

Living Pain Free 03/12/22

Narrator: Are you living in pain? Is it joint pain or muscle pain? If so, stay tuned. Welcome to Living Pain Free with Dr. Marc Darrow, from the Darrow Stem Cell Institute in West Los Angeles.

This is the program that can give you effective solutions for the pain you've been living with. Dr. Darrow is a medical doctor, board certified in physical medicine and rehabilitation. He teaches about the use of Prolotherapy, PRP and stem cells. Today's program could open up a new life without pain for you. Now here's Dr. Darrow with his co-host, Nita Vallens.

Nita: Hi there Dr. Darrow.

Dr. Darrow: Hello, Nita Vallens, how are you today?

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up. Are you?

Nita: I'm living it up, absolutely. Do you think our listeners are living it up?

Dr. Darrow: Absolutely. They've learned over the last 20 plus years how to do that from you and me.

Nita: And they have. But in case somebody brand new is listening today, and they're in pain, we want to invite you to call and talk about your musculoskeletal pain, with Dr. Darrow. And when you call today at 866-870-5752, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, I counted them myself. So I'm sure about that.

So we really want to hear from you today. And if you're brand new to the program, also, you might want to go to check out Dr. Darrow's website at www.lastemcells.com, that's lastemcells.com. So call now. Get your free book, because the hour goes quickly, doesn't it, Dr. Darrow?

Dr. Darrow: It does. So I'm going to give out the number again. Please call. Make it interesting. Otherwise, I have to torture Nita with terrible jokes.

Nita: Yeah, he's good at it too.

Dr. Darrow: So give me a call right now. You can talk to me live. And we call those curbside counsels, where you grab a doc and ask him all kinds

of questions. This is all about your musculoskeletal pain, tendons, ligaments, joints. You name it. Anywhere on the body that hurts. Sports injuries, arthritis, anywhere, top of the head to the bottom of the feet, all the joints.

Any time you think that you need a surgery, please call here first, figure out if you really need it. Because surgery is very invasive. I don't care what the surgeons tell you. I love them, but I think they are overdoing it with these surgeries. And I don't think a lot of them should be done. That's nothing against them. It's the culture they grew up in. And actually, I grew up in that culture. I grew up in the culture of surgery, which we'll talk about soon.

But give me a call now, 866-870-5752. You can use a fake name, if you're shy, or pretend it's about your father that you're calling, or your cousin, or something like that.

You can get a hold of me, actually I answer all of my emails that come in every day. And people get to my website in every spot, every page actually has a spot to email me. And that's www.lastemcells.com that's www.lastemcells.com. And there are lots of videos of me doing procedures, using stem cells and platelets from your body.

All we do is take them out, and then we put them back into the spot where you're having a problem. And heal the area by rejuvenating it but stimulating new tissue to grow back. So why would you want to put a knife in there and cut out good tissue, when you can regrow it, and heal it like that, very simply.

You know I always tell people you walk in the office; you get your injections, and you walk out. You can drive home. You don't need someone to take you. It's a really simple thing. The side effects are so minimal, usually just a little bit of stiffness afterwards. For those of you that know me, you know that I have injected many parts of my own body. And both my knees, both my elbows, my wrist, what else, both my shoulders. I've had other people do my neck and back, because I can't see back there. And I've done very well, every time I have done this.

So if you're catching this at an odd time, and you want to call the office...

Nita:

That number is 800-300-9300, that's 800-300-9300. And that's a number to call and get very individualized attention and pricing and that sort of thing.

And we do have Steve holding on in Woodland Hills, if you'd like to go to him?

Dr. Darrow: Yes. I would love it. Thank you so much for calling in Steve, I'm noticing on the caller screen here, it says you have lower back issues. Can you tell us what's going on with that?

Steve: Well, I've had this issue for some time now, several years. And I went to a back specialist, and they said that there wasn't much else they could do besides some sort of surgery procedures.

Dr. Darrow: Okay.

Steve: And I've been listening to you for some time. So I have scoliosis.

Dr. Darrow: Okay.

Steve: And the last x-ray I had which was years ago, showed it looks like the vertebra were compressed on one side, maybe a possible spur there.

Dr. Darrow: Okay. Yep.

Steve: So I'm -- I have an in-law that did the Prolotherapy and was pleased with it. So I thought I'd better get off you know what.

Dr. Darrow: Okay. A lot of issues there to talk about. That's great. Thank you so much for calling in. So number one, you to a back specialist. Does that mean orthopedic surgeon, or a neurosurgeon, or something else, if you know.

Steve: Orthopedic surgeon.

