

Living Pain Free 10/10/20 10:00 a.m.

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

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

Nita: Hi there, Dr. Darrow.

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

Nita: I'm great, and yourself?

Dr. Darrow: What if I forgot?

Nita: I'll remind you. You're living it up.

Dr. Darrow: I am living it up. I'm always living it up. It's a choice, right?

Nita: That's right, it is a choice.

Dr. Darrow: All right.

Nita: Especially these days. We have a lot of challenges in the world and we want to stay positive.

Dr. Darrow: Exactly.

Nita: And we want to help our listeners get out of pain, so they can be great and living it up. And that's what we talk about here on Living Pain Free with Dr. Marc Darrow, is we talk about musculoskeletal pain, which is basically orthopedic pain.

And we take your calls all hour, so you can talk directly to Dr. Darrow about your pain. That number, write it down, is 866-870-5752, 866-870-5752, right here at the station. And when you phone the program you get Dr. Darrow's latest book, called Stem Cell and Platelet Therapy, Regenerate, Don't Operate. This is a free book just for you. It has 264 scientific studies, and we're really focusing on muscle pain, joint pain, tendon pain, ligament pain, disk pain. Maybe you have neck pain, back pain, knee pain, hip pain, arthritis pain. You might have stiff joints, dull aches, or some kind of pain

you don't even know what it is. Maybe you haven't had it checked yet.

So, this is the moment, when you can start getting information and see how you could live pain free. Also, check out Dr. Darrow's website at www.lastemcells.com that's www.lastemcells.com. You can email the doctor off of every page on the site and watch him performing the treatments on video.

We are here Saturdays at 10:00 a.m., again at 1:00 p.m. And if you're a long-time listener, and you want to call the office and have a more personalized conversation, make an appointment, that number is 800-300-9300, that's 800-300-9300.

And we have other things going on in the office, we'll get to later, very interesting stuff. So, write our number down here in the studio, give us a call, 866-870-5752, that's 866-870-5752.

Dr. Darrow: Well, I think I will start the show by doing a question. I have...

Nita: Great.

Dr. Darrow: Literally endless questions here from people that are either patients or people that want to become patients, or just have pain and want to learn about what they can tell their doctor, or I should say teach their doctor. That seems funny, right, that a patient can teach the doctor. No, there is a lot of information out there that patients bring to me every day that opens up my horizons on healing.

And this one I like a lot because it has so many issues involved. The person headlines it by saying bone on bone hip. And let me read what they say. I have been told my left hip is bone on bone, and I have a labrum tear. What would be the best recommendation for healing and regenerating those areas and is it possible. Thank you in advance, and I won't say your name.

Yeah, what does bone on bone mean? The answer to that varies depending on the doctor and what brand of medicine they study or treat. So, typically, and I want to say this before I get the show rolling is that I absolutely love surgeons, as I've said on probably every show, I think they are the hardest working doctors in medicine and they have the most problems I should say, we call it sequelae from the work they do. Meaning things don't always come out right.

And then they have to live with that. And even though they did a great job, it just didn't come out right. It's like a mechanic on a car in a sense, not to belittle what surgeons do, because I'm not doing

that, but it's like the idea of you can do a great job fixing a car, and then you get the car back and it didn't work right or something else came out wrong.

And that happens in surgery all the time. It happened to me when I was in med school. I was doing orthopedic surgery, and my boss, my professor did a shoulder surgery on me, it just came out bad. I didn't dislike him for it. I just figured that is what I got into, and I had to sign a consent form saying it could happen. So, I knew ahead of time that it's not a 100 percent shot to healing.

So, what did I do? I learned about regenerative medicine, and I injected my own shoulder and after literally a few years of misery after that surgery that went bad, I healed overnight. And I've been doing that on my body for the last 20 some years. When I tweak myself doing sports, I inject myself. And it's worked on me everywhere so far, both my shoulders, both my knees, my right wrist, both my elbows, because I can't reach to my back and my neck, I've had other doctors do that for me.

So, it's something that is maintenance you might say. When you have someone like me that works out kind of hard and repetitively, I don't enjoy just doing sports a little bit, I like to do them to excess, as many of my patients do. And then we pay for it, but thank goodness, we now have regenerative medicine which is using your platelets from your blood, or your stem cells, which we can do from bone marrow, and very easy procedures. And yes, I do inject myself, and I've done all parts of different people's bodies from the head to you know the shoulders, neck, back, hips, elbows, fingers, we get a lot of finger arthritis, or hand arthritis. And then on down you know around the ribs, a lot of people have what's called Tietze syndrome, costochondritis.

