

Living Pain Free 1/15/22

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: I'm living it up.

Nita: Yay. Well, we want all of our...

Dr. Darrow: Another gorgeous day in paradise.

Nita: Well, always. Always, and we are in paradise, that's for sure. And we want everybody to feel like they're in paradise, our listeners, so you can call the show the today, all hour long at 866-870-5752. And you get a free book just by doing so called, Stem Cell and Platelet Therapy, Regenerate Don't Operate is the by-line. And it has 264 scientific studies, which Dr. Darrow is going to talk to you about in just a sec. I also invite you to look at the website, [www.lastemcells.com](http://www.lastemcells.com) that's [www.lastemcells.com](http://www.lastemcells.com) where you can email Dr. Darrow off of every page on the site, and watch him performing the regenerative treatments on videos, very exciting stuff. What do you think?

Dr. Darrow: I love it. How about you, Nita?

Nita: I love it too.

Dr. Darrow: All right. So I can go right to a question here until we get some callers. I would love you to call up and talk to me, it makes Nita and I -- it kind of stumps us all the time when we hear new things from new people calling in, or patients who have called in before, to give their experience of what it's like to heal.

Nita: Yes.

Dr. Darrow: You're creaky, Nita. What it's like to heal, using simple injections of cells from your body called PRP, which platelet-rich-plasma, or using your bone marrow to get platelets and stem cells at the same time.

And I've been doing this work, my God, since the late 90s, and at the time, I wasn't very-well liked in the orthopedic community. Now, the orthos are starting to do it finally. That's been what 20 -- almost 25 years.

So medicine takes a long time often for things to catch up with the reality of what's working because of heavy tradition in medicine, which is kind of sad, because there are so many things that can help us that are not able to be used. But then down the road, then they pick up and then they start being used. And then we look back and go why couldn't we do that before? It's because most doctors are afraid for many reasons, Medical Board, afraid of not getting referrals, so they want to stick to what the standard is.

And a little story, a good friend of mine, Joe Weider is sort of the father of bodybuilding, and he used to have -- he used to own magazines about muscles and weightlifting and all that kind of stuff. But back a long time ago, he owned Schiff Vitamins, and he was sued by the FDA that he was allowed to sell vitamins.

Nita: Wow.

Dr. Darrow: Now, I don't know how many of you out there take vitamins.

Nita: Yeah, all day.

Dr. Darrow: Yeah. All day -- all day is right. I take probably about 30 or 35 pills a day, different things that I think are really important. Obviously, things like Vitamin D and I take a lot of (inaudible) for brain health and obviously B Vitamins. But I can go on and on about what that is. In today's world, there's a lot of things that we know help us stay healthy and keep us away from virus and other things, but at the time, that wasn't really known that well. So he was sued, and he won, thank goodness, because he kind of opened the door for all of us to be doing this.

I don't know what it was specifically they sued him about. I'm not privy to that lawsuit, but it was a good thing for all of us. But my point is things change very slowly in medicine, and Nita, are you are really loud today, I'm going to turn you mike off.

Nita: I was reaching for tissue.

Dr. Darrow: So your wheels are creaky. We're going to have give your wheels a treatment of regenerative medicine.

Nita: I'm not even 55 years old yet. I don't know why. You don't have to even ask me any -- you don't have to ask me riddles today, because we can just laugh about how I sound.

Dr. Darrow: Well, I'm going to hit you -- I think I'll hit you right now anyway. Why couldn't the pirate learn from the alphabet? Because he got lost at sea.

Nita: Oh, I was going to say he had a patch on both eyes.

Dr. Darrow: That would work.

Nita: That would work.

Dr. Darrow: That's good. You're getting smarter every day.

Nita: I try.

Dr. Darrow: Okay. I'll give you one more. What did the ocean say to the shore?

Nita: Move over, here I flow.

Dr. Darrow: Kinda -- nothing. It waved.

Nita: That's a good one. That's a good one.

Dr. Darrow: That is a good one. You know my patients sent me jokes all the time. And I love them. And in the office they all tell me their jokes, and it keeps the mood very light. Because a lot of people come in pretty depressed.

But at any rate, this is a type of practice that I started a long, long, long time ago. And now it seems finally, you know I've been teaching it at UCLA for about 20 years. And finally it's becoming more of the forefront of healing and musculoskeletal medicine. And when orthopedic surgeons are starting to do it, then you know the whole world is starting to do it. And there's courses given all over the world on regenerative medicine, using PRP, which is platelet-rich-plasma and stem cells.

And I do have a question here that I think is a really important one that came in.

Nita: Okay.

