

Living Pain Free 7/31/21 10:00 a.m.

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, Dr. Nita Vallens.

Nita: Hi there, Dr. Darrow.

Dr. Darrow: Hey Nita Vallens. I bet you're having a great day, aren't you?

Nita: I am. How about you?

Dr. Darrow: Living it up.

Nita: Well, that's what we're supposed to do. So, we want all of our listeners to live it up. And we're going to take your calls all hour, so that you can live pain free. And what kind of pain are we talking about? Musculoskeletal pain, basically orthopedic pain, which means muscle pain, joint pain, tendon pain, ligament pain, disk pain, back pain, neck pain, knee pain, hip pain, arthritis pain, and stiff joints, dull aches, maybe you don't even know the origins of it. But maybe Dr. Darrow can help you figure it out.

Our number is 866-870-5752, right here in the studio, call 866-870-5752. And when you phone the program today, you get Dr. Darrow's latest book for free, called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies. I counted.

And you can go to the website, [www.lastemcells.com](http://www.lastemcells.com) you can email Dr. Darrow off of every page on the site, and watch him performing the treatments on videos, and that's [www.lastemcells.com](http://www.lastemcells.com). We're here Saturdays at 10:00, again at 1:00 p.m.

And we love your calls, we have lots of information for you, and if you call then we can individually customize that information, right, Dr. Darrow?

Dr. Darrow: Yes. We love our callers; it makes the show real interesting. So, give me a call right now, you can talk to me at 866-870-5752. And if you miss the show right now, and you hear it later, sometime when we're not live, the phone number to my office, you can talk to

me there and get a lot more information is 800-300-9300, I'll repeat that also, 800-300-9300. My website which Nita mentioned has videos of me doing these procedures of regenerating the body, rejuvenating it, instead of operating on it, and taking tissue out, and causing lots of side effects.

There are studies coming out all the time, showing that these surgeries that are done for meniscal tears in the knee, rotator cuffs in the shoulder, you name it, anywhere in the body, are really not that good for the body. Sometimes people get relief for a while, then down the road they have more problems. It's like steroid shots. You know cortisone, it feels great when you do it, but then later the skin is -- or the tissue is dissolved away, and you have worse issues. It actually eats up the cartilage.

So, we try to stay out of the paradigm of what we call traditional medicine. Traditional medicine is surgery, and drugs. We try to move to things that are natural. I take people off their medicines, and instead of cutting into the body, like I was trained in orthopedic surgery, during my medical school career and internship and all of that. I did a lot of orthopedic surgery, and I loved doing it. It is a lot of fun. But it didn't work out too well for a lot of people, and I am one of them.

I was an idiot, you might say, while I was in medical school, because I loved orthopedic surgery so much, and I had my boss operate on my right shoulder, and it did not come out very well at all. It wasn't his fault. It's just what happens with surgery. All you guys who listen to my show, or patients that are listening now know that. So, I was lucky enough to have discovered regenerative medicine. Today we use platelets or bone marrow which has platelets and stem cells and exosomes and cytokines and all kinds of wonderful growth factors. And they're such easy procedures.

You literally walk into the office, and you get injections, and you walk out. So there's very little morbidity to it, very little side effects to it. People get a little stiff afterwards. So please give me a call now at 866-870-5752, and actually we've got a couple people waiting. So, let's go to Mark in Palos Verdes.

Nita: Mark, with a "k".

Dr. Darrow: Hi Mark, it's Dr. Marc Darrow, I understand your shoulder is bothering you, so I was talking to the right guy. What happened to your shoulder, and how long has it been going on?

Mark: Well, you would know that, because I'm an existing patient.

Dr. Darrow: Okay. Oh, I know you. I can tell by your voice.

Mark: Yeah, how about that.

Dr. Darrow: Yeah, you're a funny man.

Nita: Surprise.

Dr. Darrow: Surprise.

Mark: Surprise. So, anyway I have a joke for you.

Dr. Darrow: I knew you would. Let's do it.

Mark: Okay. Did you hear about the dyslexic agnostic that had insomnia?

Dr. Darrow: Whoa! Dyslexic insomniac...

Mark: A dyslexic agnostic that had insomnia?

Dr. Darrow: Oh agnostic, okay. So it's someone that can't see straight and who what doesn't think there is a God, something like that?

Mark: You would lay awake at night wondering whether or not there was dog.

Dr. Darrow: Oh, that's so cute. Because folks, what is dog spelled backwards.

Nita: We got it.

Dr. Darrow: Great joke, Mark. Actually, Mark's been in a few times. His shoulders from what I remember is doing a lot better, is that true Mark?

Mark: Yes, it is. And when I was in there the last time you did the PRP, and the next day it way better.

Dr. Darrow: Good. We love to hear that. That's a great endorsement.

