

Living Pain Free 10/31/20 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: Hey Nita, how are you today?

Nita: I'm great. How are you?

Dr. Darrow: I'm living it up. And you know what's so funny?

Nita: What?

Dr. Darrow: When patients walk in the door, who have heard us on the radio, the first thing they say is living it up. That's great.

Nita: That's pretty cool. We've got - we're training the world to live it up. That's a good thing, right?

Dr. Darrow: Why not?

Nita: Yeah.

Dr. Darrow: If you have a choice, you may as well decide to be happy.

Nita: Well, here's the thing. We want everybody listening to be happy. And if you're suffering from chronic musculoskeletal pain, or orthopedic pain, basically, you want to give us a call during this hour, so you can speak to Dr. Darrow. That number is 866-870-5752, and what we're talking about is muscle pain, joint pain, ligament pain, tendon pain, disk pain, back pain, neck pain, knee or hip pain, arthritis pain, and maybe you have stiff joints, or dull aches, and you don't even know what kind of pain it is. So, if you think it's orthopedic pain, give us a call. That number again is 866-870-5752, right here in the studio. And also check Dr. Darrow's website at [www.lastemcells.com](http://www.lastemcells.com) that's lastemcells.com. And you can email Dr. Darrow off of every page on the site and watch him performing the treatments on videos.

And a reminder that we are here Saturdays at 10:00 a.m., again at 1:00 p.m. And when you phone the program today, very important, you get Dr. Darrow's latest book for free, Stem Cell and Platelet Therapy, Regenerate, Don't Operate. It has 264 studies, and the foreword was written by Suzanne Somers.

And there is something on hair growth in that book also. So, a lot of stuff, a lot of studies, a lot of science. You don't want to miss out on that. And our number again is 866-870-5752. So, what do you think?

Dr. Darrow: Well, I think life is amazing. And it's great to feel healthy, and to have our orthopedic pain healed. There are so many people who - oh, actually we have Dr. Weinzoff, I see him on the screen. Just take him right now, we don't have to screen him.

Nita: Oh, well let's take - let's do it. Okay.

Dr. Darrow: I know who he is. Can we hear you Dr. Weinzoff?

Dr. Weinzoff: I can hear you loud and clear.

Dr. Darrow: All right, I've been waiting for you. Thank you so much for your treatment yesterday, and I am feeling so much better.

Dr. Weinzoff: My pleasure.

Dr. Darrow: Yeah, Dr. Randy Weinzoff is in Santa Monica, on Broadway. And why don't you give out your phone number, Randy. Randy is a chiropractor, he's my chiropractor.

Nita: Oh.

Dr. Weinzoff: Yeah, it's - telephone number is 310-395-0260.

Dr. Darrow: Great, everybody write that down. Give out again, Randy.

Dr. Weinzoff: It's 310-395-0260.

Dr. Darrow: So, I've been sending patients to Randy for years. And he's amazing. I send my family to him. I send my friends to him. And he has - he's one of the greatest chiropractors maybe - probably is the greatest that I've ever been to.

Dr. Weinzoff: You're too kind.

Dr. Darrow: I would have to say - no, I would have to say you are probably the best that I've been to, and I've been going to chiropractors most of my life. I discovered chiropractic when I was in Berkeley many,

many years, 50 years ago. And you definitely have the touch. They say you have the hands of God.

Dr. Weinzoff: Well, I've got to say right back at you. You are by far, the best mechanic with a needle of anybody I've ever sent to you.

Dr. Darrow: Well, it's pretty true, mechanic with a needle is pretty accurate as to what I do.

Dr. Weinzoff: Exactly.

Dr. Darrow: So, you know what's interesting is I have some dead-end cases, meaning people that cannot be helped with regenerative medicine using platelets or stem cells, which is what I do, and they will end up going to Randy. And Randy has some dead-end patients that need the regenerative medicine that end up coming to me. So, Randy, I just wanted to thank you so much for your dedication to your patients, and to me, personally, and to my family and friends.

Dr. Weinzoff: Hey it's the perfect synergy. Let's keep it going. We've got to get everybody healthy.

Nita: I love it.

Dr. Darrow: Absolutely. Give out your phone number once more for people that just tuned in.

Dr. Weinzoff: Sure, it's 310-395-0260, and we're right off the corner of 20th and Broadway in Santa Monica.

Dr. Darrow: Cool. All right, God bless you man. You have a great day.

Nita: Thanks Randy.

Dr. Weinzoff: Thanks, appreciate it. Have a great day, bye-bye.