Dr. Darrow: My website, by the way, is [www.lastemcells.com](http://www.lastemcells.com) lastemcells.com. And there's a spot on every page to email me. And I get emails all day and all night from really all over the world, which I love answering and helping educate people, but right now you can call me, and talk to me and ask about this stuff at 800-300-9300. That's my office actually. You can call there, the people there, 800-300-9300. But to talk to me right now live and get a free curbside consult, if you're having any kind of musculoskeletal pain, anything from really the back of the head down the neck, the spine, low back, a lot of people have low back and neck pain, shoulders, elbows, wrist, finger arthritis, knee arthritis, a lot of knees, boy we get tons of knees.

And unfortunately, a lot of knee problems with arthritis come from people being overweight. Every pound extra on the tummy is five pounds biomechanically on the knees. So if you're 50 pounds extra, Nita how much is that?

Nita: 200 pounds extra on your knees.

Dr. Darrow: 250.

Nita: Oh, I thought you said four, oh sorry.

Dr. Darrow: It could be. Who cares?

Nita: Oh, my dear, I'm flunking math today, this is now good.

Dr. Darrow: And you're flunking jokeology.

Nita: I like that, jokeology, that's good. I'm going to use that.

Dr. Darrow: Yeah. How did the Barber win the race? He knew a short cut.

Nita: Oh.

Dr. Darrow: Oh, God I love these.

Nita: That's hilarious.

Dr. Darrow: Anyway, so one of these questions that came in through the website, is lower back pain has been a problem since 2012, have had the following procedures. Spinal fusion. That means that there's metal or bone taken from the back of the pelvis, and put around the spine to fuse it, so it doesn't move at L4-5, and I won't say the doctor's because he's actually a very good surgeon, and I don't want to make this sound bad against him, because it's not. It's just what happened. And by the way, I am not against surgery. And I'm not against surgeons. It's just that it's being overused for things that

don't need it. And very often we can heal people when they come in and say they've got to have a surgery, and I examine them, by the way, I do that by touching people moving them around. Typically, surgeons do not even touch the body, some do most don't. And they just look at an MRI. And then decide to operate which is not a good idea.

And then a cervical spine surgeon, that's the neck, by another doctor who I won't mention his name, because he's a great doc. And then the next year lumbar spine surgery, that's again the low back. Spinal stimulator implant. That was about let's see four years later. And I won't mention that doctor's name. The spinal stimulator implant means that something is actually wire are put into the back, or the neck with something that either creates an energy source, or a drug source. And I don't see them working. I know they've got to be working on somebody, because they couldn't keep doing them, but the failure rate is huge and people get infections from them and all, but I get people in all the time who have had them, and had to had them taken out, because they just didn't do anything.

And let's see the result of all of the above is I'm much worse now than when I started in my back surgery and the pain is ruling my life. It's terrible. When deciding what to do, I have to ask myself if I will have to walk or stand, if so, I don't do it. Meaning that the person has so much pain, they can't figure out what to do. I have no pain when I sit, well, that's great. But increasing pain when I stand or walk. After all the spine surgeries, I decided on two things. No more operations and no more opioids for pain. That's narcotics. And unfortunately, people get started on narcotics for their pain after surgeries, and then they become addicted and cannot get off of them. That's a terrible situation too.

The first thing I do with people on narcotics is I wean them off. I get them off of them. And then they find out, when they're off the narcotics their pain starts going away, because the narcotics cause a lot of problems. Very constipating, they give people imbalance. They up regulate the pain receptors, so you need more and more. And then they really stop working. But the person's life is kind over at that point, once they're drugged like that. They can't work. They can't do anything. That's when I decided to try the spinal stimulator which has provided absolutely no improvement in the pain. I'm hoping you can fully provide some relief and I've recently started physical therapy to help with my posture and balance. Okay.

So here we have a person whose life has been dominated since a surgery -- three surgeries actually on the spine. Two on the low

back, one in the neck. And then a spinal cord stimulator. And none of that worked. Now, I have had -- I don't know this person, you know hopefully that person will come in to see me, and we can see what's going on. But very often when I get people who have had surgeries, I find out that the surgery not only obviously wasn't good, it was a failed surgery, but the person never needed the surgery, because I touched the area where the pain is coming from, and the person says ouch. And it wasn't the area where the surgery was done.

So you know I'm going to say this to doctors, I'm going to say this to the patients, I'm going to say this to everybody. Make sure before you have a surgery or do a surgery, that you check out a doctor who touches the body to find out where the pain is coming from. Because a lot of pain comes from areas that surgery does nothing for. And if someone has an MRI that shows let's say a herniated disk, and the person has pain in their back or neck, that is a key to the doctor to do a surgery, when it's not the reason to do a surgery. It may just be the ligaments that are sprained.

