

Living Pain Free 3/06/21 10:00 a.m.

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

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

Nita: Hi there, Dr. Darrow.

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

Nita: I'm great, and yourself?

Dr. Darrow: You know me, I'm living it up.

Nita: Yay. Well, I always say this, but it's really true for both of us, that we do want our listeners to live it up too. And this program is about musculoskeletal pain, which means muscle pain, joint pain, tendon pain, ligament pain, disk pain, back, neck, knee pain, hip pain, arthritis pain, and so much more. And we know that 30 to 40 percent of Americans are in chronic pain.

So, you are probably one of them. So, give us a call during the hour at 866-870-5752 right here in the studio. And you get to talk to Dr. Darrow directly and see if you can make some headway about your pain, or even find out what's going on. And when you phone the program today, you get Dr. Darrow's latest book for free, Stem Cell and Platelet Therapy, subtitled Regenerate, Don't Operate.

And Dr. Darrow will talk to you about what that means in a minute or two. But I also want to tell you that we are Saturdays at 10:00 a.m., again at 1:00 p.m. And check out Dr. Darrow's website at www.lastemcells.com that's www.lastemcells.com. You can email him off of every page on the site, and watch him performing the treatments on videos, very, very educational.

And the book has 264 scientific studies. So, if you're looking for research, this is the book for you on this topic. And also, our number again right here in the studio is 866-870-5752. Give us a call right now, I have lines open for you. And if you've been listening for a while, and you want to just call the office and make an appointment or get very personalized information, someone is

answering all the time at 800-300-9300, that's 800-300-9300.
What do you think?

Dr. Darrow: Excellent. May I go to a question right away?

Nita: Sure.

Dr. Darrow: All right, I like to take orders from you. You always know the right way to do it. So, this one -- this one is about a knee, and by the way, when you go to my website which is www.lastemcells.com every single page there has a spot where you can email me. I prefer if you call in, you can talk live to the studio, but you can always go to the website, and I have a slew of questions that come in all day, all night. And I answer them all the time in between patients. When I wake up in the morning, when I get home after dinner until about midnight.

This one says knee. Let's see what it says here. I'm a skateboarder, interested in getting stem cells in my right knee. That's a common malady. Skateboarders have a lot of knee problems, and we have several in our practice. We get all sports. Skateboarding seems like it may not be something that you see a lot of, but it's not like basketball or baseball, or golf that that many people play in. But there are a lot of people that do it.

And the thing is they get hurt pretty bad. If you've ever watched someone skateboarding you know at a high level, they are flying through the air and landing on concrete. We get a lot of ACL ruptures, people that rip the anterior cruciate ligament in the knee. And what I do for those is if they come in urgently, I'll drain out the blood. I've got an ultrasound in the office, actually I have three of them, we wheel them around from room to room, to look inside of joints. And the knee is very, very particular to where you put a needle.

So, if you've ever been getting injections in your knees with steroids, you know cortisone, or hyaluronic acid, and the person didn't use an ultrasound, the research shows that the doctor misses the joint about a third of the time. So, the solution is going into the soft tissue. And if hyaluronic acid is put in, that can blow up the knee, and facilitate the need for a surgery to clean it out, an incision and drainage.

So, that's something to be very careful about. I don't like to use either steroids or hyaluronic acid, because it doesn't do the job. I want to do the job. The job is to regenerate the tissue, grow it back. We stimulate the body to heal itself. It's a natural way of medicine,

it's called regenerative medicine. We use platelets and stem cells from the person's own body, very simple procedure.

If you're getting platelets alone, we just take a blood draw, like you go to your doctor and get your labs drawn, the same thing. It takes a second, and we then spin it in a centrifuge, and we throw away the red cells, especially for a knee, red cells are very caustic. They will inflame the synovium, which are the three layers of cells around the knee joint, called the capsule. And they'll blow that knee up like a balloon.

So, we take the red cells out. The same thing with bone marrow. We get the bone marrow, you lay face down, we inject the back of the pelvis with some lidocaine and numb it up. And then we put a needle in, it takes about three seconds to get the needle in, and then to aspirate out the bone marrow, it takes about oh anywhere from like 10 seconds or so to get that out. And then we can spin that and then inject that right away also.

So, this person with the knee problem, I don't know what the issue is. He doesn't say if he had an MRI, or if a doctor examined it, but the primary thing skateboarders get are ACL ruptures, they get medial and lateral collateral ligament tears. Often they get arthritis too, because that knee gets pushed in positions that it doesn't like at all. And we can help all of those issues.

I need to actually touch a person's body in the area that needs to be examined and find out where the pain is being generated from, that's the big key in healing a person. I like to look at MRIs and x-rays, but they don't give me the answer of where the pain is being generated from.

