

Living Pain Free 10/03/20 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: Well hi there, Dr. Darrow.

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

Nita: I'm great and yourself?

Dr. Darrow: I'm living it up!

Nita: Yay! Well, our listeners are going to live it up if they call and find out why they're in pain. We're going to talk about orthopedic pain today, musculoskeletal pain. That's joint pain, tendon pain, ligament pain, neck pain, back pain, knee pain, hip pain, arthritis pain, joint pain, muscle pain, any kind of dull aches, stiff joints, maybe you have tendonitis, carpal tunnel, and you don't even realize it, but you have pain in those places, your wrist, or knees, and our number so you can solve the mystery is 866-870-5752 right here at the station, that's 866-870-5752.

When you phone the program today, you do get Dr. Darrow's latest book for free. It's called Stem Cell and Platelet Therapy, subtitled Regenerate, Don't Operate. Now, think about that, what that means, and give us a call if you don't know. It has 264 scientific studies actually.

And another thing you can do while you're listening is go to 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 you can watch him performing the treatments on videos, very cool stuff.

Reminding you, we're here Saturdays at 10:00 a.m., again at 1:00 p.m. And if you'd like to call the office and just have a personalized conversation, you can call 24/7, make appointments, 800-300-9300, that's 800-300-9300.

But what we really want you to do is call the program right now, so Dr. Darrow can give you some personalized attention over the radio. That number again 866-870-5752. What do you think?

Dr. Darrow: Well done, Nita.

Nita: Why thank you.

Dr. Darrow: So, let get to a question, yeah.

Nita: Okay.

Dr. Darrow: And then we can explain what regenerative medicine is.

Nita: Great.

Dr. Darrow: And how we can help heal the body without doing surgery in most cases. It doesn't work every single time; I have to put out that disclaimer. And I want to say something right off the bat here, is that I love orthopedic surgeons. So, my hat's off to all you guys. I just don't like all the surgeries that are being done when they don't need to. The studies show that these surgeries often do not come out very well, and that if we do a sham surgery, like a fake surgery on a knee versus a real one, the results come out about the same. So, why do the real one when there's a chance that it's going to cause side effects. And unfortunately, I get people that come in all the time who have had failed surgeries where they got worse and they have infections and other things, leg length discrepancies and whatnot, after joint replacements.

Actually, I do want to mention that right now, because a question just came in. It says hip replacement failure. So, in this one, the patient said – and by the way, you can get to me by email through my website, which Nita mentioned, which is [www.lastemcells.com](http://www.lastemcells.com) and every page has a spot to email me.

So, this person used the website to send an email to me, and said he ended up having a hip replacement, but that surgery did not go well, as he had hoped. He said that his right leg is seven-eighths of an inch shorter than his left leg now, and the surgery has caused back pain issues.

So, I hear this very frequently. It doesn't mean that if you have a hip replacement, you're going to end up like this. But I hear it all too frequently, so there is a high risk of that. And the person's surgery didn't work, and they ended with a leg shorter than the other, it's tough working on a joint replacement to get things lined up properly, because the person is asleep and not standing up.

And it's hard when the body is relaxed like that to have the leg lengths come out the same, even with the best of surgeons, I see this happen.

So, it's very tough – it's very tough to go through these surgeries, and we now have platelets, which is called PRP, platelet-rich plasma, and stem cells which can often heal up the arthritis in these joints. I don't care which joint it is. I treat everywhere from you know the neck down the back, and the shoulders, elbows, wrists, fingers, a lot of people have hand pain and hand arthritis. And then down to the hip joint, and down the legs and into the knees, and the ankles, and the feet, toes, you name it.

So, I inject all over the body. And I take care of a lot of sports injuries, and a lot of people just getting older and having arthritis, or things that are wearing down. You know the biggest thing we see with wearing down is what's called tendinosis. We used to call it tendonitis, thinking it was just inflammation. But after a period of time when you overuse some part of your body, the itis which means inflammation turns into osis which means wearing down.

And that can last for – I've seen people with 50 years of back pain. We actually had a friend of mine, Mark Holmes, Dr. Holmes call in the show, I think it was last week talking about 50 years of back pain which was cured by me doing PRP on his back. And Mark is a very tough, strong athlete, and he suffered you know from surfing and doing weightlifting and all kinds of things for 50 years.

I just talked to him yesterday. His back pain is still gone after doing PRP. So, it's a very easy procedure. You walk into the office, you have your blood drawn, we spin it, and then we inject it. And you walk out. It's very simple.

