

Living Pain Free 10/17/20 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. Hello, Dr. Darrow, are you with us?

Dr. Darrow: Hello.

Nita: Hey there. How are you today? I thought I heard you, are you there?

Dr. Darrow: I am here, Nita. Are you there?

Nita: I am here.

Dr. Darrow: Ah, they finally got us hooked together.

Nita: Yay!

Dr. Darrow: Thank goodness.

Nita: So, are you living it up today?

Dr. Darrow: Of course, I'm living it up. What other way is there to be?

Nita: I don't know. That's the only way I want to be. And that's how we want our listeners to be too. So, how about let's talk about them for a minute.

If you're listening and you have chronic orthopedic pain, which is muscle pain, joint pain, tendon pain, ligament pain. Perhaps you have back pain, neck pain, maybe you have hip pain, knee pain, arthritis pain, anything that's musculoskeletal in nature is what Dr. Darrow helps with, and you can call us all hour long at 866-870-5752 right here in the studio, that's 866-870-5752.

And when you phone today, you get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, subtitled Regenerate, Don't Operate. It has over 250 scientific studies. The foreword is written by the lovely Suzanne Somers. And there's also

some news about hair growth in that book as well. And you might want to also check out Dr. Darrow's website at [www.lastemcells.com](http://www.lastemcells.com) that's [www.lastemcells.com](http://www.lastemcells.com). You can email Dr. Darrow off of every page on the site and see him performing the treatments on video.

And remember we're here Saturdays at 10:00 a.m., and again at 1:00 p.m. And that's all I got.

Dr. Darrow: I got plenty more Nita, so let me get going here.

Nita: Okay, great.

Dr. Darrow: This is a very complex question that came in, and I think people will like it, because it's a good lead into what regenerative medicine is all about.

Nita: Okay, because we also have a couple calls just so you know.

Dr. Darrow: Oh, okay, yeah. I'm taking a look here, you're right. Let's do that, let's go right to Terry in Castaic.

Nita: In Castaic, okay.

Dr. Darrow: So, Terry, I assume you've got some knee pain. That's what the call screener says. And how long has that been going on?

Terry: Oh, it's been going on for several years now. I did all the treatment with various therapies off and on over the years. Tried the cortisone shots. And I was having a conversation with my doctor, and my question was, or his issue was he did not think that the PRP treatment was something that could be done on an on-going basis as needed.

In other words, if it was effective but at some point, reoccurred, that it would be something that you could continue to do for years to come. And that was the conversation we were having.

Dr. Darrow: Okay. So, you know if you go to someone who doesn't know what they're talking about, you're going to hear a lot of negativity. And we've heard that – I've been doing this over 20 years, and basically all I hear from doctors that don't do it is it doesn't work. Or this is a new one, it will work maybe for a while, but then later it's not going to work. And I don't know where that guy gets his information from. God bless him, it's not a statement against him. It's just that it's not something he does.

So, when a doctor doesn't do something it's bad, do you understand what I mean? Everything else is bad except what he does. And that's more of a traditional-minded doctor whereas there are many of us who have moved ahead of that, and become more advanced, and become more open-minded. So, I'm one of the open-minded guys, I've used myself as a guinea pig, my entire medical career.

I started injecting myself with regenerative medicine while I was in medical school, believe it or not, and everyone was telling me that's impossible, that can't work. You can't grow collagen. You can't grow cartilage. My professors didn't like me back then, because I was going against the grain.

And even though it's more than 20 years later – 25 years later or so, we are still bucking the old style, and that's the way it is with everything in life, and especially in science. No one wants to move ahead. I don't know what they're afraid of, but they are.

With medical doctors they're afraid if they try something new, they're not going to get any referrals, and the hospital will kick them out. So, they stick pretty close to the party line. I don't do that. I'm always checking new things out. I'm going to give you an example of something I did two years, which is going to sound weird to everybody. It's called low-dose antigen, LDA.

And I had a chronic sore throat since I was a little boy, a long time ago. And I had constant flus, I always had flus. I was taking antibiotics all the time. I didn't know any better. And then a friend of mine named Dr. Alan Green in West LA, who is an alternative doctor, gave me a couple little shots just under the skin, subdermal shots of LDA, low-dose antigen. That's two years ago. I have not had one sore throat, or one flu ever since. It was a great miracle.

I didn't even know what it was, but I was willing to try it, because I trusted him. And he said he was healing a lot of patients with it. Since then I've sent other people to get it done, and do I need to know the mechanism? It's like if you say I want to turn the light on. And I say well there's the light switch, push it up. And you say but I want to understand how it works. And I go healing doesn't come with understanding or science. It just is. And a lot of my patients don't like me, and the doctors I know don't like me. Because I want things that work. I don't need to know how they work. I mean I can tell you all day long, the science of regenerative medicine, using your platelets or stem cells. But telling you science isn't what makes it work. What makes it work is what makes it work.