So, a lot of surgeries are done based on an MRI, and that to me is not great medicine. Most patients that come in with failed surgeries, that means they had a surgery and they got worse, or it didn't work, when I ask if they -- if their surgeon touched the area to find out where the pain was coming from, they say no. They just looked at the MRI. They showed it to me, or the x-ray, they showed it to me, and I saw where the problem was. But that's not necessarily the problem.

You can have very advanced arthritis that shows up let's say on an x-ray, but you don't have to have pain from that. I know, that's a mind-bender, but that's what this book is all about, Stem Cell and Platelet Therapy, Regenerate, Don't Operate. There's a lot of studies here that show that it doesn't do any good to just get an imaging. You've got to actually touch the body, because the images can lie. I like to get them, but they can be big liars too.

And MRIs are overly sensitive. They will show things that aren't really there. Boy, I'm really talking a lot, Nita. I'm going to give out the phone number, so people can talk to me.

Nita: All right.

Dr. Darrow: The phone number to the studio is 866-870-5752, I'm going to repeat it so you can write it down. It's 866-870-5752. And to call the office and there are people by the phones you can talk to for details about all this. The phone number to the office is 800-300-9300, that's 800-300-9300. And I would love to talk to you right now at the studio, 866-870-5752.

And sometimes people wait until the end of the show, they're always waiting for that first person to call in. Why don't you be the first person to call in? Because if everybody wait until the end of the show, we don't get a chance to talk to anybody. It's too late. So, I'd love to hear from you now. You can throw any kind of questions about musculoskeletal medicine to me and try to stump me.

Nita: Oh, how fun.

Dr. Darrow: I like to be stumped -- I know.

Nita: It like it, yes.

Dr. Darrow: I like to -- I like to stretch my brain out a little bit and a lot of times callers teach me things. And when they're doing that, they're teaching everybody else listening to thousands of people that listen to the show. They're also learning from this dialogue that we have.

Nita: Absolutely.

Dr. Darrow: Yeah, we have some callers coming in, but not yet. So, anyway the skateboarder, there's a good chance I can heal your knee. And I can't tell you, until I see it, obviously, and touch it and know what is going on.

So, I'm going to take another question here on a shoulder. I inject all over the body with stem cells and platelets. The bottom of the feet, top of the head, neck, back, shoulders, elbows, wrists, fingers, things for arthritis, rotator cuff tears, meniscal tears in the knees, hips, labral tears, knees all kinds of issues. We get a lot of people that have runner's knee. We get people with plantar fasciitis; you know the bottom of the foot get sore from being stretched out.

And I'm going to go to Paul right now who has pain in his feet. Hey Paul from Huntington Beach, this is Dr. Marc Darrow. How are you today?

Paul: Well, I'm doing pretty good for 96 years old.

Nita: Wow.

Dr. Darrow: You know you only sound like you're 95.

Nita: I was going to say 75.

Paul: Wow, that's nice.

Dr. Darrow: You've got a pretty young voice, so you're doing great, man. How long have your feet bothered you for?

Paul: Well, I'm very optimistic. I never give up.

Dr. Darrow: Good, good. I'm the same as you. So, how long have your feet hurt you for?

Paul: Well, I was a runner. And I ran a lot of miles, and that's -- you know that's been -- I haven't run in oh well, since oh at least 30 years I guess. But the question is, I have neuropathy. My wife has the neuropathy, she wasn't a runner. My dad had neuropathy; he wasn't a runner. So, did the running make that much difference?

Dr. Darrow: Well, I don't think so. Anything's possible. But typically neuropathy is a nerve disorder, and the two major reasons are from alcohol abuse, or from diabetes. You know I'm not going to even ask you on the radio whether you were an alcohol drinker, I don't want to embarrass you.

Paul: Oh, no. No alcohol.

Dr. Darrow: Okay, good.

Paul: No -- I was going to say, no coffee, no smoking, I gave up alcoholic beverages at 23 years old, how's that.

Dr. Darrow: Okay, that's good. So, let's talk about diabetes. A lot of people that come in to see me are overweight. Almost everybody is overweight who comes to see me, and I put them on a ketogenic diet, the old paleolithic diet, same thing. You know protein, vegetables and water. And cutting out the carbs of grain, and dairy, and fruit and alcohol and sugar. And when they come in and they have a little tummy, I say it looks like you have diabetes, and they go no, my labs were checked by my doctor, and I don't have diabetes. And I go

well, then you've got pre-diabetes. And they go yeah, I've got pre-diabetes. And to me pre-diabetes is the same thing as diabetes, it means you're eating too many carbs. And when that happens, the nerves, they gather sugar into them, from the bloodstream. And then they expand. Sugar is an osmotic agent. And then from that, the sugar expansion with the fluid will actually kill the nerves. It starts down in the feet, and sometimes in the fingers, and climbs from there.