And I know this sounds very basic and can't be correct. I know that, because I spend sometimes hours with patients and their families, educating them to this. And they don't get it. They go well I've seen three neurosurgeons, orthopedic surgeons, and they say -- they all say I need surgery. So I know I need surgery. And then guess what, we do PRP, or bone marrow stem cell and PRP and get rid of the pain. And that's simple. That's walking into my office, getting a quick procedure, some injections and walking out, not hospitalization.

And I'm not saying that my treatment is a panacea for every medical condition. It definitely is not. We have to find the proper candidates for this, and the good news is if you are a proper candidate for this, it's a simple procedure to do. So be careful. That's all I can tell you. Be careful before you jump into a surgery. Once -- I always say this to patients, once the knife comes in, you can't really take it out. The damage can be done. And there are many, many times when surgery is needed. I'm not saying that you can't do surgery. There are times when it's needed. But most of the people that come to see me do not need a surgery to heal. So that's it.

Nita: Okay. Do you want to give the phone number?

Dr. Darrow: I would love it. Please call me right now at the studio at 866-870-5752, 866-870-5752. I would love to talk to you about your musculoskeletal pain, meniscal tears of the knee, rotator cuff tears in the shoulder, labral tears, you know it can be in the hips, and the

shoulders typically. I personally have two rotator cuff tears in my right shoulder. One is in the subscapularis tendon. One is in the supraspinatus tendon. And the supraspinatus tendon is the most common tear in the shoulder. Sometimes people just have a tendonitis, and they'll get a surgery for that, when it's not necessary. As everybody who knows me has listened to the show knows I had a shoulder surgery when I was in medical school that totally jacked my shoulder. It was the greatest learning experience of my medical life, because at that point, I knew surgery was the wrong thing for me. Unfortunately, it was too late. It's hard to close the barn door when the horses are out. You know, it doesn't do any good.

But the good news was it drove me to find something else to heal with, and then I discovered regenerative medicine, I injected my own shoulder, and it was healed the next day. And that was after -- let's see the surgery was about 1997 or something like that, was it that late? No, it was earlier. About 1994, that's when it was, 1994, I think when I was doing orthopedic surgery in medical school rotation. That's right, 1994, and then it was about 19 -- when would that be, just a few years later, I learned about this at a conference and at the time I had wrist pain. So my wrist was injected, it was injured from a golf injury hitting the ground. And it healed about 50 percent the next day, and then I injected it myself three, or four, or five times more, I don't remember how long it was, and it completely healed it up. And then I was ready to tackle my shoulder. And that healed overnight 100 percent.

So it woke me up that there is something else besides surgery, although I loved doing orthopedic surgery. It is so much fun. As Nita -- this will make Nita whenever I say it, it's a guy thing.

Nita: It's a guy thing. But there are women surgeons, we do have to pay homage to women surgeons.

Dr. Darrow: Yes, yes, yes, more and more, female orthopedic surgeons today. Thank goodness. At any rate, it's been a great thing for me. If you're the right candidate, it's going to be a great thing for you, and it will save you from having an unnecessary surgery, that's a good thing. Why get a surgery when you don't need to?

All right, Nita, anything to tell us? Yes, you do. See, as soon as I ask I get the answer.

Nita: Yes.

Dr. Darrow: At the office we are also doing something called the Vampire Facelift, which is injecting the same cells, platelets or stem cells into the face, and regrowing the collagen. People look good afterwards.

As many men as women do this, believe it or not. And the other thing is we do hair restoration for people that are losing their hair, we put these cells into the scalp, and it starts to regenerate the hair. So that's a great thing for people too.

So I'm looking at something that I wish you could see. It's photographs of x-rays after a surgery, which was needed, and I'm going to just read this to you to see what was happening. Let me start at the beginning of this email that had come to me.

He says his name, and he says I'm 40 years old. A little more than a year ago, I suffered a bilateral calcaneus fracture that required surgery. That's the heel bone, the calcaneus. I was out of work for almost a year afterwards, but I'm not back. My job requires me to be on my feet pretty much all day, and there's a lot of walking involved. It always hurts, but sometimes it becomes too painful to be on my feet at all. My doctor says my injury has severely damages the cartilage in my joint in my heel and ankle, and there's not a lot to be done outside of an ankle fusion in the future. Anyway, I heard about you, and thought maybe this could help me. I've had several friends go to you, and they've had amazing success. I'd be interested in more information about the treatment process, and if I might be a good candidate for it. Please contact me if there is anymore information in order to evaluate my situation further.

So the first answer I give is information is not going to help me. I need to touch the heel, touch the feet and see where that pain is coming from and see if I can help. Most likely, from this email I can say that I could probably help, because if a doctor says that the joints are worn down, the cartilage is worn down, and they want to do joint -- or a fusion, which is -- they don't work out too well, from what I've seen. People don't like them afterwards. Once the ankle is fused, it's very difficult to walk on.