I've injected myself as all you listeners who know me, know. All my patients know. I've injected so many parts of my body including both of my shoulders, I did that with stem cells and platelets, both of my knees, both of my elbows, my wrist. I've had other docs inject my neck and back, because I really can't reach there too easily. I would if I could, but that would be kind of dangerous, so I don't do that.

But whenever I tweak myself and I do sports kind of hard, whatever I do, I do intensely and repetitively, and I pay the consequences of having pain, and if something doesn't go away, then I just inject it. And I've had great luck injecting for over 20 years my own body. So, even after a failed surgery on my shoulder, which came out terrible, I had a swollen arm and a fever after that surgery.

I didn't blame my surgeon, because it's just – you know it's like what happens after a lot of surgeries. It's not the surgeon's fault. It's just kind of what happens. And he was my professor in medical school, and I loved the guy. I never blamed him one second. It's just – you know it's one of the casualties of surgery.

So, I learned about regenerative medicine later, a few years later, and I injected my own shoulder, and it was completely, 100 percent full range of motion and pain free the next morning. That's not common. I have to tell you that. I think that was, you know if you want to call it, the spirit knocking on my door, saying this is the kind of work you're going to be doing. Because I was so excited. I started experimenting you might say on my patients. I'd ask them, I'd say there is new thing that healed me that I did on myself. Can I try it on you? And most people said yes, because they didn't want surgery or steroid shots. You know they were sick of all of that.

And many of my patients have already had the failed surgery, and the failed cortisone shots, and they were looking for something different. They're looking for the alternative. Thank goodness this work in regenerative medicine is becoming more of the standard today. I've been teaching it at UCLA for over 20 years. And other doctors are teaching it at universities. So, the residents coming out hit the ground running, and are doing regenerative medicine which we like a lot better than surgery. I mean God bless the surgeons. They've got tough jobs.

And sometimes surgery has to be done. If I get someone who comes in with a joint that just doesn't move or has been smashed in an accident or something like that, I send them right to the surgeon. But most cases, I can help myself. And we do it just with simple injections and the patient can drive home themselves. And you know walk out the door.

So, you know the first thing in medicine is do no harm. That's the first law of medicine. So, be conservative. Try the things that aren't going to hurt you and regenerative medicine is generally one of those. It's very tough to hurt somebody by just injecting them. And the injections are done with your own cells. It's very simple.

So, that's what I've been doing for years, and it's something I hopefully be able to continue to do till the day that I leave the planet. And that's the nice thing about it too. I expect to be doing this kind of work, you know in the "forever stage" of my life. It's pretty easy to do. I don't know why more doctors are not learning it. It's becoming the trend. But the surgeons still hang onto the knife. And I don't know why.

There's so many people that I send, so many of my patients that I send to surgeons for a second opinion, just so the patient can have informed consent. And the surgeons generally tell them that they need to have the surgery. And the patient refuses, comes back to me and we get them healed up.

So, yes we would like your calls, and the number to the studio right now if you want to write this down is – I'll repeat it a couple of times – the studio number to talk to me, personally is 866-870-5752, I'll repeat it while you grab your pens and pencils, it's 866-870-5752, please call me now. I would love to talk to you, and if you're shy, use a fake name. You don't have to say it's about you. We can talk about your family, your friends, or whatever it is, even if it is about you, we can disguise you.

Also, if you want to get to my office, to get more details, specific details about you, that we don't cover on the radio, you can call the office at 800-300-9300, we do have people waiting by the phones right now, that's 800-300-9300 to my office.

So, Nita, I hear you breathing. You must have something you want to tell us.

Nita: Well, I do. I want to remind you to call Dr. Darrow, this is your opportunity to feel better if you've been in chronic pain for a long time, 866-870-5752, 866-870-5752 and check out the website, [www.lastemcells.com](http://www.lastemcells.com) that's lastemcells.com. You can email Dr. Darrow off of every page on the site, as well as watch him performing the treatments on videos.

Would you like to talk to Charlotte?

Dr. Darrow: Why not. Charlotte, hello.

Nita: Hi Charlotte, are you with us? Charlotte.

Dr. Darrow: We can put her on hold – we can put her on hold and go to Blossom if you like.

Nita: Okay.

Dr. Darrow: Blossom, are you with us?

Nita: She's not quite with us yet.

Dr. Darrow: Oh, she's not ready, yeah.

Nita: She's not ready, but we'll see – let's see.