So, I don't -- I don't know what your weight is, and I don't know what your weight was, but that's a major cause. There are other reasons for neuropathy, because so many people in your family had, it could be a hereditary thing. There are hereditary neuropathies. And most neuropathies are what we call idiopathic. That means doctors don't know why. That doesn't mean there isn't a reason. It's just doctors don't know why, so they call it idiopathic.

So, I would have to check your feet. There is a blood test we do in our office called Spectra Cell. And it checks for vitamins, minerals, amino acids and all kinds of nutrients that can be low in your blood, and sometimes you know being low in B12 or B6, or something like that can cause neuropathies too. So, I'd have to check you out, if you can get over the office, the phone number there is 800-300-9300. I'm across the Freeway from UCLA on Wilshire Boulevard, in West LA. And I'd love to see you. I'd love to see a guy who's 96 who sounds as great as you do, Paul, because I'm going in the same direction you are, and we're going in the same direction. And I love to meet people that are very young at heart like you are, who are what we call elderly. I don't know what elderly means anymore, because I have 100-year-old people that come in, that seem like they're 25 years old. But again, on the opposite, I have people that are 25, that seem like they're 150. So, I don't know what age means anymore. We're in a new era. And things are changing. And I just want to say God bless you, Paul for calling in. And I hope to see you some day, thank you.

Nita: Thanks for your call.

Paul: Yeah, okay, well it will be a little while. I'm in a retirement home right now, but it's not working out, so I'm going to go home again. I thought I was going to get better, you know I'm getting pretty good service, but the noise is terrible. Okay. Well, I'll get back to you on the...

Nita: Thank you, Paul.

Dr. Darrow: All right, thank you so much, yeah, I appreciate your call, thank you.

Nita: Our number is 866-870-5752 right here in the studio, give us a call, you can speak with Dr. Darrow. I have lines open for you. Check out the website at www.lastemcells.com that's www.lastemcells.com.

Dr. Darrow: May I?

Nita: I just was going to mention the free book that you give out.

Dr. Darrow: Yeah. The book is called Stem Cell and Platelet Therapy, Regenerate, Don't Operate. I'm showing it to the camera right now, and there's a foreword by Suzanne Somers, who is one of my best buddies. And she and her family I have worked on for many, many years using platelets and stem cells. And we've had very good luck with them. And she actually wrote a book which is called A New Way to Age, and it's one of the books she wrote, that has a chapter on me, and this one, which is her most recent is an interview with on page 302, I'm showing this to the camera. And it's about a 19-page chapter, I think it is, on all about regenerative medicine and stem cells and platelet therapy, and how that can help you.

Also, in the office we do the same procedure that I do on the musculoskeletal system on the face. We can do Vampire Facelifts with platelets and/or stem cells, and regrow the collagen in the face, and make a person look younger, feel younger, it's a very quick procedure, it's painless.

And we can also stimulate hair on the top of the head using these procedures, stimulate hair to grow back. So, we have a lot of cool things in the office. I'm checking to see; we do have a caller here.

Nita: Yes, how about -- let's go to Rachel...

Dr. Darrow: It doesn't have the name.

Nita: Actually, I saw the name, it's Rachel, so let's see if we can pick her up.

Dr. Darrow: Rachel, are you there?

Nita: Hmm, I can't pick her up yet, okay.

Dr. Darrow: Did you see what the question -- oh here it is.

Nita: There it is.

Dr. Darrow: Yes, shoulder, hip, right knee and foot, oh boy. Rachel, how are you today? Dr. Marc Darrow.

Rachel: Oh, I'm great -- well, I could be better. I have been trying for a month to get to you. I was in a -- can I talk to you now, is it okay?

Dr. Darrow: Yeah, we're -- we're loving you, go ahead.

Rachel: Cool. I was in a car accident, and in the process of -- a year ago, and I thought it was going to get better. It got worse. Due to COVID, I did not have any operation, thank the Lord, I heard about you. I had two friends that had tremendous success with what you have done, and so I don't know if it's even worth -- but I want to try.

Number one, the car accident, my car was completely off -- and I was in a car that was stopped. I was rear-ended. And in the process, my right leg, my right hip, they said I have a small crack -- forgive me, I don't know the technical term, the right knee apparently there is a torn meniscus.

And recently, after a year and a half later, now my right foot is -- the toes are paralyzed, the middle toe.

Dr. Darrow: Okay.

Rachel: And I don't know if you could -- would the knee, would be something you could do? I don't know exactly where to begin, but the foot, the knee, everything on the right side is kind of out of whack.

Dr. Darrow: Sure. I'm so sorry to hear that. I hope you're feeling better from your car accident, that's terrible.

Rachel: Yeah, I was lucky to...

Dr. Darrow: It sounds like from what you said, your hip has what we call a labral tear...

Rachel: I think so, yes, sir.