Mark: So, I've had a lot of significant improvement since the last visit to your office.

Dr. Darrow: And for you guys who are listening, you can tell by Mark's voice, he is a very honest kind of guy. He's a high-level entrepreneur, right, Mark?

Mark: Yes.

Dr. Darrow: So, it's not some guy that I hired to get on the show, here to talk about this. I really appreciate you making the call in, Mark. And I'm looking forward to seeing you. And I'm glad you're having real good success with bone marrow, and stem cells and platelets, which is what we call regenerative medicine.

Do you have any questions, Mark?

Mark: No.

Nita: Do you have any more jokes?

Dr. Darrow: You're just a happy guy. Oh he has...

Mark: I have a lot more jokes.

Dr. Darrow: 8,000 jokes.

Mark: But most of them I can't tell on the radio.

Nita: Oh, okay. All right. We'll table that.

Dr. Darrow: Well, you can save them for the office, for me and the staff. All right, Mark, God bless you, I really appreciate your call. That's so sweet of you to take your time.

Nita: Thanks, Mark, appreciate it.

Mark: All right, bye.

Nita: Our number is 866-870-5752 right here in the studio. Give us a call. The time goes by quickly. Don't wait until the last minute. You know we had six people in the last five minutes last week, it was crazy.

Dr. Darrow: Yep.

Nita: So 866-870-5752, let's go to Howard in Los Angeles.

Dr. Darrow: Howard, Dr. Marc Darrow. How are you today?

Howard: I'm doing very well, and you?

Dr. Darrow: I'm doing great man. You're not a patient, are you?

Howard: And -- and I must say that I was not hired either to speak on the radio.

Dr. Darrow: Wait. Are you patient also?

Howard: No, no, I'm not a patient. I -- I just got over shoulder surgery about six months ago, had a graft put in, and it's feeling -- you know, it's -- I've got range of motion back. It's feeling strange from -- I guess it's the graft, if I'm not mistaken, that is always going to -- it's feels like it's an irritant, do you know what I mean. It feels -- I feel it.

Dr. Darrow: Sure.

Howard: Is that correct?

Dr. Darrow: No, that's not correct, but it's a good idea. I'll put it like this. Howard, let me say it like this.

Howard: Okay. Go ahead.

Dr. Darrow: When new patients walk in the door, they go I feel like this. I feel like that. I think it's this. I think it's that. Most of the time, they're not accurate, because it's not the issue. But I'll put it like this also. We all have feelings. We all have feelings, and our feelings change all the time. And I always tell people when they say I feel this or I feel that, and in the new movement with the younger kids, they say everything I feel, because they don't want to be wrong. They go I feel. And feelings are not a good way to express yourself. It's a good way to care for people and use your emotional energy to make people feel good, but it's not a good intellectual way of expressing. Because feelings change. You feel one way one minute, and five minutes later you feel something else.

So, I don't really -- when people talk about I think or I feel, I automatically discount it. Because all those things the mind changes and the feelings change.

Howard: Because I -- I do not know.

Dr. Darrow: No, you don't know. But you can say this. It sounds like you had some success with that surgery, because you got your range of motion back.

Howard: Yes.

Dr. Darrow: And it's still not -- it's still not perfect. And the other question that you haven't asked, which I'll ask for you is, can regenerative medicine help get rid of that irritation? The answer is most likely yes. We could probably use PRP or stem cells or a combination to heal that shoulder up.

Howard: Okay, perfect.

Dr. Darrow: And it sounds like the problem you had before was adhesive capsulitis, you had lost some range of motion, you know what we call a frozen shoulder.

Howard: Yes.

Dr. Darrow: And in my book, you don't get -- you don't get surgery to fix that. That's like using a -- a cannonball to kill a mosquito, okay. You don't do that. You don't need that.

Howard: Well, I got the -- I fell and I felt like the rubber band just snapped and I couldn't -- and that's why I had the surgery.

Dr. Darrow: No. I understand. But that's your feelings, and I get tons of people with rotator cuff tears, most people that I treat with shoulder pain have rotator cuff tears. And most people who get a little bit older have rotator cuff tears, and don't even feel it.

So, you know one of the things we have to let people know about is the studies all show that you can have a rotator cuff tear in your shoulder and not have any pain. Because we take people that have zero pain in their shoulder or anywhere else in the body and we'll do an MRI, and we'll find terrible things. So, unfortunately, what surgeons do, and I'm not putting them down for this, it's just the culture of surgery.

Howard: Yes.

Dr. Darrow: I love surgeons. You know, they save a lot of lives. And you know if you have a bone sticking out of your leg, you'd better get right to the surgeon, and have him patch it up. But these other kind of surgeries for these things that they find on MRIs in my opinion -- my little old opinion, just Dr. Marc Darrow, and I'm not saying this is the world or God, in my opinion, they should never be done, the studies show they don't work.

