

Living Pain Free 7/30/22

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: Hi Nita, I'm laughing already, because I'm looking over all these jokes that my patients send me. And they're so corny.

Nita: Oh my goodness. Before we do jokes, why don't we invite people into the conversation?

Dr. Darrow: I would love it. Here's how I'm going to do it. I'd love you to call me right now live. You can talk to me about your musculoskeletal problems, orthopedic issues, arthritis, neck pain, back pain, finger pain, shoulders, hips, toes, it doesn't matter, I inject the entire body with regenerative medicine. That's a new type of medicine, new to a lot of you, not new to me.

I've been doing this since about 1997, when I was resident at UCLA in my training. And guess who the guinea pig was? Me. No one really taught me this stuff, it's something that worked on me, and I've been using it on my body for over 25 years. And people say why do you have to keep using it? Because I'm an athlete idiot, like a lot of you.

I'm 74, but I'm still cranking hard. You know the older I get, the more my wife says, would you stop beating yourself up? And I go, I can't help it, I'm only 16. And I love stressing my body out, exercising, running as fast as I can, lifting weights, hitting the golf balls as far as I can. It doesn't matter, whatever I do, I tend to do it in excess just like a lot of you folks listening.

So if you have any of those kinds of injuries, or if you have arthritis anywhere in your body, call me right now. The phone number to the studio, I love my callers, it's 866-870-5752, that's 866-870-5752. I hope you're not shy. If you are, you can call the web -- no, you can actually look at the website on -- you know, just on the

internet, and that has a spot where you can email me. And that's www.lastemcells.com www.lastemcells.com.

If you want to call the office, there's people there that can pick up, and the number there is 800-300-9300, 800-300-9300. But give me a call right now. Let's have some fun. If not, I'm going to torture Nita with some dumb jokes, and the number to call us right now is 866-870-5752.

Besides doing musculoskeletal medicine, we also take care of cosmetics on the face by injecting the same type of cells, stem cells and/or platelets into the face, just like I do it on the joints, ligaments and tendons. And it can be done for hair regeneration. If your hair is thinning, we can wake those follicles and thicken up the hair.

Nita, have you got anything you want to add, before I move on?

Nita: Yeah, right before we go to Tom, I just want callers to know that when you phone program today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, with over 264 scientific studies. So that's what's going on. And we'll go to Tom in LA.

Dr. Darrow: Hey Tom. Thanks for calling. We're going to send you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. How many studies, Nita? 265?

Nita: 264.

Dr. Darrow: I laugh about that, because I've always lectured about regenerative medicine to hospitals and doctors back for more than 20 years. I've taught at UCLA for more than that. And there's always a couple of orthopedic surgeons that stand up and go, where's the research?

So I took five years out of my life, you know I was working full-time, but at night and weekends, I'd be writing this book, gathering all the studies that they wanted to see, which show that regenerative medicine does work. And why surgery is often a very bad thing to do to your body, because of the bad outcomes that we see.

Not always, but it's a gamble, and it is a non-conservative gamble. I have a lot of people that have gotten hurt pretty bad from surgeries, and I've actually seen a couple people die on the table. One lady had a heart attack from the anesthesia. We get a lot of people that come in that have been infected after surgery. So I'm not telling you not to get a surgery. I'm just telling you the reality of it. And the work that I do is pretty simple.

You walk in, get injected, and walk out. So Tom, you've got a hip issue, how long has that been bothering you for?

Tom: I was hit by a car as a kid, and I had this -- I guess a syndrome, I call it, like a tension up through my body. And I had pulled a groin muscle in college. So I only knew when I would lay on my stomach and lift up my left leg, I would feel some type of relief.

Dr. Darrow: Okay.

Tom: Right up through my side. But then I discovered my left leg is at an angle, it doesn't go down level, like my right leg.

Dr. Darrow: Okay.

Tom: And now when I push in my old age, here, I'm 62, I get so much relief by forcing that left leg and stretching it a little bit. And I go it must be connected to getting hit by the car, when I was, you know, young.

Dr. Darrow: It might be. But it's not really relevant. What's relevant is you have it. Every patient comes in, and they go, Marc, why do I have this? I had this happen to me. I had this happen to me. I go, who cares. What matters is that you have it. And when I examine people, I can tell them literally in a minute or so, if I can help them with regenerative medicine, using platelets and/or stem cells. So, that's the good thing about it.

And have you listened to the show, before Tom?

Tom: No, I stumbled into it this morning, and I was so happy to hear what I was hearing.

Dr. Darrow: Okay. Good. So I talk about this on every show, because it's so important. Most of the people that I see bring in MRIs or x-rays or CT scans. And they tell me what their diagnosis is. And then I examine them, and I say your pain generator is not in your MRI or your x-ray. It's not in your image, it's in my hands.