Dr. Darrow: How about Charlotte, are you back yet? Oh, here Blossom is ready.

Nita: Blossom.

Dr. Darrow: So, Blossom, Dr. Marc Darrow. You have a question about your spine and your shoulder. So, let's talk about your shoulder first, and tell us how long your shoulder has bothered you.

Nita: Blossom, are you there?

Dr. Darrow: I guess we're...

Nita: Am I on, Alex? Yeah, okay, hmm, very strange. Oh, there we go, oh Blossom, are you there?

Blossom: Blossom, this is me.

Nita: Hi there.

Dr. Darrow: Blossom, Dr. Marc Darrow, let me ask you a couple questions. How long has your shoulder bothered you?

Blossom: Almost a year.

Dr. Darrow: And what happened to it?

Blossom: I had fallen in the dock and fell on my shoulder, oh about 30 years ago. And then lately maybe four years ago, I was pushing the trash lid, and stepped on the lid, and I fell and hurt my shoulder again. And a year and a half ago, I was in a car accident, and so the shoulder got you know disrupted with my neck. So, that's where I'm at.

Dr. Darrow: Okay, and what did your doctor tell you about your – what did your doctor tell you about your shoulder?

Blossom: Nothing, they couldn't find where the pain was. They knew I had pain, but I just went to physical therapy and massage, and that was it.

Dr. Darrow: Okay. So, the first thing I would do is have you come in the office. If you want to do that, write down this phone number, it's 800-300-9300, that's my office, and I'm there every day. You can come in. I will know in about two seconds by touching your shoulder where the pain is coming from.

By the way if you want to get off of your Bluetooth, we'll be able to hear you a lot better. And if you're driving, if you want to drive off to the side of the road, we'll be able to hear you a lot better. I hear

someone else in your car who is talking, and that doesn't help us either.

Blossom: Okay. Yes, okay.

Dr. Darrow: So, I do my examination most importantly with my hands and find out your range of motion and touch the different tendons and the rotator cuff, if there is one, we can spot that. Or if it's just tendinosis, and we'll decide if you come in the office what type of a treatment, if any, you're going to need.

So, I like to have an MRI also, I use an ultrasound to look inside, but MRI is more of the standard, that will give us extra information, but I don't treat based on the images. I treat based on where I find the pain is being generated from.

So, way too often people come in, and they go I'm ready for a surgery, my doctor did an MRI and said I have a supraspinatus tear, that's the most common one in the shoulder, by the way, the supraspinatus, or subscapularis or a labral tear. But guess what? I have all three of those, and I have no pain in my shoulder. And I'm actually going to go out and play golf later today. And I'm lifting my shoulder, my arm up in the air right now, swinging it around, the people on my video watching me can see that. And don't get caught up with what your doctor tells you is the reason why you need surgery. It usually is not. So, be very, very careful about it.

The other thing you mentioned is your...

Blossom: Okay, so, where are you?

Dr. Darrow: You know for all that stuff – I'm in West LA, right off the 405 across from UCLA. But call the office for the details, 800-300-9300.

Now, what happened to your spine? Was that from the car accident?

Blossom: No, this was from shingles. This is my husband's situation. He had shingles and then he has postherpetic neuralgia.

Dr. Darrow: Yeah.

Blossom: And he had Botox (inaudible), he's had injections, all kinds of things, and lidocaine cocktails, and gabapentin, and all different types of medications that didn't even dent – it wouldn't even do anything.

Dr. Darrow: Okay, so is his pain on his back.

Blossom: And it's been four years.

Dr. Darrow: Is his pain on his back and then it wraps around under his arm, is that the...

Blossom: On his back and his side.

Dr. Darrow: Yeah, well that's what I see the most of with the postherpetic neuralgias. I usually can get rid of them doing something different called – let me think of what the name is, it's a German type of injection called neural therapy, okay.

Blossom: Uh-huh.

Dr. Darrow: And I've been able to heal almost every single one that's come in the office so far.

Blossom: Okay, we'll go, because he's – pardon me, he's slated to get an angioplasty on the 14<sup>th</sup> of this month.

Dr. Darrow: Okay. Well, God bless him, and God bless you, and we're going to move on. We've got Jean waiting.

Nita: Thank you for your call, Blossom. And yes, we do have Jean.

Dr. Darrow: Now, there's birds. Jean, do you have birds in your house.

Nita: Wow, I don't know.

Dr. Darrow: Jean, are you with us?