Dr. Darrow: And the labrum is -- yeah, the labrum is a Latin word, lip it means. And what it means is the -- there is some fibrocartilage that surrounds the femur to hold it into the acetabulum, which is the hip joint.

Rachel: Yes.

Dr. Darrow: And there's often tears in that surface, but they don't often cause pain. And surgeries for them usually fail, so be careful about that. We usually heal them up and the pain in the hip by using platelets and/or stem cells from your body. So, that's something to consider. I have to examine you first, and I would look with the ultrasound to

see what that labral tear looks like. The nice thing about the ultrasound, it's live. I have them in all the rooms, so I can just take a look immediately when you come in the office, and I can look at your knee also, and see what's going on. See if you have fluid in there. The foot with the numbness and the toe, I'm not sure about. We have to touch that also, and examine you, but there is good hope from what you're telling me. Are you able to walk around now?

Rachel: Oh yeah. It's been a year. It happened a year ago December, but I didn't want to do anything because of COVID, because of the fear of surgery and infection.

Dr. Darrow: Okay, yeah. Well, thank God -- I mean you know that's great.

Rachel: I've had both my shots of my vaccine, yeah.

Dr. Darrow: COVID has saved so many people from having needless surgeries, and I have to always say this as a caveat with the show. I love surgeons, and to be honest, I love surgery, I have to be honest with you. I love -- I used to do it when I was in my training, and I got as many rotations as I could in orthopedic surgery, because that was my path, and I just loved it. It's really a fun thing, it's a real male sports kind of an activity as a doctor. And the problem is I don't like the outcomes of the surgeries.

So, I switched horses midstream, and I got out of surgery, and I went into what's called physical medicine and rehabilitation where we actually rejuvenate the body. So, regenerative medicine is what I do instead of cutting tissue out. Now, all that being said, I love the surgeons. I never say a bad word about surgeons. I just say bad words about the surgeries, because way too many surgeries are being done, that should not be done. People come out worse. I'd say the batting average that I've seen is about 50 percent. That's not worth it.

Rachel: That's...

Dr. Darrow: Yeah, people come out of surgery worse than they came in very often. And again, this is not a statement against the surgeons. It's what they grew up in when I was growing up in the surgical culture, I thought surgery was the only thing that can heal. There is a need for surgery, if you break a bone, go get to the surgeon, you know if you have things like that. If you have a cancer get to the surgeon, but for most of these musculoskeletal disorders, you know meniscal tears, ACL ruptures, you know shoulder issues with rotator cuff tears, labral tears, I personally don't think surgery is the proper option. And I'm sorry I feel that way. I'm sorry if surgeons are listening, it's not against you guys. I think you have a great thing

that you do for people. But I don't think these type of surgeries should be done. I see terrible results. Sometimes people get them done, and they feel better and then a year or two later, or three or four, they're worse off than they were before, because there's less tissue to support the joint or other area.

So, Rachel, I think there's good hope for you healing up, but I do need to see you. If you want the phone number to the office, it's 800-300-9300, I'm going to repeat it for you folks while you write it down, it's 800-300-9300. And I'd like to get onto Thomas now, Rachel. So, God bless you, thank you so much for calling, and Nita, anything to say before we take Thomas?

Nita: Yes, I just want to give the phone number out, because I have lines open for you at 866-870-5752, right here in the studio, speak directly with Dr. Darrow. And we have Thomas in Redlands.

Dr. Darrow: Thomas, I understand you have -- I understand you have feet.

Thomas: I have two of them, right.

Nita: That's a good start.

Dr. Darrow: Well, why don't you FedEx them over, and I'll take a look at them.

Thomas: That's a good idea, probably happen in a few years, you never know.

Dr. Darrow: So, tell us your story. What's going on for you, Thomas?

Thomas: Well, I'm pretty sure it's neuropathy, but I -- I'm a veteran and I was at the Veteran's Hospital going through some tests about a year and a half ago. And they did a lot of nerve testing, and basically the doctor didn't want to get into a lot of description other than say you have some nerve problems your feet. Your doctor is [inaudible] Arizona can talk to you about it. So, going back there, and I was in really good condition, I didn't feel any threat of falling over and things like that. But I think progressively it's gotten worse.

And my stability isn't there like it used to be, and that bothers me obviously. I'm not -- well, probably maybe a month ago, I was...

Dr. Darrow: Thomas, would you please hang with us. We're going to go to a break.

Nita: Yeah, stay with us, Thomas.

Dr. Darrow: Yeah, stay with us, don't give up. For those of you that want to call us, the phone number to the studio is 866-870-5752, I want to talk to you.

Nita: You're listening to Living Pain Free with Dr. Marc Darrow. We'll be right back after these messages.

[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 in the studio at 866-870-5752. Give us a call, talk to Dr. Darrow, and get your free book, Stem Cell and Platelet Therapy, Regenerate, Don't Operate. And right now we're speaking with Thomas in Redlands.

