

Living Pain Free 7/23/22

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, you look gorgeous today as usual.

Nita: Why thank you. You don't look so bad yourself.

Dr. Darrow: No, I don't.

Nita: You have this thing for hats now, don't you?

Dr. Darrow: Yeah, I love wearing my golf hat. I'm always ready to play.

Nita: Well, that's good, you'll have time when we finished with people for the next little while, and you can call the program at 866-870-5752, right here at the station. I'd love for you to get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It actually has 264 scientific studies.

It took you, what, five years to write that book and do the research?

Dr. Darrow: Yeah, it took a lot of time to put this together. And we continue to research every day. I have a huge staff of pre-medical students, medical students and some residents that are interested in researching about stem cells, platelets and how to avoid having a surgery. That's really the big issue with the work that I do. I've been doing this since, my goodness, like the late 90's -- 1997, I think I started doing this, while I was in my residency at UCLA.

And I was the guinea pig back then and then I started teaching at UCLA and started treating the patients there. And begging my patients to allow me to try this "new technique". It really isn't new. Regenerative medicine has been around since the beginning of time. But it's been updated, and it continues to be updated, advanced, and years and years and years ago, back in China, there are reports of acupuncturists using hot needles to help stimulate

new tissue growth. And then in the 1800's there was a French surgeon named Paré who used a caustic solution for hernias, hernia repairs, we don't do that. I don't know if that's a great treatment but that's all there was back then, I guess.

In the 1900s in America, there were a couple of doctors who -- in Chicago, who did tons and tons of this for back pain and neck pain, and other problems. And back in the day, they called it a railway spine. Now we call it whiplash, where the head gets trust backward and forward. In the old days, when people were taking trains, there would be train accidents, when people would get whipped around and have neck pain and back pain.

But these procedures actually work anywhere in the body for musculoskeletal orthopedic pain. So I treat necks, backs, I treat arthritis, shoulders, elbows, knees, fingers, wrists, knees, knees, lots of those, hips, toes, ankles. And then we have muscle tears, a lot of people come with hamstring tears, guys who squat a lot of weight. A lot of MMA kickers, you know guys with their hips that are destroyed after years of this. And things like plantar fasciitis, game keeper's thumbs. All of these sports injuries we take care of.

And then we take care of a lot of mom and pops, you know, people that have overused their bodies or people who are overweight. People who are overweight end up with knee arthritis, because there's too much weight. Every pound on the tummy in excess of what you want is an additional four to five pounds of pressure biomechanically. So if you come in, I'm going to ask you if want to do a ketogenic diet, and my patients all have my cell number, and I just texted when I woke up this morning, with several people who let me know what their weight is every morning. And they're accountable to me, I don't make them feel bad if they don't lose weight, but it's an easy way for them to keep track of their nutrition.

So people typically lose maybe half a pound a day, women a little bit less than that. And I've had people lose 100 pounds, I'm not a weight loss doctor, but if you come in, if you've got lower and you've got lower extremity pain, and you're overweight, it may help you to lose some weight.

So the treatments have morphed into PRP which is platelet-rich-plasma, a simple procedure, we just draw your blood, spin it in a centrifuge and then inject after we take out the red cells, because they're irritating. And then if you have something that is arthritic, we may want to use your bone marrow and get stem cells and platelets from that.

So there's a lot of ways to do this. There's a lot of ways, so to speak to skin the cat. And the technology is getting better and better all the time, and I've read in the Tony Robbins book that there is now - - there is a company that is working on an injection that will actually regrow the cartilage in knees. I haven't seen that yet, but we're praying and hoping that these newer technologies come forward. As soon as they do, I will be the first in line to try it on my body.

I've always got injuries. And I'm one of those guys that doesn't listen to my doctor. That's me. I don't, I'm being honest. You know, I cheat on myself, and a lot of patients cheat on me. They don't follow my directions, and I don't follow my directions. Which is to rest after a regenerative medicine of PRP or stem cells, so the tissue can grow back. And for me it's pretty easy, if I inject myself on day one, and I work out on day two, and I don't give myself a chance to heal, I can still inject myself on day three. It's no big deal, because I'm right there in the midst of it.

And I have, as I think I've told everybody listening, I had a bad knee injury on the golf course. And I limped off the course and drove down to my office, and I looked with my ultrasound, and I found -- I think it was 45 ccs of fluid in my right knee. And I aspirated that and put in some platelets and stem cells. I did those four times in one week.

