

Living Pain Free 3/05/22

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

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

Nita: Well, hi there Dr. Darrow.

Dr. Darrow: Nita Vallens, how are you today? You look beautiful.

Nita: Well, thank you. I'm great. How are you today?

Dr. Darrow: I look beautiful and I'm living it up.

Nita: Well, I would have said you look handsome, but that's okay.

Dr. Darrow: Well, in this day and age, who knows what words to use.

Nita: Well, there's a point. There's a point. But I love the part that you're living it up, because we want our listeners to live it up. And they can do that by facing their musculoskeletal pain issues by calling the program today at 866-870-5752, to speak directly to you. And when they do that, they also get a free your latest, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, and the foreword is written by Suzanne Somers. And you actually have quite a writeup in her book called A New Way to Age.

Dr. Darrow: Yes. She's been very nice to me. I take good care of her and her family. And she's been -- actually, she's written about me in several of her books. She's written, I don't know how many it is by now, probably like 18 different books about medicine. And assists all of us docs who are kind of outside the box at this point in helping us get to the public to educate people, educate patients to always obviously go traditional medicine, because that keeps you safe, but to look outside the box also. And to use what is unfortunately called alternative medicine, it really isn't. It really is the more traditional. Everything kind of backwards on this whole planet anyway, right?

Nita: Yeah, I would say so.

Dr. Darrow: Yeah, it is. And so she's been an advocate for doctors to do natural types of things, instead of getting surgery and using medications. And she's doing very well. She looks beautiful, and she is doing very well, doing it the natural way as much as possible. And that's what I suggest always to my patients.

They go should I not see an orthopedic surgeon? Should I just see you? I say no, do both. Then you decide. You figure out what it is that you think is best. They say, well what do you want me to do? And I say, I don't want you to do anything. I want you to decide what you want to do. Then I'll assist you on your path to healing, for whatever that is, you know, physically. I do musculoskeletal work in orthopedics, but I also assist people with their psychological issues, their weight issues, their hormone issues, whatever it is, that's going to help make them happy.

And as a lot of my patients who are listening right now know, I typically spend an awful lot of time with each patient. I like to have a relationship with them. Every single one my patients gets my cell phone number and my personal email, because I like to stay close, and you know I find medicine personally as going the wrong way today. I can't even get a hold of my cardiologist. I can't get a hold of my urologist. I don't know what's going on, I really don't know. But doctors are getting more and more distanced from their patients.

Now, my grandfather was a doctor. He was born in the 1800s, and he did house calls. You know, where do you hear about that anymore.

Nita: Oh, that's like an ancient relic.

Dr. Darrow: It is, but the whole system of medicine is I think going against good patient care today, unfortunately. And I like to do my part. I stay very close in touch with my patients. I have people call me at seven o'clock Sunday mornings and I talk to them. Whatever it is I need to do, I want to help that person be happy, because being a doctor to me is someone who is there to really assist their patients on all levels, okay?

And that means you're there for them, you're there for their family. And I think Suzanne Somers has felt that with me throughout all the years that I've worked with her and her family. And I think that's one of the reasons that she writes chapters about me in her books.

So, I'd like to, if it's okay with you, Nita, go onto some questions that have come in.

Nita: Sure. Do you want to give the phone number first?

Dr. Darrow: I absolutely do. So I'd love to talk to you folks, I get a lot of callers, and please call now rather than waiting till the end, because typically we get so many calls at the end of the show, that we can't talk to everybody. And I would like to talk to all of you. So let's make it personal. If you don't like personal, you can pretend you're someone else. You can say it's for your father, or your sister, or your friend, instead of talking about yourself and fake it a little bit, that's fine too.

But every time someone calls in, it helps everybody who is listening.

Nita: Absolutely.

Dr. Darrow: To learn how to heal themselves naturally. And the work I do, which is really from the head to the bottom of the feet, everything in between, you know, the shoulders, and elbows and wrists and fingers, and hips and knees and ankles, and plantar fasciitis on the bottom of the feet. All these different syndromes that I work on can help you and help your friends and your family to learn how to do this without getting medicated, which I don't believe in, and without getting surgery, which I don't believe in. So I know there are times we need medicine. I know there are times we need surgery.

You know, you need medicine for things like hypertension, because we don't want to have high blood pressure, that can lead to stroke and heart disease and all those things. So medication for that is fine. There are natural ways to help it, like losing weight and exercise and things like that. But if those fail, then you need medicine.

