

Living Pain Free 4/30/22

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: Hi there Dr. Darrow.

Dr. Darrow: Hello, Nita Vallens. You're looking gorgeous today as usual.

Nita: Why thank you. I put on extra makeup just for our listeners.

Dr. Darrow: But you have a good natural look too.

Nita: Why thank you. And you look great with your hat and all your accoutrement around you, and we're going to help a lot of people today.

Dr. Darrow: You know what? I can't wait to do that, and I've been doing this work now for -- God, it's been like 1997.

Nita: Wow.

Dr. Darrow: That's a little -- that's when I had a lot of hair on my head. Yeah, I actually starting doing this musculoskeletal type of pain with -- actually, it wasn't platelets and stem cells back then, it was Dextrose, sugar water. And people go how could sugar water help, and it's easy, because it created inflammation where you inject it, and the inflammation bring fibroblasts and fibroblasts in the body are the cells that grow the tissue.

So for injuries, and I was doing this at UCLA in my residency, and a lot of doctors were unhappy with me that I was doing that. Because they didn't know what it was, and they were used to giving the three things that we did when we were in residence in UCLA, was we sent people to physical therapy. We gave people strong medications, like narcotics, and then when that didn't work, which it usually didn't we would send them to what?

Nita: Surgeries, elective surgeries.

Dr. Darrow: Right. But it wasn't really elective, because the patients didn't know it was elective, they would do what the doctors told them to. And I would get in trouble, going why don't you try this other thing first, and see if you don't need to get surgery. And it started working.

And then I started my practice, and that's what I've been doing ever since. So it's been a great run, I've used this on my body through all those years, and had a great time doing it. Now, I didn't mean to cut you off, Nita, because I know you have some other stuff to say like what is our phone number, so you can call us right now?

Nita: 866-870-5752 --

Dr. Darrow: No, you don't get say it now.

Nita: Oh, okay, go ahead, go ahead.

Dr. Darrow: It's boy's day today. It's backwards day.

Nita: Oh my gosh.

Dr. Darrow: So please call me here right now and make it interesting for me. The phone number to the studio is 866-870-5752 go run and get your pen or pencil. If you're driving and listening, pull off to the side of the road, get off your Bluetooth so we can hear you very well. But the number here to the studio, live and local, as Dr. Gene used to say, 866-870-5752. And if you catch the show at some weird time, sometimes they -- actually they play it at other times, when there is -- when I'm not there.

So do it while I'm live here, so it's 866-870-5752. But if you do catch this in an odd time, or if you're too shy to call up, you can go right to the office number and that's a very simple number to remember, it's 800-300-9300, that's 800-300-9300.

And one more bonus for you is -- I have a very, very complete website, I work on it every single day, write articles on it, that will help you learn how to save yourself from having a needless surgery, and I say needless because most of the orthopedic surgeries that are being done today for musculoskeletal complaints, and that's knees and hips and shoulders, and necks and backs, and toes and arthritis and all that stuff, in my humble opinion should not be done, okay.

That's a bold statement, and it's not a statement against the orthopedic surgeons, because I adore them. They are the tough guys in medicine, they do the hardest work, and unfortunately I see a lot of their patients that have a failed surgery. That means surgery that came out without getting better, or got them worse. I see

infections, I see things where knees are what they call gutted, where they take everything out of them, and then get them ready for a knee replacement, which I see fail so much of the time. It can be very positive, and it could be very negative.

I'm not a gambling man. I don't go to Las Vegas. If you're a gambling person, go get a surgery. It may come out okay. And it may not. And then a lot of the surgeries come out okay for a while, and then they seem to break down after a period of time.

Nita: Well, you have one more surprise for people. You forgot the free book.

Dr. Darrow: I know. Thank you.

Nita: You're welcome.

Dr. Darrow: You're my good backup girl there.

Nita: There see? It's not totally boys' day. It's 95 and five percent Nita, yay!

Dr. Darrow: Yay, Nita! So the book that I've written is called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's free if you call in right now, it's a \$25 book. It's -- let's see how many pages, I'm playing with it right now. It's about -- almost 200 pages, it's got studies after studies of why you should consider what we call regenerative medicine using platelets and stem cells, versus why you should not be having surgeries.

Now, if you've got a broken bone, you'd better hop over to the surgeon as quick as you can, get to the emergency room, whatever you need to do, and get it fixed. But most of the surgeries that are done today for orthopedics are what we call elective, that means you don't have to do them, and the patient should have the right to decide if they elect to do it, or not to do it. But that's not the way it goes, they get pressured into these surgeries that are just not working very well, and then they're a setup for another surgery, and then, you know if it's a knee, it's a knee replacement, if it's a shoulder, it's a shoulder replacement. And I don't see those surgeries working out too great.

