

Living Pain Free 12/12/20 10:00 a.m.

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

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

Nita: Hi, Dr. Darrow. How are you today?

Dr. Darrow: Hello Nita. I'm living it up.

Nita: That's good. We want everybody to live it up. I'm living it up too.

Dr. Darrow: Good.

Nita: So, let's talk about what we're going to do today for the next hour. The program is called Living Pain Free because we want our listeners to live pain free. And by the kind of pain, we're talking is basically orthopedics. It's musculoskeletal pain, which could pain in your muscles, your joints, your tendons, ligaments, disk pain, back, neck, hip or knee pain, even arthritis pain. And you might have stiffness or dull aches, and not know what it's all about. So, we invite you to give us a call right here at the station at 866-870-5752, that's 866-870-5752.

And when you phone today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate, Don't Operate. And Dr. Darrow is going to talk about what that means in just a minute. It does contain 264 scientific studies on the regenerative treatments that you'll learn about today.

You can also go to the website at www.lastemcells.com that's www.lastemcells.com. You can email Dr. Darrow off of every page on the site, and you can also watch him performing the treatments on videos. And if you've been listening for a long time, you want to call the office directly. That number is 800-300-9300, 800-300-9300. We are here Saturdays at 10:00 a.m. and again at 1:00 p.m. just so you know where you can find us all over the dial actually.

And one more thing I was going to say is that when we come into a new paradigm, this is regenerative medicine, I want you to be real open-minded, and listen carefully, because new information is new

information. So, again our number is 866-870-5752 right here in the studio with us. Shall we go to Allan in Culver City.

Dr. Darrow: I would love to do that. Allan, this is Dr. Marc Darrow. How are you today?

Allan: Hello, Dr. Darrow, I'm okay. I re-injured my left knee about a week ago, I was straddling a chair, and I was trying to lift it up, because it was broken. And my thigh got all fatigued. And when that fatigue went away, my left knee started to hurt me.

Dr. Darrow: Okay.

Allan: And about a week later, my right knee started hurting me also.

Dr. Darrow: All right.

Allan: So, I'm just -- I was wondering how many sessions does it take for the injury to heal -- to heal up my knees?

Dr. Darrow: How many angels dance on the head of a pin? That's a question we don't have an answer to. It's a great question. And the reason for that is some people with terrible maladies get better with one treatment. And other people that have almost nothing going on, don't get better at all. So, it's always a mystery to me.

Allan: Oh, I see.

Dr. Darrow: It's a mystery how people are going to do. I can usually give you a pretty good idea after I examine you and see what's going on, but on the radio I certainly can't tell you, and I don't really know what your history is. You said you re-injured. So, that means that you had an injury a long time ago. How long ago was your initial injury?

Allan: About a year ago, and then it healed up. It got better.

Dr. Darrow: Okay. Did you ever go to a doctor and ask what was going on?

Allan: Yeah, I went to a doctor and he took an x-ray, and he gave me a brace to wear, and he said my cartilage is still -- I still have cartilage there. And after that, it got -- it got better. It seemed to get better after a while.

Dr. Darrow: Okay. So, the x-ray doesn't really show you a whole lot. It shows you the bones, and he said you had cartilage there, that means that he saw a good separation between the bones. If someone has a lot of cartilage loss, when you look at the x-ray, the bones are very close together. But it sounds like he didn't do an MRI, or an ultrasound

to see what the soft tissue looks like, which is where most injuries -- yeah, that's where most injuries are in the soft tissue.

So, I would have to examine you, Allan, and see what's going on. I don't even care...

Allan: Do you need me to bring in an x-ray or an MRI first?

Dr. Darrow: No. My hands are my MRI, touching is better than looking at a film, and very often...

Allan: Do you suggest that I have stem cells and platelets, or is that the best...

Dr. Darrow: Well, it's the best we have today, but it depends on what is bothering you. Sometimes we'll use PRP alone, if it's not a real bad thing, a little tendonosis or something like that. If you've got some arthritis in your knee, we'd probably want to use stem cells and platelets mixed together. But again, all of this I can't dictate or decide on over the radio. That's something I have to put my hands on your knee, move you around, get more history on what's happening and take a look at it.