Nita: Bye. Okay, give us a call, 866-870-5752 here in the studio, and we're going to Arthur in Dana Point.

Dr. Darrow: Arthur, I understand that you've got an SI joint that's bothering you, which side, left or right?

Arthur: Right side, and occasionally the left flares up. I've had a long history, 30 some epidural injections.

Dr. Darrow: Oh my God.

Arthur: I've got regenerative disease all the way up and down my spine from S1-L5 to T10-11.

Dr. Darrow: Okay.

Arthur: But recently, over the last few years my SI joint has been acting up. It's like an open nerve.

Dr. Darrow: Yeah.

Arthur: It's like a knife going through there.

Dr. Darrow: Okay.

Arthur: I recently had an epidural, and an SI injection. And that seemed to calm it down for a few days. We'll see if it calms it down more permanently.

Dr. Darrow: Okay.

Arthur: I'm very scared, and it's just like it's an open nerve, it's like knife going in there.

Dr. Darrow: I hear you. Yeah. The good news is...

Arthur: I beg your pardon?

Dr. Darrow: I have some good news for you, okay? Do you want it?

Arthur: Okay, duh.

Dr. Darrow: The good news is generally, the work that I do using platelets from the blood, called PRP platelet-rich plasma, or if I think it's severe enough, we'll consider using your stem cells for it also. These things can generally be healed up, and although you had epidurals for 30 years, they haven't helped. And you just had another one, and you're hopeful it's going to help. But what's Einstein's definite...

Arthur: This wasn't (inaudible) injection in the SI joint, not an epidural.

Dr. Darrow: I hear you. Okay, I hear you, it's the same thing. It's the same idea. It's a big blast, you know a giant dose of steroids, meaning you know like Prednisone type medicine of 60 to 80 milligrams.

Arthur: Yes.

Dr. Darrow: And I could put that, I'm being facetious right now when I say this, I can inject it into your eyeball, and your back would feel better, okay?

Arthur: Okay.

Dr. Darrow: Because it goes systemic. It's one of the worst things you can do. I'm not putting your doctor down, because it is traditional medicine. And that's what they do. It's not a way to heal anything, and I would never do it. I would never give that to you, and again, I'm not putting down your doctor, because that is traditional medicine, and that's what they do.

But I don't find when people get that, that it fixes anything and I do find that what I do by injecting the general area and I use my hands to find the problem, I use my fingers to scope out where the pain is being generated from. It's usually the ligaments around there. And typically, people that have this syndrome have what we call, my favorite word by the way, Nita, an enthesopathy.

Nita: Yay.

Dr. Darrow: And it just means where the ligaments, tendons, muscles attach, or the fascia attaches to the bone is where the pain is being generated from. And we can grow that tissue back, and strengthen it, and get rid of the pain.

So, Arthur just talking to you on the radio, I don't know for sure if what I'm telling you is true, okay, for you. I have to touch it. If you want to come into the office, I'm going to give you a phone number right now. It's 800-300-9300, and we have people by the phones, and you can ask more information about this.

But most people that have what you have, the way you're describing it, get better using regenerative medicine of just platelets or platelets and stem cells. And when I say get better, that doesn't mean they get 30 years of epidurals, or 30 years of my treatments. It usually takes you know one to three treatments of what I do to fix that general area. I'm not promising you anything. I don't know you. I haven't touched your body. I haven't examined it.

But generally, that's the case, okay? And for the rest...

Arthur: The pain was so bad, that you know I was trying to avoid - you know, I hate drugs, but you know it was beyond, you know you can't even see straight, there's so much pain.

Dr. Darrow: Okay. Well, I'm going to tell you my story, Arthur. I had the same thing years ago. I had it so bad, I could barely walk. And at the time I was a resident at UCLA, doing my residency. And when I'd go to the hospital, I'd have to kind of hang on the wall and limp along to go see my patients, who were actually healthier than I was, but I never complained. And that's gone. I haven't had that in years, and years, and years, and years.

So, I'm not telling you, you're in the same category I am. I have to touch the body to see if I'm correct.

Arthur: Yeah.

Dr. Darrow: But most people that describe what you describe, they get the epidural, they feel great for a while, then it comes back after a while are in your category of being able to be healed by regenerative medicine. And it's easy, you walk into my office, we draw your blood, we spin it, and we inject the platelets, we throw away the red cells, or we could possibly use your own stem cells and do it that way, if it was a bad enough case.

And a lot of people come in with what you have, and they're ready to have surgery, or they've already had surgery that failed, and we can still fix them. So, there's good hope, just talking to you, that we can help you. I can't promise you anything. Again, our phone number to the office is 800-300-9300.

