

Living Pain Free 6/25/22

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: Nita, you're looking beautiful today. How are you?

Nita: Why thank you. I'm good. I'm great, actually.

Dr. Darrow: Wonderful, me too, I'm living it up.

Nita: Well, that's a cool thing, because then we can be an example to our listeners so they can live it up.

Dr. Darrow: I hope so. So I mean one of the greatest things I think people can do is help each other with a great attitude.

Nita: And to stay positive during these times is a challenge. So we want you to call 866-870-5752, right here in the studio, and when you do, you get not only to speak to Dr. Darrow, which is a treat, but you get a free book today, Dr. Darrow's latest and it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate, with 264 scientific studies, so if you're new to the program, it would be a great introduction to you. And do you want me to go on and give the website all that kind of cool stuff.

Dr. Darrow: I can do some of this right now.

Nita: Okay.

Dr. Darrow: Because I get jealous when you talk. So what we're here about today is healing your musculoskeletal pain naturally without surgery. And I always say this on every one of my shoes, I love surgeons, I was studying to be an orthopedic surgeon and then I had an orthopedic surgery on my own shoulder, which came out bad, and that kind of jilted me out of that idea of doing that to people. And I know there's a lot of people that need surgery. I had an adrenal tumor, I flew up to San Francisco to a surgeon that had

done the most of those and had a great result. But for the musculoskeletal system, unless you have a broken bone or a dead leg, you know, something pretty radical, in my personal opinion, the best way to heal is using your own cells from your body.

We take the platelets out, we take the bone marrow out, and then we inject that into the area where you're having the pain. So this is not a panacea for every disease in the world. I don't treat disease. A lot of people are kind of scamming the public by offering stem cells for different diseases, diabetes, multiple sclerosis, blindness, you name it.

And at this point, that to me is kind of a scam. Because well again, it's at this point tomorrow, we may have the evidence that shows that that can work. But I haven't personally seen it yet. I don't do that kind of stuff in my practice. I don't do IV, you know, intravenous in my practice. There are people that do. And God bless them, God bless everybody, God bless the patients, I hope you all get better. But I haven't seen the evidence yet to do that. But what I do see the evidence in is to use these cells to help inject the body in terms of musculoskeletal system, that means the joints, the ligaments, the tendons and you know things like neck pain, back pain, arthritis, anywhere from the shoulders with rotator cuff tears and the knees with meniscal tears, you name it, anything around the body. I do anything from really the back of the head, all the way down and elbows, fingers, wrists, all the way to the hips, and obviously knees we get more knees than anything else, a lot of knee arthritis, meniscal tears, ACL ruptures, you name it. And then on down to the ankles and toes, and bottom of the feet, plantar fasciitis, that's a big one for a lot of people.

So it's a real simple concept, it's a natural process, it's been around since the beginning of time, and there are reports of the Chinese and China doing these kinds of procedures back 5,000 years ago with needles, heating up needles and forming sort of a new collagen around the area. And this is a way of doing it today where all we do is a simple injection, it's very simple.

Before I drone on, Nita, I'm going to give out the phone number so hopefully we can get some callers.

Nita: We have Dino waiting for you.

Dr. Darrow: Oh, okay. Hang on one second, let me go to the call board here and see what Dino, your father has a bad shoulder, excellent. Before I get to you, Dino, I'm going to just give out the phone number, and that's 866-870-5752. If you want to talk to me now, I would it. It's 866-870-5752. And if you do call in, you're going to get a copy of

my new book -- newer book I should say, it's not that new which is Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's a \$25 book, I'm going to mail it out to you for free. Just give me a call.

The other things are the website has tons of information how to heal naturally in the musculoskeletal system, and it has a spot on every single page, how to email me personally, okay, so the website is [www.lastemcells.com](http://www.lastemcells.com) [www.lastemcells.com](http://www.lastemcells.com).

And if we miss something about what you want to hear about, you can always call my office too. And there's people by the phones most of the time. If not, you can leave your name and phone number, and we'll get right back to you. And that phone to the office is 800-300-9300, 800-300-9300.

So Dino, I'm going to talk to you. Debbie you hang on there, we're getting more callers in here, thank goodness, otherwise, I have to tell bad jokes.

Nita: Oh, it's awful.

Dr. Darrow: So Dino, your father has a bad shoulder. What does that mean? And how old is he?

Dino: Yes, he's turning 90 years old this year.

Dr. Darrow: Okay. Nita and I say 90 years young. But go ahead I'm teasing.

