

Living Pain Free 7/09/22

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 there Nita Vallens. I'm living it up. What are you?

Nita: I'm great and happy day to you.

Dr. Darrow: Yeah. Happy Birthdate to you.

Nita: Oh thank you, Happy Belated Birthday to you.

Dr. Darrow: We're both what, 21 now?

Nita: Yes, 21. And I had somebody tell me that I looked 21 the other day. I thought oh, poor guy, he needs glasses.

Dr. Darrow: Nita, do you know what happens when a frog's car breaks down?

Nita: Ribbit, ribbit.

Dr. Darrow: Close. It gets towed.

Nita: That's a good one.

Dr. Darrow: I know it is.

Nita: That's hilarious.

Dr. Darrow: How about this one. Why couldn't the lifeguard save the hippy? He too far out, man.

Nita: That's hilarious. I love that one.

Dr. Darrow: I was just reading my list of jokes that my patients send me. They are hysterical. I was going crazy here.

Nita: That's fun.

Dr. Darrow: Yeah, I've got some more here, Nita, just in case, Nita. You'd better get some callers in.

Nita: Yeah, well let me give you the phone number.

Dr. Darrow: Let me do that.

Nita: You do the phone number, okay.

Dr. Darrow: And if you guys don't call in, I'm going to have to tickle Nita with some jokes and stump the star here.

Anyway, the phone number to talk to us right now, give us a call, get on your phone, write this down, it's 866-870-5752, I'll repeat it for you, 866-870-5752. And the super good news is if you call us during the show, you have the next hour to go, I'm going to send you for free a \$25 book that I wrote, called Stem Cell and Platelet Therapy, Regenerate Don't Operate. What it's all about is why you should think about using regenerative medicine, your stem cells, your platelets, which is a real simple procedure to heal your body, instead of having an orthopedic surgery or a neurosurgery.

Now, this procedure that I do, these procedures that I do, I've been doing for about 25 years, and they've been very good to me, because hold your hats, I do them to myself. I inject myself. And over the 25 years I've been injured many times. I am a sports junkie. And I do repetitive things over and over and over. I can even hurt myself playing golf. I know that sounds crazy. People think golf is not really a sport, but we get tons of golfers, and they get every kind of injury you can imagine.

I get every kind of athlete, you know, football players, golfers, high speed water skiers, snow skiers, tennis players, weightlifters, MMA guys, every kind of athlete in the world comes to me. I have very elite athletes and I have weekend warriors, guys that just go out once in a while, women that go out once in a while.

So the interesting thing about the work I do is as we age, even if you're not an athlete, the body, like any machine, tends to wear down. And these same procedures work on all kinds of people, whether you're an athlete or not. And one thing that I see very often is people come in that are overweight, and they blow out their knees, their cartilage in their knees is worn down, because of the excess weight.

I mention on every show, every extra pound on your abdomen is about four or five extra pounds biomechanically on your knee joints. So it's something to consider. We teach people the keto diet,

and you can just look up K-E-T-O, and diet and learn how to do it yourself. It's very simple, you just cut out carbohydrates. Not a big deal.

So what else do I want to tell people, let's see. I do the musculoskeletal body, but we also the face and we do a procedure called the Vampire Facelift, where we inject the face with your cells, also platelets and stem cells, and we can have this work on the top of the head, by stimulating hair follicles to regrow, and thicken up the hair.

And if you want to catch me at the office, if you have more questions than we talk about on the show, the phone number to the office is 800-300-9300. So Nita, do you have anything to add to all of that.

Nita: I do, I want to let people know about your fabulous website. It's www.lastemcells.com that's lastemcells.com, and you can email Dr. Darrow off of every page on that site, and you can watch him performing the treatments on videos. That's really important for people that are new to this concept of regenerative medicine.

Dr. Darrow: Yeah, it is. And it's something that even people that have read about it for years, I have people that have tracked it, since its beginnings and I've been doing these things -- it used to be called Prolotherapy, proliferative therapy. And then somehow or other, the word regenerative medicine came on board. So you don't hear the word, Prolotherapy very much anymore, but it's the same thing really. It is proliferating brand new tissue to grow back and rejuvenate the body, but the name has changed.

And back in the day when we talked about Prolotherapy, we were injecting, believe it not, concentrated things like sugar water, to create irritation which is one of the ways the body heals through inflammation. And that's another mind bender. It's like why would you want to inflame the body, when it's already inflamed.