Allan: Do you draw stem cells from the hip?

Dr. Darrow: No, not the hip. We take it from the back of the pelvis, right above the buttocks, at what's called the PSIS, if you want to look that up. It's the posterior superior iliac spine, and that's a spot that has a good purchase or a place where we can get a lot of stem cells from, it's very safe. I did a couple yesterday. And they take me about 10 to 15 seconds to do the whole procedure, once the area is numbed up. We give a shot of lidocaine first and wait for it to numb up.

So, it's a very easy procedure to do. I've done -- I'm not exactly sure of the number, but I've been doing this for many, many years, and we've got it recorded about 5,000 of those and there's other ways to do it also, but a lot of people want to do it that way, to use their own stem cells.

Allan: And can I get an infection if you draw from the hip like that?

Dr. Darrow: Any time someone breaks you theoretically could get an infection, right?

Allan: Um-hmm.

Dr. Darrow: But it's never happened that I know of. It's never been reported that I know of, other than one case I heard of, where it's a very thin

needle we put in there, it's not like we're doing surgery. With surgery, you know opening up the body, there is a high probability of getting infections. I get people that have had post-op infections all the time. And especially if you're in a hospital where they have infections that live there, it's easy to pick them up.

But with this procedure, the only one I've ever heard of with all of my doctor buddies who do this is someone who told their patient, like we do, don't go in a hot tub, don't go in a jacuzzi, keep the area dry for a few days. And the woman went into a hot tub that night. And she did get an infection. So, what is a hot tub full of? Bacteria.

Allan: Bacteria, yeah. Now, if it doesn't work, let's say, can I still -- can I get knee replacement?

Dr. Darrow: You can always get a knee replacement, but I don't know why you'd ever want to.

Allan: I see. I see.

Dr. Darrow: But doing these procedures of growing tissue, using your platelets or stem cells doesn't stop someone from getting a surgery later if they want to. But I'm not going to usually treat somebody if I think they need a surgery. If they need a surgery, I'm going to say go get surgery. It's very rare I have to tell someone that, but there are cases where a joint is so destroyed that I will tell them to do that.

Allan: I heard on the radio about a -- like a doctor that does laser-guided stem cell replacement or something like that. Have you heard of that?

Dr. Darrow: I don't know what you're talking about, specifically. I know there are doctors that do stem cells, that will use a laser afterwards to induce more healing, blood flow and what not. It's not necessary to do that. When we do those injections, it pretty much takes care of itself.

But yeah, there's a lot of different things doctors try to see what works the best. I don't see the need for it, but if you find someone that you like, and he does that, or she does that, go for it. It's not any kind of magical thing to add a laser to stem cells. It may look good on the advertising.

Allan: Yeah. What do the stem cells do? Do they like tighten up the area or how does it work?

Dr. Darrow: Well, anything we use to proliferate new tissue, back in the old days, because I've been doing this way over 20 years, we had sugar

water we injected, or sodium morrhuate, or zinc sulfate, these are irritants, and they would create an inflammatory response. And they would bring fibroblasts to the area which grew collagen. When you were a little baby, your fibroblasts were very active, and overly stimulated, well actually not overly, but very stimulated to make you a bigger person, and to grow your bones and tissue. So, we don't do that very much anymore. I still do it once in a while, but I don't like to, because it's not very effective. We have much more advanced treatments like platelets and then stem cells.

So, what's happening? We're just growing tissue. We're proliferating or stimulating new tissue to grow. So, if you have an injury like you have, and yours is not very bad, thank goodness. But any type of thing where we want to stimulate more tissue growth, or people have arthritis or meniscal tears, rotator cuff tears, I inject the whole body. You know, I don't just do knees or shoulders. There's no place on the body in the musculoskeletal system probably that I have not injected over all these years. Everything from you know the top of the head all the way down for neck and back pain, down the legs and arms, and down to the bottom of the feet.

So, this stuff can work anywhere if used appropriately. You have to pick the right patient. You can't just inject anything and think you're going to get rid of someone's pain.

Allan: Um-hmm. And can the knee heal on its own?

Dr. Darrow: Yes, it can. Any part of the body can heal on its own. Any injury you have creates inflammation. And inflammation brings fibroblasts to the area, which are cells that grow back the tissue. That doesn't mean it will heal.