And surgery is the same thing. If you have a broken bone, you need to see an orthopedic surgeon. Most of these surgeries though, you know shoulder surgeries for rotator cuff tear, shouldn't be done in my opinion. I'm not saying what is. I'm just saying in my opinion meniscal tears in the knee shouldn't be done, because we heal those all the time using regenerative medicine of platelets and stem cells from your own body.

So we can take these cells that are healing cells and place them in areas where you're having pain or discomfort or arthritis or whatever it is, neck pain, back pain, it doesn't matter. And we can heal those areas without surgery. I've been doing this work oh, my God, since 1997, 1998, that's a long time. And the techniques get better and better.

Back in the day, we used to do something called Prolotherapy, which was using Dextrose, concentrated sugar water to create an inflammatory cycle. Today it's morphed to doing things like PRP, which is platelet-rich-plasma and stem cells, which we can get from your own bone marrow, and they're much more effective treatments than we had years ago.

And if today, I read about something or hear about something that is even better than what I'm going to try it out. I usually use my own body as the guinea pig. I have been the guinea pig in this field. I have injected both my knees, both my shoulders, both my elbows, my right wrist. I have had other friends of mine do my neck and back, because I can't reach there. And I've had amazing success with all of the treatments I've done on myself. And people say -- my patients go how could you inject yourself. Well, I trust myself more I than I trust other doctors to be honest with you. So I do it to myself. It's very convenient. I have my office typically, when I get a break, if I'm injured, get a break between patients, I will inject myself and keep working. It's pretty easy stuff to do.

So the phone number here, you can talk to me right now, please, I would love to talk to you is 866-870-5752. I'll repeat it, grab your pens and pencils and a piece of paper and if you're driving and you want to call, please pull off to the side of the road, and take off your Bluetooth, so we can hear each other very well.

And again, the phone number is 866-870-5752. I'm going to also give out my office phone number, in case you catch the show at another time, and that's 800-300-9300, to my office. Once more, that's 800-300-9300. And another thing you can learn from -- and by the way, if you call in show, we're going to send you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's a \$25 book, it's about 185 pages long, and it will teach you and your doctors how they can heal your musculoskeletal complaints naturally.

We also in the office do the Vampire Facelift, which sounds weird, but it's using the same cells from your body to regrow the collagen in your face, and make you look -- rejuvenate the face and make you look young very, very quickly. And that's an amazing treatment. And then we hair regeneration.

So for those of you that are losing your hair, we can use the same cells to get the follicles working again and thicken up your hair. I've seen a lot of miracles doing that. So we have a lot of stuff to offer you. And again the phone number to call me right now is 866-870-5752. If you want to watch these procedures on the internet -- on my website, there's videos you can look at, www.lastemcells.com

that's www.lastemcells.com. And the nice thing about my website, beside the videos is there is a spot to email me on every single page. Any page you go to on the site, you can send me an email. I get emails all day and all night from all over the world. And I do have doctors come in from all over the world, that train with me. And I have a lot students, and residents and young doctors that come and train with me.

Before COVID, I would usually have you know two at a time that were just shadowing me and learning these techniques. And we're going to start that up now again, that COVID looks like it's on its way out. I've got two medical students that are going to be starting with me soon. And I have trained endless numbers of doctors how to do these procedures and a lot of them who were on the track of learning how to do surgery switched away from surgery to do regenerative medicine to heal the body, rather than cut out good tissue. And that's what happened to me.

I was planning on being an orthopedic surgeon, and then my boss operated on my shoulder, and in all good faith, he did the right thing, but my shoulder was a gimp for a couple of years, until I learned about this stuff. It was much worse after the surgery. And I know a lot of you people listening have had that experience, where you've had a surgery. You've had the promise you're going to get better. And you actually get worse.

I'm not saying every surgery fails. But a lot of them do. I would say probably have of them fail either immediately or down the road a few years. And I know that because I have so many patients that come in who had a surgery that failed. So be careful. If you don't need a surgery, don't do it.

Nita: Shall we go to Mary?

Dr. Darrow: Mary, how are you? Dr. Marc Darrow. How you feeling today?

Mary: Well, I think I'm doing pretty well, because I'm up and moving around. I thank God every day for another day. I'm 91 years old

Dr. Darrow: God, you don't sound like that at all. I would have figured your voice, you're probably around 45 or so.