And that's typically very easy to heal with regenerative medicine, and it's so easy, you just walk into the office, you get your injections, and you walk out, you don't need to have someone drive you. You can drive yourself, and the side effects basically are getting stiff the next days, and it's kind of stiffness after a workout, it's nothing terrible. I often will inject myself during the day while I'm seeing patients and continue to see them.

So, a very simple procedure, it's very low morbidity, meaning very low side effects, and certainly not the kind of problems we have after surgery, and I'm not saying surgery should never be done. There are cases, you break a bone, you'd better go get to the surgeon and have that opened up and plated, or screwed back together.

But most of the surgeries that I see being done for orthopedics should not be done. People come out worse. Yes, they do. I'm sorry to say it. Don't get mad at me. If you're a surgeon listening to this, you know what I'm talking about, because every day I get patients – new patients come in, who have had what we call failed surgeries. That means the intention of the surgeon was great, and he did a great job, but it just didn't come out right. And I can help people often after a failed surgery, it's more difficult if they've had a joint replacement and had plastic or metal put in, because that's not biologic and I cannot stimulate new tissue to grow in those areas.

But oftentimes, and I do have – if we get to it – a failed hip and back surgery patient, and a question about that.

So, number one, relating back to this patient that send me an email. The bone on bone is not real in most cases. It could be. But I get patients with bone on bone every day. And after I examine them, I tell them it's not bone on bone. And they go well what do you mean, I've been to three orthopedic surgeons, and they all said it's bone on bone.

Well, bone on bone is – what can I call it, it's a statement that leads people into the surgery is the nicest way I can say it. And it's usually inaccurate. If you can move that joint, you probably don't have bone on bone. I have to examine the patient. Unfortunately, most surgeries that are done, the patient has not been examined. They had an imaging study of an x-ray, or an MRI done, and then the surgeon gives them you know I'm going to call it the death sentence. You have bone on bone. You have to get surgery.

I had a woman come in yesterday who's surgeon said you have to get surgery. It was on her knee. And you'd better do it soon. And this is a highly regarded surgeon, highly regarded. I was shocked that he said that I examined her knee, and it was a great knee. She did not have to do surgery at all. So, we have to be very careful.

This person said they have a labral tear also. Labrum means lip in Latin which I took four years of in high school. And the labrum tears don't necessary even cause pain. They're just a reason to do surgery that often can fail. So, be careful. If you want to, Google labral tear surgeries. You'll see they don't come out very well. They often come out worse.

So, the best recommendation for this person is to come into the office, I'm going to give you the phone number right now, it's 800-300-9300, you can call there right now, we have people by the phones, and they can give you more detailed information, but I've

got to do an examination on you, before I can tell you if I can help you. I can't help everybody. All right?

Regenerative medicine of platelets called PRP, platelet-rich plasma or stem cells cannot help everybody, I've got to examine you. Unfortunately, a lot of people that do this work tell patients they can't help them, they come to me, and I immediately say I can help you, or hopefully I can help you.

We never can promise anything in medicine. So, yes, it's possible if you have "bone on bone" and a labral tear in your hip or any other joint. So, there's good hope for you, I just have to get you in the office, examine you and see what the story is.

I'm going to give out the phone number to the studio right now, so you can talk to me personally. I would love to talk to you. This is Dr. Marc Darrow, the studio phone number is 866-870-5752, I would love your calls and if you have pain of any sort that's in the musculoskeletal system, or you have family, friends, parents, give us a call. Use a fake name if you like, and you don't want to expose yourself. I would love to talk to you right now, that's 866-870-5752.

If you are driving, and on a Bluetooth, please pull off to the side of the road, and get off the Bluetooth. If you're at home on a speaker phone, get off of that, so everybody can hear you better. Nita, your turn.

Nita: All right, well I just want to remind you that Dr. Darrow's website is www.lastemcells.com that's www.lastemcells.com, where you can email him directly off of every page on the site, and watch him performing the treatments on videos. It's a lot of information on that website, so check it out. We are here Saturdays at 10:00 a.m., again at 1:00 p.m.

