

Living Pain Free 11/13/21 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, Nita Vallens.

Nita: Well hi there, Dr. Darrow.

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

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up, as always and I think you are too.

Nita: Absolutely. We want our listeners to live it up. So we want them to call and talk to you right now at 866-870-5752, and when you call us right here at the station, you get your free book, Dr. Darrow's latest called Stem Cell and Platelet Therapy, Regenerate Don't Operate. The foreword is written by Suzanne Somers, and it has 264 scientific studies, did you know that?

Dr. Darrow: I think I remember that, when I was writing it.

Nita: I knew you'd like that. So Suzanne actually put you in her book, the most recent one by her is, A New Way to Age, and you actually got quite a spread there on page 302 to 316.

Dr. Darrow: That's right.

Nita: And so you two go way back helping each other.

Dr. Darrow: Oh, yeah, we've known each other for years and years and years. Actually, I'm looking at the inside of the book that she wrote a little message, I haven't seen this in a while. Let me see what it says, "Hi Marc, this is just for you, a real book comes soon." I don't know what that means.

Nita: Oh, that's probably a galley or something.

Dr. Darrow: Yeah, this is a galley she sent me, you're absolutely right. Yeah, Suzanne Somers, a shout out to you, God bless you. We love you so much. Suzanne Somers for those of you that don't know her is an

advocate of medicine that is natural, and that's what my work is involved with, natural medicine, which is healing the body using cells from your own body. I know that seems hard to understand when we live in a world, in a culture of surgery and medication. That's how we grew up. That's what we think is correct. When I was a little boy, I always wanted to be a doctor. And our family was involved in medicine. And the people that we prayed to the most were the surgeons. We thought they were just Gods, at that point.

And things are changing though, over the years. I've been a proponent of actually my whole life. I had a surgery on my right shoulder, when I was in medical school that really jacked it up pretty badly. And I learned the hard way that surgery is not always the answer, and in fact when it comes to musculoskeletal issues, neck pain, back pain, all the joints, tendons, ligaments, I am not a proponent of surgery, unless it's absolutely necessary, which it is a lot of the time. And which it isn't most of the time. So, that's just me talking, you don't have to believe me, that's been my experience. I've been in medicine a long, long time.

And since my shoulder was operated and injured by the surgery, I was looking for another way to heal. And I found something that we now call regenerative medicine. Back in the early days, we called it Prolotherapy. Prolo from the word, the Greek word, proliferate. And what we do, us regenerative medicine docs, is we stimulate the body to produce its own natural healing and produce more tissue. Collagen is the structural protein of the body, and we know how to stimulate more collagen growth. It's that simple. So, let's say that you have a meniscal tear in your knee, can that be healed? Yes. Do you have to put a knife in it to fix it? Nope. And unfortunately, a lot of my patients who come in, I have new patients every day, and a lot of them have had a failed surgery to the knee, shoulder, neck, back, wherever it is. And they're in a quizzical state, ask me why did the surgeon say this was going to fix me, and I got worse? I see it all the time. So I do have a jaundiced eye about surgery, I have to admit it. I had a bad outcome myself. And I see patients all the time with bad outcomes. I'm not bashing the surgeons at all. I love surgeons. I think they do the hardest work in medicine. You've got to have a lot of guts to go into surgery.

I did a lot of surgery myself, when I was in medical school, and internship. And even before medical school, I would bed orthopedic surgeons, buddies of mine, to let me come into surgery, because I loved it so much. And I was on the path to become an orthopedic surgeon, until my shoulder got jacked up from a surgery. And I loved my surgeon. I still do. It's just that they don't come out the right way sometimes. And we get callers all the time giving

their stories of how they had surgeries that didn't work. Sometimes we get callers who say it did work. But I look at it like gambling. And I'm not a gambler. I don't like gambling. I don't like Las Vegas. Yep. I don't like Las Vegas, folks. I don't like to put money down thinking I'm going to lose it. Even with the thought I might make a lot more.

My experience and the studies that are actually in my book, which we're going to give you a free copy of, if you call in and speak to me right now. So, I'm going to give out the phone number to the studio, and you can call me right now, Dr. Gene who was my radio host years, and years, and years ago, used to say live and local. Did you ever hear his shows, Nita?

Nita: I did. I did.

Dr. Darrow: He was such a great guy.

Nita: I met him. I met him.

Dr. Darrow: Yeah, that's right. Yeah.