Allan: Yeah.

Dr. Darrow: Most injuries that we have do heal by themselves. I have probably, being an athlete, I was a gymnast when I was young, which is a very ballistic sport, and I had injuries every single day. There wasn't a day that I didn't walk out of the gym with something that hurt. But most of those, 99 percent of them went away. But there are lingering things that don't go away. And there are people I've had come in with 50 years of back pain, that we've healed with one treatment.

Allan: Wow.

Dr. Darrow: And then there's other people that have newer injuries, and we have to do lots of treatments, and they still don't heal. That's why I say

it's pretty magical to me, how it all works. We know the science on it, but we don't know the timing of it. And when you said something before about if you do a treatment and it doesn't work, can you get surgery? Well, it's working. It just hasn't had the effect where you feel better yet. And most people that don't heal, don't heal because they didn't do enough treatments, or they've overused that area again.

So, I just got an email this morning from a gentleman from Mexico, who flew up to get his knee injected, and that's two weeks ago. And he's complaining in his email that he wants to play tennis and ride a bike, a unicycle, and do some other things right now. And I wrote back, and I said well, you can do that, but it's not going to give the tissue a good chance to grow back. It's going to irritate it.

Allan: I see.

Dr. Darrow: So, you know in healing, we have to be a little bit patient, and let things heal.

Allan: Um-hmm, um-hmm. And you probably have to take -- just do like walking or take it easy.

Dr. Darrow: Well, it's good to take it easy for a while, yeah, let it heal up.

Allan: Yeah, okay, thank you, I'm going to give you a call.

Dr. Darrow: All right, Allan, the phone number to my office is 800-300-9300, I'll repeat it for everybody else, it's 800-300-9300. And you can go right now to the website, which is www.lastemcells.com, I'll repeat it for you, www.lastemcells.com there are videos there of me doing these procedures. And you can watch and see if you think it's something you want to do. And for all you other folks who want to call in and speak to me right now, the number to the studio is 866-870-5752, that's 866-870-5752. I'd love to talk to you. Allan, it's been great talking to you. God bless you.

Allan: Thank you.

Dr. Darrow: And there's good hope for healing your knees, yours should be easy, no promises but should be.

Allan: Thank you.

Nita: Thank you for your call, Allan. We appreciate all your calls today, here, right at the station, 866-870-5752 that's 866-870-5752 and you get the free book, Dr. Darrow's latest, it's called Stem Cell and Platelet Therapy, Regenerate, Don't Operate. It has 264 studies,

and the foreword is written by Suzanne Somers. And we have something else going on in your office, do you want to talk about that for a minute, or do you want to pick up Greg.

Dr. Darrow: Well, we've got a lot of things going on. No, Greg, you can hang for a second, Greg.

Nita: Okay, hold on Greg.

Dr. Darrow: We do Vampire Facelifts which is similar to what I do. It's stimulating tissue to grow instead of where I do it on you know the musculoskeletal system into the face. And it looks -- it makes the face look very young, very quick. It regrows the collagen as we get older, the collagen all over the body dries out. And then we do hair regrowth, on the top of the head, with the same treatments, we can use platelets or stem cells on the top of the head.

So, Greg, we're waiting for you. Your wife has problems with her knees. How are you today, Greg?

Greg: Good, good. She has a problem with her left knee, so I'm just wondering when she works out, she has some pain there. So, would that be appropriate, the stem cell?

Dr. Darrow: Yeah, probably very appropriate, because the fact is you already said she works out, meaning she probably has a really good knee, and there's just probably something in it, that's been tweaked. And that happens to a lot of people and it's usually pretty easy to fix.

Has she been to a doctor about it?

Greg: A couple years ago, but she always complains about it, so I should have her give you a buzz, and then maybe go see you, definitely.

Dr. Darrow: Yeah, that would be wonderful, the phone number to the office is 800-300-9300, I'd love to talk to her. Is she sitting around right now?

Greg: No, no, she's not with me. I'm just in the car. Maybe you can have your assistant email me, or just text me your -- all your info and then I'll get it to her.

Dr. Darrow: We'll give you -- we'll give you a call a little later. Yeah, no problem.

