book. It's got 250 some studies about why regenerative medicine is great and simple, and conservative, and why surgery doesn't work much of the time. Surgery can be very dangerous, and to me it's the very last thing to do, except in certain cases.

What else? The website is a good way to look at these videos of me doing the procedures, and to read all about it. And that's www.lastemcells.com, that's www.lastemcells.com. And on every page of my website, you can find a spot to email me, and I'll get right back to you that day. As my patients know, when I'm contacted I get right back to them, every patient has my cell number and I stay very close in touch with my patients. I'm not that kind of doctor that has space for my patients. Everybody is close with me, and I become friends with tons of my patients. And it's a little added bonus, I think to working with me.

But the point of it is really I enjoy being close with my patients, I don't keep a distance. And everybody who calls, who needs me gets to talk to me, and I have people who literally call me in the middle of the night. I tell them when I give them my cell number, you can call me at three in the morning, it doesn't me, because I turn my cell phone off when I go to sleep, but I'll get back to you right as soon as I wake up. So that's a bonus.

And what I can do right now, Nita, if you don't mind, is go to a couple of questions.

Nita: Sure, let's do it. Do you want to give the phone number again, before you do that?

Dr. Darrow: Yeah, I would love to. So give me a call right now, you can talk to me life at 866-870-5752, 866-870-5752. That's at the studio. So let's see what we have that's of interest. Okay.

This person says they have a broken knee and an arthritic neck. Let's see what that says.

Nita: Ouch.

Dr. Darrow: Ouch, exactly. My knee was broken in an automobile accident eight years ago. I was also told that I have arthritis in my neck. Can you help?

So this is a great question, because the can you help question part of it something that is very difficult to know until I examine someone.

And many patients email me, and they send me their MRIs and x-rays and they say tell me if you can help me.

So healing is not based on images. I know that sounds crazy to a lot of people because that is the culture of orthopedics, get an MRI, get an x-ray, get a CT scan, and then we'll know whether we should operate on you.

Well, that's not the way I practice medicine, because studies, and my book Stem Cell and Platelet Therapy, Regenerate Don't Operate has studies showing that the MRIs or the x-rays don't tell you if you have pain or not. I know that sounds crazy. So why does everybody get MRIs and x-rays? Because it's the culture that we have in medicine. Culture dictates what is done.

Culture is not necessary the truth. It's just culture. On the planet, we have so many different cultures that are not the same. So in medicine, it's the same thing. There is the medicine of healing and there's the medicine of technology. And they don't, in my book fit together.

You can do all the technology you want and hurt people, you know, high level surgeries. I get people all the time who come in, who are injured worse from their surgery than they were from their initial injury. So we have to be very careful not to just rely on an MRI.

For an example, MRIs can show an ACL tear. ACL is the anterior cruciate ligament in the knee that holds the bottom bones in the leg, the tibia, to the femur, the upper bone, the thigh bone. And oftentimes people come in and say I've got an ACL tear. And I'll examine the knee and I'll go I don't think you have a tear, and they said my MRI shows that I do.

And then they don't listen to me, and they go have a surgery, and the surgeon comes back and says there was no tear. So we just closed you up again. So we have to be very careful not to rely on the images, although we use them as an ancillary way of getting more information. Ah-ha, Tom is waiting in Hawthorne.

Tom, you've got neck pain. What's up? How long has it been there
Dr. Marc Darrow here.

Tom: Well, it started about October. I talked to you about two months ago about it. Since then I've had my MRI, they send me a hard copy of the results, which actually most of the stuff matches up with the MRI I had about three years ago.

Dr. Darrow: Okay.

Tom: And I asked the technician, I said what area does this cover when you do this? And she told me it goes, you know, it starts at the upper neck and goes down. I said, does each side of the spine get to the tissue, because that's where the problem. She said not really.

Dr. Darrow: That's right. The ligaments don't show up, unless there's like some very large ligament that's torn and bleeding. So that can show up.

Tom: Well, what happened, I think I told you before, I was helping somebody move, and I got a very burning pain in my left side on my neck, in the trapezius muscle area, I believe.

Dr. Darrow: Yes, okay.