Howard: Yeah.

Dr. Darrow: And I get people in all the time, new patients walk in the door with failed surgeries. That means they had a surgery that the doctor said -- the surgeon said this will make you better, and they get worse. And I'm one of them. And that's how I know it.

Howard: Yes.

Dr. Darrow: My boss in orthopedic surgery operated on my right shoulder and it got terrible after the surgery for a few years. I think it was four years when I discovered regenerative medicine. I injected my own

shoulder, and you'll laugh at this. My wife was watching TV in bed, and I jumped in bed, and I had my syringe in my hand, and I injected my shoulder lying in bed. And she was screaming at me with some expletives, you know, what the -- are you doing. And I said I'm going to try this on my shoulder.

Howard: Yeah.

Dr. Darrow: I woke up the next morning. I had full range of motion. And I had - - I was pain free, okay. So that was a wake up call for me that there's something else besides surgery. And I loved doing surgery. I loved it, loved it, loved it.

Howard: Sure.

Dr. Darrow: It's a real -- it's a guy thing. That's the only way I can put it is you know you get into this operating room and there's a lot of people at your command, and most orthopedic surgeons have their rock music blasting and it's a fun time. But after that, I switched horses, mid-stream, and I started doing regenerative medicine. And it's been a God send for me and most of my patients. It doesn't work on everybody for several reasons.

Howard: Sure.

Dr. Darrow: You know the reasons, I talked about this on the last show, last week. A lot of people get regenerative medicine of platelets or stem cells and then they're too active afterwards, so even though they're getting better, and the tissue is growing, they don't feel better. So they blame it on the treatment. It's not the treatment's fault. It's the patient's fault.

The number two reason is people take anti-inflammatory medicine like ibuprofen and that blocks tissue growth. So all you folks who are downing anti-inflammatories, you are hurting yourself, I'm just going to say it way it is. It's not good for you. It also can blow out the tissue in the stomach and have you bleed to death. I've had two people during my internship that had that problem. We had to pump them with blood all night long.

Number three, people don't get enough treatments for whatever reason. They'll get a treatment and then they'll come in and go it didn't work, and then they'll quit.

Number four, is they have a doctor that doesn't know what he's doing. Most doctors who do this stuff have no clue what they are doing. I had someone come in yesterday who went to another doctor, and I said how many pokes did you get in your shoulder,

because it didn't work. They said they got one poke. Well, one poke doesn't work in a shoulder. The shoulder is so complex, you know, the huge range of motion, it's got the four rotator cuff tendons. It's got the subdeltoid bursa. It's got the joint, it's got the AC joint, you know, and the glenoid joint. There is just too many things going on. It needs a lot of pokes unfortunately.

And then the fifth thing...

Howard: But I'm going to have to make an appointment.

Dr. Darrow: The office number is 800-300-9300, I'd love to see you, touch the area.

Howard: Sure.

Dr. Darrow: I don't rely on MRIs or x-rays. I rely on my hands and the examination moving you around and touching you and finding out what's going on. Because I have to find the pain generator, where is the pain coming from? We know -- every doctor should know by now; you cannot trust an MRI or an x-ray to show you where pain is coming from. And unfortunately, surgeons are still using those images to decide where to cut, when there shouldn't be cutting anyway. I'm not putting down the surgeons. I love them.

Howard: Yes.

Dr. Darrow: But they have a culture that is outdated. There's way too many of these surgeries done, there's study after study showing that they don't work.

Howard: Well, can I move to a different part of the body?

Dr. Darrow: Only if it's your foot.

Howard: It is my foot. It's my huge bunion that I have, and they wanted to have surgery for oh, God, 20 years, but it's -- I mean it is really a large bunion. I heard on your program that you said something that it's actually arthritis, is that what I heard? Is that correct?

Dr. Darrow: Well, that's what a bunion is. A bunion is arthritis. You don't have stability in the bottom of your foot. So when you put your foot down each time, that joint kind of splays, and there's a lot of pressure on it, and then it become arthritic and then the bone starts to grow. So, if it's a giant piece of hyperostosis, that's arthritis, just meaning the bone has overgrown, I can't get rid of that lump, okay.

If it's the lump that's bothering you, the cosmetics, you have to have that shaved off. If it's the pain, I would make orthotics for you and take the pressure off that joint. And then inject the joint with stem cells and platelets.

Howard: Yes. It's the cosmetics. I have no pain. Yeah, I have no pain.

Dr. Darrow: Yeah, the cosmetics I can't handle. You have to take care of that surgically.

Howard: Yesh.

Dr. Darrow: But the other point of it is, even if you take care of it surgically and get rid of the lump, you know, that bony lump, it's going to come back.

Howard: Yes.

