

Living Pain Free 3/19/22

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: Nita Vallens, I can't hear you. How are you today?

Nita: I am just fine.

Dr. Darrow: Well, I'm going to have to go on without you here.

Nita: Uh-oh.

Dr. Darrow: And today is a show that we're doing about --

Nita: Can you hear me now?

Dr. Darrow: Yes.

Nita: Welcome to the show, Dr. Darrow. Oh, it's your show.

Dr. Darrow: You shocked me there.

Nita: Yeah, I shocked myself too. Let met -- oops, it's all kinds of shocking things today. This is so much fun.

Dr. Darrow: Well, at least we're having a good laugh, because you know why?

Nita: Yes. It's important to keep our sense of humor.

Dr. Darrow: Yes. I tried to organize a professional hide and seek tournament, but it was a complete failure, Nita. Do you know why?

Nita: Yes, because everyone is at home, and there's no one hide, and no one to seek.

Dr. Darrow: Kind of. Because the good players are hard to find.

Nita: Love it. Love it.

Dr. Darrow: You made my day. You always make my day.

Nita: I love it.

Dr. Darrow: I can't wait to talk to you every week. It is fun. You are a brilliant person. Anyway, the show is about since Nita wasn't there, it's about regenerating your body and the musculoskeletal system, that means your tendons, your ligaments, your joints, all those things that hurt. All of you athletes out there that overdo it, just like me. And we have a way to inject you, to regrow the tissue and rejuvenate. And those are called stem cells and platelets, PRP.

So the book that I'm going to give out for free today, it's a \$25 book is called Stem Cell and Platelet Therapy, Regenerate Don't Operate. But there's a hitch. If you want to get the book, you've got to call me now. That's right. Talk to me live. And the phone number here at the studio to talk to me is 866-870-5752. That's 866-870-5752. I hope you're not shy. You can pretend you're somebody else if you need to.

Or you can even call my office at 800-300-9300, and again that's 800-300-9300. We always have people working around the phones, so if you leave a message, they'll get right back to you.

Another great thing to do if you want to learn about regenerative medicine which is rejuvenating your body when you have injuries. Instead of getting surgery, please don't do that first off, unless it's an emergency. If you've got a meniscal tear in the knee, rotator cuff tear in the shoulder, neck pain, back pain, your elbows hurt, your shoulders hurt, your wrist hurts. You have arthritis in the fingers.

You know let's say you've got a labral tear in the hip or knee pain, leg pain, it doesn't matter where this is, the ankles, the toes, you name it, anywhere in the body, I can inject and help stimulate tissue to regrow and make you happy and healthy again.

And to watch videos of this, it's very cool. Just go to your website at www.lastemcells.com that's www.lastemcells.com. And now, Nita, since you're tardy, I'll let you catch up. Do you have anything to say before I go to questions.

Nita: Yeah, I want to give the phone number again, which is 866-870-5752, right here in the studio. You can speak directly with Dr. Darrow, and you know I have the book in front of me, and Suzanne Somers wrote the foreword and on the cover it says "PRP and Stem Cell Therapy might be just what you're looking for. This book could change your life for the better."

Dr. Darrow: But what did Dr. Dre say about it?

Nita: And Dr. Dre said, Dr. Marc Darrow has been my health coach for many years. His recommendations for nutrition, hormone therapy, and weight training have all been tried and true. Through his guidance, I have successfully accomplished my fat loss and muscle gain goals. It makes sense to regenerate tissue rather than cut it out. Stem Cells are the way.

Dr. Darrow: He's cool, huh?

Nita: Very cool. Very smart guy.

Dr. Darrow: Very smart guy. People have a lot of different impressions of him, but in my dealings with Dr. Dre, that guy is a Prince. He is a very humble person, believe it or not, soft-spoken, and helps tons and tons of people. In the record business, he is absolutely amazing. So thank you, Dr. Dre.

So, Nita, since you're back in, what would you like to do? How about one more little joke for you? Can you handle it?

Nita: Well, sure, of course, always.

Dr. Darrow: All right. Here, I want you to put your thinking cap on. What was it like before the invention of the wheel?

Nita: It was flat.

Dr. Darrow: Nita, you're smart. You're on the right track. Everything was a drag.

Nita: I like it.

Dr. Darrow: You know back in our day, we used to talk about everything being a drag. What a drag. I don't hear that anymore.

Nita: Was that back in the 1800s?

Dr. Darrow: We date back a long time together, Nita. Anyway, let me take some questions here.

Nita: Okay.

