

Living Pain Free 1/29/22

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: Hello, Nita Vallens, how are you today?

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up. What about you?

Nita: I am living it up right there with you. And right here in the studio, you can live it up too by phoning us at 866-870-5752, you get to speak to Dr. Darrow about your musculoskeletal pain, and you get a free book, called and Stem Cell and Platelet Therapy, Regenerate Don't Operate is the by-line with 264 scientific studies. Again, that number right here with us in the studio is 866-870-5752.

Dr. Darrow: I love it. What should we do to help people today?

Nita: Well, do you want to talk about the treatment, maybe take a question and apply it to somebody's knee or neck or back or whatever?

Dr. Darrow: Yeah, but first I have to tell what a patient told me, okay?

Nita: Sure.

Dr. Darrow: Now, this is not a quiz for you, like we usually do. We'll get to that later.

Nita: Of course we will.

Dr. Darrow: He was the funniest guy. He came in and he said, you know Marc, I spend all my money on wine, women and song? And then he said, but I little left and wasted it.

Nita: Oh my God.

Dr. Darrow: I love my patients.

Nita: That's hilarious.

Dr. Darrow: Yeah, I mean we spend a lot of time cracking jokes all day, and we have a really good time. I'm a little bit of a Maverick, as you guys can tell who are listening. And I like to do things, a little bit differently. And right out of UCLA, in my residency, I started doing what's called regenerative medicine, because it worked on me. I was introduced to it, in my fourth year of residency at UCLA. That's after medical school, I did another four years of training. And it's been an amazing thing. I was healed by this technique, for a lot of my sports injuries. And then I started doing it on my patients. And I very gingerly said, you know I tried this stuff on myself, and it healed my wrist and my shoulder. Do you mind if I try it on you? I said, I don't know that much about it. This is a long, long time ago.

And my patients obviously didn't want surgery. Nobody wants surgery. So this became what I did for a living. And I've been doing it ever since. It's been close to 25 years.

Nita: Wow, 20 -- yeah, because it's like almost 20 years ago when you treated me. So that makes sense, the first time and then later.

Dr. Darrow: The first time.

Nita: Yeah, yeah, yeah.

Dr. Darrow: I know. And I've actually been treating myself ever since, different injuries I get, I'm pretty active in sports. I am going to play golf today. I know all you jealous people out there want to play. You meet me up at Mountain Gate, that's where I play.

At any rate, I do injure myself, and when I do, I inject myself, and what do I inject myself with? We call it regenerative medicine today. Back in the old days, we called it Prolotherapy, meaning to proliferate to stimulate new tissue growth. A very simple process when you think about it.

All we do is we activate the body to heal itself. So back in the Prolotherapy days, we used, believe it or not, concentrated Dextrose, that's sugar water. And people would say, well that's a sweet way to heal.

Nita: But there was no chocolate in the mix, I'm just saying.

Dr. Darrow: No, but you know we probably could have thrown some chocolate in it, I just never experimented with that. But I did experiment with a

lot of different proliferants, things that stimulated tissue to grow. I used -- the first thing was Dextrose. And then I tried Zinc Sulfate, Sodium Morrhuate, and that's what we had back in the old days. But as time progressed, we came to platelets. And we called that PRP or platelet-rich-plasma. And that's a simple process where we draw the blood from the arm and we spin it in a centrifuge, and we take out the red cells, because they hurt. And we just use the platelets, which have growth factors in them, and then we inject that into the areas of the ligaments, tendons, the joints, anywhere where there's cartilage disrepair, meniscal tears, rotator cuff tears. Pretty much I inject the entire body from head to toe.

There are syndromes like plantar fasciitis on the bottom of the feet, where people have pain, wrist pain, neck pain, back pain, hips, shoulders, knees, fingers, ankles, muscle tears, you name it. Hamstring tendonitis, people get pain all over the body. So I've learned over the years, pretty much taught myself how to do it, by experimenting, how to heal these syndromes. And it's been a great life for me, healing myself, injecting myself, I know people say, well how do you do that to yourself?

And that started years and years ago when I was in medical school. I had a professor who used to hike in the mountains. And he had terribly arthritic knees, and I said well how do you do it? How do you do this hiking when you're in so much pain just walking around? And he said well, I bring injections with me, and when the pain gets too bad, I inject myself. And I said you inject yourself? How do you do that?