We don't typically treat other patients like that. We typically do about once every two weeks, depending where you live, if you're from out of the country, we may do an intense program like I did for myself, where I just injected it every day for four days. And I've had very good success like that. I know a lot of doctors who do these treatments will do them once every few months, thinking that they're waiting for all the tissue to regrow and remodel, but I don't find that's a fast way of healing.

I'm going to give out the phone number, Nita, for those of you out there listening to want to talk to me.

Nita:

Okay.

Dr. Darrow:

And the number to the studio, live right now, you can talk to me is 866-870-5752, I'm Marc Darrow, MD, and I was Board Certified at UCLA in the physical medicine and rehabilitation program. Previous to that, and actually during that program I did a lot of orthopedic surgery, and I love orthopedic surgery. I love the surgeons. Unfortunately, I think there are too many of these surgeries that are being done, that shouldn't be done, because we can now with newer technology than surgery, we can heal the body

with simple injections. You walk in the office; you get injected and get walk out. Surgery certainly isn't like that, and I'm not saying surgery shouldn't be done, because there are cases where it's a miracle.

You know if you've got a broken bone or something like that, that's a great way to fix that. But for meniscal tears in the knees, and rotator cuff tears in the shoulders, I'm not a big believer in surgery, because I had one in medical school on my right shoulder, and it turned out to be what I'll call an abomination. It wasn't the surgeon's fault. It just happens. I think that a lymphatic vessel was clipped by mistake, because my arm was full of fluid after the surgery, like a balloon full of fluid, and I had a fever, and I was in trouble.

It took a couple of years for that to quiet down. I had a lecture at UCLA during my residency by a doctor who did this kind of work, and he stood up and said I heal 80 to 90 percent of my patients with Prolotherapy, that's the old name of what we call regenerative medicine today. And there were about 20 of us residents in the room, and I heard a lot of coughing and scoffing. And I was the only one that woke up at that point to think maybe there is something else besides physical therapy and surgery to help people with musculoskeletal pain, or steroid injections or things like that, that I don't approve of.

So I went to his office, and I talked to his patients, and they thought he was God. Because they didn't have surgery and they healed. So I started experimenting on my own body, I had several injuries at that time, and I did my wrist, it was 50 percent better the next day. I did my shoulder which was 100 percent better the next day. And since then I've done both my knees, both my shoulders, what else, elbows. I've had other people do my neck and back, because I can't reach back there.

Nita, we did your neck a few years ago. We had to do that twice, different injuries.

Nita: Yes. Yes.

Dr. Darrow: And do you have any neck pain anymore? Have you been okay since then, because that's been a good, what, 15 years ago or so.

Nita: No. I'm fine. Any pain I have is not sequalee to any of that that happened previously.

Dr. Darrow: Because it's psychological, because you're a psych.

Nita: Well, it's that I move around in the world, you know.

Dr. Darrow: Yeah.

Nita: And if we're doing stuff, you know, stuff happens. We fall down.

Dr. Darrow: It does.

Nita: Or we play golf, or tennis.

Dr. Darrow: Yeah. That's me. So again the phone number to the studio right now is 866-870-5752. If you want to call my office and get information that we didn't talk about today, the number to the office is 800-300-9300, I'll repeat that for you, it's 800-300-9300.

And if you want to watch me doing videos of these procedures, you can go to my website, which is www.lastemcells.com and there's videos of these procedures, of me doing stem cells and platelets. And there's also a slot on every single page, where you can email me personally. I will get that and get back to you, most likely the same day. I get emails from all over the world, literally all day long, and I spend a good number of hours a day responding to emails, and connecting with people, and answering their questions, and Nita, we don't have any callers here, do we?

Nita: No.

Dr. Darrow: So do you know what that means?

Nita: Oh dear. It might be joke time.

Dr. Darrow: It's time. It's time. So Nita, you ready?

Nita: Ready.

Dr. Darrow: Put on your thinking cap. Why do cow milking stools only have three legs? Cause the cow's got the utter.

Nita: Oh.

Dr. Darrow: Okay. I got a better one. You ready?

Nita: Okay. Okay.

Dr. Darrow: How -- I know you love Darth Vader.

Nita: I do.

Dr. Darrow: How did Darth Vader know what Luke got him for Christmas? He felt his presence.

Nita: Shut up! Oh my God, that's a great one. That's a great one.

Dr. Darrow: It is good.

Nita: Oh my God.

Dr. Darrow: Do you want more?

Nita: No. Actually I have a question for you.

Dr. Darrow: Go ahead. Go for it.

Nita: Are you writing another book?

Dr. Darrow: I am writing another book.

Nita: I could feel it in my bones, that you're writing another book.

