

Living Pain Free 5/07/22

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: Hello, Nita, how are you today?

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up, why not.

Nita: Yay! That's what we want our listeners to do too, right?

Dr. Darrow: Absolutely, absolutely. We're going to teach them how to do it, today, too.

Nita: That's cool. And the first thing you can do is you can give us a call, because we have a fantastic free book for you today, when you phone 866-870-5752 you get Dr. Darrow's latest book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies. And the foreword is written by Suzanne Somers who wrote a book called A New Way of Age. And she put you in that book.

Dr. Darrow: She's very nice to me. Yeah. She's written a couple of books that have chapters about the work on stem cells and platelets, what we call regenerative medicine. So thank you Suzanne Somers. She's an amazing person. She teaches quite a bit about the greatness of using natural medicine which is something that I've always been attracted to. And even before I was a doctor, I was always into natural medicine. After my residency at UCLA, I did a four-year residency in physical medicine and rehabilitation after medical school. I went on to do another fellowship, which is advanced training in natural medicine, how to heal the body without drugs and surgery, which I think we need to do more and more of today, it's been around forever, and unfortunately it's called alternative medicine, but it certainly is not alternative. What is alternative is high tech medicine. Which in my humble opinion causes a lot of

problems for people, it's needed quite a bit, no question about it, but it's overused, especially in giving people a lot of drugs and cutting when they don't need to be cut.

So I hope you will call me up now to talk about all of this. And talk about your pain issues in the musculoskeletal realm, that means your tendons, and your ligaments and your joints, and your neck pain and back pain, and shoulder pain, and hip pain, and we get a lot of weird stuff. Some people have, you know external abdominal pain where the muscles are torqued.

Another thing that happens quite a bit, we get something called sports hernias. So people think their doctor tells them they have an hernia, like an inguinal hernia, but the doctor never touched them to find out what's really going on. So one of things I pride myself on, is actually touching the body, doing an examination, and finding where the pain generator is. The pain generator is the actual spot that is causing the pain.

So this can be anywhere from you know the bottom of the feet all the way to the top of the head, and everything in between. We take care of arthritis in the hips and knees and toes and ankles and I saw a really nasty case yesterday, I felt so bad. A woman injured her ankle very -- very badly, fractured it, and she had something done that was very cool in a way. She had no cartilage left, so she went to a doctor in New York who was a surgeon, and they put distraction rods on the bones, and pushed the joint open and then put stem cells in that way, and she got a lot better from that. It started to wear out again, so we're going to go back in there and heal it up.

But we take care of a lot of things that you know most doctors think cannot be helped in the orthopedic realm, and I have most of my patients come in who say they've already had an orthopedic consult, and they've been told by more than one orthopedic surgeon, or neurosurgeon that they must have surgery. Some say they must have surgery or they'll be paralyzed, and there are cases of that, but it's not really all that common. And most of these people don't need to get surgery, never have the surgery and they're doing great.

Nita, you and I hear it on the radio all the time where people call in, and talk about their stories about how they were told they had to have a surgery years ago, never did it, and they're fine without anything.

Nita:

Right, right.

Dr. Darrow:

You know most people heal without doctors, thank God. And another thing we see a lot of is people that have what we call

sciatica, you know pain down the legs, and they've been need surgery to remove a herniated disk, or something that's pinching a nerve or extruded disk. And they never did anything and they're all better. 94 percent of those, according to the studies, just heal without doctors ever touching them.

But if you do go to a doctor, be careful, make sure you get several opinions if someone says you have to get surgery, if it's an emergency, I understand. But the question is, what is an emergency? Just because you have pain down your leg or down your arm, that typically is not an emergency. That's something that don't normally is going to go away by itself, but if it doesn't if it's chronic, if it would last more than several months, then there are other things that can be done.

Sometimes it's just a referral pattern, a trigger point from the neck down the arms, or from the low back down the legs, and how do you find it? You've got to touch the area, push on it, or put a needle in it, and see if that gets rid of it. Because I've had that happen too, where people have had tremendous headaches, and I'll find a spot on the back of the neck and inject it, or on the back and inject it, then the headache will go away instantly.

So I'm not saying that happens all the time, but I've had cases of it. So we don't want to operate on something that doesn't need a surgery. There's really the -- I'll say the white horse that I ride, that I've doing for the last almost 25 years or so, which is saving people from getting surgeries, and I learned the hard way. You know I tell the story on every show.