Dino: Okay. Very good. So he's complained about his right shoulder for a few years, but in the last few months, it's become agonizing pain, where he's gone to the ER several times. And it's basically a treatment of medication, stronger medications each time.

Dr. Darrow: Yep.

Dino: But he did go to the hospital a few days ago, they admitted him to the hospital, and they aspirated his shoulder, took out some fluid.

Dr. Darrow: Yes, that's a good thing.

Dino: Gave him a steroid shot.

Dr. Darrow: That's not a great thing.

Dino: And he's in the hospital and he came out of the hospital thinking okay, this could be this. But he went back to the ER again, last night after he got out of the hospital the second.

Dr. Darrow:

Yes, well I hear it from people all the time. I have patients come in, they go, you know, I had an aspiration of my knee. I actually had a lady come in yesterday with a great big bruise on her knee. And I said what -- she didn't come in for her knee, by the way. She came in for TMJ, you know temporomandibular joint. And low back pain.

And I just happened when I was examining her, I saw this big bruise on her knee, and I said what's that from? She said, oh, I went to the ER because my knee hurt and they aspirated it, and then stuck cortisone in it. And I said really. And how long ago was that? She said that was a week ago. And I said why don't you tell me about your knee now, I mean she said it still hurts. She said, well it lasted one day, you know the cortisone lasted one day.

Now the thing that people don't know about cortisone and you can look this up on Google, I'm a big fan of Google. And Google is great, because if you want to see anatomy, you type in the word, like let's say knee or a shoulder, and in the upper left-hand corner, there is a spot that says images, and you just click on that, it will show you the anatomy, which is a very cool thing. There's a lot of anatomy on the internet.

So my point if you check in, and you Google, cortisone, or steroid, and the word, cartilage, you're going to see that that is not good. That's not a good medicine for the cartilage. It dissolves it away. So in a sense, if it does work, in the sense that you get rid of pain, because it's a really strong anti-inflammatory, so often the pain will go away, but it's short-lived typically. And in the meantime the cartilage is being eaten away. And it's worse on knees and the lower extremities than it is in the upper extremities, because those are weight-bearing, and then you're kind of grinding it down from gravity, plus the deleterious effects of the cortisone or the steroid, whichever one is put in there.

So you know, your Dad is 90, they're probably thinking who cares, he's not going to live long, it's okay if we -- you know, we're going to add some more damage to the shoulder if he gets some relief. And it is a great idea to take that fluid out, but if he were to come to me instead of putting cortisone in, I would have put in some platelets or stem cells and helped regrow the cartilage instead of help break it down. Does that make sense to you, Dino?

Dino:

Yes. And which treatment is better between those two that you mentioned typically?

Dr. Darrow:

You know, I always try to think of analogies, because I get asked that by every new patient that question. And it depends on -- you

know, the analogy depends on -- I say what kind of work do you do, and then I can give an analogy. So, let me see if I can do it with you. What kind of work do you do, Dino?

Dino: You mean myself, or my Father?

Dr. Darrow: You. What do you do?

Dino: I work in quality, manufacturing quality.

Dr. Darrow: Manufacturing quality.

Dino: Yeah.

Dr. Darrow: I don't know what that means.

Dino: We manufacture toner cartridges, so I manage the quality end of it.

Dr. Darrow: So you're quality control. Okay, so let's pretend that you 10,000 cartridges to analyze, do you want to alone, or would you rather have a team of other people doing it, so you can get through it and get it done?

Dino: Of course, a team.

Dr. Darrow: Yeah, a team. So that's the difference between using platelets alone or platelets plus stem cells. The team is a much better effective model and there's different ways that it assists in the healing. Now platelets are good. We only had platelets for many, many years. And before that we only had things like concentrated Dextrose, back in the old days, to create an inflammatory response.

And then I've tried a lot of different things, Sodium Morrhuate. I stuck that in my elbow one time for lateral epicondylitis, tennis elbow. And that hurt like heck. And my arm was bent in 90 degrees for about two weeks. I was an experimental back then. There was -- I didn't really have teachers. I was just experimenting with this stuff, because it worked on my wrist overnight. My wrist got about 50 percent better after a shot of what's called Prolotherapy, which I wrote a book about also, years and years ago.

But since those old days, when I started doing this almost 25 years ago, during my residency at UCLA, it was like 1997, I started doing this, and it's morphed. We've gotten better and better technologies on how to heal the body. So along came platelets and I started using that and did thousands and thousands of those for years. And then when the stem cells came along, I started doing that, you know mixed with the platelets and I did thousands of those, probably -- I

don't know how many, I mean 6,000, 7,000, 8,000 of those. And the technology hopefully will get even better.