Dr. Darrow: And hopefully, we'll get some callers. You can call me right now, live and local here, and the phone number to the studio is 866-870-5752. I love hearing about your musculoskeletal issues and try to stump me. Give me a hard one. It's easy to stump Nita, but it's not that hard to stump me, right, or it is.

Nita: Well, I'm not a medical doctor.

Dr. Darrow: Yeah, but you're smart. You've been around a long time. Oh, I shouldn't say that. Never say that to a woman.

Nita: Not a terribly long time.

Dr. Darrow: That's right.

Nita: Just a little bit of a long time.

Dr. Darrow: Just a little bit. All right. So this one starts off with failed lumbar laminectomy, that's the low back. Let me see what this person says.

Any role for PRP, which is platelet-rich-plasma, and stem cell therapy after a failed lumbar laminectomy at L4-5 and L3-4. Still suffer from back pain and lumbar radiculopathy. Well, that's a common scenario, unfortunately. And everybody who listens to me, thank you very much for listening to me, knows that I had a shoulder surgery when I was fourth year of medical school. I was all hyped up doing orthopedic surgery, learning how to do that, and then I hurt my shoulder weightlifting, and my boss did a shoulder surgery on me that -- can I use the words "screwed my shoulder"?

Nita: Sure.

Dr. Darrow: Okay. Yeah, it made it a lot worse, swelled up like a balloon, had a high fever. And I didn't know what was going on, and it took literally about three or four years for me to heal it myself. I tried everything, you know, anti-inflammatories and physical therapy, you name it. Nothing worked.

And I really couldn't do much in the way of sports, because my shoulder hurt so much I had limited range of motion. And then I was reading about regenerative medicine. And I thought well, I'll experiment on myself. I actually had had my wrist injected and healed that with it. And I thought I wonder if this can work on a shoulder.

So I injected my shoulder one night. And you know the story of how that happened, don't you, Nita?

Nita: Oh, yes, I do.

Dr. Darrow: It was hysterical. Michelle, my wife, was lying in bed watching TV. And I jumped in bed, and I pulled out my syringe and I injected my shoulder with her yelling at me. And I woke up the next morning completely pain free.

And so at that point I had my shoulder fixed, my wrist fixed, and I was like, I'm going to start doing this on my patients. This is amazing. But there are a lot of failed surgeries, we all know that. We all have friends, or we have had a failed surgery.

We went into it, with the surgeon saying you're going to get better, and then we came out worse. And this is the case with this failed lumbar laminectomy. Laminectomy, they actually take off the back of the vertebrae. And allow the nerve which is impinged to breathe a little bit and heal up, to get rid of the pain typically which is down the legs. If it were in the neck, it would be a cervical radiculopathy. In the legs it's a lumbar radiculopathy, and that word comes from the radix which is the part of the nerve coming out of the spinal cord, that goes through the hole in the vertebrae, the foramen they call that.

So if you have your MRIs and you're reading these words, you can look that up, and see what I'm talking about. I always tell people on each show, look it up yourself. You know people come in; they go di don't know what my MRI means. Can you read it for me and show me? And we'll pull it up and I'll show them.

But if you just go to Google and put these words in, and then go to images on the upper left-hand corner, you'll actually see what your images look like. I know it's hard to look at an image, like an x-ray, CT scan, or an MRI and understand it, but Google can help you do that.

And there is also a great way to do it, if you go to YouTube, and put in the pathology, you know, the problem, there are probably you know tens of videos showing you what these parts of the body are about. There is a great one that I was looking at on low back pain and I think it was -- what was it called the chiro geek, it was a chiropractor who does very great explanations of the body, the anatomy.

So there's all kinds of ways for you guys to learn how to figure out what is going on with yourself, because everything in medicalese is hard to understand, unless you know the language. You can just go to Google and click images at the upper left-hand corner, and it will show you what part of the body it is, and they'll have great diagrams, and you can learn about yourself and what is going on.

So let me see what else is said here. So the question is, can PRP and stem cells help? Most of the time it can. Not all the time. I have to pick the right patient. And I get patients in every single day who have had failed surgeries all over the body, and it's a shame,

because the surgeon said don't worry this is going to be great and it comes out worse.

So oftentimes, regenerative medicine using your platelets, or your stem cells can help heal up these areas, because the surgery was not done on the right area to begin with. And that happens often, because the surgeons will not even examine the body, touch the body like I do to find out where the pain is being generated from. They will look at an image, and that's not to me a great way to heal the body, looking at an image to decide what's going on. Because the images are often wrong.

So, Nita, with your good graces, I'm going to go to John who just called in and he says he's got a rotator cuff tear. So, John, it's a pleasure have you on board. This is Dr. Marc Darrow. And how long has your shoulder been bothering for.