Dr. Darrow: Okay. So being trained in ortho, which I was, all we think about is doing surgery, okay. It's not that we're bad guys. It's just that that's how we're trained, and that's what we see. To me it's like a religion. You're raised a certain way, and that's what you believe, and you think everything else is terrible.

But you know, if you think about religion, how many types of religions are there? There's hundreds of thousands of religions all over the planet. And which one is right? They're all right. They all think they're the way. My point of view is the spiritual point of view, which is to allow people to do and think what they think is best, because I think people are generally pretty good in their hearts, and I think the orthopedic surgeons are good in their hearts too. It's just being raised in that culture. The knife is the way to

heal. And I don't believe in that, because I saw too many surgeries go bad. And I still see them every day go bad.

I have new patients come in almost every single day who have had a failed back surgery, or a failed shoulder surgery. Meaning, they had the surgery. They were told it's going to be good, and it came out either no better or worse. So do you understand that concept?

Steve:

Yes.

Dr. Darrow:

You do, okay. So I'm always the guy in medicine that wants to be doing things conservatively. After my failed shoulder surgery, that's in 1994 when I was learning orthopedic surgery, my professor operated on my shoulder, because I was having pain. And I'm not blaming him for this, but the shoulder got all jacked up. And my arm was full of fluid, and I had a high fever and the arm got -- the shoulder got worse after the surgery. I had a few years until I learned about regenerative medicine. And as an experiment, because no one -- I didn't have a teacher back then for regenerative medicine. It wasn't very well known.

I injected my own shoulder, and I woke up the next morning, I have complete full range of motion without pain. And at that point, it was like God came down and kissed me on the forehead and said, this is the work you're going to learn. And this is what you're going to do, because we're going to teach you how to heal, rather than cut. They're different, okay.

So the surgeons, I know, and I know a lot of orthopedic surgeons, and we're good buddies, but we fight about it all the time. And they think I'm an idiot. And I think they're an idiot. And when I talk to them, I go, I may be an idiot, because you don't believe in what I do. But I get people better. And the ones that don't get better, they haven't had knife put in them, and you know I tell them my story with my shoulder surgery. And they go well, yeah, that does happen where people come out worse.

With what I do, it's pretty tough to make someone worse, it's conservative. So I like it better, and I get I think better results than the surgeons do, for the same issues.

So with your back. I mean, I've low back pain, 80 percent of people get low back pain at some point in their life. Does that mean you get a surgery for it? No way. Those surgeries are drastic, as far as I'm concerned. And most pain in the low back comes not from what you think you have. You know, you talked about the disks being compressed, or you said the vertebrae are compressed. The disks between the vertebrae are cushions, and most people as they age

have those disks wear down and dry out. And it's called DDD, or you know like a disk compression syndrome, or degenerative disk disease, that's the DDD.

But that doesn't mean you have pain, because it's kind of a generality for people that don't even have pain, can have that. So I'm going to bet you anything. I don't know you, obviously I haven't examined you, but I'm going to bet you any amount of money you want that what you have is not what it looks like terms of causing the pain.

Go ahead, I'm sorry.

Steve: I was concerned that with the scoliosis that that was, you know, kind of causing the problem.

Dr. Darrow: Well, I don't find that scoliosis causes back pain, unless it's pretty severe. You know, if you've got a big S-curve, that certainly can cause pain. But most people with scoliosis that I see are diagnosed with it, just like all these diagnoses that come in, that's not the cause of the pain. That's not the pain generator. And I haven't seen how much -- do you know what the degree of curve you have in your spine is?

Steve: No. No, I don't. I'll have another x-ray done.

Dr. Darrow: Well, is it -- you know, I'm just going throw a term out, it doesn't mean anything. Is it what the doctors called severe or minor?

Steve: You know, I don't know, it wasn't severe, but...

Dr. Darrow: Okay. If it's not severe, it most likely is not that cause of your back pain, all right?

Steve: Okay. Just as a side note, I played golf Tuesday, and I don't have a problem when I play golf.

Dr. Darrow: Okay. Well, that's a good sign, and thank God, because if you can't play golf, there's no life.

Steve: Exactly.

Dr. Darrow: I have that addiction; I know what it's like. Yeah, it's very painful not to play golf, if you have injuries. But the fact that you're playing golf, means you're not too bad off. And I certainly wouldn't recommend a surgery for someone who has back pain who is playing golf. That to me means that you're doing pretty good. You probably have a ligament sprain, just like an ankle sprain.

I always tell people when I examine their back when they -- you know, guys like you come in almost every single day. And they go I've been to three orthopedic surgeons, neurosurgeons. They all say I need back surgery. And I examine their back, and I start laughing. And they go why are you laughing? And I go, because you really don't need a surgery, there's not much wrong with you at all.