So I wrote back to this gentleman. And then he sent me x-rays of his ankle after the surgery which looks like a really good surgery. There's I'm counting here, there's one, two, three, four, five, six, seven, eight screws that put in to hold the bones together, and some metal to help it. So that's a good surgery. Okay. And I'm looking also, and it looks like there's pretty good cartilage in there between the joints.

So because there's pain doesn't mean you need an ankle fusion, okay. And then he writes back to me, after I write to him. He says thank you, for your quick response. I did suffer a fall of about 20 feet from a ladder, and watch out people, ladders are just so dangerous, I get so many people -- so many patients who have fallen off ladders, a lot of people get paralyzed when they fall from a



ladder, broken necks, you name it. He says I have screws in my heel, which I read about to you, I saw them on the x-rays. Although I may be having these removed soon, depending on if the insurance approves the procedure. My range of motion is pretty good especially up and down, side to side not that great. Right side is much worse than left, which did not need surgery. Okay. So this is -- these x-rays are just of his right foot, and he say about the left, because he never had the surgery.

I think this guy's going to be in pretty good shape, if we can get a hold of him to do regenerative medicine, I really do. I can't promise, because I have to examine the area first and see where the pain is coming from. But from what I'm reading here, he would be an excellent candidate for regenerative medicine. With something like this, we'd probably want to use platelets and stem cells together from the bone marrow. And that procedure once I numb up the area on the back of the pelvis, it takes literally about 15 seconds to draw out the bone marrow. And then we can inject it right then. So it's a pretty quick procedure.

Nita: Okay. So where do people call to talk to you?

Dr. Darrow: Very simple. Right at the studio right now, 866-870-5752, please call me now at 866-870-5752, I would love to talk to you. And if you want to just call the office and get more detailed information about these procedures of stem cells and platelets, you can call 800-300-9300, 800-300-9300. And to read about this, and to see videos of me doing the procedures, go to my website, [www.lastemcells.com](http://www.lastemcells.com), lastemcells.com and you can email me from every single page there.

Hey, we haven't said hi to Warren Eckstein the Pet Show guy. Hi Warren, we love your show.

Nita: We do. You can hear Warren 11:00 to 1:00 every Saturday, 11:00 a.m. to 1:00 p.m. every Saturday. He takes calls the whole time, and he gives lots of cool stuff away to his listeners and callers. So you want to really catch that.

Dr. Darrow: Okay. So I have another important email that just came in, if you don't mind me cutting you off.

Nita: Oh, let's do it. Let's do it.

Dr. Darrow: And be the male chauvinist pig that I used to be. Now they don't use that term. I don't know what the new term is, but I spent a lot of time in Berkeley for school, and that was the term then.

Nita: Oh, no. I think that you get excited, and you want to just talk. I don't take it personally. It's no big deal.

Dr. Darrow: You're a good one, Nita, we love you. So this person says I had surgery to remove 50 percent of my meniscus in November, and I'm still having more pain than I did before the surgery. Duh. Why would somebody take out 50 percent of a meniscus, that's like a cushion between the bones in the knee. I don't get it. I've had two blood clots in the back of my knee now. That's another one, and the middle of my knee is killing me. I don't know if the doctor did me right or not.

I was taking medications for inflammation that seemed to help, but now I'm on blood thinners, and I can't take the medications for inflammation. I guess he's talking about what we call NSAIDs. That's right because they do thin the blood. So, hang with us, we're going to the break. Call me when you get back from the break, 866-870-5752, or in the meantime go to the website, [www.lastemcells.com](http://www.lastemcells.com) and you can watch me do these procedures on videos.

Nita: Yay. And you're listening to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens and grab a pencil and write down this information, 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](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, and when you phone the program today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies. And the foreword is written by Suzanne Somers.

And we are halfway through the program, so the time goes quickly. Call now, 866-870-5752. What do you think, Dr. Darrow?

Dr. Darrow: Well, we've got three callers waiting, Mark, Christina, and Thomas. So I think what we'll do, is we'll start with Christina, and Christina, we're going to have to ask you to talk very slowly. We understand

that your son has an index finger that's a problem. How old is your son?

Christina: He's like (inaudible) and his finger is really swollen, and he is going to be taking x-ray. So what would be the best thing for him to do.

Dr. Darrow: Well, he's got to get the x-ray it sounds like. How long ago did he hurt his finger, and how old is he?

Christina: About two weeks, maybe three weeks now.

Dr. Darrow: Okay. Please turn off your radio, so we don't hear the echoing.

Christina: Yes, it's off.

Dr. Darrow: And how old is your son?

Christina: He's 38.

Dr. Darrow: Okay. And what happened that injured his finger?