And then when my time came with injuries, I learned how to do that. There are areas in my neck and back that I don't do myself, because I can't see back there, I've tried in a mirror, and it seems a little dangerous, so I find other guys who do what I do to help me do that. But all the parts on the front of my body, I can do myself, and I've had very, very good success with my knees and my shoulders, elbows, my wrist, and I'm still ready to go out today and have some fun doing sports.

My weekends are sports time, when I'm not working, and I love it. Today, we have progressed to PRP, platelet-rich-plasma, and to stem cells. We can take bone marrow from the back of the pelvis, and people go oh, that's terrible, that hurts. And I go, not the way I do it, it doesn't. It's not like getting a bone marrow transplant, where a huge amount of bone marrow is taken quickly. This is a very small amount that's needed. And once we numb up the area with a shot of lidocaine, which takes a couple minutes to numb up, it literally takes me about three seconds to get into pelvis with little needle, and maybe five seconds to 10 seconds to take out the bone

marrow. Okay, so it's really a real simple procedure. You can watch it on my website, I have videos of all these procedures, and that's www.lastemcells.com, I'll repeat it for you if you want to write that down, it's www.lastemcells.com. So that's something that I've been doing for years and years and years.

I've been told I'm the busiest practitioner in the entire world. I don't know if that's true, but I get cornered at National Conventions on regenerative medicine, because people seem to follow what I do. And they go how do you do so much of this? They say you do more in one day than I do in a month. So that's a -- a key to making sure when you get this kind of work done, or any medical work done, you find the guy who does the most, I don't care what it is. It could be a psychologist, a psychiatrist, it could be a surgeon. I had a surgery for an adrenal tumor, maybe 10 years ago, I don't remember how long it was ago, and I chased all over the world to find the right guy. I found him in San Francisco, and he had done about 300 of these adrenalectomies and everybody else in LA, everybody was three guys who had even done it, had done maybe one or two. That's dangerous. I didn't stay here to get the surgery. My surgery came out perfect, and I loved that surgeon, his name is Quan Duh, and he's at San Francisco General Hospital if anybody out there has a pheochromocytoma, a very rare tumor.

I have found many of them. Most doctors have never seen them. But in medicine, if you look, you find. And any time I have someone who comes in with labile hypertension, I do the test to find out if it's an adrenal tumor. If it is, it's deadly, it can kill you on the spot. It raises up your blood pressure and causes a stroke or heart attack.

So that's not the work I do, but I'm very conscious of many ways to heal, and after my residency at UCLA, I did another fellowship in natural medicine and learned an awful lot about hormones and how to heal naturally, how to get people off of their medication. And heal things like diabetes and how people can lose weight and all of those kinds of things. How to make people feel good. And unfortunately, traditional medicine isn't really there to help people feel good and feel healthier, it's more about how to save lives.

And that's a great thing too. But when they invade the other types of things that are not needed, for instance into orthopedics, how many people out there listening have had an orthopedic surgery that didn't work? Tons. I know a lot of them do work. I'd say it's probably a 50/50 gamble on getting a surgery, but I'm not a gambler. I don't like Las Vegas. Some of you who like Las Vegas maybe you should think about getting a surgery for orthopedic pain. I had one on my shoulder, by my boss, and it failed miserably.

I then was able to heal myself, when I learned about regenerative medicine. And one series of injections to myself, and I woke up the next morning, complete pain free. And that's a possibility. It doesn't happen to everybody. Sometimes these treatments take a few times. Nita, I'm going to give out our phone number here.

Nita: Okay.

Dr. Darrow: So hopefully we can get some people to talk to make it more interesting than me just droning on about my experience. I like to hear people's experience with their pain and answer their questions. So my phone number right here at the studio, get a pen and write down quick. It's 866-870-5752, I'm going to repeat it a couple times. 866-870-5752, one more time 866-870-5752. I'd love to have you call in, and you can ask me any questions you want about orthopedics, musculoskeletal pain, all of the things with your joints that are bothering you. Things that are keeping you from doing your sports, and a lot of people are not athletes, but as we age, the collagen in our body dries out, and we end up with arthritis and different kinds of syndromes that keep us from being happy.

So the kind of medicine I do is becoming more popular. I've been teaching it at UCLA for over 20 years to the residents. And most of my students are out there doing this now. But they don't do a whole lot of it. There's very few of us that do a lot of this kind of medicine. And it's becoming more and more prevalent, and if you look up PRP, or stem cell therapy, you can find a lot of information on it. If you go to my website, which is www.lastemcells.com you'll see endless studies on it, endless videos and endless information and if you're about to get a surgery, you may want to consider this first.

