

Living Pain Free 5/15/21 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: Well hi there, Dr. Darrow.

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

Nita: I'm great and yourself?

Dr. Darrow: I'm always living it up. I hope you are too. I hope everybody is.

Nita: Absolutely, yes. I learned it from you, actually.

Dr. Darrow: It's a choice.

Nita: And I brought jokes today, so later on, if you need a laugh, we got one for you. But in the meantime, I want to let you know what the program is all about. We talk about orthopedic pain here, which is musculoskeletal pain, it means pain in your joints, tendons, ligaments, disks, back pain, neck pain, perhaps you have knee pain, hip pain, arthritis pain. Perhaps you have carpal tunnel, or think you do, tendonitis, stiff joints, basically dull aches. If you think it has anything to do with orthopedics give us a call right here in the studio at 866-870-5752, you can speak directly to Dr. Darrow.

When you phone the program today, you get the latest book for free, Dr. Darrow's latest, Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies. We're here Saturdays at 10:00, again at 1:00 p.m. And check out the website at www.lastemcells.com that's www.lastemcells.com. You can email Dr. Darrow off of every page on the site and watch him performing the treatments on videos. What do you think?

Dr. Darrow: I think it's great and I don't know what the options are, unless you want to have surgery. I mean, who wants surgery anymore? That's old school.

Nita: Well, it's very invasive, yeah.

Dr. Darrow: So, I have a question here on knees, may I take it, have you done enough?

Nita: Let's do it. Knees.

Dr. Darrow: Okay. And I am -- yeah, and I'm looking for your calls, so I can talk to you and help you with your musculoskeletal pain, and the phone number to the studio is 866-870-5752 I would love to talk to you, and you can ask me questions about you know your neck, your back, your knees, your shoulders, your hips, your toes, your fingers, wrist, elbows, whatever hurts.

I've injected believe it not, I've self-injected most of those areas on myself. And over the years, I've been doing this work for -- since the late 90s, and because of sports injuries, I do a lot of sports, I do injure myself, and then I inject myself. So far, it's worked everywhere on my body. So, I'm very grateful to have learned about this, and not only do I get to help my patients, but I get to help myself.

All right, so this one comes in on knees. Okay, so this is an interesting one. Knees have had PRP in the past, hurting again. Now, living in West LA, used to hear Dr. Darrow on the radio. Thought he might be able to help me. Yeah, the fact that the PRP worked before, and that you've worn your knees out again, I think we'd be a good team together in getting your knees fixed up.

And then I wrote him, I emailed him back about this, and he wrote me the following. I have slight pain going up and down stairs, difficult to hike on rocky or other not stable surfaces. Well, this goes on and on, but what I wanted to say about this, is people ask me every day when they come in, new patients, is this going to last forever?

Well, your body is not going to last forever no matter what. So things do break down, and you can re-injure yourself, the tissue that is grown through regenerative medicine of platelets and stem cells can wear out again, by overuse. This guy appears to be an over-user like me. So, I've had -- you know intermittent shoulder issues, my right shoulder was injured, that was the first thing that I had a bad injury many, many, many years ago. And I've had three injuries in my shoulder. The first one was while I was in medical school. And then about 12 years -- it was good for 12 years. And then the next time I hurt it playing tennis, I like to serve really hard. And then that healed up again. The first time took one treatment. The second time took two treatments. And I can't remember the last time I hurt my shoulder was maybe like two or three years ago, and that took a few treatments.

Now, is that because the first treatment didn't work? No. The first treatment worked great. It's just that I use my shoulder very explosively in a lot of sports. So, there is no knowing how long a treatment will last you for, and it often takes more than one treatment to get you better. It's not something like a steroid shot or cortisone, where you know it's not going to last. Many people that have had these treatments done; the pain never comes back again. I don't know what never means, but so far it hasn't come back again.

But there is no guarantees in medicine with anything. Certainly, not with surgery. Half my patients that come in, the new patients that come in have already had a surgery that failed, and we'll probably get into some questions about failed surgeries, because it's very important that you understand that although surgery is very seductive, meaning that you think it's just going to fix it, and then you're done, that's not what happens to most people. It didn't happen to me. I had a surgery done on my right shoulder, which really started this thing off, back in medical school, 150 years ago, right, Nita? That's my joke for the day.

Nita: You don't even look old enough -- you still look 16.

Dr. Darrow: Well, I am 16. And that shoulder really jacked -- or that surgery really jacked my shoulder. I didn't blame my surgeon who was my boss at the time. We were doing orthopedic surgery in Hawaii at the time. And I was his student, and it just came out bad. And I know a lot of you folks who are listening to the radio right now, have had a surgery that didn't work out as I've mentioned on most shows. There are diagnostic codes with insurance companies, failed back surgery, failed shoulder surgery, meaning there are so many that fail, they have to have a diagnostic code for it. And that's not a good thing.