Dr. Darrow: Hey Thomas, Dr. Marc Darrow, give me just a moment here to introduce the second half of the show. The work that I do is called regenerative medicine, we use platelets from the blood, and we use stem cells from the bone marrow, to heal the body, to regenerate tissue. So, it works from the top of the head, with headaches down the neck, back, hips, shoulders, elbows, wrists, fingers, and on down to the hips and the knees, and muscle tears and we get a lot of hamstring tears, believe it or not, and ankles, toes, feet, plantar fasciitis. You mentioned that you've got foot pain, and sometimes people think they have a neuropathy, or a Morton's neuroma which is not something that is really a neurological issue.

And I don't know if you're like that or not. I won't know unless you want to come into the office, and the number there if you want to call into the office is 800-300-9300, that's 800-300-9300. You can come on in. I have to touch the area to see what going on. If someone has told you, you have a Morton's neuroma, then that's something I usually can fix. I think it's typically not a Morton's neuroma, but more of what we call a metatarsalgia and those are the bones of the bottom of the feet that can get bumped around and the tissue can thin out a little bit sometimes, and those are things that I can usually heal using platelets or platelets and stem cells.

So, I would have to touch the area where you're saying you're having a neuropathy, and see what's going on, Thomas, and see if I can help you or not. On the radio, I can't tell you anything. I'm not psychic yet. I have a crystal ball, but like I tell everybody, it doesn't work.

Nita: I thought you broke it.

Dr. Darrow: No, I have it.

Nita: Oh, okay.

Dr. Darrow: So anything else, you want to add to that, Thomas, any other information or other part of your body that bothers you.

Thomas: Well, most of my body bothers me.

Nita: Oh no.

Dr. Darrow: Oh.

Thomas: No, I'm being facetious. What's scary to me, since I'm semi-retired, I'm driving for Uber part-time, delivering some of their food items. I walked last week, I walked up stepped up over the curb and totally lost it. My feet just went out from under me. I lost it totally and I crashed down on the...

Dr. Darrow: Yeah, I'm sorry -- I'm sorry to hear that. But there could be other things beside a neuropathy causing that, and I would have to, like I say, I have to examine you. So, we got other people waiting, Thomas, and I appreciate your call so much. God bless you and thank you and good luck with your healing.

Nita: Okay, we're going to Charles in Los Angeles.

Dr. Darrow: Charles, your left knee bothers you. How are you today?

Charles: How's everything with you guys there? Hopefully, everything is well.

Dr. Darrow: Thank you.

Charles: Doc, so I want to kind of touch base kind of quick. I've had some surgeries on my left knee, the first one was from a meniscus tear which was fixed and repaired. And the second one was a micro-fracture. That came on a couple of years after the meniscus surgery, I had a micro-fracture I guess on my knee and they went in, tried to repair it. I trying to say, tried to repair it, let's just say that they repaired it. The point is, doc, that the -- I've had issues. I've always had issues after the surgeries. I still have -- the main issue is that I go on spurts of about two to three months, where my knee just -- it is unbelievably, it just hurts.

Dr. Darrow: I'm so sorry to hear that. It's terrible.

Charles: The part where it aches the most is if you imagine my left knee, it's probably center to the right, and that's where I have the little issue that...

Dr. Darrow: Okay. So, the middle, the middle part of the knee, where the knees would touch together if you were laying in bed.

Charles: Yes, the middle, so yeah we're looking at the middle of the knee it's going to be a little bit say to like the right side of the knee.

Dr. Darrow: Yes, so let's me explain something. The middle -- in medical terms, middle we use the term medial, and the outside of the knee is call lateral, and in that medial area, you have the meniscus, between the bones. And I could touch that and look with the ultrasound, and I could tell you what's going on there. There's also the medial collateral ligament there. And it sounds like from your surgeries, when you say they repaired the meniscus, they probably took out part of it. That's typically what happens.

Back in the day, they used to -- when someone injured their knee, they'd just take out the whole meniscus, they just gutted the knee. You know you'd see these giant scars.

Charles: Right. The only think I can tell you regarding the meniscus, was that they did -- it wasn't a -- it wasn't a complete tear. The only thing that I can tell you what the doctor told me was what they had to do was to shave it down.

Dr. Darrow: Right. So, you have less tissue there than you had before, which creates instability in that knee. So my job if you came to see me would be to grow back some of that tissue using your own body cells. It's called regenerative medicine. And probably in your case, I would want to jump straight to stem cells, mixed with platelets, because it's a stronger healing modality than just using platelets. It sounds like you got a lot of work to do on that knee, I'm sorry, Charles. I'm sorry you had those two surgeries, I'm not sure you needed either of them. And that's just the way it goes. It's water under the dam at this point, you got what you got, and we got to take you as you stand.