John:

It's a pleasure to talk with you, Dr. Darrow. Actually, this is for my Pastor who is coming home today from helicopter skiing in Alaska, and he let everybody here know that he fell badly and he tore his rotator cuff, and the message was he's going to have to have surgery and having listened to you for as long as I have, I know that that -- and I had actually rotator cuff tear when I was 35, never had it repaired, and I'm okay.

So I'm just wondering if that's something that you can treat?

Dr. Darrow:

Absolutely. It's not something that I can promise I can get better, but I can treat it and see what's going on. First of all, I have to -- and I say this to every single person, I have to do an examination. I don't treat based on someone saying they have a rotator cuff tear or sending me an x-ray or an MRI or a CT scan. I don't diagnose that way.

Because we know by doing studies on people that a lot of people have rotator cuff tears who don't have any pain. So a lot of doctors do studies, where we take a person who has zero pain, and we'll look at their shoulder, and we go does your shoulder hurt? It really should hurt bad because you have this massive rotator cuff tear in it. And they go no, it doesn't hurt at all.

So just because your Pastor has a rotator cuff tear, and he has pain, does not mean that that pain is coming from the rotator cuff tear. Now, the surgical model is to me a little bit crazy, because they often will look at the MRI, and go oops there's a rotator cuff tear, we have to fix that. We have to sew that up. When that may have been there for 20 years and never caused a problem, all right.

John: Right.

Dr. Darrow: So oftentimes, I'll get someone -- let's say that has an infraspinatus tear in the shoulder, that's in the back of the shoulder, on the back side. And I touch the area, and they go well it doesn't hurt over there, it hurts up here in the front next to my pectoralis muscle.

And I go well that's not your infraspinatus tendon, that's your subscapularis tendon. And they go but that doesn't show a problem on the MRI. It may just be a tendonitis. So it's kind of confusing. And honestly I do get -- I get emails through my website, all day long and people will send me their MRIs and tell me I'm having pain. My surgeon wants to operate on this. Should I?

And I respond, I go no, it has to be examined with someone's hands. I always tell people this. My MRI are my fingers, okay. That sounds crazy, I know. Because the culture of medicine today is to look at an image to decide what is going on.

Now, I do like to get MRIs because often there is something hidden in there that's unrelated even to the problem. I found a few cancers, believe it or not. Which is really interesting. And we've been able to save a few people's lives because of getting an MRI or an x-ray.

John: Okay.

Dr. Darrow: I'm sorry, go ahead, John.

John: No, I didn't mean to interrupt you, I'm sorry.

Dr. Darrow: That's okay, go ahead.

John: I would say I think the best bet for me to have my Pastor -- I'll let him know, I wanted to find out if this is a possibility, and obviously it is. So I will contact him and have him get a hold of you, and relay that conversation. And then there's just one other question I have before I got -- I know you probably -- and that is you know, I've got a few people in my life that are, you know, what you would kind of describe as a you know, like a pain in the you know what.

Dr. Darrow: Yep.

John: And I'm just wondering if you injected them would the pain stop?

Dr. Darrow: Oh my God, that's so funny. It depends if that pain in the -- Uh -- really was there, because believe it or not, a lot of people with low back pain, who have let's say herniated disks or facet arthropathy or something like that, you know, or a radiculopathy, you know, pain

down the leg, the same thing with the neck, if it's a pain in the Uh -- upstairs there, it can be things that we can heal. So I'm not being facetious but there are a lot of issues where a person comes in and they say I've got to get a surgery, I've had neurosurgeons and orthopedic surgeons tell me, you know, based on my MRI that I needed to have a surgery to get rid of the pain.

And we don't do a surgery. I don't do surgeries, and I just inject them, and oftentimes it's pretty amazing, but right after an injection, because we put a little bit of lidocaine in with the mix of the platelets and we use ropivacaine in the stem cells, so it doesn't kill the stem cells. And oftentimes people will get up and go how could that work, my pain is gone.

And I go, be careful, it's not healed, it's a little bit of lidocaine numbed up the pain generator, and it's a great, great prognosis now, because we know that the cells what we put in there of the platelets and the stem cells went to the area that was causing the pain, because the lidocaine that's mixed up with it, or the ropivacaine also goes to that same area and numbed it out. So that's kind of like a diagnostic test.

And then later in the day, they'll often get stiff, that's one of the side effects --

John: I appreciate having the opportunity to talk with you.

Dr. Darrow: You too, man, you're cool.

John: So God bless you, thanks a lot.

Dr. Darrow: God bless you too. And I wanted to say something more which is pretty amazing. I had a couple come in yesterday, and you know, I get this all the time, it's just -- it's crazy. They said they were at church, and they got a message to come see me.

