

## Living Pain Free 2/12/22

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: Nita Vallens, how are you today? You sound great.

Nita: Thank you. I feel great. How are you?

Dr. Darrow: Living it up.

Nita: Yay. Well, our listeners can live it up, if they call us, and talk to you about their musculoskeletal pain today on 866-870-5752, that's 866-870-5752, and the best part is you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, subtitled Regenerate Don't Operate. It actually has 264 scientific studies, and the foreword is written by Suzanne Somers. We all know who she is.

So check the website out also, you can see Dr. Darrow on video doing the treatments, that's [www.lastemcells.com](http://www.lastemcells.com). What do you think?

Dr. Darrow: Well, always I love it. I love the show, and I love teaching medical students, doctors and the audience how to heal their orthopedic pain, musculoskeletal, the joints, the ligaments, the tendons, all these syndromes from literally the top of the head, down to the neck and shoulders and arms, and elbows, that wrists, and fingers and my God, there's so many different things that people can have, hip arthritis, and knee arthritis, meniscal tears, rotator cuff tears in the shoulders. I get a lot of people ready for ankle replacements. That's a tough one, right?

Nita: Oh gosh, yeah. That's sound painful.

Dr. Darrow: Yeah. All the joints our doctors are doing replacements on. I'm not for any of that, unless the joint is completely discombobulated, you know meaning that it's smashed, or you can't move it at all. Now, a

lot of times we have to be careful, because people for instance, may have a frozen shoulder, and may have some arthritis, and the surgeon says, well if it's not moving, the joint's no good. And it may just be a frozen shoulder, which is not really a terrible thing to help heal. So they get in there and replace the joint, and I get patients in all the time that have had failed joint replacements, or failed surgeries, of just about anything. And it's pretty sad for them, because they went in with the idea that the surgery was going to help. And they came out worse than they went into the surgery.

And I'm one of those guys, unfortunately. There's a good part and a bad part. The unfortunate part is when I was in fourth years medical school, I did have a surgery on my shoulder by my boss at the time. And it didn't come out well. I don't think it was his fault. It's just that these surgeries don't always come out well. It's not anybody's fault. It's just surgery is very invasive, and there's a lot of possible what we call sequalae which are bad outcomes.

So I see a lot of infections. I see joints that used to be stable, that are no longer stable. I see joint replacements where the joint doesn't even work anymore. And it's just a very sad case. I'm not saying that surgeons are bad. I love surgeons. They do the tough work in medicine. And most people that want to go into surgery, in medical school, don't end up doing it, because it's not easy, to get through those five or six years of training, after medical school to learn how to do that and be safe. Surgery is obviously not the first choice, unless there is an emergency. Then you'd better run if you can to the surgeon or get to the ER and have that taken care. You know, broken bones, or things like that.

But the typical orthopedic surgeries that I see, where the failures are, and I know that I only get the failures, because if it worked out, no one is going to come and see me. So I'm not going into this dumb about it. There's a lot of surgeries that come out great. But I'd say it's about 50/50 shot. If you like going to Las Vegas, and you like to gamble, then surgery is probably good for you. But it's not good for me. I had one. And it didn't work.

I was lucky enough to discover regenerative medicine, way, way back, and I did it on myself and healed up my own shoulder. I injected myself at night and Nita, you know the story. A lot of listeners know the story.

Nita:

Yes.

Dr. Darrow:

It's really -- it's kind of funny because I came home, and I was planning on injecting my shoulder, and I saw my wife lying in bed

watching bed, so I jumped in bed with her and I pulled out my syringes, and she wasn't happy about that.

Nita: She must have been so freaked out.

Dr. Darrow: She was pretty freaked out. And she used some, what I'll call expletives on me, and I did it anyway. She what are the heck are you doing? I said I'm trying this out. It worked on my wrist, because I had hurt my wrist before and healed with regenerative medicine, I injected it myself.

And so she allowed me to inject my shoulder. And I literally, and I had very little range of motion at the time, and terrible pain, I couldn't do any sports or anything. And this is true, I woke up the next morning and my shoulder was 100 percent healed, and it was like a shock to me. I couldn't believe that it was possible. And at that point, I had sort of dedicated myself to doing these self-injections in my body. I had a lot of injuries from sports. I was always that guy that was getting injured from just repeated trauma and overuse. And since then I've done both my knees, both my shoulders, that wrist that I healed years ago. Both my elbows, I had lateral epicondylitis in both of them which is called tennis elbow. And it's really extensor tendon inflammation, where it attaches to the lateral epicondyle.