Dr. Darrow: Because the foot is unstable. So you're still going to need properly made orthotics, not the kind you buy off the shelf in a foot runner or some online thing.

Howard: Yeah.

Dr. Darrow: You've got to have them made to fit your foot. And you know podiatrists do that. I can do it also, okay.

Howard: Okay. Great, thank you.

Dr. Darrow: Howard, God bless you. A lot of a good information coming from your call.

Howard: I will call the office.

Dr. Darrow: Any other part of your body bother you?

Howard: Not at this time.

Dr. Darrow: Not even a big tummy? Your big tummy doesn't bother you?

Howard: Well, yes, I am living large. I'm overweight.

Dr. Darrow: So, I'm going to -- I'm just going to put this out. I'm going to put this out. Anybody that comes into my office, that has a tummy, we talk about it.

Howard: Yes.

Dr. Darrow: And I put them on a ketogenic diet, you know, just look up keto, K-E-T-O. And one of my best friends came in, I haven't told this story for a while at 317 pounds. When we were young together, he was probably around 170, and then he ballooned up over the years. And he -- I put him on a keto diet, because he fell on his knee, and I aspirated about -- I put an ultrasound on the knee, and I saw a giant, giant collection of fluid. I aspirated about I think it was 90 ccs of blood, that's a lot. And then I told him to get a knee replacement, because his knee was trashed. I had an MRI that was just trashed, he was miserable. And he said I didn't come here for a knee replacement. I came here for you to fix it, using stem cells. And I said I'm not going to do it. And he goes why? Because I'm fat? And I go yeah. We're good friends, I don't want to be a failure. He goes I'll do whatever you want, but I'm not going to get surgery.

He is -- he lost 100 pounds very quickly, okay. I'm going to tell you his diet, you won't believe it. And I had him text me every single morning with what he ate the day before and what his scale showed him what the weight was. He lost about half a pound every single day, and we did fix his knee. It took a few treatments, and he's fine.

Howard: Fantastic.

Dr. Darrow: You know, if you're ever going to have someone inject your shoulder, your knee, your hip, make sure they are using an ultrasound to guide the needle, otherwise, they're going to miss that joint.

Howard: Yes.

Dr. Darrow: And make sure they're not giving it one poke. A shoulder needs a lot of pokes. I know the orthopedic surgeons are used to using steroids where they put it in the subdeltoid bursa, they think they're putting it in the joint. They're not. I know it, because I was trained that way. And then I used an ultrasound to guide it, and I saw that I was not even going into the joint. The studies show that we, as doctors, who inject without ultrasound guidance, are missing the joint about one-third of the time. So be careful guys. Be careful who is injecting you.

Howard: Will do.

Dr. Darrow: Make sure the person is properly trained.

Howard: Well, my doctor approved me to go out and chip and putt, but he told me lay off the driver for a while.

Dr. Darrow: You mean for your foot, or the shoulder?

Howard: No, golf, he said chip and putt, but don't hit the driver yet.

Dr. Darrow: Okay, I know. Yeah. Because of your shoulder. Yeah.

Howard: Yes.

Dr. Darrow: Well, you know I would say something different. I would say fix your shoulder, because what you have that -- what you're calling that irritant, the graft that was put in there is not the problem. The problem is your shoulder is not healed. So I would say get some regenerative medicine, put some platelets in there, maybe stem cells and platelets, get it fixed. Then go out and play golf.

Howard: I agree. Thank you. Thank you.

Dr. Darrow: And hit the driver.

Howard: Yeah, then hit the driver.

Dr. Darrow: Yeah. I wouldn't start chipping and putting, because you're going to cheat. Do you know what cheating means? When you hit when you chip and putt? I'm just going to hit one nine iron.

Howard: No.

Dr. Darrow: Oh, that worked good, I think I'll just hit one six -- oh, let me get the driver, and then before you know it, you're swinging at 120 miles an hour and you blow your shoulder out. Don't do it. Wait until you're better.

Howard: Yeah, I don't want to do that, no.

Dr. Darrow: I have way -- remember I said -- I said the failures come from activity. That was the first reason that people fail with regenerative medicine and with surgery. Do you know how many ACL repairs rupture again? You know, the ACL is the anterior cruciate ligament. Yeah, they get it fixed, you know, they take cadaver, or the middle third of the patellar tendon, or the hamstring tendon, and they pull out the old ACL, and they plug in a new one, and then it rips again. Because the patient was too active too soon. It takes a good nine months to a year for that ACL repair to actually function properly.

So, activity is the father of injury. Especially after treatment with regenerative medicine.

Harold: So, I guess I won't chip and putt yet then.

Dr. Darrow: Well, if you could have someone watching you with a gun to your head, and make sure that's all you do, you're probably going to be okay. But you won't do it.

Howard: Yeah.