I had a shoulder surgery when I was doing orthopedic surgery in fourth year of medical school, I loved doing surgery it was a lot of fun. I felt like a real stud, you know, ortho -- ortho, we used to run around the campus, you know in medical, there were three of us that were into orthopedic surgery. And after my surgery, and it failed terribly. I got out of orthopedic surgery, and went into physical medicine and rehabilitation, which is a nonsurgical field that does orthopedics, and I learned about the wonders, really of regenerative medicine, and I actually -- the first thing that it healed on me was my wrist and that was about 50 percent better overnight. And then my shoulder was 100 percent overnight healed.

And then I started going it on my patients. And it was kind of funny, because in the beginning, I was so uncertain about this field because no one was doing it, and I was kind of scoffed at, at UCLA for doing it. And then I started teaching it at UCLA, taught it there for 20 years.

And most of my students are now older doctors that are doing it, all over the country. I do have people that come from all over the country. I have a woman coming from Ohio, who is a doctor very soon. I just had a doctor spend four days with me, from Hawaii, learning how to do it. And it's something that -- you know, in medicine, they say see one, do one, and teach one. It's an apprentice system.

And obviously, it's not that simple. But I've been doing this a long time, and I've trained, oh my gosh, I don't know how many hundreds of doctors on how to do this, and it's something that I love, I adore, and I would love to get your calls, right now, if you don't mind calling me at the studio. I'm going to give you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It took me five years to put all the studies together in this book because when I lecture on this, a lot of doctors who are orthopedic surgeons or neurosurgeons stand up at the end of my lecture, and they're grumbling, going where is the research, come on where is the research.

And I go where is the research on your surgeries, because the research on your surgeries show it doesn't work very well. But there is plenty of research in this book, there's 256 studies that talk about surgeries and how they fail, and talk about regenerative medicine using platelets and stem cells from your own body can heal you up, and very quickly, and very simply. You just walk in and get injections and walk out. It's not a big deal. You don't even need anybody to drive you, you can just do it yourself.

So the phone number to talk to me right now, we have a few calls coming in. Grab your spot now, because people often wait until the show, and then we're jammed up, and we can't get to you. But the studio office right now, or to call me right now, I'm sorry, at the studio is 866-870-5752. Richard, we'll get to you in a second, that's 866-870-5752.

And if you want to -- if you're too shy, I hope you're not, you can use a fake name, or pretend it's your father, or your sister, or your friend or whatever, to ask questions about the musculoskeletal system and how to heal it. You can also call my office, we always have people by the phones and that number at my office in Los Angeles is 800-300-9300, lastemcells.com is the website, www.lastemcells.com. And if you don't want to call, you can go directly to the website and watch videos of me doing these procedures all over the body. And also every page on my website has a spot where you can email me. I answer emails all day and all night long.

For those of you who listening, who know me, you know I am in constant contact with my patients. And I give out my cell number to every patient that walks in the door, and I tell them this is lifelong relationship, even if you go to another doctor, I'll be there for you, to help you and assist you in your path to health.

So, Richard, let's talk to Richard, he's got low back pain. Richard, Dr. Marc Darrow, how are you today?

Richard: Can you hear me okay?

Dr. Darrow: Oh yeah, that's beautiful, go for it.

Richard: Well, you're waiting for some caller, I thought I'd you know call the expert and just pick your brain with a few questions if I could.

Dr. Darrow: Yes, go for it, Richard.

Richard: Okay. I listen every week by the way.

Dr. Darrow: Thank you.

Richard: I'm 68, I'm retired, I sit a lot. The beginning of the week, I went to bend over to pick up the bathroom scale, and I felt a knife go into, you know the very top of the hip, at the side in the back.

Dr. Darrow: Yes.

Richard: And I could barely straighten up. And before it had a chance to get worse, I got in the shower and I just got the stream as hot as I could on both sides, I believe it's the sciatic nerve. I've had this before when I was working as a post -- a mailman. I haven't had it since. And it's -- I'm fine when I sit. If I get up, or if I lean side to side, I still have discomfort. And I was wondering is it good to do hot, or should I do hot and cold, alternatively. Or should I use an ice pack. What's the best way of -- I don't know what I did. I think I pulled a muscle, I'm not sure.

Dr. Darrow: Well, number one, you're talking about an area right above buttocks, right in the pelvis.

Richard: Ys.

Dr. Darrow: And there are ligaments that attach the vertebrae to the pelvis there. That's number one. Number two, there is a muscle there called the quadratus lumborum, you can write these terms down and then you can look on Google and put the term in, and then up at the left hand corner, there's a spot that says images, and you can actually look right now at what I'm talking about. There's also

something called thoracodorsal fascia that attaches there. And iliolumbar ligaments. So you can look at all those things, and they all attach to the pelvis. And it's very common for them to be sprained. Sprained just means the tissue is stretched a little bit like a sprained ankle.