Dr. Darrow: But the book, I'm going to give a book today for free, if you call in. And that's Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's about -- what is this, about 200 pages long, 256 --

Nita: 264 scientific studies.

Dr. Darrow: Studies that have been gone through the mill and when I say the mill -- when studies are published in a good journal, they have to be looked at by several doctors to see if the research is real. And these studies are all about platelets and stem cells do work, and unfortunately why a lot of surgeries don't work. So please don't jump into getting an orthopedic surgery unless you have to and it's an emergency. And always get a second opinion about a surgery, not from the same kind of doctor.

So if you have an orthopedic issue and you have a surgeon who says you need surgery, go to a doctor who doesn't do surgery to find out if you need surgery, because if you come to me, I'm very prejudiced about doing regenerative medicine, right? If you go to a surgeon, that surgeon is very prejudiced about doing surgery, and not doing regenerative medicine.

So I hear it every day, patients come in. They go I went to an orthopedic surgeon. I asked -- you know, I told him about you, Dr. Darrow. I told you do regenerative medicine. They say that doesn't work. Well, it doesn't work if it's not the thing you do and you don't have experience in it. It works for me. It doesn't work on every single person. Nothing is going to work on every single person. But

it works on the great majority of people that I work on, and it certainly has worked one. It's worked on you, and one of my best oldest buddies on your station, because you have your own show which is -- what is your show called?

Nita: Inner Vision Fridays.

Dr. Darrow: Oh, it's on Fridays now?

Nita: Um-hmm.

Dr. Darrow: And is it still 1:00?

Nita: 1:00 that's my hour.

Dr. Darrow: On KPFK, is it?

Nita: Yes, 90.7 FM.

Dr. Darrow: And it's all about psychology and spirit and think positive and all that right?

Nita: Yeah, I stay out of politics. My beat is strictly health and well-being. That's my beat.

Dr. Darrow: Wonderful. Wonderful. Great show. I mean, I bet someday you'll have me on your show.

Nita: Yeah, I will. We just talked about that a while back, so yeah. And I will work that out. I'm writing a note.

Dr. Darrow: You know, I remember -- I remember many, many years ago, when we first met, you put me on your show. And I had I think 1200 callers clog my phone line for three days. And my staff was going absolutely insane.

Nita: And your website went down, it crashed.

Dr. Darrow: Oh, that's right the website crash.

Nita: The website crashed, because there were so many hits.

Dr. Darrow: That was amazing. You have aa great show.

Nita: Well, people have chronic pain in America and around the world.

Dr. Darrow: Yeah, they say, you know, the stats show that about one-third of people have chronic pain. But when I lecture, and I have a raise of hands, it's more than 50 percent or 60 or 70 percent of people that

raise their hands, that have pain. So if it's something that you're involved with, if you have pain -- if you have a pain in the neck, whoever is giving that to you, come on in.

Neck pain, back pain, arthritis, elbows, wrists, fingers, we get a lot of hand arthritis, it's very, very common. I have a lot of postal workers, who are flipping packages and letters all day long. You know unfortunately our human body wears out. We don't like to think it does, especially in this new age, where we're living so long people are thinking why do I have all this pain?

Well, you've used these areas for how many years, they do wear down. Even though we regenerate on our own, we have stem cells being generated from our bone marrow released into the blood ever second, and those help us heal, we still are drying out -- you know, it's interesting in a biology course, once the professor, fish have a problem of getting rid of water, and humans have a problem of retaining water, right?

Nita: Wow. That's ironic.

Dr. Darrow: But it's real.

Nita: Yeah.

Dr. Darrow: And humans dry out, as we age, as you get older, people shrink. They get shorter, because the disks which are the cushions between the vertebrae start drying out, and they start shrinking down in size, it's degenerative disk disease, or disk desiccation, drying out.

Now, I have to say this. We get a lot of people who call in, we've had this over the years who say I have DDD degenerative disk disease, and I have back pain. But that doesn't cause back pain, okay. So if you have that, that's not the reason you're having back pain. Back pain is generally for the most part not from herniated disks, not from facet arthropathy, not from all these sexy different diagnoses. Not from spinal stenosis. It's typically because the ligaments are sprained like a sprained ankle.

So often when someone comes in, and I examine their back, it literally takes me about 10 seconds or their neck or their thoracic spine, and they say I've got this, I've got that. And I start laughing. And I go well you may have that, but that's not the cause of your pain. Your pain is really like a sprained ankle. And they go what do you mean a sprained ankle. And I say it's just like when you sprained your ankle and hurt a lot. Was it a big deal? They go well, it hurt a lot for a while, but it wasn't a big deal. I said, do you go to a surgeon for your sprained ankle? They go, no. And I said, well,

why do you go to a surgeon for a sprained back, and they're kind of in a query about that. It's just our culture. We do that.