And we have other things going on around the office, which we'll talk about momentarily. And the number again here in the studio is 866-870-5752, and we're going to go to Susan in Cyprus.

Dr. Darrow: Susan, Dr. Marc Darrow, you have tingling in your thumb and your finger, which finger?

Susan: The pointing finger, and also some in my middle finger. And I have pain in my arm, you know sporadically and also in my like shoulder, back area. And the MRI, you know the orthopedic surgeon said that based on the MRI, I have compressed disks in the C6-C7 area. And I also have – what is it, disk something – disk disease.

Dr. Darrow: Okay. That's called degenerative disk disease – yeah, it's called...

Susan: Yes, degenerative disk disease.

Dr. Darrow: Yeah, it's degenerative disk disease, and it doesn't usually cause any pain. I have people all the time that come into the office and say would you please inject my disks? Don't need to. It's usually the ligaments around the neck or the back that are causing the problem.

Susan: Okay.

Dr. Darrow: And the word that we love is entheses, it's usually where the ligaments attach, or the muscles attach to the bone. Anyone know what that clicking noise is? There is stopped – no, there it is again.

Susan: I don't know.

Dr. Darrow: Yeah, we can usually help people who have pain and think that it's from degenerative disk disease. Their doctors usually think it's from degenerative disks. They want to do surgery when it is not necessary at all.

The tingling in your thumb and your finger, your index finger, middle finger and your thumb is typically from carpal tunnel syndrome, not typically from the neck. It could be, but you need to get a couple of tests and we can refer you out, if you decide to come into the office. I'll give you the office number right now, Susan, you can write it down, it's 800-300-9300, that's to the office. I'll repeat it for you guys grabbing your pens, 800-300-9300. And there's a test called an EMG, that's an electromyogram and then an NCV, which is a nerve conduction study. And those two tests would be done. They would show you if there is nerve impingement, and where it is coming from, it's from the neck, the elbow, the wrist, or wherever it is.

So, don't go get a surgery until you get that test. Back in the early days when I started doing medicine, it was very rare to have a neck or back surgery unless a person had these tests. Today, I don't see them being done much. I don't know why.

Susan: Okay, okay, all right, thank you doctor. I appreciate your advice.

Dr. Darrow: All right.

Susan: And the number to your office, thank you.

Nita: Thank you, Susan. Appreciate your call.

Dr. Darrow: Thank you. God bless you.

Nita: Our number here in the studio – oh, go ahead.

Dr. Darrow: And by the way – yeah, I was just to get to a couple things, Nita.

Nita: Okay.

Dr. Darrow: The website is the way you can email me. And that's www.lastemcells.com that's www.lastemcells.com. This is Dr. Marc Darrow and on every page of my website, you can find a spot to email me. I get questions all day, all night. I got to sleep answering emails; I wake up answering emails. I love it. I love connecting with people. I am a communicator. And I appreciate your emails. I appreciate your calls here today. And the number to the studio is 866-870-5752.

Nita: All right, and we will go right to Pamela in Bell Flower.

Dr. Darrow: Pamela, Dr. Marc Darrow, how's your low back and your sciatica?

Pamela: My sciatica is – I'm (inaudible), it's been three months now. But it's the front part of my leg, it's the thigh on the right-hand side. And it comes from, I know my back, because that – when it first broke it was across my back, and then down the right side of my thigh now, it included the whole thigh, the whole front of the thigh.

Dr. Darrow: Okay.

Pamela: And the only thing that I have now is when I first will get up you know to go to the restroom or whatever, it felt like I had no muscle control at all, and it felt like it was pulling everything down to my knee, like I had a sack of potatoes on the front of my leg. And it was just pulling down.

Now, it's more controlled, and I'm starting to exercise my leg.

Dr. Darrow: Beautiful.

Pamela: So, it's giving a little bit more muscle tone to the front of my leg now, but it's still sore, and the skin is sore.

Dr. Darrow: Sure, sure. May I respond please?

Pamela: Pardon?

Dr. Darrow: Do you mind if I respond?

Pamela: I didn't hear you.

Dr. Darrow: Do you mind if I respond?

Pamela: Sure, go ahead.