When you're in pain and there's inflammation, what we do with these injections is we kick up inflammatory state, just a little bit more to bring fibroblasts to the area and lay down new tissue. And back in the old days, I used to use things like Sodium Morrhuate, concentrated dextrose, zinc sulfate and other things like that. And I always experimented on my own body. I didn't really have any teachers back then.

And I'd read about something that somebody had tried, I'd try it myself, or I'd try other things. Last night I just tried something on my knee. I injured my knee running up my mountain, sprinting as

hard as I could, both my knees, one is already healed. The other one is still having an issue because I injected it hyaluronic acid, and you've heard of different types of injections that doctors do for the knee that are hyaluronic acid, like Supartz and Euflexxa, other things like that. Well, I tried it on mine, and I had an allergic reaction, so my thigh swelled up.

My knee has been painful ever since, much more than before I injected it. And it's starting to heal, but I'm still limping around. It was an experiment for me. And I know now, I will inject anyone's knee with hyaluronic acid. I never did before because I never believed in it. It is a lubricant, and most people that come in with a bad knee already have hyaluronic acid, and they're called an effusion. That's just means fluid in the knee.

So, I'm not sure why doctors do these. Sometimes patients tell me it worked for a while, and then it didn't work after that. So I don't do that. So if you're coming for a hyaluronic acid injection, don't come to me, I'll send you somewhere else. I don't do that stuff. And now I never will because my knee is sore. And I'm working on it with different things. I just injected the medial meniscus with some cells and I'm hoping for a great outcome. And next week, I will try something else. I'm going to win. And I say that because I've had areas of my body when I've been experimenting that I didn't know what was going to happen. And it would take -- you know typically it would just take me like one or two treatments to fix whatever area I had injured.

And then I had one area that didn't heal up. And I had to go after it for quite some time. And I was thinking my goodness. I already had surgery on that area that failed, and now it seems that my own work is failing on it. Well, it didn't fail, it healed up, but it took a while. And that's the things you have to understand about regenerative medicine.

I can't project when you will heal. I'm going to Robert, now. Thank you for calling in Robert. You're having problems in your L4 and L3, that's your low back, and you live in San Pedro. Thank you for calling in.

So Robert let me ask you some questions. How old are you?

Robert: I'm 58.

Dr. Darrow: Okay. And when did your back start hurting you?

Robert: I was hit last September in a hit and run accident, me and the family. I went to the doctors, did all the hospital visits, and now I'm

trying recover, and heal up, and there's like no hope, they're saying the injections are my only option one surgeon was telling me.

Dr. Darrow: Wait, injections are you only option?

Robert: Yeah, in my spine for pain.

Dr. Darrow: Okay. So you're having pain in your spine, do you have any pain down your legs?

Robert: Yes, it does radiate if I'm exerting myself in any way.

Dr. Darrow: How about right this minute. Do you have pain in your legs right this minute?

Robert: Just slightly. It goes to the hip and the lower buttock area.

Dr. Darrow: Okay. So here is something of importance for you. The injections that they're talking about giving you can be multi-factorial. It could be what's called an epidural, which is a big burst of a steroid shot. Does that name ring a bell, epidural?

Robert: Yes. It is an epidural that they're suggesting.

Dr. Darrow: Okay. So I don't suggest that, but I'm not your doctor. And I always tell people listen to your doctor, until I'm your doctor. So I'm not your doctor until you walk in the office and we do an examination and history. So I want everybody to know that.

So what I'm talking about on the radio is educational in nature. Okay? So I'm giving your information. When I have that information from someone, I tell them don't get an epidural, okay? And the reason why is an epidural is a big dose of a steroid, that's not really great for the body. There are cases when it's needed.

But when you just have radiation into what you're calling your hip, or your buttocks, I don't think an epidural is the way to do it. Now, if I inject a big dose of a steroid in your arm, your back is going to feel better, okay. The reason is because that steroid goes systemic. It goes all over. And there are people that end up getting an epidural with adrenal failure, and all kinds of other problems. So I don't really like doing that to people. And I don't do it to people.

I'm going to get you anything that if you were to come in the office, I would be able to examine you in one minute, and tell you whether regenerative medicine can help you, which to me is the best way to heal, if you can do it, if it's going to work, because it's natural.

All we're doing is taking cells from your body, and injecting them in. So there's really -- you know, theoretically there's potential side effects any time you get injected. But I don't really get side effects other than if you call this a side effect. You get a little bit stiff. So I injected my medial meniscus last night at the office, after all the patients were gone, I did it myself. And my knee is a little stiff today? Does it bother me? No, it doesn't bother me, it's like you work out, you get a little bit stiff.