So be careful if you have back pain or neck pain, it typically is not from the diagnosis that your MRI or x-ray shows you. All right, so I had someone that came in with scoliosis the other day. And they said I have back pain from scoliosis. And the scoliosis was so minimal, I said that's not where your back pain is from.

Now, I've had very advanced scoliosis cases, you know with huge curves that do cause back pain. But the typical people that have scoliosis, which is a lot of us, have a little bit of it. And it's not the cause of back pain, okay.

I'm going to give out the phone number, again. It's 866-870-5752, that's to talk to me live right now. You give me a call, I'm going to send out a free copy of my Stem Cell and Platelet Therapy book, Regenerate Don't Operate. And I'm going to go to some questions now, if you don't mind, Nita.

Nita: That's a great idea.

Dr. Darrow: Isn't it?

Nita: Yes.

Dr. Darrow: I have a good idea once in a while.

Nita: Yeah, you do, a few times an hour.

Dr. Darrow: This one seemed weird to me, it's -- it says blown knees. Okay. So the guy goes and I'm thinking, blown knees. What does that mean? That they're so wasted that they're blown out? So he says my knees are blown-on-bone and I'm very active and hoping you can help me.

So I'm not sure what that means. I hear bone-on-bone all the time.

Nita: Right.

Dr. Darrow: But blown-on-bone, I'm not so sure. He might mean that the doctor told him his knees are blown, you know, and they need surgery, or they need knee replacements. But what I might find almost every single day, are patients who come who have "bone-on-bone", and are told by several surgeons, they need knee replacements. I do an examination, and I find that they often have full range of motion, the movement is very smooth, there's no grinding, which we call crepitus. There's no laxity, there's no nothing. You look at an x-ray, and the x-ray looks terrible. But

there's always a little cartilage in there. Not always, I mean I've seen cases where there's no cartilage, where it really is bone-on-bone. And I give the example of real bone-on-bone, where there's no cartilage to be two bricks trying to rub, and they don't move. Because bricks are porous and they're rough. If you actually have bone-on-bone, you're not going to be moving that joint, okay.

And people say, well I do have -- I really do have bone-on-bone, I can't move it much, can you help me? You know, can the stem cells get in there. And the answer still is yes, that is a possibility. I have to do an examination. I get inquiries all day long on the internet, can you help me, here's my MRI x-ray, I go, I can look at those, but they're not going to tell me what the problem is.

I know that goes against the grain of the orthopedic surgical model. You have pain, get an image, and find out where the pain is coming from, and operate it and fix the MRI. Well, that doesn't make a whole lot of sense to me, because there are so many studies, and there's a whole bunch in this book, that I'm showing to the video right now, that I wrote. There's a lot of studies in here. There's studies you can Google. Look up if you want to -- and look up validity of MRI and knee pain as an example. And you'll find there is a very low correlation between the diagnosis of an MRI and the actual pain that a person has.

And when a doctor wants to operate based on what an MRI looks like, that's the wrong reason to operate. Most surgeons don't even do an examination, they just look at the MRI. How do I know? Because I ask my patients. They had a surgery that didn't work out. I go did the surgeon ever touch your body? Nope. They slapped up an MRI on the wall and the lights, or an x-ray and showed me what the problem was. They did the surgery, and I didn't get better, I got worse, and that's what happened on my shoulder.

So, blown-on-bone, let's move on here.

Nita: Let's do it.

Dr. Darrow: Okay. So this is C5 through C7, ACDF. So this person had a spinal fusion in December of 2020, the person wrote, hi, after hearing Dr. Darrow, I feel he was speaking of my case.

I'm still suffering with chronic neck pain, shoulder and shoulder blade pain after a cervical, that's a neck fusion. Can you help me, please?

Well, again, I don't know. I have to do an examination. The examination doesn't take long. I just need to touch the area and

find the pain generator. Once I find the pain generator, I have a pretty good idea whether platelets and/or stem cells can help stimulate the tissue to regrow, and to stabilize, in this case, the cervical spine. And that's even after a surgery.

I treat a lot of people after failed surgeries like this one and get them better.

So hang with us, folks, we're going to the break.

Nita: We are.

Dr. Darrow: If you want to call in and talk to me live, this is Dr. Marc Darrow, the phone number to the studio is 866-870-5752, or you can go to the website and email me at www.lastemcells.com and my office number is 800-300-9300. Thank you.

Nita: And we'll be right back after this.

[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 where are we taking calls right now, Dr. Darrow?