And if any of you folks listening want to talk to me right now, with your questions or questions about your family or your friends, your workers at the office, the number right here to the studio is 866-870-5752, I'm going to repeat it, while you get your pen, 866-870-5752. I would love to talk to you and figure out what's going with you.

Arthur: Is any of this covered by insurance at all, or no?

Dr. Darrow: That's a question you're going to have to call the office for, and I'll give you that number once more, 800-300-9300, okay?

Nita: Thank you, Arthur, appreciate your call.

Arthur: Okay.

Dr. Darrow: God bless you, Arthur. There's good hope ahead for you.

Nita: Our number again, right here at the station, so you can talk to Dr. Darrow is 866-870-5752, that's 866-870-5752. And check out that website, chock full of information, [www.lastemcells.com](http://www.lastemcells.com) that's lastemcells.com. You can email Dr. Darrow off of every page on the site and see him performing the treatments on videos.

And remember when you call the program today, you get Dr. Darrow's latest book for free, it's called Stem Cell and Platelet Therapy, subtitled Regenerate, Don't Operate. And if you want to know what that means, give us a call right here, right now at the station at 866-870-5752. Your turn.

Dr. Darrow: Yeah, my turn, thank you. That's what I always say to you.

Nita: I know.

Dr. Darrow: I'm going to take a question. I get questions all day and all night long from the internet. And if you go to my website, you can email me from there. The website is [www.lastemcells.com](http://www.lastemcells.com), [www.lastemcells.com](http://www.lastemcells.com). And there's a spot on every page to email me. And I love your emails. I answer them first thing in the morning, and last thing at night before I go to sleep and in between.

So, when I'm not with a patient, I'm running back to my office, answering emails, which I really like to do. A lot of people don't like to be "bothered", but I like to keep in touch with people, I'm a pretty gregarious kind of guy. And I love being in touch with my patients. That way I can help them the most. A lot of people, when they come back for a checkup, they go I didn't want to bother you, I didn't call you. And I say, you know, you hurt my feelings when you stay in your misery and don't get a hold of me. I want to know what's going on, because I can often help you.

So, please get in touch with me when you need to. I give my phone number, my cell phone number out to every patient who walks in the door. My card has my email address and my cell phone number. I like people to be taken very good care of.

So, I have a question that says hip replacement. Let me see what the body of the email is. This person says I am 64 and like many, I've been very active my entire life. I hiked the Appalachian Trail at age 41. And I don't know how long it takes, but that's like days and days of hiking. Still up until this year, I do a lot of hiking.

About three months ago, my right hip all of a sudden starting hurting. That's good news, by the way. It's hard to walk, and very hard to go upstairs. Went to see an orthopedic surgeon, and after reviewing the x-rays, he immediately wanted to do hip replacement, hmm. He said there is no other option, because I was bone on bone. How often do we hear that, Nita?

Nita: All the time.

Dr. Darrow: He didn't want to see an MRI. I live in Las Vegas, able to travel to see you, if you feel like you may be able to help me. Yes, I would love to help you. And yes, I would like to see you. And yes, I do need to do an examination to find out what's going on.

So, I hear this same story all day long. I went to an orthopedic surgeon, and by the way, if you're listening and you're an

orthopedic surgeon, I love you. You do very difficult work. The problem is all the surgeries that are being done, that don't need to get done. We hear it all day long. I need surgery. I need surgery. I have bone on bone. We still get these people better. Not everybody. I can't heal everybody but chosen appropriately most of the people that we see can decrease their pain or eliminate it.

So, number one clue. It happened all of a sudden. That's good. If it happened insidiously, meaning over a long period of time, that might just mean that there's arthritis that is continuing to deteriorate a joint. But if it happened all of a sudden, it may just be a sprain, just like a sprained ankle. And that's good, because those are easy to fix in most cases.

In this case, it may not even be the hip joint that the problem is. It may be where the muscles attach to what is called the greater trochanter, and you can Google that, and hit images, and see where that is. It's not even the hip joint. Way too many people get surgery for a greater trochanter - oh, I sound like somebody else - the greater trochanteric bursitis, or a tendonitis. And well that's something we can heal very easily.

Unfortunately, surgeons often will do a hip replacement when that is not the problem. Even if you have arthritis in a joint, it often can be healed. You don't jump to get a surgery to replace a joint that's not going to last, that you can get an infection from, that you can die from, from anesthesia. I mean, I see these things happen all the time.