And what you do need is like you said that your in-law had Prolotherapy, there's all kinds of forms of Prolotherapy. Prolo meaning to proliferate, it's coming from a Greek derivative to stimulate, in this case, tissue growth, okay, proliferate. Prolo, proliferate. So back in the day, we used to call it Prolotherapy, because that's all we knew about.

Today, and that by the way, is typically using sugar water, concentrated Dextrose. And what that does, it causes irritation in the tissue, inflammation, and then it sequesters fibroblasts which are cells that grow collagen to the area where the injections are done.

So let's pretend you have ligament that are sprained in your ankle, in your wrist, in your back, in your neck, anywhere around the body, and we stick some Dextrose in there with a needle, that's going to create a little stiffness, and it will bring fibroblasts, and hopefully heal the area by thickening up those ligaments. So that's old news in a way.

Because today we have much more advanced solutions that we inject that come from your own body. And that's PRP, platelet-rich-plasma and that's a simple procedure, we just draw your blood, we spin it in a centrifuge, and then we throw away the red cells, and we keep the platelets and the plasma, and we inject that okay.

So my experience on my own body because I've done tons of Prolotherapy on my body. I've done tons of PRP, and I've done tons of stem cells on my own body is that it is incremental in healing power. So using Dextrose is great, but I rarely do it anymore, because when I did it on my knee after my wonderful dog, Dakota ran into it, and he's an 80 pounder, he ran full speed into my knee and loosened up everything. So I was having inability I should say to straighten my leg out, because the patella was loosened up. That's the round bone in the front. Because he dislodged what's called the retinacula, which is the covering over the patella that holds it in place.

And I did prolo on it myself, about 10, 12 times, I think it was a dozen times, and it helped, but it didn't fix it. I did one PRP and that tightened it up, and I was fine. So what I found was doing the

Prolotherapy was great, but then when I'd go running again, I live in the mountains, so I run up and down hills, it was feeling better after the prolo, and then I would run and it would loosen up again, it would tighten up, and then loosen up when I'd run. And then after the PRP, it stayed tightened up. And then I did stem cells on it also, which was even better.

So incrementally, I should say logarithmically Prolo is okay. I tell people not to do if they have the option of PRP or stem cells. And then PRP is even better and then PRP mixed with your own stem cells is even the best.

Steve: Okay.

Dr. Darrow: Yeah, and you know the cool thing about all this is hopefully, you're not talking about leg pain. You're talking about back pain. And it's a whole different story for having leg pain, because that could be a compression of a nerve, you know maybe the sciatic nerve going down your leg. And that might be called a sciatica, but you haven't mentioned that. So I'm assuming you just basically have what we call mechanical low back pain, and that's really easy to fix in most cases.

Steve: Actually, I do have, it's not really pain in a sense. I have kind of a jumpiness in my right leg.

Dr. Darrow: Okay. I'm not sure what jumpiness means. I hear terms like that, and I don't know if that's coming from your back or not. There are people that have something called restless leg syndrome. And they have trouble sleeping, because -- well, they don't have trouble sleeping, their spouse does, because they're getting kicked all night long. And there are medicines that...

Steve: Yeah, well that's kind of like what it is.

Dr. Darrow: Yeah, so that probably is not coming from a nerve being compressed in your back. And from what you've told me, it's basically just low back pain. And my success in healing that is super high. You know 80, 90 percent of people get better doing what I do for that. And the people that don't better, it's typically because they're overactive, or they're taking anti-inflammatory medicine. We need the inflammation from the procedure to help heal it. The inflammation is the body's way of healing itself. So when you sprain an ankle, and have you sprained an ankle ever, Steve?

Steve: Yes, uh-huh.

Dr. Darrow: Okay. Well, it hurts like heck, and then it heals up from the inflammation that's created, you know, without doctors. People who sprain their ankles, don't usually run to a doctor, because they can't run -- no, I'm just kidding. They don't usually go to a doctor. Because in our culture a sprained ankle is not something very serious, it's just something so common, that we don't worry about it.

But when it's back pain, we get real nervous, because there's back surgeons. Are there ankle surgeons? Yeah, there are, but it's not -- you know, they don't deal with sprains like that. But the unfortunate thing is, back surgeons do deal with sprains, and they operate on sprains, because they'll see an x-ray and MRI that shows something that they want to fix, when it's not the cause of the pain. It's not the pain generator.

So, do you kind of get what's going on here?

Steve: Yeah.

Dr. Darrow: There's not much wrong going on with you, that can't be helped by injecting you with cells from your own body, you know PRP or stem cells. And the nice thing is if you were to come into the office, in about one minute, by me just touching the area, I can tell you whether we can heal it or not, and whether this is appropriate treatment for you.