So, obviously, we want to in medicine be conservative, and regenerative medicine using platelets and stem cells is very conservative, and certainly surgery is very invasive on the other end of it. So, with these injections, you just come into the office, you walk in, you get injected, and you walk out, even if it's your ankle, or knee, or your hip, you still walk out. You can drive home; you don't need somebody to take you to the office.

So, how did you know I had a joke, Nita. Are you ready for it?

Nita: I'm ready.

Dr. Darrow: I'm going to stump you.

Nita: I'm ready. Go ahead, stump me.

Dr. Darrow: You ready? You're on your toes?

Nita: On my toes.

Dr. Darrow: Okay. What did the drummer call his twin daughters? Anna one, Anna two.

Nita: Okay. That's a good one. I have one for you.

Dr. Darrow: Okay.

Nita: What do you call a pencil with erasers at both ends?

Dr. Darrow: Oh, I know this one. What?

Nita: I'll give you a hint. It's what we say that if an elective surgery is not needed, and you have the surgery anyway, we say that was pointless.

Dr. Darrow: Oh, cute! All right. So, let's go to another question, and again I'm asking for your phone calls, if you want to speak to me, live right here, 866-870-5752, unfortunately, a lot of people are shy until the first caller, and then we get really stacked up with callers at the end of the show, and we can't get to you. So, the best time to talk to me, is right now, I'll repeat the number for you, it's 866-870-5752, 866-870-5752.

Also, if you are too shy to call, which I hope you're not, you can always get a hold of us at my office, and that phone number is 800-300-9300, that's hard to forget, 800-300-9300. So, I would love to talk to you.

So, let me go to another question here, let's see what we got going.

Nita: Well, you did knees, how about another body part, like maybe the back, back pain is very common, right?

Dr. Darrow: Back pain is very common. It's the most common thing actually. The most doctor visits in our country are for low back pain, believe it or not.

Nita: I have low back pain today.

Dr. Darrow: Come on in. Here's one. This says failed shoulder. Let's see what the person says.

Nita: Oh, good, a shoulder.

Dr. Darrow:

Yeah. Age, 62, occupation retired Union carpenter, 35 years. Well, that guy ought to have some shoulder pain of 30 years of pounded. Activities, oh competitive baseball and softball 35 years, water skiing, and high school sports that included varsity football and basketball.

My right shoulder has been surgically repaired in 2004. Full thickness tear of the supraspinatus tendon, physical therapy for six months and the last years, pain in the right shoulder has steadily progressed to the point hard for me to sleep, unable to use right arm, sometimes for days, the pain is constant. Oh, that's sad. Cannot even hike anymore as the pain develops quickly.

Pain is at the acromion -- the acromion is the top part of the shoulder, the bone, if you put your hand over on your shoulder, and poke on it hard, that's the acromion. The AC joint, that's the acromioclavicular joint, down outside to the triceps. That's the muscle on the back of the arm. Range of motion is good, but not without pain, and clicking and grinding, and doing -- so we call that crepitus, that's the medical term for that. My left shoulder has a partial thickness tear of the supraspinatus that occurred in 2000 while diving for a football in the outfield -- on, not a football, for a ball in the outfield, that's baseball. Eight weeks of physical therapy. I declined surgery. Now the shoulder has pain if actively used for extended periods with radiation down to the bicep. That's common.

When we have shoulder issues, it often will radiate down the arm. I know that injuries or repetitive motion are the major reasons for the pain, along with age. I will call you soon.

So, you know the first shoulder, the right shoulder was repaired in 2004, and that's a failed surgery, because the person has more pain now than they had before the surgery. And this is a shoulder I have to examine, look inside with my ultrasound, always if you have an injection in the shoulder, the hip, or the knee, make sure your doctor uses an ultrasound to look inside to guide that needle. Otherwise, the studies show that the solution he places in there doesn't even get into the joint, at least one-third of the time. So, I use the ultrasound for the big joints like that. They're actually teeny joints, but for the big -- the joint area to get into it, the needle is very small. And it's almost impossible to do it, without an ultrasound. You think you're doing it. The doctor thinks he's doing it, but it's not getting there.

Back in the day when we did "blind injections" without ultrasounds, all of us at National Meetings would query, why don't hips heal very well, like other parts of the body. And then when I got an ultrasound, and started using that, things started healing in the hip.

Anyway, we're going to go to Josselyn who has neck pain and headaches. Hi, Josselyn, Dr. Marc Darrow how are you doing today?