By the way, any of these terms that I throw out, if you write them down, and you put them into Google, there's a spot when the term comes up that says images, in the upper left-hand corner. And you can actually see the anatomy on your body of where these things hurt. So Google is pretty freaking amazing. You know I don't even use anatomy books anymore; I just go to Google.

And I have my staff constantly looking things up, so they can continue to learn. I always tell my staff, you'd better have a little pad of paper and a pencil on you at all times, because I'm going to throw out terms for you to look up. And the way to do it, is just go to Google. And I haven't looked in an anatomy book for years. They don't look either. They just go on Google and find the stuff, and then when they find it, they report back to me. And we go over it together. And I have tons of students who shadow me. Residents and doctors. I teach doctors how to do regenerative medicine.

And by the way, the regenerative medicine that we're doing as of this time is platelets, which is called PRP, platelet-rich-plasma, and we do bone marrow aspiration to get platelets and stem cells, which is a better treatment than just platelets alone. And people say why do you need both of them. Well you don't need anything, it's just a preference. If you want to heal faster, you're going to use stem cells

and the platelets, rather than just the platelets, because it's like -- to analogize -- if you're in a war, would you have one sniper or two snipers taking out the enemy. Or if you're building a house, do you want one -- one guy or two guys building it. Or if you're trying to fill up a hole with dirt, do you want one guy digging, or two guys.

So a lot of analogies for it, but it's always better to use them both together if you're in a hurry, and most people are in a hurry to heal, right. I'm going to give out the phone number and offer a free copy of my book. So if you call in the right now, you'll get a copy of this book, it's a \$25 book. And it's called Stem Cell and Platelet Therapy, and then the byline is Regenerate Don't Operate. And the reason I have put this together is because whenever I have lectured at hospitals, there is always a couple of orthopedic surgeons or neurosurgeons that stand up at the end, and they go where is the research? Because they don't believe in this stuff, and they think surgery is the only way.

And honestly, when I was in med school, that's what I thought. We were just trained that you can't grow collagen or cartilage and that's just not true. All these studies -- how many, Nita?

Nita: Well, excuse me, 264 in the book. And there's many more that didn't make the book.

Dr. Darrow: Yeah. There's -- this is one of the most research areas in medicine is regenerative medicine. It is very, very obvious that we can grow back cartilage in the joints, and we can grow back collagen, which is the major constituent of cartilage. So if you have tendon tears or sprains and strains, we can help heal that. We can regrow the tissue.

There were actually studies back in 1980s using just Dextrose, that's sugar water to create inflammation and they measured the strength and thickness of the iliolumbar ligaments in the low back. That's where most low back pain is. And they found that these ligaments thickened up and strengthened dramatically. I don't who they got to allow them to take punch biopsies. It must have been slave medical students, that's all I can figure out.

But at any rate, we've known for the last 40 years that we can grow tissue, probably even before that. And back in the old days, you know, back in the early 1900s, it was sclerotherapy. Scarring therapy. But we know that there is no scarring being done, it's just beautiful collagen and cartilage that's being grown. So oftentimes when I've worked on a knee, and patients go back and get another x-ray or MRI, say a year later, they'll actually see the joint space

increase with extra collagen and cartilage. So it's a great treatment. It's worked on me.

Nita: So I happen to have a copy of your book here, Stem Cell and Platelet Therapy, and if you want this book, which I think you need this book, subtitled Regenerate Don't Operate, give us a call right here, right now at 866-870-5752, that's 866-870-5752, and the music producer Dr. Dray wrote you an amazing endorsement on the back of the book. Can I read it?

Dr. Darrow: Sure. Go ahead.

Nita: Dr. Marc Darrow has been my health coach for many years. His recommendations for nutrition, hormone therapy and weight training have all been tested, tried, and true. Through his guidance, I have successfully accomplished my fat loss and muscle gain goals. It makes sense to regenerate tissue, rather than cut it out. Stem cells are the way.

Dr. Darrow: Love you, Dr. Dray. Thank you so much. And I spent quite a bit of time with him, working on him, and his wife, and his body is immaculate. I mean that guy works out so hard, and I found him to just be a real gentleman, and he helps a lot of people

Nita: Yeah, he does.

Dr. Darrow: So Nick, Nick we're going to go to you in a minute. This is Dr. Marc Darrow; we've got a bunch of callers coming in. So we're going to get to them.

So Nick is asking a question on stem cells, and he never got the book. That means that you probably emailed me already and are waiting for the book. We'll make sure you get one today, Nick. So what's your question on stem cells. I'd love to answer.