Charles. Like you said, there's not much you can do about it now, so the only thing I can do is just look forward. The only thing is I just -- you know I really don't want to go in and see somebody and say well you need a third surgery. The thing is now, I'm a pretty active person. I've always been an active person my whole life. And this has literally kind of shut me down completely, because if I start running my knee aches. And I suffer. And the other thing I'm also suffering from is my hamstrings ache pretty bad too.

Dr. Darrow: Okay. Well, I'd have to check you out, look with my ultrasound, look inside see what's going on. But there's good hope. Most people get better with regenerative medicine. Not everybody. The reasons people fail is typically because they refuse to follow my directions, and so we get athletes that come in every day, and we inject them, and then they come back in a couple weeks, and they go, it still hurts. And I go yeah, you didn't stop working out. You got to let the area heal. Pretend you had surgery. The nice thing about this, you walk in the office, you get an injection, and walk out. It's not like surgery where you're laid up or have risks of infection and body parts being removed and all that. This is pretty simple. It's just injections.

Charles: Okay, sounds good.

Dr. Darrow: So, I think there's good hope for you, Charles. I can't tell you a thing really until I inspect the area, and examine it, and move you and touch it, but most people get better. The other reason people don't get better is they refuse to do more than one treatment. They think -- I don't know where they make it up from. They think that if they get stem cells, it's the panacea for life, and they're going to live till a million years old, and their whole body is going to feel good. And it doesn't work like that. Stem cells and platelets are just...

Charles: Well, I just want a couple more. I don't want a million, that's too much for me. That's [inaudible], I'll try to set up an appointment and see if I can come and see you.

Dr. Darrow: All right, man. God bless you Charles, looking forward to seeing you. And the phone number to the office for those of you that want to call in, the office number is 800-300-9300, I'll repeat it, 800-300-9300. You can also get a hold of me through my website and watch tons of videos of me doing these procedures. The website is lastemcells.com, that's www.lastemcells.com. You can also email me from any page there. So, Nita, anything before we go to David?

Nita: I just want to give the phone number again, 866-870-5752, I have lines open for you right now. And we have David in North Hollywood.

Dr. Darrow: David, stick with me one second, this is Dr. Marc Darrow, I'm going to just talk about two things quick. We use the same cells on the face to regrow the collagen in the face and make people look a lot younger like they used to. And we can also stimulate hair follicles on the head. And in my book, Stem Cell and Platelet Therapy, which you're going to get for free for calling in David, there is a chapter on both of those.

So, David, your lower leg hurts, which leg?

David: My right leg.

Dr. Darrow: Okay, and which part of it hurts.

David: It's been diagnosed with venous stasis.

Dr. Darrow: Ah, okay. I don't deal with that at all.

David: What do you know about that? You don't do it.

Dr. Darrow: I know about it, but I don't fix it. It's not a musculoskeletal issue. It's a circulatory issue. Do you have varicose veins also?

David: I don't have neuropathy. I can walk for miles. It doesn't hurt me. It looks awful.

Dr. Darrow: Okay. Well, the looking awful is something you have to go to a surgeon probably, who can remove that vein, and that's not something I do.

David: Well, I have gone to a vein specialist in Encino. And they've done the procedure where they go in with the foam and they open up the vein, and like I say I don't have any pain, but it's -- and I've been told there's nothing you can do about the visual. It looks that way, nothing you can do about it. There are some laser treatments that can possibly change the color of it a little bit.

Dr. Darrow: Well, thank God, it's cosmetic. Thank God, it's cosmetic, David, because if you're in misery...

David: Well, it's cosmetic but nothing --

Dr. Darrow: Well, if it's just cosmetic, that's...

David: -- for venous stasis.

Dr. Darrow: There might be, but it's not something I do. There may be guys who inject stem cells IV, or into that vein or something, but it's not -- it's not something I do.

David: Okay. I'd like to ask you one other quick question about your special diet that you have. I'm very interested in that.

Dr. Darrow: It's not special. It's been around since the beginning of time. When people didn't have processed foods, they were on a ketogenic diet, or a paleolithic diet, that's just the way it was. There wasn't much

food around, and they ran after the food and killed it, or dug it up, that's all there was.

Today, we're all big and fat, and we have diabetes and heart disease because of the food we eat which is carbohydrates. So, rich people get these bad diseases.

David: Can I make an appointment to get the diet from you at your office?

Dr. Darrow: No, you don't need to, it's simple, just write this down, protein, vegetables and water. End of story.

David: Okay. All right, there's nothing special about it. All right. Thank you very much.

Dr. Darrow: Nope, it's easy. God bless you, David. I appreciate your call.

Nita: Thank you, David. Our number is 866-870-5752, right here in the studio, speak with Dr. Darrow. I have lines open for you, and you also get the free book today, Dr. Darrow's latest, it's Stem Cell and Platelet Therapy, Regenerate, Don't Operate. It has 264 scientific studies.

