

Living Pain Free 2/05/22

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. How are you today?

Nita: I'm great. How are you?

Dr. Darrow: Well, you know, I'm living it up. I hope you are too. And I hope everybody else is, listening to the show.

Nita: Doing my best. And we would like our listeners to live it up. So if you're experiencing chronic musculoskeletal pain, you want to call us during the hour, so you can talk to Dr. Darrow about your pain. And you want to get his latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies.

You can also see videos of the treatments being performed on his website at www.lastemcells.com that's lastemcells.com, and you can email Dr. Darrow off of every page on that website. Again, www.lastemcells.com. But you really want that free book. It tells it all. I have a copy sitting here with me right now. Our number again for getting your book is 866-870-5752.

Dr. Darrow: Thank you, Nita. Wonderful.

Nita: You're welcome.

Dr. Darrow: Well, I think I'm going to go to a question which will weave in what regenerative medicine is all about and how you can heal your orthopedic injuries and arthritis. So let's see this one, ah, this is good.

Severe arthritis in my right thumb. Thank God, that's not me, right.

Nita: Oh, how do you golf, if you can't use your right thumb, hello.

Dr. Darrow: People do it. They get -- nothing stops golfers, I promise you that. It's an addiction. It's one of the best addictions, because you get to get out and exercise, and walk around in the park, and use some intelligence on how you hit shots. I think may go play today, Nita. You don't mind, do you?

Nita: No. One of these days, I'm going to join you, because I'd really like to learn. It's been a secret desire inside for many years.

Dr. Darrow: Really? You never mentioned that.

Nita: Yes.

Dr. Darrow: I'll take you to the range, you know what the driving range is right?

Nita: Yeah, that's where you start to learn, right?

Dr. Darrow: Yeah, I'll have you up hitting the ball within about 10 minutes, I promise.

Nita: Oh cool. I'm excited.

Dr. Darrow: I'm probably the best teacher and the worst player on the planet. What's that's statement about those who blah, blah, blah, can't do, teach, blah, blah, blah.

Nita: Yeah, something like that.

Dr. Darrow: Because I've had so many lessons, that I am very tuned into what the swing is about it. I can see it in other people, but I can't do it. That's what it all -- that's the story with most golfers. They call all teach it to other people, but they can't play that great.

Nita: That's hilarious.

Dr. Darrow: Anyway, this person says I have severe arthritis in my right thumb. I'm interested in stem cell treatment, before I consider surgery. I'd like to set up a consult with Dr. Darrow. That's me. Yeah, why would you jump to surgery, when you can get a simple injection to help heal what your problem is.

Anything in the musculoskeletal system -- well, I can't say anything. We have to choose our patients wisely. If we take someone and we think they're not going to heal, obviously I'm not going to inject. And regenerative medicine is all what the word is, regenerating tissue in the body.

So typically arthritis is, at least some types of arthritis because there's a lot of different types is a syndrome of the cartilage between

the bones wearing down. There are also other types, such as inflammatory arthritis, like rheumatoid arthritis or psoriatic arthritis that are inflammatory in nature. And instead of wearing down the cartilage which can happen with an injury, or just overuse with a sport or something else, a lot of people with thumb arthritis are Postal workers, guys that are handling mail. They're flipping envelopes all day long. So that's just overuse. With the inflammatory arthritis, it's more of something that is autoimmune usually, where there are antibodies in the blood that actually attack their own person's tissue. So that could be anywhere around the body, but especially the joints.

So this person has severe arthritis in the right thumb, they'd like to consider stem cells before considering surgery. That's wise, because I see way too many surgeries being done that fail. People come into me after their failed surgeries, and from you know different studies I've read, and from my own observations in the last 25 years or so, I see that way too many surgeries fail. I'm going to say in musculoskeletal, you know orthopedics about half of them, if they don't fail right away, they fail down the road, because typically they're taking out tissue, and destabilizing the joint. That's not a good thing.

Why not just regrow the tissue and rejuvenate it, and heal it? That's what I do. And we use platelets from the blood, that's PRP, platelet-rich-plasma, or we can use stem cells. And the stem cells are typically mixed with platelets. So if we're taking bone marrow which we get from the back of the pelvis at a place called PSIS, and by the way, when I throw terms out like that. You can write them and go to Google, find the term, and then in the upper left-hand corner, there's a spot that says images. And you can take an actual look at the anatomy, and see what I'm talking about, so you can educate yourself.

And what I like to do is have my patients educate their doctors also, because I'm going to say it like this. Traditional doctors and this is not a statement against them, it's just the truth, are pretty much dinosaurs. They get trained in medical school, and then they stick with that training, and they don't go further, because that's the tradition, and people love to follow tradition. Humans love tradition.