So, be careful, be safe. Always do conservative medicine. What we do is just injections, it's simple. It's easy. Stay away from the knife. I always tell people once the knife goes in it can't come out the results are done. Be safe. Injections are a lot easier.

So, everything this person is telling me about leads me to think that this is not a terrible case, okay. That it's something that we can help with. So, I'd love to see you. Come on down from Las Vegas, we get a lot of people - a lot of patients that come from Las Vegas. It's a quick ride, especially with the roads being open right now. So, I'd love to see you.

Nita:

Sounds good. Give us a call right here in the studio at 866-870-5752, that's 866-870-5752, right here, right now in the studio, you can speak with Dr. Darrow. And if you are just tuning in, and you want to know what we're talking about, it's musculoskeletal pain, or orthopedic pain. And you get Dr. Darrow's latest book for free, Stem Cell and Platelet Therapy, Regenerate, Don't Operate. It has



actually 264 scientific studies. And the foreword is written by Suzanne Somers. You've worked with her for a long time.

Dr. Darrow: I've been taking care of her family for mega years. She has a new book called A New Way To Age. And she did a chapter on me in that about regenerative medicine which is amazing, thank you Suzanne Somers. And yes, she did write the foreword to my book, Stem Cell and Platelet Therapy, which we're going to give out to you for free, if you give us a call, right now at 866-870-5752, you can catch me live right here and ask me any kind of question you want about orthopedic medicine.

If you have questions about other types of medicine, I may know about it, but that is not my specialty. I specialize in orthopedics and using regenerative medicine which is just injections of platelets and stem cells into your body, to stimulate new tissue to grow, which is a great way, an easy way to heal. I've used it on my body oh, ever since about 1998, so that's about 22 years now. And I've had amazing success every time I've used it. I am a crazy athlete. I hurt myself all the time. And even when I start to hurt, I keep doing my sport, because I love sports, I love repetition. I love things like playing guitar, and five-string banjo, because that's repetition.

I don't know what it is about repetition that I love. But I love improving and I love perfection. And it's kind of funny, people ask me about why I love doing the work I do so much. And I say because it's a sport. You know the more I do, the better I get. And I've been told I do the most of anybody on the planet. I don't know if that's true. I do it all day long. I rarely take a day off. I love being in the office and helping people.

Hey, Robert, Dr. Marc Darrow. Do you want to talk about your knee?

Robert: Yeah. My question is, is what do you think about meniscus transplants? My left knee has been bone on bone for the last two years.

Dr. Darrow: Okay.

Robert: I exercise, I lost, you know, 30 pounds, I bicycle. I don't run anymore, because there is a little bit of discomfort, but for the most part it's not an issue, but long term and I happen to do a lot in my business with organ donation.

Dr. Darrow: Wow.

Robert: And there was a person I met who had and received a meniscus transplant.

Dr. Darrow: Okay.

Robert: What are your thoughts on that?

Dr. Darrow: Well, let me first before I get into that. Let me talk about you a little bit specifically. If you're riding a bike, you do not have bone on bone arthritis in your knee, okay, period.

Robert: Okay. Well, someone told me...

Dr. Darrow: Bone on bone - bone on bone, oh, I know. I hear it all day long. I see the x-rays; I see the MRIs and I tell the person they don't have bone on bone. If you're riding a bike, that joint is moving. If you're walking around, that joint is moving. Bone on bone means you can't move, it's like two bricks trying to rub at the end of the bones, and the joints.

Now, I know it's used by surgeons all day long to - I'm going to use the word "seduce" a patient into getting a surgery. It shouldn't be used. It's a term that should be thrown out. And I mean there are cases when it is real, I've seen it, but it's so rare.

Robert: Yes.

Dr. Darrow: There are cases where someone comes in, and they can't move their knee or their hip, or their shoulder at all. The shoulder is a little more complex, because a lot of times people have a frozen shoulder, which has nothing to do with arthritis or bone on bone, but my point is this. You don't have bone on bone, so don't get spooked and think you need to get a meniscal implant or transplant.

In my experience, personally, with it, because I've had a lot of patients who have had these is total failure. That doesn't mean they all fail, obviously if they're still doing them, there must be some success rate to it. I've just never seen one that's been successful.

Robert: Well, I know that what I've been doing mostly works, so it's keeping the weight off, and exercising.

Dr. Darrow: Well, you're doing the right thing. Stick with us till the break is over, it will just be a minute. I want to finish up with you, Robert.

Nita: Hold on, Robert.

Dr. Darrow: Yeah, you have some good information.