Dr. Darrow: Thank you. So, a lot of possibilities of what's going on, okay? Number one, it may be coming from your back. Number two, it may not be coming from your back. The area in the upper thigh is a nerve distribution of the lateral femoral cutaneous nerve. You may have something called meralgia paresthetica. You can look that up, if you can figure out how to spell it. But you could figure out easier the lateral femoral cutaneous nerve. Look at that on Google, and see if you think that's what it may be, all right?

Pamela: Okay.

Dr. Darrow: And I mentioned a test before for Susan who was just on the phone, EMG nerve conduction study. And that would be something that we would do for you also, to see where this pain, or this nerve issue, if it is a nerve issue is coming from.

It also could be from the muscle, okay? So, there's a lot of possibilities there. I have to examine you, to tell you, okay. If some doctor says oh, it's coming from your back, because they looked at an MRI, they're doing you a disservice. It's good to get the MRI, but at the same time you've got to check everything out. I'm against just getting an MRI or any image and telling a person what they have. You've got to use – the doctor's got to use his hands, to touch the area and move it around, and figure out for himself. We didn't always have MRIs and x-rays.

My grandfather was a doctor born in the 1800s. He didn't have that. He used his hands to diagnose. And unfortunately, the greatest balance of surgeries today in orthopedics are being done without touching the person and examining them. It's so sad. I talk to my patients every day that have failed surgeries, and I say did the surgeon touch you? And they say no. They just looked at the MRI or x-ray and decided that I had to have surgery. And then the surgery didn't work, because they didn't operate on the right thing.

So, be very, very careful not to get seduced into a surgery for this unless you find out that it's absolutely necessary, meaning that you're miserable and you can't function, because a lot of these surgeries come out worse than you were before.

The other thing is this. You mentioned back pain. Is your issue mostly back pain today?

Pamela: No, now it's just down in my thigh now, and it's closer – the worst is close – halfway from my groin to my knee.

Dr. Darrow: Okay.

Pamela: That's what's still affected.

Dr. Darrow: Sure. And that could also...

Pamela: I'm sorry.

Dr. Darrow: That could also be – Pamela, that could also be from your hip joint and it could be from your knee joint, radiating. There's so many different issues. It could be from ligaments in the back that radiate there. There's so much I have to teach you, if you want to come over and visit. If you decide you want to, the number to the office, you can call there right now is 800-300...

Pamela: 800-300 – yeah.

Dr. Darrow: Can I say it? It's 800-300-9300. We're going to take off, Pamela. I think I've given you enough information to make you start to think. And I appreciate your call. God bless you, and I'm hoping for your healing and figure out what's going on. But you need somebody to get their hands on the area, and move you around, examine you and figure out which of all these many things that I've mentioned that could be the pain generator. Nita, should we go to Dennis?

Nita: Yes, let's go to Dennis, as soon as I give the phone number, it's 866-870-5752 right here in the studio. You can speak directly to Dr. Darrow, give us a call, and Dennis in Sherman Oaks.

Dr. Darrow: Dennis, Dr. Marc Darrow, how are you today?

Dennis: Off and on.

Dr. Darrow: You're off and on. Well, I don't know which is better. At any rate, you told the call screener that you have discomfort in your upper thighs, correct?

Dennis: Anyway, it's fairly recent, I would say in the last two years, not when I'm laying down, or standing or sitting, only when I'm walking. And I've had x-rays of the knees and hips, and those are fine. So, I don't want to play doctor, but I think it might be the hamstrings.

Nita: Dennis, stay with us.

Dr. Darrow: Dennis, hang with us, we're going to go to a break, and we'll pick up with you right afterwards. Thank you.

Nita: You're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this information coming your way. I'm your host, Nita Vallens, and we'll be right back.

[Break]

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

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host Nita Vallens and we're taking your calls right here at the station at 866-870-5752, that's 866-870-5752. Check out Dr. Darrow's website at www.lastemcells.com, that's lastemcells.com.

And right now, we're speaking with Dennis.

Dr. Darrow: Dennis, Dr. Marc Darrow, let me just take one second before I answer some of your information that you asked about. The practice that I do is orthopedic medicine, it's called regenerative medicine meaning we actually stimulate collagen, which is the constituent, it's the protein of the body. And we can help grow cartilage in the joints if we inject there.