Now, to get some calls in here to make my life interesting, I am going to punish Nita.

Nita: Oh, it's joke time.

Dr. Darrow: Yep. So if you want to save Nita, give us a call at 866-870-5752, you can talk to me. So Nita, I went to a very emotional wedding, do you know why?

Nita: It was emotional because there was a river running behind it.

Dr. Darrow: No. Come on, you're too smart for something like that. It was emotional, because even the cake was in tiers.

Nita: Oh, that's a good one.

Dr. Darrow: Okay. When is the best time to go to a dentist?

Nita: When your teeth are perfect.

Dr. Darrow: When your tooth-hurty.

Nita: Tooth-hurty, that's a good one I like that.

Dr. Darrow: Isn't that cute?

Nita: That is very cute.

Dr. Darrow: By the way, a lot of my patients send me these jokes, so don't kill the messenger.

Nita: Oh, no, no, I understand that.

Dr. Darrow: I'm going to hit you with one more, you put your -- I know you have a very high IQ. What do you call a farm that makes bad jokes? Corny.

Nita: Oh my God. Okay, so here's the thing. I do have a high IQ, but it doesn't kick in until you know a couple hours later.

Dr. Darrow: After coffee, after coffee.

Nita: About five cups of tea.

Dr. Darrow: I'm going to give you one last chance.

Nita: Oh my goodness, okay.

Dr. Darrow: What kind of streets to ghosts haunt? Dead ends.

Nita: Oh.

Dr. Darrow: I have to do all the laughing for you today. A couple other things that we do in the office which men and women both do is the

Vampire Facelift which is injecting the face with platelets or stem cells, and it thickens up the collagen. All that we really do in the office is -- is stimulate new tissue to grow. That's how we heal the musculoskeletal system. We don't cut tissue out.

And the same thing can be done on the face with the Vampire Facelift, or the Vampire Facial. And then we can actually stimulate hair follicles to regrow. And I was reading Tony Robbins new book, Life Force which I admonish everybody to get. It's a great book. I think there is a little bit of frou-frou in it -- promotion, blah, blah, blah.

But there's good information. I just read about an -- actually it's Medicare-approved, a way of healing Parkinson's disease. Okay, it's an ultrasound technique, non-invasive, no holes drilled in the skull. And I have a ton of Parkinson's patients, family members what not.

So you learn things like that. He actually talks about different corporations that do this bio-science work that he invests in. So that might be another thing for you investors out there. So I'm going to go to, since we don't have any callers yet, do we Nita?

Nita:

Do you want to give the phone number again?

Dr. Darrow:

Yeah. The number to call me, talk to me right now is 866-870-5752.

So I'm going to go to a question. I get questions all day and all night, the [www.lastemcells.com](http://www.lastemcells.com) where you can email me is [www.lastemcells.com](http://www.lastemcells.com) [www.lastemcells.com](http://www.lastemcells.com).

So let me drag out a question, okay. This one says bad hip bone-on-bone. Though we already know that bone-on-bone doesn't usually happen, but I'll get into that.

So bad hip joint x-rays show bone-on-bone, I am 85 years old, don't want surgery, can you help? Well, this is like every other question I get, every other email I get. I don't know what I can do until I examine your body. I don't care what an x-ray or an MRI or CT scan shows. I like to have them. Don't get me wrong, because sometimes we find some extraneous materials. I took care of a rugby player from New Zealand. He flew in got some treatments and got healed flew back home, played rugby, and I just got an email from him, he's coming back to LA. He has -- he was biking, and he fell on his hand, can I help him.

So I got an MRI and it showed something really weird, it's called enchondroma, okay. You can look that up. By the way, anything --

any words you don't understand that I say, please look them up on Google, and then you can see a picture of them, if you hit terms images on the upper left-hand corner. So you could actually see your own anatomy and see what's going on.

So this is a benign bone tumor, and it's kind of strange that showed right where he banged his hand. But it's not a big deal, because it's benign, okay. Benign means it's not cancerous or it's going to cause a problem. He's just always had that. He just happened to fall right on it.

So I can most likely help this, but I still have to touch the area, to make sure that I'm doing the right thing. Because we get a lot of what we call red herrings, the image will show something -- Nita, you're breathing that means that something's going on.

Nita: I was looking this up and the images were -- they have a lot of detail.

Dr. Darrow: Yeah, isn't that cool?

Nita: Yeah.