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](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 right here in the studio at 866-870-5752, 866-870-5752. Call in today and get your free book, Dr. Darrow's latest, Stem Cell and Platelet Therapy. And remember to check the website at [www.lastemcells.com](http://www.lastemcells.com). And right now...

Dr. Darrow: Robert, Dr. Marc Darrow. Thank you for waiting.

Robert: Yes, hi, yes, thank you.

Dr. Darrow: I just wanted, for the new listeners, I just wanted to mention your case. You've got "bone on bone" arthritis in your knee and you spend time biking. How often do you bike?

Robert: Oh, probably every day.

Dr. Darrow: Okay. So, I mentioned before that you don't really have bone on bone arthritis. A doctor told you that, and that makes you think you need to have a meniscal transplant in your knee, which is a very major surgery, as far as I'm concerned. I have personally never seen one work out with the patients who come in to see me. And I mean they're coming to me because it failed. So, of course I have a jaundiced eye about it.

Why in - you know, I'm going to ask you a question. Why would anyone consider doing a major surgery that could fail - it has a high failure rate, when they can come into my office and get injections with their own cells from their body, platelets or stem cells, and then walk out? So, why would they - tell me, what's on your mind? I mean you obviously called my show because you're thinking there's something to do with regenerative medicine that might help you, you're curious about it.

Robert: Well, I - frankly, I was flipping channels and I thought oh, okay, I'd better get educated, so I'm a person who likes to get as much as possible information as I can, to make an informed, you know...

Dr. Darrow: Okay, good, beautiful.

Robert: You know decision.

Dr. Darrow: Yes, yes.

Robert: So, I guess so far the most important thing that I've been doing is, again, I lost 30 pounds, and I've been you know...

Dr. Darrow: That's big - that's huge. The 30 pounds you lost is 150 pounds of pressure on each knee. So, that is the smartest that you've probably done in your whole life. It's amazing.

Robert: Yeah, really (inaudible).

Dr. Darrow: Everybody is - almost every patient I have has got to lose weight. They don't like me for that, but it's the truth.

Robert: Yeah, yeah. So, no, I am not aware of the regenerative, although locally here in you know Los Angeles Dr. Soon-Shiong, who I guess kind of pioneered, some of the stem cell research, you know, so I am aware of that, but you know I haven't talked to anybody who is actually engaged in that process.

Dr. Darrow: Okay. Well, why don't you do this. Write this down, [www.lastemcells.com](http://www.lastemcells.com), [www.lastemcells.com](http://www.lastemcells.com) I've got endless studies on that website that describe the tissue growth process, how it works, how the injections work. There are also videos of me doing these procedures, so you can watch that and see if it's something that you prefer to do rather than getting your knee cut open, you know, with chances of infection and failure and all that.

You know look, again, I say this during my entire show. I love orthopedic surgeons. I just don't think they should be doing all of these surgeries that don't need to be done. We have studies that show that fake surgeries, where the patient thinks they had a surgery do as well as patients that have the actual surgery. So, why get a real surgery, when you can get a fake one and do as well? I'm being facetious.

Robert: I appreciate that.

Dr. Darrow: Yeah, you don't have bone on bone arthritis, and I'll put up a bet, any bet you want that I can help you with your knees, the way you're describing them, without you getting surgery.

Robert: Well, no. I mean, I appreciate that, and I will definitely educate myself and just for your listeners, so whatever it is I have, it hasn't slowed my ski season down either. So, last year I got in 15 days of skiing and no issues there.

Dr. Darrow: Yeah, please. You do not have bone on bone arthritis.

Robert: I love it. Thank you.

Dr. Darrow: Yeah. And look, I see x-rays and MRIs all day long with people that bring them in, saying they have bone on bone. And I laugh. And the patient goes, why are you laughing? I go because you don't have bone on bone.

Robert: Well, let me ask then, what is - is that then from the person who took that x-ray, to the person who made that description...

Dr. Darrow: Yes.

Robert: What is the disposition? Is it just a job and money, or - or is it truly a misinterpretation of an x-ray?

Dr. Darrow: Let me put it like this. If you're born in another country, and you are trained to hate Americans, okay? Americans are bad. Don't you think that that person believes that that is true?

Robert: Yes. Yeah, I'm sure they do.

Dr. Darrow: There you go. There you go. And I was trained - I was trained the surgical route. And I was trained that surgery is just about the only thing that help someone with orthopedic pain. And it wasn't until I went to a workshop in Las Vegas, it was like a three or four-day workshop I went to, about regenerative medicine, during my residency at UCLA and my wrist was injected, and it was 50 percent healed the next day. And then I did my own shoulder, which I couldn't use at all. And the next morning, I woke up 100 percent healed.