And the doctors are wrong. I'm not saying every doctor is wrong, or every image is wrong, but frequently they are. So we have to be very careful. There are studies that show that people that have no pain at all, have terrible things in their body, when you look on images. So I hope this is getting clear to you.

Did you ever get any images, or did any doctor give you a diagnosis?

Tom: You know, I've lived with this tension issue my whole life. I dated a lady who was a Nurse Practitioner, 1990, she got me into the USC Women's Hospital, just to get a free MRI.

Dr. Darrow: Okay.

Tom: And unfortunately, at the time I thought I might have a deviated septum. I said I'm going to dedicate myself to medical science, because my condition radiates up into my like jaw and nose.

Dr. Darrow: Okay. That's possible, sure.

Tom: But when I stretch the left leg, I get this relief, which is unbelievable, you know.

Dr. Darrow: Okay. You're the guy that I definitely would have to examine and use my hands to find out where that point is that's the issue. And if we can find that, which we normally can do, then the injections that I do with regenerative medicine and platelets and stem cells, can often help get rid of the problem.

You haven't been to a doctor at all, about this?

Tom: Not in my consciousness of what the issue is only graduating in my old age here. I literally could not figure it out before. I thought it was nose, or something. You know even deep tissue massage, I'd leave the place feeling fabulous, and then a half hour later, it would just like creep back, you know.

Dr. Darrow: But you have not been -- you haven't been to a medical doctor to find out anything?

Tom: No.

Dr. Darrow: Okay, very good. I was just checking to see what anyone else had to say about it. So if you want to come in the number to the office is 800-300-9300, and you can -- we're going to send you a free copy of this book that I wrote, Stem Cell and Platelet Therapy, Regenerate Don't Operate. You'll get a lot of information from there about what this work is about. And if you think it applies to you.

You can go Tom to the website www.lastemcells.com and you can do that right now. And there's a lot of videos of me doing these procedures. And you can see if you think that you're a candidate. If you come in and I examine you, I can tell you in a couple minutes, if you're a candidate. Okay, just by touching and moving the body around, and seeing what this syndrome is all about.

Tom: Okay. I appreciate that.

Dr. Darrow: Well, I appreciate your call.

Tom: Okay. Have a great day.

Dr. Darrow: You too. God bless you, man, I appreciate it, Tom.

Nita: Thank you, Tom.

Dr. Darrow: So give me a call, folks. I love this one that Tom had, it's a real strange one, but hopefully we can get to the bottom of it. Give me a call right now at 866-870-5752, I'll repeat it while you grab your pen, 866-870-5752. Let's see if we can help you with your musculoskeletal pain, that's pain, you know, orthopedic style, and see if we can help stay away and not have to do a surgery when it's not necessary. And as you folks, who listen to me all the time know, in my opinion, and I'm just one guy. Most people don't need musculoskeletal or orthopedic surgeries.

You do if you have a broken bone that sticking out of the skin, there's no question about it. But things like meniscal tears, rotator cuff tears, labral tears in the hips. All these things and arthritis all over, I don't think surgery is a great idea, I'm sorry. Don't get mad at me, it's my opinion based on a lot of years of doing this work.

And I see way too many people come in, after they've suffered a bad surgery, and then we can still fix them up.

So I'm going to go Brad, Brad in Los Angeles, you've got low back pain, tell me about it. How long has it been going on? This is Dr. Marc Darrow.

Brad: Hello, doctor. Actually, I've had kind of a disk blow-out, it's not a complete blow-out, but a disk is hitting a nerve, it happened at work. And I've been having numbness in both legs for a couple months now. And waiting for doctors to do something.

I did have an epidural, that they suggested. I didn't like that much. It didn't help much either. Now they want to do surgery, just to go in and cut the disk away from the nerve, it's pushed over pretty far. And my feet are still pretty numb. And that's -- those are symptoms right now.

Dr. Darrow: Do you know if you've had any weakness in your legs or your feet?

Brad: You know, years ago, I'm 65, so up to this point, I've worked on my back balance boards, and just really kept it going because I surf, and I'm active like you are.

Dr. Darrow: Okay.

Brad: The weakness, years ago I had it. I had a disk problem. It lasted a couple weeks, and I did have some weakness. Right now, I had a little bit a couple weeks ago, where I didn't really want to walk too much, but the weakness isn't too bad now, I haven't noticed it. It's more of a numbness.

Dr. Darrow: Okay. Well, here's the big deal about that. If you're having weakness, then you need to get something done, because that could be a nerve that's being crunched. And if a nerve is impinged like that, it can permanently stay like that.

So it's walking the razor's edge, because a lot of times, people have these syndromes like you have, and they go away. So 94 percent of those go away by themselves without ever talking to a doctor. And we certainly don't want to cut your back, unless that's something that's necessary. And the question is what is necessary?