Dr. Darrow: Yeah. Anytime you have an MRI or the doctor mentions and you see the report, look up the words. Doctors are no smarter than you. They just have a language they use. We learn about 12,000 words every year in medical school. So it is a new language, but it's a language anybody can understand, you just look up the words on Google and then if it's an anatomical part of the body, hit the images button, a menu button on the upper left. And you can actually see what it is. And you can figure it out. And then when you talk to the doctor again, you'll know a lot more.

So let's get back to this question about a bad hip joint with bone-on-bone. Number one, I see bone-on-bone every single day with new patients, and most of them are not bone-on-bone. They were told it is, because someone looked at an MRI or an x-ray and the bones are closer together than they should normally be, because the cartilage that is on top of the bone, the articular cartilage has been worn down.

Now, a lot of these people I see with bone-on-bone, have full range of motion of the joint. That means it's not bone-on-bone, it's smooth. It means that there is a surgeon who is thinking that they should do surgery, because that's the culture of medicine. There was a surgeon who was in my office for about 12 years, I rented an office to him, and he used to say, we never let the knife get in the way of a diagnosis, meaning he's laugh when I'd say. Meaning I'm

going to operate no matter what it is, because that's what I know how to do. When you go to a barber, what do you get?

Nita: A haircut.

Dr. Darrow: Yeah. When you go to a builder, what do you get?

Nita: A new house.

Dr. Darrow: How do you make it?

Nita: With contractors and --

Dr. Darrow: Hammers and nails.

Nita: Hammers and nails and builders.

Dr. Darrow: Yeah. So whoever you go to, you're going to get what that person does, whatever that doctor does, that's what you're going to get. You come to me, and you're mostly likely going to get platelets or stem cells, to help regenerate the tissue.

Now, I do all kinds of medicine. I was trained at UCLA, so I have a very broad background in general medicine, internal medicine, every type of medicine. So, when people come in for let's say a knee meniscal tear, I'm also looking at their general health. If they're overweight, I'm going to put them on a ketogenic diet. I love people to go on Berberine which is a supplement that's very analogous to Metformin which is a medicine that people with diabetes take, it lowers the insulin is low, you burn the fat. You actually eat your own fat. There are people that come in with let's say knee arthritis that they caused because they're overweight. Every pound on the tummy in excels is five pounds extra biomechanically on the knee.

If you're 50 pounds overweight, 50 time five is 250 extra pounds on your knee, your ankles, your hips and all of that. So I work with people to lose weight when they need to, and I work with them on their hormones when they need to which is almost everybody who is getting up in age in my humble opinion needs hormone optimization. Now that doesn't I'm forcing anybody to do it. I have a booklet that I wrote about that you can get by calling in today, 866-870-5752 and that book is called Age Management Medicine.

So I wear a lot of hats, I love all kinds of things and I love learning every day which I do in medicine. Medicine is the love of my life, next to my family, and I love my patients -- every patient gets my cell phone number, can you believe it?

Nita: Yes.

Dr. Darrow: And I get back to them immediately. I get texted all day long, one of the things I do is when I put people on a ketogenic diet, I have them text me every single morning with their weight. If they didn't lose weight we find out why. What is it they were eating, and how much were they eating, and what's going on.

Nita: Boy, you're strict.

Dr. Darrow: Well, I ask them if they want to. I don't make them do it.

Nita: I know, I'm just teasing.

Dr. Darrow: But yeah, I am direct with patients, I tell them what I think. I'm not there to put my arm around a patient and go, oh, honey, it's okay. Just go ahead and stay sick. I don't do that. I tell them the way it is, I'm honest, and most people like it. Once in a while I get someone that gets mad at me, saying you're too direct. I need someone a little softer, and I go fine, tell me to shut up, I don't care. I do. I tell my patients, so I start talking, and one of the first things I say, tell me to shut up if I'm irritating you. Tell me to shut up if you think I'm too harsh. Because I'm here to do a job, and I want the job done well and that job is to make you healthy, whatever it is.

So I can usually help people that have hip arthritis, like this poor person. And not everybody can be helped. The biggest failure with regenerative medicine using platelets and stem cells is not enough treatments. This is not a magical wand. I tell my patients that. They say will the one treatment work. I go I have no idea. I make them sign a consent for two things, well for many things. But one is there is no guarantees in medicine, no doctor should promise anybody anything ever. Everybody's different. Everybody has different things.

And the other thing is don't cheat on me. That means don't go exercising when you know and I both know that that's causing your problem. So give it a rest, let it heal, let the tissue grow. We do know from studies that the tissues grow after injections of platelets and stem cells. It's not magical, it just all makes sense.

So, let me see here.

Nita: Phone number.