Dr. Darrow: The phone number to speak to Dr. Darrow -- hey, that's me! Is 866-870-5752, that's 866-870-5752. I would love to talk to you. If you want to get a hold of me at the studio -- not the studio, that is the studio -- at my office, the number there is 800-300-9300, 800-300-9300.

And there are people by the phones there, if we don't answer your questions on the live radio, call me there. To get to the website, to email me, and to watch videos, you can go to www.lastemcells.com www.lastemcells.com. For a free copy of my book, which is called Stem Cell and Platelet Therapy, Regenerate Don't Operate, I'm so proud of that, there is a foreword by Suzanne Somers, a great proponent of what's called alternative medicine which is really just natural medicine, there's nothing alternative about it. You get a

free copy of the book, if you call me now, live on the radio, at the studio 866-870-5752.

This book took me five years to write, to get all the research that's in it, we've got 250 or so studies, a little bit more than that. And everything you want to know about how to save yourself from getting an orthopedic surgery and healing with just some simple injections of platelets and stem cells.

Also, I wanted to mention in the office, we do something that's called the Vampire Facelift. It's the same thing as what I do on the body to get rid of musculoskeletal pain, but it's done on the face to regrow the cartilage -- not cartilage, that's for the joints. The collagen, which actually is a major constituent of cartilage, to regrow the collagen in the face and make your face look young again.

Also, these procedures can be done on the head, if your hair thinning to stimulate hair growth, to wake up those follicles that dying. Nita, I heard you breathe, so you might have had something else you wanted to say.

Nita: Yeah, I do want us to talk to Eric in Hollywood, what do you think?

Dr. Darrow: I would love it. Eric, how are you? Dr. Marc Darrow.

Eric: Fine, thank you. I appreciate being able to call in. I know you fielded this call. I've had surgery on my left knee, the medial meniscus, about a third of it has been removed.

Dr. Darrow: Yes.

Eric: And I wanted to know if you could -- well, I just, you've had this call before, but I'd like to know if you could help it be more stable. You know, I'm a bodybuilder, and things I can't do anymore, leg extensions, et cetera, it just hurts for days after. And it's never really been right, but it was better at the time to get the surgery. It was some years ago, but I just want to know if we can get better one.

Dr. Darrow: Well, again there's no promise of anything in medicine. I have to examine you first, Eric, and see if there's laxity. Sometimes the medial collateral ligament, lateral collateral ligament, or the interior cruciate ligament or posterior cruciate ligament, things like that can be distended or irritable, and they may be torn, who knows.

So I have to do an examination, I don't personally care about you getting another image, because my examination is, I think, a lot

better in finding the problem than getting an MRI. Although, I do have people -- people who come in, and they go you don't like MRIs. And I go and it's not that I don't like them. I do like them. It's a good adjunct to an examination, but it should never be the reason to do a surgery. Unless there's something that's horrific going on. But that's not most of what I end up seeing. That's stuff that ends up in the emergency room.

I get people who are typically down the road a little bit with their injuries. I do get some acute injury. And by the way "acute" means new and "chronic" means old. A lot of times I'll get ACL ruptures, where a knee is all swollen, a person comes in, and says I went to an orthopedic surgeon, they want to do a surgery immediately, and give me a graft from my patellar tendon, or my hamstring, or a cadaver to replace the torn ACL, anterior cruciate ligament. And I examine the knee, and it's fine.

And you can have an anterior cruciate ligament for example, that's torn, and have a very stable knee. So there's a lot of different elements that I have to look at if I am going to give you information, Eric, about your knee. And the only way I can do that, is if I examine it.

So with acute injuries like that, where the knee swells, the most important thing to do is use the ultrasound, which I do on knees to look inside and take fluid out. And that could be a reason why your knee feels unstable. You can have an effusion, or what we call, you know, fluid inside of the knee. And once we take that out, often it can stabilize.

Now, when you take an effusion out, if you don't treat the knee with regenerative medicine, you know, platelets and stem cells, the fluid will often just come back again, so it wasn't a real viable decision to go ahead and just aspirate. I know a lot of doctors just aspirate and leave it or put a steroid in, which is the worst thing you can do, because the steroid and that cortisone softens the cartilage, and then destroys it long term.

So please don't ever get a steroid shot for your knee, if you can help it. That's just not a great thing to do. I've had people who have come in after multiple steroid shots, cortisone shots, where there's basically no cartilage left, where the doctor has destroyed that joint or that tendon. And that's what we call iatrogenic when there's a problem, a medical problem that happens because of the doctor or the medicine or being in the hospital where there's infections and things like that.