Now, I didn't go into depth on what that means, but I hear that all the time. Either someone at church told them to come see me, or they had heard of me, and then during a mass or something like that, they got the message to come see me. And I'm like that's cool. You know, I'm great with that. I don't really -- I'm not a religious person, I'm a spiritual person. But I think all of us get messages in some way or other, and I think all of us know a lot more than we think we know.

And I don't understand any of that stuff, but I'm really happy that you folks come in to see me, then I have an opportunity help you heal, and I like what I do. I love what I do, and it's a natural way of

healing the body. It's not cutting out good tissue. I see way too many surgeries go really south, really south. And then the person's like why did I ever do that. The surgeon told me I was going to get better and now look at me. They'll get an infection. They'll get -- I've actually seen a few people die from surgeries, which is a real crime.

And I am not putting a negative spin on surgeons, because I adore surgeons. They are the best guys in medicine. I just think in our culture is over-used, in musculoskeletal, in orthopedics. I think it's way, way, way overused. From what I see probably 99 percent of the surgeries in my humble opinion should not be done.

We have regenerative medicine now, which I've been doing close to 25 years, and it helps many, many, many people heal without a surgery. So if you're thinking of getting a surgery, please find a regenerative medicine doctor first, and have them look at it, because if you can walk into an office and get some shots, and walk out, even if it's a knee, ankle, toes, whatever, people still walk out.

And with a surgery, it's not that simple. There are many side effects that can happen. I know that one of the worst situations to be in is to be a high school or college athlete who has an injury because it's very trendy for them to get surgeries. I have had to talk my children out of surgery, probably 50 times. Because they're like, oh, Dad, all the kids do this, and they're all great. Well, they're not great, because in a few years, that surgery with the tissue being removed, is going to compromise that area and they're going to probably be worse off than they ever have been before. All these meniscal tears, ACL ruptures.

So, ACL, what is that? That's an anterior cruciate ligament. It holds the tibia, the lower leg bone to the femur. And I get tons of ACL ruptures that I can help. And the first thing to do is draw out the blood, I use an ultrasound to look inside. And if you want to help heal that knee right away, you take the blood out. I don't find that that's being done by surgeons. They just get into surgery and put a prosthetic ACL in there. You know, they can take it from a cadaver, or they take it from the hamstring tendon, or patellar tendon.

But I think most people from my experience still have a good knee after an ACL rupture. Now, if the knee is very loose, then I will actually send them to a surgeon to have that repaired, but I don't find that loose in many, many, many, many pro athletes do not have ACLs. So be careful about that.

What do you think, Nita?

Nita: Well, I think that -- first, I want to thank John for being with us today. And also for his joke, so that was wonderful. And the other thing I think is you're listening, and you want to talk to Dr. Darrow. So the number is 866-870-5752, 866-870-5752, right here in the studio.

Dr. Darrow: You know a good way to get started learning about regenerative medicine, is give me a call, I'll send you a free book, and the phone number, as Nita said to talk to me right now, talk about anything that has to do with the musculoskeletal medicine, you know has to do with your pain in your body, not pain from cancer or multiple sclerosis or stroke, or things like that, but from sports injuries, or arthritis, things like that, that's what we deal with here.

And a great way to take at this is on the website, which is www.lastemcells.com, www.lastemcells.com you can watch me injecting many, many areas of the body, and you can actually teach your orthopedic surgeon how to heal naturally, without a surgery. And when people come, and they go I've got to have a surgery. I've got bone-on-bone, it really makes me kind of chuckle inside, because it's not the case in most cases. It does happen, but it's not typically the case.

Ah, let's go to the break, Nita.

Nita: Let's go to the break. You're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this important information coming your way. I'm your host, Nita Vallens. 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. We're taking your calls at 866-870-5752, so you can get your free book, Dr. Darrow's latest, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, and it can yours today.

Give us a call and the bonus is you get to talk to Dr. Darrow, that's 866-870-5752. What do you think?

Dr. Darrow: I think it's great Nita. It's been so many years of fun with you, hearing your lilting laughter on the show. And if anybody doesn't know this, Nita is actually a psychotherapist.

Nita: I am.

Dr. Darrow: Who would know? A PhD too, right?

Nita: Yes. I am.

Dr. Darrow: And I thank you so much for being on the show with me. How many years now Nita?

Nita: We are in our 13th year together. Lucky 13.

Dr. Darrow: Oh my goodness. You know I had a patient come in the other day, and he said -- and by the way, I've been treating this guy for, oh my God, I don't know how many years. He's 79 years old now. And he literally beats himself up like crazy in sports, so I remember treating his knee, his shoulder, he's had a couple trigger fingers. He skies, high level skiing, and he just doesn't quit. He's so active. And people would say well do you have to keep treating him so much?