- Josselyn: Hello. Thank you so much for taking my call, doctor.
- Dr. Darrow: Well, thank you so much for calling, yeah, I love -- I love my callers.
- Josselyn: Okay. If you have an answer for my situation, I would really appreciate it.
- Dr. Darrow: Okay. I'll give it my best shot. Nita, come on.
- Nita: He's funny. It's okay Josselyn, you just keep going.
- Dr. Darrow: So, Josselyn, what is your question. I know you've got neck pain and headaches, what's the question about it.
- Josselyn: That's me.
- Dr. Darrow: I didn't hear that. Talk a little bit louder.
- Josselyn: Okay. My situation is, I've been dealing with this for six years.
- Dr. Darrow: How many years is that? Do you have the radio on in the background, because I hear echoing, and I can't hear you very well.
- Josselyn: Okay. I turned it off.
- Nita: Okay. Great.
- Dr. Darrow: Thank you. You can yell at me; I'm used to it.
- Josselyn: First, what is your name, doctor?
- Dr. Darrow: Marc, Marc Darrow.
- Josselyn: Marc, okay Marc, okay. I'm dealing with this for six years. I have the back of my head, my headache, it's -- I never know when it's going to start. So, and the neck pain, and also pressure building up on my shoulders. And there a fluid leak which is driving me crazy, because it's in my left ear, and it's filled with the fluid. I've been everywhere. Nobody has a clue what's going on.
- Dr. Darrow: Okay.
- Josselyn: So I was -- I live a lot online, there is a stem cell doctor near -- I got some of his information from him, and he's talking about something 48 hours flat [inaudible]. Do you know what that is?

Dr. Darrow: I can't understand you, an eight hour what.

Josselyn: 48 hours of flat test.

Dr. Darrow: No, I don't know what that means.

Nita: A stress test, is that what you're saying.

Josselyn: No, flat, no, F-L-A-T, that's what they...

Dr. Darrow: Oh, flex.

Nita: Oh flex.

Dr. Darrow: No, I don't know what that is. That sounds like a chiropractor which is fine.

Josselyn: No, no.

Dr. Darrow: Let me deal for a minute, Josselyn, let me deal with your head and your neck pain. That's a very common issue. The muscles from the back, and the neck attach at the bottom of the back of the head, which is called the occiput, and what we do in a case like yours is we would inject the ligaments on the back of the neck. And then as those muscles come up into the occiput or the back of the head, we would inject that all the way across. And that normally, whatever normally means, often will get rid of the neck pain and the headaches.

So, I think you'd be a good candidate for platelets or platelets and stem cells, if you wanted. I don't know a thing about fluid leak in your left ear, because that's not what I do. I do musculoskeletal orthopedics; you know with regenerative medicine. So, I can't help you on that one, but we have very good doctors in our building, that I could refer you to that take care of the ears, okay. So, thank you very much for your call. We're going to move, and God bless you. And if you want to get into the office, the number there is 800-300-9300, and thank you so much for calling Josselyn.

Nita: Thank you Josselyn.

Dr. Darrow: I think there's real good hope for your neck pain and your headaches to heal.

Nita: Our number is 866-870-5752, that's 866-870-5752. You can call right here in the studio and speak with Dr. Darrow right now. And check out the website, www.lastemcells.com, that's lastemcells.com, email Dr. Darrow off of every page on the site and watch him performing the treatments on videos. And again, the office number

if you just want to call directly to the office, you can call even right now, that's 800-300-9300, that's 800-300-9300.

And remember you want to stay tuned, but you want to call now, lines are open for you, because the time goes quickly, and then at the end we always end up with extra callers that we don't have time for, because the show is only an hour long.

Dr. Darrow: They're coming in now, Nita.

Nita: They're coming in.

Dr. Darrow: You're bringing them in.

Nita: Yay, well...

Dr. Darrow: I can't wait.

Nita: I can't wait either.

Dr. Darrow: Let me do a quick question first. Are we ready with a caller -- yeah, we're almost ready.

Nita: We're almost ready.

Dr. Darrow: Well, I'm chomping at the bit, do I do a question, or I take the caller.

Nita: I will count down from 10 to one for you, and then we'll have a call. I'm just kidding. But I did want remind people that when they call in today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's got 264 scientific studies, and the foreword is written by Suzanne Somers. We've all heard of her. And do you want to say a word about any that?

Dr. Darrow: Well, Suzanne Somers, as we do is one of the greatest proponents of -- I don't know what kind of medicine to call, because people call it alternative, but it's not really alternative. It's the oldest medicine that's been on the planet. And the new high-tech medicine is really alternative. And as far as I'm concerned, we want to stay away from that. Let's go to Paul, okay?

Paul, this is Dr. Marc Darrow. You have foot, back and shoulder pain, you poor guy, how long as it been going on?