Nita: I met him a couple times at your house, and I also really was -- felt so honored to replace him, because he retired.

Dr. Darrow: Yes, he did. He's a great guy. Dr. Gene if you're listening, God bless you. You're a great man. Dr. Gene owned like a dozen pharmacies. He was what we call a frustrated MD. You know, like the pharmacists usually are. They know an awful lot, but they don't get to really practice medicine.

In the days of the old-time pharmacist, where they'd sit and counsel you, and tell you how to live your life, and do what's healthy for you are kind of gone today, which is too bad. Anyway, the number to the studio right now to speak to me is 866-870-5752, go run and get your pen, and write it down, I'm going to give it to you again, because I want to talk to some people. I have a lot of questions waiting here, until we get some callers, but I love getting callers in, you can stump me with any kind of musculoskeletal medicine issue, anything about orthopedic surgery, neurosurgery, things of that nature, that you're involved with, parts of your body, and I always tell people if -- if you're shy, still call up. We're going to still love you, and you can pretend that it's your father that has the problem, or your brother or your sister, or you wife, or whatever that is. And you can even fake name, we don't really care. So, the number to the studio again is 866-870-5752. I'm going to give out another number too, for those of you that are shy, you can call the office and get more information that we don't talk about on the show, and that

number to the office is 800-300-9300, I'll repeat it again, it's 800-300-9300.

And for those of you that are computer savvy, you can go to the website, which is www.lastemcells.com, www.lastemcells.com. And you can actually watch me doing these procedures. I have a lot of videos on there and see if it's something you want to do. I like what I do, it's simple. I'm a simple person. And it's simple in the sense that a patient will come into the office, they walk in, they'll get some injections of cells from their own body, and they'll walk out. There's very minimal side effects. There's a little stiffness afterwards, which are akin to a workout, when you work out, you get a little bit stiff afterwards, and that's what it feels typically. Some people don't feel anything afterwards. Some people feel better afterwards, it's just hard to predict what will happen with a person, and people always ask. They say how soon am I going to feel better, and I don't have a crystal -- actually I have crystal ball. I use it for decoration. I love crystal balls. I lived in Berkley, California, you know which was the center of all that type of stuff. So I love crystal balls and I love all of that, but I don't know how to use one to find out what your future will hold, what we call the prognosis.

So, what I tell people is, there is no guarantees with my kind of medicine, but there is no guarantees with any kind of medicine. And lot of surgeons tell my patients, well this can't work. You can't grow cartilage. Well, that's not true. I've got a whole book of studies here, that you'll get a free copy of, if you call me up right now and the number again to the studio is 866-870-5752. I want to talk to you. Please call. In the meantime, Nita, do you have anything to say before we go onto some questions that I have?

Nita:

Yeah, I really -- you know, I always get copies of your book, because I hand them out to everybody, I mean strangers in parking lots that I see limping, I hand them out. And it's really -- you've just got to read this book, 866-870-5752 is our number. You do get the free book when you call. And if you've just tuned in, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. And the foreword is written by Suzanne Somers, who if you don't know who she is. She's an actor who's been writing books about health, natural methods to get healthy for decades.

Dr. Darrow:

Yeah, she's amazing, just amazing. Suzanne Somers, I love you. And I think every doctor who does natural medicine loves you, because you've helped all of us get out to the public. All of her books have chapters by different doctors, and it actually gives their protocols. So often times you don't even need to go to the doctor, you can just follow what the protocol is to heal. So it's pretty amazing stuff.

So I'm going to mention a couple things then get to some questions, hopefully we get some callers by then. We do something called the Vampire Facelift in the office, using platelets or stem cells, inject them into the face, very quick, simply procedure. That also grows back the collagen in the face, and makes you look young. And we do it on the top of the head, to help regenerate hair.

So here goes a question, you ready, Nita?

Nita: Ready.

Dr. Darrow: Okay. Do you want the kind of question that is going to make you laugh, or do you want a kind of question that gives us some medical information?

Nita: Listen, everything makes me laugh. It's your call. I'm happy, no matter what, even when I miss all the answers and feel like a fool, I'm a happy fool.

Dr. Darrow: No. You got two -- you got two correct answers.

Nita: I did. That was amazing.

Dr. Darrow: Here we go Nita. Where does the electric cord go to shop?

Nita: In the plug.

Dr. Darrow: You're very close, an outlet mall.