Dr. Darrow: How do I know? Because I've had the same issue. And I didn't do it.

Howard: Yeah, yeah.

Dr. Darrow: You know, I've had shoulder injuries. I've had injuries all over my body, and I go out and I chip and putt, and then in 15 minutes, I'm hitting the ball 280 yards with the driver. It's seductive.

Howard: I don't want to try that yet.

Dr. Darrow: Golf is very seductive.

Howard: Well, I'm going to come in and make an appointment and see you. Sounds good to me.

Dr. Darrow: All right. For those listening, the phone number to the office if you want to come in and have me check you out, I can tell you usually in one minute if I can help is 800-300-9300, I'll repeat it, 800-300-9300, and I have people come in almost every day, who were told they have to get a surgery, and I touch the area and move them around and they never needed a surgery. Hang with us, guys.

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

[Break]

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

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host Nita Vallens and we're talking your calls all hour at 866-870-5752, right here in studio, 866-870-5752.

Check out the website at [www.lastemcells.com](http://www.lastemcells.com) that's lastemcells.com you can email Dr. Darrow off of every page on the site and watch him performing the treatments on videos.

We are Saturdays at 10:00 a.m. again at 1:00 p.m. and right now we are speaking with Howard, and did you want to say something before we go back to Howard?

Dr. Darrow: Howard, I think we finished up with you, didn't we? We had -- we talked about your shoulder and your foot. Is there any other question you have? Howard went bye-bye.

Nita: Howard is gone, all right.

Dr. Darrow: I want to -- before I get to Mimi, hi Mimi, Dr. Marc Darrow. I want to just talk a bit about other things we do in the office that are related to regenerative medicine and the musculoskeletal system. I've been doing platelets and stem cells for many, many years. I've been told I do more than anybody else on the planet, so I'm pretty busy. And it's interesting, you know, we have a website which is [www.lastemcells.com](http://www.lastemcells.com), I'll repeat it, [www.lastemcells.com](http://www.lastemcells.com). I get -- every page has a spot to email me, and I get emails every day, all day, all night long from all over the world.

And guess what? I answer all of them. The first thing I do when I wake up, I pop out of bed, I got to my computer, I do emails, I do emails between patients and I'm usually up till about 12:00 or 1:00 answering emails for people. So that's another way to get a hold of me. The best way is right now, call me live and talk to me, 866-870-5752, or you can catch me at the office, or get more information from my staff at 800-300-9300, 800-300-9300 and I wanted to talk about something about regenerating the face.

Now, that sounds weird, but we can use platelets or stem cells or both to inject into the face, you get a few injections with a tiny needle, and the collagen in the face starts to grow back. And people usually start looking better by the next day. And it rejuvenates, it makes people look great. It's called believe it not, the Vampire Facelift, because we're using blood. So it's a catchy name, the Vampire Facelift, make you look good again. As we get older, the collagen in our body dries up, not just in the joints, ligaments, tendons, you know neck, back, whatever, but also in the face.

And then on the hair, we can put this into the hair, platelets or platelets and stem cells and rejuvenate the hair. So it's not going to work on someone like Dr. Phil, who's got nothing going.

Nita: Well said.

Dr. Darrow: We'd grow some, but it wouldn't -- it would grow a little bit, but it wouldn't really satisfy him, but it's great for people that still have some hair on their head, and they're just thinning. And I did a young man yesterday, 27 years old, interesting case, strong family history of hair loss, you know, what we call male pattern baldness, and his labs were drawn, he had a high dihydrotestosterone which actually kills the follicles, and the doctor that he was seeing put him on something called Dutasteride, also another name is Avodart, and it blocks DHT. So I had him get a bone density, which is typically done for women as they lose their periods, and they get osteoporosis. Guess what his kid had 27 years old.

Nita: Osteoporosis.

Dr. Darrow: Yep, yep, yep. And I've had -- he's the third one I've found, young men losing their hair. So we have to be very careful. If you're taking Avodart or Dutasteride, or Propecia or Finasteride all of these medicines are five alpha reductase inhibitors which blocks the conversion of testosterone to DHT, dihydrotestosterone which we need for our bone remodeling and bone density. So be very careful if you're taking these medicines because you think you're going to save your hair, I think you'd rather save your bones.

The other thing these medicines do, is they cause impotence, because you lose the firing mechanism for erections. So be very careful when you take medicines of any kind and look for the side effects. This is a terrible side effect, because we know that if someone breaks their hip, from osteoporosis or really any other cause, but it's often osteoporosis there is a 30 percent chance they will die. You don't hear doctors talk about that. And these medicines that are supposed to save your bones, they don't work. They block the remodeling of bone and then you end up on the bone density, it looks great, but it's weak bone. And we know that people that are taking these medicines like Fosamax and there's a lot of other ones end up with jaw fractures, the dentists as they're drilling or whatever they're doing the jaw falls apart where the tooth is, and then they have what are called proximal femur fractures. That's the part of the thigh bone closest to your body. So be careful. Watch out for medication. I try to get people off of medications and do things naturally, okay?

