

Living Pain Free 9/04/21 10:00 a.m.

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

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

Nita: Do you want to avoid surgery? Are you suffering with joint or muscle pain? Do you have arthritis, dull aches, stiff joints and can't figure out why? Do you feel like you're slowing down and can't walk, run, or play sports, the way you did previously?

Welcome to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens and I'm asking you to stay with us while Dr. Darrow answers these questions and much more today, when you call the program at 866-870-5752. We are a resource for information and education about the orthopedic musculoskeletal system of the body.

If you call now, you'll receive a copy of Dr. Darrow's latest book for free Regenerate Don't Operate. That number again is 866-870-5752, and let's welcome Dr. Darrow! Hi there.

Dr. Darrow: Hey Nita, how are you today?

Nita: I'm great. And yourself?

Dr. Darrow: Living it up.

Nita: Yay! Well, that's what we want our listeners to do. So remember just for a free book, you could call the program and talk directly to Dr. Darrow about your pain that you might be in at 866-870-5752. So don't hesitate, the hour goes by so fast, Dr. Darrow, doesn't it?

Dr. Darrow: It does. And then unfortunately, everybody who's shy in the beginning calls right at the end.

Nita: I know, right.

Dr. Darrow: And then I don't have time to talk to everybody. So yeah, we would love to hear from you right now, get the show going, and I love talking to you folks. And it can be issues about pain in your body and the musculoskeletal system. You know rotator cuff tears and

meniscal tears; we get a lot of those. Neck pain, back pain, arthritis in the fingers. I typically every day inject all over the body. I know that's kind of wild, but I've been doing this for almost 25 years since my residency at UCLA in physical medicine and rehabilitation where I was Board Certified.

So I would love to hear from you. If you want to call and talk to me live right now, the phone number is 866-870-5752, I'm going to repeat it for you, while you scramble for your pen, it's 866-870-5752. If you're listening and driving, probably the best thing is to pull over to the side of the road, so you're safe, pull off that Bluetooth and talk to us directly, so we can hear you.

So, I think until we get some callers, I'm going to answer some questions, because I get questions from my website all day long, all night long. I get emails in the middle of the night from all over the world, and the first thing I do when I wake up in the morning is I answer emails, and between patients, I answer emails and up until like midnight before I go to sleep, I answer emails.

Nita: You are the King of email.

Dr. Darrow: You know, before email I used to write a lot of letters.

Nita: Oh, that's funny.

Dr. Darrow: Even as a kid, I loved communication. I just loved getting -- I love getting letters in the mail from my family and friends, and all that. Okay. So I'm going to start off with this one, SLAP tear, pain worse after cortisone. So, what's a SLAP tear?

SLAP is an acronym for superior labral anterior posterior. That happens to be in the shoulder and it's a tear in the mechanism that helps hold the humerus bone, that's the arm bone, into the glenohumeral joint, that's the shoulder joint. And typically, when people have surgery on this, to either remove part of it or stitch it together, it fails. And don't just count on me. You can go Google-up. Go to Google, Google SLAP surgery, and you'll find that it's not a great procedure to do. But it's done all the time, every day there's thousands of them done.

And unfortunately, people come to me after it's failed, it's called a failed surgical syndrome. So this person says I was diagnosed with a right shoulder SLAP tear about three months ago. I received a steroid injection, helped for about six weeks, but now it's back and worse than before. I'm interested in PRP and stem cells. Don't want surgery. Cool.

Well, that's good. This person's smart. The surgical route, I don't think is a good one for this. I did study orthopedic surgery in my internship, and my residency. I did as much orthopedic surgery as I could. I loved it. It's a lot of fun being in the operating room, the OR, and I didn't find out that these surgeries worked too well. So you know, it's something that I switched.

I actually had a shoulder surgery when I was in my fourth year of medical school. And it failed miserably, miserably. It made my arm blow up like a balloon, full of fluid, and I was stiff, and I never got out of that syndrome. It took a few years until I discovered what we call regenerative medicine. Typically, it's the use of PRP which is using platelets from your blood or using platelets and stem cells from your bone marrow. Taking blood and taking bone marrow are both very simple procedures.