Steve: Okay. So I don't need an MRI or another x-ray.

Dr. Darrow: Well, not at this point you don't, no.

Steve: Okay.

Dr. Darrow: I mean my fingers are my MRI, if that makes sense to you.

Steve: Okay.

Dr. Darrow: You know what I mean? I know it sounds funny, but it's the truth.

Steve: Yeah.

Dr. Darrow: The way I was trained was not to use -- I mean back when I started in medicine, we were trained in our residency not to get images, because they're expensive. Back in the day, it was all about saving money in medicine. So we were taught to use our hands to diagnose. And unfortunately, you know, I tell this all the time on the show, and we've been doing the show over 20 years now, but it's the same story, which is most of the surgeries that are done, are

done without the surgeon touching the body. They're done based on the images that they do.

Steve: Okay. Wow.

Dr. Darrow: And that's a big mistake. I'm not saying not to get the images. I always like to get the images as an adjunct to seeing what's going on. And believe it or not, I found a few cancers by doing images, that we never thought were. They weren't necessarily the pain generator for the person, but it was serendipitously we'd see a cancer.

So those images have helped me save some lives, so I like to get them and today in the medical/legal world, if you don't get an image and you miss something that's malpractice. It changed over the years since I've been a doctor. All right. So I've learned that I have to do that, but it's not what I need to treat. People come in and they go do I need an MRI? And I'll typically say we don't need it now, let's see if the treatment works for you. And if it doesn't work right away, maybe we'll get an imaging to see what's going on. It depends on the patient too.

If a patient's curious and wants to know, I always get it done for them, but oftentimes -- most of the time, I don't need it in order to treat, because my examination tells me where the pain is being generated from. And I've been doing this all day long for so many years, I pretty much know once I do an examination where the pain is coming from, and I can typically, if I choose the right patient heal them up with it. So PRP, stem cells to me are the way to go, instead of doing a surgery, that is very invasive and can cause infections. I've seen a few deaths from it unfortunately. And a lot of terrible things, one of which is when surgery is done on a joint, typically there is immediate arthritis from the surgery, because the good tissue is taken out.

So as an example, if someone has a meniscus tear, and they have a surgery, there's a clean out done, all the frayed tissue is removed, it's scraped out or cut out. And then it's -- you know, you're close to bone-on-bone, there's no cushion there, when they could have just been injected. I treat meniscal tears every single day of my life.

You know, and we get people better. We don't take tissue out. So does that make sense?

Steve: Yes, it does. And I can get -- probably will be contacting you.

Dr. Darrow:

I would love it. I'd love to see you. And I'd love to take you out to play golf sometimes. I invite all my golfers to come play golf with me, all my golf patients. So you're on the top of the list, Steve.

The thing is I tell them all you have to give me a lesson, because I'm no good. Anyway if you want the number to the office for everybody listening, you want to get more information there, the phone number to the office is 800-300-9300, that's 800-300-9300. If you want to talk to me right now, like Steve is doing, you can talk to me live and that's at 866-870-5752, the number to the studio right now to talk to me is 866-870-5752. Hopefully, we can educate you and you can educate your doctors.

It's unfortunate that the form of medicine that I use which is amazing to me, and my patients for the most part is looked down on by orthopedic surgeons, and mainstream medicine, because I think it's really the only way to go in most cases of what people have.

Now, if you've broken a leg, and there's a bone sticking out, you'd better get right to an orthopedic surgeon, that's what they do best. I don't do that. You know, so we have to know, you know medicine is very specific. You've got to be trained in what it is that you're doing. And unfortunately, orthopedic surgeons, in order to keep up the times are starting to do regenerative medicine, using platelets and stem cells.

And my experience is they're not doing a great job. We're going to the break. So give us a call at 866-870-5752, and I would love to talk to you.

Nita:

Thank you for your call, Steve. 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. We're taking your calls at 866-870-5752 right here in the studio, and you get your free book today by calling. It's call Stem Cell and Platelet

Therapy, Regenerate Don't Operate. It has 264 scientific studies, and the foreword is written by Suzanne Somers.

And we are here Saturdays at 10:00, again at 1:00 p.m. And the website for you to check out Dr. Darrow's actual videos doing the treatments is www.lastemcells.com that's www.lastemcells.com. What do you think?

Dr. Darrow: I think it's time to torture Nita, what do you guys think?

Nita: Hi, Dr. Darrow. Are you there?

Dr. Darrow: Yeah, can you hear me?

Nita: Oh now I hear you.

Dr. Darrow: Okay. Maybe I'm speaking too quietly.