Mary: Well, I wish my face would look like that. It's not too bad for 91.

Dr. Darrow: You know, we -- I don't know if you were listening, but we do the Vampire Facelift also besides doing...

Mary: Yeah, I've listened to you for over 20 years, I think. How long have you been on?

Dr. Darrow: Yeah, over 20 years, that's right.

Mary: Yeah, I've lived in this house 40 years, and I swear listening to you when I moved in this house I'm in now.

Dr. Darrow: Oh wonderful. Yeah, I clock it, by how old my twin girls are. So they're going to be 21 next month.

Mary: Oh, yes.

Dr. Darrow: And I started doing the radio show about when they were born. So anyway your shoulder is bothering you still?

Mary: Well, I'll tell you what happened, about three or four years ago, I had a terrible fall in my kitchen, a very hard tile floor.

Dr. Darrow: Okay.

Mary: And I fractured my humerus.

Dr. Darrow: Okay.

Mary: It's probably below the top of my shoulder, where the fracture was - - about midway between there and my elbow.

Dr. Darrow: Okay.

Mary: And of course I was black blue from top of my shoulder all the way down into my fingertips, it was a bleeding fracture. Even you know the skin didn't break or anything, it was just sort of a diagonal fracture.

Dr. Darrow: And how did you heal it up. What did you do? Did you get a cast, or have surgery or what?

Mary: No. They just actually put me in a sling, and immobilized it, I guess is the proper word. And then as after it seemed healed, they x-rayed it quite a number of times, and it did get better, but I wasn't moving it much. And to get it moving, the shoulder, just -- I could bend my elbow and all that, but I just couldn't get any action in my shoulder without severe pain.

Dr. Darrow: Sure. How is your range of motion right now, Mary? Can you lift your arm up?

Mary: Well, it's -- I can move forward, and I can get the elbow away from my body, but not anything toward the back at all.

Dr. Darrow: Okay. Have you had physical therapy?

Mary: Not recently. At the time, I had a lot of therapy.

Dr. Darrow: Okay. I would say you should continue with physical therapy every day, and you can do a lot of it at home. Sometimes you just go to the physical therapist a couple of times, and they get you a home program for doing it.

But I think it would help if you did regenerative medicine on it. You might need platelets or stem cells to open up the joint.

Mary: Well, this is what I was wondering, if that might help. I recently had another fall, and as part of the CAT scan, they took me to the Emergency Room, I knocked myself out. I did it outside. But in the Emergency Room they CAT scanned from the top of my head to -- I don't know far down, but anyway, in the report it said really, the problem was I had a subdural hematoma I think, is what they said. But I had severe arthritis in my left shoulder.

Dr. Darrow: I hear you. So again, I would love to see you, if you want to come in and check you out. In the meantime, continue your physical therapy. If you decide you want to just come in, I can show you some exercises, to help loosen it up. But I treat frozen shoulders like yours all the time. And arthritis like that, okay. So there's a lot of good hope that you can get better.

Mary: Yes, well, I'm quite a ways from -- you're out by UCLA, right?

Dr. Darrow: I am. Yeah.

Mary: But I must surely get somebody to bring me out there, and I've been thinking about...

Dr. Darrow: Okay, and again, why don't you write this down, if you haven't written this down, the number to the office is 800-300-9300, and if you use the internet, it's www.lastemcells.com and you can watch videos of me injecting shoulders.

Mary: Stemcells dot com, okay, I got it.

Dr. Darrow: All right. Mary, God bless you, I thank you so much for calling in and you know I think you've helped a lot of people learn an awful lot by your phone call. So thank you so much.

Nita: Absolutely. Before you go to another question, do you want to give the phone number and talk about what else is going on around in the office?

Dr. Darrow: Yeah, of course. The number to reach me right now, you can talk to me personally. You get a free curbside counsel, as they call it, is 866-870-5752, that's 866-870-5752. And if you're thinking of surgery, please think of regenerative medicine first and go to a doctor who does this like myself. So you can see if you really need a surgery.

Surgery has a lot of bad outcomes. And unfortunately, I was one of them. I thought surgery was the God of everything when I was in medical school. And I learned the opposite by having a shoulder surgery by my boss. It did not pan out well. Luckily I was able to heal my own shoulder, a few years later, when I learned about regenerative medicine, it turned out great.