If you want to catch me at my office, the number there is 800-300-9300, that's 800-300-9300. We've got some callers calling in, before we get to them, I want to mention that we do these procedures on the face, believe it or not.

Nita: Oh.

Dr. Darrow: And that's called the Vampire Facelift. It was made very popular by the Kardashians and it's something that we do also. It grows back the collagen in the face, and makes people look good. We do just about as many men as women. So men like to look good also. We also do it on the top of the head to regenerate hair that's been falling out. So it works to generate new tissue, new follicles and wake up all of that on the head, the face. I personally do it on the musculoskeletal system.

So we've got Mary Ellen from Rosemead. Mary Ellen, this is Dr. Marc Darrow. Thank you so much for calling. I understand you have low back issues and would like an appointment.

Mary Ellen: Yes.

Dr. Darrow: We'll handle that. But first tell us about what's been going on with your low back, and how long it's bothered you for?

Mary Ellen: I've had back pain off and on for many years, but I also have some hip -- hip problems, but that seems to have calmed down. I had an MRI on that, and they just said that I had some kind of bursitis on both hips, but that seems to have calmed down. But now when I sit in any kind of a cushioned chair, when I get up, it is very painful, and shoots out to above my hip, above my -- it's lower back actually, not my hip.

Dr. Darrow: Okay. Sure.

Mary Ellen: But near my waist. And I can't move. And if I sit in a straight chair and I can get up and walk away. But if I sit in any kind of comfortable sofa, or anything I have pain sometimes when I can't take a step, it just shoots down to the -- like right below the waist.

Dr. Darrow: Okay.

Mary Ellen: And then I have a very -- one sensitive vertebra. An x-ray told the doctor to tell me that I had arthritis and that there was almost bone-on-bone on one of the vertebrae.

Dr. Darrow: Okay. So let me give you some feedback on all of this. I don't think there's anything wrong with you at all. Okay, just from what you're telling me. And that the vertebrae that close together, we call that degenerative disk disease, DDD. And that the disks are cushions between the vertebrae. But DDD in and of itself doesn't cause pain. And I'm going to bet you anything, if I were to examine you, I would be able to find the pain generator, the place that causes the pain in about 10 seconds. And I would press the area in the low back, where I think it is. And you would probably go ouch. That hurts there.

Mary Ellen: Exactly.

Dr. Darrow: And then I would say, we can fix that. And we would fix that probably with PRP, platelet-rich-plasma, or if you were more aggressive, we'd use, you know, stem cells. It just depends. And people ask me every day, what should I do? Should I do PRP, or do stem cells? That's up to the patient. If you do both, I use the

analogy, of trying to shoot a bad guy. Do you want one sniper, or two snipers to get the bad guy? And the snipers are the treatments.

So, you know, you'd probably want it if you're in a rush and it bothers you enough, you'd probably want to use both snipers, meaning PRP plus stem cells. And if you're not in a rush and it's not bothering you that much, you might just use platelets alone. But I'm going to bet you anything you want to bet, that you have an area, that has a sprain in it. And they can be miserable, and they can last a lifetime. Because the area where they are, has white tissue, not red tissue, white tissue which has a poor blood supply, or no blood supply. And when we inject that, we bring a new blood supply there, and the reason blood is important, is because it carries oxygen.

It's really oxygen that does the healing. So a couple of things that happen when we do the injections, it creates an inflammatory cycle, and patients go but I'm already inflamed, why do you want to inflame it more? The body is trying to heal itself, and it uses inflammation to do that.

So Mary Ellen, I don't know if you've ever had a sprained ankle, have you?

Mary Ellen:

No.

Dr. Darrow:

Okay. Well anyone who has had a sprained ankle, would say boy, that really hurts bad, but they don't think about doing a surgery for that. They just wait for it to heal. And why does it heal and why doesn't a low back heal, even though when people what I think you have, I got you've got a sprained ankle in your back, because the blood supply to the low back is nil. It's a very, very low amount. Whereas in the ankle, because of gravity, there's a lot of blood that pools down around that injury and heals it up fairly quickly.

Ankle sprains usually heal in about four to five, six weeks. Whereas the low back, I've had patients with 50 years of low back pain that we've been able to heal, sometimes with one treatment. So sometimes it takes more. I've got to pick the right patient, make sure I can find that pain generator, before I inject.