So I have to examine you, Robert, and I tell this to everybody. I get emails every single day from all over the country, can you help me? Here is my MRI, look at my x-ray. I go, I don't use those to determine where your pain is coming from. I like to have the images to give me ancillary information, but they don't tell me where your pain is coming from. And in my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate there are studies in there, which I'm going to send you for free for calling in by the way.

Robert: Thank you.

Dr. Darrow: There are studies in here that show that images don't tell you where pain is coming from. And unfortunately, too many surgeries are done without an examination. So the surgeon is going on an image, okay. He goes look at that. We've got to cut that out. Look, you have a meniscal tear in your knee. Oh, wow, you've got a rotator cuff tear in your shoulder. We've got to cut you.

And that's what happened to me. I had a shoulder surgery in medical school that was an abomination. I don't blame my surgeon. He's my friend. He's my professor, but it came out bad. And my arm was swollen for months, and I had a high fever, and I had these giant blisters on my arm, and I thought I was infected. I wasn't thank goodness. But it didn't heal. And it was worse than before the surgery.

And then about four years later, I discovered regenerative medicine, which we used to call Prolotherapy back in the day. And injected my own shoulder, and I woke up the next morning, completely pain free. And that started my desire to learn more and more about this and to use it on my patients.

In the early days, 25 years ago, when I was going this with patients, I would mentioned that it had worked on my. I did my wrist, I did my shoulder, I did my low back, I didn't inject my own back, because I can't see back. But I have, since then, done both my knees, both my shoulders, my right wrist, both my elbows. I've other people do my neck and back. And so far, every time I have worked on myself or had other people work on me, I've healed up.

So it's been -- you know, I'm a great testimonial for this work. I've probably more of it done on me than anybody I know, because it's easy. I can inject myself. And when I get injured, I just inject myself.

So I think there's really good hope, Robert that I can help you. I can't tell you until I do the examination, but from what you're telling me, what you have is what we're going to call a sprain. That means the ligaments in the low back have been sprained, stretched out from that car accident.

And I had that also, I was rear-ended at 50 miles an hour. And if you saw the other car that hit me, you wouldn't think anybody lived through the accident. And I had four surgeries on my face to repair it.

And my neck hurt like you know what, and I had one of my buddies inject my neck, and I'm a lot better. So there's good hope for you, make sure everybody listening, if you decide to get a surgery, make sure your surgeon examines you first and finds the pain generator.

That is the spot where the pain is coming from. Don't let them just decide to operate because you have a rotator cuff tear, or you have some arthritis or something like that. Or in your case, Robert, you might have a herniated disk. You haven't mentioned that. But none of those things necessarily cause pain. So make sure you get an examination, and that the surgeon is not doing an operation based on image. They fail all the time. I get patients in the office almost every single day that have a failed surgery. That's a surgery that worked out wrong, came out bad.

Okay. I'm not putting down surgeons, I love surgeons. They are very needed, and that's hard work. And unfortunately I think they ought to stick to the times when the surgery is needed. And most of them that I see for musculoskeletal medicine should not have been done. I'm just saying it the way I see it; I could be wrong. I'm not saying I'm a superman of medicine. I'm just saying that from what I see in my office, almost every surgery that walks in the door has been a surgery that shouldn't have been done.

Now, if you have a broken bone, you'd better get to the surgeon right away. But if you have a dead leg you know with a herniated disk pressing on a nerve, and you can't move, you know, you'll get paralyzed, you'd better get to the surgeon right away. But I don't see those kinds of cases. You know, maybe in a trauma center or something like that, they see them all day long.

When I worked at Rancho Los Amigos Hospital in my residency at UCLA, we'd have a lot of those cases, because that center was for spinal cord injury and brain trauma. So we'd see a lot of surgeries that have been done that really needed to be done. But typically the ones that you know, if you're walking around, you don't need a surgery. You know, every joint replacement I see, I'm very curious about -- I wish I could have examined that first, because I have people come in all the time, you have, you know, shoulder pain, hip pain, finger pain, toe pain, whatever. And they tell me their surgeon said they need to have a joint replacement. And I move them around, and examine them, I go well in my opinion you don't need it. You can do what you want, but I think we can get you better.

So you know, it's up to the individual. I don't tell people what to do. Patients always say tell me what to do. And I go I don't do that. I'll give you information, I'll educate you, but you've got to decide.

Robert: The other issue is I do have a meniscus tear from that accident. I did have surgeries in 2014, but it was the totally different side of the same leg. And it was medial. But yeah, they wanted to schedule surgery right away. And I didn't -- I know there's other options, just I didn't know stem cell was until I caught your show.