Nita: That's where I shop, I'm in.

Dr. Darrow: That's right. Okay, the next one. Why are frugs so happy?

Nita: They're leaping all the time.

Dr. Darrow: Yes, they are. They eat whatever bugs them.

Nita: That's a good one.

Dr. Darrow: I really do that just to hear you laugh. Because you have the cutest laugh of anybody it's very sweet.

Nita: Well, thank you.

Dr. Darrow: All right. So I'm going to go to a question right now. This says osteoarthritis in my right knee. So it goes on to -- by the way, people email me from the website all day long, all night long, from all over the world, and I answer every one of them.

Okay, so it says my friends said that 10 years ago, you treated his knee, and he was very pleased and still happy with the outcome. I have osteoarthritis in my right knee, looking for ways to improve it. Can stem cells help? Usually, yes. But I'm not going to tell anybody over the radio that I can help them, and you know, we need to do an examination. When I get emails from people they often are accompanied by an MRI or an x-ray. And they say, so can you fix it. And I tell them that I don't know the answer to that without an examination, because you can have a terrible looking MRI and have no pain. And you have a great looking MRI or x-ray and have terrible pain. They don't necessarily correlate, okay.

I still like to get them. I like you to bring them in, when you come in, so I can look at them, because there's a lot of information in those studies, but I don't treat based on them, if that makes sense. So as an example, a lot of people come in with labral tears in their shoulder, or labral in their hip joint. The labrum is a coating around the bone, that helps hold the bone into place in the joint. Labrum comes from Latin, meaning lip. Labrum is lip in Latin. So, it's a lip all the way around the bone in the -- in the hip joint. It's the humerus bone -- I'm sorry, that's the arm in the shoulder, in the shoulder it's the humerus bone, that's the arm bone, and in the leg, in the hip joint, it's the femur. So the problem is this. If you Google labral surgery, you're going to find out that the outcomes are not very good.

In my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate has a lot of these studies in there showing that these labral surgeries are not good surgeries to do. My book also shows you that most of these little surgeries for meniscal tears and tendon repairs and things like that, joint replacements are not that great. They sound great, because it sounds like you're going to come out better than you started, but unfortunately my clinic is full of people that had these surgeries, where the surgery failed. And I say this on most shows, I'm going to -- in case I haven't said it lately, I'm going to say it now.

The insurance companies actually have diagnostic codes for failed surgeries. So, for instance, failed back surgery is a diagnostic code. What that means in there are so many people that have surgeries in their back that comes out bad, that the insurance company had to make a diagnostic code for that procedure. What does that tell you? It tells you to watch out getting surgery, and if you're thinking of surgery, please see a regenerative medicine doctor like myself who can hopefully heal you without a surgery. I have so many people coming in, who are ready for a surgery. They have a date picked, and I laugh, when I examine them, and say you don't need a

surgery. And they go why are you laughing? And I say, because there's nothing really terrible wrong with you. Your MRI looks bad, but you look good.

So, a story, I had a gentleman come in about a week ago, who I hadn't seen in a year. And he said, Dr. Darrow, you know you treated me a year ago for my right hip, and it was a miracle. And I said, well, thank you for that. I'm not sure what a miracle means. He says, I don't have any more pain. He said when I first came in a year ago, you told me, you were not going to give me stem cells on my hip, because you thought it was so frozen that it wouldn't work, and you didn't want to take my money. And I said well, I don't want to do something for someone if I don't think it's going to work.

He said, I called you back later after you sent me home. And I begged you to do the treatment. And I said, this me personally, Marc Darrow said, if you take all responsibility for this, and you understand there's a very low percentage chance you're going to heal, I'll do it.

He came back, we inject stem cells into his hip. He said he was completely healed, full range of motion and no pain. So when he came back, I said what happened, did that stem cell therapy I gave you fail later? He says no. Now, I'm here for the other hip. So we did that. The hip that I worked on is still good.

So I never know who is going to heal and who is now going to heal. I have to be honest about that. I've had people that have things that weren't that bad, and I thought they would heal, and they didn't. And then vice versa.