Nita: Well, that's what we need is to try things that are non-invasive.

Dr. Darrow: Yeah.

Nita: Or more conservative before going to an elective surgery.

Dr. Darrow: Absolutely. I cannot tell you all the patients I've seen who have had infections, just coming terrible after a surgery. I mean it's -- I don't want to go into all the things and negatively implant people. Because some people need surgery. But for the most part these kinds of things don't need to be done.

Nita: Well should we...

Dr. Darrow: Should I go to Angela here?

Nita: Yes.

Dr. Darrow: Yes.

Nita: Go ahead.

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

Angela: Hi. I'm okay. I'm doing pretty good considering; I went to acupuncture. I have a sacroiliac problem?

Dr. Darrow: Yes.

Angela: And I'm having it on my right side, but it got better after I did some acupuncture. And then it's kind of going to my left side, because

I'm probably pushing it a little too much. Do you know what I mean?

Dr. Darrow: Okay. Sure.

Angela: Doing a little more than I should. I should still be resting maybe.

Dr. Darrow: Well, how did you hurt it? What happened?

Angela: You know I was picking weeds. And I actually -- I also have down there, it's kind of complicated, I have a Tarlov Cyst or Arachnoid [??] Cyst, whatever you want to call it.

Dr. Darrow: Yeah, yeah, sure.

Angela: In that area.

Dr. Darrow: Yep. Well, that's not necessarily the problem though.

Angela: Okay. Okay. I just wanted to let you know that that's there too.

Dr. Darrow: I don't think that's the problem. I think the problem is most likely either your iliolumbar ligament is sprained, or your sacroiliac ligament is sprained.

Angela: Oh, interesting.

Dr. Darrow: And if you write those words down, just go to Google and in the upper left-hand corner, it will say images, and it will show you diagrams, photographs, illustrations of what that area looks like on the low back. I treat those every single day for people.

Angela: And can you do stretches for those or anything?

Dr. Darrow: Well, if it works for you, you can do anything you want, but you know the bottom line is what works.

Angela: Yeah.

Dr. Darrow: You can do things, but if they're not working...

Angela: This is the first time that I've ever experienced this type of pain and stuff, and I'm just whoa.

Dr. Darrow: Well, you don't have to feel like the Lone Ranger, Angela, because 80 percent of people end up getting that at some point in their life. Most of it goes away by itself without doctors. But I have literally had patients who have had it for 50 years. And get one treatment and it goes away. So injecting your low back with your own

platelets or stem cells may be the answer for you. I don't know unless I examine you. And sometimes it takes a few treatments to heal up the ligaments. Studies have been done on those ligaments, where after treatment they thicken up and they tighten up. And a lot of -- go ahead, I'm sorry.

Angela: I don't even know how it happened, I was picking weeds, and then I kind of like swing this thing. It's not like -- I'm not like a big picks person, so it wasn't like that. But it was like -- I was like taking weeds out of the ground, and I'm just like how did this even happen.

Dr. Darrow: Well, you know every patient that comes in the office, every single one goes how did this happen. And then they go why did it just happen on my left arm? Why does this toe hurt? You know why does this part of my -- it just is. Because we are, even though we're human beings, and we're special in this world, we're still mechanical in nature.

Angela: Yeah, and it can go to the other side too, right?

Dr. Darrow: Yeah, of course. Some people it flips back and forth. Some people it's only in the center.

Angela: Oh wow.

Dr. Darrow: So when I treat that area, if someone says it's only on the left, I treat the right side in the center also.

Angela: Oh wow, that's so -- that's so good. That's interesting that it slips back and forth.

Dr. Darrow: Well, it's not it slips. It flips.

Angela: Oh, flips, okay.

Dr. Darrow: Yeah, there's nothing slipping really. I mean there could be, theoretically. I know a lot of times people have that kind of syndrome and they'll go to a chiropractor who will do an adjustment, and things kind of pop into place. I've done that.

Angela: I went to the acupuncturist, because I'm saying this is like too crazy tight right now, there's no way I could go to a chiropractor right now.

Dr. Darrow: Well, not all chiropractors do forced adjustments. Some are very subtle with the way they do things.

Angela: Right.

Dr. Darrow: I like chiropractors. I like them a lot of reasons. One is they do natural things.

Angela: Right.