Personally, I'm not a tradition kind of guy. I want to push the limits, and in medicine, I like to find things that work naturally. I don't like using medicines, I don't like using surgery. There are times, obviously, when surgery is mandatory. I had a surgery to remove my adrenal gland on the right side, because it has a cancer.

It was called a pheochromocytoma, try to write that one down.
Nita, can you even repeat it?

Nita: Phenacromosomal and the cow jumped over the moon.

Dr. Darrow: Yeah, anyway, it was a neuroendocrine type of growth, and it was producing high adrenaline in my body. So my blood pressure was shooting up to like 250 over 150. A lot of people that this die, without the doctor even knowing what it was. They have what we call labile hypertension, where the blood pressure just jumps around. I had that.

So the tumor was removed. That was a necessary surgery. But if you have something like arthritis, if you have a meniscal tear in your knee, rotator cuff tear in your shoulder, my point of view is do not get a surgery for that. You're removing good tissue. If you have a doctor that's willing to put in writing that he's not going to take tissue out, and maybe just sew up the meniscus, that may not be a bad thing. If you have a big flap tear, and you can't bend your knee, you might need a surgery. But that's really kind of rare, from what I see.

Most people come in and let's talk about the thumb arthritis. They go, you know, I talked to three different orthopedic surgeons, hand surgeons. They all want to do surgery to put in a prosthesis, meaning a fake joint. And when I have people come in after those surgeries, they often do not do well at all. And they can have more pain than they had before the surgery.

So what I do is I take either platelets from the blood, or platelets and stem cells from bone marrow, which is a very simple procedure, and it's literally like -- taking bone marrow is like drawing blood. It's just taken from the pelvis. It's very quick. And it's pretty painless. And we numb up the area. It's not like doing a bone marrow transplant, where people say wow, that was really painful. This is just a small amount of marrow, that's taken out, and sometimes we have to spin it in a centrifuge, especially if it's going into a knee, because the red cells are very inflammatory, and they can cause a knee effusion.

That means the synovial tissue gets irritated and produces a lot of excess fluid, and that hurts. So we will spin that, take the red cells out, and then inject that. But most places in the body, we don't even need to spin it. There are many studies, and I've done one, comparing bone marrow which is spun versus unspun. And they both work the same. We just have to be careful that we're not sticking it into a knee.

So I do thumbs, almost every day. I just did one yesterday. The person said before I injected, how often do you do these. And I said we do these pretty much every day. It's very, very common to do thumbs. People have a lot of thumb arthritis, that's very, very common. And the fingers, from overuse. I get a lot of guitar players, musicians, violinists, base players, you name it. And they typically are going to wear out their hands from overuse. And we get very, very good success with that.

So I'm going to give out the phone number now, so we can some callers in, if you want to get your...

Nita: We have Alan waiting for you too.

Dr. Darrow: I don't see him on my call screener but hang on Alan.

Nita: Okay.

Dr. Darrow: Maybe my call screener is not working here, strange, let me see what's up. There he goes. He just popped up there. But let me give out the phone number, Alan, just hang with us. The number to the studio is 866-870-5752, I'm going to repeat it one more time, 866-870-5752. And if you want to catch me at the office or get more information than we give you on the radio show today, you can call the office at 800-300-9300. But if you do call the studio right now, I'm going to give you a free copy of my Stem Cell and Platelet book, called Regenerate Don't Operate.

And as Nita said before, it's got about 265 studies on regenerative medicine, how it works, and how surgery often can fail. And it's got a lot of photos of me doing injections, there is a beautiful photo of Suzanne Somers in here who wrote the Introduction. Thank you, Suzanne Somers. She wrote the Foreword. And she also wrote a book -- her latest book called, A New to Age. And on page 302, there is an entire Chapter about me and regenerative medicine, and how it's helped her and her family. I've been treating them for many years. So God bless you, Suzanne Somers, we love you.

So we're going to go to Alan, you have left knee pain, apparently. Which knee is it, your left or your right.

Nita: Hey, Alan, are you there?

Alan: Yes.

Dr. Darrow: Is it your left knee or your right knee that bothers you?

Alan: My left knee.

Dr. Darrow: Okay, and are you right-handed or left-handed?

Alan: I'm left-handed.

Dr. Darrow: Okay. That's your dominant hand and probably your dominant knee and what do you think caused your knee pain?

Alan: Well, I was at a bus stop, and the platform was too low, and I jumped onto the platform, and this was about four years ago.

Dr. Darrow: Okay.

Alan: And it hurt my knee. I wanted to know if stem cells or PRP can cause infection in a joint?