So this person with the osteoarthritis in the right knee, I do that all day long. We do a lot of knees and people that have arthritis that have these big effusions in their knee, effusion just means fluid in the knee which is typically hyaluronic acid that the knee produces to lubricate. So the bones can be smoothly mobile. But unfortunately, when there's arthritis, there's a plethora or an excess amount of this hyaluronic acid. What most doctors do though, inject hyaluronic acid, which to me is like brain dead. Why are you going to put more in, where there's already too much causing pain? It doesn't make sense to me. But that's traditional medicine. I don't do that procedure. I don't inject hyaluronic acid. When we do platelets or stem cells, which we get from your body, that helps create a little bit of hyaluronic acid, right there, the natural way. I like to do things naturally, right.

I'm going to give out the phone number to the studio, it's 866-870-5752, please call me and ask me any questions you want about

musculoskeletal orthopedic medicine. Again, it's 866-870-5752. And you can always go to the website to email me. Every page has a slot to email me. And that's www.lastemcells.com if you call in now, you get a free copy of my book, a \$25 book, called Stem Cell and Platelet Therapy, Regenerate Don't Operate.

So another question, if you don't mind, Nita, unless you have something to say.

Nita: Let's do it. Let's do it.

Dr. Darrow: Okay. This question is all about, what does it say, lower back issues, neuropathy in legs and feet. Okay. So, the person emails in from the website, and says would like a consult, have been generally impressed with your radio show and the information on your website. Thank you.

My problem area is my lower back and L4 and L5 vertebrae. I have neuropathy in both legs and feet. I saw two surgeons through Loma Linda University Healthcare. They would use plates and screws to stabilize my spine. Quite frankly, I believe your procedures make much more sense for trust recovery and wellness. Thank you, he gave his name and phone number, I won't give that out, but I did get a hold of this person, gave him a lot of information, waiting for him to come into the office.

So, what's my two cents on all this? The back pain that he's got, we usually don't have a problem healing. Because most back pain really is from the ligaments that are sprained. So when people have -- I use this as an analogy. When you have a sprained ankle, it hurts like the dickens, it swells up, often gets black and blue and very, very painful for six or eight weeks, and then kind of heals on its own.

Those are typically the anterior talo fibular ligament, or the deltoid ligaments in the ankles that get sprained. We've got this -- you know, for me a six-foot body on this little ankle. And it's easy to sprain. I've sprained my ankles endless times running, hiking in the mountains all of that. Most people that come into my office have had an ankle sprain, some have not. And when I tell him -- hang on, I'm going to sneeze, I think...

Nita: Okay. You may.

Dr. Darrow: Thank you.

Nita: Oh, the sneeze brought us good luck because we have a caller on hold.

Dr. Darrow: Okay. Let me just finish this up.

Nita: Go ahead. Yeah, go ahead.

Dr. Darrow: And then we'll get to Russell. Russell don't go anywhere, because you've got a great question there.

But my point is this. This thing about getting plates and screws in the back, that's called a fusion. Those don't always work too well. And the person says they have neuropathy in their legs and feet. You really have to do, if you have any symptoms, if you have back pain and you have symptoms down the legs, you've got to do an EMG and a Nerve Conduction Study. That's electromyogram and a nerve conduction study to find out if it's really a neuropathy, which is generally caused by overuse of alcohol or diabetes, those are the two main causes. It can be chemically induced. Or it could be a pinched nerve in the back, in what we call a radiculopathy. So before anyone gets a back surgery, a neck surgery, you'd better get that study done. They used to do when I first started out, and I don't see surgeons doing them anymore. I don't know why.

Anyway, Dr. Marc Darrow here, we're going to go to Russell in Montebello, your wife needs a complete knee replacement, according to what the call screener says here. So Russell, why don't you tell me the history here. How old is your wife?

Russell: She's 62.

Dr. Darrow: Okay. And I assume she had an MRI, and it showed that she has arthritis in her knee, is that correct, or not correct?

Russell: Yes, probably, arthritis is in family, her family. But my main question is, as far as MRIs, sir.

Dr. Darrow: Yes.

Russell: Would you complete the surgery without looking at MRI?

Dr. Darrow: I personally wouldn't do a complete knee replacement with an MRI or without it. I'm not for those surgeries. I get too many people that come in, who have terrible results with knee replacements. I'm not saying everybody. So people do great. But I started out the show saying I'm not a gambler, if we can fix something naturally, that's the way to go. You know, my first law of medicine is do no harm. That's the law of medicine. Please hang with us, Russell, we're going to go to the break. Anyone who wants to call in after the break, it's 866-870-5752 and my office number if you want to get a hold of me there is 800-300-9300.