Richard: Right.

Dr. Darrow: So most injuries that people have are really nothing more than a sprain. When I say most, that happens you know all the time, there's nothing to really be concerned about. If you have a sprained ankle, you don't go to an orthopedic surgeon, to have a surgery, do you? No. It usually heals up. I've sprained my ankles so many times I can't remember, because I'm a runner, and I run in the mountains, and I do stuff that a lot of people wouldn't do, because I'm crazy. I just -- I like to sprint, I like to pretend I'm still 16 years old, and spiritually I am. There's no question about it.

Nita: I second that.

Dr. Darrow: About me or about you?

Nita: About you.

Dr. Darrow: Yeah, you know I'm very sophomoric I love to laugh.

Richard: As long as Dakota doesn't get in your way, right.

Dr. Darrow: Oh my God. You should see Dakota today, he's so old, and he just -- and he got very, very big. He's 85 pounds. And he's moving real slow. He had an ACL rupture in left hind leg. My wife won't let me take him running anymore, because she's afraid the other leg will burst, you know with the ACL. But he's a good guy. He's always been a good guy. He's 12 years old.

Nita: Wow.

Dr. Darrow: Twelve and half years old, so times 7, what is -- he's 85 years old, and he's showing his age. He actually has hair growing on the bottom of his feet. We have to cut the hair on the bottom of his feet. You know how when dogs they get real old they get hair coming out of their face and funny parts of their body. But he's a great guy.

And anyway yeah, you know the story he was in the dog park with me when he was lot younger, and I mean my Huskies would just sprint all over the place. And I would hook them together up here in the mountains where I live, I put a leash on the two collars and hook them together, and they pull me. So what do you call that, two

dog power or something, instead of horsepower. I don't know, but we really went fast up and down the mountains, and you know, I've sprained my ankles. I've sprained my knees, and low back like yours I've sprained. I've sprained my arms with them tugging on me. And those things usually go away. Sometimes they don't and when they don't or they didn't then, I would just inject them, I would go right to my office and I would inject them myself with my own cells.

So it's an easy process to do, especially low back. I think, you know, what I probably end up doing the most are knees. People, you know they say the knees go first, and a lot of people injure their knees, more so probably than anything else. I think low backs are probably second. But I do every part of the body. There's no part of the body I don't do, because people get these sprains or muscles tears, or meniscal tears in the knees and rotator cuff tears in the shoulders. And tendonosis is very common. That means that the tendon is worn down a little bit. Tendonitis is a term that means that there's a new tendon injury, it's acute. Acute means new, you know, the first three months. And then as it becomes more chronic, we call it tendonosis or a wearing down.

But your low back, I'm not concerned about at all, Richard, from what you're telling me.

Richard: Okay. So you say a muscle could be stretched out.

Dr. Darrow: Yes.

Richard: Okay. So it wouldn't do any good to do exercises to stretch it out more.

Dr. Darrow: No, no, no. You can do anything you want, you know you can try anything, because you're not in any kind of dire straits, there's no emergency.

Richard: No.

Dr. Darrow: You know you play with it. You play with your injuries and see what works. I'm sitting here right now at my desk with something, I'm going to show it to the video camera. This is a Graston tool on amazon.com, Graston tools. And people use things like forks or knives as a Graston tool. We actually rub out the tissue.

Richard: Oh, yes.

Dr. Darrow: And a lot of things that people get, are the fascia, which is the coating over the muscles that gets scarred up a little bit and need to

be rubbed out. A lot of physical therapists use these kinds of techniques. Ice massage is one of those. So there's a million things that you can try on your low back. I'd love to see you, if you want to pop in sometime.

Richard: Did you say ice?

Dr. Darrow: Ice, you know sometimes people just ice and put it into a wax cup and then freeze it, or put water in there freeze it, and they take that out, and they use that to kind of rub out an area, stretch it out.

Richard: Okay.

Dr. Darrow: And it's cold at the same time. As to whether heat or cold is better, there is no such thing on something like yours which I believe is a sprain.

Richard: No such thing, okay.

Dr. Darrow: I'm sorry, when I say there's no such thing. No one knows the best thing is what I'm saying. You try out what works for you.

Richard: Okay.