Dr. Darrow: Anything can cause infection, if you put it into a joint, and it has an infectious material in it. So joints can get an infection without injection. Some people wake up in the morning with an infected knee or shoulder, and they don't know even how it happened. It can be done, what we call hematogenous Ly. The blood can have an infection in it and go to a joint and end up there.

So it's not that injecting these things causes infections, it does not. I have never had an infection. I've been doing this for almost 25 years. I do it all day long, I inject joints. I have never infected a joint. We use hospital type surgical priorities to clean the area. We use Betadine, which is an iodine preparation first, and then we use something even stronger that is chlorhexidine. So we're very fastidious about keeping the area sterile, before we inject. We have never had an infection. Does that answer your question, or do you have more about that, that you're concerned with.

Alan: That answers my question. But I have another question.

Dr. Darrow: Sure.

Alan: Can stem cells cause -- do they cause inflammation, and what happens to the area?

Dr. Darrow: That's a great, great question. I don't think anyone has ever asked me that before in all these years I've been doing it.

When we inject bone marrow -- bone marrow generally has inflammatory things in it and anti-inflammatory in it. Stem cells generally are anti-inflammatory. So for example, I don't do IV stem cells, but there are a lot of doctors who do. They fly under the radar and do that. And out of the country, there's not really an issue doing it. And what they find is people that have diseases that cause

inflammation in the body, the inflammation is quieted down for about a week or so. So that's with stem cells. That's not bone marrow. If I'm going to inject bone marrow into a joint, there is a short inflammatory period, and that helps healing. So people go why do you want to inflame it, when it's already inflamed. The reason for that is, when your body is injured or has arthritis, there is inflammation as part of that syndrome. But it's a low-level of inflammation. It hurts, but it's a low level. When we do these injections, platelets or -- or platelets with stem cells, we do cause a short inflammatory cycle, but that extra inflammation brings fibroblasts to the area.

So I'm going to give you an analogous situation. If someone sprains their ankle, which is so common, most of my patients, when I ask them have you ever sprained an ankle. Almost everybody goes of course I have. And I go how did it feel? And they go terrible, it swelled up, and it hurt, and some people say it just took a few days to get better. A lot of people if it's a bad sprain, they go it took like six to eight weeks, so that's lot of inflammation. Did those heal alone without surgery, or without anything else? Because it's sort of God's way, or the body's way to heal. The inflammation actually does some healing. But if you're chronically inflamed, that's not a good thing.

So when we do these procedures of regenerative medicine, of platelets or stem cells, or a combination, we are creating a short burst of inflammation to bring fibroblasts -- and fibroblasts are the cells that grow collagen. Collagen is the major constituent in our tendons, ligaments and cartilage. So we like to have that inflammation for a short period of time.

Typically, when I inject somebody, they're going to be stiff for about 24 hours, and that's been my experience on my body. I have injected -- personally I've done my own, I do it myself, I've done my own knees, my own shoulders. What else have I done? I've done both my elbows and my right wrist. I've had other doctors inject my neck and back, because although I don't want them to, I'd rather do it myself, I can't reach back there. I trust myself, more than I trust other doctors, because I've been told, I do the most of this of anybody on the planet, so I feel like I'm pretty good at it. Maybe I'm not the best, but I have a lot of experience in it. And I trust myself. So I do my own injections, whenever I can.

By the way, Alan, what did your doctor tell you about your knee?

Alan:

I haven't been to him. Actually, he gave me a brace.

Dr. Darrow:

Okay.

Alan: And it felt better for a while, but then during the summer I walked a little too much, and I guess it started to hurt again you know.

Dr. Darrow: Okay. Well, at least you didn't have a surgery, because that would be the wrong way to getting to a healing. Surgery should be saved either for emergencies or for a last-ditch effort, after you've tried everything else. Because you know asked about infection from stem cells? I see a lot of people get infected from surgery. That's common.

Alan: Um-hum.

Dr. Darrow: Because it's invasive.

Alan: Can a person walk after the injection?

Dr. Darrow: Absolutely.

Alan: After 24 hours, I guess.

Dr. Darrow: People drive themselves -- no they walk right away. People drive themselves to the office, and then they drive themselves home. And they can walk to their car, and all of that, even if it's a knee that we're injecting, or a foot or an ankle. I don't want them to be -- I'm sorry, go ahead.

Alan: They can actually [inaudible] doctor that after the shot, right?

Dr. Darrow: Well, it depends on who it is. If it's a pro athlete, you can't stop them. If it's me, you can't stop me. But the typical patient if they want to get the best healing they can get, they're going to let it rest for a while, and let the tissue start growing in, yeah.

Alan: Um-hum.