Tom: And it never really healed right. Her results say everything matches up with the previous thing. So they're only talking about stenosis, and they're concentrating totally on the spine. And I said, you've got to look at the tissue, otherwise this test isn't any good.

Dr. Darrow: And unfortunately or fortunately, whichever you want to call it. The tissue can't be examined very well with an image. The hands have to do the examination. So I tease people all the time, and they go don't you want to get an MRI. And I go my hands are my MRI. A lot of people don't get that.

Tom: Yeah, I understand, my hands are the MRI too, because I can feel where it is, and it isn't in the spine. And it's been a couple years since the original thing got taken, and they look at the spine, and there are some problems there, but I didn't have any pain or anything. I got this stiff neck about six months ago, and it didn't go away right away, and I went to the doctor after about one month, and he told me -- not to take any pills, put the topical cream on it. In fact, you even told me don't overuse that topical cream.

Dr. Darrow: No the transdermals can actually be absorbed into the body too. So the whole thing with using anti-inflammatory medicines of any kind is that they actually block healing. Because they are anti-inflammatory. And the body is smart. When God put us together, he was pretty smart, and he figured the inflammation you get from an injury is going to be used to heal you.

So anti-inflammatory medicine is not a good thing for healing. I know it's great at getting rid of pain, but Tylenol may be a better thing, although even Tylenol, you know, can hurt the liver and anti-inflammatories can make people bleed in their gut. I've spent a couple of nights when I was an intern in the intensive care unit, pumping people full of blood from bleeds in their abdomen, from taking too many anti-inflammatories.

And there are studies now that show that anti-inflammatories actually block healing. So people that chronically you know things like ibuprofen, end up with worse arthritis than people that don't. So medicine is complex, traditional medicine which is the stuff that we're taught in medical school is good for saving lives, but very bad for helping people heal.

So you've got to be careful what you do. It's always good to see both sides of the fence. When people come to me, if I think they need it, I send them to an orthopedic surgeon, although I don't believe in the surgeries, I do it just for informed consent, meaning that patient should be the one choosing what form of treatment they get, not me. That's not my job to tell the patient what they have to do. I give them the information, I educate them, and then they get to decide what they want to do.

Tom: Originally, when they took the examination about three or four years ago, I actually went to the surgeon, and everything he said, you really don't need surgery. I don't suffer from a lot of pain. It was like (inaudible) crawling up my neck, is what it felt like, and it was moving and spreading around. So that's what started me going to the doctor. And then they did -- I guess they did the CAT scan at that time.

Dr. Darrow: Okay.

Tom: And I do have a problem where it actually shows the disk leaning about the spinal cord itself. But you told me, well Tom, if you had a problem with that you'd probably be paralyzed, which I'm not.

Dr. Darrow: Well, not necessarily. It could be if it was severe.

Tom: Well, you would the numbness somewhere.

Dr. Darrow: Yeah, you can have what we call a paresthesia down the arm, or if it's in the low back, down the legs.

Tom: And I didn't have that. So I'm really not having severe pain. The problem is during the day, I get up and everything goes away, and it's comfortable. It's when I sleep at night. And then when I wake up in the morning, I've got the stiff neck again.

Dr. Darrow: I hear you.

Tom: And the pain level ranges from almost zero up to maybe a couple. It's not very painful.

Dr. Darrow: Okay. So luckily you're in pretty good shape, but from what you're telling me, there's a very good opportunity for getting rid of it completely, using regenerative medicine, your cells of platelets or stem cells from your own body.

Tom: Okay. I've got a question. Do you only operate from up there in your address at Wilshire or do you cover areas, do you ever cover patients in southern, you know, Torrance, in that area.

Dr. Darrow: No. Actually, you know what, I have patients come from all over the world, to see me.

Tom: Well, I know that.

Dr. Darrow: So every once in a while on the radio, we have someone say, wow, it's far to drive from Torrance, and I start laughing, because we have people fly in almost every day from all over.

Tom: It's probably better to fly than drive from Torrance.

Dr. Darrow: You're right. Well, Tom, you're a great man, and I appreciate your call. I have some more things to respond to that you said. One is you said that your CT scan showed some stenosis, and stenosis doesn't necessarily cause any pain in the area where it is.