Jean: Oh, yes, yes, sorry.

Nita: Hi.

Jean: Hi, thank you for all you do. So, I have a question. I was wondering if injections would help my son. He got run over by a car – the car ran over his chest, so he had a lot of rib fractures from that inside, and so he had rib plating. And so now he's suffering from the complications of surgery. He has nerve damage. He a lot of numbness on that side of the chest. And he has tightness. He feels the plates on his body and he's suffering. He says it feels like a dead body connected to a live body. So, I was wondering if you do injections in the chest area?

Dr. Darrow: I do injections on the chest frequently, and the most common thing that we see is the rib pain. I've never had anyone come in – I'm going to be honest with you – who has metal plates in there. So, I would have to touch the area and see exactly where that is. It would



be good for him to bring an x-ray, so I can actually see the metal, okay.

The metal was put in between the ribs, was it or what? Or just covering the ribs?

Jean: So, he has a long rib plate that extends from the back section – the middle of his back coming all the way along the left side of his chest up to the front. So, there's one huge, long plate. And then he's got two shorter plates. It's all on the left side.

Dr. Darrow: Okay. And is the pain along where the plates are or in other areas without the plates?

Jean: Yes, you're right, it's along where the plates are.

Dr. Darrow: Okay. There is a good chance we can help with that. I'd have to see it and touch the area, and see if I can elicit the pain generator, see exactly where the pain is coming from. It may be the connection between the metal and the bone, okay?

Jean: Yeah.

Dr. Darrow: I can't really tell you more than that at this point, until I actually touch the area. But if he decides to come in, the number to the office is 800-300-9300, and he can watch these procedures on my website, which is [www.lastemcells.com](http://www.lastemcells.com) he can watch videos there, and see if this is something that he may be interested in.

Now, I can't promise just talking to you on the radio whether I can help him or not. I have to actually touch the area and see what's going on. Definitely have him bring in an x-ray of the area, so I can see where that metal is, in case it's under the bone, okay?

Jean: Okay. So, the last thing Dr. Darrow, and thank you for all that you do, and all the people you help.

Dr. Darrow: Well, thank you for telling me that.

Jean: I've been trying to call you for a month, and I'm really glad I got the courage to do it so. He also has a lot of scar tissues. Do your injections help with scar tissue build up?

Dr. Darrow: They can. Again, it's the same kind of thing. I'd have to touch the area.

Jean: Sure, sure, okay.

Dr. Darrow: And see where the pain is coming from.

Jean: Can I call the office now, or do I have to wait until Monday?

Dr. Darrow: No, you can call right now, that would be great. The number is 800-300-9300.

Jean: Okay, I'll do that. Okay, keep up the great work. We all appreciate you.

Dr. Darrow: God bless you, Jean, and God bless your son.

Nita: Thank you, Jean.

Jean: Oh, thank you, Dr. Darrow. Okay, thank you. Bye.

Nita: Bye-bye. Well, you can call the station right now and talk to Dr. Darrow too at 866-870-5752, that's 866-870-5752. Let's go to Jack in Whittier.

Dr. Darrow: Hey Jack, Dr. Marc Darrow. How are you today?

Jack: Hey, I'm doing good, doc. How's it going? Everything good?

Dr. Darrow: I'm living it up man. Which knee bothers you, the right or the left?

Jack: Well, I get – first of all, it's not for me. I guess everybody is calling in for their kids today.

Dr. Darrow: That's good. Yeah.

Jack: Calling for their kids today. I'm calling in for my daughter...

Nita: Okay, Jack, hold on sec.

Dr. Darrow: Jack hang with us.

Nita: Stay with us, we have to go to a quick break here on Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens. Write down these important points 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](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 and we're taking your calls at 866-870-5752, right here at the station. You can speak directly with Dr. Darrow yourself about your chronic pain issues. We're here Saturdays at 10:00, again at 1:00 p.m.

The website is [www.lastemcells.com](http://www.lastemcells.com) and right now we're speaking with Jack.

Dr. Darrow: Hey Jack, Dr. Marc Darrow, we'll pick up in just a second. I wanted to mention a couple things, if anyone calls into the show right now, I'm giving out a copy of my book, Stem Cell and Platelets Therapy, Regenerate, Don't Operate for free.

It's got an introduction by Suzanne Somers, one of my favorite people on the planet. She is getting the message out to help doctors help their patients. And I've been working with her for many years and her family. And thank you Suzanne Somers, God bless you.