Nita: And you're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this important information coming your way, 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 at 866-870-5752. You can talk directly with Dr. Darrow and get your free book. And that book is amazing, it's called Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has 264 scientific studies, actually.

And right now we're speaking with Russell in Montebello.

Dr. Darrow: Hey Russell, Dr. Marc Darrow, we were talking about your wife being told that she needs a knee replacement and it's possible, it may be good for her. It's possible it may be terrible for her. I don't have the answer for that just talking to you. But I do want to get some more information.

First of all, for those of you just tuning in, if you can hang with me Russ, the work that I do is called regenerative medicine. And what we do use your platelets from your blood to inject, so it's very simple procedure, just do a blood draw, and then we can spin it in a centrifuge, get rid of the red cells. We never want to put red cells into a knee, because of the synovial lining, it would blow up like a balloon, and then you have what's called an effusion full of fluid. And you don't want that.

So we spin it, and the red cells are heavier than the platelets and they go to the bottom of the test tube. We take the platelets from the top, and we inject it right then. I use an ultrasound to guide the needle, otherwise the injection doesn't always get into the joint. The studies and there's some in my book show that if you don't use an ultrasound guided procedure, you're going to miss the joint about one-third of the time, which is kind of dumb not to use an ultrasound. They're easy to use. Unfortunately most doctors don't use an ultrasound, and you know my opinion of doctors, even though I am one, is that most of them are what I call dinosaurs.

They learn what they learn in med school and internship and residency and then that's it.

They stick to the format of the tradition that they grow up in. And I think in order to be a really good doc, you've got to keep growing your intellectual capacity, your procedure capacity, and even though what I do now is platelets and stem cells for healing the body, if something new shows up this afternoon, I'll be one of the first people to learn it and use it. I usually try it out on myself first, before I give it to patients.

So, I mentioned the platelets and then there's an even more what I'll call powerful or effective treatment that's using your bone marrow. Another very simple procedure. Where we numb up the area in the back of the pelvis, called the PSIS, posterior superior iliac spine. And then we put a needle just into the pelvis there and then aspirate out the bone marrow. And then we can inject that into areas. That also has platelets in it, because the bones make the -- the bone marrow makes the blood and the stem cells.

So, let's get back to your -- Nita, are you typing this whole time? I kind of hear this clicking. Let's get back to Russell, with your wife's knee.

Nita: Okay. Let's do it.

Dr. Darrow: How long has that been bothering her, Russell?

Russell: It's been a number of years, and because of that one knee that's bad, the other knee is giving out.

Dr. Darrow: That makes sense, yes.

Russell: Well, she is -- she is obviously afraid of surgery. So my question to you, in your practice, do you prefer ultrasound over MRI or does that question make any sense?

Dr. Darrow: Yeah, it makes a lot of sense. And thank you for asking it. It's different. You can't inject really during MRI. We don't use MRI for injections really. We use the ultrasound for injections. So, the ultrasound is portable. I have three of them in my office. We roll them from room to room and wherever the patient is. And then it's a live image. So wherever I put that ultrasound if it's on your shoulder or your knee, or your hip or whatever, we're actually watching it live. We're watching it move and then I can see what's going on inside with the examination. I can see if there's fluid in there. I can see if there's tears or whatever it is.

And then importantly is when I do the injection, I can see the needle moving inside the body. And I can that it goes to the exact spot that I want it to go to. Without an ultrasound, you cannot do that.

Russell: So in a sense you wouldn't even need the MRI in a sense?

Dr. Darrow: For some things, but MRIs are better than ultrasound for a lot of things. So I do get MRIs, yes.

Russell: Okay.

Dr. Darrow: And sometimes x-rays are fine. It just depends. It's all different depending on what's going on with a person, what body part it is. So let me ask a couple questions about your wife. Can she walk?

Russell: Yes. But you know, she's kind of limping of course.

Dr. Darrow: She's limping, okay, yeah, that makes sense.

Russell: Yeah, I've been wanting her to go to the doctor and see what we can do, you know. She did have an MRI too about three years ago. But obviously nothing happened with that.

Dr. Darrow: Okay. So is by any chance...

Russell: Oh go ahead, sir.

Dr. Darrow: No. Go ahead you can talk.

Russell: No, no, the MRI did show that she needs a complete knee replacement.