Do you want to go with a question while we wait for the callers to rack up?

Dr. Darrow: Yeah, yeah. So, this one that came in, actually came in last Saturday. It says shoulder dislocations. Hi, just heard you on the radio. Are you able to someone whose shoulder dislocates? The answer is yeah, baby, so far. You know I can't promise anything with the work I do. Regenerating the body is something that you know if it's pain, it's easy to gauge. You know the person comes back in a couple weeks after they have their injections of platelets or stem cells or both, and they tell me how they feel. Are they better? Are they worse?

And we have a gauge. But with dislocations of the shoulder, it's sometimes more complex. Sometimes I have people that come in that have very frequent shoulder dislocations. I had one girl who came in, whose shoulder actually dislocated every day of her life, at least once. And that's a very dangerous situation, because she can rip out the brachial plexus and lose all the power to her arm and hand.

We were able to help her. She hasn't had a shoulder dislocation since. For that type of a situation, I injected the shoulder joint, the labrum, the subdeltoid bursa, all of the rotator cuff tendons, and ligaments, and I tightened that thing up. So, she's fine. Every

shoulder dislocating patient I've had has told me they don't dislocate anymore, even the people that had surgery first where it didn't work, where the capsule was tightened up, who have come to me, have gotten better.

I don't like the surgery for the shoulder dislocations, because what they do is they tighten up the shoulder capsule and decrease the range of motion. So, I don't like that. I'd rather just tighten the whole shoulder up using regenerative medicine of platelets and stem cells and thicken up all of the ligaments and tendons around there to hold it back into place.

Sometimes surgery is necessary, and sometimes those surgeries fail. But the answer to the question, generically, is I've had very good luck with it over the years, and there's no promises. I can't promise anybody anything, and people get very mad at me. And they go you're not going to promise me anything? I go, no. What are the promises in life? Nita, tell us. What are the promises?

Nita: Death and taxes.

Dr. Darrow: Yeah, baby, that's it.

Nita: That's all there is.

Dr. Darrow: In medicine -- yeah, in medicine no one should be promising anything. We've got a very high percentage of success, much higher from what I've seen than surgeries, according to the research, but there's no promise. No doctor should promise anything to anybody. Another question for you?

Nita: That's true. It's all true, and if you want to call and talk to Dr. Darrow about any of the above -- not death and taxes though -- 866-870-5752, that's 866-870-5752, right here in the studio. I have lines open for you. Don't be shy.

Dr. Darrow: Nita, do you know I have a Masters in Taxation?

Nita: No way, really? Oh, I know you like nearly 20 years I never knew that. That's hilarious.

Dr. Darrow: Yeah. Well, I spent 22 years in college, and one of my degrees besides law and medicine is a Masters in Business Taxation at USC. I did it at night, it took me three years, while I was practicing law. So, yeah, I can talk about death and taxes. I've seen a lot of both of them.

Nita: Well, I stand corrected.

Dr. Darrow: Should I go to another question, while we're waiting for callers?

Nita: Yes.

Dr. Darrow: Okay. This one says thumb. Let's see what the person says, pain in right thumb for the past two months due to work. So, I get tons of patients with thumb pain. That's typically from overuse, postal workers, my God, they just blow their thumbs out with terrible arthritis, you know flipping letters all day. Guitar players, musicians, they get all kinds of arthritis in their hands and their thumbs. So, we treat all of that. That's very simple to do.

We use a teeny little needle, and we can spray the area with an icy solution so it does hurt, and -- because you know when you get into the distal areas of the body, that means far from the center of the body, there's a lot of little nerve endings and it's more sensitive, so the bottom of the feet, the toes, the hands and fingers are more sensitive than central areas of the body. So we use that spray, if you want to come in and get those injected. I use a 30-gauge needle, that's like an acupuncture needle, it's very thin with a small syringe, so I can push it through that small needle. And I treat -- I think I treat thumbs and hands almost every day of the week. It's a very, very common thing that people have. Tons of guitar players, my God. They hook their thumb over the top of the neck, and they stretch it out. So, yeah, it's something we can help pretty easily.

Anything before I go onto another question. Should we go onto John?

Nita: Let's go to John in Cyprus.

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

John: Dr. Darrow, I had a general question. And it's not -- it's something that -- in a specific part of the body, but just in general how the stem cells are extracted, or how you -- how they are obtained. I know that the platelets are from blood, and it's centrifuged, before injected back. But I wanted to know how the other one -- the stem cells are...

Dr. Darrow: Okay. So, let me ask you a question, John. You seem like you're already an intelligent guy, who's done some homework, which leads me to think you have some body pain. Do you?

John: Well, I do. You were just mentioning the thumb. Guitar players -- I'm not a guitar player, but I was using the mouse for a long time in the computer, and it does bother me. My thumb joint...