This is a great book. It's got 200 or so pages of information on why you shouldn't be getting surgery for orthopedics, the side effects of that, and how easy it is to get injections of regenerative medicine using your own cells. You can use your platelets or your stem cells to actually heal the areas in orthopedic injuries.

It doesn't work for everything. Don't think it's a magic thing. It just works when you do it, meaning you've got to stick to the program. Too many of my patients cheat on me. They don't do what I tell them to do, and then come back and they go it didn't work. Well, you've got to work it too. You've got to do your part of it. And a lot of that means letting it heal and don't go out being an exercise fanatic after you get an injection. You've got to let things heal. It took years for a lot of people to get where they're at with these arthritis type things. And sometimes these long-term injuries that don't go away, don't expect an overnight success.

I've had that happen to me luckily, I've had overnight success with healings on my body that I've self-injected, and that led me to become a regenerative medicine doctor. But I always tell people to be patient, it takes sometimes weeks for things to heal, and sometimes several treatments.

So, come in with the proper expectations. We discuss all that. I spend a lot of time with my patients. Every patient gets my cell phone number and my email, my personal email. So, I stay close in touch.

So, Jack your daughter has a knee problem. How old is she by the way?

Jack: Hey, doc, good morning, again, how you doing?

Dr. Darrow: Yeah, Jack how old is your daughter?

Jack: She's 32.

Dr. Darrow: Okay. And how did she injure her knee? What happened?

Jack: Well, she's always had a bad knee, but I think she fell off her bike, so I think she really made it worse.

Dr. Darrow: Okay. When you say she always had it, I mean did she have it as a little girl too?

Jack: She would always just complain like it pops out – pop out – yeah, yeah, you know. And I think when she fell off the bike, I think that's when it hit its peak. It was probably about – maybe about a month ago. So, she did go to the doctor, and she went to her healthcare provider, and it's a pretty big word I used, healthcare provider.

But anyway, so she went to the doctor and they told her that, you know they did an MRI and they said she has a MCL, an ACL, and then also the lateral meniscus all tears.

Dr. Darrow: Okay. Yep.

Jack: So, I was going to go in there myself but I chickened out, but I told her about you, so I guess we'll – I told her hey, I says well you know what they want to have two surgeries, that's basically what they told her, they said it's going to be two surgeries.

So, I told her you know what, there might be some hope, you know I said you know that's what dads are here for to look out for their baby girls. And I said hey, let me call Dr. Darrow for you on a Saturday.

Dr. Darrow: Beautiful.

Jack: You know I mean is there anything you think you can do to help her on that, or that she should just – with all those tears, that she just go do the surgery?

Dr. Darrow: Well, generally, we can help. But I can't tell her or you, until I actually touch the area with my hands and move the knee around, see if it's loose or not. Most ACL ruptures, ACL is anterior cruciate ligament, most of those do not have to be operated on, and there's a

lot of pro athletes that don't have ACLs that play football and baseball and they do just fine. It all depends. I see some that are very loose, the knee is very loose, and there's a couple of different tests that I'd perform on her to you know exam tests to see how tight the knee is.

If it's not tight, she has a problem. If it is tight, she basically has no problem, and it just takes a while. The studies show that if you decide to get an ACL surgery, you should wait at least three months after the injury for the knee to quiet down, the results come out better.

But most of my patients who have ACL tears, and I'm talking about high level athletes, you know surfers and you name it, don't need to get an ACL replacement surgery. So, I have to touch her on the knee and stretch it and see what's going on. And the MCL and the LCL, those are medial collateral ligaments and lateral collateral ligaments usually heal up very, very simply, okay?

Jack: Okay.

Dr. Darrow: So, unless her knee is wobbling around, we can probably help her using platelets from her blood, or stem cells, okay.

Jack: Oh, I see, I see, yeah. Because I mean she's been walking around with a brace, she just has that – you know you can tell she's favoring it, but like I said you know two surgeries compared to maybe something which you could help out with, I mean I know that's what everybody is, all the athletes and you hear all this great stuff about it, I mean, I told her well, you know it's worth it to give it a shot to have you put your hands on it, and you know give you advice on it.

Dr. Darrow: Well, it's definitely worth it for me to do an examination at least, and then we can talk and figure out...

Jack: Okay, all right, well yeah, then we'll be in there. You know we'll be in there, we'll see you soon, you know her name is Shantell, so you know she can bring up the conversation we had, correct.