When someone's thin, and it is different with someone who is thin and someone who is not thin, when someone is thin, it takes me about 15 seconds to do the bone marrow procedure to get the platelets and the stem cells. If they're a thicker back there, then it can take longer to find the right spot. But it is an easy procedure to do, and I do them every day at the office. I've been doing them for many, many, many years. I think I've done about -- I haven't counted exactly -- but about 6,000 bone marrows. And PRPs a lot more than that, because I started that earlier. But I've been doing a ton of this.

When I go to national meetings, people -- other doctors come up to me, and they go I heard you do all of these procedures every day. How do you do all of them? It's because I've been doing them a long time. I get people from all over the world, all over the country who come in. So I have a great time doing it, and let's get back to this -- I'm going to give out the phone number first, and then I'm going to get back to the steroid injection.

Nita: Okay.

Dr. Darrow: So the phone number to the studio, right now so you can talk to me live, I want your calls, I want to talk to you. You can pretend you're somebody else. You can say, you're your brother, or your sister, or your mother, or your grandmother, or your friend, or whatever. You can make up a fake name, I don't care. I'd just love to hear from you and talk to you. But the number here...

Nita: Do you want to go to -- oh, go ahead.

Dr. Darrow: No, not yet.

Nita: Okay.

Dr. Darrow: The number -- yeah, I'll get there in a second.

Nita: Okay.

Dr. Darrow: The number to the studio is 866-870-5752 I'm going to repeat it once more, it's 866-870-5752. And Joe we're going to get to you in just a second, but I wanted to talk about that labral tear and the cortisone shot, you know the steroid, "one" at the end of a medicine is typically meaning it's a steroid. It could be cortisone, prednisone, dexamethasone, they're all steroids. And testosterone is a steroid too, but it's a different type. Testosterone is anabolic, it makes things grow, but these others are catabolic. They actually break down the tissue. And I have one woman who came in with a tennis elbow, who could barely lift her wrist, because she had 16 steroid shots in her right extensor tendon, for years of playing tennis. And it ate away the entire tendon. It took me quite a long time to rebuild it using regenerative medicine. She got back on the court and did well.

So try to stay away from steroid shots, if you can help it. Cortisone makes you feel better, like this gentleman who gave me the question for a while. But it actually is deleterious to the tissue, and he's worse now after that shot. So, I wouldn't go for that. I would just regrow that tendon, or any other part of the body, it can be cartilage, tendons, ligaments, joint capsule areas, whatever it is, we can help regrow that with simple injections. You walk in the office, you get injected, and you walk out, it's not like a surgery, where you can get infections and all kinds of problems and be laid up.

So Joe, you're in Santa Barbara. Your knuckle behind your big toe hurts. Okay, that's real common.

Joe: I guess it's the second joint, before -- it's that big one that can swell up.

Dr. Darrow: It's the big honker.

Joe: You can tell it's getting large, and it makes the toe head off towards the left, on the left foot.

Dr. Darrow: That's what we call the first metatarsal phalangeal joint, if it's what I'm thinking. And when they get -- when the arthritis gets advanced, we call that a bunion, correct? That's what you have?

Joe: I guess that would be the bunion location.

Dr. Darrow:

Okay. So not everybody gets the bunion, which is arthritic hypertrophy meaning that the bone starts to over grow. And what happens when there's laxity in a joint, it could be anywhere, any joint, it could be the knee, it could be the hip, we get these osteophytes, which means bone overgrowth. And that's what a bunion actually is. It's from instability in that joint.

The instability comes from a poor support of the plantar arch. And what I often do for people with that, if it's not bad, I'll start them off by making them orthotics, which is a little insert into the shoe, that helps elevate the arch and take the pressure off of that joint. If it's painful, I'll inject it with either platelets, and/or stem cells. And that can work very well.

I have a gentleman who flies in from Texas and he had that bone growing, it was sticking up, and it no longer is sticking up, because another thing that happens is it was dissolved away by the white blood cells that are drawn to the area when I do these injections. We actually create some inflammation and people say well why do you want inflammation, it's already inflamed.

What we do with these injections of regenerative medicine, platelets and stem cells, is we create with it a lot of things. There's growth factors in it, and the stem cells actually are supposed to morph into tissue, but more than that, there's inflammation. And the inflammation a short burst of inflammation brings white cells, white blood cells that actually chew up the bad tissue and get rid of it. And they help remodel the bone, or whatever tissue it is.