So, thank God the doctor that told you this is wrong, and it can work completely, by doing a session of it, or several sessions of it. Now, can it come back, is that the question? Yes, it can come back.

Terry: The question was much more about the long-term maintenance aspect, assuming it does come back. That was really the question, not that it may not work.

Dr. Darrow: Okay. Well, to me that's the same question, but I'll direct myself more to the words you're using. Yes, you can – you can injure yourself again, after you're healed, and this will work again.

Terry: Okay.

Dr. Darrow: Am I promising you it's going to work? No way. I can't promise anybody anything in medicine.

Terry: Okay, yeah.

Dr. Darrow: But there's a good shot at the fact that it will work. I'll give you an example of my shoulder. I had my shoulder operated on in medical school, I don't know if you've heard the story, but my listeners know about it, because I talk about it a lot. It's a great example.

I was in fourth year medical school, and I had a weightlifting injury where I stretched out my shoulders doing bench presses, and I had surgery on my right shoulder, which made it terrible. It was a totally failed surgery. My arm blew up like a balloon, I had a high fever, and I thought I was infected. I wasn't. It just was a screwed-up surgery, which is what happens quite a bit of the time.

I'm not against surgeons, when I say this. I love surgeons. They do the hardest job in medicine. Surgery is dangerous, let's just say it the way it is. There's a lot of sequelae or side-effects that can happen. But nevertheless, my shoulder got a lot worse, and I couldn't use it, and it was a couple of years before I discovered regenerative medicine and I injected my own shoulder, and the very next morning, it was 100 percent completely pain free with full range of motion. It was like a miracle, I'm going to say it was a miracle, but it was like a miracle.

And at that point, I was experimenting on all my patients. I was trying it on them, I said, you know this worked on me, it actually worked on my wrist first, 50 percent better the next day, and then it took a few more sessions to get it healed.

Now, I have re-injured my wrist and my shoulder since then, since they were completely healed. The shoulder lasted about 12 years

pain free, and then I reinjured it again. And this time it took me two sessions to get it better. And then I reinjured it another time, years later. And my shoulder is pretty darn good. I'm going to go play golf today, all right. I can weightlift. I can throw a ball. I can do whatever I need to in sports.

So, yes, the answer to your question, Terry, is you can use regenerative medicine, platelets and stem cells and get all better, or get a little better, and then years later if you reinjure yourself, you can do it again. Is that the answer to your question?

Terry: I guess it would be more in the sense of if you did not injure yourself, in the sense of the knees and itself where you might get relief for a period of time, and it kind of reoccurs without any real injury, because there was no real injury from the beginning, it's more arthritic in nature, I guess, or with age.

Dr. Darrow: Sure.

Terry: But it was no real injury, the question is if it's effective for a period of time, is it something that can be used in a maintenance sense.

Dr. Darrow: I see. It could be. It could be anything. I've seen thousands...

Terry: Well, no I mean in the sense of...

Dr. Darrow: I know, but I've seen thousands and thousands of patients. I get about 60 to 80 new patients a month. So, over those 20 plus years, I've seen everything you can imagine. So, it's not cookbook. Everybody is treated differently.

Terry: I think the concern may have been whether or not if using it on an on-going basis a potential negative side-effect or a (inaudible)...

Dr. Darrow: No.

Terry: Was more the concern.

Dr. Darrow: Not that – no, not that I know, because all you're doing is stimulating more tissue to grow. You know the old name of regenerative medicine was Prolotherapy.

Terry: Correct.

Dr. Darrow: Prolo is from the Greek term proliferate, to stimulate new tissue in this case. So, as we get older, it's wear and tear. It's like a tire on a car.

Terry: Correct.

Dr. Darrow: You can always retread the tire or change the tire. And that's basically what we're doing.

Terry: Right, right. Okay. I thank you very much for the...

Dr. Darrow: So, you can't – you can't really do too much of this.

Terry: Okay, that was the concern.

Dr. Darrow: No, you can't do too much of it. I've never had anybody that had a problem because – and look, I do more of this on myself probably than anyone's ever done on the planet.

Terry: And that's why I had heard you mention that, and that's what was going through my mind whether or not when you redid – I know you mentioned your knees, whether or not there was another injury, or the pain just started reoccur at some point and you re-treat yourself. That's what was going through my mind.

Dr. Darrow: Yeah, I just re-treat myself, if I re-injure myself. And you know you mentioned something. You said, yours is not injury, it's just arthritis. Arthritis is an injury.

Terry: Okay. And when I mentioned injury, I meant that I didn't get hurt, knowingly, if you will.