Christina: He was playing basketball.

Dr. Darrow: Okay.

Christina: And when he was playing basketball, I think he do something that injured his finger, and it's really like very (inaudible).

Dr. Darrow: Okay. So if it's traumatic, he's got to check and make sure that there's no fracture. If that looks like it's swollen, if it's turned black and blue or something like that especially. If he can move it okay, he's in good shape, but if one of the joints cannot move, then he may have torn a tendon to one of the...

Christina: Okay.

Dr. Darrow: Yeah, he needs to get it handled.

Christina: Okay. Because I tell him to call you, but you know a lot of people doesn't believe in this (inaudible) I know that.

Dr. Darrow: Well, I am not even sure that this is something that would help him. I'd need to get more information. But if you want to get him to the office, the number there is 800-300-9300.

Christina: Oh, okay. I'll have him call you. And then I also wanted to talk to you about the status, my son -- I mean my husband is a caregiver and he's taking care of his cousins, he's a neurologist and his wife is a psychologist, and I have been trying to tell her, I don't how to tell

him, but I told him to tell her, but he doesn't want to. And her husband is a neurologist and he's having problems walking.

Dr. Darrow: Okay.

Christina: And then they say that maybe it was he was taking too much medication for the high cholesterol.

Dr. Darrow: Yeah, it could be.

Christina: He was hospitalized and he...

Dr. Darrow: It could be the statin drugs, yeah. The statin drugs can cause neurological problems and muscle problems. Those are to lower cholesterol.

Christina: Yeah, you know, that kind of therapy he's not getting better. So I was wondering if he would be a good candidate to -- for her to talk to you. So I was listening to you were saying all those things, so maybe I can -- I was going to call -- her name is Rita, the lady, I don't know what...

Dr. Darrow: Okay. I'll be looking for it, yeah. We're going to move on. We're going to move on Christina, thank you so much. I appreciate your call. God bless you and I want to just comment about the gentleman you were talking about. If there's problems with balance and walking, it can be from statin drugs. But I didn't get the age of this person. As we age, sometimes there can be a lot of different problems that come up. You know you said there was a caregiver which means that the person is probably elderly. Well, we're all elderly these days, right Nita?

Nita: Ah, no.

Dr. Darrow: What do we call it super elderly now?

Nita: No. I just don't like that word. I mean I just...

Dr. Darrow: It never fits anymore. We're in the new age.

Nita: That's right.

Dr. Darrow: But at any rate, that's a complex issue, and I would need to see the person, and figure out what's going on. There's just so many potential reasons for imbalance and difficulty walking. And I don't want to just take the time from these other callers to get into that. But Christina, if you want to email me, you can go to the website at [www.lastemcells.com](http://www.lastemcells.com) and you can email me from any page there,

and you can tell me in more detail about what's going on. I'm glad to help everybody I can. So should we go to Mark.

Nita: Mark with a "k".

Dr. Darrow: Or Thomas, which one do you like?

Nita: I already opened the call for Mark in Huntington Beach.

Dr. Darrow: Okay. Thomas, don't go away.

Nita: We'll get to you.

Dr. Darrow: So Mark, I understand your elbow and your hand are going numb. Tell me more.

Nita: Hey, Mark are you with us? Mark? Going once, going twice. Okay, I guess...

Dr. Darrow: Don't cut him off, keep him there and let's go to Thomas.

Mark: Hello.

Nita: All right. Oh, there you are.

Dr. Darrow: There we go. Mark, Dr. Marc Darrow, but I spell mine M-A-R-C and you spell yours M-A-R-K I think, right?

Mark: Yeah.

Dr. Darrow: I won't hold it against you.

Mark: One problem I'm having with my elbow.

Dr. Darrow: Yeah.

Mark: I was working on my car underneath, on the transmission, and I scraped it on the pavement, I didn't feel anything, and then about a half an hour later, the fluid sac swelled up like golf ball.

Dr. Darrow: Yep.

Mark: And I must have got something, some kind of infection in there when I scraped it, because then I got a bad staph infection.

Dr. Darrow: Yep, yep. You got it.

Mark: Then I had -- it starts getting red and going up my arm.

Dr. Darrow: Yep.

Mark: And that kind of scared me. And it's the first time I ever had that. And then I got some antibiotics and that went away, but then every time, I would just like bump my arm a little bit, that thing would swell up again.

Dr. Darrow: Okay.

Mark: And it's been like 10 years now.

Dr. Darrow: Oh wow.

Mark: And it still kind of bothers me a little bit.

Dr. Darrow: Okay.

Mark: And I'm just afraid like is it going to give me -- if it's going to give me more problems later and what I can do about it, like since I kind of ruptured that little fluid sac I guess in the joint. I don't know.