Paul: Oh, for quite a while. I've called in before, I'm 97 anyway. What I want to know is if I get these treatments, if I take it easy and don't do a lot of work, you know labor, will they last longer? And then I

can work on the computer and do my work on there. I was going to write a book how to live to 100.

Dr. Darrow: Well, you'll probably go longer than 100, I mean you sound very vital. So, I wouldn't count your age as meaning anything at all. I do have people come in who are 100, who are still doing sports and still driving. And you'd never know they're 100, you know they look more like they're 60 or 70. So, don't look at your age, it's not really relevant anymore. Those days are gone. We're in a new era. And it has to do a lot with positive thinking, with staying fit, being healthy, having a good low carb diet, and doing exercise, that will keep you going a long, long time.

So, yeah, of course, when we do a treatment, we want people to relax the area for a while, because the people that go right back to their sports or gardening or whatever activity it is, although the tissue is growing, because regenerative medicine means regenerating the tissue, so we can grow cartilage and tendons and ligaments and all that. We know that. That's been studied, but if you're still beating yourself up, of course, you're not going to feel as good as quick, and you'll probably need more treatment. So, that's a great question, Paul.

Have you been to a doctor about your foot, your back, or your shoulder?

Paul: No. I don't like organized medicine.

Dr. Darrow: Okay. I hear you. Yeah, I don't like going to doctors either, I mean, my grandfather was a doctor, there's probably 50 doctors in my family. I've got a giant family. But I don't like going to doctors, because you know they're going to find something. And in medicine, there is a saying. If you look, you find. Meaning, let's say for instance, you did an MRI of your entire body, you're going to find stuff that's not bothering you. And then you get frightened, and then you chase the rabbit down the hole.

And that happened to me. I had a PSA done many months ago, and it came out high. And what I didn't realize was that the doctor had done the prostate exam, and then immediately after did the PSA. The PSA is a marker for prostate cancer, if it's high enough. So, what happened, I didn't put two and two together and I saw the high PSA, which is normal after a prostate exam, okay. Prostatitis, prostate exam, having sex, any of those things can falsely elevate the PSA. So, I went down the rabbit hole, and I had all kinds of tests done, I actually had an MRI of my prostate, and a bunch of other tests, and then one of the doctors who I was seeing -- do you have the radio on or something, there's a lot of feedback.

Paul: No. I've got somebody in this room, that's next to me working with a...

Dr. Darrow: Okay. So, any time...

Paul: So, have you got time for a joke?

Nita: Always.

Dr. Darrow: Not yet, not yet, Nita. I'm still finishing up here. So, the point is you can get tests and they're falsely positive. And that's what happened to me. And I spent months of being nervous, thinking I had prostate cancer. The same thing occurs in the musculoskeletal system. So, we'll get an MRI when we have pain, and we'll find something that is not the cause of the pain, and we'll get a surgery that never needed to be done. And then the person gets worse afterwards.

Listen, Paul, we're going to move on, we have someone else waiting on the phone. God bless you for calling. I appreciate it, and please call me up when you hit 100 and we'll go out and have some fun. I'll take you out to dinner. All right. God bless you, Paul.

Jasmine, we're back to you.

Jasmine: Yes, so do you think the stem cells will help my pain, the back of my head and shoulder?

Dr. Darrow: I think it will, but I can't promise you anything. People also ask me definitive questions. Will this work? Blah, blah, blah, blah. And I don't know the answer to those questions.

Jasmine: Also -- also I'm learning about -- I'm reading online, and they said if somebody had a whiplash and a back surgery, that will get this headache too. And I had a lower back surgery, and I had a whiplash.

Dr. Darrow: Yeah, that's right. That can do that, but most of that from a whiplash is from the ligaments being sprained, unless it's a really terrible accident, when there's fractures. You can hang with us if you want, Jasmine. We're going to the break. So, we're waiting for your calls at 866-870-5752, God bless you all, and we'll be right back.

Nita: You're listening to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens, and we'll be right back.

[Break]

Narrator: Whether you have pain in your back or joints, surgery may not be the answer. Instead of the dangers involved in cutting out tissue, consider healing and rejuvenating the area with stem cells, platelet-rich plasma or Prolotherapy, the treatments that are available to professional athletes are now available for you. Watch the videos at jointrehab.com or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host Nita Vallens and we're taking your calls right here in the studio at 866-870-5752, that's 866-870-5752. And we are speaking with Jasmine in Seal Beach.