So, is the problem you're having pain, or is it cosmesis, meaning it looks weird to you.

Joe:

Well, it's not usually painful, though if you press on it, you can feel pressure pain, it's definitely a larger looking knuckle than on the right foot, and it is definitely causing the left toe to push off a little bit to the left compared to the right foot.

Dr. Darrow:

Okay.

Joe:

Once in a while, I'll step on it, and I'll notice there will be maybe one sharp pain, but then it goes away immediately. I guess it's indicating since it's not happening symmetrically on my right foot, that it must be an alignment or supportive problem with the wrong type of shoe or whatever for the left foot.

Dr. Darrow:

Well, it's like I said you need support under the foot. You need what's called an orthotic. That's the first step, and then the second step at the same time is to start injecting that joint with platelets or

stem cells and heal it up. You know, grow back -- you probably, if you got an x-ray, you've already got arthritis in there.

Joe: Yeah, because it's swollen.

Dr. Darrow: Yep, yep. And the swelling typically after I do the injection goes away, okay. I don't put steroids in there. I don't put cortisone in there. I think that's the worst thing you could do, because that makes the joint worse. It feels better for a while, and then it gets worse later. So, Joe, I'm going to go to Mitch now, because he's been waiting a while. So God bless you man, and I'd be happy to talk to you. The number to the office if you want to call in and get more specific information, Joe is 800-300-9300, that's 800-300-9300.

And if you want to go to the website and watch me doing these procedures, the website is [www.lastemcells.com](http://www.lastemcells.com), [www.lastemcells.com](http://www.lastemcells.com). Every page on my website has a spot where you can email me, and I promise you I will email you back the same day, or if it's late, I'll get back to you the next day, okay.

So, Mitch, I understand your knee bothers you. This is Dr. Marc Darrow and I do regenerative medicine. I've been doing it for almost 25 years. And I treat knees every single day of the week. I would say probably, Mitch, that I do more knees than anything else, although I do everything else too. So, how long has your knee bothered you for?

Mitch: Well, I've had -- I've had meniscus tears in both knees, and both times I've had outpatient meniscus surgery.

Dr. Darrow: Yes.

Mitch: But now currently it's my knee I have two tears according to an MRI, one lateral and one medial meniscus. And at one point it has locked up on me pretty badly, to the point where I couldn't really bend it.

Dr. Darrow: Sure.

Mitch: And I have chosen not to do any more surgery, because I can live with it.

Dr. Darrow: Yeah, okay.

Mitch: I try to stay active; I try to go to the gym, I do yoga whenever possible, but I still find it -- it gives me pain once in a while, and I'm unable to bend it completely like with my knees folded.

Dr. Darrow: Okay. May I speak a little bit? Can I tell you a few things?

Mitch: Yeah, I'm sorry.

Dr. Darrow: No, no, I'm sorry too. It's hard to, when you're not face to face to take the ques of who's talking when. I apologize for that. But I have a lot of information for you. Number one, when there is a house, the most important part of the house is the foundation, okay, and if there's damage to a foundation which can happen a lot of ways, the earth can shift and the whole house could actually come down. So that's a big problem, you've got to shore up the foundation to have a stable house.

When you had those surgeries on your knees, the foundation of your knees were attacked, okay. That's the meniscus. That's the middle part of the knee, it's a cushion for the cartilage, it's on the bone. The bones have a covering, like if you made a fist and put your other hand over it, the fist would be the bone and the other hand is the cartilage on top of it. And the meniscus is between those bones, between the cartilage and the bones.

And when you have a meniscal operation, most likely a piece of the meniscus is removed, and then the foundation of the house is gone. So, you're very smart in my book, not to have another surgery, because you're heading toward a knee replacement, okay? The first ones didn't work, the first surgeries didn't work. Sure, they worked from a surgical point of view, because they removed something there that they thought was a problem.

I treat people with meniscal tears all day long, and we get most of them better. Well, they didn't have their meniscus removed. They don't have surgery, and I do take care of tons of people also who have had failed meniscal surgeries, because we grow that tissue back. I don't know why the orthopedic surgeons, who I love dearly, they do the hardest work in medicine, I'm not putting them down. I'm just confused, why they don't read their own journals, okay?