Dr. Darrow: Oh, Nita, you're so good, it's 866-870-5752, call me now, you get a free copy of my book, and it's a \$25 value and if you don't catch this now, you can call my office at 800-300-9300. Always go to the



website to see if you like what I'm doing. It's just very simple, you walk in, get injections, and walk out. You don't need anyone to drive you. You can do it alone, [www.lastemcells.com](http://www.lastemcells.com) and last night I have a condition called trigger fingers which is overuse of the tendons in my hands. And I play guitar, I play mandolin, I play golf, I'm injecting under a lot of pressure every day. I try to use very small needles, so it's hard to push.

So I've got these two triggers my third and my first, which is my thumb. So last night I drove to a doctor buddy of mine and he did what's called a hydro-dissection, he and his wife work together, which is numbing it up, so my hand was numb, there was a median nerve block, and then some lidocaine was put in there to numb the median nerve, which then numbed out my whole hand.

So I had this procedure done, the hydro-dissection is just blowing some fluid around the tendons that release them from what's called the A1 pulley and the surrounding tissue. I drove right home. It was kind of a traumatic procedure, you know as most people think about it. I loved it, because I watched it on live TV, the ultrasound has a TV attached which we have at our office, and you can actually watch these procedures so I was pretty enamored with the procedure. And then I drove home, no big deal. The same thing with the work I do. But you don't have a numb hand.

I had to drive one-handed, shhh.

Nita: Ouch.

Dr. Darrow: It wasn't a big deal. It was not a big deal. So I'm going to go a shoulder question, if you don't mind, Nita, unless you have something else to say.

Nita: Yeah, do you want to give the phone number real quick first?

Dr. Darrow: Yeah, baby. Give me a call right now at the studio at 866-870-5752. We love our callers, and you can use a fake name, if you don't want anyone to know who you are. And instead of talking with your regular voice, you can go hey, my name is Mark.

Nita: With a "k". Because you're Marc with a "c".

Dr. Darrow: That's right. So this statement on this question is low to moderate pain in my right shoulder blade area. Bad MRI. Let's see what it says here.

For the past few months, I've had occasional low to moderate pain in my right shoulder blade area. I would call that the scapula, that's

in the back, it's not really the shoulder. I've taken Aleve and used topical cream to somewhat relieve the pain. My internist ordered an MRI of the area. The findings on the MRI were worse and I suspected.

He suggested I get several opinions from orthopedics for possible surgery. Now, that's a mistake right there. You don't get several opinions from the same type of doctor. Because you're going to probably get the same type of reaction and diagnosis and surgery. Let's see what else this person says. I mentioned PRP, and he said to include that as an option to avoid surgery. That's good, always think of options that are conservative. Surgery is not conservative. PRP and stem cells are very conservative.

While my MRI report's ominous -- he doesn't say what, I do not have severe pain and I want to avoid surgery. Well, that's the key right there. Many of the MRIs or x-rays or CT scans are ominous. I see them every day, where they freak people out, and they freak out the doctor. And they go you need surgery. Look at that. And then you examine them and there's not really much wrong with them, and they don't have much pain, if any.

So, isn't that kind of a conundrum? It is to me.

Nita: Yeah, basically. Yes.

Dr. Darrow: So why are you going to do an image to get a surgery. You don't operate on the MRI. And you know the biggest, you know to me calamity in surgical medicine, and I ask this to all my patients who have failed surgeries. I go, did the doctor touch you? No.

Why would they? They showed me the MRI or the x-ray, and it looked terrible. Then I examine them, I touch them and I go, I'm sure glad you didn't get a second surgery. The first one didn't work, and a lot of times after the first one, they suggest a second one. Because there's not much wrong with you.

So it burns me up, it really gets me angry. I am sorry, I love surgeons, I don't like the surgeries, it's different. I love the surgeons, I have tons of friends and patients who are surgeons. Believe it or not, surgeons actually come to me, to get stem cells and PRP. And I don't do surgery, and they shouldn't be doing PRP or stem cells, because they don't even believe in it.

I haven't found one surgeon yet of my friends who believes it can work, but they still do it, once in a while, and then when it doesn't work, because it's typically, it's not going to work after one

treatment. It can, but the odds are against it, we're rebuilding tissue.

Hang with us. We're going to go to the break and the phone number here is 866-870-5752. I would love to talk to you. Let's have some fun. And the website [www.lastemcells.com](http://www.lastemcells.com) look it up while we're at the break.

Nita: You're listening to Living Pain Free with Dr. Marc Darrow. We'll be right back with your calls, and we will pick up Aurora in just a minute right after these messages.

[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](http://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 at 866-870-5752, right here in the studio. What do you think, Dr. Darrow? Would you like to take a call?