Because this guy is like me. I'm a little bit younger, but I have spent my life doing sports. I was kid who was always getting hurt doing sports, and nothing ever stopped me. You know whatever it is, whenever I got hurt, I kept going, and it's pretty much still the same, at my ripe young age of 16. How old are you, Nita?

Nita: Yes. How did you know?

Dr. Darrow: No, there's some people, I guess, that don't stop. And this particular gentleman, I'll actually say his first name, and I don't think he's shy, but his name is Tracy, and he lives down in Manhattan Beach, and he's one of my favorite fans. Tracy, I hope you're listening.

But he said something funny the other day when he came in. He said don't you ever get tired of doing your show? It's kind of like the same kind of stuff over and over and over. And I said it really isn't, because Nita and I have such a fun time together, that we look forward to doing this. And the callers make everything worthwhile. To talk to people and to be able to help people with their issues and you folks don't know this, but when you come into the office, I pretty much deal with all kinds of problems that people have, issues that they have including a bad outlook on life.

A lot of people when they're in pain get pretty depressed. And I meditate an hour every day. I teach a lot of my patients how to meditate. I take the time. Every patient gets my cell number, and my personal email address. And I stay in touch with everyone. As they walk out the door I say God bless you, because I believe in blessing everyone I see. Because that's a bonus for me too. And I tell them if you don't get in touch with me, if you have an issue, I'm going to get mad at you, because most people are like I don't want to bother you. Well, you're not bothering me. I like my patients. It's really my social life. That's where I connect with people the most. And I have a very personal relationship with my patients. And I'm so grateful for all of you, and I'm grateful for all my listeners and I tell people something, they say why are you so grateful? You're grateful for everything. And I think it's because I've been given gratitude. I think it's a spiritual quality that I've been given. And I tell them, they laugh, but I say I'm grateful that I'm grateful. Does that make sense, Nita?

Nita: Absolutely. I'm grateful right now, because we have some callers coming in.

Dr. Darrow: That too. So Elise thank you so much for calling in. It's Dr. Marc Darrow. Your neck is -- or are we going to Mark, I'm sorry.

Mark, we'll take you first, then Elise, then we'll get to you.

Nita: Oh, I'm sorry, I clicked on Elise already.

Dr. Darrow: Or you are.

Nita: Yeah, that's weird.

Dr. Darrow: Who we got going here?

Nita: What just happened? I don't know, let me see what happened. Elise don't go away.

Dr. Darrow: Yeah, we're on Mark?

Nita: No. We're on -- Elise do you hear?

Dr. Darrow: You're flipping her back and forth. Which of you guys can hear us right now, Elise or Mark?

Nita: Well, Elise, can you hear me?

Elise: Yes.

Dr. Darrow: Ah, good, good, Elise. This is Dr. Marc Darrow. Are you in New York right now, or are you in LA, or somewhere else?

Elise: No. Unfortunately, I'm in New York, not on vacation.

Dr. Darrow: Okay. How's the weather there today?

Elise: It's warmer, it's in the 50s, low 50s. It's above average for us this time of year.

Dr. Darrow: And thank you so much for calling in. You know, I left Chicago in 1970, and I had never -- well, I went back a couple of times. It's been a long time. But I rarely go back, because even though it is a gorgeous city, Chicago has all those parks along the lake, the weather is not fun. And I hear that from people New York too. It's just not...

Elise: It's true. We don't have the wind though that Chicago tends to get all the time.

Dr. Darrow: Oh, well that's good.

Elise: Our weather isn't pleasant, but there is -- we get a good four or five months where it's very decent.

Dr. Darrow: Yeah, wonderful. So I understand that your neck is bothering you. And how long has that been going on?

Elise: Right. So this started in May of last year, and I kind of thought it would go away. And of course it didn't. And when I went to the doctor, he prescribed Valium for five milligrams once a day. That didn't work.

So I went to an orthopedist the other day, and an MRI was done of the cervical spine. And he informed me on Friday that I do have arthritis of the neck.

Dr. Darrow: Okay.

Elise: So, I have the MRI results, as well as the report and he wants me to start physical therapy.

Dr. Darrow: Okay, that's good.

Elise: So I wanted to hear your opinion and if you think stem cell therapy is the way to go, or whatever you think?

Dr. Darrow: Well, I have a lot of thoughts about it. But until I touch your neck, I don't know what to be, you know, adamantly sure of. I can usually

tell by touching a neck or a back or wherever it is in about three seconds, literally, to know what's going on. So most people -- go ahead, you could talk.