Stenosis just means that there is a squeezing of the nerves. All right, spinal stenosis. And where the nerves come out of the spinal cord, through what's called the foramen which is a hole in the vertebrae between the different bones, if that is squeezed by having arthritis there or some other issue, what we call facet arthropathy, then you'll get the paresthesias down the arms or legs.

But in your case you don't even have that. So you just have -- you have probably a sprain of the areas, and the ligaments or where the muscles attach to bones, you know your trap muscles or whatever that is. I haven't touched it, so I don't know. And that's what we call an enthesopathy.

Tom: Yeah. Well, what I -- I can't play golf, and I can't really do anything, because it irritates this - what I say it's just the muscle. When I went and asked the technician, about what was actually going to be covering here. She said they're primarily -- probably looking at stenosis.

I said I'm not a doctor, but I said, I don't think this is a problem. Something else is going on.

Dr. Darrow: No, the stenosis is from what you're telling me is not the issue at all. So I'm going to give out the phone number again, and Tom I appreciate it.

The number to talk to us right now is 866-870-5752, it's 866-870-5752. Tom, we love you, and we appreciate your call. You got a lot of good information that helps people. A couple other things that were interesting about Tom's call.

He said his MRI was the same three years ago, but now he's got pain. So that shows you the MRI is not the thing that's going to tell you where the pain is coming from.

Nita: Yeah, exactly. Very true.

Dr. Darrow: So don't rely only on your MRI, make sure that your doctor touches the area. And unfortunately most doctors don't do the examination by touch. They do it by the images that aren't going to tell him anything. There's way too many times when patients come in with failed surgeries, and I say to the surgeon, touch the area first. And they go, why would they touch the area. They showed me the problem with the MRI. And then they did the surgery, and they didn't get better. They got worse.

So Nita, we're going to go Charles.

Nita: We are.

Dr. Darrow: In LA, and you're got shoulder issues, Charles. Tell me about it. How long has it been going on, Dr. Marc Darrow here?

Charles: Yes, sir. Good morning, thanks for taking my call.

Dr. Darrow: Thanks for calling, we love you.

Charles: So I was listening to your show just now, and you were talking about the MRIs, which I had bilateral shoulder discomfort about three years ago. It would wake me up in the middle of the night, excruciating pain, and here I am almost 50 years, and my God, I can't do anything anymore. My shoulders are killing me.

So of course I want to run off and get an MRI. And my orthopedic surgeon that I went and saw, said no, no, no, no. We're not going to run off and get an MRI. And sure enough he knew exactly what the problem was, and it was bilateral bursitis.

So he gave me the shots, steroids or whatever to reduce the inflammation in my shoulder.

Dr. Darrow: Yeah, cortisone.

Charles: It worked. Cortisone, yes, sir. And it worked for a little while and then the pain came back.

Dr. Darrow: Right. That's how it works.

Charles: Gave me some more shots it went away, and now it's coming back. This happened about a year and a half now.

Dr. Darrow: How many times have you had cortisone injected in your shoulder?

Charles: Probably in total over the two years, about six times.

Dr. Darrow: Okay. That's the worst thing you can do to your shoulder, because what that does -- yeah, cortisone dissolves the cartilage, and you can look that up. Look up cortisone on Google, look up cortisone, and then put the word, cartilage, in. And you're going to be pretty shocked what you've done to yourself. It makes it worse. So the good news about cortisone is it feels great because it's a really strong anti-inflammatory, it gets rid of pain wherever you put it. The bad news is it comes back worse and then the tissue can dissolve away.

And what their surgeon injected you, I'm not sure, whether he put it in the joint where the cartilage is or in the sub deltoid bursa, but either way it's not good for you.

Charles: Yeah. On the side, not in my front shoulder, but on the side.

Dr. Darrow: Well, it does matter where you think it was, because I can inject the joint from the side of the shoulder too, or the sub deltoid bursa.

Charles: Sure.

Dr. Darrow: So how are your shoulders feeling now?

Charles: Well, the pain is starting to come back, like it wakes me up in the middle of the night, it's not excruciating, but it's definitely still there.