Dr. Darrow: And I have a lot of patients just go, I'm not going to rest it. I work out all day, and that's what I do. And I go fine. You're not going to heal as fast as someone who rests. And they go I don't care, I just want to get this going, I want to get the healing started, and I don't mind coming back more often to get it done, but I will exercise. And I accept them as patients. I just let them know that it's problematic.

Alan: I got to a program, and we have groups there, and I just go and sit down and then I got to the restroom, sometimes, but it's not a lot of walking.

Dr. Darrow: No, you're fine.

Alan: Would that be okay to do after the...

Dr. Darrow: Yeah, you're -- you're totally fine doing that. No problem.

Alan: I see. I can walk a maximum of about a half a block, and then it starts to hurt.

Dr. Darrow: Okay.

Alan: Am I -- do you think I'm a candidate for stem cells for that?

Dr. Darrow: The fact that you can move your knee, you know, you're walking is a pretty indication that I can help you get better. If we have a joint that's completely arthritic, to the point where it really is, what we call bone-on-bone, not just what doctors call bone-on-bone, because I get probably half my patients with arthritis say they have bone-on-bone, and they do not. It's a buzz word that means I want to give you surgery by the doctor.

So I would say 99 percent or more of the patients that I see that have bone-on-bone, do not have bone-on-bone. They were just told they have that. They have a joint that can move, which means it's not bone-on-bone. Bone-on-bone to me, means that there's no cartilage there, and the joint doesn't move. Bones are like bricks in a way. They're porous and if there's no cartilage on top of them, to allow them to slide and to move, then that's bone-on-bone, but I don't see that very often. I see that very, very rarely actually.

So, I think you're a good candidate, just talking to you, but like I tell everybody else, I've got to examine you to let you know if you're a good candidate.

Alan: I see.

Dr. Darrow: There's a lot of variables that don't show up just talking to someone. We need to talk, first, obviously. We do the history, a very complete history, and then I do the examination to figure out what's really going on. And you know a catch to this thing is a lot of people have MRIs or x-rays that show things, that the surgeon says, look at that. We have to operate. And then I take a look at the MRI or x-ray, and I go yep, that looks bad. And I do the examination, and I go but your joint, or whatever it is, your tendons, your ligaments are good.

And they go what do you mean, they're good? I go they're functional. So don't believe the MRI or the x-ray. You've got to do the exam. Way too many of my patients come in, after a failed surgery. That means a surgery was done, it didn't work out. They got worse, or they didn't get any better. And I say did the surgeon

ever touch your body? And they go no. They showed me the MRI or the x-ray. That's not a good way to practice medicine to me.

Alan: Um-hum.

Dr. Darrow: It's just kind of the culture that we're in, which is look at the image, and figure out if you need surgery. That's not good medicine to me.

Alan: So when the joint is stiff, after 24 hours, it usually goes away, the inflammation?

Dr. Darrow: Yeah, um-hum. It's just a short burst of inflammation.

Alan: And then I can walk -- and I can walk on it, but not the exercise, just what I have to do?

Dr. Darrow: Well, I think the first thing before I give you definitive information, Alan, is come in the office, the phone number to the office if you want to come in now, there's people there is, 800-300-9300. Come on in, for a history and physical, let me check you out, and give you some real information, rather than just hypothesis based on what you're telling me right now.

Alan: Um-hum. Okay. Okay, thank you, doctor.

Dr. Darrow: God bless you, Alan, I think there's real good hope for you healing.

Alan: Thank you, bye-bye.

Dr. Darrow: All right. So the phone to the studio, for any of you that want to talk to me, live, right now is 866-870-5752, that's 866-870-5752. And if you want to email me, you can do that by going to my website, which is www.lastemcells.com that's lastemcells.com. We're going to the break. And hopefully, we get some callers after the break. We're going to give you a free copy of my book, Stem Cell and Platelet Therapy.

Nita: Sounds, great. Thank you, Dr. Darrow. You're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this important information coming your way. I'm your host, Nita Vallens. And we'll be right back.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at