Dr. Darrow: Okay. So you just said something that's the million dollar, what should I put it as, the million-dollar confusion. Okay. You said the MRI shows that she needs a knee replacement. MRIs don't show that people need knee replacements, unless the joint is completely destroyed, crushed, you know has a bone infection that's destroyed it. I mean there is a lot of things where people do need joint replacements. But MRIs, generally, for someone who is walking around don't say, hey, you need a knee replacement. It's the doctor who says it, okay.

Russell: So that would be more an ultrasound then?

Dr. Darrow: No. No, no, no, nothing determines it except the examination. The physical examination determines that.

Russell: Okay.

Dr. Darrow: You don't ask an MRI what to do. You look at it for additional information, but the exam is what counts. The exam includes the history of you know how does the patient feel? What can they do? I just had a woman come in, I think it was just yesterday, or the day before and she said -- she had a Worker's Comp case. You know, she was injured on the job. And she said her doctor said she needs a hip replacement. I examined her, and I said why? You have zero pain. I said walk around. She walked around. She was barely limping, I'm not even sure she was limping. But the MRI showed that she needed a hip replacement. The x-ray showed she needs a hip replacement. What's that?

Russell: Why wife does have pain while she's walking.

Dr. Darrow: No. I understand that. I get it. But she needs to be examined to find out whether using platelets or stem cells or both together, we can help her get rid of the pain and make her happy.

Russell: Okay.

Dr. Darrow: I don't have the answer over the radio, by what you're telling me. And it's not the MRI that tells the doctor that a person needs a surgery. That's the doctor's culture that's telling him that. I cannot tell you how many thousands and thousands of people I've seen over the last 20 plus years who have been told they need a surgery, who never had to have a surgery. We get callers, almost every week that tell that story, where they call up, and they go my doctor told me 10 years ago, I needed surgery, I'm fine now. I never had the surgery.

Why get a surgery, when you can get infected, it can come out worse. When people do aa surgery, when doctors do a surgery, let's say on the knee, a clean-up, you have immediate arthritis afterwards, immediate.

Russell: Okay.

Dr. Darrow: Because tissue is taken out. Is this making sense, Russ?

Russell: Well, it's something I'm going to talk to my wife about, and see what we can do, and you know, maybe take a few steps forward and I'll tell her that I spoke to you, and that your approach of the...

Dr. Darrow: Yeah. I mean, look before anybody gets a surgery, unless it's an emergency, look if you have an emergency, go get the surgery, right, you know the bone is sticking out of the leg or something like that. But if you're okay, it's not a rush. You know, and there is time to check with a doc like myself who does regenerative medicine, using

platelets or stem cells to regrow the tissue, and hopefully heal it. You know, it's why are you going to do something that's not conservative. Do the conservative things in medicine first.

Russell: Okay. Well, I thank you kindly for your time, sir.

Dr. Darrow: Yeah, you know, and something that people don't know is, you know in the studies that we look at, the number one and number two causes of death are heart disease and cancer, right. But you'll never guess what the number three cause of death is. Tell me what you think it might be, Russell?

Russell: Okay, sir, thank you kindly for your help.

Dr. Darrow: Nita, thank you very much for...

Nita: I know what it is.

Dr. Darrow: Nita, do you know what it is? Tell us, what is it?

Nita: It's iatrogenic, which means caused by the doctor, the medication, the hospital personnel or whatever, but it's basically a medical mistake.

Dr. Darrow: It doesn't even have to be a mistake, unless you call going into a hospital a mistake, which I do. I don't ever want to go in a hospital. Hospitals carry infections. You have no clue the number of patients I've had who were not that bad off, whatever they went into the hospital for, and come out with a life-long infection.

Nita: Well, we had a caller about two years ago, Christmas time from a woman that lost her husband ultimately because...

Dr. Darrow: Oh, Katherine, yes.

Nita: Yeah, remember that?

Dr. Darrow: Kathy, yeah, I do.

Nita: Yeah, Kathy.

Dr. Darrow: I do. It was about two or three years ago. Yeah, I remember she called up, and she was bawling her eyes out saying Dr. Darrow what happened. My husband came out of a neck surgery on a ventilator. And said well, I'm really not the guy to ask. You need to ask the surgeon. And she said, the surgeon came out after the surgery, I was in the waiting room. And he came out, and he said it all right, and walked away, and that's her answer.

Nita: Oh my gosh. No compassion there. We were both crying on that call.

Dr. Darrow: Yeah, we were. And it gets me all emotionally worked up, just thinking about it now.