So I have to talk to you in depth and examine you and see what's happening. A lot of times these are referral patterns from the low back, what are called trigger points, or referral patterns, acupuncture meridians, there's a lot of terms for that. And we'd have to see, you know, what is going on. The fact that the epidural did not work is good news to me, because that means it probably is not the nerve that's being impinged.

Brad: Okay.

Dr. Darrow: If it was an epidural given in the proper area which it probably was, you know where that disk material is, that would probably shrink up the areas what's called the foramen, the hole that the nerve goes through. And you probably have gotten relief.

Brad: Well, I got relief -- it got worse, and then that night it all really got better. And then the next day it was pretty good, and then a day later the numbness came back.

Dr. Darrow: Yeah. So I don't know. It's equivocal to me what's going on with you. I'd have to examine you to give you more information. And oftentimes, doctors will do three epidurals like once a week, once every two weeks to make sure they get the actual spot. And you've only had one of them so far?

Brad: Okay.

Dr. Darrow: So you may want to go back and try, you know, a second epidural and see if that gets rid of it for you.

Brad: Okay, I didn't -- I mean they mentioned doing that, and I did like the feel of that much of the chemical in me.

Dr. Darrow: Yeah, well I understand that. I understand. Having a big steroid dose in your body is no fun. And a lot of people have --

Brad: No, I didn't do that.

Dr. Darrow: -- things like adrenal failure because --

Brad: Oh, I'm sorry, I talked over you there sorry.

Dr. Darrow: Well, I'm just saying steroids are not a great medicine to take anyway, but if it saves you getting a surgery, that's a great thing because a lot of the back surgeries don't work out. I get people all the time who come in after a failed back surgery, and often it's a back surgery they never should have had to begin with, because I've been able to fix them just by injecting with platelets and/or stem cells. It was, you know the surgery was done for the wrong reason. I'm not saying all of them are, of course they're not.

Brad: Yeah.

Dr. Darrow: But you don't want to be the guy that gets a surgery when you didn't need it, and it makes you worse. After the failure of the surgery there is usually another surgery with a fusion and then you get these implantations with pain pumps and spinal -- all these stimulators and things that unfortunately I get all the people it doesn't work. So obviously I think they don't work. They must work on a lot of people, or they wouldn't keep doing them.

But my point is that it's taking a risk by doing invasive procedures, and the work that I do is basically non-invasive, and if it applies to you, and you're a good candidate -- you were saying, Brad, I'm sorry?

Brad: Oh, well, that was my point, I like doing anything not to do with surgery, never even had one before.

Dr. Darrow: Yeah, the only thing is you have to be careful -- you have to be careful, if there is a nerve being impinged on, that that nerve does quit on you forever.

But if you're not having a foot drop, and you're not weak, then you're probably in pretty good shape, but I don't know the answer until I examine you.

Brad: I'm sorry if you don't have a foot what?

Dr. Darrow: A foot drop, you know where your foot drops and you catch your toes, or you're weak or something like that. Did any of you doctors say you had any weakness in your legs?

Brad: No, it's been pretty strong. They've been testing that.

Dr. Darrow: So the good news so far from you're telling me, and by the way, I'm not your doctor, you know, so don't listen this is just educational material. The good news from what I'm hearing is that the part of the nerve that's motor is not affected because you're still strong, and it may be the sensory part of the nerve.

And again, it may not even be the nerve, it may just be referral patterns. But it's something that has to be ferreted out by examination to find out what's going on. And I don't trust MRIs or x-rays or CT scans. I like them to get information, but I trust my hands more than anything and doing the examination.

Brad: Yeah, okay.

Dr. Darrow: If you want to come in, you know, make an appointment. The number is 800-300-9300, you can call the office now. That's 800-300-9300. If you want to watch me injecting backs, go to the website, which is www.lastemcells.com there's a lot of videos of me doing injections there, different parts of the body. Basically, I inject the entire body, I don't just do knees or hips or shoulders or backs. I do everything.

And I've been doing this a long time, since about 1997, I was the guinea pig, as I always tell people, because it worked on me. I started injecting all my old sports injuries and healed them all up. So it's something that I still have to do once in a while, when I tweak my body somewhere. I just injected my knee about three days ago. I'm already better, a lot better. And for me I'm a quick healer with this stuff.

Every place I've injected on both my knees, my shoulders, my elbows, I've done my right wrist. I've had other people do my neck and back, because I can't reach. And everything has healed on me. So I'm very grateful and it's the big reason why I keep doing this work, because it works.

And again, it's not going to work on everybody for a lot of reasons. And this is something important. You've got to be committed to the process. It's not a miracle, it just makes sense. You know, we inject cells into your body like platelets and stem cells that actually stimulate healing and regeneration of tissue.

Brad: Right.

Dr. Darrow: Rejuvenation, so it just makes sense. It's not a miracle. And the failures are usually with people that are overactive, or they don't listen to me, they cheat on me, and they'll go out and do their sport right afterwards.