Dr. Darrow: Yeah, I got it. You didn't have a – you didn't have a direct trauma you were aware of, but most arthritis, osteoarthritis comes from overuse of some sort, and that's little microinjuries over and over and over and over.

Terry: Okay.

Dr. Darrow: So, that happens to people. There are different types of arthritis besides osteoarthritis that are more metabolic in nature.

Terry: Right.

Dr. Darrow: And they just – you know things like gout, that's a metabolic issue, and there are crystals that form in the joints, and they just sort of eat away the cartilage. So, there's all kinds of arthritis, but generally we can help most people with whatever their issue is, anywhere around the body, as long as it's musculoskeletal.

Terry: Right.

Dr. Darrow: A lot of people call me up and email me and they say you know can you treat my blindness? No, I don't do that. I do orthopedics.

Terry: Exactly.

Dr. Darrow: No, but you know there are stem cells studies being done on blindness. The first study I saw was on mice that was done at Harvard 20 some years ago, that's how I learned about stem cells. And they did it IV, and they marked the stem cells with an isotope of some kind so they could actually watch them go through the body, and with these mice with retinal damage, they watched the stem cells go directly to the retinas.

So, there's a lot of intelligence in stem cells. They know where to go and what to do to help heal the person.

Terry: Right, right. Well, thanks, doctor.

Dr. Darrow: So, thank you very much, Terry. This is good food for thought for people, and we're going to give out the phone number now, so grab your pen and pencils. The phone number to the studio right now so you can talk to me, like Terry just did is 866-870-5752, that's 866-870-5752.

If you would like to call me at my office, that's a different phone number, and I'll give that you to now also. The number to the office to find out even more information is 800-300-9300, it's easy to remember, 800-300-9300.

And another way to reach me is through email. So, a lot of people go to my website, and there's a spot to email me on every page, and that's [www.lastemcells.com](http://www.lastemcells.com) that's [www.lastemcells.com](http://www.lastemcells.com). And you can get a hold of me by email there. I get emails all day, all day long, and I always laugh to people, and I say the first thing I do when I wake up in the morning is answer emails. I answer emails between patients, and I answer emails at night, and the last thing I do, typically before I go to sleep is answer emails.

So, there's a lot of people with orthopedic pain out there, it's about 30 to 40 percent of people, and you know the nice thing is, you know I just thought of the statistic of 30 to 40 percent, that's the same statistic of healing with placebo.

Nita: Wow.

Dr. Darrow: So, wouldn't you rather have a placebo if you could, rather than an invasive procedure, like surgery?

Nita: It beats surgery every time.

Dr. Darrow: And there are studies – there are studies showing that if you do a fake knee surgery, it works just as good as a real knee surgery. So, what’s your choice going to be?

Nita: That’s a good point.

Dr. Darrow: You don’t have side effects with placebo and fake surgeries. So, if it’s me, I don’t want a surgery, I had one on my shoulder. It was awful. And the side effects were terrible. And since then I’ve been doing regenerative medicine using platelets or stem cells on myself with amazing results. It’s not going to work on everybody. I’m not saying it’s a miracle, but if we choose the right patient, we’re usually going to get great results.

Anything for you Nita, before we go to Janet?

Nita: Yeah, sure. I just want to give the phone number again right here at the station, call Dr. Darrow at 866-870-5752, that’s 866-870-5752. And we’ll go to Janet in San Jose.

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

Janet: Hello, Dr. Darrow, I’m fine. How are you?

Dr. Darrow: Good, I understand your wrist bothers you, which one? Your dominant hand or your other hand?

Janet: Yes, it’s my dominant hand. Actually, I have three issues, but I’ll talk to you about the wrist today.

Dr. Darrow: Well, before we get to the wrist, just let me know what the other issues are, so I can just keep track of all of it.

Janet: I had a L3 to L5 spinal fusion a year ago, and I’m experiencing a delayed union. Part of it has fused, and the other part is taking its time.

Dr. Darrow: Okay.

Janet: And the other one is my shoulder. I have a partial rotator tear, and the doctor also thinks it’s a bicep tendon as well. And it hasn’t bothered me, the shoulder hasn’t bothered me for a long time, but now it seems to be coming back and giving me issues.

Dr. Darrow: Sure.

Janet: But the wrist right now is a real issue. So, I thought if I was limited on time, I would talk about the wrist.

Dr. Darrow: Okay. So, the wrist is very complex there is a lot of bones in there, and you can look these up, they're called carpal bones, and they're all held together by ligaments, and then there's ligaments from the radius and the ulna, the other – the big bones that attach to the wrist. And then there's tendons in there. It's really complex.

Janet: Could I tell what they've told me I have?

Dr. Darrow: Yeah, go ahead, sure.

Janet: They've told me I have scapholunate dissociation.