If we have tendinosis or ligament sprains or things like that, we can help that grow back also, and the whole idea is to end pain, to reduce or eliminate pain. I do it all over the body. I've been doing it for over 20 years, and it's been something that I've taught at UCLA for over 20 years. And the residents are now moving away from surgery and getting more into regeneration therapy or regenerative medicine.

The things we use are platelets, which are cells in your blood. So, we just do a blood draw, we spin it, and we inject that, and that stimulates tissue to grow. Or we can use the stem cells from your body and inject that. So, very easy, simple procedures, you walk into the office, you get some shots, and you leave. You don't have to have someone drive you, you can come in, and drive home. It's not a big deal.

So, let's get back to Dennis. You've got discomfort in your upper thighs when you walk. You had x-rays done of your knees, and your hips, and they look okay. Any other information, Dennis?

Dennis: Well, it's more like a discomfort. I really wouldn't call it a pain, but I mean I've had days where I could walk like five or six miles come home, do 75 jumping jacks, and all of a sudden there's that discomfort, not all the time, but fairly frequently.

Dr. Darrow: All right, how old are you Dennis?

Dennis: I'm 68.

Dr. Darrow: Okay. Do you think you might be overdoing it on certain days?

Dennis: Could be, but I would overdo it before, but of course that's how it starts, I guess.

Dr. Darrow: People always, when they come in to see me, one of the things I always hear is I used to. You know I used to do sports, I used to be 150 pounds, now I'm 250. I get blah, blah, blah, blah all day long of I used to. So, doctor, why can't I now? Because things change.

So, I don't know the answer to what you're talking about other than you do seem to do some excessive exercise, maybe; maybe not, for you. And you may want to tone it down a bit and see if you get this discomfort in your upper thighs anymore.

Dennis: Well, upper and middle of the thighs.

Dr. Darrow: Okay. What did your doctor tell you about it?

Dennis: She referred me to a physical therapist, and it's kind of a long story, but I went for one or two appointments and then I stopped going, but I may go again. But doctor, would there be a possibility that it is the hamstrings?

Dr. Darrow: If it's the back of your thighs, yeah. It could be a sprain. It could be where the hamstrings attach to the ischial tuberosity, that's the sit bones. It could be a lot of things. But you know to be honest with you, Dennis, like I say on every show, I've got to touch the area and move you around, do an examination to tell you what's going on.

Dennis: Okay, it's not a serious problem.

Dr. Darrow: No, I got it, but at the same time, if you want to know what it is, I will have to see you. There's not enough information from what you're telling me at this point. If you want to come in, the phone number to the office is 800-300-9300, yeah, 800-300-9300.

Dennis: Yeah, I got it. Could it be a question of age? I'm sure it could.

Dr. Darrow: Anything could be, but again I have to examine you to see what's going on.

Dennis: Right. Well, then...

Dr. Darrow: I mean, I'm going to be honest with you. I'm 72 years old, and I can't do the same gymnastics I used to do when I was 15, all right? I still get up on a high bar in the park, and I still do a few tricks, but I'm not doing the stuff I used to do. I'm still doing chin-ups with my feet up to my face. Yeah. You know so I can get all my muscle groups in there. I'm still you know doing a lot of pushups and running and all those things, but can I do it the way I used to? No.

Why can't I? If I did, I wouldn't be able to do it for a month again. And you may be in that situation, I don't know. I have to touch the area, okay? Make sense?

Dennis: Yeah. I have a hard time accepting certain things, that's my problem.

Dr. Darrow: Well, join the human race.

Dennis: Yeah.

Nita: Don't accept it. Do not accept it.

Dr. Darrow: Yeah, don't accept it, don't accept it, that's right.

Nita: Go see Dr. Darrow and see what he says, and you know.

Dr. Darrow: Yeah, it may be something we can fix.

Dennis: Like I'm in good shape. I have the same weight that I did when I was 21. I eat a ton of carbs, I'm very lucky in that respect.

Dr. Darrow: Yeah, well the carbs are no good for you no matter what you say.

Dennis: Yeah, but they taste so, so good, though.

Dr. Darrow: I know. You get a nice dopamine rush, it's a great drug. Dennis, God bless you, we're going to move on.

Dennis: Okay, doctor.

Nita: Thank you for your call, Dennis.

Dr. Darrow: You have a wonderful day. Yeah.