Nita: Did you run out a hit a couple golf balls for a second? Is that what you did? I know that's what you did on the break. That's what you did. That's okay.

Dr. Darrow: Oh man, I'd like to. So Nita, how do you organize a party in space?

Nita: With all the planets.

Dr. Darrow: Oh my God, you did it.

Nita: Really?

Dr. Darrow: You planet.

Nita: Oh my God, that's hilarious.

Dr. Darrow: You have your thinking cap on today.

Nita: Wow, that's totally awesome.

Dr. Darrow: What is Australia's biggest export?

Nita: Well, it's not kangaroos.

Dr. Darrow: You're getting there, come on.

Nita: Sugar.

Dr. Darrow: It's boomerangs. It's also their biggest import.

Nita: That's a good one.

Dr. Darrow: Okay. You'll get this one, I know, because you are so smart.

Nita: Oh gosh.

Dr. Darrow: What kind of car runs on leaves?

Nita: Did you say leaves like off trees?

Dr. Darrow: Yeah, leaves like off trees? An autumn-mobile.

Nita: That's a good one.

Dr. Darrow: You guys better call in, because I can torture Nita...

Nita: Yes. This is like -- my nervous system starts to like shake and stutter.

Dr. Darrow: Oh my God. Anyway, let's get some callers here.

Nita: Okay.

Dr. Darrow: We've got another half hour to go. I would love to talk to you. The number to the studio, you can talk to me live right now, ask me any questions you want, about arthritis, musculoskeletal pain, meniscal tears in knees, rotator cuff tears in shoulders, neck pain, back pain, you name it. All of the different sports kind of injuries that I know you guys get.

How do I know you get them? Because I get them, and if I get them, you get them. So the number to the studio right now is 866-870-5752. Nita, I'm going to let you off the hook for a minute here.

Nita: Okay.

Dr. Darrow: And I'm actually going to go to some questions that have been coming in. My website, which is www.lastemcells.com that's lastemcells.com, has a spot on every page to email me questions, and I get emails from all over the world, all day, all night, and I answer all of them. I get tons and tons and tons, I see we have a caller in, people are feeling sorry for Nita, they don't want me to ask her anymore joke questions.

Nita: Yeah, it hurts my brain.

Dr. Darrow: Here's a good one, really. Because I do a lot of this. It says arthritis in the hands and thumb area. I do these every single day. I was wondering if Dr. Darrow uses the stem cell procedure for arthritis in the hands and thumb area, and they say Dr. So and so told me about him.

So I'm getting lots of referrals from doctors now. I didn't use to in the old days, but I think I've been around long enough that a lot of doctors are also listening to the show. And yes, we get a lot of people with arthritis in the fingers, and the feet too. You know, hands, feet, everywhere in the body. And it's typically from overuse. There are a lot of different arthritis, types of arthritis that are kind of genetic, a lot of moms pass down to their daughters arthritis of the fingers where you see these lumps, these nodes on the fingers. And there's rheumatoid arthritis and typically osteoarthritis is the most common, which is just sort of an overuse. Mail workers get those, you know, people that work at the Post Office who are handling envelopes, flipping them all day long. I get a lot of musicians with overuse syndromes, where they get arthritis.

And the nice thing is the fingers usually heal up very, very quickly. We use either PRP, platelet-rich-plasma which is from the blood, or we can use stem cells from the person's own body and get very, very good results with this.

So I'm going to jump on the line with Kay. Kay, you've got knee issues, how long has that been going on?

- Kay: Well, Dr. Darrow, it's good to talk to you again.
- Dr. Darrow: Thank you.
- Kay: I saw you probably five or six years ago, about my ankles, which you helped.
- Dr. Darrow: Okay.
- Kay: But my knees, I have this big kind of bulges, behind both knees, I think it's probably fluid.
- Dr. Darrow: Okay.
- Kay: And they hurt a little. Not terrible yet, but they hurt a little when I go up and down stairs.
- Dr. Darrow: Okay. Is your pain only in the back of the knee, or is it the entire knee?
- Kay: It's kind of the entire knee, and I have that crunching kind of sound.
- Dr. Darrow: Yep. Okay. So behind the knee is called the popliteal space, and therefore, if there is fluid there, we call that popliteal cyst. So you can look that up on Google.
- Kay: Okay.

Dr. Darrow: And then on the top left of the Google page, you'll see a spot that says images. And you can open that up, and you'll see what this actually looks like, if that's what it is. Now, most likely and most often from the way I see it, when people come in with a popliteal cyst, it's from fluid that comes from the front of the knee. So when there's too much fluid in the front of the knee, there's nowhere for it to go, so it goes to the weakest spot, which is through the back of the knee.