Now the thing about your hips that bothered you, and you had an MRI that showed that's bursitis. That's not the hip joint that has bursitis. That's the side of the femur, the thigh bone that is called the greater trochanter, and it's very, very important that we don't get a hip surgery for greater trochanteric bursitis, because it's not going to fix the bursitis. You end up with a -- with what I'm going to call a terrible surgery that didn't need to be done. And then you

still have the pain on the sides of the femurs. So be very careful, folks, never jump to surgery for musculoskeletal.

Mary Ellen: First you think you mentioned was a pain replacement. What was the third word for PRP?

Dr. Darrow: I'm sorry, I'm missing what you said?

Mary Ellen: What is PRP, again?

Dr. Darrow: Oh, it stands for platelet-rich-plasma.

Mary Ellen: Okay.

Dr. Darrow: So in other words, we draw the blood. We spin it in a centrifuge, and then we take out the plasma, which is very rich in platelets, because of gravity and centrifugal force the red cells go to the bottom of the test tube, we don't use those.

Mary Ellen: Okay. And you talked about the analogy of two snipers, okay. Okay, so if it was a platelet-rich-plasma, you're talking a longer amount of time of treatments? Whereas, if it's the stem cells together with the platelet-rich-plasma, it's a shorter time of treatments, is that what you said?

Dr. Darrow: Yeah. Yeah. There's faster healing when you use both together.

Mary Ellen: And once it's healed, does it usually last for a long time or...

Dr. Darrow: Well, here's the issue. People can injure areas that have never been injured before, correct?

Mary Ellen: Yes.

Dr. Darrow: Right?

Mary Ellen: Yes.

Dr. Darrow: People get new injuries all the time that were never injured before. So if we heal an area, it could be injured again, right? Just like another area that wasn't injured, could be injured. Do you understand what I'm trying to tell you?

Mary Ellen: That you're saying you don't think I was injured, it's a development.

Dr. Darrow: No. I'm not saying that. What I'm saying is that we can heal the area, and that person can injure that same area again.

Mary Ellen: Right. But do you think that this was an injury to begin with?

Dr. Darrow: Well, it's an injury in the sense, it may be overuse, okay. That's an injury, doing things over and over.

Mary Ellen: Um-hmm.

Dr. Darrow: So a better example for that is let's say a tennis player, who has wrist pain. Now that may have taken 10 years to come out as terrible pain. But it because of the repetitive stress of using his wrist hitting a tennis ball at you know 120 miles an hour. And your low back may be a repetitive stress. I don't know if you do bending, lifting, squatting, stooping, or things of that nature.

Mary Ellen: No, not what I consider you know repetitive like that.

Dr. Darrow: Okay. But I've had many patients come in and I go how did your back pain start. And they said, I was just leaning in a certain way and all of a sudden, it just -- it just started hurting. So it doesn't have to be repetitive, it could be one time.

Mary Ellen: Okay. Okay.

Dr. Darrow: And here's the main thing. Everybody says how did this happen? And I say, it doesn't matter. What matters is that you have it, and we can fix it.

Mary Ellen: Great. That sounds great. What is the time before you can get an appointment in your office?

Dr. Darrow: Well, because you called into the radio, I'll get you in Monday morning if you want. Whenever you want. What you can do is you can call right now to the office, when you're done here at 800-300-9300, and say we spoke on the radio, and I said, I'll get you in any time you want, even if we're busy, okay?

Mary Ellen: Okay.

Dr. Darrow: I can always fit you in. If they say we're too busy, just say Dr. Darrow said he'll get me in when it's convenient for me and then if you have any problem, we'll talk and you can always get a hold of me directly, by going to the website, www.lastemcells.com there's a place on every single page to email me. And if you email me, and say you need an appointment at a special time, I'll get back to you the same day. I return every single email I get.

Mary Ellen: Well, okay. Well, I'm going to make the call. Thank you so much for your time.

Dr. Darrow: Mary Ellen, God bless you, thank you so much, we're going to go to a break and I'm waiting for your call when we get back, the phone number to the studio right now is 866-870-5752.

Nita: And you're listening to Living Pain Free with Dr. Marc Darrow. And we'll be right back after these messages.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at jointrehab.com 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. I'm your host Nita Vallens and we're taking your calls at 866-870-5752, right here in the studio. And you get a free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy, subtitled, Regenerate Don't Operate. There's over 250 studies in this book. The foreword is written by Suzanne Somers, and all you have to call us right now, and get your free copy, 866-870-5752, and you can speak with Dr. Darrow about your pain. How about that?

Dr. Darrow: I love it.

Nita: All right.