Nita: And hope that you feel better soon. Our number is 866-870-5752 here in the studio, give us a call. And let's go to Brian in LA.

Dr. Darrow: Brian, Dr. Marc Darrow, you've got right shoulder pain, I take it. How long has that been going on?

Brian: Well, today it's not so bad. It's been going on about – I had a bad accident the 28th of June. And there's limited motion is what I'm concerned about. But I was talking about I couldn't reach the back of my neck, it's difficult to even reach, like I can with the left hand.

Dr. Darrow: Okay.

Brian: But the idea is the process. The doctor mentioned something about taking out blood and spinning the blood, and it rung a bell that I heard you say. So, I figured you were the expert. So, can you explain that process?

Dr. Darrow: Sure, absolutely.

Brian: Would it be the same as yours?

Dr. Darrow: The same, I wouldn't know. I don't know what any other person does. Everybody does it differently. I'm very comprehensive and most doctors who do PRP on a shoulder inject one injection, and that's not going to do a great job. Because there are about 30 places in the shoulder that can be the pain generator, meaning the area that's causing your problem.

Also, because you're losing range of motion, you may have what's called a capsulitis, or moving toward a frozen shoulder, so you have to be careful of that. We need to also do some home physical therapy for you, meaning we teach you how to stretch it properly. I usually use something like a golf club and show people how to do that.

Both of my shoulders at different times have been locked up completely. And I have injected them and stretched them back into feeling very good. I'm showing people who are watching this video right now, that my shoulders are working great. So, it's something that can be healed up. Be careful which doctor, who is doing the PRP or stem cells. I've been told I do the most of anybody on the planet. I don't know if that's true, but I have a lot of experience. I've been doing it for about 22 years or so. And you're welcome to come visit if you like. If you like your doctor use them and see how it goes.

The number to my office if you want to call up and get information is 800-300-9300. You can also go to my website which is www.lastemcells.com there are videos there of me injecting shoulders and other parts of the body. And you can see if it's something that you think would work for you, and that you want to do, all right, Brian?

Brian: Yes, thank you, but specific about the process, he mentioned that he would spin the blood and take off a portion of it and put it in. He didn't mention stem cells. (Inaudible) my shoulder.

Dr. Darrow: There's different things you can inject that are proliferative, meaning they stimulate tissue to grow. Platelets are one of them. Stem cells are another one, and there's a bevy of other things too we used to use in the old days. Sugar water is good, not as good as these other things that are newer. Sodium morrhuate has been used, but it's pretty painful. Zinc oxide is good, zinc sulfate is good. There is a lot of things that can be done, but the modern things are platelets and stem cells. And they don't hurt the tissue, meaning you don't feel a lot of...

Brian: Will the platelets work as well as the stem cells?

Dr. Darrow: No. We use them in combination usually.

Brian: She said if it didn't work, then surgery would be the next step.

Dr. Darrow: Absolutely, yeah, you can start out with platelets, and then if it doesn't do what you want, you can come back and either repeat the platelets or add stem cells to it, yes.

Brian: Well, I'm (inaudible) surgery.

Dr. Darrow: Well, nobody wants to have surgery, but sometimes it's necessary but not usually with what you have. I would start getting in a program of stretching that shoulder, so it doesn't lock up on you, that's the most important thing right now. So, you can come in, I can show you how to do it. Okay. Brian, God bless you man, we're going to move on and go to Helene, and her knees.

Nita: All right, Helene in Burbank.

Dr. Darrow: Helene, Dr. Marc Darrow, how are you today?

Helene: I'm well, thank you.

Dr. Darrow: Tell me about your knees, how long have they bothered you?

Helene: Well, it's relatively recent within the past year, and I'm one of the folks who used to – I used to run long distance, I used to do high powered aerobics. And the last five years I've been doing ballet bar, and all of a sudden both knees started having severe pain. And fast forward I have had x-rays, MRIs particularly of the right knee, which is worse, but they're both really bad. And the orthopedist told me that I have a complete tear of the meniscus, completely off the bone which he can't repair, but I'm not ready yet for a partial knee replacements on both knees, because I still have a lot of good cartilage.

But Dr. Darrow, the pain is directly below the kneecap, I can feel it, and it's only when I go up and down stairs or get up and out of a chair. And it's severe in both knees. And if I lift the kneecap or support the kneecap, I can make the pain go away.