I had a guy, I did a guy's knees, he was overweight which is terrible to begin with, because of all the pressure on his belly goes down to the knees. So every extra pound on the pound, is about five extra pounds on each biomechanically. So he was overweight, and he played a lot of golf, he was basically a very wealthy retired guy, and he just played golf.

So he came in, I did both his knees, he came back two weeks later complaining, it didn't work. And I said, well, did you play golf, were you active, he goes no. And his wife rolled -- she was there -- she rolled her eyes, and she said, "Honey, you freaking played golf three times". And he goes yeah, I did.

And I said don't expect to heal, if you're going to beat it up, the work that I'm doing, right? It would be like surgery, ripping open the stitches, so that's one reason, you've got to chill.

Brad: Right.

Dr. Darrow: Let it heal. Another reason is people don't do enough treatment. They come in and they'll get a treatment and then they come back in two weeks, I check people at two weeks usually. And they'll come back and go I'm done. It didn't work. And I go you need more. And they go no, it should have worked. And I go, I told you when you walked in, it may take several treatments I don't know. And that's kind of a hard thing for people, right.

They want a quick fix. And growing tissue is not a quick fix. I've been very fortunate, most things that I've injected on my body have healed very quickly. But I have had a couple areas that have taken months to heal, you with several injections. So I never know the answer. People say how long will it take. I go, I don't know.

Another reason for failures on this stuff is doctors don't use an ultrasound to guide the needle. You've got to look inside the body,

if it's the knee joint, the shoulder joint, the hip joint, because the spot to get into a micromillimeter. You know, you need -- it's like a scope on a rifle. The ultrasound allows me to look inside the body. I don't it to inject everything, but some things I do.

So another reason could be that people are taking ibuprofen and anti-inflammatory, or some other anti-inflammatory, which blocks the inflammation, we need for the healing. I know that sounds crazy, but we need inflammation to heal.

And then another reason people don't heal, is they have what I'm going to call a bad doc. They get a guy who doesn't know what he's doing, hangs up a shingle, after a weekend course, or comes in to do a lot of injections for a chiropractor or something and has no idea what they're doing, or a nurse practitioner, who has no idea what they're doing. I'm not saying they're bad people. They might be great at what they do, but they may not know much about regenerative medicine.

So if you're going to do this type of procedure, go to someone who does it all day, every day of the week, and ask them, how many of these did you do today. How many did you do yesterday, how many the day before. A lot of my buddies that do it, do -- you know, maybe a couple days a week. I'm always told when I'm at national meetings I do the most of anybody on the planet. I don't know if that's true or not, but I do a lot. I'm busy all day, every day, I love the work, it's exciting. It is fun watching people heal, and I love solving people's problems, you know with this type of medicine, it's a lot of fun.

It's easy work for me, it's simple. And when I say it's easy work -- go ahead I'm sorry.

Brad: Oh well, that's my thought on life. I don't want to do surgery, I was just -- I'm really worried about this nerve. And I'd rather do it -- do it with the stem cells and some other way.

Dr. Darrow: Sure. Well, one thing you've got to get done real quick, Brad. Is you're got to get an EMG and a Nerve Conduction Study, and that will give you a really good idea if it is a nerve impingement or not.

Brad: Okay. Well, I mean --

Dr. Darrow: Your doctor can order that for you, or I can order it for you, I don't do them, but we can send you to someone who does them.

Brad: Yeah, let me come and see you. I was just saying, though the -- I mean the MRI does show a big impingement on the nerve, but --

Dr. Darrow: You've still got to get this study. Back in the day, when I started doing medicine, everybody got an EMG and Nerve Conduction Study. And everybody saw a psychologist. Okay, they don't do that today. I don't know why. They're quick to jump on the trigger. I don't know, it's just the culture has changed quite a bit.

Brad: Yeah.

Dr. Darrow: I send, if someone wants surgery, I make sure they get an EMG and a Nerve Conduction study. There was a neurosurgeon that did a lot of backs and necks, years and years ago, I had him on my show. And he told us that he wouldn't on anyone, unless they came in three times with their family, because he tried to talk people out of surgeries, because there were so many failures with the backs and necks.

Brad: Yeah. Well, that -- those are the -- you know, I've had friends that have had them too and aren't doing any better.

Dr. Darrow: Hey listen, let me tell you the truth. I love doing surgery. I did a lot of it in my training. I'm not a Board-Certified surgeon, and the reason is because I had a shoulder that got miserable, it failed terribly. My arm blew up like a -- and I loved the surgeon by the way, he was my boss, my professor -- hang with us, we're going to go to a break, Brad, and then we're going to finish up the stories about you, and what's going on with your nerve, potential impingement, and your numb legs.