Nita: Yeah, me too.

Dr. Darrow: That was not a good one. I'm not saying, I'm not trying to imply that surgeries are bad. I'm just saying the ones that I see obviously people come to me after they had a bad surgery. So I see the bad ones. But there's a lot of them. There's a lot of them. Then why do something like that, if you don't need to. Be conservative. Always be conservative in medicine. Do the things that have the least potential side effects. Hey, let's go to Jim. He's been waiting.

Jim, Dr. Marc Darrow, what's going on with you today?

Nita: Hi Jim, are you there?

Jim: Oh yeah, I'm sorry I didn't hear that.

Nita: You're on the air.

Jim: Yeah, actually, can you hear me okay?

Nita: Yeah, we hear you great.

Dr. Darrow: Perfect.

Jim: Oh, perfect, okay. Yeah, actually I think I had a bad connection, I was driving when I called in. I was actually calling for my sister-in-law, not for me. She had an injury playing ice hockey. She plays roller hockey and ice hockey. And she went to the doctor, there was a lot of swelling. So they told her to wait and get an MRI. She got the MRI I want to say like two or three weeks ago, and met with the doctor, and he suggested surgery. So she was diagnosed with a minor tear in her meniscus and a minor tear in her ACL.

Dr. Darrow: Okay.

Jim: And the first doctor recommended surgery, he said, you could probably try therapy, but my opinion is you'll heal faster if we do the surgery. So she went to get a second opinion, she was kind of leaning towards the surgery, because she thought it would be you know quicker to get her back up and...

Dr. Darrow: Sure.

Jim: And the second doctor he recommends just physical therapy. He said it would probably heal on its own. But he mentioned something like you know six to eight weeks of physical therapy.

Dr. Darrow: Yes.

Jim: So my question is, she is going to go with the physical therapy. Would your treatment help get through that quicker?

Dr. Darrow: I'm not going to promise, but the answer is yes.

Jim: Okay. Okay, that sounds good. Yeah, I listen to your show you know whenever I'm working on Saturdays, and I'm on my way into the office.

Dr. Darrow: Thank you. Thank you. I appreciate that. May I expound on my medical opinion...

Jim: I'm sorry?

Dr. Darrow: May I expound on my medical opinion on what you've told me so far?

Jim: I'm sorry, I don't know if I'm...

Dr. Darrow: Okay, no problem. I'm going to give you some information now, if you want to listen.

Jim: Yes, go ahead.

Dr. Darrow: First of all, all the studies that I've read say if you have -- even if it was an ACL rupture, that means complete rupture, you don't do a surgery for three months. Okay, because many elite athletes, pro athletes don't even have ACLs, they've been torn. And they can do their sport perfectly. They don't know the difference.

Jim: Okay.

Dr. Darrow: All right? So whoever that first surgeon is, is very aggressive, God bless him, I love him you know. I love everybody. But that's not the way I would go. Your sister's knee is probably going to heal fine, if we put some stem cells in or platelets in or both in it, she's probably going to get better faster, because they'll bring more healing to the area. So, number one, when you have, even if it were a real ACL tear. Hers is not, she's probably -- she has probably had the minor meniscal tear and the minor ACL tear there for years, okay.

Jim: Oh, okay.

Dr. Darrow: For years. She's a rampant, high-level athlete if she's doing ice hockey and roller hockey, and this is the first time she's injured her knee. I'm sorry.

Jim: No, that's probably true, yeah.

Dr. Darrow: Her knee has injured every day she's done her sport, to some minor degree, right.

Jim: Right.

Dr. Darrow: So just because she had a little tweak this time, and it swelled up, means nothing to me in terms of, I'm not concerned. The first thing she needs to do in my book, is she needs to get looked at with an ultrasound to see if there's fluid in the knee. If there is, and you're saying it's swollen, that needs to come out immediately.

Jim: Okay.

Dr. Darrow: Then the knee can heal quick.

Jim: Okay.

Dr. Darrow: It can't be done properly without an ultrasound because the way that I see the surgeons do it is blind. And it's painful. The way I do it, doesn't -- you don't even feel it. I numb up the area. I know exactly where every drop of that fluid is. I don't need to be poking a needle all over the place, hoping I'm going to strike oil, do you understand that.

Jim: Okay, yes.