And the number three cause of death in our country is actually iatrogenic reasons. It doesn't mean the doctor did something wrong, it's just that the medical culture is wrong, do you understand? The doctor is following the rules that are presented to him, but those rules need to be changed, and that's part of the forefront of what I've been doing the last 25 years or so, with regenerative medicine. It goes against the grain of the culture of medicine. It goes against orthopedic surgery, which is there to operate in most cases, when there is an issue.

And I love the surgeons, they do the hardest work in medicine. Don't get me wrong, I love orthopedic surgeons. I don't like most of the surgeries they do, okay. I see way too many people that have neck and back surgeries, knee surgeries, hip replacements, shoulder replacements where it didn't work out. So I know there are cases where it does work out. I'm not saying all of these are terrible things. It's just -- it's a gamble. And if you have an opportunity with an injection, you know, using what we call regenerative medicine, your platelets, stem cells, why wouldn't you just walk in, and get an injection and walk out, and heal, rather than go under the knife, and not know what's going to happen.

So, I have to examine you, Eric, to let you know what the story is. I'm sorry your medial meniscus was removed -- a third of it was removed, because that gives you instant arthritis. That gives you instability. That meniscus is a cushion. And I treat people with meniscal tears every single day, lots of them single day, it's the most common thing I see. And most of them get better. I didn't take out the meniscus. I didn't sew up the meniscus. I just injected the knee with cells, you know, that are healing cells.

So it's just a different, you know, I always tell people, and they say well, how come the surgeon told me this, and you're telling me the opposite? And I use the analogy of religions. There's different religions and people that are of one religion, don't like the other religion. And that's the way it is in medicine. I think what I do works great, and the surgeons think what they do work great. Who's correct? Well, I don't know. You be the decider, you're the patient, you already had a surgery that failed.

So if it were my knee, Eric, I would be injecting it, you know, with regenerative medicine, using your platelets or stem cells, but that's just me. I've done it to my knees with great success. And yes, I have meniscal tears in my knee. They're not the problem. They've been the problem, and I doubt they ever will be a problem.

Now, if you have a flap tear of a meniscus, where you can't -- your knee is locked up, and you can't move it all, because that meniscus

has bent over, so to speak, and it catches the joint, you might need to have surgery to remove that, or have it tucked down, sewn down. But those are fairly rare, and even though I have patients with flap tears, where the surgeon wants to take it out, when I do the examination there is still range of motion, I tell that even with the flap tear, they don't necessarily need to have a surgery. It's not the right thing to do.

So I need to examine you, first, Eric, before I can give you more of a definitive answer. And even with a more definitive answer, there is still no guarantees that what I do is going to work. In medicine we never know for sure. But it's certainly conservative. And it's certainly not invasive than getting a surgery, where you can get infected, and have immediate arthritis afterwards. I just see way too many people that come in with a failed surgery, you know, any part of the body.

Any other questions Eric. Those are good questions you brought up.

Eric: No. No, your time, I appreciate it. No, I have long wanted to see, so I'll be making an appointment, thank you.

Dr. Darrow: Yeah, God bless you, man. I hope your knee heals up. I always tell people the best way to heal, is just stay away from doctors. It's true. Most things heal on their own. I know that's crazy. Even, I've a very good friend, who's got a radiculopathy down her leg, severe, severe pain for several months. And she called me up and said what should I do? I said, well, 94 percent of those radiculopathies, you know those leg pains go away by themselves. And she said, yeah, you know what, it did go away for a while. So we'll see what happens with her. All right. Eric, God bless you, man.

Eric: Thank you.

Dr. Darrow: Yeah.

Nita: Thanks for your call, Eric. So do you want to give the phone number and I'll give the website.

Dr. Darrow: How did you know?

Nita: How's that?

Dr. Darrow: I'll actually do it all and save you the hassle.

Nita: Aw, I should be paying you.

Dr. Darrow: Talk to me live, right now. On the show, my number, Dr. Marc Darrow here, 866-870-5752, 866-870-5752 or you can call me at the office, there are people by the phones there, in case the lines are busy. The number there is 800-300-9300.

And the website is -- Nita, do you remember it?

Nita: Wwww --

Dr. Darrow: Wwww --

Nita: [Wwww.lastemcells.com](http://www.lastemcells.com) that's lastemcells.com.

Dr. Darrow: Right. And there's a slot on every page to email me. If you're shy, just email me. I'll answer you and maybe even give you a phone call. I do that a lot with people and find out what's going on with them.

So what's the last thing that goes through a bug's mind when it hits a windshield?

Nita: Through what? I didn't hear the beginning, what's the last thing that what?