Elise: I just wanted to tell you, not that it would change anything, I also tried some rounds of Flexeril and Baclofen as a muscle relaxer.

Dr. Darrow: Sure.

Elise: And so nothing worked. Bottom line.

Dr. Darrow: Okay. So here's -- let me get started. I have a lot to say here. Number one, I don't give out those medicines to people. I fix things, okay. And fixing means to regrow some of the tissue. Most neck pain, and most back pain or spine pain is not because of arthritis. Almost everybody gets arthritis as they get older, things wear down.

If you were a Ferrari and you're racing around the track, your tires wear down, right. Every car actually the tires wear down with use, don't they? Say yes.

Elise: Yes, oh I did say yes. Oh, you didn't hear me, I'm sorry. Yes. No, I agree with you. Right, it's a normal sign of aging.

Dr. Darrow: Yeah, it's normal, yeah. Now not everybody gets arthritis, but a lot of people do. If you Google it, you'll be shocked how many people end up having arthritis, but that doesn't mean they have pain. And we do studies, doctors do studies of people that have no pain, and we find arthritis all over the body. But they go, but I don't care if I have arthritis. I don't have pain.

So all of a sudden if you get an image and then you find that there's arthritis, the doctors freak out and the patients freak out. And then they've got to something, you know, like give you these medicines, which are no good for you. I mean these Valiums, Flexeril, whatever else you took, are very sedating. And they're very dangerous to take, because you can fall over and break a hip, right?

Now, this is something people don't know. 25 percent of "elderly people" who break a hip, fracture a hip die. That's astounding isn't it.

Elise: Right, I wouldn't want to part of that percentage.

Dr. Darrow: No, you don't. So you want to stay off -- so these medicines are no good for you, because they cloud your consciousness and they make you a little bit dizzy and stoned, or whatever you want to call that.

Elise: Um-hmm.

Dr. Darrow: I had a patient come in, the other day, who was literally out of his mind taking Flexeril, he drove to my office. I said buddy, you're not driving home. You've got to get an Uber or get your wife to pick you up. Well, he did drive home, because he was so out of it, he didn't listen to anything I said. And that is -- that's a crime. These medicines shouldn't really be given to people, if they're going to be active at all. And most of the time, they don't work, anyway.

Elise: Right.

Dr. Darrow: They're not going to fix anything.

Elise: Right. They didn't help.

Dr. Darrow: So my type of medicine is to help regenerate tissue and fix people. I work on neck arthritis every single day of the week, arthritis all over the body, and what we do is we stimulate the tissue to regrow and stabilize that joint.

Now, your neck has joints in it. Your whole spine has joints in it, just like your hip joint, or your elbow joint, or your shoulder joint, or your toe joint, whatever it is. So it's not really much different, it's just a different type of a joint.

So can you do PT, physical therapy? Sure, you can do that. And that may be the answer for you. That may be all you need. You may need some strengthening of the muscles to stabilize the spine. I use regenerative medicine in my practice of stem cells and PRP, platelet-rich-plasma to regrow the ligaments and thicken that up, to stabilize it. And that's a really simple procedure. You walk in and get your blood drawn, get your bone marrow taken and whatever you want to do. And then injection goes on, and then you walk out. You know typically the worse --

Elise: I had that. The PR -- just to interrupt, I had PRP for tendonitis of an elbow.

Dr. Darrow: Oh good.

Elise: And it literally did not do anything, and we're talking 12 years ago, 13, it was in its infancy. And it didn't help.

Dr. Darrow: Okay. How many times did you have it done, Elise?

Elise: Just once.

Dr. Darrow: Okay, well that did work. It's just you didn't get the results that you expected, and I'm going to explain that to you. Every time we inject with platelets or PRP, or stem cells, there is healing that takes place. We know that by doing biopsies of the areas or doing x-rays and watching something to watch tissue growth. So we know that tissue grows.

Now many orthopedic surgeons will tell their patients it doesn't work. You know, it didn't work. I tried it on you once. But PRP or stem cells is not something that you have the expectation of doing it one time and healing. And I've injected many, many parts of my body.

I've done both my knees, both my shoulders, both my elbows, my right wrist. I've other people do my neck and back, okay. Sometimes one treatment that I give myself will heal me, okay. Sometimes it takes many treatments to heal me, because if you think about it, if there's instability somewhere, a tendonitis, a tear, who knows what, it doesn't matter. How do you know that one treatment is going to grow enough tissue? Do you get the gist of what I'm saying, Elise?

Elise: Yes. No, no, I definitely understand it. And he didn't even recommend a second treatment.