Journals are research studies put together in books that come out every month. Okay, there's orthopedic journals, why they don't read their own research, which shows that we can grow back the tissue, that we can help people with meniscal tears in their knees, or rotator cuff tears in their shoulders, or arthritis. There's tons of studies on this. I've got a book in my hands right now that I'm showing to the camera, with 256 studies, okay -- sorry, 264 studies of how this stuff works.

And then I hear my patients every single day who have been to an orthopedic surgeon say the surgeon says what you do will not help

me. I don't get it. So, my advice, I'm not your doctor, my advice to the general public is before you get a surgery, see someone who does regenerative medicine, and not someone -- not a chiropractor, okay, someone who is an MD, who does this all day long. I always tell my patients, when I refer them to someone for anything, heart disease, cancer, it doesn't matter what it is, I say go to the guy who does the most of this. I'm going to send to somebody who I either know or have read about, who does the most of these procedures that you're looking for.

Don't go to someone who hangs a shingle after a weekend workshop, and there's a lot of guys in regenerative medicine that do that. And this is for all of you listening, if you go to a doctor, the first thing you say is how many of these do you treat every day. How many did you treat yesterday? How many did you treat the day before?

You don't have to be shy with doctors anymore. You are allowed to bring in pages of questions, and my patients do it. I tell them to. Bring in all your questions. I want to -- I want to calm your mind. And when I spend time with a new patient, or any patient, follow-ups, before they walk out the door, after I talk to them for a while, I say do you have anymore questions? I want all your questions, and if you don't have them all now, email me. Every one of my patients gets a card with my email address, and my cell phone on it. I want to communicate. I want my patients to know what's going on.

When I get a patient who comes in and says you decide Dr. Darrow, you tell me what to do. I go, I'm not going to ever do that with any patient. I'll educate you, and then you decide. Do you know why I do that, Mitch?

Mitch: No.

Dr. Darrow: Because I don't want someone poking their finger in my face saying you said. I can help you and I can guide you.

Mitch: Can I ask...

Dr. Darrow: Sure, go ahead.

Mitch: I just wanted to ask you, this is my last question, I promise.

Dr. Darrow: No. You can have as many questions as you want, I love it.

Mitch: I appreciate -- so, you've talked a lot about PRP injections versus stem cell. When you have a patient, and I know you don't know my particular case, but when you have a patient who has two torn



meniscus in one knee, is there one treatment that you would without seeing the patient, is there one treatment that you would recommend, versus the other?

Dr. Darrow: Yes. And this only has to go with the efficacy, meaning the value and the usefulness of regenerative medicine. And I tell people the story like this. I like to use basic common sense.

If you have a hole in your backyard, that your dog dug real deep, and he's been digging there for years, would you rather have a guy with one shovel, or two guys with shovel to fill it up quick?

Mitch: Yeah.

Dr. Darrow: Do you get the analogy?

Mitch: Yes.

Dr. Darrow: If you do blood, you're going to get platelets. If you do bone marrow, you're going to get platelets and stem cells at the same time. So, with a post-surgical knee, I would recommend that you do the best treatment, the most efficacious treatment, which is using the bone marrow, rather than just the blood for platelets, although if people say, well, I'd rather do platelets, then I go fine, because at least you're starting to fill that hole up. And if it doesn't get you what you want, you can do another treatment, and then the next time you can do bone marrow, stem cells and platelets.

Mitch: Is the bone marrow, you said, because I'm a bigger guy, not fat, but just bigger built, is that sort of procedure, you said it's a tougher with bigger, is it a painful procedure?

Dr. Darrow: You know, generally it's not, because I use a shot of lidocaine to put down to the pelvis where I take the bone marrow from.

Mitch: Okay.

Dr. Darrow: And that being said, I'm just going to be honest with you. There are some people that walk into my office moaning already without anything.

Mitch: Yeah.

Dr. Darrow: And there are some people that -- you know, they don't have an issue with getting an injection. And some people, I actually had one of the top pitchers from the Yankees and his wife fly in from New York to see me, and he was sitting on the table, and I examined him, and I said okay, I'm going to inject you. And he goes inject me?