Dr. Darrow: Okay. Beautiful. The other thing that you mentioned is that her knee is what you said popped out for a long time since she was young. And that's a type of laxity or looseness of the patella, the round bone in the front of the knee. And what we do with that is we inject all around the patella to thicken up what we call the retinaculum. It's like a glove that fits around the top of the patella, and the knee to hold that in place, okay?

Jack: Oh, okay. Okay.

Dr. Darrow: So, that patella when you bend your knee, it slides – it slides on the femur in a place called the trochlear groove, and we can definitely tighten that up. I've had so many people that have a loose patella, and we can help thicken up the retinaculum and keep that from what we call subluxing, meaning a little bit of a dislocation or a complete dislocation. All right?

Jack: Oh, okay, great, yeah.

Dr. Darrow: So, there's good hope ahead for your daughter, Jack.

Jack: Yeah, well you know that's promising news and like I said – I mean one surgery is bad, two surgeries oh my goodness, you know. I mean that means I'm going to have to be running all the errands for her, you know what I'm saying. So, if we can get her in there, man, you know you could do some magic man, and then just hear what you have to say, okay. Appreciate it doc.

Dr. Darrow: Yeah, you know it's pretty seductive for these kids to want to have surgery, because all their friends have it, especially if they're athletes.

Jack: Yes.

Dr. Darrow: And I get that same kind of thing with my daughters who are athletes. They go you know the doctor says I need surgery, and I go no way, you're not going to do it. And then we do PRP or whatever on them, and so far, they're good.

Jack: Yeah, heck yeah, I mean if I had a dad like you, man you could shoot them up at the breakfast table right there, you know.

Dr. Darrow: I have done it at home, I'm not going to lie.

Jack: Hey daddy, my ear hurts you know, here come here let me (inaudible) you know what I'm saying, yeah, you know. All right, doctor I appreciate that man, like I say, you know we'll definitely be in there, you know I'll probably go in there with her, and I'll bring you a couple of...

Dr. Darrow: Yeah, come on in. I'd love to meet you, Jack, you're a great guy. Thank you so much for calling.

Jack: Okay.

Nita: Thank you, Jack.

Dr. Darrow: God bless you and your daughter.

Jack: Okay, bye Nita.

Nita: Bye-bye thanks, Jack. Okay.

Dr. Darrow: Let say one thing before you take off here, Nita.

Nita: Sure, okay.

Dr. Darrow: You know with an ACL tear, we often see a lot of bleeding, and swelling in the knee. And the first thing I like to do with that you know as soon as it happens is to aspirate the knee. That means to put a – you know numb it up, so it doesn't hurt and put a needle in there and take the blood out, and sometimes I'll get a giant amount of blood out, and the person is just relieved instantly and can walk almost instantly again.

And I use an ultrasound inside the joints like that on the knee, shoulders, hips, whatever to actually see where that fluid is. If you have someone who's going without an ultrasound and putting a needle in you, especially like on a knee, they're going to probably be scraping the cartilage off, and it hurts like heck. So, the best way to do it is numb it up and use the ultrasound, see where the fluid is.

We can get every single drop out, and it gives a lot of relief, especially if it's blood, because if you don't take that blood out right away, you're going to end up with a hematoma, which is like a big, big blood clot inside the knee. I've taken those out you know pretty much everywhere around the body. Sometimes I get hockey players that fall on their – we'll call it the hip, it's not really the hip, it's the greater trochanter and they have giant fluid collections.

We have one wonderful woman who takes care of horses and her horse kicked her right there, and she came in, and I drained out an immense amount of blood and she had immediate healing starting to take place. So, if you're going to get injections, go to a doc who uses an ultrasound, so we can look inside the body and see where the pain is coming from and that the problem is.

So, I'm going to give out the phone number, write it down, we'd love to get some callers right now. I'd love to talk to you. And the phone number to the studio right now is 866-870-5752, 866-870-5752. For those of you that want to call the office directly that number is 800-300-9300, I'll repeat it while you're scribbling, 800-300-9300.

And for those of you that want to watch me doing these injections, my website has a lot of videos and a lot of information about healing, which is [www.lastemcells.com](http://www.lastemcells.com), [www.lastemcells.com](http://www.lastemcells.com). Every single page has a spot to email me.

A couple other things I want to talk about here is we do something called the Vampire Facelift, where we inject the same cells that I use on the body for orthopedic problems and arthritis, we can put that into the face with a teeny-weeny needle and grow back the collagen and make people look younger. By the next morning people look great. It's an amazing procedure.