Nick: Yes, I got a question about stem cells. Are stem cells, you know, if you're an older person, I'm 60, my stem cells are they good enough to take care of any issues I have or is you know a younger stem cell better, or what's -- what's the difference because I'd like to come in and talk to you and see you, but I just want to get a little more background, more information.

Dr. Darrow: Sure. There's a lot of controversy on stem cells. Okay? So let's get that straight. And there is no straight answers. And the reason is because it is not an area that's totally figured out yet. There is a lot of research going on. And there's a lot of controversy about which is better, your own bone marrow, which has your stem cells in it, or purchasing stem cells from labs that take umbilical cords, and

either take the Wharton's jelly or the cord blood and use that. And a lot of people say that's better, because they're younger de-differentiated cells, meaning that it's coming from an umbilical cord, from a healthy baby, from a healthy mom. And because they're brand new -- it's not from the baby, by the way. Don't get that confused. These are healthy newborn babies. This is not from, you know, abortions like they do in Eastern Europe, where there's -- the only birth control they have is really abortion, which is very, very sad. That can be done, and those cells can be used, but that's not what we can do in America.

In America, you can only use the umbilical cord cells. And in my experience, they both work the same, umbilical cord or bone marrow. But the FDA does not love umbilical cord. So for purposes of this radio show, I'm going to tell you that bone marrow is a great way to go.

But honestly, between you and me, cord blood works just as well, and you'll find a lot of people who -- doctors who say cord blood is better, because it's younger cells, and then you'll see a lot of people who say bone marrow is better, because it's yours. I have treated people 100 years old with their own bone marrow who have done amazingly well. So I don't have a preference of which a person decides to do. The only preference is if you're going to get these treatments done, go to someone who does the most, okay. I'm not saying you have to go to me. I've been told I do the most, which is great, but I don't know if I'm the best. I just know that I've done the most of anybody that I know of, and I do it all day long, every day of the week. And I've been doing it for almost 25 years. So I trust myself. If I were to get it done, I don't know who I'd go to. So when I inject myself, I do it myself. I mean, if I need it, I do it myself.

What other questions do you have about that, Nick?

Nick: I've got...

Dr. Darrow: By the way, I think my average patient is about 60 years old. I mean I do treat -- I do treat young athletes.

Nick: I read something...

Dr. Darrow: Yes, yes, you're going to read a lot of stuff, but I'm going to promise you this. Most of what you read on the internet is inaccurate. And it's written by people that don't do very much of this work. And it's written by doctors who are trying to hustle business, but they don't really get that much of it.

When I go to national meetings on regenerative medicine, I get a slew of doctors who come up to me, and go how can you possibly do so much? You do more in one day than I do in a month. And you know I have -- I've been doing this a long time, so I have a lot of referrals from all over. I have referrals from doctors and patients, and you name it.

Do you have any specific questions, Nick?

Nick: Yeah, I got in my elbow, and I work out all the time.

Dr. Darrow: Sure.

Nick: I don't know, I think it's on the verge or probably have tennis elbow. And it's the outer part of the elbow, can you help me with that?

Dr. Darrow: Can I? Well, I've helped myself with it. And I've helped you know maybe a thousand people with it. So hopefully, I can help you. I never promise anybody anything, which is a problem for me. Because I lose patients sometimes. And they go why don't you promise anything, and I go, because I'm a doctor, that's not my job to promise anything. My job is to do the best I can to help you heal. And I've got a good track record, but I'm not allowed to tell you, you're going to heal. Because you know I've had this happen, Nick. I've had people who are completely healed, and then they'll fall down, or over-exercise and then they hurt themselves again, then they blame me. So they go you told me it was going to work. I go I never told you anything like that. I actually have people sign a consent that says there's no guarantees. And it may take several treatments to get better, because I like to be as honest as I can. I lose some patients because of my honesty. They go why you a cheerleader. I go I'm not here to be a cheerleader, I'm here to tell you the facts as I know them. And as I know them most people that I choose to work on get better. But you can go to my Yelp reviews, Y-E-L-P dot com, put in Marc Darrow, and you'll see that I get some bad reviews. Most of them are good. You know, I've got hundreds of reviews in there, but some are bad.

And why is that? A lot of people are real grumpy, and they use Yelp as their way of I don't know what it is, and they don't realize what that can do to hurt people by doing bad Yelps, when it's not real. But that happens. A lot of time I find that you know the ones that I get often our just outlandish, but what can you do? You know, I can't respond -- a patient can give me a terrible Yelp, but because of the HIPPA law, which is a privacy law, I can't even write what really happened. So that's crazy.