You know, my hope is that soon, we will have a company that produces a synthetic that can grow back the cartilage even quicker than what the stem cells do. But at this point, this is the best that I know of. Okay.

Dino: Okay.

Dr. Darrow: I know that some people that do this IV, there's a guy down in Panama who does that and charges a lot of money for it. And I've had the patients come back up here and tell me the IV didn't do a thing. They felt good for a few days and then it came back. So I'm not into the IVs. I don't think my medical board would like if I was doing IVs with stem cells, so I stay away from that.

I'm not treating disease. I don't think they like that either. And I haven't seen the results on that. But for using it for musculoskeletal, orthopedics, for me in my practice, and my patients, it's been amazing. I've done it on my wrist, both elbows, both shoulder, both of my knees. And I've had amazing success over these years, it's kept me in the sports game.

So, I hope that answers some of your questions about your Dad. Is he able to lift up his arm at all?

Dino: Up to his mouth, like he's drinking coffee, that's the limit of his rotation upward.

Dr. Darrow: Okay. So he is semi-functional, which is good, right. It's not locked down to his side. I've had both of my shoulders, where I couldn't lift my arms at all. And I healed both of them. They weren't at the same time, but at different times from different injuries, I've had both my arms locked up. And I have -- I'm on a video camera right now, I'm lifting my arms to show everybody. I'm waving my arms up all the way, I have a full range of motion.

So this stuff works. It doesn't work on everybody for several reasons. The main reasons it doesn't work are real simple. Many patients go to doctors who don't know what they're doing, you know, they say they do it. It typically doesn't work if you go to an orthopedic surgeon, because they don't believe in it, and they don't do enough of it. They'll try it, or they'll tell a patient, I'm going to try this, and if it doesn't work, then we're going to do surgery. So they try it once, and it didn't work, because it doesn't work like that.

It's growing tissue. It often takes a few treatments and if there's pretty severe arthritis that could take a lot of treatments. I've parts of me that have healed overnight after I've injected myself. And parts that have taken months of treatments. I never can predict.

Patients always say how soon am I going to heal? I got; I wish I knew. I don't know. Because some of the easiest cases are the hardest to heal. And some of the hardest cases, that seem hard are the easiest to heal.

Let me give out my phone number. We just lost some callers because they got bored I guess listening to me. The phone number to the studio right now is 866-870-5752, 866-870-5752, please call now, I will give you a free copy of my book, I'll send it out for free, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's got the foreword written in her by Suzanne Somers, who is a great advocate of what's called alternative medicine, which to me is not alternative, it's the real medicine. It's the true medicine. It's the healthy medicine. It's the medicine without drugs and surgery. It's the conservative medicine. And when used properly, or in conjunction with traditional medicine, I think it's amazing.

You know, sometimes you need traditional plus "alternative" at the same time to help people heal. And I've been trained in both. After my residency, I had a four-year residency after medical school at UCLA, and after that I did another fellowship in functional alternative medicine, because I was always interested in natural healing.

So I actually did acupuncture course, a three-year acupuncture course that was a really tough course, and I don't really do acupuncture, because I didn't find it as effective as the work that I do now. But in the right hands, I think acupuncture can be super effective. And I like all kinds of healing, I don't really care what it is. If it works for someone, I'm interested, and I like it. I go to chiropractors. One of my favorite chiropractors is Randy Weinzoff in Santa Monica, and if someone has let's say back pain and leg pain, what we call a radiculopathy. I'll help heal the back, and then for the leg stuff, I'll send it to Randy Weinzoff, who is a chiropractor. Because he can often align the spine. I can fix the ligaments and get rid of a lot of the sprains, and strains, all over the spine.

Most spine things that I see are really ligamentous in nature. Now that doesn't mean you don't have a herniated disk, you may. You have facet arthropathy. You may have arthritis, all these things, but that doesn't mean that's where your pain is coming from. And you know you have to careful, Dino, with your Father, that he's not

branded with a diagnosis, that sounds surgical. Okay, because I see that every single day, all day long, patients come in and they go I've been to orthopedic surgeons, I've been to neurosurgeons, I need to have surgery. They all tell me the same thing. They showed me the MRI. And then I touch their back and examine them, and I go you don't need surgery. This is not a surgical case.