Dr. Darrow: Hey Jasmine, Dr. Marc Darrow, I just want to talk a little bit to people who are just tuning in about what it is this show is about. It's called Living Pain Free and it's about musculoskeletal orthopedic injuries, pain, arthritis, really from the back of the head, which is the pain that you have, all the way down the neck and down the back, and into the hips, and the elbows, and the fingers, and the toes, and the knees. I really inject pretty much the entire body, when people have musculoskeletal injuries. There is no place probably that I haven't injected. I'm not limited to just knees or shoulders or hips. I've been doing this a long, long, long time, since my residency at UCLA. I started doing it there, after I had an injury that was healed. It was my wrist that I hurt playing golf. And I went to another doctor's office that did this. He did a lecture at UCLA, and I went to hang out with him, and his patients said he was God, and then he took me to an orthopedic regenerative medicine meeting in Las Vegas to learn, and I had my wrist injected there, and it healed, 50 percent overnight.

And at that point, I was hook, line and sinker, this is what I'm going to do the rest of my life. And that's what I've been doing. So, I heard you mention in passing that you had a back surgery; is that correct?

Nita: Jasmine, are you there?

Dr. Darrow: All right, let's move onto Art.

Nita: Okay.

Dr. Darrow: Art, this Dr. Marc Darrow, how are you today?

Art: There we are pulling up, because I'm in the car on a Bluetooth. Can you hear me?

Dr. Darrow: Yeah, we can hear you pretty good, thank you. You have pain in your right knee, and how long has that been going on, Art?

Art: Right knee, oh, pretty severe about three weeks, and maybe for about two months.

Dr. Darrow: Ever before that?

Art: Before that about six years ago.

Dr. Darrow: And then you had a period where it felt good?

Art: Well, I actually got the Prolotherapy, and it last six years, which was fantastic.

Dr. Darrow: Okay, good. So -- just so people listening know what that means. Prolotherapy is proliferative therapy. And back in the day, we used to use sugar water to inject, concentrated Dextrose. And that that would do is cause an inflammatory reaction which would bring or sequester fibroblasts to the area of the injury, and fibroblasts grow tissue.

And studies show that ligaments would grow by about 50 percent in thickness, and about 200 to 400 percent in strength. So, Prolotherapy was a great thing back in the day. And I'm glad you had it done. But it's very weak, compared to using your own platelets or stem cells, okay. And I know, because I've injected Prolotherapy on myself for the last 25 years or so, and I don't use it anymore. Now, I've moved up. And the last injury I had to my knee, I injected Prolotherapy about a dozen times, and it helped, but it wouldn't fix it. It would feel a little better, and I'd go back to running, and it would loosen up again. And then it would be painful again.

And I did one PRP treatment, and that did the job. It just tightened it up overnight. And that knee has been pain free ever since, it's been a few years. Stem cells are even better. I've done stem cells on both my knees and shoulders. I've done PRP on other areas, both my elbows I've done, my right wrist, I've done. Actually, my right wrist was initially done with Prolotherapy, that was my first injury that I inject myself with Prolotherapy.

Art: So, then -- okay, let describe a little bit, okay. If I stand with my feet together, you know the same position, my left knee I can jiggle it back and forth, it's real flexible. My right knee I can barely push it back. And it looks like it's about four, maybe five inches in front of my left knee.

Dr. Darrow: Okay, so you have a flexion contracture is what that's called.

Art: Pardon?

Dr. Darrow: You have what we call a flexion contraction, you can't extend you knee 180 degrees. So, can you ever extend it, if you're laying -- can you extend it if you're laying in bed? Can it go straight if you're lying in bed?

Art: No. My right knee -- I mean, my left knee will lay flat. My right knee doesn't even touch the mattress. It's going to be about three inches above.

Dr. Darrow: Yeah, that knee should hurt, okay; not that I want it to. But the force vectors on the knee are going in the wrong direction. If you look up a vector on Google, it's a direction of force. And what's happening is the femur is being pushed forward on the tibia. So, the knee doesn't like that, it's not strong enough for that.

So, yeah, I think regenerative medicine may be very, very good to strengthen the connections between those two bones, and I'm not sure we'll get your range of motion back, it depends. I'd have to look inside with an ultrasound and see what's going on in there, see if you have fluid in there, that's taking up the space.

When there is fluid in a joint, we call that an effusion, E-F-F-U-S-I-O-N. And with the ultrasound, I can see every drop of fluid, numb it up, put a needle in there, and get every drop of fluid out. And I do it in a place that doesn't hurt. Most doctors who so it blindly, are actually scraping the cartilage off, the way they do it. It's not a good idea. It's a terrible idea to inject a knee, a shoulder, or a hip without an ultrasound to guide the needle, to watch inside and see where that needle is going. So, be careful of that. But yeah, I think I can help you.

Art: Now -- okay, now I noticed that you're talking about fluid. On the outside above my knee, there's a little lump, and it's -- you know, it feels like there's fluid.