Dr. Darrow: Okay. Well, he's not a guy who really is a regenerative medicine doctor, then.

Elise: Correct, he wasn't. He was an orthopedic surgeon, yes, you're correct.

Dr. Darrow: And that is the unfortunate thing. Orthopedic surgeons are giving regenerative medicine a terrible name, because number one, they do not believe in it. And number two, when they do it they don't do enough injections at one time. So as an example, I had a patient come in with a hematoma on their left elbow for lateral epicondylitis or tennis elbow.

Hematoma means a collection of blood that clots inside the body. And there was a big lump on the elbow, and I said where did that orthopedic surgeon inject, and the person told me. I said how many pokes? And the person said one poke. And so there was you know, six ccs of solution that was dumped into one area and it clotted up.

Well, that's not the way you inject an elbow. I use a teeny, little needle and I do multiple pokes with a drop in every spot to regrow that entire extensor tendon, do you understand the difference?

Elise: Yes. And you know what you're doing, and the orthopedic surgeons tend not to. They're not the experts on this.

Dr. Darrow: Well, it's not what they do. They're experts on surgery.

Elise: Right, correct.

Dr. Darrow: You're not going to ask me to do surgery on you.

Elise: No.

Dr. Darrow: So why are you going to ask them to do PRP or stem cells?

Elise: He actually offered it to me.

Dr. Darrow: I get that. But why would let an orthopedic surgeon do something that's not what they do?

Elise: Well, he was kind of a renown surgeon.

Dr. Darrow: I know, but you understand what I'm saying.

Elise: Yes, yes. I understand.

Dr. Darrow: And this is something you do with every doctor you go see. And I don't care if they're an internist. I don't care if they're a kidney doctor. I don't care if they're a neurologist, you go to the guy who does the most, the guy or the girl who does the most of that thing. Not somebody who dapples in it. Because the person who does the most, has seen every possible thing. Every kind of side effect, they know how to do it the best. They've seen -- they've tried every way to do it.

Elise: So what would you suggest I do, being that you're 3,000 miles away.

Dr. Darrow: Fly me out to take care of you. I'd love to come see New York.

Elise: Fly you out -- okay.

Nita: Or you come here, Elise. You take a vacation.

Dr. Darrow: Yeah. We actually -- we actually Elist have people come from all over the world, and they love -- you know, they're stay down at the beach or something and enjoy themselves while they're treated.

I have one gentleman from Georgia fly up here, south Georgia. He had four stem cell treatments on his knees in one week. And he completely healed up. He had very advanced arthritis. And so you

know it depends on the patient what I'm going to do. Typically, I will treat a patient once every couple weeks. They'll come back in, and I'll see what's going on with them. And see if they want to treat again, if they're not better. But everybody heals differently, and everybody treats themselves differently. And one of the biggest failures with PRP or stem cells, you know, what we call regenerative medicine today. The biggest failure rate is from people that are too active. They just won't give the tissue a chance to heal, and they keep beating it up again. So there's a lot of reasons why it won't work.

Number one, is a bad doc, someone who doesn't know what they're doing. Number two, is they don't use ultrasound when an ultrasound is needed to look in the body. And there's areas I don't use an ultrasound, I don't need to. There's areas that I have to use an ultrasound. If I'm going to inject a hip joint, or let's say shoulder joint, something like that, knee joint, you've got to use an ultrasound to get into that teeny, little spot. It's a micro-millimeter big, and I was trained to do it blind. We were all trained in the beginning to do it blind, that means without an ultrasound. And then the results didn't come out that good. And they were wondering how come it does work all the time, because we weren't putting the solution into the correct spot.

Elise: Right. So I understand what you're saying, because I had an injection of cortisone actually in a toe that I had -- that just I was suffering for years, and they did it with ultrasound as the guide, and he was able to inject the steroid right into the joint. So I've had it both ways, with and without guidance. But that wasn't my neck, this was a toe years ago.

Dr. Darrow: Yeah. Now let me give you my opinion of cortisone. It sucks. And the reason is because the cortisone is a very powerful anti-inflammatory, you know, it's like taking an aspirin by mouth, but instead putting all that good anti-inflammatory into a solution and injecting it. And it is stronger than anti-inflammatory by mouth, there's no question.

But the problem is this, Elise. It destroys the cartilage. So people -- I've had people come in who have had 10 or 15 cortisone injections in a tendon or a joint, and that area is destroyed. Doing it once probably --

Elise: I'm sorry, what were you saying?

Dr. Darrow: Probably doing it one time isn't going to be terrible, but I don't like to do that, because it typically comes back, the pain comes back.

Elise: Right. They limit you.