All right. Let's Mimi, she's been waiting, upper arm and the joint.

Mimi: Hi, Dr. Darrow.

Dr. Darrow: Yes, Mimi, how are you?

Mimi: Hi, how are you?

Dr. Darrow: I'm living it up.

Mimi: Yeah, I'm not right now anyway. So I took x-ray at Kaiser, and they found out the x-ray shows that I have pretty bad degenerative disk disease.

Dr. Darrow: Okay.

Mimi: And it says wear and tear arthritis of my neck, along with muscle spasms.

Dr. Darrow: Okay.

Mimi: And the reason that's degenerative joint disease that is probably pinching on my nerve and causing symptoms.

Dr. Darrow: Okay. What is the symptom?

Mimi: And all they ask me to do exercise, like you know going on the walk 10 times and then the step, you know.

Dr. Darrow: Mimi, we're all laying here with bated breath, what are your symptoms?

Mimi: My symptoms is I have the right arm, the right arm is not good, and every time I move it's like it's giving me spasms.

Dr. Darrow: Okay. So you have pain in your right arm, probably coming from your shoulder joint, which is arthritic.

Mimi: Yes. They say I have arthritis on my -- that's what they say, arthritis of my leg along with muscle spasm.

Dr. Darrow: Okay. I got you. So can you lift your arm up?

Mimi: I do, yeah, I do a little bit, you know way up, but when I bring it down, I feel the pain.

Dr. Darrow: Okay. That's good. I understand. Can I speak for a while?

Mimi: Sure.

Dr. Darrow: Okay. So arthritis, having arthritis is not necessarily a big deal. That's a terrible word, arth means joint itis means inflammation. So I have a lot of people that I treat that have arthritis all over their body, you know, from the neck all the way down to the toes, and often we can get them better. But the first thing I need to do is examine you and see what's going on. I don't care what an x-ray, or

an MRI says, okay. I care what your body tells me. And what my hands show me, when I touch it and examine it.

So, if you're interested, you can call my office right now at 800-300-9300, I'll repeat it for you while you write it down, 800-300-9300. And you can talk to someone, come in and in about one minute I can tell you whether I can help you using regenerative medicine of stem cells and/or platelets. Okay? Just because you have arthritis doesn't mean anything, okay.

Mimi: Okay. Doctor, do you think the stem cell is okay for me to use?

Dr. Darrow: Well, I don't have an answer, because I don't know if you need it. I have to examine you first.

Mimi: Oh, okay. I understand.

Dr. Darrow: All right. Mimi, God bless you.

Mimi: Okay, thank you.

Nita: Thank you, Mimi. Thank you. We appreciate your call. Our number is 866-870-5752 right here in the studio, you can talk directly with Dr. Darrow, and ask him your pain problems, and check out the website at [www.lastemcells.com](http://www.lastemcells.com) and we have Alex in Los Angeles.

Dr. Darrow: Before we get to Alex, I just want to show the camera, this book that I wrote called Stem Cell and Platelet Therapy with by-line Regenerate Don't Operate. You call me right now; I'll send you a free copy of it. It's a big book, it's got a lot of information. It's all studies, it shows why surgery is not a great thing for you in terms of musculoskeletal complaints, and why regenerative medicine using injections of your own cells from your own body can heal you. And it is -- for me, I don't want a knife in me. I'd rather just inject myself which I've done on both my knees, both my elbows, my right wrist, both my shoulders, every time I've done it, I've had success, and I beat myself up pretty up darn good doing sports.

I'm 73, and I expect I will be doing sports until they throw me in the ocean.

Nita: All right.

Dr. Darrow: That's the Neptune Society.

Nita: Well, okay, but I want to also add that that book has 264 studies, scientific studies, you can get it by calling the show right now at 866-870-5752.

Dr. Darrow: Did I mention it's free?

Nita: Yes. Did I say it's free? Yes, free.

Dr. Darrow: Alex, Dr. Marc Darrow, your hip joint bothers you. How long has that been going on for?

Alex: How are you doctor. Thank you for taking my call.

Dr. Darrow: I'm living it up. Thank you so much for calling and being patient and waiting.

Alex: Well, yes, absolutely. I mean it is status quo, for a number of years I had a lower back issue, and it wasn't really very bad, it was okay coming in and out. I would dislocate -- I had dislocated disks, it was put back in, and the back has never been like perfect, but it was okay.

So then it started bothering me in the sciatica, which I thought was all sciatica. And probably within the past 12 months, every now and then the pain became kind of sometimes a sharp pain, when I turned the right foot a certain way. If I turned it in, or I turned it out, it's kind of hurts. And sometimes I limp. So I couldn't jog anymore the way I used to. I couldn't exercise or maybe even play tennis.