Also, we can do that on the head to grow back hair, if your hair is thinning, what we do is we inject platelets or stem cells onto the head, and we do quite a bit of that to regrow hair. The patients love it. We also, if you have a problem with your hair, we check your hormones, and make sure that your hair loss is not coming from things like hypothyroidism, or low iron, or hormone imbalance. So, we can check all of that also.

Boy, we've got a bunch of calls coming up here.

Nita: We do, very exciting.

Dr. Darrow: Let's see who this is.

Nita: Well, as soon as they get racked up, we'll grab one of them.

Dr. Darrow: Okay. In the meantime, why don't I just take a call – a question.

Nita: A question.

Dr. Darrow: Well, actually we have Rick here with a hip issue from Seal Beach.

Nita: We do.

Dr. Darrow: Rick, can you hear me?

Rick: This is Rick, how you doing?

Dr. Darrow: I'm living it up, Rick, how about you?

Rick: Here's my issue. I have a hip osteoarthritis with a cam impingement. I use the VA for my medical, and then an orthopedic surgeon said the cam impingement is probably causing the most pain. But I think that was minimal. So, I know you do PRP and stem cells.

Dr. Darrow: That's exactly right.



Rick: And since my pain is minimum, and I don't want to have a hip replacement for a couple years. I'm 74. And the doctor said my hips are in good shape. I could have a hip replacement with no bone problems. Is there a difference in – I want to postpone or eliminate the hip replacement.

Now, does PRP – how does PRP differ from stem cells in regrowing cartilage or in reducing cartilage loss? Is there any difference in the two?

Dr. Darrow: Yeah, I mean the way – you know I talk about this analogy to patients all the time. If you have a hole in your back yard, and you've got to fill it with dirt, would you rather have one shovel or two?

Rick: Two.

Dr. Darrow: Two, and it's the same thing with regrowing tissue. The platelets stimulate tissue to grow, and the stem cells are thought to actually create colonies of tissue, also. So, we mix them together, all right, we get both. And then the healing is much more complete and quicker. So, theoretically fewer treatments.

You don't have much going on with your hip, Rick, I hate to say it, but you're a great candidate for this, you have minimal pain. What do you care what your doctor says about a hip replacement, you're not going to do it.

Rick: My pain level is medium to low, so I heard...

Dr. Darrow: Yeah, you're not going to get a hip replacement, you get a hip replacement your pain level may go up to high, and you can have a leg length discrepancy and end up with back pain and hip pain. So, I know you're not going to get a hip replacement. You sound like you're a fired-up guy, you're probably an athlete, you live in Seal Beach, you probably surf.

Rick: Well, I don't surf, I can't surf anymore. I can't run anymore.

Dr. Darrow: Okay, but you're a surfer dude, yeah. And surfers get a lot of hip pain just from stretching out the joint capsule, sitting on a surfboard, it's very common. That's not a reason to get a hip replacement, I'm sorry. And there's a very high probability...

Rick: My x-ray on my cartilage a year and a half ago, versus six months ago, the cartilage was reduced by half, the distance between my femur and my ball and socket reduced by a half in a year. So, eventually, I'll need a hip replacement, but the question is there is a

different in PRP and/or stem cells in helping reduce the cartilage loss.

Dr. Darrow: Okay, yeah, I just answered that – I just answered that question.

Rick: But is there any difference in the two.

Dr. Darrow: I just answered that question. And the answer is you want to do both, if you've got arthritis.

Rick: Okay.

Dr. Darrow: Not one or the other. You want to do them both together. They both do different things. But they're both about...

Rick: And you do the stem cells from the fat, or the bone marrow?

Dr. Darrow: I don't do fat anymore. People don't like it. The bone marrow is the easiest way to do it. Once the area is numb, with a shot of lidocaine, it takes me about 15 seconds to do the procedure to get the bone marrow out.

Rick, let me talk for a second, okay. I know you're excited. The other thing is, you can't really check two different x-rays next to each other to say that half of the cartilage left in one year. That is not accurate. And the reason for that is you can do x-rays from different angles of a joint, and one of them will show no cartilage loss, and one of them will show complete cartilage loss, it's just the angle that it's done.

And if you bring in both of your x-rays, I'm going to show that to you, okay? And I wouldn't trust the x-rays, and I wouldn't trust the MRIs. The MRIs are overly sensitive. They show things that show up that are not real. And there's all kinds of studies that prove that.