Dr. Darrow: So heat is great. Ice is great. Heat will relax, ice will contract it. Heat will open up the blood vessels, ice will slow down the blood. When people have a new injury, they typically are going to use ice, because it gets rid of -- ice gets rid of initial pain, you know it's amazing like that. But at the same time a lot of people like me don't like to use ice, because you want to get the blood flow there. And you want to have cells called fibroblasts get to the area. So the rice protocol, you know, rest, ice, compression, and elevation are things that guys like me don't like to use. But most doctors do like to use that, because it makes the patient feel better.

We like the swelling in the area. When I inject you, if you came in and we injected your low back with your platelets or stem cells, that causes inflammation. We want the inflammation there to bring fibroblasts to the area, to heal the area.

Richard: Yeah.

Dr. Darrow: Well, Richard, you're a great guy. I love you. Thank you so much for calling in. We're going to send a free copy of my book Stem Cell and Platelet Therapy, Regenerate Don't Operate, that means regrow the tissues, don't cut it out. And we've got a full board of callers here, so we're going to get Ronnie, next. Ronnie, you hang in there one second, man, I'm going to give out the phone number, anyone

who wants to call me now and talk to me live, I would love you for doing it, and you get a free copy of my Stem Cell and Platelet Therapy, Regenerate Don't Operate, the phone number here right now, to talk to me and torture Nita a little bit, if we have to tell her jokes.

Nita: Oh, I think we're too busy for jokes right now.

Dr. Darrow: No time for jokes.

Nita: No time.

Dr. Darrow: If you guys don't call in we're going to have to torture Nita. The phone number to the studio is 866-870-5752, 866-870-5752. And if you want to call the office at any time, the number there is 800-300-9300, if you want to watch videos of me doing these procedures of stem cells and platelets, just look on your internet and put in my website which is www.lastemcells.com www.lastemcells.com you can also email me from every single page on my website, it's a huge website, there's a lot of information there.

So Ronnie, let's go to you, this is Dr. Marc Darrow, you leg is bothering you and you have sciatica. How long has that been going on?

Ronnie: Yeah, hi Dr. Darrow, can you hear me.

Dr. Darrow: Beautiful, yeah, I can hear you perfectly.

Lonnie: My name is Lonnie; I think the screener got it wrong.

Dr. Darrow: R-O-N-N-I-E?

Lonnie: No, L-O-N-N-I-E.

Dr. Darrow: Sorry, L-O-N-N-I-E.

Lonnie: Yes.

Dr. Darrow: Okay, we got you Lonnie, go for it.

Lonnie: I talked to you over 10 years ago regarding knees on a bicycle, but I had a near fatal bicycle accident, and recovered fully.

Dr. Darrow: Oh my God.

Lonnie: But now I'm having sciatica problems. So do you treat that --

Dr. Darrow: Well, you have to explain a little bit more. So let me ask you some questions, do you have any back pain?

Lonnie: Low back pain yes.

Dr. Darrow: Okay which is worse, your back pain or your leg pain?

Lonnie: I think the hip pain actually.

Dr. Darrow: So when say hip, and they're talking about their back, it's usually above their buttocks, they're talking about, is that correct in your case?

Lonnie: Yes, but it does radiate down my leg.

Dr. Darrow: Okay. So most -- most actual hip pain, pain generated from the hip joint, people feel in their groin, in the front. So the stuff in the back, people call it their hip, but it's not their hip really. I understand you when you say your hip. But that generally can be the gluteus medius muscle and you can look that up on the internet, okay, just put in gluteus medius, Google that and then on the left-hand corner, click on images, and you'll see what I'm talking about.

And if that's what it is, and I won't know unless I touch your body to tell you what's gone. I don't diagnose based on MRIs or x-rays, or CT scans. They're useless in these kind of cases. I get them and I want them, because often they'll show things that I didn't know were there, that we didn't even think about. And I have diagnosed a few cancers based on getting MRIs or other images, or other things. One time I found blebs in a lung, you know things that we weren't looking for back pain, you know, back issues I saw the lung, and the guy had a blep there could have killed him, because he was a scuba diver, and had he gone down in the water he probably would have died. So we saved him with an image, but it wasn't related to what I was looking for, which was his back pain at the time. So I always get images in this day and age of lawyers, we have to be super careful as doctors and we have to go overboard. When I was in training, we were taught not to use images, unless we had to, because we were supposed to not spend the money for images. Hang with us, we're going to go break. This is Dr. Marc Darrow, Living Pain Free. Give me a call. We're at the studio at 866-870-5752, and if you can't catch me now, go to my website, www.lastemcells.com we're going to go back to Lonnie in a couple of minutes. Let's go to the break. Thank you, Nita Vallens.