Dr. Darrow: Yeah, you probably have some fluid in there.

Art: Yeah. When I put -- it will go down, but then when I try and walk on it, it really hurts.

Dr. Darrow: Yeah, okay. So, let me explain something else to people, and to you. When there's fluid inside a joint, it's typically because the joint is having a mechanical issue. There's arthritis or something else going on, meniscal tear, a rotator cuff tear, whatever it is. So what we do

is, during the procedure of regenerative medicine, using platelets or stem cells, we will aspirate that fluid, we numb it up, put a needle in to aspirate the fluid. Then we unscrew that syringe and put on the syringe with the regenerative medicine that we're going to use, that we decide to use.

Art: So, I would not have to go through surgery, and get my knee put -- you know, whatever exercised or pushed back something where it's like the other one.

Dr. Darrow: Well, you know surgery is a decision for the patient, not the doctor. So, that's something you have to decide.

Art: Yeah, I don't want surgery, no, no.

Dr. Darrow: It's something you have to decide. I think it's a good idea for everybody who has musculoskeletal pain, to see an orthopedic surgeon, or if it's pain down a leg, or an arm, to see a neurosurgeon. But I don't think it's great idea to do the surgeries all the time. I just last -- about a week ago, I actually told a person that had a hip arthritis to go get a hip replacement. I don't remember ever doing that in years. I mean was so locked up, and the person just couldn't walk.

And at that point, I said, you know you really should consider a surgery for that. But it's -- most of the time, we can help people. You know it's a lot simpler to walk in the office, get an injection and walk out, and drive home yourself, than to get a surgery, and have all kinds of potential problems. Unfortunately, I see a lot of people that have had failed surgeries, and they have worse problems than they had before the surgery. So, I don't like surgery, that's just me. I'm not saying you shouldn't get it. You should always have different opinions, and then you're the patient, you own your body, you decide what to do. I'm not going to make you do anything.

Art: Well -- I'm sorry, but it worked before, so I know I don't have to get surgery, and it's just the pain sometimes if I'm walking, from my inner part of my knee, it's like a big sharp pain all the way up to my groin area.

Dr. Darrow: Yeah, okay.

Art: And then I did notice that my right hip seems to be lower than my left hip, and that's probably because my knee is forward, I guess.

Dr. Darrow: Yeah, like with that flexion contracture, a lot of other parts of the body can start hurting. You can end up with back pain. You can end up with ankle pain, hip pain, and the opposite leg, what we call

the contralateral leg can have issues also from the imbalance. So, I'd love to see you, if you want to get into the office, the phone number there is 800-300-9300, I'll repeat it while people are scurrying for their pen, it's 800-300-9300.

Art: Okay, see you on Monday. Thank you so much for your time.

Dr. Darrow: Yeah, appreciate it, really appreciate the call. God bless you, Art and good luck with your knee healing.

Nita: Thank you, Art. Our number is 866-870-5752, right here in the studio. You can speak directly with Dr. Darrow. Lines are open for you right now, but the hour is flying by, so, call now. Don't wait until the last minute, 866-870-5752.

Check out the website at www.lastemcells.com that's lastemcells.com. And the office number again, in case you missed it, 800-300-9300, 800-300-9300. And what else...

Dr. Darrow: Time for me?

Nita: Yeah, I just wanted you to mention if there's anything else going on in the office you want people to know about.

Dr. Darrow: Yeah, the Vampire Facelift is a very cool thing. Where we actually inject regenerative medicine, platelets, stem cells into the face, a very quick procedure, and it grows the collagen back in the face, and makes people look young again. So, we do a lot of that.

And we do hair restoration. We can inject the same things into the head to help regrow hair. If you look like Dr. Phil, it's not going to work, but if your hair is thinning, it can work really well. Patients love it.

All right, I'm going to go to a back question that come up.

Nita: I've Robert waiting for you in Costa Mesa.

Dr. Darrow: Okay. Well, let's do Robert in Costa Mesa. So Robert, your shoulder and your back bother you. And how long has that been going on? This is Dr. Marc Darrow.

Robert: Hi, Dr. Marc. My shoulder's been hurting for probably a year, for like reaching up makes me wince, you know trying to stretch it out, it's just painful. And my back is -- you know, kind of always hurts. My question on the stem cell recovery for like a shoulder, when you go in for shots, what's the average time like for something like that?

Dr. Darrow: Are you talking about to heal, or to leave it alone?

Robert: To heal.

Dr. Darrow: Okay, well let me talk about the leave-it-alone period first. Then we'll talk about the heal period. So, typically what I do is I request patients after a treatment to come in, in two weeks. During that two-week period, I ask them if it is a shoulder to leave it alone, you know don't do sports, don't do repetitive activities. Don't do things overhead.