Dr. Darrow: Sure. Well, you know, I've got stuff in my body all over that's torn up. You know, I know because I use an ultrasound and I look. And I don't have pain in those areas. So as an example, my right shoulder has a supraspinatus tear, and a subscapularis tear, those are two of the rotator cuff tendons. And I have a macerated and torn labrum. I have no pain in my shoulder. And I still have those things there.

I've injected my shoulder, you know, did it fix those things? No, it doesn't need to fix those things, because they're not generating pain. It may have helped fill in some of the openings and the tears, I don't know. You know, I put stem cells and platelets in those tears, but they're still torn. But I have no pain. And I have full range of motion. So you tell me what that's about.

Robert: Yeah.

Dr. Darrow: I don't have all the answers. I just know that I see many cases with failed surgeries, and I see many cases, you know where we do regenerative medicine injecting stem cells and platelets, where people get better. And they were ready to have surgery.

I take care of people every single day that were ready to have surgery that didn't need it. They got better with what I do. And I'm not saying what I do is the panacea --

Robert: I have family members that had spines fused and such, and then their quality of life. They just deteriorated.

Dr. Darrow: I see it all the time.

Robert: And they got worse.

Dr. Darrow: Yeah, they have pain stimulators surgically put in and then morphine pumps, and I don't see many of those work. I'm sure they have to work on a lot of people, or they wouldn't keep doing them. And they're very expensive and they can get infected and all kinds of things.

So I like the conservative route in medicine, which you know, I found my niche, and I'm very grateful for it, because I'm able to do it on myself, and fix myself. I mean if I didn't know about this I would probably have had 20 surgeries already. And I do have people that come in that have had so many surgeries, I can't believe it.

When they come and they go should I get another surgery on this area, I got, didn't you learn yet? And they go, but I don't know what else to do.

Robert: My first meniscus surgery solved the problem and he promised 100 percent and the (inaudible) like 75, 80 percent. But that's not 100 percent in my book, and it was just a way to get me on that table and my insurance would pay for it.

Dr. Darrow: Well, look, I don't look at surgeons as money grubbers, it's not that. I don't think they have bad intentions. I think it's a culture that hasn't really advanced.

Robert; Yeah.

Dr. Darrow: You know, technically it advances. They get better and better ways to do it.

Robert: I have been listening to your show, and I'm getting of the opinion that stem cells if that was done to me earlier, and I went through the regimen of whatever I had do, I probably would be better off.

Dr. Darrow: Well, look you don't want to take -- you don't want to take tissue out.

Robert: Right.

Dr. Darrow: So you don't want to take tissue out of the body, it's needed. You don't want to destabilize you know a tendon, ligament, joint or muscles or any of that kind of stuff. And I see all kinds of people that would get fusions. Any part of -- believe it or not, people get fusions in their toes, and then they're a wreck afterwards. Fusions in the back, I see fail all the time.

You probably this Robert, but your friend that had the fusion. The area that's fused, the vertebrae that are fused, they can often do well, but then the area above and below break down, because there's more pressure there. So I'm not a guy that jumps into surgery. I did it once and that was enough for me.

And from seeing thousands and thousands of patients come to me, who have had failed surgeries, I'm not just in favor of it. You know don't kill the messenger. That's my message, and because of that I'm doing injections instead. And don't get me wrong. There's a lot of cases where surgery is mandatory. But most of it shouldn't be done. And our culture is starting to change.

Robert: And all the material you inject into your patients is their own material, is that correct.

Dr. Darrow: Well if we use platelets, that's from your blood, right.

Robert: Right.

Dr. Darrow: You know the process is simple. We just draw your blood, we spin it in the centrifuge and we isolate the platelets and inject those. We can also do -- we can also get platelets and your own stem cells from your bone marrow, that's a different procedure. So if you want to call the office at 800-300-9300 we can talk more about all of that. And if you want to email me, at www.lastemcells.com I'll give you a phone call and we'll talk more about it, okay?

Robert: Thank you very much.

Dr. Darrow: We're going to the break, so anybody that wants to talk to me right now, I'd love to hear from you. Thank you, Robert, for calling. Our phone number here is 866-870-5752. Thank you so much. And we're going to the break and come right back.

Nita: And you're listening to Living Pain Free with Dr. Marc Darrow. 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. I'm your host Nita Vallens and we're taking your calls at 866-870-5752, right here in the studio, you can speak live with Dr. Darrow. And you get a free book when you call the show, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, and the foreword is written by the lovely Suzanne Somers. And you actually appear in her latest book also, A New Way to Age, right?