Greg: All right, I appreciate it, thank you.

Dr. Darrow: Yeah, thank you.

Greg: Thank you.

Nita: Thanks for your call. Our number is 866-870-5752 right here at the station. The website again is www.lastemcells.com that's www.lastemcells.com. And the office -- excuse me, allergies -- the office is 800-300-9300, that's 800-300-9300. You can call 24/7; and if someone doesn't answer, your call will be returned very promptly.

Dr. Darrow: I think it's funny that you coughed and said it's allergies. No one wants to cop to anything else today.

Nita: Well, it's -- it really it is allergies, and I have...

Dr. Darrow: I know it is.

Nita: I mean, I've known you 16 years, so I know you know me. So, but -- yeah, if I was sick, I wouldn't be here.

Dr. Darrow: So, I've got a question here from a nice person.

Nita: Oh good.

Dr. Darrow: And by the way, I get questions all day, all night long from the website which is www.lastemcells.com every page has a spot to email me. So, this person says I was just diagnosed with a torn rotator cuff. Will your treatment help enough to avoid surgery? The answer is most likely yes. I haven't examined this person yet to see what's going on. But the rotator cuff is a series of four tendons that come from four muscles that hold the humerus bone, that's the arm bone in place, in what's called the glenoid, or glenohumeral joint.

So, I have at least two rotator cuff tears in my right shoulder. And I have a labral tear in my right shoulder. Does that stop me from any sports? No. Why? I injected it with stem cells. It did hurt before. It was actually locked where I couldn't lift my arm. But I healed myself. I self-injected myself. I used stem cells and platelets and I'm good to go.

So, the fact that I have torn rotator cuff tendons means nothing. I'm going to bet just about everybody on the planet, who's active when they get into what we'll call middle age had rotator cuff tears. It's just kind of like normal with activity. It's like when you're driving a car, the tires kind of wear down, right. You don't look at it and go, oh, I need a new tire, meaning I don't need to get surgery.

So, way too many people get surgery when they don't need it. When I was studying surgery in medical school, and preparing to become a surgeon, I thought, and we all thought surgery was the only way to

get rid of pain. Today, it's the opposite. We don't like to send people to surgery. I can't remember the last time I sent any of my patients to surgery. I honestly can't remember if and when, I know years ago, maybe I did. But using platelets and stem cells is the new way to heal in the musculoskeletal system. Unfortunately, it's not going to become mainstream medicine, until the old docs who do the surgery quit their practice one way or another, whatever that means for them.

But I've been teaching this at UCLA for the last 20 years, and other doctors are teaching at other major teaching universities and med schools, and there are more and more doctors who are doing regenerative medicine. It will be the new medicine. It is for my patients, and it is for many, many, many other doctor's patients. But the orthopedic surgeons still tell their patients it cannot work. You cannot grow tissue. And that is false.

We have studies and studies and studies showing tissue growth. And we have studies and studies and studies, we do them in our office. We have a 25-person research team. They're all students, or post grads trying to get into medical school, and the research helps them, so they volunteer, and they do research with us. And we have amazing success, and so the answer to this question is can you avoid surgery? In most cases, you can. I'm not going to promise anybody anything. And certainly, the surgeons shouldn't promise anything either, because I get patients all the time who said, the surgeons said I'll be fine afterwards, and they got worse.

Who is one of those, Nita? Do you remember?

Nita: Well, yeah, my colleague, Terrance McNally.

Dr. Darrow: Oh, yeah. I forgot about him.

Nita: In another media outlet was one, and he had one knee in very bad shape, and the other knee was on its way out, but we'll have to continue that story, when we come right back from our break here on Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil...

Dr. Darrow: Stick with us folks.

Nita: Stay with us. Grab a pen, write down this information. 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 are talking about musculoskeletal pain today, basically orthopedic pain. That's back pain, neck pain, knee pain, hip pain, and joint pain, tendon pain, ligament pain. So, if you're suffering, especially if you've been suffering for a long time, give us a call right now here in the studio at 866-870-5752, that's 866-870-5752.

We are here Saturdays at 10:00 a.m. and again at 1:00 p.m. And Dr. Darrow's website is chock full of information, you want to check that out at www.lastemcells.com that's lastemcells.com. You can email him off of every page on the site and watch him performing the treatments on videos. And there's lots of articles to read. There's just tons of visuals and great information on this stuff.