Dr. Darrow: What's the last thing that goes through a bug's mind when it hits a windshield?

Nita: Oh, a bug's mind, okay now I heard the question.

Dr. Darrow: It's butt.

Nita: I thought I was going to say bye-bye.

Dr. Darrow: Now, here's one that I don't even understand that someone sent me.

Nita: Okay. Let's try it.

Dr. Darrow: I'm going to say it.

Nita: Let's try it.

Dr. Darrow: Let's see if you can figure it out. I can't figure this out. What did the janitor say when he jumped out of the closet? Oh, I get it. Supplies. I guess you never would have gotten that one, Nita.

Nita: No, probably not.

Dr. Darrow: Do you know one more?

Nita: Sure, why not.

Dr. Darrow: All right. Now, I haven't looked at this one, so we'll see.

Nita: Okay.

Dr. Darrow: Imagine if Americans switched to pounds to the kilograms overnight. There would be mass confusion. I don't really get it.

Nita: There would?

Dr. Darrow: Imagine if Americans switched from pounds to kilograms overnight, there would be mass confusion.

Nita: I don't get it.

Dr. Darrow: I don't either but someone out I hope is laughing, because and we're not smart enough.

Nita: I see a call coming in. That's really good news.

Dr. Darrow: Oh, that did it.

Nita: Maybe they're calling to explain the joke to us.

Dr. Darrow: I hope so. Okay, Ralph. I helped his knee 10 years ago, you're doing great. But did you get the joke, Ralph? I didn't get it.

Nita: Ralph, are you there?

Ralph: Yes, I am.

Nita: Oh, you're in Ohio. He's in Ohio.

Dr. Darrow: Are you from Ohio?

Nita: This is exciting.

Ralph: Well, I am, I used to live in Claremont California.

Dr. Darrow: Okay.

Ralph: For 56 years. And a neighbor, who you first did her knee in 2006, and then you did some stem cells, I think about two or three years ago, and her knee again.

Dr. Darrow: Okay.

Ralph: And she recommended me to you. And I went to you in March of 2012.

Dr. Darrow: Wow, I was just a baby.

Ralph: You did stuff to my knee and it's doing great.

Dr. Darrow: Wonderful.

Ralph: And actually done with other doctors, I've done 54 what I call sessions. And I love this stuff. It's great. I recommend it to people all the time.

Dr. Darrow: That's amazing, Ralph. Thank you so much. Yeah, it's been working on my body, since around 1997, and it's worked on Nita. It works on most of my patients. We get about 60 to 80 new patients a month, and most of them try this. And most of them are happy. Not everybody. And there's reasons for failure on this Ralph, so people should know that. I'm going to use you for the guinea pig here to explain it.

A lot of people don't feel like they heal because they're too active after the injections. So we give them an injection, and then they go out and continue their sports.

Ralph: Yeah, I gave up skiing, it's killed me.

Dr. Darrow: Yeah, did you ever go back to skiing?

Ralph: No. No, no, it's not worth it. I'm glad I can walk.

Dr. Darrow: Yeah, yeah, yeah. Well that's -- I get that. I gave up skiing also.

Ralph: I was very close to getting a knee replacement. And my neighbor in Claremont saw me limping around the block with my dog and said what's the matter. And we got talking, and she told me she had went to you. Then I ducked out of the knee replacement. Because I was out consulting with the guy and everything. And I never did it. And I'm doing great, you know, I've had limited range of motion, which you told me up front, that you know, it probably gets better there.

Dr. Darrow: Well, theoretically you can still get your range of motion back, it would just take more treatments, probably than you want to do. So it just depends. The other reasons for failure of regenerative medicine are that a lot of people take anti-inflammatory medicines like ibuprofen, there's a whole slew of them. And that blocks the inflammation that's needed to bring fibroblasts to the area that actually grow back the tissue.

And then sometimes, it's just not enough treatment, people will get a treatment or two, and they go it didn't work enough, or it didn't work. Well, it's working, we know from studies, that it's growing tissue, but how much tissue do you need to feel better. That's a question that no one has the answer to.

And then a lot of people who do this, a lot of doctors, don't use an ultrasound so they're doing blind injections. And I'm going to be honest with you. You cannot do a blind injection into a knee joint, a shoulder joint, a hip joint, places like that, without an ultrasound. You've got to use the ultrasound.

And years ago, when us regenerative medicine docs would meet at national meetings, one of the big issues was why don't hips heal very well? No one had the answer, until we got ultrasounds. Then everybody started healing. And the reason was we were putting the solution in the wrong spot, because it was done blind without an ultrasound.