It doesn't work like that on everybody in every case. It usually doesn't.

Robert: Yeah, right, right.

Dr. Darrow: It usually takes a few injections to grow enough tissue. But to be honest with you, I thought that was God coming down and kissing

me on the forehead, saying this is the work you're going to do the rest of your life. I did.

Robert: Well, I think - I think God does work that way actually, so yeah.

Dr. Darrow: Yeah. And I've been this work since 1998 with amazing success. It doesn't work on everybody. I'm going to be honest. And usually, it's their fault. Usually, they'll keep doing their sports or activity, or they'll quit before the work is done.

Robert: Uh-huh.

Dr. Darrow: And then they say nah, it didn't work. My surgeon told me it couldn't work.

Robert: Yeah, it's fascinating.

Dr. Darrow: Anyway, I think there's good hope. Robert, good hope for your knee healing.

Robert: Well, I will go to the website, and I'm sure you'll be getting a call from me, so thank you.

Dr. Darrow: God bless man, I'd love to meet you.

Robert: Okay.

Nita: Thanks for your call, Robert. The office number is 800-300-9300, that's 800-300-9300, if you want to just call the office. And our number right here in the studio, so you can call and talk to Dr. Darrow right now is 866-870-5752, and we have lines open for you, and right now, we're going to go to Ricardo in Montebello.

Dr. Darrow: Hello, Ricardo, Dr. Marc Darrow. I understand that your low back is bothering you. How long has that been going on for?

Ricardo: Well, I got the problem probably off and on you know for some years. And you know I kind felt some tightness in the back, down in the bottom.

Dr. Darrow: Yes.

Ricardo: And so, you know I normally try to do some stretching and so forth. But I had a little accident - I won't go into that, I'll keep it kind of short. And they did a CAT scan, and they found out that I had the thinning between the two disks, I guess they call it stenosis.

Dr. Darrow: Okay. Well, there's two separate things that you're raising right now. Thinning between the disks is called DDD, degenerative disk disease.

Ricardo: Okay.

Dr. Darrow: Okay?

Ricardo: Okay, so I...

Dr. Darrow: I don't consider - okay. I don't consider that a disease. That's just something that's kind of natural as we age, we get shorter, right? We dry out and people always ask me how come when I'm older now, I get hurt so easy? Well, because you're drying out, you know that's basically what aging is about.

Ricardo: I see.

Dr. Darrow: So, stenosis is something different. That's where the - I mean this could be from stenosis that you're having this. But typically, if someone has stenosis, spinal stenosis, they're going to either have pain down their arms or their legs, not necessarily in their neck or back. And that's another surgery that often should not be done, just because someone has spinal stenosis, doesn't mean they should get a surgery.

Ricardo: Okay.

Dr. Darrow: So, we had another patient - or I'm sorry we had another inquiry on the radio before, whose name was Arthur, and he had problems in his SI area, sacroiliac area, just like yours. So, I explained that to him. That's usually what we call an enthesopathy. It's where the enthesis is where it attaches to bone, where the ligaments attach, and I can tell you in one second by touching your low back, if you want to come in the office, the phone number there to the office is 800-300-9300, I'll repeat it for you, while you're scribbling it down, 800-300-9300.

Ricardo: Okay.

Dr. Darrow: And if I touch that area, I can tell you in one second, the chances that I can help you without having a surgery. Most of these surgeries should not be done.

Ricardo: I've got a quick question, a quick question.

Dr. Darrow: Yes, sir.

Ricardo: Between Prolotherapy and PRP on this - just let me just take the scenario that you just gave me, what would you do, or what would you use under - just you know it's hypothetical you know situation here.

Dr. Darrow: Sure. Hypothetically, is a great way to deal with things, but I'm going to deal with it realistically and technically.

Ricardo: Okay.

Dr. Darrow: I have used - Prolotherapy is - everything I do is Prolotherapy, including stem cells. Prolo means proliferate from the Greek term, to stimulate.

Ricardo: Okay.

Dr. Darrow: And all we're doing is stimulating new tissue growth. All of the treatments I do stimulate new tissue growth. Prolotherapy in the vernacular refers to injections with sugar water for the most part, dextrose. It could also be things like sodium morrhuate, zinc sulfate, and other things that are caustic to the tissue. And what they do, is they kill a layer of cells, create inflammation and then sequester fibroblasts to the area with the injection takes place.

Is someone in the background? Or do you have a radio, or what's going on?

Nita: Are you driving?

Ricardo: Yeah, I'm driving right now, but I got it off, I turned it off.