Dr. Darrow: Yeah, Aurora, Dr. Marc Darrow. Hang with me for a second. This is the second half of our show, Living Pain Free. And I just want to give the people listening in their cars and at home, a little heads up. There is a book that I wrote called Stem Cell and Platelet Therapy, Regenerate Don't Operate. I'm going to send it you free, Aurora, it's a \$25 book, just for calling in.

It has a foreword by the beautiful Suzanne Somers, who is a great advocate of what's called alternative medicine, but has really been the medicine that's been on the planet, since the beginning of time. And she also wrote a chapter about me, in a book called a New Way to Age, which is a giant book of hers. It's page 302, it's about 15 pages long, and it talks about her journey in regenerative medicine. I've worked on her, I've worked on her son, Bruce, and other members of the family, and Bruce's kids.

And it's kind of a great story. Bruce used to live next door to me back in Santa Monica years and years and years ago, when I first started doing regenerative medicine, when I was a resident at UCLA. And Bruce love bicycle riding on the street, and Bruce doesn't love getting hit by cars and falling but that would happen.

So he was getting injected on my table in my living room many times. So he did very well. I don't he rides bikes I think the family kind of stopped him from doing that. But these techniques of injections are very simple, very easy. We draw your blood or we can draw your bone marrow, which takes me 15 seconds, believe it or not, it's like a blood draw. And we can get your stem cells and platelets and inject them in the area where there's a problem, arthritis, anywhere really from the top of the head to the bottom of the feet, and everything in between to help regrow cartilage, tendons, ligaments, all these things that are the pain generators in your body.

I like to get MRIs and x-rays, but I don't use them to diagnose or to figure out where to inject. I use my hands, I'm old school, like my grandfather who was born in the 1800s. Back in his day, they didn't have anything like that. So he used his hands to diagnose. Gee that's amazing, why don't doctors do it today? I don't know. Don't they want to spend the time? I don't know. Most people that come to me after a failed surgery the doctor never ever touched their body. That makes no sense. They operated on an MRI. Does that make sense to you? Not to me.

Nita:

No.

Dr. Darrow:

Anyway, Aurora, God bless you for calling in. Thank you so much. Your hip bothers or both hips?

Aurora:

Okay, okay and then I'll get more -- I don't know if you do consultations.

Dr. Darrow:

Yeah, we could do a consultation.

Aurora:

I can make an appointment.

Dr. Darrow:

I'm going to -- write this down, the phone number to my office is 800-300-9300, 800-300-9300.

Aurora:

I have it.

Dr. Darrow:

So yeah, you can come in. Actually if you email me by going to the website, [www.lastemcells.com](http://www.lastemcells.com) [www.lastemcells.com](http://www.lastemcells.com) there is a spot on every page where you can email me, and I'll set up the appointment for whatever time you like. Or you can just call the office and do it. I'd love to see you. We'll figure what's going on with your hip.

Aurora:

Okay. Thank you very much.

Dr. Darrow: God bless you, Aurora, I appreciate your call. So Julie, Julie, Julie, Dr. Marc Darrow, you have a meniscus injury or issue.

Julie: Hi, Dr. Darrow.

Dr. Darrow: Tell me about it. How long has it been there?

Julie: Well, you know, I've had problems with this knee off and on over the years, I've got a slight, a small bone spur on the outside of my right knee. And I think I've got a small -- I don't remember what all the issues are, but I do have a small meniscus tear on the inside of the right knee.

Dr. Darrow: Yep.

Julie: Meniscus is something that you treat, right?

Dr. Darrow: All day long. More of those really than anything else.

Julie: Yeah, I think I -- I used to do salsa dancing and I think it did a number on my knee.

Dr. Darrow: That salsa was kind of spicy, huh?

Julie: Yeah. Yeah. I don't -- I don't salsa dancing anymore, unfortunately, I think that's what happened. Yeah, and I also have the hip issue that I did get two injections for about three years ago. It had minimal effect.

Dr. Darrow: Okay.

Julie: But I still have the hip pain.

Dr. Darrow: Okay.

Julie: So yeah, I'm mainly calling today to find out about the meniscus, if you've had pretty results with that?

Dr. Darrow: Yes, excellent. Excellent results. I'm not giving you any guarantees of anything if you come in. Because I don't know you're going to do. I've had people heal and then they fall down and then blame me, because they hurt again.

Julie: Right.

Dr. Darrow: So I always have people something saying no guarantees and please leave it alone after inject it, so it has a chance to grow the tissue and heal. So what did you doc say about your hip? Did they do an x-ray, MRI or anything?