So anyone who wants to call me now live, 866-870-5752, I'd love to talk to you. Thank you, Nita Vallens.

Nita: You're welcome. You're listening to Living Pain Free with Dr. Marc Darrow. And I'm your host Nita Vallens, and we'll be right back.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at jointrehab.com or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. Dr. Darrow, you have a few things you'd like to announce, right?

Dr. Darrow:

Of course. Number one, I would love to get some new callers in here. We're going to get to you, Brad, again in a minute to finish up your call. But the phone number to the studio right now, I would love to talk to you, this is Dr. Marc Darrow, and we're talking about stem cells and platelet-rich-plasma, for injections to heal musculoskeletal problems. That's anything from the top of the head, to the bottom of the feet, arthritis, shoulder pain, rotator cuff tears, meniscal tears in the knees, you name it, I do the whole body, hips, backs, toes, fingers, wrists, what else did I miss? I don't know.

So give me a call right now at 866-870-5752, 866-870-5752. I hope you're not shy. You can pretend you're somebody else, you can talk about your mother or something. And if you want to watch me do videos of these procedures, you can go to www.lastemcells.com

If you want to call the office now and get more information, you can call 800-300-9300, that's 800-300-9300. We also do something called the Vampire Facelift, that's something where we inject the same thing that I do, platelets and stem cells. I do it on the musculoskeletal system, but it can also be done on the face to regrow the collagen on the face, and make you look beautiful or handsome, yes, we have as many men as women that do this.

Also this can be used on the top of the head to regenerate hair, if your hair is thinning. We can wake up the follicles and thicken up the hair. There is a lot of stuff this regenerative medicine can be used on.

Anything else I missed, Nita?

Nita:

No, I think you covered it. Good job, yeah.

Dr. Darrow:

Covered it -- I mean get a free copy of this book, call me, Stem Cell and Platelet Therapy, Regenerate Don't Operate. And Suzanne Somers, the famous actress wrote the foreword to it. I'm showing a picture here of her. And she also wrote a book, her recent book which is called --

Nita:

A New Way to Age.

Dr. Darrow:

That's the one. She has a chapter about Dr. Marc Darrow, hey that's me! About the regenerative medicine that I do. And how it's worked on her, and her family. And what the stem cells and platelets are all about. So let's get back to Brad.

So Brad, I just want to finish up with you. So you're having you know the numbness in the legs, and I want to tell you I had, when I

was a resident at UCLA, we did a rotation at Rancho Los Amigos Hospital down in Downy, and for that entire period I was limping, because of leg pain, okay. And I was freaked out, thinking I would have to get a surgery. It was very, very painful. And I was holding onto the walls limping from patient's room to patient's room, and Brad, guess what happened, my back was injected with regenerative medicine, and guess what? The leg pain went away. I have never had it since. And it's got to be, my goodness, that was probably around 1995, '96, something like that. It's a long time ago.

I've never had that sciatica come back. And you have to be careful, it's the razor's edge. If you're having weakness in the leg, you've got to do something quick, because you don't want to lose that nerve. But it's just the sensory part of it, then there's often things that can be done.

You had one epidural, it worked overnight and then the goodness of it went away, and it didn't work, but you may want to try that again, but I think the best thing is to get someone who does the work I do, to examine you, and see if that leg numbness stuff is coming from ligaments in your lower back. There are referral patterns, and often if we fix the ligaments in the low back by thickening them up and strengthening them up by injecting them with platelets or stem cells, the leg pain can go away, okay.

So a lot on the table for you. And what else -- I think that's about it, for you. I think we did a good job with you, Brad.

Brad: Okay.

Dr. Darrow: God bless you, and thanks for calling in.

Brad: Yeah.

Nita: Okay. So do you want to talk to Tom?

Dr. Darrow: I would love to, Tom, I'm going to give out the phone number, then we're going to get to you, to call me in the studio. And by the way, thank you everyone for calling in, it makes it more fun, otherwise I have to torture Nita, by telling her bad jokes.

So call us right now, 866-870-5752, give me a call, I'm Dr. Marc Darrow. I'd love to answer your questions about musculoskeletal orthopedic pain and see if we can help you.

So Tom, you're having knee issues. Tell us how long that's been going on?

Tom: Well, I -- can you hear me.

Dr. Darrow: Oh yeah. We hear you great.

Tom: Okay. So I had my left knee completely replaced and I have to do my right knee. And the surgery on my left knee, I mean I -- to me, it's a success, I've done -- it feels so much better, I have the strength back.

Dr. Darrow: Good.

Tom: But what I was wondering was if I could try yours before I do the left one, so I wouldn't have to do the left one -- I mean the right one, so I wouldn't have to do my right knee.

Dr. Darrow: Well, let me ask you this, because you said it worked great. Why wouldn't you want to do it on the other one?

Tom: Because I heard you say it's better not to have surgery, if you don't have to.