And I go, that's that I do. And he goes I don't want any injections, I hate injections. I'm going to go get surgery and he left the office.

Mitch: Wow.

Dr. Darrow: Now, little did he know that with the surgery, he's going to be getting plenty of injections.

Mitch: Right.

Dr. Darrow: But that's -- you know, everybody's got their own mindset about getting injections. And all I do all day long is inject. So, I inject myself, I don't know if you know my story, but it started with my wrist. I injured my wrist and that was injected, the next day 50 percent better. I injected it myself a few more times. I don't even remember wrist pain anymore. But it was so bad, I could barely pick up a pencil, and then I did my shoulder, and that one was amazing, because it's kind of a funny story.

I was lying in bed with my wife watching TV, and I pulled out a syringe -- hang with us there, Mitch, and I'll finish up my story and get more information from you. God bless you, man.

Nita: Stay with us, Mitch.

Dr. Darrow: Thanks for your call.

Nita: Stay with us, and you're listening to Living Pain Free with Dr. Marc Darrow. Grab a pen or a pencil, write down this important information coming your way. 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 you want to give this show a call right now, if you're having any kind of pain at 866-870-5752, that's 866-870-5752, you get a free book, Dr. Darrow's latest, and it's all about regenerative medicine.

So please do know that there's scientific studies, the foreword was written by Suzanne Somers, and it's an amazing research piece. And also Suzanne Somers has a new book out, A New Way to Age, with a chapter about Dr. Darrow, talking about PRP and stem cells.

And right now we are speaking with Mitch in Huntington Beach.

Dr. Darrow:

Hey Mitch, Dr. Marc Darrow. So we were talking about your knee, and I was telling you about my shoulder, which was an experiment. You know, I had learned this stuff 25 years ago by experimenting on my own body, believe it or not. I didn't have an instructor. It was just one of those things that worked on me, and it worked on my wrist.

And then the shoulder story, which I was telling you is so funny, is my wife was watching TV one night, so I hopped into bed with her to watch. And I pulled out a syringe, and I started to inject my shoulder, and she started swearing at me, and it was like what the ... are you doing? And I said, well, it worked on my wrist, I'm going to try it on my shoulder. And I couldn't believe what happened, because my shoulder was so screwed up from that surgery I had done when I was doing orthopedic surgery in med school, my boss did it for me.

And I loved him, and it just failed. You know I don't think he screwed it up, I think it's just what happens sometimes in surgery. And you know I talked to surgeons all the time about their mishaps, and I go was it your error, or is it just what happens? And of course, they say well, it's just kind of what happens sometimes. Well, it happened to me.

And after that I switched horses, from becoming an orthopedic surgeon to doing regenerative medicine, because I woke up the next morning, and my shoulder had full range of motion, which it did not before, it was locked up. And pain free. And that lasted 12 years, before I reinjured my shoulder. The first time was one treatment I gave myself, and the second time 12 years later, I had to do it two times.

Now, I'll be honest with you. I hurt my shoulder a third time years ago, and it took longer. I had to do more treatments to get it -- to get it healed up. But you know, it's not always the same injury, you know, even though it's the same joint. And at this moment, I have looked in my shoulder with an ultrasound, because I inject shoulders, knees, hips with ultrasound guidance, meaning I can look inside the body and watch where the needle goes.

I have a supraspinatus tear in my right shoulder. I also have a subscapularis tear, and I have a labral tear, we were talking about labral tears in the beginning of the show. And I don't have pain in my shoulder. So what does that mean to you? It's a really important concept, Mitch.

You don't decide if you have pain based on an MRI, they're big liars, okay. I like to see them. I like to see an MRI, because it will give me additional information, but the MRI doesn't tell the truth about a person. It doesn't tell you where the pain generator is. It can show that you have a meniscus tear in your knee, like you're talking about, that doesn't mean that you're having knee pain now, because of a meniscal tear. Is that clicking in your mind? Or does it not make sense yet? Because I'll talk more about it, if you don't get it.

Nita: Mitch, are you there?

Mitch: Yeah, I'm here.

Dr. Darrow: Let me explain a little more, because by your not answering I'm guessing you don't quite get it yet.