Julie: They did. Yeah, I had an MRI, I have that. I've got some kind of tear in there; I don't remember what --

Dr. Darrow: In the labrum, it's called the labrum most likely. And I don't find the labral tears cause pain. I have a lot of people that we inadvertently find labral tears, and they don't have pain. So don't get caught up in getting a surgery for something that can make you worse.

Julie: Oh, no, no, no. I'm not even -- it's not even at that point. It's minimal pain, I mean it's just kind of a chronic low-grade pain that I feel, but no, there's been no talk of hip surgery.

Dr. Darrow: Well, the same thing with the knee, just because you have a meniscal, or you have a bone spur, that doesn't mean you have pain. And because you have pain doesn't mean it's caused from those.

Julie: Doesn't mean it's what?

Dr. Darrow: Because you have pain does not mean it's coming from what the doctor told you the problem is.

Julie: Exactly, yeah and the doctor is not recommending surgery at this point. I have had an injection of cortisone, just one, I didn't of course, I know cortisone isn't the best.

Dr. Darrow: What do you think cortisone does to the cartilage?

Julie: Oh, gosh, it probably ruins it, right?

Dr. Darrow: Kind of. I would look that up on Google right now, put in cortisone and then put in cartilage, those two words, and you find out for yourself, you'll read the studies on it.

Julie: Yeah, well fortunately I just did it the one time, and then he said if that doesn't work, even though he's a surgeon, I think he's conservative, he said we would do physical therapy.

Dr. Darrow: Good.

Julie: Do you think physical therapy is helpful for a meniscus tear?

Dr. Darrow: No. But you can do it.

Julie: No?

Dr. Darrow: It's not going to fix a meniscal tear. And I've been to physical therapy, because so many of my patients, and I wanted to find out what it was like. I didn't have a whole lot happen there. It's stuff I

can do myself. But that's not saying it's not a great thing for certain people. I mean if -- if you're older, and you don't know how to move, they can help you learn how to move, if you're falling down, they can teach you how to fall without breaking hip, you know, it's called ambulation or gait training with fall recovery.

You don't want to fall down in the kitchen, and you can reach the phone and die out of starvation, that happens. But for the most part, the work that I do is all based upon regrowing tissue and healing the area, and that's what I think.

Julie: Right.

Dr. Darrow: You know, and I'm biased. I'm not going to lie to anybody. I'm very biased. I've been doing it on my body for over -- oh, how many years, since like '97. And I've had great results every single time I've used it.

Julie: Right. Would you say there's an average number -- you probably say no -- but is there an average number of treatments?

Dr. Darrow: No, I don't know an average. I don't know what average means in the whole world, unless you have 10 million numbers, and you know you average them out.

Julie: Exactly.

Dr. Darrow: And every -- and it's still different than average, because humans are strange beings and they do things that they know they shouldn't do. So they don't follow orders very well. And they're just going to do it one time and sneak by and then think it's okay. So, no, there's no averages.

Julie: Right.

Dr. Darrow: Some people get better with one treatment. Some people never get better, because they don't follow my advice. And then some people who doing this with other doctors, who have no idea what they're doing, or having nurses do the injections without ultrasound. You need that ultrasound to get into the joint, if it's a joint issue, because the ultrasound can guide the needle. You can actually watch where that needle is going.

And then there other things, you know reasons why it doesn't always work. But for the most part, it works if you stay with it.

Julie: Yeah, well good. I have an insurance question, does Medicare cover any of --

Dr. Darrow: I don't get into insurance questions on the radio, because it's really confusing.

Julie: Okay.

Dr. Darrow: But you can call the office at 800-300-9300, 800-300-9300, the people by the phones usually, and you can ask them all the questions about that. It's very complex. Insurance is so complex today, that I don't know anything about it.

Julie: Right.

Dr. Darrow: Most of these procedures are not covered by regular health insurance, but if you're you know worker's compensation or you're in a car accident, something like that, if you have a health savings account, then it's paid for. So it's too complex to get into it now.

Julie: That office number was 800-300-9300?

Dr. Darrow: Perfecto! You got it.

Julie: Got it, okay.

Dr. Darrow: And another thing is you can just email me right now, go to the website [www.lastemcells.com](http://www.lastemcells.com), lastemcells.com every page has a spot to email me. I answer emails all day long, usually to about midnight or later. And between patients. And I love communication. That's my thing. People always say, why do you spend so much time communicating with me? And I go because I like it. My patients are my social life. I'm an introvert. I don't like going out.

Julie: Right.

Dr. Darrow: And so I like talking to people. I like talking to people, one to one. And if you were to text me, you know I give people my cell number, if you were to text me, I get back in like five seconds, and the people are like oh my God, no one does that. I do it.