Dr. Darrow: May I speak for a minute to this?

Mark: Yeah.

Dr. Darrow: Okay. So the ulnar nerve is right along the groove, there's an ulnar groove right there. And then there's what's call olecranon bursa, that covers all of that. And it's very susceptible to blowing up like yours did when you scrap it or bang it, or something like that. And the reason I think that is, I don't know of any study that proves this, but I'm pretty sure it's accurate from my experience is that these bursas will sometimes contain some bacteria, not enough to cause an infection, but we do have bacteria all over our bodies, inside and outside.

They're commensurate with us, meaning they help us, and we keep them alive. They help us do certain processes, digestion, and keeping virus away and all these kinds of things. So they're not bad. But when you bang that bursa, the olecranon, which is the pointy tip of the elbow, then that drives into that bursa and can upset it, and I don't know if yours was scraped enough to open it up or not, it doesn't need to be, then it just blows up like a little balloon. That bursa just blows up. And then the antibiotic you took got rid of it.

But what I find often is a lot of people come in, and they have this olecranon bursitis, and we just give them an antibiotic. They never hurt it, it just blows up for some reason, they're aware of. It could have been in their sleep they banged it, who knows. And the antibiotics often get rid of it. It's not a great idea to stick into it,

because that will irritate the bacteria that's there, and open up an area, and then really blow it up.

So, I would if I were you, it sounds like you're still have some nerve damage from the ulnar nerve there. I would take about 50 milligrams of B6 every day. And sometimes that can heal the coating on the nerves, the myelin sheath.

Mark: 50 milligrams of what?

Dr. Darrow: Five zero B6.

Mark: Okay.

Dr. Darrow: I'm not saying it's going to work; I'm just saying I would try that for about three months and see if it helps.

Mark: Okay.

Dr. Darrow: There are times when a doctor who uses an ultrasound can hydro-dissect that nerve that's irritated away from the bone. They just put a skinny little needle in there with some saline, and they push the nerve with the fluid away from the bone, because it sounds like that's what's going on. If your hand is being affected, then it's probably the ulnar nerve. Is it your pinkie finger and half of the ring finger that you feel the numbness on?

Mark: Um-hum. Well, my hand starts going numb when I use it more for typing or working on my car. And then when I -- it's usually when I'm sleeping and it hurts so bad, it wakes me up, and then it's just numb and it throbs.

Dr. Darrow: Okay. Did that start after you scraped it? Or did that start later?

Mark: No, not really. This is just recently with the hand going numb.

Dr. Darrow: Okay, so it might not be related to that bursitis infection you had. It may be something that's come on just from overuse of your hands. It may be carpal tunnel syndrome. It may be coming from your neck. The way you find out is you do what's called an EMG and a Nerve Conduction Study. Neurologists do those studies. If you came in we could order it for you. And send you out to have that done and find out where that nerve is being impinged on.

What I would try is getting a wrist brace first. And wearing as much as you can especially while you're sleeping. Okay, the wrist brace is one of those big black things with the Velcro that goes all the way from your fingers up almost to your elbow, not just a little thing

around the wrist. It's got to immobilize the motion of the wrist, okay.

Mark: Okay.

Dr. Darrow: We're going to move on, Mark. I appreciate your call, God bless you. And Nita anything to say before we go to Thomas?

Nita: Thank you Mark, for your call. Our number is 866-870-5752 right here in the studio. And you get Dr. Darrow's book for free, Stem Cell and Platelet Therapy, Regenerate Don't Operate is the by-line. So give us a call. Ready to go to Thomas?

Dr. Darrow: Thomas, Dr. Marc Darrow, how are you today?

Thomas: Pretty good.

Dr. Darrow: What's happening, your neck bothers you.

Thomas: That's why I'm calling you.

Dr. Darrow: Well, I like the way you started out pretty good. Got to keep it way, not matter how you feel, right? So how long has your neck bothered you for, Thomas?

Thomas: Well, this episode with it right now. I started with the feeling of a stiff neck, it's been months ago, I've gone to the doctor, and I took some -- some pills, you know to relieve the pain.

Dr. Darrow: Were they anti-inflammatory pills or were they muscle relaxants?

Thomas: Anti-inflammatory, right. Right. And he told me just to shift over to this topical gel, which I've been using for about a month.

Dr. Darrow: Okay. Do you remember the name of it?

Thomas: Yeah, well it dicol...

Dr. Darrow: Diclofenac, Diclofenac.

Thomas: Yeah, okay.

Dr. Darrow: It's an anti-inflammatory, it is better to take it locally on the skin like that, transdermally you put it on the skin and then it's absorbed. Much better to that than take it by mouth. Because when you take it by mouth...

Thomas: Yeah, and it works instantly, and it relieves it.