Mitch: I'm here, can you hear me?

Dr. Darrow: Yes, I hear you. We do studies as doctors on people who have no pain, okay. So we get, let's say a thousand people and we go, do you have any pain, they go no. We do MRIs on them, and we find that they have meniscal tears on their knees, rotator cuff tears in their shoulders, herniated disks in their back, spinal stenosis, arthritis, blah, blah, blah, blah, blah. We find all these things, and we say well you've got this going on. And they go yeah, but I don't have any pain, so please leave me alone.

And you can say, well you need surgery. And they go, well you need surgery. I don't need surgery, because I don't have any pain, do you get that?

Mitch: Yes, I get that.

Dr. Darrow: So you can find terrible things that look wrong, but don't cause pain. So when someone has pain, and they get an MRI, the assumption is the thing that they see is causing the pain, then surgeon cuts it out. Bad idea to me.

We don't want to take out the foundation of a joint. We don't want to do these elaborate surgeries and moving tendons around, and the worst one I ever saw in my life was a woman who came in, and she had low back pain. And I was ready to inject her low back, and I

noticed that her pelvis was elevated, it had like a real huge arch in it. And I said -- and there was a scar there, and I said, what is that? And she said the surgeon did a pelvic lift, and I'm like -- I didn't say anything about it, but I was like that is just wrong. There are some surgeons who are cowboys, and there are others who are conservative. If you're going to get a surgery, go to a guy who is conservative. Years and years ago, I had a surgeon on the show, who was a neurosurgeon, and his procedure was before he would do a surgery on a patient, he would have them come into the office at least three times to talk them out of it. And then he would have them bring their family in. He wouldn't do a surgery without that.

Because the surgeries don't always work out, and when they don't it can be terrible. So I'm hoping that you don't get another meniscal surgery on top of the ones you had already, but that's up to you. It's your knee. It's your knees, you do what you want. It's just that I can pretty much assume that if you get another surgery, you know you had one on each knee already, you get another one, I'm going to bet you anything, you'll end up with knee replacements down the road, because the foundation of the knee is gone, and it's too easy to wear it out more.

Mitch:

No, I'm not going to get knee surgery, I'm 100 percent on that. I made that decision six months ago, seven months ago. So I am living with it right now. But then I was listening to your show, and I'm very interested in the non-surgical work -- regenerative methods versus just removing my cartilage from my knee.

And I agree with you, I would be heading for a knee replacement.

Dr. Darrow:

Yes, you know the good news about what I do, Mitch, is if for some reason, I fail in getting you healed, you could always do a surgery afterwards, although I would recommend you didn't. There are reasons people fail from this, okay. We can inject all day long, and people can still fail in their healing, and the reason is, some people stay active right after their injections. And I make them sign something in their consent form, saying they will call me, before they start activity. But people don't listen to me, and they cheat on me every day, okay. They do.

They go okay, doc, I won't. You know and there's one case, Nita, that I've talked about on the show before, a man came in with his wife. He had both knees done with stem cells and platelets, and he had arthritis, pretty severe. And he was a heavy-duty golfer. He played a lot of golf, limping along on the course. And he came back after two weeks, I usually people come back after two weeks to check them out. And he was made at me, he said it didn't work.

And I said, it's working, it's growing tissue, we know that, because biopsies have been done to see new tissue growth. He goes well it didn't work for me. And I said, well did you play golf? He goes, no. And his wife started rolling her eyes in her head, saying, dear, you played golf three times after those shots you had. So, that happens all the time.

The other thing is people some --

Mitch: Well, -- go ahead, go ahead. I'm sorry.

Dr. Darrow: The second reason is people sometimes take anti-inflammatory medicine, they're so used to taking ibuprofen, you know you don't need a prescription for it, or Advil or something like that, and that actually blocks tissue regrowth. So, we stop that. Is there someone behind you cackling or something?

Mitch: Yeah, yeah. Actually I called you on my way to playing golf, believe it not.