And they go why did they tell that? And I go, because we're in different camps, different cultures. The culture in orthopedics and neurosurgery is very often about looking at an MRI to decide what's going on. Now, I'm not saying that they're dumb guys, because they are not. They are brilliant -- brilliant, brilliant guys. It's really tough to become an orthopedic surgeon, you've got to be the top of your class, or a neurosurgeon, because everybody in the med schools want to get into doing that, because it's a great future, and it's great work. But what I'm saying is a lot of these surgeries should never have been done, because I get patients all the time who have had failed surgeries, in great hands, in great surgeon's hands. It's not a put down on the surgeon. It's just there's human error and I don't want to be at the end of human error if there is a knife in my body, if you understand what I'm saying.

So I always counsel my patients be conservative first, do all the conservative things you can. Go to physical therapy if you need to, if you think that will work, chiropractic, acupuncture, massage, there's a million things out there, and if I think I can help, I'll tell them that. If I think I can't, I'll tell them that.

And the thing with your Dad is be careful not to have him have a surgery, for a lot of reasons. Number one, he hasn't tried regenerative medicine yet. He hasn't tried platelets and stem cells. That could be a quick fix for his shoulder. I wouldn't know unless I examined him and the one thing that's disturbing to me is when people come in, new patients come in with a failed surgery. You know they have a surgery, they're all glitized out, I'm going to have a surgery. I'm going to be perfect, and then they get worse, it's very disheartening.

And I go did the surgeon every examine you. And they go why would they, they just showed me the MRI, and they showed me where the damage is, or they showed me an x-ray. They showed me the damage and they said they're going to fix that. Well, that's not to me how you decide what to do with someone. You've got to do an examination, it may only take a minute, you know it doesn't have to be very thorough in some cases. Some cases it does.

But it could literally take ten seconds sometimes to find the real problem, the pain generator, and so a lot of people come in with a



failed surgery. They're miserable, and I examine them and I go you never needed that surgery to begin with. They operated on the wrong thing. And a lot of things that people have pain with, you can't see in an x-ray or an MRI.

All that make sense?

Dino: Yes. You mentioned about the team approach. Is the platelets and the stem in the same procedure in the same visit, or is it --

Dr. Darrow: Yeah, yeah, it's all in the same -- it's all in the same. It's up to the patient what they want to do, but yeah, it could all be done.

Dino: Okay. And you mentioned that one treatment can solve, or it could be over time?

Dr. Darrow: Sometimes. Yeah, sometimes, I never know ahead of time. I guess -- I'm sorry, what was the question? Can it be a couple months before you heal, is that the question?

Dino: Well, if it's over months, how many treatments or frequency of treatments --

Dr. Darrow: Oh, I got you. Well, the patient dictates that. I can advise them on it. When I'm treating my body, when I have an injury, I will often treat myself every day for a few days. People generally don't want to do that, unless they come flying in from another country or something, they don't -- if they're time-limited, then they'll do that.

Dino: Okay.

Dr. Darrow: Most people generally will come in every couple of weeks. So we'll do a treatment, let's say today, they'll come back in a couple weeks, and we'll re-examine and assess them and see how they're doing. And then if they didn't get what they wanted, in terms of healing. A lot of people will come back after the treatment, and go I didn't any better. And there's a lot of possibilities for why that is. And I didn't finish up what I was talking about with the failure of the work I do. It can be from too much activity. It can be from a bad operator, you know, a guy who doesn't know what he's doing, or a nurse doing it, that's not trained.

Very often -- first of all, I love chiropractors and I go to chiropractors, like I said, Randy Weinzoff is my favorite chiropractor right now in Santa Monica. And he's worked on me. I send him all of the neurological cases, where there's impingement on a never. And I think to date, every single case I've sent him, he's resolved. So there's an email that I got in just recently that said,

will stem cells work on my low back. The doctors say I need a fusion, which is a pretty radical surgery to me, I see them fail all the time. And the answer to that is are you having back pain, or are you having leg pain, or are you having both of those.

And if the answer is I'm just having back pain, then it's typically something I can fix, using your own platelets, you know, we call that PRP, platelet-rich-plasma, or mixed with our own stem cells. So we can do that and heal up the ligaments and the structures around the spine, anywhere from you know the back of the head, the neck, the thorax, and all the way down to the sacrum and around the sacrum.