Dr. Darrow: Yes, I do, thank goodness. Suzanne Somers I do love you. You're a good buddy, and not just that, not only are we great friends, but I think Suzanne is one of the most amazing people on the planet. She has promulgated and advanced the cause of natural medicine, more than any other person I know in this age. So my hat goes off to you. There you go, I'm taking my hat, tipping my hat.

Nita: That was very cute. Very cute.

Dr. Darrow: I'm on video right now too. And God bless you, Suzanne Somers. And I do appreciate you writing about the work that I do, and helping bring it out to the public, because we know that surgery is on the downside with musculoskeletal medicine, for the kind of things that I can heal with regenerative medicine with just simple injections, rather than cutting open the body, and having all kinds of side effects. And Suzanne has had this done. I've worked on her family also, and we've had great results.

So, Suzanne Somers thank you so much. And I'm going to be sending out this book for free. It's got a foreword by Suzanne Somers here, and anybody that calls into the show and wants to talk to me about your issues, or your friend's issues, the number to call me right now -- right now, right now, get your pencil, 800 -- no, it's not, it's 866-870-5752, 866-870-5752. I'm also going to give out my phone number to the office in case there's information we didn't cover here that pertains to you or your friends or family, and that number to the office is 800-300-9300, once more 800-300-9300.

And then if you want to watch me doing procedures, there's videos on my website. And that website is www.lastemcells.com lastemcells.com. it's a huge website, there is endless information and research about using platelets and stem cells, and I think it's a

great read for anybody that is interested in healing the body without surgery.

So a couple other things Nita, I want to mention that in the office we also do the Vampire Facelift, which is injecting the face with stem cells or platelets to help regrow the collagen and make you look young again. And also we can do that on the top of the head, to regenerate and thicken the hair. Yes, there are studies about that, believe it or not, they're in my book. Towards the end there's a chapter on the hair and on the face. So there's research that goes along with it.

Everything that I do is researched backed, and we do research in the office. I've had, I don't know how many, probably 30 or 40 students wanting to go to medical school, or usually people that are in medical school, that want to get a good residency, they want to do research. So we've published a bunch, and we're publishing more and I have doctors follow me all the time from around the world. And a lot of students follow me, it's called shadowing.

I tell them when they come in, you're going to be a fly on the wall. That means flies don't talk.

- Nita: So -- well, I was just going to say, do you want to talk to Duke in Hermosa Beach, by chance.
- Dr. Darrow: I was hoping you'd tell me to do that Nita, because I'm looking at all his stuff here.
- Duke: Okay. How are you doctor?
- Dr. Darrow: I'm living it up, living it up. How is your left heel?
- Duke: Okay. Well, for the last couple of months discomfort at trick in the -
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- Dr. Darrow: Hey Duke, you cut in and out. Are you on a cell phone somewhere, Bluetooth?
- Duke: Yeah, I'm on a cell phone. Hold on a sec -- yeah, I'll improve it, hold on. Let me figure out the speaker, stand by.
- Dr. Darrow: You got it.
- Duke: Okay. Is that better?
- Dr. Darrow: Oh, yeah, that's perfect, thank you.

Duke: Okay. Here's what's going on in left heel, MRI shows a bone bruise and a slight tear in the fascia and a bone spur. That's why I called it the hat trick.

Dr. Darrow: Yeah, you got it. All three at once. You have fasciitis, the fascia is inflamed.

Duke: Correct.

Dr. Darrow: And then you have a spur. Can I deal with these for you?

Duke: Right and I'm a big fan of PRP, it healed my left knee, and I was wondering if that would help in my heel?

Dr. Darrow: I think so. I haven't touched it yet to tell you. But generally, yes. How did you injure yourself and how long ago?

Duke: I do now know how I injured myself, I went to a three-day rock concert in Redondo Beach, and there was no injury notable.

Dr. Darrow: But you were jumping up and down a lot? Hello?

Nita: Are you there Duke?

Dr. Darrow: Duke has phone problems. Let me answer some of this anyway, though.

Nita: Okay. But let's give the phone number, so he can call back, it's --

Dr. Darrow: Yeah, Duke, if you want to call back, it's 866-870-5752 to talk to me again. But I'm going to talk about your heel, I'm sorry that somehow your phone cut you off. I see a call coming in, it's probably Duke again.

So Duke, the story is if you went to a three-day rock concert, you were probably jumping around quite a bit. I was just a party, where there were about 150 people there on the dance floor, jumping up and down. Now back in my day of rock concerts, people didn't jump, they danced.

Nita: Okay. Duke is back on the line.