Dr. Darrow: Okay.

Alex: So, I decided to go for a -- for a doctor's visit, and about a month ago, I went to the specialist in Los Angeles, orthopedic specialist, and they did an x-ray. I said I would like to get an MRI. So they did an x-ray first, they asked me to do -- wanted me to do an x-ray, to see what else might be bothering you here on the right -- right hip area.

And it came out, and he immediately said, well, you have an arthritis, and you have occasionally bone-on-bone, that's what's causing sharp pain. And so we need -- we need to operate and do the hip surgery.

Dr. Darrow: Okay.

Alex: They brought out the model as you've seen many times, the joint model, just like that -- you know, within like two minutes, he says okay, we need to operate.

Dr. Darrow: Yeah.

Alex: I just kind of -- I didn't like that approach, it was too -- too robotic, too inhumane, too fast, you know I only have one body.

Dr. Darrow: Yes.

Alex: So, I said [inaudible] and that approach was not good. So I got a second opinion like about five days ago, over in -- over in Encino, and that was a different doctor. He was nicer, softer, and she basically said you have a moderate -- they also had me do an x-ray, which was a bigger x-ray, because it surveyed the whole pelvis area.

Dr. Darrow: Okay.

Alex: And she said you do have some misalignment with your lower back, nothing critical, but your hip, you have a moderate arthritis in the joint.

Dr. Darrow: Okay. What kind of doctor was the second one? Was it also an orthopedic surgeon or a chiropractor?

Alex: Absolutely, was a specialist -- a specialist who only does knees and hips. I requested...

Dr. Darrow: So an orthopedic surgeon?

Alex: Correct, orthopedic surgeon.

Dr. Darrow: Okay, good, good.

Alex: So she said you have this -- you have this issue, but she said I'd like to send you to physical therapy first, let's see if we can make some improvement that way for the next three months.

Dr. Darrow: That's -- that's smart.

Alex: And also prescribed anti-inflammatories. She said after three months, depending on how you feel, we will then talk about the possible surgery. So she was talking on that.

Dr. Darrow: Yes.

Alex: And that's how I came to you, and in fact, I listened to your program before and I really appreciate it, because it sort of opened

my eyes probably for a lot of people too. And for the first time, I heard the word regenerative measures. And so with the second doctor, I asked him about that. And his response was that well, you have people that are talking, but we do not have the scientific proof really that this works. These are his words, quote, unquote.

Dr. Darrow: Okay.

Alex: And I -- I was not up to arguing with him at that point. I simply said, thank you doctor. So I'll do what you asked, what you told me to do, I'll do it, anti-inflammatory and three months of physical therapy and then we will re-engage. So that's where we are today.

Dr. Darrow: Okay. Let me speak for a moment, okay Alex.

Alex: Sure.

Dr. Darrow: I got a lot to say from everything you've told me. Number one, I used to have an orthopedic surgeon in my office. He was in my office for about eight years. And he used to refer me about 15 patients a month for regenerative medicine. And most of them got better, not everybody. Most of them got better from what I did. And I would talk to him all the time. We were like best friends. And I'd go, don't you think it's kind of amazing how regenerative medicine works? And he goes no, it doesn't work. It's a placebo. Okay? That's number one.

So, that's like religion. Everybody -- how many religions are there? 10,000 of them, and they're all the only one, do you know I mean?

Alex: Lots of them, right.

Dr. Darrow: You know if you're in a certain religion, it's the only one.

Alex: That's correct.

Dr. Darrow: So there's different schools of medicine. So that's number one. When they say there's no science, there is so much science on this stuff. It's been around forever, okay. I've done science in my office. We do research in our office. We had 25 people doing research on all of our patients. We've published this stuff. I still have a lot of friends who are orthopedic surgeons. They do not believe this. And they also say well I've done it a few times on patients, and it didn't work.

And I go how many times did you do it on a patient? Well, I did it once, and it didn't work. It doesn't work like that. The example I use, you know it's kind of crass, but I say when you have a hole in

the ground, and you need to fill it up with dirt, how many shovel-fulls does it take? Will one shovel-full do it? Maybe, if it's a small hole, but if it's a big one it takes more.

And you know if you're trained in surgery, it's a cult. Everything we do, regenerative medicine is a cult. There are things that we believe in. When I was doing orthopedic surgery in my training, I believed in it, until I had one on my shoulder that jacked up my shoulder terribly. And I was able to heal it when I learned about regenerative medicine. I don't know if you listened to the first part of the show. I injected my right shoulder, one time after a terribly failed surgery, which lasted miserably for four years, and it healed overnight, okay. That was a wake-up call for me. That like God came and kissed me on the forehead and said you're going to be doing regenerative medicine.