Dr. Darrow: Okay. A couple things that may help you. If you get a pillow that you can bunch up, so you're -- see right now your head is perpendicular to your shoulder. When we sleep that angle decreases, because our head come down towards the shoulder, and what you can do is just bunch up the pillow, so you maintain the anatomy the way it is when you're sitting up. And you may be able to sleep at night like that.

Charles: Yeah. I've got that bad habit of lifting my arms above my head which I was told is a no-no.

Dr. Darrow: Oh, okay, yeah, yeah. Well, I get it. Anyway, if you want to come in, the number to the office is 800-300-9300, 800-300-9300. And if you want to watch videos of me injecting shoulders, just go to my website, www.lastemcells.com, that's www.lastemcells.com. And Charles, if you have more questions, after the show, on the website, you can email me, and there's a spot where you can ask as many questions as you want, okay. And I'll get back to you the same day.

Charles: Beautiful. Do you take insurance?

Dr. Darrow: That's an issue for you to call the office, that's 800-300-9300 and talk to them about that. You can call them now, if you like or after the show, there's people there.

Charles: Beautiful.

Dr. Darrow: If the phone busy, you can just leave --

Charles: Well, thank you for taking my call.

Dr. Darrow: Okay. If the phones are busy just leave your name, they'll get right back to you. God bless Charles and thank you so much for the call.

Nita, if it's okay with you, I'm going to go to Paul in Ontario, he's got a left knee that's bothering him.

Nita: Of course.

Dr. Darrow: Paul, Dr. Marc Darrow. How are you today?

Paul: Hey doctor happy Saturday.

Dr. Darrow: Happy Saturday to you too.

Paul: I'm undergoing some treatment right now for me left knee.

Dr. Darrow: What kind of treatment are you doing?

Paul: I'm sorry?

Dr. Darrow: Did you say you're going treatment right now?

Paul: Yes.

Dr. Darrow: What type of treatment?

Paul: It's a slow -- it's a slow process, you know my cartilage is worn down, you know I had a serious traumatic sports injury almost 50 years ago.

Dr. Darrow: 5-0 or 1-5?

Paul: 50.

Dr. Darrow: 50, okay.

Paul: 50, yeah. And I had it scoped and cleaned out a little bit in 1997.

Dr. Darrow: Okay.

Paul: And the sport surgeon at that time, you know, predicted that I would have trouble at some point along the way. And so you know that's all materialized now. So anyway, I just wanted to get your feedback, because I had -- back in December I had an injection of PRP.

Dr. Darrow: Okay.

Paul: The guy that I'm working with, suggested trying that, because you know if there's a chance that it will work, it's more likely to be showing a good sign if there's some impact or results, positive results from the PRP.

Dr. Darrow: Okay.

Paul: Because he understands it's out of pocket and you know he wants to help.

Dr. Darrow: Paul, you stay with us. We're going to a break for a couple minutes, and then I want to finish up, because you have a very interesting case. I want everybody to hear about it, okay? Don't hang up.

Nita: Okay. You're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this information coming your way. 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. We're taking your calls right here in the studio at 866-870-5752, that's 866-870-5752, and when you phone in, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies. And we are taking your calls again, right here in the studio, 866-870-5752, and we are talking with Paul in Ontario.

Dr. Darrow: Hey Paul, are you still with us?

Nita: Hey Paul?

Dr. Darrow: Paul?

Nita: Nope, I guess not.

Dr. Darrow: Hey Paul?

Paul: Yep, I'm still here.

Dr. Darrow: All right. Good, good, good. So I'm just going to reiterate quickly for the new listeners that Paul is having left knee pain. His cartilage worn down from a 50 years ago injury, a sports injury. And then in 1997 his knee was scoped, that means he had an arthroscopic surgery, and it was cleaned out. The doctor at the time said he would have trouble later, okay. And then he had PRP, platelet-rich-plasma in December. So not by me, but another doctor who we don't need to talk about names of anybody.

So I just want to comment on all this. Number one, you had an injury 50 years ago, but that wasn't the worst part of what happened to you, Paul. The worst part was that your knee was cleaned, arthroscopically, because a lot of tissue, a lot of good tissue was taken out at that time.