Dr. Darrow: I love the work I do, and you know when people ask me what I do for a living? I say, I watch people heal.

Nita: That's a good answer.

Dr. Darrow: It is. It's a lot of fun. So I want to start off and get this warmed up, get the audience warmed up. What does that mean to you, Nita?

Nita: It mean a joke is coming through the air.

Dr. Darrow: And who is going to get tested?

Nita: Me. It's going to land right here; I just feel it coming right now. It's going to land right here on my cheek.

Dr. Darrow: Here it goes.

Nita: Oops. All right. What is it?

Dr. Darrow: Why can't you trust ducks that are doctors?

Nita: Why can' you trust ducks that are doctors? Ducks like quack, quack -- oh, because they're quacks.

Dr. Darrow: You got it! Oh my God, Nita, you're so brilliant. That high IQ it finally has a place to land.

Nita: Finally.

Dr. Darrow: Are you ready for another duck one?

Nita: Sure, love ducks.

Dr. Darrow: How does a duck by lipstick?

Nita: It tries it on its beak?

Dr. Darrow: Oh, my God, you're an inch away. She just puts it on her bill.

Nita: Oh, it's a bill not a beak, okay.

Dr. Darrow: One more, you have one more chance, you're doing pretty good 50/50. What do you call a pile of cats? A meowantain.

Nita: A meowantain, that's hilarious.

Dr. Darrow: So folks, keep sending me the jokes, it keeps us happy. Actually, you know what, my list is really short, Nita.

Nita: Really?

Dr. Darrow: I don't know what I'm going to do.

Nita: Oh, no. Probably you'll have to go the internet? You know, I'll send you a site.

Dr. Darrow: Oh my goodness.

Nita: Oh, yeah, you're going to have to go to Dr. Google.

Dr. Darrow: Dr. Google, that's right.

Nita: Yeah, yeah.

Dr. Darrow: Absolutely, it's a great idea.

Nita: Yeah, there's jokes there. Trust me.

Dr. Darrow: So I'm going to take some -- Nita, do you have any questions about what I actually do?

Nita: Well, you know, this is our 13th year on the air together. So I learned so much when you talk to the callers. I learn a lot. And so I don't have any questions right now. I don't have any pain, except for what I do think is that knee pain has been over the years, one of the most popular parts of the body that people are talking about. So maybe you can talk about knees.

Dr. Darrow: That's right. Why are knees so popular?

Nita: Well, because so many people are overweight and there is that formula that let's say you're 10 pounds overweight, that means you're carrying about 40 extra pounds on your knees, because you figure like for pound it's four pounds extra on the knees is the formula that is used.

Dr. Darrow: Yeah, some calculations, it's biomechanical, it's not the actual weight. But biomechanically, the way the knee bends it's four to five pounds of extra poundage for every pound above the tummy, that's in excess. So I get a lot of people that are, you know, 50 pounds overweight, that's not unusual in our society, right?

Nita: Well, it's pretty common right now. It didn't used to be that way decades ago.

Dr. Darrow: No, not in the paleolithic times when there was no food, but we're a very wealthy nation, and what we use to quash our anxiety and all that is food. So instead of working out, what people do is they grab the food to calm down. I work out instead, you know, when I have, when I'm tired, when I get home, what do I do, I'll hit my little gym in the garage, and I'll work out.

So, it's always a choice, or are we going to be active. Now, some people say well, I can't be active, because I'm in so much pain. Well, get it fixed them. You know, you have an option. There are tons of people with knee pain, obviously, there are people with pain all over the body. But you're right, I think I get more knee problems than anything else, and I hear the old adage from people jokingly, say the knees are the first thing to go. And it is something that happens from being overweight. We get arthritis from being overweight, there's studies on that. And it's sad. It's sad to have people who are eating their way to arthritis. But if you are -- let's say you weigh 100 pounds, but you're in excess, let's say you really weight 130 but you should weigh 100, that's 30 extra pounds of pressure, plus the 100, so 30 times five is 150 plus 100, so that's 250 pounds of pressure on the knee. They don't survive.

Nita: That's awful.

Dr. Darrow: And what I do with my patients is I have text me every morning if they need to lose weight. And they tell me what they weigh. And if they haven't lost weight that day, then we go into what they're eating. I use a keto diet, K-E-T-O, ketogenic which is something I don't have to explain, you can just look that up on Google, it's very simple. It's basically protein, vegetables, water, coffee, tea, things like that, but it's getting rid of the carbs. The carbs we get from our vegetables, and they're slow burning, rather than from cakes and cookies, and bread and spaghetti and pasta, and all that stuff. And that is a great way to get rid of Type II diabetes, also.