And then to stretch it twice a day, and we have golf clubs in every room in the office to show people how to stretch their arm, and make sure they don't lose range of motion. That's the worst thing. After a treatment if it's sore after a treatment, which it does get a little stiff, then sometimes people don't want to lift their arm up, and that makes it worse.

And a lot of people come in with what a frozen shoulder, where the arm cannot lift all the way 180 degrees. And this treatment of regenerative medicine and stretching can help that too. So, the first thing we do is we wait a couple weeks. And then a patient comes back in, we reassess, and then they decide if they need to do another treatment or not. Very often, after one treatment, a patient will not feel any better, and then they'll do another treatment. Sometimes it takes two or three to get some results.

So, I don't have the answer for you, specifically, Robert, on how long it takes to heal. What I talk about on the show often is my own journey with my shoulder pain. And the first time I had it. I injected it one time, and I was completely healed the next morning, full range of motion, no pain. The second injured it, it was 12 years later, and that took two treatments, okay. And the third time it took months.

So, my shoulder is very active, and I do sports really hard, if I'm running, I'm usually sprinting. If I'm hitting a golf ball, it's you know, a 100-mile-an-hour swing. And whatever I do, I like to do really hard and repetitively, which is not good for my body. I know that. I'm a bad patient. But at least I know -- I am. I'm a terrible patient, at least I know that I can heal myself by self-injecting.

So, I've been good so far, my body is feeling great. Hopefully, I'll get to do some sports later today, and -- so that's the answer. The answer is I don't know. And it's a hard thing to tell people, I don't know. But you know, people come in and go well then I'll get surgery, because then I know, I'll get the surgery and I'll be healed. But the problem is, I get half my new patients that have had failed surgeries.

So, we don't know if the surgery is going to work or not.

Robert: Yeah, because I've been reading up on a lot of stem cell and understanding the stem cell injections in the United States, and then understanding the stem cell injections in other countries, seem to be you know stronger, because they don't have the rules that we have to be at.

Dr. Darrow: Well, the only real difference is that out of the US, there are some places that you can use embryonic stem cells, which you can't use in our country. And they don't work any better. It's from a baby. We don't use abortion for birth control here, they do in Eastern Europe, and that's you know and other places, other countries, and that's where they get the embryonic cells from.

So, I don't like people to do that. I don't like killing babies, and it doesn't help any more, and they're typically not live cells, so the cells we get, we can get from your own body. You know, we can do your own bone marrow, and that takes, you know, a few seconds, like 15 seconds to do that procedure. So, it's not a big deal. I wouldn't go out of the country to do any kind of procedure, medically, personally. I wouldn't do that. If something goes wrong, you're stuck. And the standard of care in other countries is not the same as our country. So, I wouldn't with that. You know, you're welcome to do it if you want to.

There's people that go out of the country down in Panama, other places, and they come back to me later, and go that was a fraud. So, you know they didn't have doctor it. It was like a nurse that did it, who doesn't even understand the anatomy. So, I'd be careful.

Robert: So, is there an average -- is there an average to build up, to go in and have the shots with you, of a cost, to say that's it's going to take, as an average where you were able to work on someone, that takes three to six months, or is it six months to a year, and that is cost is a grand.

Dr. Darrow: It all depends, I have to -- I have to examine you, look with the ultrasound inside, see what's going on, maybe get an MRI and see what's going on. And then we talk and figure out what's going on. It's all different. Most people that come in with shoulder problems like yours, it's just a sprain of one of the rotator cuff tendons. And that's pretty easy to fix, pretty quick.

If it's advanced arthritis, which I get a lot of where you know you starting the lifting the arm up and you hear a [sound of crunching], that's going to take a while to regrow enough cartilage to get them better. So, you see it's not one size fits all. Everybody is different

and we talk about it, before we decide whether or not the person should do the treatments. It's up to then.

Robert: And when somebody is doing the treatment, do you advise on different kinds of vitamins that they should be adding in with that?

Dr. Darrow: Yeah, we do. We have a list of things that help grow tissue. Listen, Robert, God bless you. Thank you so much for calling in, we have a whole bunch of callers here, I want to get to Harry. You had a hip operation, how long ago was your surgery.

Harry: April 4th, a year ago. And it was successful.

Dr. Darrow: Okay, so it's one year -- good.

Harry: I've had not problem with the hip. But all through this, and I've been religiously doing my therapy, myself after the therapist was done, but my groin. My groin hurts and at times it goes down inside of my right leg, and into my knee. And my knee hurts. They've taken x-rays, not MRIs and said there's nothing wrong with your knee. Well, I said all I know, I can you it hurts like hell at times.