Dr. Darrow: Yeah, there wasn't much dancing on Duke, there was a lot of jumping up and down. And if you were that guy jumping up and down, you have good reason to have injured your calcaneus your heel bone. And injured the fascia. But you also have a spur, which didn't happen at the rock concert. That takes time. And that's what we call arthritis. And I'm going to ask you a personal question, Duke, you can hear me now, right?

Duke: Yes, I can hear you.

Dr. Darrow: Are you overweight?

Duke: Yeah, about 10, 15 pounds.

Dr. Darrow: Okay. So you know I was just looking, I just heard on the radio at the break, it says that 70 million people are obese. And then I went to my computer, and I looked at how many are overweight, and it said 100 million.

But then, you know, what's the criteria for that. You say, well, I'm not really overweight, I'm just 10 to 15 pounds. But biomechanically, on the joints, like your knee joint, biomechanically that 15 pounds if that's what it is times five is how much, 75 pounds?

Duke: Yeah.

Dr. Darrow: Yeah. It's 75 pounds of pressure on your knee, I don't know what it is on the heel, but it may be more or less. So you're overweight, to me.

Duke: Yes.

Dr. Darrow: And to be honest, I'm -- what was I yesterday, I think I was about 167, and I'm about six feet. And to me, I'm about five pounds overweight. But you're thin, I go yeah, I'm thin, but my fighting weight, you know, when I was a gymnast was 160. And that's really where my body you know -- I don't like to use the word, should, because then I'll be shoulding on myself. But I should be a few pounds lighter.

Duke: Yes, I understand.

Dr. Darrow: At the age of 74, I've got a teeny little tummy, and my wife hates when I say, tummy. She says call it your abdomen. She's a nurse practitioner. She says, you're a grown man, don't use the word, tummy.

Duke: Okay. I got the message.

Dr. Darrow: So the spur is probably on the bottom of the calcaneus, which is overuse and --

Duke: I'm an avid walker, avid walker.

Dr. Darrow: Which is great. Which is great, it's great to get exercise and walking is an amazing way to do it. So I don't think you have any problem

with your foot. I think all that can be handled. I think we can help you, if you wanted to do it. I think you know using platelets and/or stem cells would heal all that stuff up.

The spur doesn't go away, because it doesn't need to go away. It's not the issue, it's the attachment of the spring ligament on the bottom of the foot that's irritated. And I'd have to look at your feet and see, you know, what's going on. Sometimes we make orthotics if you're flat-footed or if there's a problem with that to help support that arch, so the ligament's not pulling on that -- on that bone.

So I don't think you have any big -- I don't think there's any big problem with what's going on. The bone bruise is not a big deal at all, that heals up. You know, it's like a bruise on your arm, it's just on the bone.

Duke: But will the PRP regenerate the tissue for the fascia, the slight tear in the fascia?

Dr. Darrow: Yes, yes, yes. Okay, well I didn't hear an answer, I've asked a couple times, were you jumping at the rock concert?

Duke: Well, that's when I cut out. No I was not jumping, I was sitting most of the time, enjoying the music.

Dr. Darrow: Okay. Then why did you say it happened at a three-day rock concert?

Duke: Well, I walked a lot, and I walked around a lot on those three days.

Dr. Darrow: Okay. I got you.

Duke: Yeah. That's --

Dr. Darrow: All right.

Duke: But there was no answer that I can remember and I'm not --

Dr. Darrow: It's just overuse.

Duke: That's the only incident that I remember.

Dr. Darrow: Yeah, it's just overuse. You know most injuries that come in are overuse, and that's most of the injuries that happen to me are overuse. I can jump into a sand trap at my golf course and hit one shot for hours, until I get it perfected that day. I love doing that. And the bad news is I go back the next day when I play and I can't even hit that shot.

Duke: Well, I'm 72, so you know I'm mature now, and things happen.

Dr. Darrow: Well, you've hit mid-life. That's all. That's the way I look at it.

Duke: Yeah. Thank you. Thank you.

Dr. Darrow: God bless you Duke. I loved talking to you.

Duke: Okay. Thanks for all your help, I appreciate it. Thank you.

Nita: Thanks Duke.

Dr. Darrow: I'm going to give out the phone number so we can get some more callers, Tom you hang in there. The phone number to talk to us live, right now, I'd love to talk to you is 866-870-5752. It's 866-870-5752. If you want to catch me at the office or get more information from my staff, the phone number at the office is 800-300-9300.