So I had a patient who was overweight, and I did his blood work for him, and it came back that his hemoglobin A1C was 6.2. And his fasting insulin was 107. Now that's not terrible, but he's got Type II diabetes, okay. And I sent him the results of that, and he said well, I'm doing pretty good cutting out the carbs since we talked, but now I'm going to do 100 percent.

His labs will change within a couple of weeks, and he'll come into a normalcy.

Nita: Well, would you like to speak to Rose Mount Claire?

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

Nita: Can you talk a little louder?

Rose: Oh, I'm so sorry. Hi. So I am calling to ask your doctor, how do I gain some weight?

Dr. Darrow: How do you gain weight? You eat carbohydrates.

Rose: Yeah, I need to gain weight. I do. I'm too little actually.

Dr. Darrow: Okay. There is probably no such thing, unless you're ill, you know, and you have a wasting syndrome of some type. But I like when people are thin, and what we know is one thing about extra life, extra years of life. It's studied down at UCLA. Well those...

Rose: Well the thing is this. I am five -- I'm going to say about five-three, but not quite, and I'm like maybe not even 110, I think that's too small, don't you think.

Dr. Darrow: Well, your thinking and your realities are two different things. That's very good.

Rose: Oh, I see, okay. All right.

Dr. Darrow: Yeah, that's a very good size.

Rose: I am?

Dr. Darrow: Yeah, you're a perfect size.

Rose: Wow, that's amazing. Okay, well I thought -- I thought I could get some muscle milk or something.

Dr. Darrow: Yeah, you could do that. You can eat a lot more protein. And work out.

Rose: Protein.

Dr. Darrow: Yeah, get some protein.

Rose: Okay.

Dr. Darrow: And there's a lot of ways to get it. You could just eat steak.

Rose: Yeah, I am -- okay, I'll do the protein thing. I try to do a lot of that with my fruits and vegetables. But I don't know, it just -- okay, I'll do the protein thing, a lot.

Dr. Darrow: Well, just eating protein is not make you gain weight or muscle. You've got to exercise with it.

Rose: Yes. I do -- I do a lot of working out in my garden and my yard, so it's not like I sit around and don't do anything.

Dr. Darrow: Well, that's not the kind of exercise that builds muscle, you've got to do...

Rose: Oh, okay. So the weight.

Dr. Darrow: Repetitive, yeah repetitive things, weights.

Rose: Okay. All right. Well, because I have the RA, my hands hurt a lot and -- but I'm still -- I'm still moving. I'm still moving with everything, it's just that I'm you know I just keep trying to move even though, I've got the pain in my -- my hands a lot.

Dr. Darrow: Yeah, did the rheumatoid arthritis only affect your hands, or did it affect your knee also.

Rose: Well, it is actually in my joints. I'm starting to feel it a lot, like my ankles, my knees. I tore my meniscus, and I didn't go to a doctor for that. I just -- I just knew what was going on. And you can't really do much with that.

Dr. Darrow: I can. You can't, but I can.

Rose: Oh yeah. Exactly, doctor, I have to go see you. I do have all the information and I'm praying and asking the Lord to supply that need. So yeah, I hope -- I hope and pray I can see you this year sometime.

Dr. Darrow: Okay.

Rose: I'd really like to do that.

Dr. Darrow: I want to give our phone number, since you're talking about that, so just hand with it. I know you have it probably.

Rose: Yes, I do have it.

Dr. Darrow: For those who want to call the office or come in, the number is 800-300-9300, that's my office. To call the studio, and you'll get a free book on stem cells and platelets, how to regenerate your tissue, instead of cutting it out, the number to the studio, you can call me now is 866-870-5752. I have a few more things I want to tell you Rose, if you want to listen. Rheumatoid arthritis cannot be necessary healed, but we can palliate it, meaning we can rid of a lot of the symptoms by going on a, what is called an alkaline diet. Do you want to write that down?

Rose: Yes. I do my lemon so much, so I can get it turned yellow, because I drink a lot of lemon water to...

Dr. Darrow: Okay. Well, that's not going to do?

Rose: No? Okay. Okay.