Dr. Darrow: And two, they put their hands on your body rather than most MD's who -- guys who do surgery, often, don't even touch the body, which is really a crime as far as I'm concerned, because if you don't touch the body and do an examination, you don't really know where the pain is coming from. Angela, stick with us, we're going to a break. And I'm going to give out the number right now. It's 866-870-5752. Give us a call after the break, and we'll talk to you soon.

Nita: You're listening to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens, and 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. We're taking your calls at 866-870-5752. You can also check out the website at www.lastemcells.com that's lastemcells.com. You can see Dr. Darrow performing the treatments on videos, and you can also email him off of every page on the site.

And right now we're speaking with Angela in Los Angeles. What do you think?

Dr. Darrow: So Angela, thanks for hanging on through the break.

Angela: I think -- Dr. Darrow, I tried to get practitioners, you know not muscling them or anything, but to listen to you, because I think you're so educated, I'm just like this guy really knows -- knows his stuff.

Dr. Darrow: Well, I know the stuff I know. I don't know that much about everything.

Angela: But that's good.

Dr. Darrow: But I've been doing this work, you know, this is my whole medical career.

Angela: And I did -- I did notice because I called you before, and I did get a copy of your book, and I read a little part about the iatrogenic diseases that word, a lot of people don't use that word.

Dr. Darrow: Yeah, iatrogenic, just means that it's caused by doctors or medicine, or surgery.

Angela: Right, something that happened in the medical community.

Dr. Darrow: Yeah, or infections when you go in the hospital. It's stuff that happens that really shouldn't happen, but that's part of medicine. And you know maybe there's human error in it too. Because we are humans, and surgeons are humans and although we think about surgery as something that's perfection, I don't see the results like that, unfortunately. I wish I did. If that were the case I would do doing orthopedic surgery right now. I had the option to do it. And I bombed out in order to do this type of work instead.

Because I thought it was more beneficial and healthier for people and did better. My results, I think, are amazing. And I'm sure orthopedic surgeons think their results are amazing. And to be honest with you, we fight. I have friends who are orthopedic surgeons, and we fight it out, because they think they're right, and I think I'm right. And I don't think what they're doing is good for people. And they think I'm wasting my time.

Angela: I think you can both be right.

Dr. Darrow: Well, you know using my treatment of regenerating the body, platelets and stem cells, is amazing when it's used on the right candidate. And I think surgery is amazing when it's used on the right candidate. But unfortunately, there's way too many surgeries that shouldn't be done, because it's not the proper thing to do. And what I do I is conservative. And that surgeons do is invasive.

So just based on that, I'm not a fan of surgery, unless it's needed. And then I'm a total fan of it. You know, it's very rare that someone comes to me, that I think needs surgery. I don't remember the last time I sent someone for surgery. But there are cases where it needs to be done. I'm not going to put that down. It's just -- it's overused.

Angela: Right, trauma.

Dr. Darrow: That's a very traumatic process. My shoulder didn't heal after my surgery for a few years until I learned about this type of treatment, I

injected myself. And it healed the very next morning. I had full range of motion and no pain. That's not typically how it works. That's what happened to me. And that woke me up. It usually takes a few treatments. You know, it all depends. It depends on what the pathology is.

Angela: But I'm sitting here thinking okay, where can I get the needle to inject myself?

Dr. Darrow: I'll show you.

Nita: That hilarious.

Angela: By anyway, thanks so much for your help, about just telling me -- I mean what you said to me makes so much sense.

Dr. Darrow: Well, I'm not going to lie to you, okay?

Angela: Um-hum.

Dr. Darrow: And when patients come in, they go -- they say a lot of things. They go tell me what to do? I go, no, I'm not going to tell you what to do. I'm going to educate you. And often I send them to an orthopedic surgeon to get a second opinion. And I say you decide. It's your body. I don't own your body. And then they say, how come you're not a cheerleader? All my other doctors are telling me to get surgery, and that's going to work.

Well, guess what. I have patients who come in almost every single day, who had a failed surgery that didn't work, after they were told it's going to work. So I don't tell people my thing is going to work. I don't tell them that platelets and stem cells are going to work. I tell them my experience with it. It works most of the time. But there's cases that it doesn't work.

And I'll tell you the reasons that my work doesn't work. It's usually because the patient stays too active afterwards and doesn't allow the tissue to grow back. Or they're taking things like anti-inflammatories, like ibuprofen that blocks the healing. Or they don't get enough treatment. They think one time is going to be magic. Because they read about stem cells and platelets as being this magical thing.