Now, orthopedic surgeons are going to argue with me about this, but I see their patients after surgeries when things get worse, okay. Do you understand that what I'm saying?

Paul: Yes.

Dr. Darrow: Okay. And the doctor said you'd have trouble later because in a sense, and I'm not saying anything negative about that doctor, but the reality is that doctor caused the problem you have right now.

Paul: Oh, great.

Dr. Darrow: That surgery caused what you have right now. So what I hear my orthopedic surgeon buddies say all the time is well if we don't do

the surgery, my patient is going to get arthritis. But the truth is, as soon as that surgery is being done, during the surgery the arthritis is being created. Okay.

So what typically happens after a surgery generally is people feel better for a while, and then down the road they feel worse. So it's surgery after another, and then theoretically a knee replacement down the road. So, I'm not in favor of that. I'm in favor of doing things naturally. I like the fact that you had PRP in December, that's great, because that's not taking any tissue out. That's proliferating or generating new cartilage and new collagen in your knee.

But doing it one time is not the answer, especially for a knee that's been already traumatized by having an injury and then a surgery afterwards. So the way I do it, is I'm typically for the average person going to want to do PRP or PRP and stem cells. I would want to do actually stem cells on your knee, just because it's been scoped and cleaned out, do you understand? We want the most powerful treatment that we have.

So on your knee I'd want to platelets and stem cells. And not one time and wait four or five months. You want to build up as many cells as you can in there and create as much growth as you can, as quickly as you can.

So I would probably be for the average person, repeating a treatment every couple of weeks or so until they feel better. Is that clicking inside of your mind what I'm saying? You don't have to agree with me. But is what I'm saying clicking?

Paul: Yes.

Dr. Darrow: Okay. So I'm just going to -- I'm not going to ask you who your doctor is, but is the doctor an orthopedic surgeon who's doing the PRP?

Paul: Yes.

Dr. Darrow: Okay. The way I look at it is, I don't do orthopedic surgery. I trained in it, but after I had a shoulder surgery by my boss that screwed up my shoulder, and again, I don't blame him for it. It's just what happens. And then a few years later I learned about regenerative medicine, I injected my own shoulder, and it was actually healed overnight. Overnight, the next morning, I woke with full range of motion, and I was completely pain free.

I did my wrist, 50 percent better the next day. I injected it a couple more times. I don't have wrist pain or shoulder pain, okay. The surgery hurt me. And you know that's the way I learned to do this. I wasn't trained in regenerative medicine. I learned on my own, experimenting on my own body. Because I've had a lot of sports injuries like you have.

So I wouldn't go to an orthopedic surgeon to get PRP. Just like I'm not going to do surgery, because I do regenerative medicine. Orthopedic surgeons do not believe in regenerative medicine. They don't believe in PRP. I promise you, they don't. And the fact that you had it done in December and now we're months later and you haven't had it repeated, and you still have pain, shows that that guy does not know what he's doing.

And I'm not putting down. It's just that's not what he's trained in. He's trained in surgery. Do you get what I'm saying or no?

Paul: Yeah. Now, my big current concern, well not my biggest concern, but you know I've got a big family, and I'm the breadwinner. And like I was saying it's all out of pocket, and so I need to weigh the risks of the possibility that this won't work. That at the end of the day after thousands of dollars, it won't bring about any, you know, meaningful results.

Dr. Darrow: I get you. And that's everybody's concern. And to me the biggest concern a person should really have is the risks of doing a surgery, okay. And you have to figure out for yourself what you want to do. I'm not going to argue the philosophy of where you're going to put your money. I know people would spend their money on their car than on their body and suffer. Well, that's fine, they're allowed to do that.

Paul: Yeah, that's true.

Dr. Darrow: They're allowed to do whatever they want to do, I'm not here to philosophize about what a person should do. A person should do what they want to do. I'm not the leader of who should do this or do that. All I can tell is most --

Paul: You mean, like a vaccine mandate, doctor?