So, before the break we were talking about some people that have had miraculous healing with these regenerative treatments.

Dr. Darrow: Yes, you mentioned someone who works at -- what is it KPFK?

Nita: Right.

Dr. Darrow: And he came in. He had been...

Nita: Terrance.

Dr. Darrow: Yeah, he had been playing football at Harvard, and had a knee injury, not a big deal, but guess what they did to him? They took out his entire meniscus, because that's the way they used to treat knees, and he came to me and the femur bone, and the tibia bone were not even lined up. They were -- one was hanging off of the other and he was in bad pain.

He liked to hike and dance, and do yoga and things like that, and he couldn't. So, we treated him with regenerative medicine, and he was back to it very, very quickly. So, this works on even terrible kinds of things at certain times. My shoulder was operated on in 1994, and it got way worse. There was not much wrong with it. It was called impingement syndrome, which is a gobbly-gook category of I don't know what's wrong, so let's just operate and call it impingement syndrome.

So, my arm blew up like a balloon full of fluid. I had a fever, and it didn't heal from the surgery. It took a couple of years or so. I learned about regenerative medicine, I injected my own shoulder, one time. The next morning, I woke up completely pain free, full range of motion. That situation lasted me for 12 years, until I re-injured it again. The next time it took me two treatments and healed it again.

So, this is pretty amazing stuff. There are times when I've had injuries that have taken longer to heal than that. Sometimes, they've taken months, but I've had my right wrist, I healed overnight, 50 percent. And I did a couple more self-injections. I haven't had any wrist pain in years and years and years I can't remember the last time. And I'm going to probably go play golf today, so, I'm going to use that wrist. And I'm very happy it doesn't bark at me anymore.

Personally, I've had my neck and back done by other people. I can't reach back there. I've done both my knees and shoulders with stem cells. I've done my elbows. And whenever I hurt myself, I inject myself, and I'm still on the playing field.

Nita: And you're not 20.

Dr. Darrow: You're right, I'm 16.

Nita: See? I knew this, 866 -- oh, sorry go ahead.

Dr. Darrow: No, no, go ahead, we want some callers.

Nita: We want callers. We love our callers. 866-870-5752, 866-870-5752, right here in the studio. You can speak directly with Dr. Darrow about your pain. And chronic pain is something that probably 30 to 40 percent of Americans are suffering with. So, when you call us, and you start telling your story to Dr. Darrow, you're helping other people, listening, who might have very similar pain and situations to yours. So, that's 866-870-5752.

Dr. Darrow: So, I was just going to tell you about my father, who I adore, who left the planet 24 years ago. And before he died, I went to see him one time. He lived in Santa Monica, so I'd see him all the time. And I walk in, and he's sitting there and 90 years old, and he lifts his hand up, and he goes Marc, I don't understand this, because his hand was already getting kind of wrinkly, you know the collagen was wearing out and drying up. And he goes I don't understand this, I'm 15 years old, why does my hand look like this?

And ever since then...

Nita: I love it.

Dr. Darrow: Yeah, I mean it's the truth, right. Inside we're always the young, the spirit inside is always young, and I've just always taken on the attitude, since my dad made me laugh, and I'm 16 years old. People say how old are you? And I got I'm 16, and they go well you look pretty good for your age.

Nita: I thought you were going to say, well you look a bit mature for your age, but you know, I think actually.

Dr. Darrow: Well, some people do.

Nita: Well, truthfully, I think you do look really good. So, should we go to see what's going on with Vince in...

Dr. Darrow: Vince, Dr. Marc Darrow. Your wife has spinal stenosis. This is so weird, Vince, because I was just going to take a question from the internet that just came in about spinal stenosis. So, this is great. I'm glad you called in. Does your wife have low back pain?

Vince: Yes, she has low back pain, and then she's got some disks that are -- that are bad in her neck also.

Dr. Darrow: Okay. And does she have pain down her arms or legs?

Vince: She -- she also has fibromyalgia. So, she's got -- she's kind of in pain all the time.

Dr. Darrow: Okay. But she doesn't have like a radiculopathy, or you know where the pain is shooting down her legs or down her arms, right?