There's nothing magic about it. It just makes sense. It's going to regrow tissue. Another reason, and I have this happen all the time, people come in who have had this work done on them, and the doctor doesn't use an ultrasound to look inside to guide the needle. Okay, so the solution doesn't even go to the right spot.

And then the last thing is there's a lot of docs who don't know what they're doing in this field. Okay?

Angela: Um-hum.

Dr. Darrow: And a lot of times it's chiropractors that are getting the patients from their practice, and they're hiring a nurse or a doctor to come in for the day. And those people don't even know what they're doing. So you have to be careful. And I tell this to every patient, because I refer patients out to lots of different types of doctors, whatever their -- you know their status is medically.

Because if someone comes in with let's say a shoulder problem, or let's say a low back problem like yours, or whatever it is, I get into their general health with them also. And I guide them with everything, hormone treatments, you know what we call anti-aging, you name it. I guide with everything. And when they say which doctor should I go see for my kidneys. I go, go to the guy who does the most of what you need done. That's always the criteria for a doctor.

Who does the most in that field? And I had a surgery, a very dangerous surgery done on me, many years ago. It was called a -- you'll never get this, don't even try to write it down. It was called a pheochromocytoma. It's a tumor on the adrenal gland that can kill you instantly by releasing adrenaline. So I looked all over the world for the doctor who had done the most. And I love the guy. His name was Quan Duh. He was up in San Francisco. He had done like 300 of these when most doctors who do this work, had done maybe one, because they don't find that many of them. It's a very rare tumor.

I flew up there. I had surgery in San Francisco and listen to this. He comes in after the surgery, and I am miserable, it's an abdominal surgery, very painful. And he says you're leaving the hospital now. And I said I can't move, doc. He goes I don't care. You are leaving now. I've never had anyone get infected, and if you stay in the hospital, there is a good percentage chance that you're going to get an infection. He says you're leaving now. So I got a cab, I went -- I hobbled to the cab in a lot of pain, went back to my hotel room. And literally laid under the covers for three days, until I could move again, and came back to see him.

He said don't worry about going back to your hotel room. He said I've got the tissue tied up so tight that nothing can happen to you. So hospitals are not a good place to be. I think people know that.

At any rate, I think I can help you based on what you're telling me, but you've got to come in and let me touch the area. I can tell you in two seconds, whether my treatment of injections with your own body cells can help you. And we call it regenerative medicine, PRP and stem cells. Okay?

Angela: Okay.

Nita: Thank you, Angela.

Angela: Thanks a lot, bye-bye.

Dr. Darrow: All right. And we're going to go to Anna, and before we get to Anna, I'm going to give out the phone number, so people can talk to me, because I love you. And I love talking to you. And if you call in, you're going to help thousands of other people listening. So the phone number to call me right now, and you'll get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate, it's almost a couple hundred pages, and it's got -- how many studies, is it Nita? A hundred.

Nita: Oh no, way more than that, 264.

Dr. Darrow: 250 -- 264 studies, yeah on regenerative medicine and why it works for most people on bodies better than surgery can. Surgery is needed. I'm not going to say it's not. I am not putting down surgeons. I love surgeons. I say this on every show. They do the hardest work that there is to do in medicine. It's grueling being on your feet all day. I did a lot of it in my training. It's grueling. And it's dangerous work. You can hurt people.

I've seen people die on the table, and I've seen people die you know weeks or months after a surgery from things that just went wrong. So it's invasive. I'm not putting it down, because there are cases where it's needed, but most of the time that I see in musculoskeletal medicine, I personally don't think it should be done.

You know I'm not the God of medicine. You decide. Go to all the doctors you want, get informed consent, and then you decide what you want to do. It's up to you. It's not up to me to tell you what to do.

So, Anna, how are you?

Anna: Hello.

Dr. Darrow: Hello, Anna.

Anna: Hi.

Dr. Darrow: I understand that your ankle bothers you?

Anna: Yes, this is the second time I've sprained my ankle. I just sprained again yesterday, and luckily it was not a terrible sprain, but my question, I have a couple of them. But in regard to the ankle, do you find once you've sprained it once that it will always be more susceptible to future sprains?

Dr. Darrow: Definitely not.

Anna: And what do you do about it.

Dr. Darrow: Definitely not.

Anna: Okay.