So what we do with this, is we'll treat the front of the knee, and we'll use platelets or stem cells, depending, and by the way, you said I worked on your ankle and that got better. Do you remember treatment we used on you back, five, six years ago?

Kay: It was a while back. I think you used the platelets out -- you use platelets out of my blood.

Dr. Darrow: Okay.

Kay: And I had two or three visits and it really helped. That's hurting a little now too, so probably I could do that again.

Dr. Darrow: Okay. So PRP is platelet-rich-plasma, it's a simple process. We just draw your blood, like when your labs are taken by any doctor and we spin it in a centrifuge and then we inject the platelets with the plasma, and we throw away the red cells, not that the red cells are terrible, except if you put them into the knee joint, because they're irritating.

And when I've tried that, the knee has blown up, you know, with what we call an effusion. So we spin the blood and get rid of the red cells. Some doctors, I mean, going way, way back, I actually trained with a couple docs who would just take blood and just inject it right then all over the body. And I thought that was kind of strange, because that wasn't typical, but it worked.

And now we have things that are a little bit more advanced, called PRP, where we don't get that inflammation that comes with it. So my guess, Kay, is when we examine you, you'll find that there's an issue with the knee itself. And then I'll look with an ultrasound, not that the kind that heats up the body, but the kind that's like a camera, I can look inside.

And the ultrasound will show me if there's any fluid in the front. And if there's fluid in the back. If there's fluid in the front, we aspirate that. We numb up the area, and the good thing about it, is when you use an ultrasound, you can get every drop of fluid out without hurting the patient at all.

I have a lot of patients that come in, they said that their orthopedic surgeon aspirated their knee and it hurt like the dickens. But the way I do it doesn't hurt at all, because I can numb up the area, and then I can see where that needle goes. The ultrasound guides the needle actually away from the bones.

And I was trained during orthopedics to do this blind, without imaging. And we'd scrape the bone, and that would hurt the patient terribly. But the way I do it, we go actually above the joint into suprapatellar pouch is what it's called, or the joint capsule. And we numb it up. We put a needle in, we can watch where that needle goes and it's so basically a painless procedure. And we can get out every drop of fluid.

And then we would put cells in the knee to help heal it, and then you lie face down, and I would aspirate the back of the knee if there was fluid there into that popliteal cyst. We'd take all that out, and hopefully it wouldn't come back again. If you just aspirate and don't treat, often the fluid will come back, because you're not doing any healing.

Kay: Oh, ell just to let all your listeners know, when I went to you five, or six, I don't know seven years ago, you really helped people. And you helped me tremendously.

Dr. Darrow: Well, that's sweet. Thank you so much.

Kay: Yes, yes. And I will call, and I will -- I need to come back. Also, it's like some insurance companies now, because at that time no insurance company would pay, but you say sometimes now insurance companies will pay part of it.

Dr. Darrow: You know what, you have to call the office for that. We don't deal with those issues on the radio show. It's very confusing. And I don't want --

Kay: Oh, yes, well I didn't expect you to.

Dr. Darrow: Yeah, I don't want to set up a storm of calls about those issues, because it is really is individualized.

Kay: Okay. I'm sorry.

Dr. Darrow: And very complex. I don't understand insurance. No one does any more. There are so many -- yeah, it's crazy, and it's so random what they do. So I'm not going to put out information about that on the radio show. We're going to just stick to the issues. And the issues are basically what we do is we stimulate the body to grow back the

tissue, which we did with your ankle. Apparently, and that you had great results. And I'd love to see you, the number to the office again is 800-300-9300, I'd love to talk to you there, if not on the radio today. If any of you want to call the radio show right now, it's 866-870-5752. Kay, thank you so much for calling. It's great having you touch base with me, again after so many years. And I can't wait to see you and help you again.

Kay: Yes, well thank you so much. I know you do wonders for people.

Dr. Darrow: Well, I do my best, I can tell you that. I know that of all the doctors I know, and I'm really shocked about this. I'm just going to put it out there. I go to doctors too, you know. And I have a doctor for my heart. I have a doctor for my kidneys. I have a doctor for this like just like everybody does, as we get older, you know, I'm 73, you check these things out, and I can't reach my doctors, okay. They don't return phone calls.

And I'm frustrated being a patient, even though I'm a doctor. And when I call I say I'm Dr. Marc Darrow, please Doctor so and so call me. Because that's usually a clue, because typically doctors will put other doctors at the front of their cue and call them. I don't get these doctors to call me back. And it's very, very frustrating.

And I call back all of my patients, I don't care what time it is. A lot of you are listening, probably when you've had an issue, you had me call you at 10:00 at night, when I'm done with my work. I think it's a travesty what's going on with medicine today. The insurance companies are not paying these guys enough. They've got too many patients to make a living and they don't have the time or they're unwilling to take the time to take care of their patients.