Dr. Darrow: Okay. Thank you. So, the bottom line here is what you're really asking is can I use dextrose, sugar water - you still have interference going on, sir.

Ricardo: I got it off right now.

Dr. Darrow: Thank you. Should I use sugar water to inject my low back with, or should I use my platelets? My experience on my body, because I've done both many, many times on my injuries is Prolotherapy - okay, we're going to - I'm going to take him off the air, Nita.

Nita: Okay.

Ricardo: I got it off right now. I just turned it off.

Dr. Darrow: And I'm just going to...

Nita: Okay. Go ahead.



Dr. Darrow: Okay. My personal experience is that Prolotherapy is about one-tenth as valuable and strong and effective as using platelets from the blood. I had a knee injury many years ago, that I injected about a dozen times with - with sugar water, dextrose. It always helped a little bit but not enough so that I could sprint and run and hike, and all that stuff, because it would loosen up again. My knee was actually loose from my 80-pound Husky running into it at full speed.

And then I did one PRP treatment, and it tightened it up and it has been good forever. Forever, meaning several years. So, whenever the choice is there, and patients say I'm here to get the dextrose injections. I go, you don't want it. It's good, but it ain't great.

And the variable is from sugar water, dextrose, Prolotherapy, to PRP Prolotherapy, to stem cell Prolotherapy in that order. So, depending on the severity of the injury, will depend on what I suggest. It's always the patient's choice. I still have patients come in, who beg me for a dextrose Prolotherapy, and don't want their platelets for whatever reason, it may be a religious reason, and don't want their stem cells. And we will still do dextrose Prolotherapy.

Okay, Ricardo, I hope you were still listening to that. And let's go on to Maryann, after we give out the phone number to the studio to talk to me personally, the phone number to talk to me is 866-870-5752, I'll give it out one more time, 866-870-5752.

And if you want to just call the office and find out more detailed information, you can call 800-300-9300. And if you want to go to my website to watch me doing these procedures on videos that I've done, or read the research on it, the website is [www.lastemcells.com](http://www.lastemcells.com), you can email me from that site.

Should we go to Maryann about her back and her neuropathy?

Nita: Let's do it.

Dr. Darrow: Maryann, Dr. Marc Darrow. How are you today?

Maryann: Hi, can you hear me?

Dr. Darrow: No, I cannot, I'm going to have to scream into...

Maryann: Hello.

Dr. Darrow: There you go.

Maryann: Oh, hi Dr. Darrow. I'm actually calling for my husband, who has had back pain for many years. And I've listened to your program before, and that's why I'm calling. And also, he has tingling in his feet, the bottom of his feet. And he's had the blood test, and he doesn't have diabetes.

Dr. Darrow: I'm going to disagree with that right now.

Maryann: Oh, really?

Dr. Darrow: The reason is, do you know what his hemoglobin A1C is?

Maryann: I think it's five point six.

Dr. Darrow: Okay. He's on the edge. Is he overweight?

Maryann: No. He's very thin.

Dr. Darrow: He's thin, okay. That's good.

Maryann: He had actually two tests.

Dr. Darrow: Okay.

Maryann: For that.

Dr. Darrow: It was fasting insulin?

Maryann: No.

Dr. Darrow: What was the other test?

Maryann: Can you turn that down, because I can't hear. Hi, I'm sorry, what was the question?

Dr. Darrow: What was the other test he had?

Maryann: Oh, well, he had to see his doctor for a yearly checkup, and they did a whole blood test, and then he also went life extension and had a blood test scheduled a day or two later.

Dr. Darrow: Well, if you would like to get a hold of me through my website, you can email me, and give more information. And you can send me his blood test and all that. I'll look at that, and give you a call, okay?

Maryann: Okay, that would be great. Thank you so much.

Dr. Darrow: The tingling in the feet still can be a neuropathy even if he doesn't have diabetes. The two main causes are diabetes and alcoholism.

Maryann: No, he doesn't drink. He's a meditator, and he doesn't drink.

Dr. Darrow: Sounds like me, good, good, good. But did he ever drink? Did he ever drink?

Maryann: Not really.

Dr. Darrow: Okay. Did he have an EMG and nerve conduction study?

Maryann: Well, he did have an injury on his foot - it's hard to hear I'm so sorry.

Dr. Darrow: Okay. I'm doing my best here. There's a test he can get...

Maryann: Can I call you after the show?

Dr. Darrow: Sure, help yourself. Just call the office, 800-300-9300.

Maryann: Okay, I'll call you back. I have it, thank you so much.