jointrehab.com or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

- Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. We're taking your calls at 866-870-5752, right here in the studio. And when you phone you get a free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies. And again, the number to get your free book, 866-870-5752. Would you like to talk to David?
- Dr. Darrow: It looks like we have two David's in a row.
- Nita: We have two David's, okay first we're going to do the hip. And then we're going to do the knee.
- Dr. Darrow: Okay. Sounds good.
- Nita: David in Covina, you hang on, we'll get to you next. So we're going to David in North Hollywood.
- Dr. Darrow: David, Dr. Marc Darrow, how are you today?
- Nita: David, are you there?
- Dr. Darrow: Let's put him on hold and go to the other David, and then we'll get back to him.
- Nita: Let's go to David in Covina.
- Dr. Darrow: David, it's still Dr. Marc Darrow. Can you hear us?
- David: This is David in Covina.
- Nita: Yes.
- Dr. Darrow: Yeah, yeah. Your knee bothers you.
- David: My wife was listening to you, and she said, David, call him right now. So I'm trying to find [inaudible]. But I tore my meniscus a few years ago, I was too busy to go work out, so I thought I'd just do it with a home video, which turned out to be a mistake. When I -- after the meniscus surgery, the physical therapist on multiple occasions would say, man he sure took a lot out of there. Everything was fine, for I don't know, maybe a couple of years. And then after that, I've been having trouble with the knee sine.
- Dr. Darrow: Okay.
- David: And so I'm wondering what possibilities there are for me.

Dr. Darrow:

Well, again, like I always tell people, I have to examine you first. I can tell you generalities. I treat people with meniscal tears all day long, it's one of the most common things that we see. And I think I do more knees than anything else. Although, I do the whole body. I do everything from the head all the way down the back, every joint on the way down to the feet. So there's nothing that I really don't do.

But knees are probably the most common. And I've heard this growing up, you know, your knees are the first thing to go. And I think it probably is kind of true for the average person. I am sorry you had that knee surgery, and I'm not going to put down your doctor, because it is the culture of orthopedics to take out meniscal tissue, if there's a tear. But I do it the other way around.

I rebuild the tissue to rejuvenate it but growing back the cartilage and fibrocartilage. So the meniscus is like a pancake between the bones, it's the cushion, and to take it out to me means you have immediate arthritis. So I hear orthopedic surgeons tell my patients all the time. If you don't get this surgery, you're going to end up with arthritis. Well, I can't say "BS" on the radio, can I?

Nita:

No.

Dr. Darrow:

No. But that's what I call it. Because after the surgery, that's immediate arthritis. You don't have to wait to get it. So I'm just saying it the way it is. I am against these surgeries. If you don't like the way I speak about it. Or if people don't like it, I tell them to go to a surgeon, you know it's fine with me. They can do that. But it's not -- it's not a really great procedure to do in my book. I'm just one guy. I'm not telling people what they should do. I give -- when people say what should I do? I go, I'll educate you, but then you're going to decide. I don't ever want a patient pointing his finger at me saying you told me to do this, and it didn't work out.

And I never give guarantees of my work. I try to be as honest as I can, and honestly I don't think surgery is a good thing for people unless it's either an emergency, then go get a surgery. You know you have a broken bone sticking out, something like that, you'd better get a surgery right away.

I'll tell you what happened to me. I was in a car accident a few years ago. My face got really smashed up. And I was taken to the hospital, to the Emergency Room. And the doctor wanted to operate -- it was close to midnight, and the doctor wanted to operate on me with the wrong tools. He didn't have the right kit. He needed some little micro tools, and he didn't have them. And after me waiting for the right kit to show up, he said, we can't get it.

I'm just going to operate anyway. And I go no, you're not. And he said if you go home, you're going to be infected by the morning. And I said, I'll take my chances. And I waited. Because that's how I am. I'm going to do it the way that I think works.

And I waited till the morning, and then I went to my own surgeon, who I know very well, who's upstairs in my building. And I had him do it the right way. So that was a surgery that needed to be done. You know my face was torn apart.

But knees, shoulder, elbows, fingers, all that stuff, no way. I don't like that. I just don't like it. I have seen bad results for many, many, many, many years. I was on the path to do orthopedic surgery. I loved doing it. And after I had a shoulder surgery by my boss, that I don't know how to say, it ruined my shoulder for many years until I learned about injections of regenerative medicine, which I did on myself, and I was healed the next morning. That changed my life. That changed my life path, from thinking surgery was the way to thinking doing conservative, natural things are the way.

And I don't mean to be hard-headed about this. It's just that I am. It's just what I've seen. And I like surgeons, I just don't like these surgeries, if that makes sense. I really do like the surgeons. Honestly, their work is the hardest work in medicine. The risks are so high. Alan called before about do stem cells or platelets cause infections.

Well, I've had one in 25 years of doing regenerative medicine. But is see a lot of infections from surgeries. So I don't mean to bash the surgeons, because I am not. I love having surgeons available. They do the hardest work in medicine. There's no question about it.

But I don't think our culture doing surgery for these minor tears and things like that is a good thing for anybody. And your story...

Denise: So doctor, this is the wife who told David to call.

Dr. Darrow: Hi, what's your name?

Denise: Denise, another "D", Denise.

Dr. Darrow: Oh, Denise, nice to meet you.