If you'd like to email me at -- you can do it through my website, I get emails all day, and you just go to www.lastemcells.com and through the website there's a slot on every single page to email me, and it's www.lastemcells.com and you can watch me on a lot of videos I have there of doing these injections seeing if it's something you want to do. By calling in now, Tom, we're going to send you a free book that I wrote, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's got -- what was it Nita about 268 studies or so.

Nita: Actually, 264, you're very close.

Dr. Darrow: Okay, I overstated on how regenerative medicine works, the science of it and how the surgeries fail. So please, please, please if you're about to get an orthopedic surgery, and it's not necessary, an emergency, please consider doing this to save yourself from all the potential side effects of having the surgery.

I had it done once to me, and I suffered for years afterwards. I have patients that come in almost every day after a surgery that are suffering. I'm not putting down the surgeons. I love them, but these surgeries in my book shouldn't be done unless they are necessary. If they are optional, then don't do it, figure out a way to help yourself heal, there's a lot of natural ways to heal. I like every way to heal except surgery, unless surgery is necessary.

It's not the surgeon that decides it's you.

So Tom, you separated your clavicle from your acromion, your AC joint, is that correct?

Tom: Yes.

Dr. Darrow: And how long ago was that?

Tom: It was Monday, I've seen one -- I got x-rays, I'm going to see insurance company's orthopedic surgeon or doctor on Thursday. I had I went somewhere and had a consultation with another orthopedic this past Thursday.

Dr. Darrow: Okay. And when you take a look in the mirror at both your shoulders, is this your left or right AC joint separation.

Tom: My left, the left shoulder.

Dr. Darrow: Your left one, okay. So when you look at it in the mirror, is the clavicle sticking up above the acromion?

Tom: Yes. Yes.

Dr. Darrow: How far would you say? A millimeter, an inch?

Tom: Almost an inch.

Dr. Darrow: Okay. So if it's an inch separation, that's a really bad one, and that means that the clavicle is even really articulating at all with the acromion. The acromion is the top of the shoulder, coming from the wing bone in the back, right. And that may have to be surgically reduced and some wire put in there to hold it in place. Can you push it up and down with your right hand?

Tom: Yes.

Dr. Darrow: Okay. That is a -- that's more of a surgical case, and that's -- see I always say, I don't like surgeries unless they're necessary, and in that case it may be necessary, do you get my drift.

Tom: Well, I'm going to the mirror right now, and maybe it's not an inch.

Dr. Darrow: It sure feels like it -- no, it feels like a foot, because it hurts. Did you fall over the handlebars.

Tom: I fell hard, celebrating the 4th.

Dr. Darrow: Okay. And the most common way I see this is people going over their handlebars, they hit the brakes too hard, or they're going over a hill or something like that, or the wheel catches in a rut. That's

when it happens the most. It can -- well you just fell down, huh. Yeah, that could happen also. So a grade three may or may not have to have surgery.

Tom: That's what he said. He recommended it but he said it would take the same amount of time to heal if I had surgery or let it heal on its own.

Dr. Darrow: Yeah. So on its own, it may just be an annoyance that will not be a problem later, because it will probably just fuse up, you know on its own, but that's between you and the surgeon. I was trained in orthopedic surgery, and my -- during med school, I did a lot of it. During my internship, I did a lot of it. During residency, I did some.

But I never became board certified in it. I switched over, because of my shoulder, I switched -- you know a surgery that went bad, I switched to what's called physical medicine and rehabilitation at UCLA. And that's my board certification. So when it comes to surgery, I don't make decisions for people. And I often send people to an orthopedic surgeon, if I think there's a chance that surgery would help them.

So again, I have to keep saying I'm not against surgeons. I love them. I just think the culture of medicine is overstated, meaning there's too many surgeries being done that don't need to be done. And in your case it's probably borderline, and you have to decide. Now the question for me is will regenerative medicine help that heal, if you decide not to have surgery.

Regenerative medicine would help it heal whether you have surgery or not. Okay. I have a lot of people with AC separations that still have pain afterwards, with surgery or without. And then I just take a teeny, little needle, like a 30-gauge needle and put some cells in there and get rid of the pain. What a lot of surgeons will do when there's AC pain is they'll actually cut part of the clavicle, they'll cut it -- they'll cut it off, they'll cut off part of the bone. And to me that's absolutely insane, because it can be healed, the pain can be healed usually very easily, by just injecting some cells in there with a teeny little needle, you hardly even feel it. It's like an acupuncture needle.

So Tom, why don't you -- well, actually I'm going to have your phone number here, and you can always get a hold of me through the website, every page on the website has a spot to email me.

Tom: Well, I was planning on emailing you.