Dr. Darrow: Wonderful.

Thomas: And then I put it on, I make sure I put it on overnight before I got to bed, because if I don't, when I wake up in the morning, I've got a real stiff neck, if I lay the wrong way.

Dr. Darrow: Yep, yep, yep, so I would prefer, you know if you were my brother or maybe you're old enough to be my father or young enough to be my son.

Thomas: I'm probably old enough to be your father.

Dr. Darrow: Then you'd have to be about 95, but that's fine.

Thomas: Well, I'm 81 then.

Dr. Darrow: Good for you, man you sound younger than that, good for you. So if you were someone that listened to me, I wouldn't be taking that gel every day. I would fix it. And the way you fix it, it sounds to me, is you have a ligament sprain in your neck. Did you ever sprain an ankle, Thomas?

Thomas: No, no, but this neck area and when I was 18 years old, I was in a car accident, and I had three crushed vertebrae in this area.

Dr. Darrow: Okay. Yep.

Thomas: And the doctor said you won't have any problems with this until you get older. Here I am older.

Dr. Darrow: You're not older.

Thomas: I've gone to a...

Dr. Darrow: When you're 100 you'll look back and think you were younger.

Thomas: Just think young. I was a year ago, but now...

Dr. Darrow: You were young a year ago, and now you got old in one year.

Thomas: You get old age pains.

Dr. Darrow: Okay.

Thomas: But the thing is I helped somebody move with this thing, and three years ago I went to the surgeon, because I had a feeling in my shoulder, it was no pain, it was just a feeling. He evaluated me, and he says well you don't need surgery. They did an MRI and showed

on the disks actually going -- actually penetrated into the spinal cord itself.

Dr. Darrow: Okay.

Thomas: Still I didn't have any pain. I did the weight exercises and everything, and I helped this person move, and I was carrying a couple bags up the steps, and that shoulder started burning, like something tearing your muscle away as I walk up the steps, and I had to quit, the pain got so severe.

Dr. Darrow: Guess what, Thomas. You've been talking enough and it's my turn.

Thomas: Okay.

Dr. Darrow: So let me talk a little bit.

Thomas: I just wanted to make sure you had all the information.

Dr. Darrow: Oh yeah, I bet you did. So stiff neck typically is the ligaments, okay. You're not talking about pain going down your arms, the herniated disk is really not an issue. A herniate disk is an issue when it's radiating pain down the arms or legs, but an anterior herniated disk is usually not a problem at all. If it was hitting your spinal cord enough, you wouldn't be walking, and that's not happening. So I don't think that herniated disk is an issue.

I'd have to examine you to know. Like I always say, I've got to examine, examine, examine, examine. It's like what are three most important things about real estate. Location, location, location. In medicine, its examination, examination, examination. Not looking at a map for real estate as much as looking at in medicine, not the MRI, not the x-ray, but touching the area, okay.

So I think there's good hope for you. I don't know for sure, until I touch the neck, but I wouldn't be taking gel every day if you can get a few injections and fix it. And we would probably just use PRP which platelet-rich-plasma, do a blood draw from you, and inject the platelets right into the area where the pain is and get rid of it. I've had it done to me. Nita's had it done to her. We both have been successful with feeling better.

Nita: That's right.

Dr. Darrow: If you saw my neck on an x-ray which does have herniated disks and you were a surgeon, you would want to operate, okay. I have a lot of things in my body that surgeons would look at without touching me, and say you need surgery. I'm not doing it, because I

don't need it. So don't look at the MRI or the x-ray to decide what you're going to do with your life. Anyway, Thomas, we have Patricia waiting, God bless you Thomas, I love you, and it's great talking to you.

Patricia, your knees and back bother you. I'm going to give our phone number here to get some more callers, before the end of the show to call me and talk to me right now, it's 866-870-5752, grab your pen, I'm going to repeat it for you, it's 866-870-5752. And if you want to call my office, there are people there that can pick up phones also, and that number is 800-300-9300, that's 800-300-9300.

So Patricia, and your knees and your back hurt for how long is that?

Patricia: Well, my back has been hurting me for about five years, but now it's worse.

Dr. Darrow: Okay.

Patricia: And I'm bent over, and I can't walk well without a walker, and I use a cane also, sometimes without the walker.

Dr. Darrow: Okay.

Patricia: I walk a little bit around the house without the cane or a walker, but then the pain gets so much, I have to sit down.

Dr. Darrow: Okay. What did your doctor tell you about that?

Patricia: I have not gone yet.

Dr. Darrow: Patricia, you phased out for a second, I don't know if you're on a Bluetooth, but please repeat...

Patricia: I really haven't got a good take on a doctor.

Dr. Darrow: Well, have you been to a doctor for it at all?