Nita: Well, thank you and we'll be right back after this.

[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 you can call us right here in the studio at 866-870-5752, get your free book, Dr. Darrow's latest Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has over 250 studies, scientific studies and the foreword is written by Suzanne Somers. And right now we're talking to Lonnie in Chatsworth.

Dr. Darrow: Lonnie, hang with us, Nicky and Franko hang with us here. We're going to get to you. Be patient please. We love hearing our callers. And we love you callers, so please give us a call, 866-870-5752. And I love talking to people about their musculoskeletal pain. I love my work. I've been doing musculoskeletal medicine using regenerative techniques, stem cells, platelets, back in the old days Prolotherapy. And I have amazing, amazing success, it has worked on me over and over and over. I inject my own body. People go how do you inject yourself. And I go I'm a Navy Seal. I do what I need to do. I'm not really a Navy Seal, but in my consciousness, I am.

And as I'm injecting myself, I'm just like everybody else, I go this isn't really what I want to be doing, but I want to get better, so I'm willing to do it. So, I'm going to go back to Lonnie, here. Lonnie is talking about back pain and leg pain. And I didn't catch, how long has this been going on Lonnie?

Lonnie: Well, it's flared up probably a week ago, a week and a half ago.

Dr. Darrow: Okay. And how many times has it flared up over how many years?

Lonnie: Well, I was diagnosed with it two years ago, and I had a session of it then. And I went to the doctor, and he said -- I mean, I told him three signs, and he said yeah, it's sciatica and just take this medication Tylenol, whatever.

Dr. Darrow: Okay.

Lonnie: And think I thought it was cured, you know, because it hadn't bothered me for two years, and then all of a sudden like I said, a week and a half ago, it started in again. And I have a friend that has the same issue, and she's going to go through surgery. And I said, well, you ought to call Dr. Darrow and check it out, you know the

stem cell therapy is supposed to help that I think. But of course she's loyal to her doctor, to her surgeon.

Dr. Darrow: Of course.

Lonnie: Because that's I mean, he says he's going to put in a disk with a couple of screws. Does that sound like treatment for sciatica?

Dr. Darrow: You know, I'm not going to get in the way of some other doctor what they want to do. I don't other doctors getting in my face either. So that's a tough question to answer. The thing is no matter what's going on with anybody, I can't answer the question on the radio, I have to touch the body and examine it. I don't really care what the MRI says. Your friend may have a herniated disk, may have an extruded disk, that is sitting on a nerve.

But I'm going to tell you something, I have seen disks that are sticking out of the vertebrae a full centimeter or more, okay, that's big. And the person has no symptoms at all. Are you catching what I'm saying? Do you understand what I'm saying?

Lonnie: Yes, sir. Yes, sir, I'm listening.

Dr. Darrow: Okay, good. Because we can't -- I have a photograph in every one of my exam rooms of a good friend of mine whose spine was fractured, it looks awful even to a layman, when the patient walks in they go oh, that's terrible is that person paralyzed? And I go no. That person has no pain. And they say how can that be? Look at that x-ray. And I go don't look at any x-ray. This is an example that I'm going to teach you about right now, as a patient, you can't look at your x-ray, or your MRI, or your CT to decide if you have pain or not.

Because most people who come in, do have images and those images show something terrible that they need to have surgery on, but it's not the problem. So I don't diagnose or treat based on images. Now, their images are great, you know if there's a fracture or something like that and it's got to be repaired, but the general patient that I see, I'll often even send to an orthopedic surgeon, if I'm worried that there could be something emergent, you know, something there's an emergency. And the orthos generally come back and say we have to operate.

And then the patient comes back and goes but I don't want an operation, can you help me? And I go, I'll do my best. And rarely do any of those patients of my patients get surgery. So I'm very careful to make sure that a patient really doesn't need a surgery, that's number one, and I'm not going to take a case and try to treat

someone, if I think there's -- if there's a danger involved and surgery is needed. I'm going to ship them off to the ortho.

But most of the time, they don't need the surgery. So in your case, I'm going to get back to the same question, you had this flare of low back pain two years ago, and it was down your leg at the same time, yes?

Lonnie: Yes, sir.

Dr. Darrow: Okay. And then it went away after how long?

Lonnie: Oh, I can barely remember, I don't know a month or so. But it did leave numb spot on my ankle about six inches long.

Dr. Darrow: Okay. So it's probably L4-5.