Julie: Right. One last question. If I having just minimal pain, but the pain is there, and the only exercise you can really do, I used to run, but of course, I don't do that anymore is hiking, and not hard-core hiking, just hiking or walking up a hill, and just general walking, is that going to aggravate the meniscus?

Dr. Darrow: You know what, I always tell people to do whatever they want if it doesn't hurt too bad, until they get a treatment, and then I want them to chill for a while.



Julie: Right. After the treatment, do you have to rest for what, like a week or something.

Dr. Darrow: Yeah, it depends, it's depends but yeah, it could be a week or so. It doesn't mean lying in bed, you know you can walk around, just don't take -- don't go hiking, don't go to Costco and be on your feet for three hours.

Nita: No golfing.

Dr. Darrow: I'm busted.

Julie: All right. Well, I'm just going to call. All right. I'll let you guys, go, but thank you for your time and you do consult appointments, right?

Dr. Darrow: Of course. And if you email me, I'll consult you, you know over the email and maybe call you.

Julie: Great.

Dr. Darrow: But I actually, like I always tell people, I'll give you information, you know if you're not in the office, but I'm not going to tell you any results because of the odds, until I actually examine you. I've got to touch everything and see what is going on.

Julie: Right.

Dr. Darrow: There are way too many people who come in for example, ready for a back surgery for something like spinal stenosis, okay. Spinal stenosis doesn't really cause back pain. And they're going to get a surgery for that. And I examine it and it's nothing more than a sprained ligament in the back iliolumbar ligament, intra-spinous ligament, something we can fix real easy. And they're ready to get a freaking surgery.

Julie: Oh, gosh. I know.

Dr. Darrow: And then sometime they'll have pain down the leg, and say the doctor needs to operate on their back because of that. And the doctor never touched their leg. It's not a back problem, it's a leg problem.

Julie: Exactly. Yeah. No.

Dr. Darrow: You know the greatest tool a doctor has is the history and the physical. The history is finding out what happened, and then touching the body to find out where the pain is being generated from.

And the art of history and physical is gone today. People are in much -- too much of a hurry.

Julie: Yeah. I've going to my chiropractor just you know for the last week to get ultrasound on the meniscus in the knee, and it seems like it's helped a little bit.

Dr. Darrow: Well, that's good. I mean always do the most conservative thing you can, getting ultrasound treatment is easy, it's cheap, you know, do it if it works for you. Always do what works for you.

Julie: Yeah, what was interesting is when he was pressing the ultrasound wand on my knee, and the front knee, and of course the inside meniscus area, I didn't realize how tender it was, and how much discomfort there was, until he was pressing on it.

Dr. Darrow: Well, that's a good thing, because that means you're walking around in bliss, ignorant bliss.

Julie: Well, oh no, it's not bliss, but it's tolerable pain at this point, it's like an (inaudible).

Dr. Darrow: Well, one of my greatest referral sources are chiropractors.

Julie: I'm sorry, you broke up there. What did you say about your chiropractor?

Dr. Darrow: One of my greatest referral sources are chiropractors, they send me their dead end patients. The ones that they think that they can't fix, because they worked on them for a while, and they think I can. I love chiropractors.

It's very funny, because I have a mentor who is the guy that said Marc, you're going to be a doctor. And I said, I am? I said, I don't want to go through 10 years of study. I said, how about if I'm a chiropractor. And he said, you will be a chiropractor with an MD license. So get to work and get into medical school.

Julie: So your MD is in what?

Dr. Darrow: My MD -- MD just means Medical Doctor. Every MD is the same MD, I mean it's four years of medical school. After that we do an internship --

Julie: Is it any special --

Dr. Darrow: Yeah, well my residency, my specialty is called Physical Medicine and Rehabilitation. It's non-surgical orthopedics.

Julie: Got it. One last question real quick. My shot of cortisone that I got on a percentage scale, not -- I don't know that you'll even give that to me, but how much do you think I damaged my knee, by giving that one cortisone shot?

Dr. Darrow: Darling, when you're in heaven you won't care, so don't worry about it.

Julie: I know.

Dr. Darrow: You know, that's the question of how many angels dance on the head of a pin? Nobody knows.

Julie: Exactly.

Dr. Darrow: For some people it's disastrous and other people seem to get away with it, but then down the road, they end up with arthritis. I don't know how to answer that question, look it up. Be your own doctor, go to Google, put in cortisone and cartilage see what they say, because they do studies.

Julie: Yeah, okay, Dr. Darrow, well -- yeah, hopefully -- maybe when school's out, I'm a teacher, I'll get over there.