And then the last reason is what I'm going to call a bad doc. You get guys who just don't know what they're doing. Or you get people who line up lots of patients and hire a doctor for a day, who doesn't even know what they're doing to do these injections. And yeah, you'll get a lot of failures. I get a lot of people that come in, they say, you know a nurse injected me, or a physician's assistant injected me. And they might be great at it. I'm not saying they're not. But most of them are not, and they don't do it every day of their life.

And the one thing that I always tell patients when they ask me for a referral for anything, I don't care if it's heart disease, kidney problems, it doesn't matter, or even a surgeon, I get asked for referrals. I always go to the guy who does the most of this. You always go to the doctor who does the most. Not the doctor who does it once in a while. They don't know what they're doing. And it's the same thing with regenerative medicine.

Now, luckily I'm told that I do the most of anybody on the planet. I don't know if it's true. But I sure do a lot. I do it all day every day, and I am busy. So when you do a lot of things, you get to see a lot of things that most doctors don't get to see and know how to handle it. You get the experience.

So, Ralph, thank you so much for calling in. I'm glad your knee is still doing well. And again, if you want more range of motion on that knee, you may consider doing more treatments, because you know theoretically, if you build up enough cartilage in there, or enough fibro cartilage, or whatever it is that is worn, the meniscus

can be worn, the cartilage could be worn, who knows. I don't know, unless I examine you. It's possible to actually get more range of motion, okay?

Ralph: Okay. Thank you.

Dr. Darrow: God bless you, Ralph. And thank you, and I'm sorry you moved to Ohio, because I don't get to see you anymore.

Ralph: No, we love Ohio.

Dr. Darrow: Well, that's good. I'm glad you found a place you love.

Nita: Thanks for your call, Ralph. Take care. Our number is...

Dr. Darrow: 866-870-5752, call me right now, and talk to me, Dr. Marc Darrow. I can tell you how to heal your musculoskeletal pain with simple injections of platelets and stem cells. Again, the phone number is 866-870-5752.

If you want to reach me at the office or talk to my staff, about issues we didn't cover, the number to the office is 800-300-9300, and the website which has videos of me doing these injections is www.lastemcells.com, if you call me now, I'm going to send you a free copy of my book, I even pay the postage. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. The foreword was written by the beautiful Suzanne Somers, who knows quite a bit how to heal using natural medicine.

Nita, you breathed.

Nita: Yeah, once in a while, I do that.

Dr. Darrow: And we also do regenerative medicine on the face, we call it the Vampire Facelift to regrow the collagen in the face. As we get older the face dries out, just like the ligaments, tendons and joints do. And that also can be grown back and make you look young and beautiful. And we do just about many Vampire Facelifts on males as females.

Also this can be done on the head to restimulate hair growth, if your hair is thinning. It's not going to work on Dr. Phil, sorry, Dr. Phil. We don't want you to just have a little fuzz left. And let's see if I have time for one more question, should I try to get that done here?

Nita: Sure.

Dr. Darrow: Okay. This person writes, acute pain from previous surgery. Let's see here. I was referred by one of your patients who had great

success, I'm looking into either PRP or stem cells for my left shoulder. Oh, I've had two rotator cuff repairs 14 years ago and six years ago, in my non-dominant arm -- very active train Ju Jitsu three or four times a week.

Recently had some acute pain in the surgically-repaired shoulder. I'm currently being treated by a physical therapist to increase shoulder mobility. That's good. It does help with the pain in movement. My hope is reducing inflammation and pain, and repair and promote healing in the event another slight tear, is this something you can assist with? Hopefully, yes. I have to examine you to tell you, but you already had two failed surgeries, so please stay away from the knife, okay.

I rarely ever find that a patient needs surgery. They come in saying they do. They've had several surgeons tell them they do, but then I do an examination, and I find they really don't need the surgery. There is an issue raised in this question, which was a tear. So I have three tears on my right shoulder, one is a supraspinatus tear, which is the most common rotator cuff tear, a subscapularis tear, and I had a labral tear. Do I have any pain in that shoulder? No. I'm lifting my arm up, okay, I'm flinging it around. I can do whatever I want. I can do sports. I can do push-ups, I can play golf, I could lift weights, I can do whatever I want.

Do I have tears? I do. So why do I have tears and not have pain? Because those don't necessarily cause pain. I did have pain, but I injected myself a few times. Over the years, I've had three shoulder injuries.

Well, it's time, Nita. God bless you everyone. Thank you Nita.

Nita: You're very welcome. Thank you.

Dr. Darrow: Alex and Suzette, God bless you all.

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