And a lot of people say they have back pain, and it's not their back, it may be their butt, you know the upper gluteus muscles where they attach to the pelvis. And then sometimes it could be the greater trochanter where there's 14 muscle attachments there. And sometimes people say my hip hurts, and I check their hip, and it's not their hip at all, and it's where these muscles attach in the back.

So there's a lot of examination that has to take place to really find out what's going on with the person. So was your Dad diagnosed with anything?

Dino: This goes back years and he's described that he given an option for surgery for his shoulder. And so he describes it as being told, it's like bone-on-bone, so that's whatever --

Dr. Darrow: Well, it's not bone-on-bone if he can drink coffee, because that means he's lifting it up somewhat, it means there is probably some cartilage loss, but I get people in every single day who say they have bone-on-bone. And I examine them, and I start laughing. And they go why are you laughing, and I got because you don't have bone-on-bone. I'm able to move the joint. Stick with us Dino, you're a great caller, and I'm going to give out the phone number so other people can call in too. It's 866-870-5752 or go to my website, [www.lastemcells.com](http://www.lastemcells.com) and you can email me from every page there. Hang with us.

Nita: And you're listening to Living Pain Free with Dr. Marc Darrow. 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. I'm your host Nita Vallens and we're taking your calls right here, right now, 866-870-5752, that's 866-870-5752, right here in the studio. You can speak with Dr. Darrow and get his latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. What do you think?

Dr. Darrow: I'm living it up. Dino, stick with us, we just -- have a caller waiting Dino, who is talking about his Father's shoulder. His Father is 90 years old.

Before I get back to you, Dino -- you're a great caller by the way, thank you. I want to just mention a few other things. In the office, we also what I'll call face regeneration. We inject stem cells and/or platelets into the face to grow back the collagen in the face and make people younger looking. It's a pretty simple procedure, and we also do that for hair regeneration, if your hair is thinning, it works. If you're Dr. Phil, it ain't going to do much.

I know, I love when I said because it gets such a great laugh out of you, Nita.

Nita: Oh, God, it always surprises me.

Dr. Darrow: It does. So what is regenerative medicine? Very simple. We regenerate tissue in the body, that's been worn down arthritic, torn, you name it, and it works on the musculoskeletal system, I don't treat diseases, I do orthopedics, though. I was trained at UCLA in what's called physical medicine and rehabilitation. I started out my training in orthopedic surgery. I did a lot of surgery in my training. I loved it, and then I had a bad shoulder surgery, and it shifted my course for my whole life of the work that I do, and after a bad surgery -- not a bad surgeon, let me say that, a great surgeon, I loved the guy, it just came out bad. You know there was a lot of human error that takes place in surgery.

There is a lot of things during surgery, that we call ectopic. That means things are not where they're supposed to be in terms of what we think. And an example of that is so crazy. You won't believe this.

During my first med school examination, it was a clinical examination. And we had a giant clinic with a lot of rooms, and we'd go from room to room. And in the room would be a patient with a doctor sitting next to him quietly. And we would have to

examine the patient, and then decide what was going on with the patient. So I walk in the room, there's gentleman sitting there, and the first thing I had to do was listen to his heartbeat. So I take my stethoscope and I put it where the heart is supposed to be, and there's no ticking. I hear nothing. I'm so confused, I move my stethoscope around and I hear nothing. And I am freaking out. I am like, I am so dumb, I don't even know how to listen to a heartbeat. And then I had this thought, maybe heart is not where I've ever heart beat before. So I started moving the stethoscope around, guess where his heart was, Nita? You're smart.

Nita: On the right side, instead of the left side.

Dr. Darrow: You got it baby, that's why I like you on the show. He had something called situs inversus. His organs were reversed. I was the only one out of my med school class that happened to luck into finding that. And I got an A on the exam. And just by luck really.

So we have to be very careful in examination and finding out what is actually causing problems. And I forgot where I started from with that long story, do you remember, Nita?

Nita: Yeah, because you were saying ectopic.

Dr. Darrow: Yeah, so in surgery there are times when we go in, and things are not where supposed to be, actually that happened to me at another time in anatomy class in med school. My anatomy teacher was very tough, and she would stand at each cadaver table to intimidate us, and I walk to one of the tables, and she goes where is the thoracic duct, and I'm like well, I don't see it, and I'm digging around with my hands, and I go I don't see it. She goes right, and she slaps a scalpel in my hand and she goes, go find it. And it wasn't where it was supposed to be. I had to dig around. She used to trick us all the time.

Nita: Well, that's how you learn.

Dino: Right.