Dr. Darrow: Okay. So, that's those – that's two of the bones, okay. So, you can look those up on Google, and they've got really nice pictures. So, if you look up something like wrist on Google, and then you go to the place at the top that says images, click on images and they'll show you probably 50 different images of the wrist, and you can see where the scaphoid and the lunate bones are, okay?

Janet: Yes, and...

Dr. Darrow: I treat those all the time, and I had the same thing myself from hitting the ground with a golf club at about 100 miles an hour. So, my wrist hyperextended back, and I had the same syndrome you did. I went to a medical conference years and years ago, and they showed people how to do, in the old days, what's called Prolotherapy, it's a form of regenerative medicine. And the gentleman that was teaching the wrist, I allowed him to inject my wrist, and the next day it was 50 percent better, overnight 50 percent better.

I think self-injected myself about three or four times more, and my wrist has been amazing. I can still play golf. I can do whatever I want, and it's basically pain free. I haven't really even thought about the pain in my wrist for probably 15 years. So, wrists heal really quickly.

Janet: Really?

Dr. Darrow: For the most part, yeah.

Janet: The first experience with it was about three years ago, and I got cortisone, they were thinking about fusing my wrist, and I said no, I can't – I can't do that. I'm not going to do that. And the cortisone worked for three years. And then it came back this year, and so badly I ended up in the ER. It swelled, it turned black and blue, I couldn't move my fingers at all. And then a few days later, it got a little better and a little better. And it's happened twice in the last

two and a half months. And it happened three days ago again, all of a sudden it starts to swell, and they said it's a – is it a ligament that's inoperable or something, it's torn? And it might have happened from a fall.

Dr. Darrow: Well, I don't know the answer, but the – I mean I do know an answer, it's a question of whether it going to work for you. It doesn't make a lot of sense to me, other than something else is going on, okay. Unless you're doing something explosive with your wrist to have it swell like that, and bleed.

Janet: No, I'm not.

Dr. Darrow: Bruising is from bleeding.

Janet: Yes. Yes, and it's slightly bruised. It happened two nights ago, all of a sudden it started – the fingers started hurting, and I couldn't move them, and I couldn't put any pressure between my thumb, if I pressed my thumb against any one of my other fingers, I can't even unbutton my blouse, it's so awful.

Dr. Darrow: Wow. Are you a flamingo guitar player?

Janet: No, I don't have to worry about that.

Dr. Darrow: Is there any repetitive activity that you do?

Janet: Not that I'm aware of. When I think about it, I am right-handed, so I do everything with my right hand, but I'm not – no, there's no – I don't work because last year I stopped working because of my back.

Dr. Darrow: Okay.

Janet: And so, I'm not on a keyboard all the time. So, no. And I've had carpal tunnel surgery very successfully in both wrists, and haven't had any numb fingers or anything, but now this wrist is really – I mean it seems that it doesn't have to take anything in particular to bring on this swelling, and then you can see a light bruising.

Dr. Darrow: I'd have to look at it. You might have a partial tear of the ligament between those bones that may continue to tear every once in a while. That would be pretty odd, but I'd have to touch it, and look at it, and the nice thing about using platelets and/or stem cells is we would be able to tighten up all of the connections in the wrist at one time, to stabilize it and hopefully that wouldn't happen again.

Janet: If the wrist has gotten severe arthritis because of this, because the bones are floating freely, they're rubbing each other, there's no ligament holding them.

Dr. Darrow: Yeah, I hear you, yeah. I'd have to see it. If you want to call the office, the number to the office is 800-300-9300 and for those of you waiting to call in, the number to talk to me right now is 866-870-5752, that's at KRLA, that's 866-870-5752. And Janet, God bless you and your wrist, I think we could help you. I can't promise you anything, but I think probably I'm going to want to do platelets plus stem cells on your wrist. Platelets are great...

Janet: Could I ask you quick question before we hang up Dr. Darrow?

Dr. Darrow: Yeah, let me just finish my sentence.

Janet: Oh, I'm sorry.

Dr. Darrow: Platelets are great and it's even better if we add stem cells, and you stick with us Janet, after this short break, and I will talk to you first.

Nita: Okay. You're listening Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens, taking your calls right here at 866-870-5752. We're going to take a quick break 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](http://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. We're taking your calls right here in the studio at 866-870-5752. And you do get a free book when you call. That book is called Stem Cell and Platelet Therapy, subtitled Regenerate, Don't Operate. It has over 250 scientific studies, so when you call the show today, you do get that for free.

Again, that number is 866-870-5752 and right now we were just on the air with Janet, are you there, Janet? I think she dropped. So, Janet give us a call back, and we'll pick you right up.

In the meantime, Dr. Darrow, do you want to go to our next caller?