Vince: Sometimes she does, and you know she's on a regimen of Norco and you know to try to help that, but she's in a lot of pain.

Dr. Darrow: But it's mostly neck, and back pain would you say?

Vince: Correct, correct.

Dr. Darrow: Okay. So, when people have spinal stenosis, which your wife supposedly has, and I assume that was shown by either an x-ray, or an MRI, that doesn't mean that they have back pain. That doesn't mean they have anything. It just means that it looks like the nerves, or the spinal cord could be being squeezed, all right. It doesn't mean they are. So, let me just finish up here, because this is a concept that everybody needs to get and understand.

We don't diagnose based on MRIs or x-rays unless it's a broken bone or something that's obvious, or a cancer. But in the

musculoskeletal system, you know meaning the ligaments, tendons, joints and what not, we can't put our money on an MRI or an x-ray. We've got to examine the area. If your wife has pain in her low back or her neck, we can probably fix that using regenerative medicine of platelets or stem cells, or a mixture.

And spinal stenosis really does not cause low back or neck pain. The squeezing the nerves causes radicular pain, or pain down the limbs, down the arms or legs. And people with spinal stenosis, as the problem, don't typically have back or neck pain. I know that's a hard chunk to chew and to understand, but that's the way it is.

So, don't get caught up in this spinal stenosis business. We have a lot of people that come in with spinal stenosis, and that it's not spinal stenosis causing the problem. And the real problem is when you hear spinal stenosis, the doctor says we have to do a roto-router surgery and open up those bones to get more space for the nerves to live in, and then they do the surgery, but it didn't work, because they're treating the wrong issue.

Vince: And that was exactly the diagnosis from the orthopedic surgeon.

Dr. Darrow: So, I don't know your wife. She's not my patient, but I'm just going to tell my personal feelings on fibromyalgia, are you ready for it?

Vince: I'm ready.

Dr. Darrow: Don't get mad at me.

Vince: I won't.

Dr. Darrow: And everybody else who has it, don't get mad at me. I'm just one guy, it's my opinion. I have treated thousands of people over my career with fibromyalgia. None of them had fibromyalgia. Fibromyalgia is wastepaper basket diagnosis when doctors don't know what's going on. The terminology is something to the effect of widespread pain for more than six months.

And they don't have any -- they don't have any labs that show it, and they don't have anything that shows up on images.

Vince: That's exactly right.

Dr. Darrow: So, what do we do to heal them? Number one, we wean them slowly off their min-Norco medications, their opiates and whatever it is, the opiates. And that gets them better. We put them on an anti-inflammatory diet, an alkaline diet, you know no acids in the

diet, and their pain starts to go away. It takes work on their part. Doctors can't heal that. Okay?

Vince: Yes. And it seems like -- honestly that the drug just masks it, and she's not getting any better.

Dr. Darrow: The drug makes the pain -- the drug makes the pain worse. When you take drugs like Norco, what happens is the receptors die, and the pain is up regulated. The pain receptors are up regulated. You actually feel more pain. And the more of the narcotic that you take, the more pain you end up with.

People come in, and I say I want to wean you off your medicine. And they go doc, I can't live without my medicine. And we wean them off slowly, you can't do this overnight and their pain starts to go away. And they're flabbergasted.

The other thing I heard you say is she has some disk issues in her neck. And disk issues don't cause pain typically. So, traditional medicine, you know which is surgery and medicine, does get to the core of what's really going on. So, we have to be very careful. The real tradition medicine does, and that is called today alternative medicine. That's the real medicine. That's been around for -- since man was on the planet. And that's natural medicine.

And what I do with regenerative medicine is natural medicine. We use cells from the person's body and re-inject them into areas of injury, and we can then stimulate the tissue to grow. We use platelets and stem cells; the tissue re-grows, and the pain goes away. I'm not a person who likes to have surgery on my body. It's failed me. And it's failed many, many, many of my patients throughout the years.

I'm not saying a negative statement about surgeons. I love surgeons, that's hard work they do. That's big business. That's business that causes big problems. And I have patients come in almost every day, that have had a surgery that failed them. They've either gotten infected, or there's one leg longer than the other now. There's terrible problems with surgery. It's very invasive. Regenerative medicine is very conservative.