Denise: You too. So do you think it would be advisable, is it worth his while, post-surgery on that meniscus for him to come in. Do you help?

Dr. Darrow: Do you have rope at home, because it sounds to me like you're going to have to put it around his neck, and drag him in.

Denise: Well, I'm just wondering post-surgery, post meniscus surgery.

Dr. Darrow: Yes. I treat post meniscus surgeries all day long, every day.

Denise: Oh good. Okay.

Dr. Darrow: It's not uncommon. It's not uncommon at all.

Denise: Even though it was a bad idea to have it in the first place, there is help?

Dr. Darrow: Well, I don't know if I can help him. You know, I don't promise anybody anything, but I'm happy to look at him, and see what's going on. I can tell you this --

Denise: All right. Okay.

Dr. Darrow: This is all I can tell you. I treat tons of people who have had meniscal surgeries, rotator cuff surgeries, back surgeries, you name it. Surgeries all over the body, where the surgeries have failed. People are unhappy, and then they come to see me. And then we can get them better. Not everybody. I can't get everybody better, but at least it's not something invasive. It's conservative.

Denise: Right.

Dr. Darrow: All you do is you come in and get -- you get some injections. It's easy. You walk in and walk out. You drive there and you drive home.

Denise: Okay. Okay. I like the sound of that.

Dr. Darrow: All right. Denise, you grab him and drag him in. And by the way, the number to the office, if you want to call there now, either to make an appointment, or find out more information is 800-300-9300, that's to the office, 800-300-9300. And for you folks who want to watch me doing these procedures on videos, and read all about it, and get the science and look at the studies that I've personally done on it, go to my website, www.lastemcells.com that's www.lastemcells.com and Denise, because you called in, we're going to send you a free copy of my book, it's a \$25 book, it goes to you for free. We're going to mail it out for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. So my life has been -- my medical life has been dedicated to keeping people from having surgery. And I think I've done a great job with that. And

I'm not patting myself on the back, that I'm better than anybody else, but honestly, I love what I do. People say why don't you take vacations? Well, because I would rather be there with patients helping them heal, than being out somewhere away from them. I care for my patients.

Every one of my patients gets my cell number. That's unheard of. They get my email, my personal email. I'm getting pinged all day long by patients about what's going on with them. I want to know. I don't feel like I can help people -- help my patients unless they're in constant contact with me. And I tell them. I laugh and I say if you don't get a hold of me, and let me know what's going on, I'm going to be mad at you.

Denise: Well, I've been listening to you off and on over the years, when I happen to be driving at the right time on Saturdays. And I wrote all your information down today.

Dr. Darrow: Wonderful.

Denise: As I pulled into the driveway, before I walked into the house, I got all your numbers and your website.

Dr. Darrow: I know. And you grabbed her husband and said call him now.

Denise: And I walked in the door and said call this guy now. He's on the radio now.

Dr. Darrow: Anyway, all I can tell you is the probability is very high that I can help your husband's knee.

Denise: Well, we'll see what we can do to get him over there to West LA.

Dr. Darrow: All right.

Denise: And my husband is looking at your reviews on Facebook right this minute, and he says they look good.

Dr. Darrow: Well, there's some bad ones too. Not everybody loves me.

Denise: Oh dear. Well, he hasn't seen those.

Dr. Darrow: He will.

Denise: Okay. Well thank you so much for taking our call right away.

Dr. Darrow: So David, if you like Tequila, I have some at the office.

David: You have some what?

Dr. Darrow: I have some Tequila at the office.

David: That's quite all right about that.

Dr. Darrow: Actually, there was a guy who came in -- there was a gentleman who came in who was a little nervous about getting an injection and I said I've got Tequila -- I said I have a bottle of Tequila someone gave me, it's in the fridge. He goes, please give me a shot of Tequila, it will help me a lot. And I said I can only do that if your wife is driving. He goes, she'll drive. So I gave him a shot of Tequila, and he was like go ahead and inject me, I feel great now.

David: Okay. [Inaudible] recreation in high school. I've given it up since then.

Dr. Darrow: Yeah, I agree with you. I don't drink either. At any rate, thank you so much David for calling in, and Denise thank you for asking your husband to do that. And God bless you both.

Denise: And you're welcome. Thank you for being there.

Dr. Darrow: And honestly, David, I think there is a great possibility for you to heal. I just have to examine you.

David: I'll look into it.

Dr. Darrow: Yeah. All right. God bless you.

Nita: Thank you. Our number is 866-870-5752, for you to get your free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy, 866-870-5752. And we'll go to Carlos.

Dr. Darrow: Hey Carlos, Dr. Marc Darrow, your friend has arthritis, and he can barely walk. Is that his knee, foot, ankle, what is it.