Dr. Darrow: I'm not getting into politics here. I can't win doing that. But my point is this, if you look -- do you know what you should do, look up my Yelp reviews. Look up Yelp.com, Y-E-L-P dot com. And look up Marc Darrow, MD and you'll see what people say about their treatments.

Okay, some have very bad responses, and most have very good responses. But there's always going to be naysayers out there. There's always going to be the negative people. And I promise you ever single one of those negative reviews that I've seen that I know who the person is, because I don't even know if it's a patient doing them. It could be a competitor.

But every one of those people were people that were not listening to me and didn't follow the order that I gave them. It wasn't because the treatment didn't work. Most of it because they were overly active after a treatment, and didn't give it a chance to heal, or they're taking anti-inflammatory medicine, which blocks the healing, or they didn't get enough treatment, okay. So your case is you didn't have enough treatment. PRP and stem cells are not magic.

You know the way I say it in a very, you know, simple way, a patient says how many treatments do I need? And I go how many shovel fulls of dirt does it take to fill that hole? I don't know. Some people get better immediately, and some people don't get better for a lot of reasons, because they're not listening.

Paul: Right.

Dr. Darrow: And I say it like this, and people laugh. I say most patients cheat on me. They don't do what I tell them to do. So, look up the Yelp reviews, you'll get a pretty good idea of what someone like me, who does this all day long, I've been doing it almost 25 years. It's not something I try once in a while. Like an orthopedic tries once in a while. Okay, it's something I do all day long. I've done it -- I don't even like taking vacations. I like to be there with my patients doing this work. I love this work, it's fun to do and it's fun when people say what do you do for a living? I say, I watch people heal.

I don't say I'm a healer, because I don't know what I am, but I know that these treatments help most people. They don't help everybody. You've got to pick the right person, and that person has to listen to what I tell them to do.

Paul: And you'll tell people, you know, what their chances, or what you think the odds are?

Dr. Darrow: Absolutely. Absolutely.

Paul: All right. So could I call you guys on Monday, and maybe you can set something up.

Dr. Darrow: You can call right now, 800-300-9300 is the office. People will pick up or they'll call you in a little while, 800-300-9300 is the office, and I'm having a great time with Paul today and Charles, and Tom and all the other callers that are coming in. And I hope you'll call me right now at the studio, at 866-870-5752, I'll repeat it for you while you grab your pen, it's 866-870-5752.

And Paul, I'll just say it the way it is. I haven't examined you, so I don't know if I can help you. But based on what you're telling me, there is a very, very high probability your knee is going to feel better by doing treatments, you know probably for your knee it's going to be stem cells with platelets, not just platelets along to get the best bang for your buck you might say, to get the best healing.

Nita: Okay. Should we go to Connie?

Dr. Darrow: I would love it, Connie from Los Angeles, Dr. Marc Darrow, your upper left back that is bothering you. What happened? And how long has it been going on Connie?

Connie: Yes. Thank you for taking the call. I don't enjoy talking on the phone, especially in a public way, so I'll just give you the gist, and then what I'd like to do is really probably call your office.

Dr. Darrow: That would be great.

Connie: But basically what happened is, I became a bus rider after my husband died in the hands of healthcare workers at the VA Hospital.

Dr. Darrow: Oh my God, I'm so sorry.

Connie: In West Los Angeles, and unfortunately if I had known about you, he'd probably still be alive today, because he was injured by a hospital with a spinal tap that put him on -- he walked in healthy, and he couldn't walk out. He ended on the walker for the last six years of his life.

So he's -- he's gone, but I became a bus rider after that happened, just because of trauma, and I've been healthy, I'm old, but I was very physically fit riding the bus, I drag a suitcase with me to bring groceries home, because I live a mile from the bus and I just -- I can't carry groceries at my age.

Dr. Darrow: Sure. Connie, you didn't mention but about how old are you.

Connie: I'm 76.

Dr. Darrow: Well, you sound like you're 21, so you're doing good.

Connie: Well, I feel like I'm 20, well not -- except for the back.

Dr. Darrow: Okay.

Connie: I don't really feel like 21, but I don't feel as old as I am. But what happened is the -- and I don't remember exactly how long ago, but it was probably about six months, maybe a little bit less, but I bring a large bag of ice, I bring a gallon of milk, in other words, the bag, by the time I filled it with all the stuff that I need to bring home, it's very heavy.