But anyway, yeah, I think I can help you, Nick. I'd have to examine you first.

Nick: Okay. And if I came and -- came into the office would it be the same day procedure?

Dr. Darrow: Yes. They're easy, they're quick procedures. But I would tell you to plan on spending a half a day, even though it's a quick procedure.

Nick: Okay.

Dr. Darrow: Because I'm a one-man show right now, and I'm busy. So I run around from rooms to rooms, and bring -- you know, you can read my book while you're there, we'll give you a free one, and you can read it right while you're waiting. But we'll send you one now, if you want it.

Nick: Okay. Great, so it could be all done in the -- in the one-day visit?

Dr. Darrow: Yeah, I mean it's usually -- you know, if it is repeat visits, it's in and out, but the first day we take a lot of time with you, and I like to get you as educated as you can be, before you make a decision to do it or not do it.

Nick: Okay. Because I've got other issues as well in my hips, and my back, and so...

Dr. Darrow: Tell me about your elbow, that's just from work, like lifting weights?

Nick: Yeah, it's -- it flared up a couple of months ago. I was having no issues, it's been I think cleaning up [inaudible], cleaning up after my horses, and it was a little heavy and it aggravated my right elbow, and ever since, you know, I've been using you know Hemp cream and what have you, you know to ease the pain and I'm able to still do my workouts, it's fine, but you know certain motions like picking something up from the ground, up on the shoulder...

Dr. Darrow: Oh, yeah, that can really hurt. Yep, yep. When I had it, it was so bad -- when it was so bad I could barely pick up a pencil, it was just excruciating.

Nick: Yeah, yeah, it's amazing, that hurts, but I can do a roll out. I can do a roll out no problem.

Dr. Darrow: Yep.

Nick: And I do -- also do tons of that for my abs and it doesn't bother me for that, but to pick up something from the ground, a waist or shoulder level, my goodness.



Dr. Darrow: Yep, I hear you. I've been there. And then you know your hips, back and knees, I've had all that too. So how long...

Nick: Yeah, the knees are pretty good.

Dr. Darrow: Okay.

Nick: My knees are pretty good, and I've listened to you about you know your weight, you know, if you're overweight, then it's like four or five times that, and all that extra weight and it's just -- I don't have that issue. I've controlled my weight, and I'm in good shape, it's just you know a lot of soreness, in the hips and the...

Dr. Darrow: When you say hips, are you talking about the groin area, or the side of your femur, or the back where your butt is or what...

Nick: No, I guess down by -- at the out hips, by the -- you know, by the buttocks. So I do like a deep massage with a -- with a -- actually with a little like a stick that's rounded, and I used that to do a deep massage and I can feel the tightness. And I do that for a good while, and it loosens me up, and a lot of warm up, but it's just...

Dr. Darrow: You know that -- the general area you're talking about, has so many different issues with it. I'd have to actually touch it, you know, you show me where it is, and I touch, I could tell you what's going on. But a lot of that just may be like -- it may be a tendonitis bursitis thing on the greater trochanter.

Nick: Actually that would be great, because it just I have to do -- I'd love to just go and work out, you know, just like a 10-minute work out and do my thing, instead of an hour of trying to loosen up and then feel good and doing all these things.

Dr. Darrow: Well, it sounds like all the things you have, we can help. So I'm going to give out the number to my office, if anybody wants it listening, it's 800-300-9300, that's 800-300-9300. And if you call the studio now, we're going to give you a copy my free book Stem Cell and Platelet Therapy, Regenerate Don't Operate and if you go to the website, you can email me from any page there. And that's [www.lastemcells.com](http://www.lastemcells.com) that's lastemcells.com, every page has a spot where you can email me. I hope you call instead, it's more fun, but I do get questions all day and all night long that I answer on emails.

So the website has videos of me doing these procedures, see if it's something you want to do, and I've been having great luck doing it for almost 25 years on my body. And the last thing that I healed was my knee after -- in COVID when I was running like crazy, and

playing golf, by pushing a golf cart, instead of riding. Whoops, break.

Nita: Wow, it is time. Okay. You're listening to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens, grab a pen or a pencil, write down this information coming your way, and we'll be right back.

Dr. Darrow: Patty and Candy stick with us.

[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, you can speak with Dr. Darrow. You can check out the website at [www.lastemcells.com](http://www.lastemcells.com) that's [www.lastemcells.com](http://www.lastemcells.com) and you get your free book. This is the best part of all, Dr. Darrow's latest is called Stem Cell and Platelet Therapy, Regenerate Don't Operate with over 264 scientific studies. So call now, 866-870-5752. Do you want to go to Patty.