Carlos: I was calling for another person I met at church.

Dr. Darrow: Okay.

Carlos: This morning, and she -- when I saw her a couple of days ago at church, she came in with a cane, and she could barely walk. And she it's my arthritis in my knee.

Dr. Darrow: Okay.

Carlos: So after that -- after leaving church, she went to the doctor, and he gave her a shot in the knee.

Dr. Darrow: Yeah.

Carlos: When I saw her this morning at church, she was walking, but without the cane, but still it was -- you know, she felt good she did that the other day. And I wanted to order this book for her. That's why I called.

Dr. Darrow: Sure. Wonderful. So let me explain what happened to your friend. The good news is she feels better, right, she's walking without the cane.

Carlos: Right.

Dr. Darrow: The bad news...

Carlos: That's what she said this morning.

Dr. Darrow: Yeah, the bad news is that they most likely -- the doctor probably gave her a steroid shot of -- we call those cortisone.

Carlos: Well, I don't what -- she didn't say what kind of shot she got. But I imagine it's what you just indicated.

Dr. Darrow: Yeah, so what does, is it dissolves away the cartilage. So that's not something I like to give anybody. You know, it sounds like it's great because you get...

Carlos: You know, like I explained to the lady that answered the phone, she's in her late 80s, so you know I just happened to catch your radio program, and by chance, and I hear you guys mentioned about the book. And I thought maybe that would you know, after I give it to her, if I could get for her rather, you know she could you know maybe give you a call.

Dr. Darrow: I would love -- I would love to hear from her. Carlos, how's your body doing? Do you have pain?

Carlos: I'm doing fine so far, thank God.

Dr. Darrow: Yeah, thank God. So I'm going to talk a little bit about your friend, and what happened to her. So it seemed like it was a great thing, because her pain is less, and that is traditional medicine. Get rid of the pain right away. Don't care if you screw up that knee later on, and what does that steroid, especially on a weight-bearing joint like a knee is it dissolves away some of the cartilage and causes arthritis. So why would a doctor want to do that, I don't know. That's not something I do. I do something natural that actually regrow the cartilage and helps get rid of the arthritis. It's the opposite.

Now, albeit my treatment generally is not going to get rid of the pain instantly, because tissue takes a while to grow back. But for me, I'd rather be patient and do something that is natural and helps the body, rather than feels good and hurts the body. It's like the -- you know, it's the statement of you can win the battle, but then you're going to lose the war. You know what's the point of that? That doesn't make any sense to me. How about you Nita?

Nita: Yeah, it doesn't make sense either. Why take tissue out, when you can regrow tissue?

Dr. Darrow: And why destroy it? I had a woman I talk about on the show all the time. She was a tennis player, and she had 16 steroid shots, cortisone shots in her right elbow to get rid of tennis elbow. That dissolved away that extensor tendon. That took me quite a bit of time to get that to grow back for her. All right. So I'm going to take other questions. Carlos, your call got dropped, I'm sorry about that. But we do have the information. I don't know if you were listening to it. We don't need to speak to you anymore today. And we're going to go onto a question right here, let me see if I can find it.

Actually, you know what we're going to do Nita, it's your time to be the star.

Nita: Oh gosh, oh boy. I can't wait.

Dr. Darrow: Yeah. So Nita how do you impress a baker?

Nita: Bring fresh made chocolate.

Dr. Darrow: No, but you're kind of on the track. You bring the baker flowers.

Nita: Oh, that's a good one. That's a good one.

Dr. Darrow: But you know, you didn't laugh enough. So I'm going to have to hit you again.

Nita: Okay.

Dr. Darrow: How does a rancher keep track of his cattle?

Nita: Not QuickBooks.

Dr. Darrow: Nope, a cowculator. There you go. Once I get you to laugh, I can let you off the hook.

Nita: Okay. That's good.

Dr. Darrow: You're lucky. You lucky, lucky woman.

Nita: Okay. So do you have the cure for my allergies?

Dr. Darrow: Of course.

Nita: Great.

Dr. Darrow: Yeah, of course. I have a cure for everything.

Nita: That's awesome. So if you want to join this conversation...

Dr. Darrow: Allergies by the way -- allergies that people have are usually food-induced. They can be other, but you know to get allergies to resolve, you get off any kind of grain, dairy, red meat, and you go to an alkaline diet. Alkaline diet heals just about everything. But people don't like doing it, so it's a problem.

Nita: But I just cooked a Tri Tip last night.

Dr. Darrow: Well, then I would eat that, and give me some too.