And the bus the ramp didn't work and by the time I lift my bag until it's full, once it's got seven pounds and a gallon of milk plus you know other groceries, I can't lift it anymore it's not safe for me to lift it and I know what.

Dr. Darrow: Connie, let's talk about what's going on right now.

Connie: So, well what happened was I lifted the bag, in other words the ramp wasn't worked -- I was forced -- he was going to leave me on the street, it was nighttime.

Dr. Darrow: We understand that you hurt, but where is it that hurts?

Connie: What?

Dr. Darrow: Where is it? Is it your left --

Connie: It is point tenderness in the left upper quadrant of my back.

Dr. Darrow: Okay. So let me just tell you something, you just gave me a diagnosis by telling me that it's point tender. By the way, for people that don't know medical terminology. Tenderness is just what Connie said, it's where you touch something and it hurts, okay. That's tender.

And in this particular case, because it's point tender, that means you know I'm going to say like this, probably a 99 percent chance that using platelets from your blood and/or stem cells, that will be up to you can heal the area. Any place that's point tender like that means that it's something that the needle can get and the solution can get to, to heal it up, okay.

So that's very, very, very, very good news. I'm sorry you have the pain and the tenderness but --

Connie: This is what happened, after it happened I don't believe in going to doctors anymore, I've been nothing but hurt by doctors, so I just don't go. So I figured what hurt and what didn't -- in other words, I'd try different so that it wouldn't -- in other words, I wouldn't do things that hurt. I would only do things that made it comfortable, and you were talking to the other gentleman about sleeping, and that's what I did. I figured out to bundle stuff up and get into a position -- because I couldn't sleep at night. I was up all night with pain, it was just at time, it felt like it's burning.

Dr. Darrow: So it sounds Connie, like you're managing the injury very, very well.

Connie: Well, I was but it got re-injured, and this is the second time that it's been re-injured from an assault that happened at the bus stop.

Dr. Darrow: Oh boy.

Connie: And now, I'm in excruciating pain. I can't do any of my work that I need to do. I've become a cripple. I've become a cripple.

Dr. Darrow: Anyway, I want you to listen for one second and hear this. I can't promise you anything. I can promise any patient anything, and but from what you've told me, you have an area that we can heal up by using regenerative medicine of platelets and/or stem cells, and that's really the bottom line for you, okay.

And then it's your choice whether you want to come in and do it. If you want to, the office number is 800-300-9300, 800-300-9300. And if you want to watch me doing these injections to see if it's what you want to do for yourself, just go to the website, www.lastemcells.com that's www.lastemcells.com and you can videos of me injecting backs and necks and shoulders, and you know whatever.

And I want to thank you so much for calling, Connie. You're a very brave woman, I know you didn't want to do that and talk publicly. But it's great because you've helped educate, you know, thousands of people listening to the show. So God bless you and thank you very much.

So this is Dr. Marc Darrow, and Connie we're going to send you a free copy of book, a \$25 value, Stem Cell and Platelet Therapy, Regenerate Don't Operate, for all of you folks that call in, we're going to send you that book today. And if you want to talk to me right now, the phone number to the studio where Nita and I are hanging out is 866-870-5752, I'll repeat it for you, it's 866-870-5752.

So Nita, anything -- oh, yeah, I've got a couple things, as soon as I say Nita, I know what you're doing to tell me.

Nita: How do you -- how do you know?

Dr. Darrow: Because I know you.

Nita: Oh, okay, so you knew I was going to say, should we give the website out?

Dr. Darrow: No. I knew you were going to say, aren't there some other things you do in the office?

Nita: Well, that's the second thing I was going to say.

Dr. Darrow: So I take the second thing first.

Nita: Okey-dokie.

Dr. Darrow: And we do work in cosmetics using the same cells from your blood or your bone marrow, stem cells or platelets, and we put them in the face, and is called what? The Vampire...

Nita: The Vampire Facelift.