Dr. Darrow: Yeah, we're going to go to Michael?

Nita: Sure.

Dr. Darrow: Hey Michael, are you there with us? It's Dr. Marc Darrow.

Michael: Yes, Dr. Darrow, I'm here and it's a great honor to be speaking with you.

Dr. Darrow: Oh, that's so sweet, you too. Thank you so much for calling in.

Michael: Thank you.

Dr. Darrow: I'm going to repeat what the call screener wrote down for you when you called in. Have you ever used stem cell on a male hernia, you used to carry a heavy bucket for your job? And the answer is I treat sports hernias all the time. The sports hernia is where the adductor – a-dductor muscle attaches to the pubic bone. So, that's a different type of a hernia, than a hernia that I think you're talking about, that you might need surgery for.

Do you know which type it is that you have?

Michael: You would be probably familiar with the medical term, and it starts with "I"...

Dr. Darrow: Well, the term is generally – the term is generally inguinal hernia for most hernias.

Michael: I believe that's the one I have.

Dr. Darrow: Okay. The one I can help you with is different.

Michael: Okay.

Dr. Darrow: The one I can help you with is more of a sports injury, or a yoga injury or something like that, where you stretch the legs out to the side, and that area, or you do a split or something like that, and that area gets stretched out.

The one you have is probably away from the pubic bone, which is the square bone you can look at to figure out what's going on.

Michael: Right.

Dr. Darrow: And if you've been told – the only issue is sometimes people have a sports hernia, and they end up getting surgery for it, and it doesn't work, because it's not the right type of thing to do. So, the sports hernia I can fix, no promise, but I work on them all the time, and

most of them get better, and the inguinal hernias I cannot. There was a doctor in the 1800s named – he was a French doctor named Perrett [phonetic] and he used regenerative medicine to heal those, but it's not the best to do it.

So, surgery is the best way.

Michael: Wow, oh.

Dr. Darrow: Because you get a tighter fit surgically than you do by just injecting it. And the thing that I've been told to be wary of, because I've had patients come in with inguinal hernia repairs using mesh.

Michael: Yes.

Dr. Darrow: And they've had terrible results – yeah, the mesh repairs are – I think they're having problems with them, and there's a lot of lawsuits about them. So, I don't know what to tell you about that. I don't do that surgery, and it's something you have to get second and third and fourth opinions on, before you go ahead and do it, to see the right way to do it.

Michael: Okay.

Dr. Darrow: Never let a doctor talk you into doing any procedure. Make sure you get all of the informed consent, by seeing multiple doctors.

Michael: Okay. Well, your words are a great comfort to me, and the knowledge that you supplied along, you know with your suggestions. So, I just really appreciate it, Dr. Darrow. And I knew – I'm just sorry you can't help me, but I'm scared to death of that mesh, I really do not want to get that put in there, because it's too high a likelihood that there could be problems with that.

Dr. Darrow: Well, that's what I've been told also, Michael. God bless you, and good luck with your healing.

Michael: Thank you so much.

Nita: Thanks for your call, Michael. Our number is 866-870-5752 here at the station, you can speak with Dr. Darrow, and remember that free book, Stem Cell and Platelet Therapy, Regenerate, Don't Operate, just call the show, and you get the book automatically. Again, our number is 866-870-5752, and we finally have Janet back with us in San Jose.

Dr. Darrow: And Janet, thank you for coming back on. Dennis, we'll be with you in a minute.

So, Janet, you had something else that you wanted to tell us, what was it?

Janet: I did. I did. I also, as I mentioned I have a L3 to L5 delayed fusion going on.

Dr. Darrow: Yes.

Janet: And earlier on, about six months ago, it's been a year since the surgery, and I've had this ongoing pressure and weakness on the left side. And then they discovered that the screws in L5 were very slightly loose, and they felt that my body can tighten it, you know my body will – a fusion is your body making bone, right, with the hardware?

Dr. Darrow: Yes.

Janet: And so, I'm waiting for this to – I'm about to have some new scans done, and I was just curious if this is something, if I go on, and you know I have problems, is this something you can treat?

Dr. Darrow: Well, the issue is this. Is it the fusion that's causing the pain, or is it something else going on? I would have to touch your back to give you the answer, it takes me literally 10 seconds, and I can tell you if I can help you or not.

A lot of people have failed back surgeries, it's really common, I'm going to say about half the people who get back surgeries, or neck surgeries, it doesn't work the way they expect it. And you're one of them. The fact that it hasn't fused over a year, means it's probably not going to. That's a long time, okay?

Janet: Um-hmm.

Dr. Darrow: I did a study on low back surgeries, when I was in medical school, it was a giant study. And it was about 100 patients who had fusions done, and about half of them, the fusions did not take, just like yours.