Dr. Darrow: Yeah, you can email me. You can go to www.lastemcells.com and you can email me through my website, and we can stay in touch, and I can assist you in your decision of whether to have surgery or not, okay?

Tom: Great. Thank you very much.

Dr. Darrow: God bless you, man. I hope that things heal up good. And I'm sorry that you had that happen. That's -- you know, usually they come out fine. So hopefully yours heals right up.

Nita: Thank you, Tom, we appreciate you. Do you want to go to Linda?

Dr. Darrow: I would. Your left upper thigh is bothering you, Linda. What's going on? How long have you had the problem?

Linda: Hi. Hi there, Tom, nice to speak with you.

Dr. Darrow: Actually, I'm not Tom. Tom was the guy that called in. I'm Marc Darrow, I'm the doc.

Linda: Marc, sorry about that. Hi Marc.

Dr. Darrow: No problem. As long as you don't call me late for lunch. I don't care what you call me.

Linda: I love it. I have had this pain in kind of my upper left thigh for about a year on and off. It's hard for me to walk, I exercise regularly, I do play pickle ball, I do yoga. So exercise is wonderful as far as I'm concerned for me. But when I'm exercising, you know I gimp around a little bit, but not too badly. It's when I stop you know walking upstairs or trying sit down with my grandkid, I'm 67 years old. And so I did go to a chiropractor for a while, physical therapy for about six months. I always feel better after physical therapy, but then you know I wake up, and again I'm kind of limping around on my left side, and the MRI, I finally got an MRI it showed -- they said, it's called severe -- I think they said ortho arthritis.

Dr. Darrow: No, osteo -- osteoarthritis.

Linda: Osteo, that's what they said, severe osteoarthritis.

Dr. Darrow: Of what? Of what? Hey Linda, slow down. We have to talk together here. Is your left hip that had the severe osteoarthritis?

Linda: It's not the hip itself. It's below the hip.

Dr. Darrow: Okay. But what would be -- what's below the hip, what's the item that we're talking about, what part of the body.

Linda: The left upper thigh.

Dr. Darrow: No, there's no arthritis in the left upper thigh, it's the joint that can have arthritis.

Linda: Well, that's where the pain is, but they keep calling it the hip. That's my confusion.

Dr. Darrow: Okay. So I said hip; and you said no, not hip. So most likely what's going on, is you have osteoarthritis in your left hip and it's radiating down, the pain, the pain is radiating down to your thigh. Does that make sense, or no?

Linda: Okay.

Dr. Darrow: Is that making sense?

Linda: It is, yes.

Dr. Darrow: Okay. Now, do you have range of motion of your left thigh, can you turn it, can you bend it?

Linda: I can do all those things, but it hurts.

Dr. Darrow: Okay. Very good.

Linda: Like when I do the yoga stretches it hurts.

Dr. Darrow: Sure. Now, I want you to listen for a while, because I have a lot of information for you. What I'm thinking is that the arthritis is causing a radiation down to your thigh, and that you could be helped with regenerative medicine using your own platelets and/or stem cells to get injections there. I'm not promising you anything. I don't ever promise anybody anything and I always tell people when they come in who have had a surgery, like we just had Tom call in or was -- no, it was Duke that had no -- on no, it was Robert.

Nita: Tom, it was Tom.

Dr. Darrow: No, it wasn't. Good try, Nita. It was Robert, he had the --

Nita: Oh, yeah from earlier in the show.

Dr. Darrow: Yeah, he had a meniscal tear, they told him his knee would be 100 percent. It's not. And that's what I hear all the time. People come in. They say I had a surgery, I'm not better. I'm a little bit better,

I'm a little bit worse, the surgeon told me it would fix it 100 percent. It didn't.

So I don't think doctors should be doling out you know who is going to heal and who is going to not. We don't know that. We can say based on our experience that this many people heal this percentage, but we don't know what's going to happen to you. You're an individual and an experiment of one. Every person is different.

But I'm going to say this, not as your doctor, Linda, but just as education, I have tons of people with hip arthritis that have no pain. Now, you're going to go well how can that be? I have hip arthritis and I have pain. Because having hip arthritis doesn't necessarily cause pain. It can, but it may not. I have people with arthritis all over the body that we find serendipitously when we're looking at other things. And we go by the way, did you know -- darn it. Linda, I'm going to talk to you later. I'm going to call you; I have your phone number and I'm going to sort this out with you.

But anyone who is interested in this work, go to my website, www.lastemcells.com and you can email me right through that website on every page. And you can watch videos. Thank you, Nita Vallens, you're a great host. Thank you, Suzette, thank you, Alex and the whole staff. God bless you all.