Dr. Darrow: Yeah. The Vampire Facelift, such a catchy name. And that regrows the collagen in the face and makes people look younger. As we age the collagen dries out all over the body. People get shorter, because the disks between the vertebrae -- the disks dry out, and they shrink. And we get what's called degenerative disk disease, which is not a pain generator, by the way.

So if you go to your doctor with back or neck pain, and they say well you've got degenerative disk disease, that is not the reason for your pain. That's sort of a normal aging process. I don't know anybody who says, wow, I get taller as I get older. Everybody says I'm shrinking. Me too, as I get older. But it's not a pain generator.

So the other thing besides doing the Vampire Facelift that we do, to make people look a lot younger is we regenerate hair on the top of the head by injecting the same cells. And it's not going to work on Dr. Phil, because he ain't got no follicles left, but if your hair is thinning, I can check the hormones, and sometimes it's just hormonal imbalance that's causing the hair loss. And believe it or not, some women have too much testosterone, and that's causing their hair loss, so we have to balance it and post-menopausal because the estrogen and testosterone, well estrogen and progesterone are typically gone and it may just be the testosterone,

we have to balance that out, and then we can inject the head with stem cells or platelets and stimulate the follicles to start regrowing again.

So there's a lot of things we do in the office. Mostly it's musculoskeletal things that I do. And I want to go to a question right now, Nita, if you don't mind.

Nita: Yes, and did you want to give the website also?

Dr. Darrow: Sure why not. You're hammering me on that, and I'll do it as a favor. The website is www.lastemcells.com www.lastemcells.com. And there's many videos of me doing the procedures, and there's a lot of studies there also, until you get a copy of the book, you can just look at the website, there's tons of studies there. A lot of them that we did in the office.

We have a lot of pre-medical students that want to get into medical school, and we set up research studies for them that helps them get into medical school. And now that COVID is on its way out, I'll be having several med students, actually college students, sometimes high school students come in shadow me, that means they watch me do the procedures, and that's really to help them learn, and to help them get their names on studies which helps them get into medical school.

So we've had very good success. Most of my students have gotten into medical school, and they're very well trained by the time they get there, which is something, because I do a process, I have them hold a piece of paper in their hand at all times, with a pencil or pen and they jot down every word that they don't understand. And I make them look it up, and then report back to me.

And then we go over that. By the time they get to medical school, they literally know much more than any other students do. So we put them on the job training and get them doing research and getting them into medical school. And I feel a very great thing inside of myself for helping people get into med school. It's very, very difficult today to get into medical school. It's almost impossible.

Some people are put on waiting lists for years to get in.

Nita: Wow, that's awful.

Dr. Darrow: Yeah, and they require what they call a gap year now, or a gap two years or three years after college, you've got to work in medicine to

even be considered, because there are so many kids who want to go to medical school now, which is great.

Nita: Yeah, that's a good thing.

Dr. Darrow: So question time. Here's one, it says failed surgery new knee. Let me see what this one says. Okay. Hi, I have a small repair to my meniscus and the rest removed. Oh my God.

Nita: Oh no.

Dr. Darrow: Knelt on my knee and now really have bad pain. Could have done more damage. So look, I'm a proponent of regenerative medicine. You know doing simple injections with cells from your body, platelets and stem cells to regrow the tissue, and heal. I am not proponent of surgery. I just have to say that. Don't come to me, if you want to hear good things about surgery. Because I see all the patients who had bad results.

Okay. I know there that get good results, but I get all the ones that have bad results, so I have sort of a jaundiced eye about surgery. It's not something I send people for. I send people to orthopedic surgeons for a second opinion. And that's up to them what to do, but then I typically guide them away from the surgery and get them healed by doing regenerative medicine.

So I don't like these meniscal repairs, I don't like when they take menisci out. I like to regrow the tissue with a simple injection, you walk in, get injection and walk out. Whoa, that was a fast show.

Nita: Oh, I hear music. That was a quick hour. That was a fun hour.

Dr. Darrow: Anyway, if you want to get a hold of me, call the office, 800-300-9300, or go to the website, www.lastemcells.com and you can email me through there. And thank you, Nita Vallens, you're a great host. Alex, Suzette and everybody else, God bless you all, and thank you for listening.

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