And it's basically all I do now. I've doing it for over 20 years. I get about 60 or 80 new patients a month, and most of them are pretty happy with me. Not all of them, okay. You can look at Yelp, if you want to, yelp dot com, it's a review. You're going to see some mostly wonderful reviews, and a few terrible ones. And the terrible ones are generally for the reasons that I mentioned before. People do this, they quit too soon, they're too active, they are taking anti-inflammatories which block healing. There's a lot of reasons why people don't heal, okay.

So I understand the surgical point of view, because I was there. I understand it. But I get people with a lot of arthritis every day that we heal, okay. And we don't do it surgically. And then I get a lot of people who come in after surgery, where it made them worse. So, what do you think I think?

You know, I gain my opinion from what I see happening. And what I see happening is that surgery is generally not a great thing to do. It works in some cases, and then some of those people that were my patients and I said don't get surgery, and they go and do it, and then they call me up and say the surgery worked, and I go great, I'm really happy for you. Then they come back two years later, and they go whoa, it's even worse now. I guess that surgery didn't work. And then they come in and treat with what I do, you know, using regenerative medicine of PRP, platelets and stem cells.

So, you know no one has all the answers. I don't have all the answers, but I do know this. If you're going to treat for some medical condition, do the most conservative thing you can first. Not the most invasive thing you can. Does that make sense?

Alex: Yeah, it sure does. It sure does. So, I -- you know, the first doctor would not even give me any options. It was again, like I said, very robotic and cold response, you know so we got to operate.

Dr. Darrow: Yeah, I get it. I get it. The orthopedic surgical mentality is a certain culture of medicine. I don't put him down. They're great guys and they do hard work, and they have a lot of terrible side effects, so they have a lot -- a lot on their mind, but it doesn't mean because they're strong-willed people, and you know the hospitals can't survive without orthopedic surgery. I don't know if you know about that, financially.

Alex: Of course, no, of course it's understood. I'm 66, I'm pretty healthy otherwise, and I do try to take care of my body. I'm not overweight, and I'm exercising, now a little bit less, because of this kind of a hip issue.

Dr. Darrow: Yeah.

Alex: But again, the second doctor was a little softer, a little softer, a little nicer, and she said I'll give you -- let's look at it in three months and then we'll...

Dr. Darrow: Well, you always want to be conservative. So I take my hat off to that second doctor that you saw, and the first one, you know I don't know what to say. Everybody understands that that's not the guy they want to go see, because there's one answer from him.

Alex: That's right. So to all of your listeners out there, listen to Dr. Darrow and take notes.

Dr. Darrow: I don't know about that. You know what I always tell patients when they come in.

Alex: Well, just listening to you and getting more information and to be able to make an intelligent decision when it comes to your body. Don't rush into any radical solution instantly.

Dr. Darrow: Yeah.

Alex: Because people get scared you know, and sometimes pain makes them go in and do something that they wouldn't normally you know do.

Dr. Darrow: So, Alex, we love you very much for calling in. You had a lot of good information. We do want to get to James, because the show is closing down soon. So, James, God bless you man, for calling in.

Thank you so much. I understand you have a knee issue. What happened to your knee, and how long ago?

James: Yeah, I had, oh it was back with football I had torn the ligament. You know every once in a while when you bend down, you'll get like a knot behind your knee. What is that? What causes that?

Dr. Darrow: One of many, many, many things. One is you may have a Baker's cyst, a popliteal cyst, and that's something that we can aspirate under ultrasound, so we get every drop of fluid out of there. And then the tendons on the back of the hamstrings, insert at the side of the knees, it could be that. There's just so many things, I can't even tell you what it is. If I touch the area, I can tell you in one second what it is. But just talking about it on the radio, doesn't really help us figure out what's going on with you. So, if you want to come in, the office number is 800-300-9300, you can call there right now, there's people by the phones, that's 800-300-9300. And I'd love to see you and find out what's going on.

James: Okay, I also want to stop in. I heard you talk a little while ago about your book, can I get a copy of your book?

Dr. Darrow: Yeah, we're going to send it out to you. Any people that -- any time someone calls in, we send out a copy of Stem Cell and Platelet Therapy, Regenerate Don't Operate.

James: Okay, well you don't have my address though, okay.

Dr. Darrow: Oh, we're going to get in touch with you, don't worry, we'll find everything out. Great show everybody! Thank you all. Time to move on, Nita. Take it from there.

Nita: Thank you. Thank you so much. Thank you Alex, thank you Suzette, everybody who listened and participated, remember to join us next time and listen to The Pet Show with our pal, Warren Eckstein from 11:00 to 1:00 every Saturday. I'm your host, Nita Vallens. Thanks for listening. We'll see you next time.