Dr. Darrow: Well, it is. I mean we used to literally sweat, because she was a great teacher, you know, and you're right, that's how you learn, but it was very intimidating.

Anyway, we have to be careful, Dino with your Dad, that we don't get in there and operate, especially on someone 90 years old. I don't mean I don't think that that's old anymore. I treat tons of 90-year-old people, people in their 90s, tons of them. I treat tons of youngsters too, and everybody in between. So age doesn't have

much difference in terms of healing. Although, I hear it all the time, I read it on the internet, you know you can't use -- these cells are better than those cells. It's harder to heal someone older, they don't heal as well. I don't find that to be the case.

I have a woman who is 95. And I did her right shoulder about two weeks ago, and her son brought her in, and I saw her I think it was Thursday, just a few days ago, and she's hard of hearing, so it appeared that her right shoulder was healed, because she wasn't complaining about it. But she was complaining about her left shoulder. So it's like that's a win. You know, a lot of times what happens when one part of the body heals is another part will show up that really was always painful, but it wasn't as painful, and the brain picks out the one that's the worst.

Dino, I'm going to give out the phone number then I'm going to get back to you in a second. Give me a call right now, I'm going to send you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. There is a foreword by the beautiful Suzanne Somers, who is a great advocate of my work. She wrote the preface, the introduction to that book, and another book called A New Way to Age, that's her latest book. There's a whole chapter that say interview with Dr. Marc Darrow. It's all about stem cells and platelets and her experience with it. I've treated her many times and her family. And all with amazing success so far. And I'm very grateful to have you as my friend, Suzanne Somers. You're an amazing person, great magnetic personality, great healer. She helps so many doctors learn how to heal naturally. So I am very enthused and very excited to have you as my good, good friend.

So Dino, what else you got to tell us, we're here. Our ears are open.

Dino: Yeah, I'm good, doctor. I think you explained the situation very clearly. Thank you very much.

Dr. Darrow: Okay. Well, God bless you, and God bless your Father. And make sure that he doesn't have an unnecessary surgery, because it is true, as we get older, the organ systems don't work as well, and it's hard to recover from a surgery. And doing a shoulder surgery on a 90 year old to me, is major surgery.

Dino: Right. Well, I do have a question then. If he had a steroid shot, how soon thereafter can he get treatment from yourself? Does there have to be a space of time to pass for that steroid to kind of wear itself away?

Dr. Darrow: That's a good question. There is no scientific answer to it. I've never seen a study on it. And I haven't done a research project on

that, but my experience is if I wait several days, that people will heal, it still works.

Dino: Okay.

Dr. Darrow: Yeah. It's not like you have to wait a long time.

Dino: Thank you the.

Dr. Darrow: All right. God bless you, it's been great talking to you.

Nita: Thank you, Dino.

Dr. Darrow: You gave us a lot to talk about. And God bless your Father, and there is good hope that he can get rid of shoulder pain using stem cells and platelets, what we call regenerative medicine, growing back the tissue. The phone number to me live right now, I see we have callers coming in, and we have a few minutes left in the show. So the number to reach me live right now is 866-870-5752, 866-870-5752. If you call in, I'm going to mail you a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate. That's my point of view. If you want to operate, go ahead and do it, I won't stop you, but my point of view is try conservative things first.

So, should we go to Daniel?

Nita: Sure.

Dr. Darrow: Okay, so your Mom, Daniel has hip and knee issues. How old is your Mom?

Daniel: Hello, doctor, yeah she's 73.

Dr. Darrow: So she's young.

Daniel: Yeah. She's actually 74 today, yes, sir.

Dr. Darrow: Congratulations.

Daniel: Thank you.

Dr. Darrow: Tell us what's up.

Daniel: The reason I'm calling is because she's like six back surgeries, and then through she's had a lot of problems with her hip. And they just did an MRI on her hip, and they're saying -- they showed us how it's bone-on-bone and with her knee, it's also on the patella, it's bone-on-bone.

Dr. Darrow: Okay.

Daniel: And so -- yeah.

Dr. Darrow: Let me ask you a couple questions about that. So this is the thing I talk about on every show. All I hear is bone-on-bone, bone-on-bone, bone-on-bone, bone-on-bone, okay. I hear it from almost all my patients. And you know they have joint issues.

And then I examine them, and they have good range of motion and a lot of them actually are almost pain free, that's not bone-on-bone. The way I describe bone-on-bone is if you take two bricks which are porous and they're lumpy and you try to rub them together and they don't slide, that is bone-on-bone. Because bone is porous like that. And if it is bone-on-bone, the joint's not going to move.