Dr. Darrow: But you said you had a great result. So I'm just -- I'm being facetious really.

Tom: Yes.

Dr. Darrow: But I do want to hear your answer.

Tom: I understand, you know, I'm wondering though -- you know, I mean I have no meniscus, no ligament, no tendon, I'm bone-on-bone and I have arthritis, the strength in my left knee feels, you know, like I can actually walk and not worry about it.

So I'm thinking well, it worked on the left one. I would rather not do the right one, if there was an alternative.

Dr. Darrow: Okay. So are you able to walk around?

Tom: Yes.

Dr. Darrow: Okay. You can bend your right knee?

Tom: I can bend my right knee further than my left, but the further I bend it, the more pain I get as I get down.

Dr. Darrow: Okay. So your right knee is the one -- the right one is the one that did not have surgery, and you can bend it more than you can on the knee replaced left knee, is that correct?

Tom: Correct. Correct.

Dr. Darrow: Okay. So there's something wrong with the knee replacement that you had, it feels good, but you've lost a little range of motion, right.

Tom: Yeah, I'm at 125 degrees on my left knee --

Dr. Darrow: That's not bad.

Tom: Yeah, but you know, they wanted me at 120, I'm with a therapist who is a friend of mine who owns his own therapy you know company.

Dr. Darrow: Wonderful. Okay.

Tom: And he's worked it -- he's worked it really hard, and I've worked hard on my own. It's still not -- I can't -- obviously, I can't bend it as far as my right one, but as he bends my right one just to compare then I get the pain in the right one.

Dr. Darrow: Sure. Okay. So just general information. I see a lot of people come in with failed knee surgeries, and definitely a lot with failed knee replacements, okay?

Tom: Right.

Dr. Darrow: And I just had one come in yesterday, as a matter of fact, a woman came in and she had her -- I'm trying to think which one. She had her left knee replaced, and it had -- no, it was the right knee she had replaced, and the side of the knee hurt like the dickens. And she said can you help?

And I said, -- she said the joint is making noise, and I can't bend it very far, can you help that? I said, I can't help that fake joint, because that's not biological, that's metal, right, and plastic.

Tom: Right.

Dr. Darrow: But her pain was on the lateral or on the outside of the knee. And I said I can help with that. I looked with the ultrasound, I saw fluid in there, where the -- the lateral ligament was, the lateral collateral ligament. There was fluid in there. I said, I can help there.

And she said, but I need help on the whole knee. And I said I can't help the rest of it. She said I'm thinking of getting a knee replacement on the other knee, my knee, and I said why? This one did work for you. You're having pain. She said, well I don't know what else to do, and that's what the doctors told me I had to do.

So I looked at it. I looked with the ultrasound; she had fluid in the left knee. I said, I think I can help you with this. I don't think you need a surgery at alone a knee replacement.

And I haven't examined your knee, and I haven't looked with an ultrasound, Tom, but I'm going to bet you anything that you don't need a surgery. And I won't know until I examine it.

Tom: Right. I had meniscus surgery years ago on both. But it just -- the weakness in my right leg is -- so the doctor said that my right leg was worse but my left, but I had more pain in my left, so I did the left one first.

Dr. Darrow: Well, that's a good point, your right one was worse, but you had your left one done because there was more pain in the left one. So worse and better means nothing. Worse and better relates to images. Images are wrong.

Tom: Well you said, okay, okay.

Dr. Darrow: You can't look at an image to decide if you need surgery, or even if you have pain. They don't give those answers. Only the examination does. And I'm going to tell you this. I'm going to bet you anything you want, you put up the stakes and I'll hold them in my mouth, that you don't have bone-on-bone in your right knee. That's -- it's a statement that's made by surgeons, and I've never -- I can't say never, I've had a few people over 25 years, who have actually had bone-on-bone joint problems. But they're -- everybody is told they do.

Tom: Right. Yeah. That's what I was told.

Dr. Darrow: I wouldn't "jump into a surgery". You know have somebody like me or me check out your right knee, and see what they think. And I'm going to make a bet with you like I said, anything you want, that you don't have bone-on-bone and that regenerative medicine using platelets and stem cells might be the answer for you.

Tom: When you say platelets, is that you pull the blood out and spin it?

Dr. Darrow: Yes. It's a very simple procedure.

Tom: And change and separate the white from the red?

Dr. Darrow: Yes. We take your blood, you know from your arm, we spin it in a centrifuge, the gravity of the centrifugal force pulls the red cells down to the bottom, the platelets float on top, and we take those out with the plasma, it's called platelet-rich-plasma, and then we inject

that. And the reason we would never put red cells into your knee, which I've tried before, because I experiment on everything, it blows the knee up. You end up with an effusion, because red cells are very caustic. They are inflammatory. So we take those out. And we just do the platelets. We can also do your bone marrow, which has platelets and stem cells in it. There's a lot of ways to skin the cat.