Lonnie: You know and I did look at the symptoms on Google, and it only -- it hurts the worst when I'm sitting down, and therefore I can sit down. So I wanted to ask is there a stand-up support that I can use so I can work on the computer.

Dr. Darrow: Oh, yeah, there's all kinds of desks they make now that you can raise and lower. That's very common. And that's good for people that have back or neck pain, because they get to change positions as often as they want.

Lonnie: Sure.

Dr. Darrow: But I haven't gotten to the crux of something, I keep asking and I didn't get the answer, so let me see if I can focus you a little bit here. Which hurts more, your back or your leg?

Lonnie: The leg.

Dr. Darrow: Okay. That may be something that I can't help you with, okay. If it's back related, sometimes what we get are issues of referral patterns from the low back down the leg or from the neck, these referral patterns down the arms. And I have been able to heal many, many, many, many of those over the years, but sometimes it is what we call a radiculopathy, that means the radix the nerve exiting the foramen in the vertebra is pinched, it could be pinched by arthritis, by what we call stenosis, a squeezing of the nerve or by a herniated disk that's sticking out from the disk, some material, some nuclear material from the middle of the disk pops out, or it could be what we call an annular tear, where there is noxious fluid that is leaking on a nerve and irritating it.

So there's a lot of possibilities, and that's why I say, I have to touch you find out what's going on. Sometimes it just be the facets, those are the joints between the vertebrae.

Lonnie: It could be what?

Dr. Darrow: Facet, it could be the facet joints, it could be just those joints that are arthritic that are referring pain down the legs too, or from the neck down the arms, and those can be healed sometimes. I inject necks and backs every single day.

So it's too complex for me to answer on the radio, and I wouldn't tell you anyway, until I touched you and found out what is going on, and moved you around. That's what's important.

Lonnie: Okay. Should I just wait for a few weeks and see what's happens.

Dr. Darrow: You know, if it's not bothering you that much, yeah, I mean it went away by itself the first time, and like I said the studies show 94 percent of these go away by themselves, so the most important is don't run and jump to get a surgery. Because that will be a surgery you would wish you never had.

Lonnie: Yeah, well I don't do that. I am absolutely against surgery, and I'm 80 years old, I don't know if that helps, but you know things are changing all the time.

Dr. Darrow: Well, you're doing great for 80, Lonnie. God bless you.

Nita: Yeah, you sound like 50.

Lonnie: Yeah, I am. Thank you. I don't take any meds other than a thyroid, period, and that's it. I won't -- I won't even take anything. I don't want to take pain pills.

Dr. Darrow: Good for you. Good for you. Pain pills are no good for anybody.

Lonnie: I love your show. I love what you do, and I want to recommend it to my friend, but then she'd have to come down, she's in Portland, Oregon, so she'd have to come down here obviously, but I don't think she will.

Dr. Darrow: Well, she needs some sunshine.

Lonnie: I do, because it's raining like crazy up there and it's miserable.

Dr. Darrow: Of course. Of course. All right, God bless you, Lonnie. And I hope that this flare goes away immediately.

Lonnie: Dr. Darrow, I'm going to see what happens and maybe come in, make an appointment and have you examine me, okay.

Dr. Darrow: All right. I'd love it.

Nita: Thanks Lonnie.

Dr. Darrow: The number to the office is 800-300-9300, if you want to call there right now and talk to someone, it would be great. All right. We're going to go to Franco in a second.

Franco, this is Dr. Marc Darrow, I'm going to give out the phone number to the studio, so we can get some more callers before the end of the show, that's when they usually rack up, and then it's too late. So give me a buzz right now at 866-870-5752, 866-870-5752.

Franco, your shoulder is bothering you. Is it your right shoulder or your left shoulder?

Franco: It's my left shoulder, I've separated it three times, in '88, '91 and in '96.

Dr. Darrow: Okay.

Franco: And I've had -- I know what you -- I stumbled upon you by accident, I was looking for Warren Eckstein, and I'm usually stopped right around your show starts, so I turn on 870, and then listen to you. So hi-ho, hi-ho, so off to work I go, I can't afford the time off and it was fate. I have no doubt that you could help me.

I think it was fate, I was thinking about calling and asking if you have contemporaries in like Des Moines or Minneapolis, I'm right in the middle. And then just today you're talking about the people you've trained, and they come from all over the country.

Dr. Darrow: So I just had a woman yesterday who flew in from Minneapolis, so that's serendipitous. I'm going to be honest with you. There's very few people that I would recommend to this work.

Franco: I understand that.