Janet: Well, they say L3-4 is fused, and L4-5 is still not quite complete. But they also said it can take one to two years to complete, and that's a long time to have...

Dr. Darrow: Well, see the issue is, is it the fusion? The lack of the fusion that's causing the pain, or is it something else? There's an assumption in your statement that it's the lack of the complete fusion.

Janet: Yes.

Dr. Darrow: And I always go beyond assumptions. And I use my hands to find out. And unfortunately, from my experience, most surgeons don't use their hands. They look at scans to tell you what's going on, you MRI, x-ray, CT, probably CT in your case, because they're looking at bone. And I don't find that's real accurate. I'm sorry, doctors who are listening.

Janet: Yes.

Dr. Darrow: I just don't find it's very accurate. It's the old school of medicine, you know the traditional school, and doctors need to get their hands on the patients and do a better examination. And no examination is the worst kind of examination.

Janet: Um-hmm.

Dr. Darrow: Did anybody touch your back? Did any of your doctors actually touch it to see where the pain is being generated from?

Janet: I don't recall that they did.

Dr. Darrow: No, they don't.

Janet: I think it was mostly the scans, yeah.

Dr. Darrow: Yeah.

Janet: Yeah, you're right.

Dr. Darrow: You don't do work based on scans ever. They're good information.

Janet: So, it's good that it's not fused.

Dr. Darrow: You don't need to have a fusion to be pain free.

Janet: Okay.

Dr. Darrow: See, I'm telling you the assumption is wrong.

Janet: So, what you're saying is if I come in to see, and you can touch my back, and examine me, there is a chance you might be able to help me with these – with stem cell?

Dr. Darrow: Yes.

Janet: Okay.

Dr. Darrow: I'm not promising you anything.

Janet: Um-hmm.

Dr. Darrow: You know people say why aren't you my cheerleader? I'm not here to be a cheerleader.

Janet: No, you're not.

Dr. Darrow: I just do the best I can – the best I can and telling you my experience, which you know is my truth. It's not everybody's truth. But it's my truth. And I'm not here to give a lot of false hope either. I'm just telling you what my truth is. If I touch the area, and it's an area I think I can make better, I will tell you, and at the same time, I'm going to go and I'm not going to promise you anything.

Janet: Is there any truth to what they say, when they say if it should – the bones should fuse in relatively around three to four months. And if it takes a lot longer than that, that's when the hardware can loosen a little bit, if the bones are too slow in fusing, is that a true statement?

Dr. Darrow: Well, number one, hardware is generally not going to loosen up. What they may have done is taken some of your iliac crest, or your pelvis or something like that, and put that around the fusion, so that you'd have a bony fusion also. I don't know what they did. I'd have to see the operative report.

Janet: I see.

Dr. Darrow: So, you know the question – the answer to the question is yes. If you haven't had a complete fusion by about three or four months, you probably won't.

Janet: Okay.

Dr. Darrow: And you get what we call a pseudo-fusion. You get like a cartilaginous growth of tissue there, which is not bone. It's too soft to hold it.

Janet: Well, how do you function that way? How do you live that way?

Dr. Darrow: You see keep going back to your old assumption, and I'm trying to take it away from you.

Janet: Okay, I'm sorry, okay.

Dr. Darrow: Do you get what I'm saying there that it may not have to do with your fusion that there's a problem.

Janet: Um-hmm, okay. So, it's a matter of investigating.

Dr. Darrow: We need to do Sherlock Holmes as a doctor.

Janet: Okay. I'll come down with my wrist, my torn rotator cuff on my shoulder and my low back. I'm quite a case.

Dr. Darrow: Yeah. The shoulder sounds like a real easy case. A partial tear of a rotator cuff tendon means absolutely nothing to me. I treat those every day and they get better.

Janet: And what about a tear...

Dr. Darrow: A what?

Janet: It's also got possibly a tear in the bicep tendon, is that doable as well?

Dr. Darrow: Yes.

Janet: Well, that sounds wonderful. I so appreciate you're taking time with me, Dr. Darrow.

Dr. Darrow: And again, you know I have to be super, super honest with you, and up front. I don't know if I can help you.

Janet: Yes.

Dr. Darrow: I've got to touch the area with my hands, see if I can find the pain generator, and then we can talk together about what to do about it.

Janet: Okay. That sounds good. I so appreciate you're taking time with me.

Dr. Darrow: And for everybody who comes in the office, they often say, I know you don't like MRIs, or x-rays. No, that's not true. I like them. They're just not necessarily going to show me where the pain is being generated from. And I need to use my hands to do that, and I still want to see them.

Janet: That's my next question.

Dr. Darrow: I mean we have found cancers and things like that with MRIs.

Janet: Wow.

Dr. Darrow: So, not that that's frequent, but yes, I like to see what's going on in there. I also use an ultrasound.