Tom: Okay. My son did that. My son's a baseball player and he ended up -- he tried that first. And it didn't work, he ended up having to have Tommy John surgery.

Dr. Darrow: Okay.

Tom: But I'm willing to try it on my knee.

Dr. Darrow: Okay. Now, let me just tell you my stupid opinion. Because I don't tell anybody I'm smart. All I have is a lot of experience, okay. Your son tried it. This is not a kind of procedure you try. It's something you do. And I'm going to bet he didn't need the Tommy John surgery, because a lot of people who "need that surgery" and never had to get it.

But I don't try to do this. I do it until it works.

Tom: Okay. All right. Well, I've got your number. I'll give you a call.

Dr. Darrow: Thank you. The reason I'm saying that is because we're growing tissue, doing one treatment may not be enough.

Tom: Right. All right. Well, let's give it a shot. I'm going to give you a shot.

Dr. Darrow: All right. That's a good pun, because that's what you'll get is a shot. And the nice news is you don't need anybody to drive you. I've never had an infection; I'm knocking on wood. I do this all day long every day. We use very sterile techniques. It's you know what I'm going to call conservative medicine. You walk in, you don't need anybody to drive you, you walk in, and you get injections, and you walk out, and drive yourself home. It's pretty simple.

Tom: Okay.

Dr. Darrow: All right. Tom, God bless you, I really appreciate the call.

Nita: Thank you, Tom.

Tom: Thank you. I am going to make the call right now to your office.

Dr. Darrow: Thank you. That number for other people is 800-300-9300, 800-300-9300, but I want to talk to you right now. Give me a call right now, with your musculoskeletal complaints, things that you're thinking about getting surgery for, please call me first. 866-870-5752, me and Nita are waiting her for you. 866-870-5752. This is Dr. Marc Darrow. I've been doing regenerative medicine for -- oh, in 1997, I think I started, I was experimenting on my own body. And I've had great success ever since. And I get about 60 or more new patients a month, believe it or not.

And I don't fix everybody. I'm not saying this is the panacea for everything, but most people get better. There is still a lot of failures, like anything in medicine. There's no promises. People come in and they say can you guarantee me this will work? I go, no way. You're going to actually sign something that says you know there's no guarantee.

I would do that no matter what kind of medicine I'm doing. There's no guarantees in medicine, I'm sorry.

So if you give me a call now, I'm going to mail you out for free, Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's a big book that I wrote on how to heal the body using regenerative medicine with stem cells and platelets. The foreword is written by the lovely Suzanne Somers, who is a big believer in my work. She wrote a big chapter in -- what's the name of her new book?

Nita: A New Way to Age.

Dr. Darrow: Yes. She's always figuring out new ways to age. Because we are aging, but the question is, what's our attitude about and what can we do to make ourselves better without surgery and without drugs, that's natural medicine, which is what I like to do.

So, I think Nita, it's going to be punishment time.

Nita: Okay, but wait, you know what I just realized.

Dr. Darrow: Tellme.

Nita: If you started doing this work in 1997, and this is 2022, doesn't that mean you're in your 25th year of doing this work?

Dr. Darrow: Well, why not.

Nita: But that's like huge. 25 years is huge. We have to throw you an anniversary party. I think this is a really stellar idea.

Dr. Darrow: But I don't drink, and I don't eat sugar so what am I going to do?

Nita: Well, we could get you a sugar free cake. We could make other drinks for you that are non-alcoholic beverages, you still eat food right?

Dr. Darrow: Okay. Let's do it. No, I'm an airian.

Nita: Oh, I see. Did you just make that up?

Dr. Darrow: Yep.

Nita: I knew this.

Dr. Darrow: But you know why I have an addiction to cheddar cheese?

Nita: Why?

Dr. Darrow: I don't know. I was wondering if you knew. But the addiction is only mild.

Nita: Well, yeah. Okay, so we could give you cheese and crackers that are sugar free crackers.

Dr. Darrow: But it's only a mild addiction, because it's cheddar cheese. You like the sharp cheddar.

Nita: No, I don't eat cheese. I'm dairy free.

Dr. Darrow: Okay. I'm going to give a better one here.

Nita: Okay.

Dr. Darrow: Why shouldn't you write with a broken pencil? Because it's pointless.

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

Dr. Darrow: Okay, one more and then we're going to do some hard work here.

Nita: Okay.

Dr. Darrow: Why did the scarecrow win an award? He was outstanding in his field.

Nita: Oh, that's a good one. That's a good one. I think you should give the phone number again, though.

Dr. Darrow: The phone number to the studio is 866-870-5752. Try to stump me, ask me questions I don't know the answers to, make me learn.

Nita: And let's give the website too.