Dr. Darrow: Oh, wonderful. I take care of so many teachers, you would not believe it. I don't know what they do you guys, but maybe being on your feet all day.

Julie: Well we have to do lots of bending and squatting with the little ones, you know.

Dr. Darrow: Right, right, right. Oh, you have little ones, that's so cute.

Julie: That doesn't help my knees, I don't think.

Dr. Darrow: What grade do you teach?

Julie: I'm a substitute teacher, so I do grades K through 12.

Dr. Darrow: Okay, good, good. Well, I love those little people. I love them a lot. I've got five of them, and then they're having kids too.

Julie: They're cute, but they're a lot of work. I actually prefer the older kids.

Dr. Darrow: Yeah, but then you get into the hormone changes, when they're older. So either way it's work.

Julie: That's true. Yep, you never know --

Dr. Darrow: You know what I always tell people, I have five children. And people say how old are they. And I go it doesn't matter, they're always your child.

Julie: That's right. Amen. That's very true.

Dr. Darrow: Well, God bless you, Julie, we appreciate your call. I'm going to give out the phone number to the studio right now, and the number here to talk to me and Nita, is 866-870-5752, we're talking about PRP, platelet-rich-plasma which is taken from your blood and stem cells which we can get from the bone marrow, and platelets from the bone marrow. Whether we draw blood or we take your bone marrow, it really doesn't take much time. Drawing the bone marrow is really like taking blood, it takes me literally about 15 seconds once I numb up the area. It's pretty cool, I've done mega thousands of them. People come in and go, oh, bone marrow is so painful, not the way I do it, it's not.

When I went to learn about it at UCLA, I watched a hematologist draw out 60 cc's of bone marrow in about half a second, and the patient screamed. And I said what did that feel like, and he was a guy from Bakersfield, he was a cowboy. And he said, it felt like a mule just kicked me in the butt.

So what I do is not like that at all, it's a very small amount of bone marrow we use to get the stem cells and platelets and it's done very slowly. When I say slowly, I'm talking about five, ten seconds. So people don't usually have any kind of issue with that procedure.

So Nita, let me go to a joke.

Nita: Okay, free book, phone number.

Dr. Darrow: Free book, call me up right now, and you get a free book called Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's a \$25 book. It's got about 250 studies about stem cells and platelets and how the surgery is really not the way to go anymore, not that they ever were. But it's still the culture of medicine, musculoskeletal medicine, it's still a culture of surgery and medication, and hopefully that's changing, it is changing because I get busier every year. And believe it or not orthopedic surgeons are now referring their patients to me. So I know this is starting to change.

Medicine is very slow in having things happen, but it is changing. Do I have time for a joke here?

Nita: Well, sure.

Dr. Darrow: Okay. You'll never get this one. I like it.

Nita: I'm sure.

Dr. Darrow: Why do you tell actors to break a leg?

Nita: So they have something funny to think about and do a great performance.

Dr. Darrow: Well, that's the truth, but it's not the answer to the question.

Nita: I'm sure.

Dr. Darrow: So well, do you tell actors to break a leg, because every play has a cast.

Nita: Oh, I never would have thought of that, that's incredible. That's incredible.

Dr. Darrow: Finally got you to laugh, Nita, it took me a long time you're not giving out the laughs easy today.

Nita: Oh my God, that is very funny.

Dr. Darrow: I'm going to give you one last chance before the end of the show. What kind of dogs love car racing? Lap dogs.

Nita: Oh, they could sit on your lap.

Dr. Darrow: I hope you're writing this down.

Nita: No, I don't need to write it down, I'll remember.

Dr. Darrow: So you can tell your patients about it. Cheer them up.

Nita: Well, that could work. That would work, yeah. So a little laughter during the -- to break up the tension of the session.

Dr. Darrow: Laughter is the best medicine.

Nita: It is.

Dr. Darrow: It's the very best medicine, you know why? It gets your mind off the issues that we all create over nothing, and it releases endorphins. I have my patients laughing all day long. Do you know who taught me that?

Nita: Ger -- oh Norman --

Dr. Darrow:

John Rodger did also. Yes, John Rodger was bit on laughing. John Rodger is my spiritual teacher. He's my minister, my Pastor, you might say. Norman Cousins, I'm going to give the phone number one more time to the office, 800-300-9300. My website is [www.lastemcells.com](http://www.lastemcells.com) you can email me from every page on the website. I love everybody. Thank you Nita, Suzette, Alex and the crew. God bless you all. Thank you, Nita Vallens you're a great host.

Nita:

Thank you. And we'll see you next time.