Patricia: Well, when it first started, I had a disk problem, and I never got it fixed or anything.

Dr. Darrow: Yeah. So a doctor did an MRI and looked at the disks, or an x-ray?

Patricia: Yeah, I believe so. I think I have them still but was two or three years ago.

Dr. Darrow: Okay. I explain what disk problems are.

Patricia: Can you explain it?

Dr. Darrow: Yeah. May I? May I speak?

Patricia: Well, I wanted to say first that I have like what do you call it crepitus?

Dr. Darrow: Crepitus.

Patricia: In my knees.

Dr. Darrow: Yeah, okay. Well, we're not on the knees yet. We're still on the back and then we'll get to the knees.

Patricia: Pardon?

Dr. Darrow: One thing at a time. One thing at a time, so I don't get too confused. So let's deal with the disk problem. Disks are little cushions between the vertebrae, all the way from the neck through the thorax and down to the lumbar spine. And I get people in all the time who say have disk problems, and they don't have disk problems. They may have degenerative disk disease, where the disks start drying out, but they're not the cause of the pain.

May I ask, Patricia, about how old you are.

Patricia: I turned 81 in November.

Dr. Darrow: Why do you laugh? We'll all be there soon. I don't look at that as being old, I've got a lot of patients in their 90s who are as active as people in their 20s. So you know...

Patricia: That would be nice, that's what I want from you.

Dr. Darrow: Okay.

Patricia: Not in my 20s, in my 30s, whatever.

Dr. Darrow: Well, that would be good, I'm 16, so you know we can all choose our age.

Patricia: You're the lucky one.

Dr. Darrow: I am lucky, because I choose that. You know, and you can be lucky too, if you choose that. It's all a state of mind. So for you back, I would need to touch the area and move you around in order to tell you what is going on, and whether I can help you. Sometimes with things like that, I've had people all bent over, and we do regenerative medicine and all of a sudden, after a treatment or two,

they're standing up straight. I'm not telling you, that you're that person, because I haven't examined you yet, but there's a reason you're bent over. And you may have had some fractures in the vertebrae from osteoporosis, okay, I have to look. I have to see.

And there's things that can be done for that also, if that's the case. Have you ever taken bioidentical hormones, or any kind of hormones?

Patricia: No.

Dr. Darrow: Okay. So as we age our hormones decrease and our bones then demineralize. And the best thing to do for you is to get what's called a bone density. We can order that for you and see how your bones are. Because you still, even at 81, may want to start taking estrogen, progesterone and testosterone to save your bones, because they stimulate bone growth, okay. I know there's a lot of information all of a sudden. But if you were to come in, I have a book that I wrote on hormones also, and I would give that to you. And we could see what's going on.

Okay, so let's move from the back to your knees, and what's going on with that? You said there's crepitus, meaning grinding in your knees, and what did a doctor tell you about that?

Patricia: Yes and also they are crunching, and I'm -- they're collapsing beneath me. Like I don't want to say just that they're giving out on me for a second, and you know, I straighten back up, because I don't know, it actually feels like a crackling.

Dr. Darrow: Okay.

Patricia: When I'm at the sink doing dishes or something they collapse on me, and if I didn't have my arms on the sink, I would be falling down.

Dr. Darrow: Okay. Well, I'll give you a prescription not to have to do dishes anymore, how's that?

Patricia: Thanks.

Dr. Darrow: What did your doctor tell you about your knees?

Patricia: Oh, I haven't been to a doctor for knees.

Dr. Darrow: Okay.

Patricia: Oh, yeah, the last time I said -- oh God, he said why did you wait so long, now you will have less movement, if you did an operation, you

know, a knee replacement, you would less -- less range, bleeding was controlled with electrocautery I waited so long.

Dr. Darrow: Okay. Well, I don't know if that's true. I wouldn't know unless I examined your knees. I have an ultrasound, that I'd look inside with and see what's going on. And I'd move your knees around and touch them and see what's happening. If you want to come in, the number to the office is 800-300-9300, Patricia.

Patricia: Okay.

Dr. Darrow: And we can check into all these things that are bothering you, and hopefully give you some relief. I don't know until I touch the patient and see what's going on.

Patricia: You don't know what? I can barely hear you.

Dr. Darrow: Oh, I'm sorry. I need to examine your body, touch it to tell you what's happening. Patricia, thank you so much, we're ending the show at this point. God bless you all. Nita Vallens, thank you so much and Suzette, and Alex and the rest of the crew, God bless you all, it's been a great show. Call me at the office, 800-300-9300. Go to the website, watch me do these videos of me doing procedures, [www.lastemcells.com](http://www.lastemcells.com). Nita, anything for you -- too late.

Nita: Whoops, see you next time. Thanks.