Dr. Darrow: All right. I'll do that. It's www.lastemcells.com my website has a spot for you to email me on every page, and it's got videos of all the procedures I do. So you can watch me doing this and see if you think it's appropriate.

So, Nita, why did the buffalo -- or what did the buffalo say when his son left?

Nita: His son left?

Dr. Darrow: Yeah. What did the buffalo say when his son left? Bye son.

Nita: Oh, I never would have thought of that.

Dr. Darrow: Come on, Nita, you used to hit these on the head.

Nita: I know. I know. I'm just thinking about the party. Now, I'm obsessed.

Dr. Darrow: You do love parties, don't you?

Nita: I do love parties.

Dr. Darrow: Well, let me go to a question here, huh?

Nita: Okay.

Dr. Darrow: Let's see -- let's see what I can get here from a question, where is my questions, I'm lost on my internet here. Here we go.

Okay. Oh, I like this one. Terrible triad injuries on both elbows. So typically when we hear about the terrible triad, we're referring to a knee, and it used to happen frequently in football. When the players on one team wanted to take out a player on the other team, they roll on the outside of the knee. They'd roll their body, they throw their body at it, and create O'Donoghue's Terrible Triad. They would rip the medial collateral ligament, the meniscus and the ACL all at one time. That player was probably out of business either for forever or for a long time after that. I think it's illegal to do that now.

But one is about the elbow. And the terrible triad injury of the elbow is typically a traumatic injury pattern of the elbow, which has elbow dislocation, the radial head neck fracture, and the coronoid

fracture. Those are all parts of the elbow. So that's a pretty bad injury.

And let's see what the person says. Hi Marc -- that's me. Love what you do, really cool to see someone helping so many people and loving what they do. I do love what I do. It's so much fun.

Listen I got into a major car accident where I had two terrible triad injuries on both elbows and the surgeries went south. I have a 30-degree loss of extension of both elbows. I was just wondering if stem cell therapy can help me regain motion. I wake up with pain every day, and I'm only 25 years old. Would love to hear your thoughts and get some insight on your professional opinion. Thanks in advance.

Well, I'm not going to say the person's name, but thank you so much. That's a great question. The answer I don't have until I examine and look with the ultrasound and what's going on with your shoulder -- I'm sorry, with your elbows.

I have had a lot of people with terrible elbow injuries with lack of range of motion I've been able to help. We put cells of regenerative medicine platelets and/or stem cells into the joint, if that's what the issue is. And a lot of times, the inflammation that creates is very cool, because it brings white blood cells to the area that can often chew up the scar tissue and get rid of it.

So I'm not promising anything, I have to see this gentleman first, and see if he wants to go with this and see if we can help him. I don't know the answer, but there is good hope.

Here's another cool one.

Nita: Okay. Wait, we have calls.

Dr. Darrow: Making my job easy, I love talking to people. So let's see let's go to John, he's got back pain. We've got Chris with neck pain. Let's take Chris first with the neck pain, if you don't mind John. Because we already talked about backs a little bit. But we'll get to you.

So Chris how long has your neck been bothering you?

Chris: About nine years.

Dr. Darrow: Whoa! And what did the doctors tell you is wrong.

Chris: I work in the aircraft industry and it's doing the bottom of the wings so my neck's bent to the side, and so I have a clap cervical, 6-7, or

something like that, where it's blown out on the side. I can send you the MRI and the CAT scan.

Dr. Darrow: Okay. Do you have pain down your arms, or just in your neck?

Chris: No, the arm is going number and number day by day. I'm only concerned with it within the last six months, because I noticed, it's really getting number. My fingertips are getting numb.

Dr. Darrow: Okay. And do you have neck pain?

Chris: Yeah, I have -- the neck pain is not as bad as now the arm.

Dr. Darrow: Okay, so you have most likely what we call a radiculopathy, and we had Brad talk about the same thing with his low back, a caller before you. And it's something I may be able to help and may not be able to help. I may be able to help the neck, but you're saying that's not as bad as the arms, so I'd have to examine you and see what the story is, okay?

Chris: Yeah, my doctor said that the nerve between 6 and 7 is pinched or smashed.

Dr. Darrow: Yep. I hear you.

Chris: So he took the MRI and the CAT scan, and you can obviously it's being smashed pretty bad.

Dr. Darrow: Well, you may need a surgery for that, before you did that, you may want to try an epidural. You'd definitely want to get an EMG and Nerve Conduction Study to see what's going on.

John, I'm sorry. Go to the website, and you can email me from there, and we'll pick up with you. That's www.lastemcells.com. Anybody who wants to call the office, it's 800-300-9300. God bless you all. Thank you, Nita, Alex, Suzette, and it was a great show. I appreciate it.

Nita: Okay. And remember our pal, Warren Eckstein, on The Pet Show every Saturday from 11:00 to 1:00. And I'm Nita Vallens and we'll see you next time.