Nita: So if you want to join this conversation and you might have pain, 866-870-5752, right here in the studio is our number, you can speak with Dr. Darrow. And get your free book right now, which is Stem Cell and Platelet Therapy, Regenerate Don't Operate is the by-line. It has 264 scientific studies, and the Foreword is written by Suzanne Somers, and you appear in her book as you said, a while ago. It's quite a Chapter, it's actually about 14 or 15 pages, that she wrote about you. It's pretty cool.

Dr. Darrow: This is an amazing woman, Suzanne Somers we really love you. Us doctors who do what is called -- improperly called alternative medicine -- ha. We do the natural medicine. It's traditional medicine to me that's the problem. You know what if you're dying and you need to go to the hospital, traditional medicine is great. But if you're just the average guy that's got pain or some issues, traditional medicine doesn't really have the answers, I'm sorry. I wish it did. I don't want to get medicated, do you, Nita?

Nita: No.

Dr. Darrow: Wouldn't you rather just change your diet and heal your allergies that way.

Nita: And take a few vitamins, call it a day, yes. Absolutely.

Dr. Darrow: So we're waiting for a caller's name to pop up there. Now, they're blasting through, it's Joe. Joe, Dr. Marc Darrow, your hands bother you. Tell me what's going on Joe, which hand bothers you the most?

Joe: Hey doctor, how are you?

Dr. Darrow: I'm living it up.

Joe: So I use my hands for a living, I've been a massage therapist for almost 20 years.

Dr. Darrow: Yeah.

Joe: And you know I was told in school in that most careers last five years, because of such use of the hands. I have taken as much care of my hands as I could over the years. And I'm going to be doing 20 years in a couple years, here. But most recently, I've never had any issues. I'm very aware of my joints, and the pressure that I use, and how I use my hands, but most recently, maybe in the last two years, I've just developed some, it feels like a growth under my palms on both hands, right at the bottom of the joints in the fingers. It feels like the tendon is swollen. And you know they don't bother me day-to-day, but at the end of a long day, I start to get aches and pains. And recently what brought it out even more, is I started golfing again after like a 10-year lay off of golf, and the grip for some reason is causing more irritation. So lately I've been having that issue with my hands, and I was wondering if your -- your stem cells would help something like that in maybe the palm of my hand close to the joint?

Nita: So what just happened during your very detailed and very cogent story, Joe, is we lost Dr. Darrow. So probably the best thing to do is hang with me for a minute to see if we can get him back, which Alex is trying to do right now. It is kind of cool that you're both golfers, you and Dr. Darrow are both golfers, I just want to throw that in. And if we can't get him back, we only have about five minutes left in the show. I'm going to give you the office number, so you can call the office number. I'm also going to give you the website, where you can email him off of every page on the site. And just in the subject line, write, "Joe, the caller when we lost him." And the website is www.lastemcells.com do you have a pen?

Joe: Yeah, I have the website up on my phone already.

Nita: Okay, and do you have the office number? It's 800-300-9300, 800-300-9300.

Joe: Great. Thanks so much. I'll be calling for a consultation in the next couple of days.

Nita: Okay. He'll be thrilled to see you. Thank you, Joe.

Joe: Thank you. Bye-bye.

Nita: You're welcome. So we are now bringing on Dr. Darrow, and hi, there you are?

Dr. Darrow: Here I am but I'm calling in from next door on my phone, because my radio just went dead, my mike just went dead, how strange, huh.

Nita: That is very strange.

Dr. Darrow: Sorry, everybody.

Nita: That's okay.

Dr. Darrow: Did you handle Joe okay?

Nita: Yeah, is going to call you for a consult, I just gave him the office number basically.

Dr. Darrow: Okay.

Nita: So can I bridge Connie on here with Marc? Okay. So, we got you back, so we're going to go to Connie.

Dr. Darrow: You got me back on?

Nita: Yes. We got you back on, there you are, and we have Connie in LA with a back problem. Can you hear us okay? Connie, are you able to hear me.

Connie: It's a little low, but I can hear you. Can you hear me okay?

Nita: I hear you just fine. We had a little technical glitch with Dr. Darrow.

Connie: Okay. That's okay. I'm not going waste the time. What's happening is I can't -- I'm trying to get my records from my provider, my health provider. And they keep trying to steer to the regular medicine, which has screwed me already enough. So what I want to do is, I want to find out -- can I...

Nita: Oops, I'm so sorry. We lost you. We lost Dr. Darrow. So you have been listening to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens, I want to thank Alex, and Suzette for being behind the scenes, and everybody else here at Living Pain Free. And remember to listen to The Pet Show with our friend, Warren Eckstein from 11:00 to 1:00 every Saturday. I'm Nita Vallens. I thank you for listening, and we'll see you next time.