Dr. Darrow: It doesn't mean because someone sprains an ankle, they're going to continue spraining their ankle. However, if your ankle has some laxity in it, and has yours gotten black and blue when you've sprained it?

Anna: A little bit yeah, just on the side, like where it swelled.

Dr. Darrow: Yeah, on the side is where we have what's called the anterior talofibular ligament. So if you have a pencil, anterior talofibular ligament, ATF ligament.

Anna: Okay.

Dr. Darrow: If you look that up, you'll see that holds what's called the lateral malleolus down to the bones in the foot. And it's the most common ligament sprain on the body. Because you know people are tall, and that little ankle joint is small, there's a lot of torque on it. So people sprain their ankles frequently.

I've sprained my ankles, I don't know how many times, from running on uneven surfaces, running in the mountains, things like that. And my ankles are fine, it's just that I'm real active. So because I had one sprain, it doesn't mean I won't ever sprain them again. I haven't sprained my ankles in years.

So I'm not worried about you spraining again, but if you're having continued pain, then we can inject that ligament and what I do with the ankle is I inject the deltoid ligaments on the middle side, the medial side, and the anterior talofibular ligament and the others, because there's ligaments all around the ankle that hold us up in a sense.

And I use a very teeny, little needle, and a cold spray, so it doesn't hurt very badly to do it. If there's actual laxity in the joints, then we inject into the joint also at the same time. So it's an easy fix, and most people do super well with it. So if you have continued pain -- usually, sprains in the ankle go away by themselves. I had one that was really bad, where I ripped everything and that took my God, about two months to heal.

My daughter, Jordan, who plays soccer in college, ripped all of the ligaments on her ankle, and I injected all the way around, and she's back to playing soccer again. So you see how you do.

Anna: Wow, that's amazing.

Dr. Darrow: There's no necessity to treat it, if it's healing. Now a lot of people will come in and say, I just sprained it, and I want it to heal faster, so please do regenerative medicine, put some platelets or stem cells in it now anyway. And I still will do that to assist in the healing.

Anna: Okay, great. I have also one of my hips is arthritic.

Dr. Darrow: Okay.

Anna: And it looks like it's got jagged edges.

Dr. Darrow: Sure.

Anna: And the other is actually quite good. And I'm in my 50s.

Dr. Darrow: Okay.

Anna: The difference between stem cell and the PRP when you have degenerative, like that. When you have you know some, like the jagged edges around, is there one that's better than the other?

Dr. Darrow: It's not about better. It's more like if you're digging a hole, I'm making this real simple. Do you want one person digging, or do you want two people digging, if you want to get it done quick. Or the opposite, if you want to fill up a hole, do you want two guys filling it up with dirt, or one? And I know it's kind of a crude analogy, but the idea is they both work great. Platelets work great and stem cells work great, but when you mix them together, you're getting you know a lot of different healing techniques put together.

So the platelets have growth factors, and the stem cells literally building colonies of cells. So I use them together. So if I'm injecting myself, I always use platelets and stem cells together. But it's up to the patient to decide what they want. And it depends on

what their pathology is. And it depends -- you know, if it's a high elite athlete, they're always going to go for stem cells, plus platelets. They're not going to mess around. Does that make sense?

Anna: But you know all of us should think of ourselves as a pro athlete, if we want to be able to walk around and get through life, you know. It's like you'd better take good care of your body.

Dr. Darrow: Yeah. Well, again, it's one of those patients say what should I do doc? And I go it's your choice. You know, it's always your choice. I don't tell people what to do.

Anna: Right.

Dr. Darrow: I'll tell you what the options are and educate into how they work. And then it's up to you, to decide what you want to do. I'll tell you the one thing I learned.

Anna: And then the best results are -- yeah?

Dr. Darrow: I learned a long time ago in the beginning of my medical career, which is when I tell patients what to do, they get mad at me, later. They go, why did you tell me this? My friend told me it should have been that. So I don't do that. And then they go my doctor told me what you do doesn't work. Well, that's because the doctor doesn't do that work.

You know there's a saying in medicine, if you're up on it, you're down on it. And it's unfortunate in medicine, it moves -- it progresses very slowly. Doctors get their referrals mainly from other doctors. And if you're getting your referrals from another doctor, you have to be very careful to stay in that tight little box, because if you're doing something outside the box, the other doctors aren't going to refer to you.