So the hip, can you Mom walk?

Daniel: Extremely painful, like slow.

Dr. Darrow: Slow, but can she move her leg at the hip joint?

Daniel: Very little. Very, very little.

Dr. Darrow: Okay. Have you ever tried to move her leg to know that it's little, or you just watch the way she walks.

Daniel: Yeah, the doctor did, and she just was screaming pretty much in pain.

Dr. Darrow: Okay. So that could mean that it's just painful and it may not even be the hip joint, there are surrounding structures also, and ligaments that cause pain around the hip. It could be the greater trochanters which is close to the hip, where there is a lot of muscles that attach. It could be many things, I would have to touch it myself to know. I have to do the examination, to give you my hit on what's going on.

What about the knee? Does her knee bend?

Daniel: The knee, it's same thing as her hip. Extremely painful. Very, very little.

Dr. Darrow: Painful, but I get the painful.

Daniel: She can barely move the knee or hip.

Dr. Darrow: Okay.

Daniel: Any movement causes extreme pain.

Dr. Darrow: Yes, okay.

Daniel: But there's like so she barely moves -- she only move it if she has to go say to the bathroom, or -- and that's pretty much it. She spends her time -- about 90, 95 percent of the time in bed. The less she moves the better it is for her.

Dr. Darrow: Oh, my God, I'm so sorry. That's sad. So I'm going to give you analogy here. A lot of people come in with arthritis in the shoulder, okay. And they have also concomitantly at the same time something adhesive capsulitis, that's what we call a frozen shoulder, and we can fix the frozen shoulder often, and then we find out that the arthritis was not limiting the range of motion, okay. So there can be a mixture of different syndromes or diagnoses and until I examine your mom, I'm not going to really know what's going on.

Just because I hear bone-on-bone does not impress me, because I hear it all day long when it's not true. That's doesn't mean your mom doesn't have bone, she may. But I wouldn't know unless I do an examination.

Daniel: Of course.

Dr. Darrow: And unfortunately, I don't trust traditional medicine. I wish I could, I raised in it, you know, family of doctors, but thank God, my Grandfather who was born in the 1800s was a doctor who didn't like surgery. So I learned alternative things from him. And you know I'm going to just say this, it's not a nice thing to say, but I'm going to just say it, because he said it, when he was a very trusted doctor.

He said, don't go to a butcher. So I say be careful when you go to a surgeon, I don't call them butchers, I call them the brightest guys in medicine. It's just that a lot of the surgeries that they do have been proven with their own studies not to be needed. And that if you do - - there are studies that show, if you do a fake knee surgery versus a real knee surgery, okay, the fake ones do just as well or better than the real ones. And the real ones can have a lot of side effects, infections and taking tissue out, so it decompensates the integrity of the joint, and then gets you ready for another surgery or a knee replacement or whatever it is.

So I'm not convinced anytime I hear a diagnosis from another doctor who does traditional medicine, until I do the examination.

Daniel: Of course.



Dr. Darrow: So I don't know about your Mom, you know I'm talking conjecture, maybes, but the maybe part is that there is a possibility that she is able to be healed, okay, without surgery. And I wouldn't know unless I examined her.

Daniel: Okay. She is at this moment, this week, she had -- she got done an Orthovisc shot, one of the first of three.

Dr. Darrow: Right.

Daniel: And then the next step what we're talking about is having either a PRP or -- and/or stem cell added to that as well.

Dr. Darrow: Okay. All right. Well, you're looking in the right direction, because you're going a more conservative route, you know, by doing injections.

Daniel: Yes.

Dr. Darrow: So let me tell you about Orthovisc, not personally in terms of that medicine name but Orthovisc is hyaluronic acid, okay.

Daniel: Um-hmm.

Dr. Darrow: Which is a lubricant. And typically when I see patients who come and they go yeah, I've hyaluronic acid several times, it worked a little bit and now it's not working anymore. A lot of times they'll come in with a knee full of fluid. And I'll say, why would they put hyaluronic acid in your knee when it's all full of hyaluronic acid. The body produces that naturally.

Daniel: Okay.

Dr. Darrow: And when you do regenerative medicine, platelets and stem cells, there's even more hyaluronic acid that's produced naturally. So I don't know why any doctor, just that's me, I'm not saying it's the devil. I'm just saying I don't know why any doctor uses hyaluronic acid. And I'm going to tell you a sad story for me. I injected some into my left knee and it swelled up, and the swelling is still there. After it happened, I aspirated it out. I do all these injections myself. I aspirated it out, and I use an ultrasound to do my injections so I can see where the needle goes. The swelling is starting to go down, but there are certain people that are allergic to these things. So you have to be careful with them also.