So, my book of medicine says do no harm. That's the law of medicine, the first law, do no harm.

Vince: I love that.

Dr. Darrow: So, you do conservative medicine first, and putting a needle into someone is pretty conservative, it's very easy. They walk into the

office; we inject them, and they walk out. They drive home by themselves. They don't need anyone to come with them.

Vince: So, doctor if, from what I'm understanding from you, if she started - - if we started weaning her off the Norco and changed her diet, and then there would be a stem cell or some kind of deal that you would do, that could help her then.

Dr. Darrow: I'm not sure she needs any injections with regenerative medicine, she just might need someone who loves her, and cares for her, and is willing to go through this with her. Because she's not going to like what I want to do.

Vince: Okay. Is that something...

Dr. Darrow: People with fibromyalgia want a miracle cure. There is none. They have to do the work.

Vince: Okay. And is that something...

Dr. Darrow: If she has some hot spots -- if she has hot spots like low back pain or neck pain, then I can help her with you know platelets and/or stem cells. Because people with fibromyalgia can also have musculoskeletal pain, that we can help by injecting them.

Vince: Yes. And she does have a lot of pain. Okay...

Dr. Darrow: There's good hope -- there's good hope for her, if she's willing to partner up with the doctor. If she's thinking she's going to go to a doctor and get a magical cure, forget it.

Vince: Okay. Okay, yeah, we've tried so many different things, and I was so glad to hear you, I just happened to...

Dr. Darrow: It takes work. Yeah, it takes work -- oh, you don't cure fibromyalgia, by the way, you can palliate it and get rid of symptoms. It's some kind of -- we don't really know what causes it. We know there's more substance P, it's a neurotransmitter in the blood, that's a pain-generator. So, they walk around in kind of inflamed. So, what we have to do is kill the inflammation, so to speak, and that's done through diet, and sometimes exercise will help out. And sometimes weight loss will help. So, there's a lot of things that we can do for fibromyalgia, but the patient has to do them.

And these hot spots in her neck and back, I can probably help her with, by just injecting her with platelets, PRP, and/or stem cells.

Vince: Well, this is -- this is really hopeful news.

Dr. Darrow: Well, it's hopeful, but I have to examine her and see what we can do. If she wants to come into the office, the phone number is 800-300-9300, 800-300-9300. Or she can email me, and we can start a little dialogue through the website, there's a place on every page to email me. And that's www.lastemcells.com.

Vince: Okay. Fantastic.

Dr. Darrow: God bless you; Vince and God bless your wife. There's good hope for her.

Vince: God bless you. Thank you very much. Okay, I will give you a call. Thank you.

Nita: Thank you, Vince, appreciate your call.

Dr. Darrow: Thank you.

Nita: Our number is 866-870-5752, right here in the studio, 866-870-5752. Call and get your free book, it's happening now. So, we're going to Rubin in Buena Park.

Dr. Darrow: Hey, is this Rubin?

Rubin: Hi, good morning.

Dr. Darrow: Are you Rubin?

Rubin: Yeah, it's Rubin, yep.

Dr. Darrow: Okay, I'm Marc Darrow, nice to meet you. I'm a doctor who does regenerative medicine to heal back pain like -- you have back pain, right?

Rubin: Yeah, I sure do, doctor. I've been searching around some PRP, you know and I did go to a doctor and I was interested in some PRP, but the doctor said before they could do PRP, you know first they have to do a trigger point injection on my back, and then they said, and this all part of getting the PRP, right and then they said, the doctor said then they would have to do a nerve ablation, I don't I guess where they burn the nerves, and then to do the PRP with ozone.

Dr. Darrow: Okay.

Rubin: So, I was kind of like -- I mean, I don't know, is all that necessary just to get to the PRP, and then if I do get the PRP what is ozone, I

mean do I need ozone? Or I mean it sounds like break dancer name, you know what I'm saying?

Dr. Darrow: I'm just going to give my opinion. If that doctor has good success with patients, then you should go to him. But my opinion is number one, nerve ablation is a big deal. I would never do that.

Rubin: Yeah.