Dr. Darrow: Here is what the deal is with you, Harry. I have to touch the area; I have to examine it. You may just what we call a sports hernia. It's not inguinal hernia, it's a very easy thing to fix, and it can radiate down from the pubic bone all the way down to the knee. And it's the adductor muscle that may have gotten stretched out during your hip surgery.

So, you've got to come in the office, for me to touch it. In two seconds, I can tell you if I can help you or not.

Harry: Good.

Dr. Darrow: If you want to call in the number...

Harry: Now, let me say this I'm 90 years old...

Dr. Darrow: Let me say this first. 800-300-9300, write that down, 800-300-9300 and then come on in. There's nothing more that I have to ask you, and we have a lot of people waiting. So, we're going to go to Steve. And Steve has low back pain. Hi, Steve, how are you today.

Steve: Hey, how you doing Dr. Marc?

Dr. Darrow: I'm living it up.

Steve: Hey, Dr. Marc my back -- hello, can you hear me?

Dr. Darrow: Yeah, I'm with you. I do. But you sound quiet, I can't hear you.

Steve: I hear -- do you hear me?

Dr. Darrow: Yes, keep yelling, I like it.

Steve: Okay, great. My back has been out for a couple weeks. I went to the chiropractor, and it didn't really help. I'd just like to know now, is there anything I can do now to relieve some of the pain anyway?

Dr. Darrow: Well, how did it happen?

Steve: You know it gradually happened.

Dr. Darrow: Over what period of time.

Steve: I got back here about six months ago, I broke my femur bone, and I was in therapy for about three or four months. And I got back, and the back was fine. But for some reason, gradually the last couple weeks it just got worse, my back. Not worse, it just gradually started becoming painful and so forth.

Dr. Darrow: Well, I'm so sorry to hear that. But often what happens is when we have a fracture of the femur that is compensation when you're learning how to walk again. And the back ligaments can be sprained. So, I think you're an easy fix for the back. I think regenerative medicine of platelets or stem cells may be the answer. But I have to touch the area to let you know. I've got to examine you and move you around, okay.

Steve: Sure.

Dr. Darrow: So, we're going to go onto Joe at this point, he's got a tear in his left knee. Joe, how long has your knee bothered you for?

Joe: It's been this way for about, I'm going to say two and a half years. I did go to orthopedist, and they did take an MRI and I went through some physical therapy, but I just thought okay, I'm going to keep -- I'm going to continue walking. So, walking is not an issue, I just want to get back to riding my bike.

Dr. Darrow: Yeah, I hear you. Well, what did the MRI show? That you had a meniscal tear in your knee?

Joe: Yes, on my left knee.

Dr. Darrow: Okay. So, let me tell you this. Because this is a shock to everybody. That meniscal tear may have been there for 20 years, okay and never caused a problem. And it may not be the meniscal tear that

the MRI shows that is causing your pain. So, I have to examine you. I've got to touch it, move it around, and let you know what's really going on.

Joe: Okay.

Dr. Darrow: So, the problem with the MRIs and the orthos is they go, oh, you've got a tear, that's causing your pain. We've got to operate, clean it out. And the truth is, that's not the truth. It could be, but it may not be, because that tear may have always been there. Tears don't necessarily cause pain.

Joe: Okay. You know doctor, I'm not in any pain, but what it feels like, it feels like I've hyperextended my knee.

Dr. Darrow: Okay. Well, again I'd have to look at it, have to move it around, and see what's going on. I can't tell you over the radio.

Joe: Okay.

Dr. Darrow: On a specific issue that you're describing.

Joe: I understand.

Dr. Darrow: Yeah. So, if you want to come in, the number to the office is 800-300-9300. I'd love to see you, and yeah, I mean it's -- I think I could help you. You know, I can't promise anybody anything. From what you're telling me, it's not terrible.

Joe: Yeah, because they said you know surgery would probably help me, but I don't want surgery. I don't want a knee replacement or anything like that.

Dr. Darrow: Well, let me tell you what surgery does. When you have surgery on that, you're taking out tissue. What are you left with?

Joe: Nothing, pretty much.

Dr. Darrow: God bless man.

Nita: Okay. Oh, I'm sorry, we're out of time.

Dr. Darrow: Thank you Nita Vallens. You're a great host.

Nita: Well, thank you, Dr. Darrow.

Dr. Darrow: Go to my website and you can email me from any page, that's www.lastemcells.com. The office number is 800-300-9300. Thank you all.

Nita:

Thank you. Thank you Alex and Suzette, listen to Warren Eckstein from 11:00 to 1:00 every Saturday. I'm Nita Vallens, thanks for listening.