Daniel: Okay. Yeah, the doctor that I found for my Mom is out here in Orange County and he takes care of a baseball team and a hockey team from out here, a pro team.

Dr. Darrow: Good, good.

Daniel: And so that's why I went to him, and his next suggestion would be the PRP after the Orthovisc, which is we're going through this process trying to see if it does work.

Dr. Darrow: Okay. So let me just give you my two cents, you don't have to do it.

Daniel: Yes, sir.

Dr. Darrow: And every doctor does things the way they want. If I was your Mom's doctor, first of all, is her doctor now an orthopedic surgeon?

Daniel: No. No. If there's surgery needed, he's going to recommend -- he doesn't do surgery.

Dr. Darrow: I got you, okay, good, good. So that's -- that's number one, that's really important. You don't go to an orthopedic surgeon to get PRP or stem cells. Okay?

Daniel: Exactly.

Dr. Darrow: It's just like you're not going to me, who does physical medicine and rehabilitation to get surgery, even though I've had a lot of training in surgery, that's not what I do.

Daniel: Um-hmm.

Dr. Darrow: So I think your Mom's on the right track, and you know the conservative route is important. But make sure that she doesn't give up. Because I've had parts of my body I've injected, where it's taken a lot of times of injections before it healed. I've had so many patients who have "bone-on-bone" arthritis who don't want surgery, that we have helped heal by doing a lot of regenerative medicine on them.

Daniel: Okay.

Dr. Darrow: You know, the surgery always seems like an easy way out. But then what you get out of it can be terrible. It's like going to Las Vegas, as far as I'm concerned. Some come out great and some come out terrible.

Daniel: Yeah. Yeah, she's had about six back surgeries, and it's just escalated to so many different things, so it's painful, and really hard to watch. And I'm trying to do everything I can to help.

Dr. Darrow: Well, God bless you, man. That's good for you, Daniel. Is she better after her back surgeries?

Daniel: No, no.

Dr. Darrow: Well, there's what I'm talking about. That's what this show is all about. Six back surgeries.

Daniel: Yeah, exactly.

Dr. Darrow: Can you imagine that? I can't imagine one. They're not fun to go through. I have patients coming in with failed back surgeries. You know, I don't know if you know this, but insurance companies have a diagnostic code failed back surgery. Do you understand what that means?

Daniel: No.

Dr. Darrow: It means there are so many back surgeries that they have to have a diagnostic code. You can't get a diagnostic code easily. You know I had a surgeon on my show one time who was a back surgeon, and I said what's your success rate? And he said, I guess about 50 percent. He said, I don't back surgeries unless I have the patient and the family come in three times to convince them not to do it.

Daniel: Wow.

Dr. Darrow: This is not a put-down on surgeons, please understand that. I say it all the time. They are the hardest workers in medicine. Their work is dangerous.

Daniel: Yeah.

Dr. Darrow: Nita and I heard about -- I don't remember when, it was a year and a half ago, a woman called up and she was crying on the radio, and said what happened to my husband. And I said I don't know what happened. What happened? He came out of a neck surgery on a ventilator. Do you know what a ventilator is?

Daniel: Yes.

Dr. Darrow: Yeah, he couldn't breathe, a breathing machine. And I said, honey, I don't know what happened, why don't you ask the surgeon. And she said, I didn't get a chance, he walked in the waiting room where I was, said I did a perfect job and walked out. That poor guy died several months later, they stuck him in rehab and he died. So I'm not big on surgery. You know, don't come to me if you're thinking about surgery. I tell patients, because a lot of patients come in and they go I'm thinking of getting a surgery. I go, well, you should leave right now, because I'm going to tell you not to do it probably.

Daniel: Yeah.

Dr. Darrow: There are cases I refer for that, but it's very, very, very, very rare. All right. Thanks a lot Daniel. And if you want to get a hold of me at the office, the phone number is 800-300-9300. You can go to the website and email me from there, it's [www.lastemcells.com](http://www.lastemcells.com) .

Nita Vallens, thank you so much, Suzette, Alex and the crew God bless you all.

Nita: And remember to listen to our pal, Warren Eckstein from 11:00 to 1:00 every Saturday on The Pet Show. We'll see you next time.