Dr. Darrow: I've probably have done, I don't know for sure, probably the most of it of anybody on the planet, I do it all day long. I rarely take any time off.

Franco: I understand. I don't heard the ads for podcast, but there's one where it says a doctor in LA, or a guy's mom burned her hand horribly and he brought her to LA and did this therapy, they never mention any names. And it was miracle, the burns healed

miraculously. Meanwhile 1,500 miles away it was a completely story. It sounded like he went to someone that was nowhere near your skills, but --

Dr. Darrow: I know if I'm the most skilled, but I know I do a lot. And most people that do this work, don't do very much of it, okay, even what you consider --

Franco: If I could afford it, I'd be in your office on Monday and I'd be eating at Columbo's later that day.

Dr. Darrow: So what I was going to say, is people fly in from all over the world to see me. I mean I've had people from so many countries. I just had a woman fly in from Dubai yesterday, who I've worked with on and off for years, and she's had amazing results. And it's often -- actually, believe it not, it's often cheaper to fly in to see me than to see someone local. Because my prices are typically lower than anybody else's in the country. I keep them low for that reason.

I treat a lot of people --

Franco: I might have to look into that. You could tap me on the supraspinatus, and I'd scream in pain and drop to the floor.

Dr. Darrow: Well, let's talk about your pathology for a second. You've had three shoulder separations, so did the clavicle actually raise up off of the acromion, I mean do you have a lump on your shoulder.

Franco: You can see it -- yeah, I do, it's higher.

Dr. Darrow: And is it mobile, does it move up and down.

Franco: No, it doesn't to. It's pretty stable.

Dr. Darrow: Okay. So that area I treat all the time, that's easy to heal, that's not a big deal.

Franco: The shoulder area is -- and I know what you say about cortisone, but about a month and a half ago, and I used to be an ortho tech in medical systems, and I used to prep that -- yeah.

Dr. Darrow: Okay, great.

Franco: I used to prep for that, I work for the two doctors up in the Twin Cities that put the kids' arms back, they did the orthopedic part, an 18-hour surgery.

Dr. Darrow: Sure.

Franco: But it got so bad about two months ago, I didn't have much choice, because I have to shift with my right and I hold the wheel with my left, and I begrudgingly went in and my doctor, a DO gave me a cortisone and I asked for Marcaine included, and it hasn't bothered me too much.

Dr. Darrow: Franco, you got to let me talk a little bit too, okay. I don't like that you did the cortisone. I know it's feels good but it's eating away tissue as we speak. And as an ortho tech, you know that as well as I do. And for anyone listening --

Franco: Well, it was years ago.

Dr. Darrow: Franco, my turn. Franco my turn. My turn. I'm going to drop Franco right now and take this off of -- Franco you're a great guy, and you should be on stage doing the show.

Cortisone is not good for anybody. Let's just face it. And for those of you that don't believe who have had it, who have said it was amazing, go look it up on Google, and put in the words, Cortisone and let's say cartilage, use that. Put in cortisone, put in whatever you want and see what negative effects there are. There are so many negative effects I've seen with people that I just don't like to use it at all.

And it's rare I will ever use it, and the people that say it's amazing, they'll come back later and go now that spot is worse than ever. And I had that happen to me. When I was a lawyer a long time ago, I was playing a lot of tennis, and I had a cortisone injection in my elbow, I didn't know any better. And it immediately felt amazing. So what did I do? I went back out and played tennis. And after I don't remember how long it was like two weeks, my elbow got much worse than it was before the cortisone shot. And I've told this story before on the radio. I had a woman come in that had 16 cortisone shots on her elbow, she was a tennis player, on the lateral epicondyle. She could barely lift her wrist, because that tendon was worn out, it was gone.

And I had to inject her over and over and over for months to rebuild that tendon. She's back playing tennis again now.

Nita: Wow.

Dr. Darrow: But I didn't use cortisone, you know I used a regenerative medicine product to regrow the tissue. So you know people always thumb their nose in my face. But I had a cortisone shot, it worked. And then a year they come back, and go that was the worst mistake in my life. So to me cortisone causes injuries, all right, maybe not that

day, but down the road. So something I don't like. There are times when it's a good idea to do it. Franco, if you're still listening that shoulder separation is easy to heal, the pain in that AC joint to heal using platelets or stem cells, not a big deal, no reason to use cortisone for that at all. That makes it worse. And we'll see what happens with you. God bless you, I hope the healing stays, but most people it doesn't.

Nita: If not, book a flight.

Dr. Darrow: Yeah, book a flight, you need some sunshine out here. It's a good vacation.