Every one of my patients gets my cell phone numbers and I get calls and texts --

Kay: Well, I totally agree with you Dr. Darrow, because you did help me. And I'm 76 and I'm very healthy because I do not use a doctor, and I don't take any drugs.

Dr. Darrow: Well, God bless you, you're unique. Because typically --

Kay: Yeah, I am.

Dr. Darrow: -- people are drawn into the surgery medicine arena in medicine today and that's not where I'm going. I try to get people off their medications and keep them away from surgeons. I like to do things naturally. And the work I do with the regenerative medicine is natural.

You're just using cells from your body and injecting them and stimulating healing. And I was trained in natural medicine. I did a two-year fellowship, after I did my four-year residency at UCLA. I didn't have to do that. It's just something I wanted to do to learn more about how to help people naturally.

And there are so many things that could be done, where people take medication, where they don't need to. I mean, as an example. People that think they have high cholesterol, because their doctor tells them they do, and they really don't are taking statin drugs, like Lipitor.

Well, if you're overweight and you have high cholesterol, all you need to do is cut out your carbohydrates, and your cholesterol comes down, okay. So that's done naturally. I put everybody who comes in to see me on a ketogenic diet if they're overweight. If they knee pain or ankle pain, or something like that, they're causing their own arthritis. I get a lot of people that come in, that are in close to 300 pounds, and they're wondering why their knees are arthritic.

Well, give me a break. You know, do the work. The medicines they're taking are for diabetes. They don't need to have diabetes. They're creating it by what they're eating. And there's just a lot of things natural that can be done to help people. And you know, that's up to them. They don't have follow my advice, but I give it to them. And I tell them, tell me shut up, if you want me to. Most people say no, tell me the truth. I want to know the truth of what I can do to help myself.

So everything that I do is in the culture of doing healing work. Not doing medications and surgery. Sure you need medication sometimes if you have hypertension, and you don't want to have a stroke or heart disease, you need to take a medicine to lower your blood pressure.

Now, if you're overweight, you can lower your blood pressure by lowering your weight, right. If you're carrying around a lot of weight, your adrenaline is jacked up, and it's going to raise your blood pressure. So lose the weight.

I'm very honest with people and very direct. Some people don't like me for that, most people do.

Kay:

You were with me, so people should try to because as far as I'm concerned you helped me so much, because I broke my heel bone, but the ankle had a lot of problems which you helped me with.

Dr. Darrow: Well, thanks so much. I mean, it's a great surprise to hear from you after all these years. And I'm very grateful that you felt good. Because your healing is my healing. And when I have a patient who is not healing the way I think they should be, I'm not happy about that. I want to do everything I can and be in close contact with them and find out what the reason is. There's usually a reason.

With the work I do, if someone is not healing, there's usually a reason why.

Kay: But me with my ankle probably it's -- so many years have passed, and I use it -- I use it quite a bit, so probably that's --

Dr. Darrow: Well, you can wear down any part of the body, you know, even after we heal it.

Kay: Yeah, that's what I feel that it just needs some more Prolotherapy or platelet therapy.

Dr. Darrow: Well, we'll check you out, we'll see what's going on, and we'll look at your knees and see if there is a popliteal cyst. We'll use the ultrasound to look inside the knee. And see if there's any problems, okay.

Kay: Thank you, Dr. Darrow.

Dr. Darrow: God bless you, Kay, it's such a pleasure talking to you. I don't remember who you are yet. I apologize for that. But you know I don't remember names that well, because I see so many patients, but I don't forget faces. And it's amazing, because I have people sometimes who I haven't seen in 20 years, and they walk in the door, and I go I know you. Have you been here before. And they go yeah, I was here 20 years ago.

Nita: Wow.

Dr. Darrow: So I have a good memory for faces, but names just fly in one ear and out the other. So God bless you, Kay. It's great having you call in and reconnecting with you. And I hope that you'll stop in the office again. Let me see what's going on, and hopefully help you again.

Nita: Sounds good. So let's get some more callers, 866-870-5752, right here in the studio. You can ask Dr. Darrow your questions.

Dr. Darrow: I would love to have you call in. And we only have a few minutes left, so please do your call now. And the number here, and you get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate

Don't Operate, and the number to the studio is 866-870-5752. I'd love to talk to you.

In the meantime, how about if I -- no, I won't hit you with a joke, that's too painful, Nita. Plus you did -- you did good.

Nita: Ah, I could take one more. I could take one more.

Dr. Darrow: You did good today.