Rick: Well, the orthopedic surgeon he bent my leg like I can do, he said here's why you have a cam impingement. The cam impingement is more of a problem than the arthritis – or the cartilage loss. In your analysis you can tell me if the cam impingement is more prevalent than the arthritis – or cartilage loss, right?

Dr. Darrow: You know you're making me laugh, Rick, because I don't believe in any of these things. And I have a big problem educating people that the diagnosis doesn't mean much. I heard you say you've got minimal pain, and if you've got some range of motion at all, we can probably get you better. So, I always say to people do you want to have perfection from the orthopedic surgeon point of view? Or do you want to feel good? And people always say well, I want to feel

good. So, lose the diagnosis, man. Lose it right now. Those diagnoses are usually wrong. The diagnosis...

Rick: Well, on the x-ray – you can see on the x-ray, the cam impingement.

Dr. Darrow: You bring them in, and I'll go over it with you, I promise, okay?

Rick: Okay, very good. Okay, thank you very much.

Dr. Darrow: The x-ray means nothing to me, zero. You mean something to me. I don't work on an x-ray. I work on a person. I don't work on an MRI. I work on a person. And people come in with failed surgeries almost every single day, and I say did the surgeon touch your body? Did they go an exam? Guess what their answer is?

Rick: Probably no.

Dr. Darrow: No. I'm not saying that's every surgeon. But most surgeons operate based on an imaging study. That's not the way to do medicine in my book.

Rick: Okay, so even though the doctor sit there and bent my hip, he said this is why you have a cam impingement, because you couldn't bend your hip, the right hip is the one with cam impingement, and the left hip is normal, the right hip he couldn't...

Dr. Darrow: Rick, I heard your story a few times already. You come into the office with your x-rays or whatever you have. I will spend a lot of time explaining all this to you. You're not getting it yet.

Rick: I understand.

Dr. Darrow: And we have a lot of other callers here.

Nita: Thank you, Rick, appreciate your call.

Dr. Darrow: Rick, I love you and God bless you. I hope to see you. The number to the office, if you want to call it, is 800-300-9300, and we've only got five minutes here, but if we get a couple other callers that would be good also. We're going to take what we got on the board, but the number here is 866-870-5752, we're going to go to Tom, who's got a knee problem.

Tom, how are you?

Nita: Oh, I already picked up Tias, I'm sorry.

Dr. Darrow: Well, we'll get to Tias, is it Tias or Teas?

Nita: Tias.

Dr. Darrow: Tias, okay. Tias, what's going on with your back?

Tias: Hello, Dr. Darrow.

Dr. Darrow: Yeah.

Tias: Hello, Dr. Darrow.

Dr. Darrow: Yes, sir.

Tias: Yes, God bless you, and I love you.

Dr. Darrow: Thank you. I love you too. How long has your back hurt you for?

Tias: It's sciatica, it's arthritis and I have an injury on the back, which I got in '79, and that hurts.

Dr. Darrow: Tias, I'm going to have you hold for a minute. I'm going to answer some of this before you get going here. I need to touch your back to see what's going on. And I can tell you in a minute – we're going to take him off of the radio, Nita.

Nita: Got you.

Dr. Darrow: So, Tias, you can listen to this. Most back pain comes from the ligaments that are sprained, there's a lot of collagen ligaments that hold the bones together. And most back pain comes from sprains of the ligaments. They're not sexy, and they're not sensual, and you don't need surgery for it. We can heal most of that using your own cells which is a form of medicine called regenerative medicine, by thickening up the attachments to the bones, which is called the enthesis, we can heal most back pain, not all of it, obviously.

But I need to touch the back, Tias, and see where your pain is coming from, to let you know if I can help you.

So, I want to go to Tom before the end of the show here. Tom, you've got a knee problem. How long has your knee bothered you for?

Tom: Hello, doctor.

Dr. Darrow: Yes, sir.

Tom: Doctor, can you hear me?

Dr. Darrow: Oh yeah.

Tom: I just wanted to reiterate to you about what you said about the ACL and PCL. I'm 80 years old, when I was 70 years old when I tore both my ACL...

Nita: Okay. I'm so sorry, Tom. We are totally out of time, but go the website, [www.lastemcells.com](http://www.lastemcells.com). Thank you, Dr. Darrow. Thank you, Alex. Thank you, Suzette.

Remember to tune into The Pet Show with our pal Warren Eckstein from 11:00 to 1:00 every Saturday. I'm your host, Nita Vallens. We'll see you next time.