Dr. Darrow: So if you want to let me finish up, I'll be happy to tell you what will do it. So for someone with rheumatoid arthritis a lot of protein is not a good thing, okay, because it has what's arachidonic acid in it, which irritates the joints, and reves up rheumatoid arthritis. The main thing for rheumatoid arthritis is an alkaline diet without sugar. When you stop the sugar, the carbohydrates and fruits are good for alkaline, but necessarily good for rheumatoid arthritis, because you have antibodies in your blood that are attacking you. And they live on sugar. So it takes about four months to get cleaned up. A lot of vegetables is what you need, all right?

And then you need to go to drug store somewhere, a pharmacy and pick up what is called litmus paper, L-I-T-M-U-S, and you urinate on that a few times a day, and make sure your urine is alkaline and not acid. And if we can switch you over from acid to alkaline, most

Americans are very acidic, because of the diet we have that's rich in carbohydrates and protein, because we're wealthy, we're wealthier than other societies. Other societies that don't have much are often alkaline. So that's something you can email me about if you want more information. And the way to email me is through my website which is www.lastemcells.com I'll repeat it for people who are writing it down, www.lastemcells.com. And every page there has a spot to email me. I will get back to you the same day, if you email me, I promise.

So for yourself, Rose, I wouldn't be worried about gaining weight. I would be more concerned about changing your nutrition to feel better.

Rose: Okay.

Dr. Darrow: Now, that meniscal tear in the knee, you said you can't do anything about, but I said, I can.

Rose: Yes.

Dr. Darrow: I treat people all day long with meniscal tears. And I use regenerative medicine, platelets from their blood, or I use stem cells from their bone marrow, very simple procedures to do, and it works really, really well with people that have meniscal tears and rotator cuff tears in their shoulders, labral tears, which we find a lot in the shoulders and in the hips. And arthritis all over the body. So I treat basically from head to toe, everywhere. And a meniscal tear doesn't scare me away. And they generally heal up pretty well.

So if you're having the knee pain, there's a good chance we can get rid of it for you.

Rose: Um-hmm, thank you, doctor.

Dr. Darrow: Do you have other questions, Rose? I know you're a pretty smart lady, and you know a lot about what's going on.

Rose: Well, I do have a rheumatologist, and then my primary doctor, but I -- you know, I stay away from pain management because I...

Dr. Darrow: Well, they're not going to do you any good. They're actually going to hurt you.

Rose: No, I don't. I don't use them, because I -- my children are raised without any kind of, you know, pain meds, things like that when they were little. Even no vaccinations, which I know people think it's weird, but you know, I had a chiropractor, and a great

pediatrician I went to, and they were more holistic. So I -- that's the way my boys are, and they are very healthy, my four sons. I'm grateful to God for that.

Dr. Darrow: Well, God bless you, and God bless them.

Rose: Yes. He does. He does. He's good, the Lord is good.

Dr. Darrow: Generally, a rheumatologist is not going to help your problems.

Rose: No, I know. I know.

Dr. Darrow: They're very -- they're very traditional, and that's great. You know, I'm glad they're there to help people, the people that want it that way. But I generally don't send people to rheumatologists to heal things like you have.

Rose: No. I know. Since I've been listening to you, you're the only person I'd love to go to and so I am looking to try and get my finances in better order, it's not like I'm in debt or anything. That's not it. It's just I'm kind of limited.

Dr. Darrow: Okay.

Rose: So I'm looking to get that money.

Dr. Darrow: Well, you don't need to spend any money on an alkaline diet. It actually -- it will actually save you money.

Rose: No, that's true. And that I can start right now. I need to do that.

Dr. Darrow: Yeah, look that up and figure it out, get some litmus paper, that will cost you like ten bucks for a roll of it, and you just urinate on that a few times a day to check if your system is alkaline or acid. And I'm going to get you anything, it's acid. So you change your food, it will become alkaline.

Rose: Well, I'll try to -- I'll try to, yeah, get that. Probably today. I was going to go to a health fair.

Dr. Darrow: Yeah.

Rose: I know I'm so late in trying to get out of my house here, but that's what I want to go do it, it should be wonderful, I go every year.

Dr. Darrow: Good, good, good. All right. God bless you, Rose, it's a pleasure talking to you, and I appreciate your call.

Rose: Thank you.

Nita: Thank you, Rose. Our number is 866-870-5752, right here at the station, 866-870-5752, get your free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy, Regenerate Don't Operate is the title with 264 scientific studies, and the foreword is written by Suzanne Somers, the actor. Do you want to talk about that?

Dr. Darrow: Which part of it?

Nita: Any. Your call.