Dr. Darrow: I know. But look it's -- I'm entitled to my opinion.

Elise: Yes.

Dr. Darrow: And they're entitled to their opinion, and my opinion is don't do it. Their opinion is do it, try it out. See if it will work forever. My experience is people come in to see me that have endless cortisone shots and it didn't work.

Elise: Right. They don't. I've had where it's done nothing. So yes, and a lot of doctors will give you three a year, but I mean --

Dr. Darrow: Yeah, I don't like that. And I'll tell you a reason -- I'll tell you what happened. Just about a week ago, a woman came in with arthritis on her hip, and it was kind of crazy, because she had full range of motion of the hip, which you wouldn't expect with advanced arthritis and then -- and she asked me, do you think it is going to get worse? And I said probably not. And she said, well it got worse in the last year.

And I said well what do you mean, did it feel worse? She said no, it feels good, but she showed me an old x-ray. The old x-ray looked good. A year later, the x-ray looked terrible, there was hardly any cartilage in that hip joint. And I said you did something to it. She said I didn't do anything to it. She said I got a steroid shot; you know a cortisone shot every three months though. And I said there it is. You have your evidence of what cortisone does. You have a before and after MRI -- it wasn't an MRI, it was an x-ray, I think it was. An x-ray one year later showing so much destruction which she -- she wasn't using her hip terribly. She wasn't out skiing every day or something that could have done it. She didn't have any injuries. It's just the cortisone destroyed the cartilage. So be careful.

I wouldn't put that stuff in your body.

Elise: Oh, no, I'm not looking to get an injection in my neck, and I haven't had cortisone in probably nine years. So but just getting back to my neck, short of flying out to LA, is there anything you could recommend that I see anyone in New York, who might be able to help me.

Dr. Darrow: You'd have to go to Google. I don't really know people that I trust there.

Elise: Okay. Because I'm right outside of New York City.

Dr. Darrow: What I would say is this. If you find someone that does regenerative medicine, be right in their face. New York people know how to get the truth out of people and say this. How many necks have you done today? How many necks have you injected with PRP or stem cells today? And if they none. Say how many did you do yesterday? And if they say none. How many have you done last week?

And if they're not doing this all the time, daily, go find somebody else.

Elise: I hear you. That's excellent advice. I appreciate that.

Dr. Darrow: And it doesn't matter what doctor you go see.

Elise: Right.

Dr. Darrow: Go to someone who knows what they're doing, who has tons of experience.

Elise: Okay. Well I wish I was closer. If I -- let's say I would come to you, it would be more than one session, right? Because you did say --

Dr. Darrow: I have no idea even if you're a good patient for me. I have to touch it.

Elise: Right, okay. All right. Okay, thank you so much.

Dr. Darrow: Thank you. It's a pleasure talking to you. You're a very smart woman. I love New Yorker's because they -- I don't know, they seem very, very erudite, I love that word.

Elise: Thank you. Just a quick question.

Dr. Darrow: Yeah.

Elise: In your opinion do you think it pays to try PT? Or do you think it's usually a total waste? I'm not going to hold you to it. I'm just -- I would respect your opinion immensely?

Dr. Darrow: I don't have an answer for you on that one. I don't want the physical therapist getting mad at me.

Elise: Okay. So I can read between the lines, okay. I appreciate it. Thank you so much. I might give you a call back just to tell you what has happened.

Dr. Darrow: Sure. I will tell you when I think physical therapy is amazing. If you have a frozen shoulder, and you don't know how to stretch it, if

you're falling down and you're catching your toe, and you don't know how to fall the right way, things like that, I think physical therapy is amazing.

They can teach gait training, so if you fall, you learn how to roll instead of falling flat on your face and break your face. Yeah, that's important. If you have a stroke, and you can't walk, or use a limb, I think that physical therapy or occupational therapy is amazing.

I haven't found that much success for a lot of other things, but I always say this to people. If you like it, go do it.

Elise: Okay. I might just give it a go for a month, and just see what happens, and then onto the next thing. I'm going to look into the regenerative medicine, because we the top teaching hospitals in New York City.

Dr. Darrow: Well, unfortunately most doctors and most hospitals don't teach regenerative medicine. God bless you, Elise. I'm looking forward to you coming to visit, take a vacation and come see me. I love you.

Nita: Thanks, Elise. So sorry, we are out of time. Thank you, Dr. Darrow. Thank you, Alex, Suzette and all the callers and listeners. And remember to join us next time, and remember to hear The Pet Show, 11:00 to 1:00 with our pal, Warren Eckstein every Saturday. I'm your host, Nita Vallens. Thanks for listening and we'll see you next time.