Dr. Darrow: I do. Patty, hi, it's Dr. Marc Darrow. Just give me one second, I want to just talk about something.

Nita: Okay.

Dr. Darrow: That's hysterical. I have a patient who is listening on the radio right now is too shy to call in, but he's texting me, and he sent photographs of his friends and their x-rays after surgery, and it's just horrific what I'm seeing here. This is a neck fusion on one who is still miserable afterward. And this is a shoulder replacement on another, it's showing all the scars and stuff. And how they're worse after the surgeries. And this guy, we call him Dan the Man, he's from Montana, he's a great big guy, he's real funny. I don't know, Dan why you're being shy. You're not shy in the office. Oh and then he says -- this is texting, he says tell your audience -- Dan, you are so funny. He goes tell your audience this. I had neck stem cells the other day from you. In five seconds with your touch of God, diagnosed it as ligament sprain. I've had a horrible neck since I was 14. I don't want to jinx this, but these last few days have been

amazing pain free, discomfort free, twitching free, almost a miracle. And then he just texted again, my knees are doing really great. And he has -- this guy was a football player, he's a great big guy. He played football for the Hawaiian University team. And let's see -- oh, not in a place where I can hear, very noisy here at work. Set up another time. Besides my agent might want an appearance fee. Oh, this guy is funny, he cracks...

Nita: He's hilarious. That's cute.

Dr. Darrow: Yeah, he's really a nice guy. So Dan, God bless you, for texting me right now.

Nita: That's funny.

Dr. Darrow: But he is, I mean he's having really miracle healings. This is a football player whose body has just been literally demolished by playing football when he was in college. But he's getting better. He's able to go hiking now. His pain in his body is going away, his neck is good.

So now we're going to Patty. Your knee and your back. Which is worse, Patty? This is Dr. Marc Darrow. Tell me about it.

Patty: Oh, right now the knees I cannot walk. And I'm wondering if stem cells would help, because they're too far gone, because I can bend them coming down the stairs, but they hurt.

Dr. Darrow: Sure.

Patty: But yeah, I can bend them still a little when I walk, but now they're to the point, where I don't want to walk.

Dr. Darrow: Okay, I understand. I've been there. And I've injected both my knees with stem cells and platelets, and I'm doing good. I'm going to go running a little bit later today, maybe the golf course.

Patty: If you've lost your cartilage, and there's not any room in there, then there's no cartilage holding open space. Then can the stem cells still get in there or not?

Dr. Darrow: Well, let's talk about what that means. A lot of surgeons call that bone-on-bone, and I rarely, if ever, find anyone who has bone-on-bone or no cartilage. All right. I just had someone come in yesterday, I looked at the x-ray and the outer edge of the right knee, had very thick cartilage and the inner part, the medial part, had very little cartilage. And that person was told they needed a knee replacement because there was no cartilage, and that it was bone-

on-bone. When I did the examination, the knee felt perfect. How can that be?

Patty: Yeah, but I'm afraid it's not going to be that way in my case, because I've been told for 30 years that I needed a knee replacement.

Dr. Darrow: Hey, well what that tell you? You've been told for 30 years, you've made it this far, so...

Patty: Pardon?

Dr. Darrow: Let me just explain a few things if you don't mind, Patty. Number one, there is -- we all live in a fantasy, everybody's fantasy is different. Your fantasy is that you've been told for 30 years you need a knee replacement, therefore you need a knee replacement.

My fantasy is different. My fantasy is that hopefully I can help you and make you feel better, by injecting stem cells and platelets. So we both have different fantasies. I won't know until I examine you. I never trust other doctor's diagnoses, because the tradition in medicine is to operate, medicate and operate, okay? And that's not my tradition. That was growing up in medicine, but from my own injuries, I learned that I can help myself heal. And I've had a lot of doctors tell me I need surgery.

I had one on my shoulder that failed miserably, and I healed it afterwards by injecting myself. So I don't -- I don't buy traditional medicine. It is necessary, if you're very sick, then traditional medicine is good. But for orthopedics, I like what I do a lot better. I could have finished up with orthopedic surgery and been a surgeon.

But after my surgery, I was like I'm not going to do that to people. And since then, I've had way too many people have surgeries, who have come out bad. I'm not blaming the surgeon for that, it's just what it is. I love surgeons.

Have you listened to my show before, Patty?

Patty: Yes, I have for quite a few years.