Dr. Darrow: I don't know why the orthopods are not compelled to use ultrasound. They don't think they need it. But honestly I didn't think I needed it either, when I first learned years and years ago how to do it. The only continuing education that I really do is with cadavers and ultrasound. I do that every year a couple times, where I spend several days learning my skills with ultrasound. It's the most important thing if you're going to be injecting into the body. You need to know where that needle is going.

So, number one, in my book, I'm not telling you what to do, or telling your sister what to do. If she were my patient, she isn't, if she were, I would look with the ultrasound, if there's any fluid in there, I'm going to take it right out. In two seconds she would say oh, I feel better, thank you. That might be all she needs.

Now, I get people all the time who come in with complete ACL tears, every sport, their knee is full of blood. I aspirate out the blood, and guess what? None of them have ever had an ACL repair that I can remember, not one. They didn't need the surgery.

Now it is possible that someone with an ACL tear needs a surgery. If that knee is flopping around, and it's loose, then you need the surgery. But you have to be careful after that surgery, it's a nine-month rehab minimum. And a lot of them tear during that period. So you put in the graft, you know, you take cadaver graft, or a medial patellar tendon graft, or a hamstring graft, and you put it in there, and then they rip again. So, I'm not a lover of that ACL surgery, unless the knee really is loose.

Jim: Yeah. She's actually walking pretty well with a brace. It's you know obviously not healed yet.

Dr. Darrow: Yeah, well, it's a brand-new injury, my God, yeah. Hey look, even if it's something simple like a sprained ankle, it hurts.

Jim: Right.

Dr. Darrow: If you have a sprained ankle, do you get a surgery on it? No. So why would a sprained knee get a surgery.

Jim: Right.

Dr. Darrow: It just doesn't make sense. The surgical culture makes zero sense to me, in my experience as a doctor. I'm not saying surgeries are not necessary. They are necessary, but not to the extent that they're being don't. I'm going to put a ridiculous number that I'm making up, that is not founded. I'm going to say 99 percent of these surgeries should not be done.

Jim: Wow, okay.

Dr. Darrow: Just the fact that a surgeon told -- the first doctor said, let's operate, you'll heal faster makes no sense to me.

Jim: Okay. Yeah, that's what I was hoping for. And luckily, she decided against the surgery, but I just wanted to see if there is a way for her to maybe recuperate a little bit faster.

Dr. Darrow: I think so.

Jim: They did think the meniscus would heal on its own. But the ACL, they just said that it could take six to eight weeks of physical therapy.

Dr. Darrow: Well, again, -- again, again, again, please hear this Jim. The things they see in the MRI may have been there for 10 years, it may not be the culprit.

Jim: Right.

Dr. Darrow: So, why go fix something that's not the problem.

Jim: Yeah, that makes sense.

Dr. Darrow: My mom, who was very wise, used to say to me, Marc, if it ain't broken don't fix it.

Jim: Okay. And just one other quick question. She has pretty good health insurance, would they cover any of that, any of your treatment.

Dr. Darrow: You know in terms of issues about that, you have to call the office, at 800-300-9300.

Jim: Okay, I have the number, I wrote it down, I'll have her call.

Dr. Darrow: I know but everybody else doesn't.

Jim: Oh, I'm sorry.

Dr. Darrow: There's a lot of people shifting radio stations, so it's for them too.

Jim: Yeah, go ahead.

Dr. Darrow: The number to the office to get more information is 800-300-9300. And I would love to get some caller into the show, right now to talk to me live. It's 866-870-5752. You get a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate with a foreword by Suzanne Somers. And that will go to you free. I send out a ton of books free every day. And I want to educate people, how they can save themselves from surgery they never needed in the first place. It's a new paradigm of medicine. I know that. But it's not new for me. I've been doing this my entire medical practice, with amazing success. It doesn't work on everybody for various reasons.

I'm going to tell you what some of the reasons are. People get the treatment, and then they stay active. You've got to let it heal. If you get a surgery, you're not going to running a marathon afterwards, or go play golf afterwards. You've got to let it heal. Some people take anti-inflammatory medicines. We need the inflammation. When God made our body, and your sister's knee swelled, it was done for a reason. We've got to go.

Go to the website, www.lastemcells.com you can watch videos of me doing the procedures, you can email me from there. If you want to call the office, it's 800-300-9300. Thank you Nita Vallens. Thank you Suzette and Alex and the whole crew. God bless you all.

Nita:

And we will see you next time.