Dr. Darrow: Okay. So, it doesn't sound to me like you're talking about a meniscal tear that's causing the problem, okay. And people have a really hard time understanding this, because – as a matter of fact, I just had someone come in the office yesterday, and they were telling me the same – pretty much the same story as yours, and I moved the knee around, and I said, you may have a meniscal tear, but it's not generating the pain you have. And they had the same thing where they had the patellar tendon that was red hot. So, when I touched that, that's the part of the patella, the patella is the round bone in front of the knee that's closest to the foot.

Helene: Yes.

Dr. Darrow: They literally scream and said don't touch that, that's really sore. And I said, just like I'm telling you, I mean it's very serendipitous that I just had a patient come in yesterday with the same thing as you it sounds like. And her doctor was the one that said you absolutely have to have surgery immediately, okay. I said you don't need surgery for this, and platelets can probably help it, you know PRP and maybe we'd have to add stem cells to it. We have to see how it goes.

So, don't get lost in these diagnoses that are made from MRIs or x-rays, or whatever. I like to get the images, to make sure I'm not missing something, but the meniscal problem typically is a problem when the knee gets caught, when you know it starts to move, and then it won't move anymore, it's buckled.

So, that doesn't sound like your issue, and it sounds like we could help fix what you have pretty easily, and you would ask well what about that meniscal tear. And I'd say who cares? You may have had that for 30 years, and it just never bothered you.

Helene: Oh, no I absolutely believe you. And this came on so suddenly. And in ballet bar, you're up on your tip toes, and you're doing a lot of bending of the knees, and it came on simultaneously bilaterally, and I believe that I do have a meniscal tear, and he's a wonderful orthopedist, but I'm desperate and I really, really don't want to have two partial knee replacements.

So, I'm going to make the appointment, I kid you not.

Dr. Darrow: I'm going to – I have to just guess when I'm on the radio. And I'm guessing you do not need a surgery and that surgery would make you worse. You don't want a bit clump of meniscus being taken out. Then what's there? What's there to cushion the knee?

Helene: No, I don't – I don't want any surgery. You're absolutely right, so I'm willing to surrender and come in and see what you can do, because I'm at that point.

Dr. Darrow: Well, it's not surrendering. It's just coming in and getting an examination which will tell us in two seconds what's really going on, and whether surgery is the answer or not. But I don't – from what you've told me, surgery doesn't even help what you have, not a bit. It makes it worse.

Helene: Well, I completely am ready to try, because I'm getting to that point, and I can't believe this is me, but when I come to a set of stairs, I groan out loud now. I used to run stairs just to keep in shape, and now I am deathly afraid of anybody that has stairs, because of the pain of going up and down stairs. So, I will make an appointment.

Dr. Darrow: Well, I'd love to see you, Helene, yeah, the phone number to the office is 800-300-9300. And I'd love to see what's going on. I'd love to save you from a surgery, that's the thing that I love about my work. Over the years, I mean I see about 60 to 80 new patients a month now, and there are so many people that I save from surgery, it makes me feel real good about my life, and hopefully you're one of those people that we can avoid surgery with. And PRP, platelet-rich plasma – go ahead. I'm listening.

Helene: Well, I'll make the – are they taking appointments today?

Dr. Darrow: Absolutely, 800-300-9300, they're waiting for you.

Helene: Okay, great. Well, thank you so much for the advice. I sure do appreciate it.

Dr. Darrow: God bless you, Helene.

Nita: Thank you, Helene. I appreciate your call.

Helene: Thank you.

Nita: The number here in the studio to talk directly to Dr. Darrow is 866-870-5752, that's 866-870-5752, we have lines open for you, and we have time left.

We didn't talk about the Vampire Facelift yet today.

Dr. Darrow: Shall we?

Nita: Let's do it.

Dr. Darrow: So, it's a great name which is the Vampire Facelift, it's nonsurgical, that's the best thing about it. It's injecting platelets, stem cells, sometimes fillers with that, hyaluronic acid, and what it does is it regrows the collagen in the face. So, it re-plumps it up like when you were young. And unfortunately, the body dries out, the collagen dries out as we age, and it's very simple, quick, easy procedure and by the next day people are feeling good and looking good. So, if you're interested in that, give us a call, 800-300-9300.