Janet: So, it's a matter of bringing you...

Dr. Darrow: Yeah, bring in at least the report, you know so we can see what it looks like.

Janet: Okay, okay. And I should call your office to set this up?

Dr. Darrow: Yeah, there's people by the phones, it's 800-300-9300.

Janet: Okay.

Dr. Darrow: I'll repeat it for other people, 800-300-9300, and you know Janet I'm sorry you're going through all this stuff. But hopefully, we can help you out. It's possible that all of these things can be helped, your wrist, your back and your shoulder by using regenerative medicine, your platelets, your stem cells, okay?

Janet: Thank you so much. Thank you for your time. You're great.

Dr. Darrow: God bless you. Yeah.

Janet: I appreciate everything.

Nita: Thanks Janet.

Dr. Darrow: You're great too.

Nita: Take care. Our number is 866-870-5752 right here in the studio, you can call and speak to Dr. Darrow and you can get that free book, Stem Cell and Platelet Therapy, Regenerate, Don't Operate. Think about what that means, Regenerate, Don't Operate. And we're going to go to Dennis in Redondo.

Dr. Darrow: All right, Dennis, Dr. Marc Darrow. Yolanda you're after Dennis, hang with us, don't go away. Dennis, how are you today?

Dennis: I'm doing great, can you hear me all right?

Dr. Darrow: Oh yeah, you're good. I understand that your fingers and your shoulders bother you. Which is worse?

Dennis: The fingers in daily use. Like what I've noticed is the ring finger on my right hand, the middle knuckle will stick. In other words, if I make a fist, and try to open my fist that third fingers snaps, or sometimes it won't open until I force it. And that's relatively new. That's just a recent thing maybe in the last month.

Dr. Darrow: Okay.

Dennis: But I'm starting to feel some soreness on the other hand, and stiffness. I don't have the strength of grip that I had maybe two months ago.

Dr. Darrow: Okay.

Dennis: So, I was hoping there was way to – to you know cut this off at the pass, to lessen this before it got to be a serious problem, you know what I'm saying, kind of beat it to the punch.

Dr. Darrow: So, there's a couple things that come to mind on that middle finger. One is called a trigger finger, and you can look that up on Google.

Dennis: Trigger finger, yes.

Dr. Darrow: It's a tendon getting stuck at what they call the A1 pulley in the hand, and that may be it. It also may be arthritis; they both can look a little bit alike. So, that's one I'd have to touch and watch and see what happens to create the problem.

Are you someone who works quite a bit with your hands?

Dennis: Not as much as I used to. I'm on a computer now, part-time during the day – general, manual things I sail, I play tennis, but I don't put a lot of strain, just – yeah, I do manipulate, I use my hands continually.

Dr. Darrow: Okay. So, number one is you do a lot of strain with your hands.

Dennis: Okay.

Dr. Darrow: If you're a sailor, you do a lot of strain with your hands.

Dennis: Okay.

Dr. Darrow: You know you're fighting against the wind, constantly. And you've got ropes and cleaning, and all kinds of stuff, you're not thinking of it as strain, because it's normal for you.

Dennis: Right.

Dr. Darrow: So, you're going to have to give me your boat, and then your hand – your finger pain will go away. Nita, come on.

Nita: I'm listening. I'm right here.

Dr. Darrow: You're supposed to laugh.

Dennis: Should I just switch topics then to the shoulders for a minute?

Dr. Darrow: Yeah, of course.

Dennis: Yeah, I'll tell you what happened there. I started – by the way I'm 72, but I'm in good shape, I would probably pass for at least a 60-year old. Anyway, I'm active, but I...

Dr. Darrow: Well, I'm 72 and I can pass for a 90-year old.

Nita: I thought you were going to say a 17-year old. You always say 17.

Dr. Darrow: I try. No, I say 16. All right, so what's up with the shoulder.

Dennis: Well, I wanted to get in better shape, and it wasn't specifically for shoulders, I just wanted to lose some weight, improve my strength. So, in January, I joined a fitness center, actually it's part of a Silver Sneakers program, but I did have a personal trainer, and I think we overdid it on the shoulders. He had me doing a lot of medicine ball, push-ups, military press, things – you know, and I started questioning – I said, well can we do something besides shoulders. And it seems like – I think he was a rather new trainer.

Dr. Darrow: Sure.

Dennis: But we continually worked on – and they started being sore, and now we're in October, well I worked out from January through March, and then stopped going to the gym, because of COVID. And I still had soreness in my shoulder, like right directly behind my deltoids. My shoulders don't click or anything, but I'm very weak trying to raise something over my head, very weak.

Dr. Darrow: Okay. So, here's number one. Get a different trainer, because that guy did too much for you. And you don't take a 72-year old person, even though you and I are in amazing shape.