Dr. Darrow: Okay. You know for you it's very important...

John: I used my left hand, but then I messed my left hand up.

Dr. Darrow: Yeah. Is your thumb issue on your right hand or your left hand?

John: My left, because I was trying to save my right hand by using my left.

Dr. Darrow: That's right. So, here's what I did. I had an overuse syndrome in my right arm, I wrote two books back-to-back, it took me a few years, and I was on the computer any minute I wasn't injecting patients, day and night, weekends, you name it. And my right arm just kind of went dead. It just ached and was dead feeling. So, I started using the mouse in my left hand, and I would -- I would rub it on my face, I'd rub under my desk. I would get in different positions, and that's something you might consider doing. There is also different kinds of mouse balls and other things you can use. But we can also, like you said, how do we extract the stem cells that I would use on your thumb, if we used stem cells.

I like to go to what's called the PSIS, write it down, and look it up on Google. It's called the posterior superior iliac spine. It's right above the buttocks, and it's a thick part of the pelvis, that you can't miss. I put a needle in there, it takes me about three seconds, and then I aspirate out the bone marrow. And then we want to, we can spin it. Some areas of the body we have to spin it, like the knee. Other areas we don't. We just leave the red cells there. So, it just depends on what's going on. Does that answer your question?

John: Did you say PSIS?

Dr. Darrow: PSIS, posterior superior iliac spine.

John: Okay.

Dr. Darrow: The ilium if the pelvis. So, posterior means the back of the pelvis, superior means the top of the back of it. And it's a lump on the bone, that's very thick, and it's very rich in stem cells.

John: Okay. So, there's a number of places that you can actually produce those stem cells from right?

Dr. Darrow: Well, I don't produce them. The bones -- the long bones produce stem cells.

John: I mean -- I mean -- what I meant extract, extract from that...

Dr. Darrow: Oh, you could go into any bone and get stem cells, but this is an area that doesn't hurt, and it's plentiful, and it's easy to get, and it's safe.

John: Oh.

Dr. Darrow: Some doctors use a drill and go into the tibia, the leg bone. That's supposed to hurt like heck, and the quality of the stem cells is not supposed to be as good. Other guys go into the fat, and take umbilical stem cells, or stem cells around the belly, or the butt. I don't like doing that procedure, that was the first way I learned how to get stem cells. It's kind of a -- I'm going to use the word, gross procedure. A lot of doctors like to do it, because they think it's easier than going into the bone. I don't think it is. I can do it either way. But patients don't like have a 10-inch trocar jammed into their belly like a liposuction. They can get black and blue and sore for weeks. So, no, that's not something I do anymore. The procedure I do with bone marrow, it takes me, after the area is numbed up with some lidocaine, it takes me literally about 15 seconds to do the whole thing. There's nothing to it. We just put a little Band-Aid on it, and you walk out.

John: Oh, that's great. I do think...

Dr. Darrow: I've done about -- I've done about 5,000 of those. So, I kind of got it down.

John: Yeah, yeah, can you do it blindfolded?

Dr. Darrow: You know, I could, because I can do it by feel, but I never would. I mean I do it by feel really, but I use my eyes also.

John: All right, thank you Dr. Darrow. That's all I wanted to ask. And you answered my question. So, I thank you very much for that. Take care.

Dr. Darrow: All right, man. God bless you. Thank you very much.

Nita: Thank you. Okay. I bet you have a question.

Dr. Darrow: Oh my goodness, do I ever. Let's see which one should we go to today. I like this one, opioids, knees and back.

Nita: Oh, go for it.

Dr. Darrow: Any time it's about opioids, I'm super interested. Okay, let's see what it says. I am on opioids for many years for pain after knees replaced. Whoa, what does that tell you guys?

Nita: Wow.

Dr. Darrow: Knee replacements don't work all the time. I'd say they work maybe half the time, and then half the time people come in to see me, and they say, can you fix it? And I go, well, I can't -- I can't inject the metal, or the plastic, maybe if it's some of the ligaments around there, I can help you with. Be very careful about getting any replacements, I see failures all the time.

The thing about being on opioids after the knee replacements that's bad news. Because once you're on opioids, you up-regulate the pain receptors, and you have more pain. I know that sounds crazy, but that's the truth. So, be very careful not to start opioids. Opioids can be used for a day or two, to get you over the hump of an injury -- whoa that came out of nowhere.

Nita: Oh my goodness. Yeah, we're out of time, wow. Well, thank you Dr. Darrow.

Dr. Darrow: Go to the website. Yeah, go to the website, www.lastemcells.com you can watch me doing the procedures. You can phone me, call me at the office, 866-870-5752 -- no, that's this number, at the office, it's 800-300-9300. God bless you, Nita Vallens, and all your staff there. And we love you all.

Nita: Thank you.