These procedures are also done on the head for hair loss, yes. We can actually stimulate the hair to regrow. It's not going to work on Dr. Phil, so if you're completely bald, don't expect your hair to grow back. If it's thinning, we can help you, and at the same time what we typically do is check your hormones. There is a woman that I was giving hormone replacement to and I talked to her yesterday, I got her labs in, she had been cheating on the testosterone, and she was using very high doses of testosterone, and when I got the labs and I said you're testosterone is super high, and she went oh my God, that's why my hair is falling out.

Nita: Oh.

Dr. Darrow: So, it's something that has to be done judiciously. It's not for everybody. It's got to be monitored. So, a lot of times we have to actually lower the DHT, dihydrotestosterone which can be done also. Sometimes people have very high levels of that, which can cause hair loss. So, we have to be judicious, check the labs if we're going to do anything related to hair growth, and it's something that people love, and if you've lost your hormones which happens sometimes in people – I've had people in their 20s lose their hormones, because they're afraid of losing their hair, and they take DHT blockers like Propecia, and they end up having osteoporosis, thinning of the bone density.

So, medicine is complex, it is. You can't just do something simply. You've got to be checking a lot of different variables that involve what's going on for you.

Nita: Well, this is the thing is we have old paradigms in place. We have old ideas, and it's slow for the new paradigms to come into vogue isn't it?

Dr. Darrow: It is. And doctors are turtles when it comes to medicine. What they learned in medical school is what's got to go on, and it's hard to wake them up, they don't want to take a chance. And unfortunately, there is – or I should say fortunately there is a lot of new medicine. The unfortunate part is most doctors won't look at it.

Let's go to Rick, he's asking about his thyroid and he may need surgery, and what's my advice. So, Rick, Dr. Marc Darrow what's going on with your thyroid?

Rick: Hi doctor. A couple of years ago – can you hear me clearly?

Dr. Darrow: Not really, no, you're on a Bluetooth or something.

Rick: Okay, hold on, let me get off of that – let me get off of that real quick. Okay, can you hear me now?

Dr. Darrow: Yeah, that's a lot better, thank you so much.

Rick: Okay. Two years ago a friend of mine noticed a lump in my throat, and I went to go check it out and they gave me an ultrasound, and they right away, they took it at Kaiser, and a specialist told me oh you need to have surgery. I didn't want to do a – I forget what they call it where they...

Dr. Darrow: A biopsy.

Rick: A biopsy, and I want to the surgeon, and he said well you know what at this point, it's not necessary, but if you want to take it out because there's a lump. I've been noticing off and on that the nodules shrink and they grow, but one nodule is at three inches, and the other one I think is at two, and I'm starting to have issues with swallowing, and sometimes my ears hurt like an infection, but I don't know if it's because I've gained a little more weight. But I talked to a cousin of mine who is a nurse, and she told me that it could be an issue with – maybe I have something going on with my sinuses, because I do sneeze a lot...

Dr. Darrow: I'm sorry, I didn't hear that word, something to do with your what?

Rick: My sinus, because...

Dr. Darrow: Oh, your sinus, okay.

Rick: Yeah, 10 years I've been sneezing a lot, and until I actually blow my nose, I stop sneezing. And the other thing she said I need to check out, is maybe it could be I have an allergy to a cat. Now, before I have the surgery, the little (inaudible) the things that got taken off, I'm actually going to have an issue with calcium. And of course, there's...

Dr. Darrow: Yeah, parathyroid. Yes.

Rick: So, I was wondering if why sometimes my nodules shrink and they go back to the size, and are there – I've also read this thing about this procedure where they inject something in your neck, your thyroid and your white blood cells eventually absorb it. I don't if you've heard of that, but it's been done in Europe and it's now the FDA have approved it.

Dr. Darrow: I'm sorry, I can't help you. If you want to go to the website, and talk to me that way, you can go to www.lastemcells.com and email me this information and I'll get back to you. God bless you, man.

Nita: Thank you, Dr. Darrow. Thank you, Alex and Suzette, all the callers and those of you who participated, grab a pen or a pencil, write down this information. Remember to listen to The Pet Show, with our pal Warren Eckstein from 11:00 to 1:00 every Saturday. And we'll see you next time.