Dr. Darrow: Okay. So you know my story. You know my schtick -- my schtick is why do something that's very invasive, that can hurt you, when you can do something or try something conservative, like just getting some injections.

Patty: Right. Well, that's why I never did it. But I think I've waited a bit long now.

Dr. Darrow: I don't think you've waited -- I don't think you've waited too long.

Patty: Well, I hope not. And then I have the issue of buttocks on the left side, you know I try to perform performance exercises.

Dr. Darrow: Sure.

Patty: And it hasn't helped.

Dr. Darrow: Okay.

Patty: And I'm wondering if that's nerve damage or if it's...

Dr. Darrow: No. No, no, no, I doubt that. No, the area where your -- was it physical therapist, just someone told you, you've piriformis syndrome.

Patty: Um-hum.

Dr. Darrow: No. I've never -- I've never really found one of those. I've had, you know, a thousand people or so probably come in saying they have piriformis syndrome. It's usually in an area where the piriformis muscle attaches to the greater trochanter, and you can write those terms down, and look them up on Google, and then hit images, you'll see where that is. And those are very, very easy to heal, using regenerative medicine of platelets and/or stem cells.

Patty: Um-hum.

Dr. Darrow: And again, I can't promise you anything, especially since I haven't touched it. I need to do an examination. I get people all day long sending me x-rays saying am I a candidate. And I go I have no clue, because the x-rays are big liars, and the MRIs are big liars. They don't tell me where pain is coming from. Everybody in the world, if you do a total body scan, you're going to find something wrong with them, that they don't even know exists. So it's not really wrong, you get my idea?

Patty: Well I have scoliosis; I wonder if it comes from that or anything?

Dr. Darrow: You know, again scoliosis doesn't generally cause pain, unless it's really advanced. I get patients all the time with scoliosis, and it's not an issue. So I'm not worried about anything you're telling me so far. So if you want to come in, I'll take a look, and we'll decided if we can help you.

Patty: All right.

Dr. Darrow: And if it's something you want to do in the meantime, if I were you, I'd go to the website, [www.lastemcells.com](http://www.lastemcells.com) and take a look at the videos and see if the injections are something that you think you want to do. For me, I don't want a surgery. You know, I had one.

Patty: I am on blood thinners, but if you get the knees, you have to be off the blood thinners five days?

Dr. Darrow: No. It depends on the blood thinner. The problem with knees is that if I put a needle in there, and you're on a blood thinner, and I hit a vessel, you can't see them. There's these little, teeny vessels that can leak.

Patty: Yeah.

Dr. Darrow: And then if the knee gets filled with blood, it's very painful and you have to come back, a couple days in a row, to drain it out. So you'd have to talk to your doctor who gave you the blood thinner. What's the issue? Do you have atrial fibrillation or something like that?

Patty: Yeah, I have heart failure right now, um-hum.

Dr. Darrow: Okay. So you'd have to talk to him, to see if you can off of blood thinner for a day or so, and then we get a letter from him saying it's okay. And almost everybody is able to get off for day or so. So that's not usually an issue.

Patty: Okay. Thank you for your information.

Dr. Darrow: Sounds like you're doing your homework, Patty. That's good, you're a smart woman.

Patty: Yep. Okay. Thank you, doctor.

Dr. Darrow: And we don't have to take people off blood thinner, except for knees and necks, those are areas that can bleed. And the rest of the body, it's fine. There's no problems.

So, we're going to Harry. Hi, Harry, Dr. Marc Darrow. I'm going to give out my phone number to the studio right now, it's 866-870-5752, I'll repeat, 866-870-5752. You call me now, and I'm going to send you out a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's got all the research on stem cells and platelets and how it works. And why surgery is no longer the answer for most musculoskeletal pain.

So, Harry, you're calling from Walnut, and you've got a right hip issue. Harry are you there with us.

Harry: Yes.

Dr. Darrow: Tell me about it.

Harry: I have problems with my right hip, I have pain, where it's hard to put on my socks. I could walk for several blocks, then the pain would start coming in. So then I actually have a friend that I think they went to -- they had -- they went to your clinic and actually has his Achilles done.

Dr. Darrow: All right.

Harry: So that got me interested, but then time goes by, and then I just put it off, then I'm just listening to the radio, and you're -- I think you're the same doctor that treated him.

Dr. Darrow: Okay. So let me tell you real quick before I get to you, I see a lot of Achilles tendonitis, or Achilles tears. And it -- the first time I did one of them was a baseball player, and on the right side, it was normal looking, but it was very thin, the Achilles tendon is coming down from the posterior calf down to the heel, the calcaneus. And when we contract our calf, that pulls on the calcaneus, and the foot dorsa flexes it comes up, the toes come up.