Dr. Darrow: I'm going to talk about a question that came in. It says, Hello, Doctor. I've been diagnosed with Morton's neuroma for many years. I've had several rounds of cortisone shots, and now my doctor is recommending surgery. I would like to come in for a second opinion. I have an MRI scheduled next Wednesday. I want to see you before I come in. May I do that?

Of course, you may. And then it says please let me know. My friend, I won't say their name and her husband, referred you to me, because of their great success using regenerative medicine with you. Well, that's wonderful. I love to hear the good stories.

So let's talk about a Morton's Neuroma, first of all. And a Morton's Neuroma is theoretically a bundle of nerves in the bottom of the foot that hurts like heck. And so far, from what I know using regenerative medicine, I've healed every one that's come in -- that's walked in the office, I should say. And what I find is it's not generally really a Morton's Neuroma that's causing the pain. That's a nerve issue. What I find is what we call a metatarsalgia. And that means the metatarsal bone on the bottom of the foot, if you want to look that up on Google.

And by the way, with any of these terms, that I mention, you can look them up on Google, and then at the top left it says images, and you click on images, and it will show you the anatomy of what it is that you have.

So the metatarsal bones are where the foot bones, at the bottom of the foot, attach to the toes. And right in that neighborhood is the metatarsal head. And that's something that I have found very, very easy to heal? So I've never had to send anyone to surgery for it. There have been many people that have had surgery for it, and it failed, and then they come in for regenerative medicine, using platelets or stem cells and then we heal it up.

So you know my adage to people is if you've been told you need a surgery, for musculoskeletal issues, and it's not an emergency, check out regenerative medicine first. Because surgeries have a lot

of big problems that come with them, and regenerative medicine is very conservative. And for medicine the first law of medicine is do no harm, that means be conservative, don't jump to the knife. That's not conservative.

Nita: Good law. Do you want to talk to Robert?

Dr. Darrow: I was hoping I could. Robert, Dr. Marc Darrow, how are you today?

Robert: Great, doctor, thanks for asking. I'm calling in because I'm hearing you on the radio and I have a problem with my knee. I believe I tore something playing tennis about a year ago, and I've been nursing it, but I still have pain in it.

Dr. Darrow: Okay. So let me talk to that for a second, while you're getting off your Bluetooth, and then we can hear you even better. So did you go to a doctor?

Robert: No.

Dr. Darrow: Okay. So you said you tore something, but number one I don't really care if you tore something, because tears don't stop healing, okay. So you're assuming you tore something, I'm assuming you didn't tear anything. You know assumptions are assumptions, everybody's got one, and they're not necessarily accurate. But the bottom line is, you're still active, you said you're nursing it, that means that you're maybe not playing tennis as much, or as hard as you used to, but you're probably still playing tennis, correct? Robert, did I lose you?

Robert: No, I'm still here. I stopped playing tennis completely, and I haven't been able to work out on it.

Dr. Darrow: Okay, so you're in a lot of pain then?

Robert: Yeah, and when -- yeah, I was in a lot. But it's backed off about 50 or 60 percent, but I still can't do lunges, and I can't do the hard workouts I'm used to doing.

Dr. Darrow: Okay. There's two exercises that are terrible for the knees. One is lunges, that's probably the worst one, and the second are squats.

Robert: Um-hum.

Dr. Darrow: I know people love to do them, and it's really trendy to build up your butt and your hamstrings, but it's not good for the knees. I'm sorry. There are squats you can do where you put your back against the wall and slide your foot out so your feet are behind your knees, I

wouldn't go down lower than 45 degrees. And just sit there for a while, your quads will burn like heck. But the squats with weights on your back and getting butt down close to the ground is horrific for the knees.

Robert: Yeah, I'm not fixated on squats or lunges, I just -- I'm more fixated on the sweat, and I'm in enough pain, where I can't do it, and if I work out whether -- whatever workout it really is, because I work more a cross-training process.

Dr. Darrow: Right.

Robert: I'm sore. So that's why -- so it's starting to bother me.

Dr. Darrow: But it sounds like you're still active?

Robert: Well, as far as moving around and stuff every day, yes. But I can't do the work outs. I used to work out every single day, and whether it's jump training or yoga, or some type of cross-training, I backed off that, because it was aggravating my knee.

Dr. Darrow: Okay. How old -- oh my God, we're gone, and I need to talk to you some more.

Nita: We are out of time Robert.

Dr. Darrow: Go to the -- go to the website, Robert, and just email me right now, from the website, www.lastemcells.com I'll get back to you immediately.

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