Nita: That's right.

Dr. Darrow: So Nita, we're going to go to Frank who's got an ankle issues. And I'm going to give out the phone number to call me now. We've got a few minutes left, I'd love to talk to you. The phone number to the studio is 866-870-5752, 866-870-5752.

So Frank how long has your ankle bothered you for.

Frank: Hello.

Dr. Darrow: Hello, Frank can you hear me?

Frank: Yes, there we go. I just lost you for a minute there sorry about that. Anyway, yeah, doctor I'd like to talk to you about Haglund's deformity that I was diagnosed, and see if you might be able to treat that.

Dr. Darrow: What did they call it? What diagnosis did you get?

Frank: It's called Haglund's deformity. It's in Achilles tendon.

Dr. Darrow: Yes, go ahead keep talking. Frank are you with us. So I'm going to take this from here, because Frank you keep dropping out. The Haglund's deformity is really just a continual strain of the tissue where the Achilles attaches to the heel. And it grows sometimes on people very, very large, like a big callus. If you've ever had a callus on your foot. It's not a big deal, and typically they're very painful, because the person is either very overweight and they're putting a big strain on the Achilles where it attaches to the heel. And sometimes it's from excess sports where the calf keeps contracting harshly, jumping sports and things like that.

It's typically very easy heal for the pain, but the cosmetics of it, typically don't go away, meaning that lump stays there. So if it's a

cosmetic thing, you may have to go to a surgeon to get rid of it. But it's just the pain, I handle that, we inject it with stem cells or platelets, and it really is what we call an enthesopathy where the enthesis or the attachment is of that tendon to the calcaneus bone is irritable. And by injecting it, we grow tissue around that and stabilize it, and the irritation goes away, the inflammation goes away.

And it's kind of interesting, because people say well why do you want to inflame the areas with those injections, because it's already inflamed. The inflammation that people have when they're injured is typically high enough to bring enough fibroblasts to the area to regrow the tissue.

Now most injuries that people get go away, they heal up, but some things don't -- most heal, but a lot don't, they become chronic, and then we have to kick up the inflammation for a short burst of time, using platelets or stem cells, and then more tissue is brought to the area, more cells are brought to the area to grow the tissue.

Now these regenerative medicine techniques not only create inflammation, but they actually stimulate new tissue to grow, that's platelets, PRP, from the blood do that, and they have a lot of growth factors.

And then stem cells actually become the tissue. So we typically, if we're going to use stem cells are going to mix it with the platelets, and bone marrow has both the platelets and the stem cells. Everyone's bones are creating bone marrow as we speak. And that bone marrow has blood and stem cells in it. And that's being released into your blood system and your circulatory system every minute of your life. So people say well, doesn't it heal. Why don't those stem cells that I'm producing heal that area that's still bothering me.

Well, because it's not enough stem cells to that area. The body is trying to do it, and so what we do is we take them from the bone marrow, or platelets from the blood or mix them and put it right on that spot, so that there is a very much -- there's very much of a concentration of those cells to heal it up.

So, yeah, Achilles tendonitis we heal all the time, people with the Haglund's deformity no big deal, and pretty much anywhere on the body, I'll inject if it's in the musculoskeletal system to help heal it up.

So Robert, you're next in line. You've been very patient. Thank you so much. Your knees are bothering you. How long has that been going on Robert?

Nita: Robert are you there?

Robert: Oh I'm sorry, should I be turning down my volume.

Dr. Darrow: Yeah, turn your radio down so it doesn't echo.

Nita: All the way off would be best.

Robert: All the way off, okay can you hear me now?

Dr. Darrow: Oh, yeah.

Nita: Much better.

Dr. Darrow: How long -- Robert how long --

Robert: Yeah, yeah, okay I hear you now, I'm trying to drive and these people who don't know how to work cruise control. I'm speaking to the doctor in Los Angeles, right?

Dr. Darrow: Yes, sir. Robert, let me ask a favor of you, can you please pull over to the side of the road and be safe and off of your Bluetooth so we can hear you better. You go to focus here, you're on the road.

Robert: Okay, yeah I'm going to pull over here on Westlake Boulevard in Westlake, or just --

Nita: Oh Robert.

Dr. Darrow: Robert, for you go to the website because the show is over. Go to www.lastemcells.com and you can call me at the office 800-300-9300, get more information there. Watch videos on the website, www.lastemcells.com Nita Vallens, thank you so much. You're a great host. Alex, thank you so much, Suzette, God bless you all.

Nita: Thank you. See you next time.