Dr. Darrow: And it certainly wouldn't be one of the first steps. And trigger points don't work, I don't care what anybody says, that's just injecting typically lidocaine and a steroid in the area. That's -- I mean to me, that's...

Rubin: Yeah, yeah, you know what -- and that's why I kind of denied it, and I know the doctor kind of got -- you know it's all about money now, you know the doctor kind of got mad I didn't want the trigger point. I said, I'll take my Tylenol when I get home. But anyway, the doctor had said yeah, in order to do the PRP, I have to do the nerve -- you know to burn the nerves and everything, and I know that's a big deal. You know so I was like, oh, is that necessary?

Dr. Darrow: No.

Rubin: That's why I called you, doctor.

Dr. Darrow: Definitely not. I mean the way to start out, is someone who knows regenerative medicine well can touch your back and tell you in about two seconds if they can help you. And PRP, if it is tender is a very good way to start.

Rubin: Oh, okay, so yeah, I mean it's a good thing I walked out of there, right. Because you know that stuff right, I mean start out with the PRP. Sorry about noise.

Dr. Darrow: Well, I don't know. I don't know the doctor and maybe he's amazing, and maybe he heals every person that comes to see him. But it's not what I do, you know what if you were listening, you heard me say that in medicine we do conservative things first. What's conservative? Massage, sorry?

Rubin: You do that nerve; I mean that nerve thing. Yeah, that thing is big time, right, they burn your nerves.

Dr. Darrow: That's big time. That's big time.

Rubin: Oh, okay, great, great, okay man, it sounds good, well you know what then I just wanted to ask you, like I said, I've been searching

around, I have you on my radar also. But I did go kind of cheating on your doc, and I was being honest, and then you know the doctor told me about this, I said I'm going to call you up again, and see what you think. You know so I'm kind of narrowing it down. You know I'm waiting for that stimulus check so I can use my stimulus money for you, doctor, to be honest with you.

Dr. Darrow: All right, Rubin, God bless you, we're going to go to Jerry.

Nita: Thank you, Rubin. Appreciate your call, that was great, okay Jerry in Claremont.

Dr. Darrow: Hey Jerry. I understand...

Jerry: Good morning, doctor.

Dr. Darrow: I understand that your shoulder bothers you. Hey Jerry, can you get off your speaker phone or Bluetooth, it's hard to hear you.

Jerry: Can you hear me better?

Dr. Darrow: Oh, yeah. So how long has your shoulder bothered you?

Jerry: Since August, I fell on my shoulder. I've been doing six to eight weeks of therapy at home. It improved greatly, and I had full extension, but here's the problem. I had an MRI, they said I have a total massive thickness tear of the left supraspinatus with muscle retraction. They said there is a partial tear of the subscapularis tendon. And a probable almost complete tear of the long head of the bicep's tendon. The surgeon said it might be difficult to reattach it. So, as an alternative they are recommending a superior capsular reconstruction.

Dr. Darrow: Okay.

Jerry: To fill in that 38 millimeters.

Dr. Darrow: Got you.

Jerry: So, I mentioned PRP to him. And he said, he didn't think PRP was a good option. Then I said stem cells, and then said something about well, you don't where they're going to grow.

Dr. Darrow: Okay, okay. So, number one, Jerry, you don't go to a surgeon to get regenerative medicine. Number one, they don't believe in it. Some of them do it. But they don't believe in it. And after they try it once, they say it didn't work and now you need surgery, okay.

So, I wouldn't go to an orthopedic surgeon to get PRP or stem cells or ask them anything about it. So, anything they tell my patients, I go read the research, don't listen to an orthopedic surgeon who doesn't do it. They don't know what it's about. Just like don't come to me to get surgery. That's not what I'm doing. Do you get it?

Jerry: Yeah.

Dr. Darrow: I could do a surgery on you, but I'm not the best guy to do it. I've got a lot more to tell you, but we're stuck here. Go to the website and email me from there, and we'll talk more, Jerry. That's www.lastemcells.com. Thank you Nita, and everyone else, God bless you all.

Nita: Thank you. Thank you Alex, thank you, Suzette. And remember to listen to The Pet Show with our pal Warren Eckstein from 11:00 to 1:00 every Saturday. I'm your host, Nita Vallens and we thank you for listening and see you next time.