Dr. Darrow: Okay, good, good. Good, so another reason is a person doesn't get enough treatments. They'll get a treatment or two and go, I'm 10 percent better, but it's not enough, and then they won't continue treatment. It may have been that next treatment that completely healed them, okay? I don't have a Ouija Board, or a crystal ball to tell you how many treatments it's going to take. Another reason is these doctors that do this stuff, who don't know what they're doing, don't use an ultrasound to guide the needle. And they can be putting the stem cells and the platelets in the wrong place. You've got to use an ultrasound, to get into these joints.

And then the last reason, the fifth reason is sometimes you just have a doc, who doesn't know what the heck he's doing. Or a nurse will do, or a PA, Physician's Assistant, Nurse Practitioner. And this happens usually with the chiropractors who hustle their patients to do this stuff. And they're being sued now by the Attorney Generals all over the country, to stop doing this. Because they'll hustle their older patients, they'll charge them a freaking fortune to do this, and they'll tell them they can heal anything from migraines to you know, multiple sclerosis, to anything on the planet, and cancer, what not. And they're making claims that just cannot be met.

So, those are what I call bad docs. And be careful who you go to. Like I always tell people, when you go to a doctor, go to the guy who does the most on the planet, that way you're safer. I had an adrenal gland that had a pheochromocytoma, it's a type of a cancer, many years ago. I searched the entire planet for the doctor who did the most of these, and I found him in San Francisco, I flew up to San

Francisco, I had the surgery done there, it was done impeccably. That surgeon never had a bad outcome. He had done at the time -- he had done like 350 of these surgeries. The guys in LA that did them, had done like one or two. I wasn't going to go to them. So go to the guy -- go to the doc who does the most of what you want done. That's the first maxim of medicine.

Now, go ahead. You had some other questions. What else, Mitch?

Mitch: Yeah. I've got to go now doctor, but...

Dr. Darrow: Okay. Yeah, I want you to hit that ball 300 yards off the tee.

Mitch: I caught your show purely by accident, but I'm glad I found it. Because I've been thinking about this quite a bit. And I will visit your website, because I want to find out more about it, because it's definitely a decision I may be probably making in the very near future.

Dr. Darrow: Wonderful, wonderful, wonderful. And have a great golf game.

Mitch: Thank you, doctor.

Nita: Thanks for your call. Well, our number is 866-870-5752, right here in the studio, and you get a free book when you call the program, it's fabulous, and it is Regenerate Don't Operate, the foreword is written by Suzanne Somers, who has her own new book called, A New Way to Age, with a chapter about Dr. Darrow, and PRP and stem cells. So, do you want your free book? Call right now, 866-870-5752 and that will be taken care of for you, totally free, and that's 866-870-5752.

We are here Saturdays at 10:00 a.m., again at 1:00 p.m. And you can call the office if you are ready to do that, and you've been listening for a while, that's 800-300-9300, 800-300-9300.

Dr. Darrow: So, it's joke time, Nita. Are you ready to be stumped?

Nita: Yeah, I thought I was going to get away with it, this hour. I just really thought you forgot.

Dr. Darrow: I'm going to get you good. I'm going to make you laugh hard.

Nita: All right.

Dr. Darrow: Okay. What do you call a bear with no teeth?

Nita: A bear with no teeth is...

Dr. Darrow: A Gummy Bear.

Nita: Oh my God. That's a good one.

Dr. Darrow: Why are the Irish so wealthy?

Nita: Because their national color is green?

Dr. Darrow: Could be, that's a good one, I like it. Because their capital is Dublin.

Nita: Oh, doubling that money.

Dr. Darrow: Yes, yes, yes. One more and then we'll go on, are you ready?

Nita: Ready.

Dr. Darrow: Nita, what do lawyers wear to work?

Nita: Suits.

Dr. Darrow: Yes, lawsuits. You're getting better and better and better at this.

Nita: Well, I try, I stay up late at night studying jokes, even though I don't know what you're going to ask.

Dr. Darrow: Okay. You're so good at this, I'm going to give you one more, you ready?

Nita: I can't wait.

Dr. Darrow: What has more lives than a cat?

Nita: Two cats.

Dr. Darrow: That's good. A frog, because it croaks every day.

Nita: That's a good one. Okay. All right. So the phone number again is 866-870-5752 call right now and get your free book. And it has 264 scientific studies, how about that?

Dr. Darrow: That took me five years to gather all that stuff together. And do you know why I did it, Nita?