Dr. Darrow: Okay, God bless you. So, I'm going to keep talking about your husband, Maryann.

Nita: Thank you Maryann.

Dr. Darrow: There is a test called an EMG, that's electro myelogram and an NCV which is nerve conduction study. And those tests should be done to check and see if it's actually a neuropathy, or it could be a peripheral nerve injury from - I heard Maryann say that he did have an injury to his foot, so one of the nerves could have been tweaked. And I've had that happen on me, where I've had things fall on a nerve and the nerve just keep barking for months. If that happens, B6, about 50 milligrams can help the myelin sheath about that nerve heal up, so that the tingling or irritation can go away.

So, the back we didn't get to in terms of your husband, Maryann. But most back pain I can help, not all of it. There are times when there is a giant herniated disk pressing on a nerve, or a facet that is arthritic that's pressing on a nerve, and I can't help that. But a lot of times those things are not the problems. And I can help the things that are not the problems. A lot of times people have herniated disks, and that's not the pain generator, and we can help them too.

So, it's questionable when people come in with a certain diagnosis, whether that diagnosis actually is the pain generator, and in my experience doing this, just because a patient comes in with a diagnosis from another doctor, it does not mean that that is the problem. So, be very careful not to get a surgery based on a doctor's

diagnosis. It's always safer to see a doctor who does regenerative medicine, to see if they can help you, because instead of doing a surgery, you're going to get some injections. So, you need informed consent.

A lot of patients that I have come in I will send to an orthopedic surgeon, or a neurosurgeon, if I think that they need more informed consent than what I have. I just sent a patient of mine who had some knee problems to an orthopedic surgeon, because he had tears on the quadriceps tendon. And because I don't do surgery, I wanted that opinion. I wanted that doctor's opinion. I did inject the patient's knees with stem cells one time, he came in, I forget what it was, he was like 40 percent better or so, which means the problem was not the tear in the quadriceps tendon, because I didn't touch that. All I did is go inside the knee.

At any rate, we have to do a good examination. We have to have doctors stop relying on images to decide if they're going to do surgery. Most of the patients that come in, that have failed surgeries, I ask if their doctor touched them, they say no. Well, what did they do? Operate on an MRI or an x-ray? That's kind of silly to me. You don't operate on images. You operate on or try to heal patients.

So, let's go to William, he's got an ankle that's bothering him. Hi, William, Dr. Marc Darrow. What's up with your ankle?

William: Hey - hi, good morning, doctor. Yeah, I am 62. Ten years ago, I was diagnosed with no cartilage left in either one of my ankles.

Dr. Darrow: Okay.

William: So, I've seen x-rays, you know, and they did an MRI, and they show me a healthy ankle with cartilage, and they show me mine. And visually, you can see there's no cartilage left between the bones in both of my ankles.

Dr. Darrow: Okay. And?

William: And I've seen a couple of orthopedic guys, and I've gone through a couple podiatrists, and you know the suggestions there is we'll fuse the bones together, or if there's no surgery to surgically implant you know - I don't know, cartilage, or grow new cartilage, so I'm not sure what to do. It's been 10 years.

Dr. Darrow: Okay. William, what's your activity level?

William: It's high. I'm a contractor, and I used to play a lot of sports, and as far as activity now, you know I snow ski, because I can strap my ankles down in a snow boot - a ski boot, and it doesn't move, so I can ski all day long without any pain.

Dr. Darrow: Okay. Can you walk?

William: But walking in the sand - walking in the sand or walking in general is painful every day. I have - my podiatrist gave me a couple of braces; you know I bought some braces.

Dr. Darrow: Sure.

William: So, I have braces on my ankles now.

Dr. Darrow: Are you doing any sports at all?

William: No, I'm not doing any sports at all right now.

Dr. Darrow: Are you walking?

William: It's too painful.

Dr. Darrow: Do you walk?

William: I can walk but...

Dr. Darrow: Okay.

William: I can walk, but I look like an old man. I look like I'm years older than I am.

Dr. Darrow: Well, you are an old man. I'm just teasing.

William: Well, thanks a lot.

Dr. Darrow: I'm 10 years older than you are, and I'm very active sports wise. So, let me tell you my experience - oh, darn it. Get to us at the office, 800-300-9300, go to the website, [www.lastemcells.com](http://www.lastemcells.com). I have good hope for you using your platelets or stem cells to make you feel a lot better and get rid of the pain in your ankles.

Nita: Okay, we're out of time, Dr. Darrow. Thank you so much. Thank you, Alex. Thank you, Suzette. Write this information down. 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.