I'll tell you what's interesting. I've been doing this work for close to 25 years. And only recently have I started getting referrals, a lot of referrals from MDs. They used to shy away from me. But now this is becoming almost mainstream. I'm not going to say it's mainstream. But it's getting out there, regenerative medicine using platelets and stem cells is getting out there. And a lot of doctors are frustrated doing their work and are switching over to doing this work.

I know a lot of orthopedic surgeons.

Anna: I think it's great.

Dr. Darrow: A lot of orthopedic surgeons are starting to do regenerative medicine. So that tells you something right there. If they're backing off on doing surgery...

Anna: It makes sense.

Dr. Darrow: If they're not doing the surgeries, and they're just doing these injections to heal, they know something that most people don't know.

Anna: Yeah. That makes sense to me. Thank you so much.

Dr. Darrow: Anna, the ankles heal very quickly for the most part, I'll say that. I think it's because there's a lot of blood that pools down in the ankles from gravity, and blood carries oxygen. And oxygen is what heals, okay? So a lot of times when someone has, let's diabetic ulcers or they've had plastic surgery or something like that, they'll go into a hyperbaric oxygen tank, to heal quick.

So what we do stimulates the blood flow. It brings inflammation and helps the healing much quicker.

Anna: What is the down time, so for the hip for example? If I opt for the stem cell combination with the PRP, with the platelets.

Dr. Darrow: Right.

Anna: What do you recommend, because I know you're saying the best results are to allow it to completely, you know, regrow. What does that time frame look that?

Dr. Darrow: You know, it's different for everybody. But what I like to do is follow-up with patients, so they'll injected today, they'll come back in two weeks. So I say give me two weeks, where you're not beating yourself up with your sport or excess walking.

This a very funny story. A gentleman flew in yesterday, actually. And he said you know you injected me two weeks ago. And I said, yeah. And I said, how are you doing? He says well, I feel about the same. And I said, yeah, but you were walking an hour a day. And he said, but that's not exercise.

I make everyone sign a little form that says they won't exercise without my consent. But people cheat on me. He said, that's not exercising. I said, what, are you kidding me? You know, that ridiculous. Of course, that's exercising. So if it was a shoulder, I don't care how much he walks or runs. But if it's his knee or his hip,

or his foot, please give it break and let it heal for at least a couple weeks, till I can talk to you again and see it.

Anna: That makes sense.

Dr. Darrow: What I have found more than anything that blocks a person's acknowledgment that they feel better, because there is healing going on, whether they feel better or not. There are cells that are growing, the tissue is growing back, but the biggest reason that people don't feel better when they come back is because they were overly active. And when they finally stop that activity, suddenly they feel better.

Anna: And about how long before they go back in general to normal activity? Is it maybe a month or so?

Dr. Darrow: You know, I can give you examples of different people. There's a gentleman who is a very high-level skier, and high-level biker. You know he does bike rides through the mountains, races 200 miles long. He came in with very severe arthritis in his knees. The knees just looked like they had knobs all over them. We did three stem cell treatments he was pain free. And obviously he went back to his sport then. And he comes in every three to six months for a treatment. And he doesn't have pain. And I keep saying you don't need to come back for treatment. He goes, yes, I do. I know how I created the arthritis and I never want to have pain again.

So everyone is different. He does it prophylactically. Most people don't do that, but it's becoming more common now, where people come in, let's say they're a tennis elbow. And they have, their right knee is arthritic. And they'll say please do my left knee, and I go but there's nothing wrong with your left knee. And they go well there's going to be, if I don't treat it. So I want to treat it now.

And I think over time, that people will prophylactically start treating their bodies with platelets and stem cells, if they're very active. Because we know things will break down if you're active. It's like a tire on a car. And if you're racing that car, and burning rubber, the tire is going to wear down. So all we're doing in a sense, an analogy is we're retreading the tire.

Anna: That makes sense.

Dr. Darrow: And we're regrowing the tissue. All right. You have great questions, Anna. Anything else you want to talk about?

Anna: Well that was really helpful. I'm excited to come in and see you.

Dr. Darrow: All right, God bless you, and thank you everyone for listening. You can call my office at 800-300-9300. You can go to my website and watch videos of the procedures, www.lastemcells.com. Thank you, Nita Vallens, you're a great host. Suzette, Alex and the crew, thank you so much. God bless you all.

Nita: Thank you everybody. We'll see you next time.