So it's very easy to injure it, rip it, and from overuse like a lot of running or jumping or baseball things like that, it can get really irritable. And this baseball player on the right side, I'm going to say the Achilles was about three quarters of a centimeter wide, and on the left side, it was almost an inch thick, just like two and a half centimeters. And after doing it a few times, his pain went away, and the Achilles actually shrunk down to the normal size, like on the right side.

And it was one of those things to me, that was like a miracle. And I've seen this happen over and over and over. And what happens is there is a lot of remodeling that takes place of the tissue, when we do regenerative medicine of platelets and stem cells. So I've had people that have lumps on their body, where they've torn tendons off and things like that. And it seems to like just heal up and become normal again.

So when you talk about your right hip, is it in your groin area, you're talking about?

Harry: It seems like it's emanating from my -- my joint in there. I actually had x-rays done, then I had a CAT scan done on it, and they just told me that I'm just getting old, I've got arthritis. I actually saw the

x-ray and it looked the same as my left hip, you know but they're just telling me that it's just old age, or arthritis there.

Dr. Darrow: Okay. So you just hit the nail on the head, I'm so grateful you just said that Harry, because this is a take-home learning point for everybody. And I see this every day. I see people who come in with arthritis in one joint, and then what we call the contra-lateral, or the other joint looks the same but has no pain. How can that be?

Harry: Right.

Dr. Darrow: It's because you cannot believe your CT or your MRI or your x-ray. And it probably means that that arthritis is not the cause of your pain. A lot of people have arthritis and don't have any pain at all. So why are doctors giving surgeries for arthritis? It's not the right reason. They need to do an exam, move the joint around, and find the pain generator. Not find the spot on the MRI. So, you're a real smart guy, Harry.

Harry: Because I had one steroid injection, and that seemed like the pain went away, but then I started, you know, walking normal for a long distance, and then eventually, the pain came back.

Dr. Darrow: Okay.

Harry: And I was told well, I could have that injection done every six months, but it seems like the procedure they sort of like put you to sleep, like it's an operation.

Dr. Darrow: Well, I have a couple feedback points for you on that. Number one, if you look up cortisone, which is a steroid, on Google, you're going to see all the damage it does to cartilage. And when it's on a weight bearing joint, like a hip, you know the ankle, the knee, that's weight bearing, it's going to destroy it. Because it softens up the tissue and the cartilage and then you're putting pressure on it to destroy it.

So, yeah, you can get away with it once in a while. It's not a good idea really ever to do it, if you can help it. And the fact that the steroid made it feel better for a short while is a real good indication that using platelets and/or stem cells together can heal it up. Because that steroid shot, the cortisone shot went to the pain generator. The fluid went there the same as the fluid that I would give you, using stem cells and platelets would go to that same spot.

When I do it, I don't put anybody to sleep, the shot takes like two seconds, I use an ultrasound to guide the needle, and it goes right to the exact spot. Be careful anybody out there, listening, if you're going to get a shot of anything for the musculoskeletal system,



make sure your doctor uses an ultrasound to watch where that needle goes. The studies show that blind injections into the knee miss that joint, at least one-third of the time. So be careful what you're doing.

Harry: Yeah. Yeah. I was told that when they were giving the injection, they actually like an x-ray machine.

Dr. Darrow: Yeah, they have a live -- a live x-ray, a fluoroscopy that they use. And why would you do that. That gives you a lot of radiation. You can use an ultrasound that just give sound waves, that actually that might help you feel better. But I'm being a little facetious because ultrasound is using for a healing modality, but the kind that I use is not for that. It's just to look, to get an image, and then we can actually see the needle. And we can use that to guide.

I don't fluoroscopy. If you watch someone doing -- a doctor doing it, they've got this big lead shield on them to block the x-ray. Well the patient doesn't have that.

Harry: Okay.

Dr. Darrow: I'm not a fan of fluoroscopy for that.

Harry: Yeah, the friend that I had that had his treatment, he's able to play handball again. So I was kind of surprised.

Dr. Darrow: You mean after the Achilles tendon treatment.

Harry: And I think it was your office that did his platelets and stem cells.

Dr. Darrow: Wonderful, wonderful. So I'm going to give out a couple phone numbers here Harry. One is to the studio, so we can get some callers, and anyone who calls, we're going to give a free book, called Stem Cell and Platelet Therapy, Regenerate Don't Operate...