Nita: Yeah, I got one, I nailed one. So that's good. One out of three, ain't bad.

Dr. Darrow: That's pretty good, pretty darn good.

Nita: Oh, look a caller is coming in. I'm so excited. All right, give me one quick joke. And then we'll let the call rack up.

Dr. Darrow: No. I don't want to torture you. Why would I want to do that to poor Nita.

Nita: You know, you -- sometime I should ask you jokes, we should try that sometime.

Dr. Darrow: No. I'm not good at that. I'm good at giving, not taking.

Nita: Ah, okay. Well, it's not taking, it's receiving. So we have to work on your ability to receive, because you give so much.

Dr. Darrow: That's true. You being a psychoanalyst I get that.

Nita: Yeah.

Dr. Darrow: Anyway, here's Joel. Joel, Dr. Marc Darrow, your right shoulder bothers you. How long has been going on?

Joel: I've had pain in my right shoulder for at least three or four years.

Dr. Darrow: Okay and what did your doctor tell you it is, what's the problem?

Joel: Well, I just got a diagnosis from a doctor at (inaudible), a surgeon that's been around for a long time, supposedly. And he said I've got a torn rotator cuff.

Dr. Darrow: Okay. Can you lift your arm up?

Joel: It hurts to lift my arm up, and now it's to the point where sleeping on my right side and certain movements of my arm during sleep is really bad.

Dr. Darrow: Okay. Well, I'm sorry that you're going through this. And I want to tell you that I work on rotator cuff tears every day of the week. And we usually heal them up. So you can get a --

Joel: Let me tell you, the last -- let me just tell you before I forget to say this.

Dr. Darrow: Sure.

Joel: Is that he said it's not -- it doesn't seem to be operable or repairable that I need a shoulder replacement.

Dr. Darrow: Oh, okay. You know, I'm going to probably without knowing anything, shoot from the hip, I'm going to say, I don't like shoulder replacements at all. And the fact that it's not repairable, doesn't mean you can't fix it.

Regenerative medicine can often heal what the surgeons think they can't fix. So you probably have a tear that is retracted, that means there's a space between the ends.

Joel: That's right.

Dr. Darrow: Yeah. Well, that doesn't mean you can't heal. I treat those literally every day, where there's retractions and people get better, okay.

Joel: Okay.

Dr. Darrow: So how can that be? It can be because that retraction doesn't necessarily have to be fixed. Because it may not be the reason you're having the pain. And you may have that retraction you said your shoulders bothered you three to four years. You may have had that retraction for 20 years and not known about it.

Joel: Okay. Okay.

Dr. Darrow: It may not be the pain generator. So I would have to examine it. I would have to examine it and see what's going on and see if using regenerative medicine is something that I think can help you. In most cases, it does. But again, I have to see you, I could be wrong, talking to you just on the radio, you know, without an examination, I don't really know what's going on.

But I get people with retractions all the time.

Joel: Would I bring that disk?

Dr. Darrow: Yeah, you can bring it in. I know what's going on, just from what you're telling me.

Joel: Bring that MRI disk to you.

Dr. Darrow: You can bring it sure, yeah.

Joel: Okay. Sure. Got it. Got it.

Dr. Darrow: I'll look at it. But that's not going to be the end all of how I diagnose you. I'm going to use my hands and move you around and see what's going on and see if you're a candidate for what I do.

Now, I'm going to tell you this ahead of time. I'm not going to fix that retraction, that I promise you.

Joel: So how would I -- how would I regain my strength and lose the pain?

Dr. Darrow: Well, see you didn't quite listen to what I was saying. That issue with that tendon, it's probably the supra spinatus tendon, that's the one most often injured. I treat retractions all the time. And people get better. But I didn't fix the retraction. So what is it that got better?

I know this is a conundrum to you because of the way you're thinking about it. You have been educated that that retraction is the problem. And I've been educated that it may not be. It may be, but it may not be. The shoulder is very complex, there's a lot of potential --

Joel: Let me tell you, I'm kind of -- I'm an ex-bodybuilder. I used to work out a lot, and of course, the last question I asked the doctor was -- can I possibly do military presses, and lateral raises with dumb bells and regain the strength. He said absolutely not. Do not do those type of exercises.

Dr. Darrow: Well, listen, call me at the office, 800-300-9300. Actually what I'm going to do, I think we have your phone number already. I'll call you after the show right now. And I want to talk to you more about this, because I'm in disagreement with what you've been told. All right? God bless you, Joel. I think there's hope ahead. I have to examine you to find out...

Nita: Thank you, Dr. Darrow.

Dr. Darrow: Thank you, Nita. Thank you Alex and Suzette and the staff and we'll talk to you soon.

Nita: See you next time.