Dennis: Right.

Dr. Darrow: You know, if I'm wearing a hat, and covering my face, I look very young. Come on, Nita.

Nita: I think it's true. What's to laugh? It is true. You do look young.

Dennis: That's a good one.

Dr. Darrow: But you know you got to – Dennis, you've got to – lets face it. You've got 72,000 miles on the car, and you don't drive it the way you did when it was a brand-new car. It doesn't mean you shouldn't be working out all the time, but you've got to be judicious about it.

Dennis: Yeah.

Dr. Darrow: And I don't think there's anything wrong with your shoulders. And I think that you know maybe a little rest may help, if not, I think what we do, regenerating the tissue could certainly help. I think you know some injections of PRP, platelet-rich plasma would probably fix them up like brand new.

Dennis: Yeah, that's (inaudible) than trying to do rest, I don't even try it, a push-up or two, well maybe I will, one or two, but I don't try to push it more than that, no pun intended. I'm just trying to take it easier. But now my fitness level has gone down, you know I'm putting the pounds on again. I guess I should try a different...

Dr. Darrow: Yeah, well you know, I'm just going to mention the putting the pounds back on again. At our age, we don't lose weight by exercising, we're too busy, and we can't work out as hard as we used to. So, there's one way to do it. And this is for everybody, I don't care what age you are. Cut out the carbs, it's easy.

Dennis: Okay.

Dr. Darrow: That's it.

Dennis: Yeah.

Dr. Darrow: Bottom line, cut out the carbs and you'll lose – for a man you'll probably lose seven pounds the first week, and about five pounds every week thereafter. For a woman, probably five pounds the first week and three pounds thereafter. Just cut out the carbs, easy, and you'll be skinny.

Dennis: Okay, that's great advice.

Dr. Darrow: Anyway, I think I can help your shoulders, you know if you're already cut out the activities, and they're not getting better, you know maybe it's time for you to do some regenerative medicine on them. Your platelets would probably heal those. If I think it's bad, we'd add some stem cells to it.

But it sounds like it's not that bad.

Dennis: Right, that's why I want to check it before it got worse. And perhaps...

Dr. Darrow: So, let's say goodbye to you right now, Dennis, and tell you we love you, and get onto Yolanda before the end of the show, because she's got some neck pain.

Nita: Okay, Yolanda, you're on.

Dr. Darrow: Yolanda...

Yolanda: Okay. Hi, Dr. Darrow. This is Yolanda.

Dr. Darrow: Hi, Yolanda. Yeah, yeah.

Yolanda: How are you doctor?

Dr. Darrow: Good.

Yolanda: I have several complaints. I have suffered from a chronic neck pain and throat, and shoulder and head pain.

Dr. Darrow: Okay.

Yolanda: Different parts of the body, I've just been in chronic pain.

Dr. Darrow: Yes. Okay.

Yolanda: The medication hasn't really helped. It's been going on for at least eight years I want to say, and my doctor said well you just have to learn to live with pain.

Dr. Darrow: No, I don't – you know I don't like when doctors tell people they have to live with something. That just means the doctor doesn't know to heal it.

Yolanda: Right.

Dr. Darrow: So, I don't think I've ever once in my career told someone, you've got to live with it. I certainly hope I haven't. If I have, I'll slap myself in the face.

Nita: I'll help you.

Yolanda: Yeah. Thanks for volunteering.

Dr. Darrow: But anyway, necks usually heal pretty easily. The shoulders usually heal pretty easy, depending on what's going on. And I would have to examine you. I'd have to touch your neck, I can tell you, you know in a minute or so, what's going on. And then we can go from there. The same thing with your shoulder. I think you also mentioned your throat, did you say your throat hurts?

Yolanda: The throat is my main concern now, because it's been a few years and with the reflux. And I keep telling the doctors all the medication wasn't really helping it.

Dr. Darrow: You know, Yolanda, I don't know if you're on a Bluetooth, but you're fading in and out.

Yolanda: Oh, okay. I spoke to my doctors regarding reflux and they...

Dr. Darrow: Nita, can you hear what she's saying? I can't hear.

Nita: No, it's – I'm sorry, Yolanda, you're coming through a little bit too muffled, and I'm so sorry we're out of time.

Dr. Darrow: Yolanda, go to my website, please. You can email me there at [www.lastemcells.com](http://www.lastemcells.com) there's a spot to email me on every page, and I will answer you right away.

Nita: Thank you, Dr. Darrow. And thank you, Alex and Suzette in production. And grab a pen or a pencil, write down this information. Listen to our friend from 11:00 to 1:00 Saturdays for The Pet Show, that's Warren Eckstein, and I'm your host, Nita Vallens. We'll see you next time.