Harry: Well, I did call the studio number.

Dr. Darrow: Yeah, yeah, we got you covered, but I'm going to cover other people who want to call in. The number here is 866-870-5752, that's 866-870-5752, you can call me right now and ask questions about yourself, or your friends, or your family. You can use a fake name if you're shy. And if you want to catch me at the office and get more information, the office number is 800-300-9300, that's 800-300-9300.

And if you want to watch videos of me doing these procedures, the website is [www.lastemcells.com](http://www.lastemcells.com) and I check my emails all day long.

I do emails before I go to sleep. I do them when I wake up in the morning. And I get back to every single person who emails me through the website.

So we've got a couple other callers coming in it's getting close to the end of the show. Donald, we're going to take you for your knee. Donald, it's Dr. Marc Darrow, how are you today?

Donald: Pretty good. It's nice to talk to you. Yeah, my left knee is -- it's bone-on-bone. I've had two surgeries, one was for torn ligaments 20 years ago, the other was to shave the bone about two years ago. I have lung disease, so they say the only way to get a knee replacement, I'd have to be paralyzed, that and that. And you know I might not wake up.

Dr. Darrow: Okay.

Donald: Do you have any suggestions I can do? I mean the pain's incredible.

Dr. Darrow: Okay. You know to really be honest with you, I have to examine you. I can give you ideas right now.

Donald: Well, what city are you in?

Dr. Darrow: I'm sorry? What city? I'm across the Freeway from UCLA, on Wilshire Boulevard.

Donald: What city are in?

Dr. Darrow: West LA.

Donald: West LA? Okay then in the next week or so, can I call up and make an appointment, what kind of insurance do you take?

Dr. Darrow: You can call right now. Yeah, call right now, you'll get all the information you need, yes, 800-300-9300, there's people by the phones, and you'll get all the information you want.

Donald: Okay, thank you.

Dr. Darrow: All right. Donald, God bless you, there's good hope ahead for you. I'm going to go to Tony now, he's got a tendon issue. Tony, what tendon is it?

Tony: Marc?

Dr. Darrow: Yes, sir.

Tony: It's my tendon on my left side, I injured it. I don't even know how it happened, but I pulled, and I went to get -- to a doctor, a specialist, and they did an MRI and x-rays. And they said I have minor tears. And what started happened, was it started swelling and the pain was just unbearable.

Dr. Darrow: Okay.

Tony: And they scheduled me for surgery. Things happened to where the surgery got cancelled. And so it started healing itself, and I kept the weight off of it.

Dr. Darrow: Was this you knee that you're talking about, I didn't hear that.

Tony: I'm sorry, not it's Achilles tendon.

Dr. Darrow: Oh, your Achilles tendon, okay.

Tony: Down to the heel.

Dr. Darrow: Okay.

Tony: Yes, and the problem is right at the heel.

Dr. Darrow: Yeah, that's easy to -- that's usually pretty easy to fix.

Tony: Oh, okay. So you think that might be a -- I'm a candidate for something like a procedure like this stem cell?

Dr. Darrow: Yeah, if it's not a complete tear. If it's a complete tear you can have surgery, or you can get in a cast till it heals. But if it's not a complete tear, if it's just little tears, we can help you heal it up.

Tony: Oh, that's great. Well, I'm going to have to get a hold of you at your office and make an appointment so I can go see you.

Dr. Darrow: I'd appreciate that. I'm going to throw out the number again to the office is 800-300-9300 and Tony, I'd love to see you and get that Achilles healed up. And for those of you that want to talk to me right now, you can call into the studio at 866-870-5752. We're going to go to George. He's got back issues, and questions about stem cells.

Tell me, George, what's going on?

George: It just doctor, this is George. It's not for me, it's for my wife, she has spinal stenosis and degenerative disease in the back. And she suffers with sciatica as well as pain in the -- in the low back. Can you tell me does stem cell help that issue. And number two, is how

much does it run, because insurance is not going to cover this, I'm assuming, correct?

Dr. Darrow:

You can call the office for information, and detailed information. But let me give you the medical information, because that's what everybody needs to hear. Spinal stenosis means that there's a squeezing of the spinal cord, or the nerves that come from the spinal cord, that go down the arms or legs. And if it's -- oh, boy, go to the website, and you can email me, and I'll get back to you. It's [www.lastemcells.com](http://www.lastemcells.com) and I wish there was more time. God bless you all. Thank you Nita, Suzette, Alex and the rest of the staff.

Nita:

Thank you. 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. Thanks for listening, and we'll see you next time.