Nita: Yes, to educate people. That's what we do here.

Dr. Darrow: I did. I did. And it was in self-defense because when I lecture to doctors to at hospitals about this, about regenerative medicine, to get them helping people without surgery, what happens? There's always a couple of orthopedic surgeons at the end of my lecture that



get up and they go, where's the research? There's no research. There's plenty of research. Go read your own journals, guys. Come on. I'm not putting orthopedic surgeons down. I love them. They do hard work. A lot of guys want to do orthopedic surgery, they don't make it. It's really hard. And it's hard being on your feet all day and doing all those mechanical types of things. I think it's fun, and it was going to be my path, until I had a failed orthopedic surgery on my shoulder. That taught me a lesson.

Okay. We're going to go to Sarah in West Hills. Sarah, your knees bother you. How long have they bothered you for?

Sarah: Basically, since a year ago, July I started walking, like everybody did. I'm a walker, during COVID. And I ended up breaking, or having some chondrosis on both knees, where they were actually both fractured which I never had knee problems before. And now they're telling me later on, I will have to have both knees replaced.

Dr. Darrow: Why don't you tell them they should -- tell them to replace their own knees first and see if they like it. That's a big surgery. That's a big, big surgery. I had one patient die afterwards, and I've had many patients who end up with a terrible knee replacement, some times leg length discrepancies, infections and things like that. I'm not saying none of them work, because a lot of them do work. But there's a lot of them that don't work, and I get to see those people. So, I say it every show. I have a jaundiced eye about surgery. Don't come to me if you want surgery, I'm going to talk you out of it, if I can help it.

So, I didn't quite get your diagnosis, but I'm going to talk about generalities for what you're talking about, the chondrosis or whatever it is you mentioned, has to do often with the cartilage, the articular cartilage breaking down in the knee. And some people are genetically more predisposed to their cartilage wearing out and getting arthritis. To me that's no reason to have a surgery, because we can help rebuild that cartilage with regenerative medicine, using platelets and/or stem cells.

You're not my patient, I haven't examined you. I don't know your story, but I'm talking in generalities. We have people like that every day, and we get them better without thinking about a surgery, or a knee replacement. So, don't walk down that path, unless you've tried out something that's conservative. You know the first law of medicine is, do no harm. That means do conservative things first.

And the work I do is simple. You walk in the office, you get some cells taken from your body, either platelets from your blood, or you take the bone marrow that has platelets and stem cells, and then

you inject it, back into the area where there's a problem and regrow the tissue. Wouldn't you rather do that than getting cut open or having your bones amputated? I would.

And guess what, I've done on both my knees, my shoulders, my elbows, my right wrist. I've had other doctors do it on my neck and my back. And every time I've done it, I have gotten better over the years. And I've been doing it on myself for close to 25 years. Do I still get beat-up? Oh, yeah. I am an addictive athlete and when things start hurting, I keep going, I don't listen to my body. I know myself.

And then I figure big deal. It will breakdown where I can't do anymore, and then I'll inject myself. And that's what I've been doing. I hope you don't go as bad as I do with -- with your walking or whatever, but you know, one thing -- one thing to consider is as we age, it's smarter not to do the same exercise on the same body part every day. It's better to skip a day and let that tissue regenerate on its own. The body is always regenerating.

Sarah: Yeah.

Dr. Darrow: We are always regenerating.

Sarah: And I think that's what I was doing, I was walking, you know, sometimes every day twice a day, because what else were we going to do in COVID. But now I am alternating between cool exercise, a recumbent bike, and walking.

Dr. Darrow: I think that's smart. Don't do the same thing every day. And don't do the same joint every day. Give the joint a chance to heal itself up.

Sarah: Okay.

Dr. Darrow: The body is always moving towards homeostasis. That means a balance, that's the way the body works. God made these bodies pretty cool. And as an example, when we sprain something in the body, let's talk about an ankle, because most people have had a sprained ankle. It swells up, it turns back and blue, if there's any bleeding. And that is a sign that you're already starting to heal, okay.

Don't take anti-inflammatories like ibuprofen, because it blocks the healing. It feels good, but then the feeling good is a bad thing, because long term, you have a long-term injury. So the typical protocol is to ice the area, which gets rid of inflammation, that's backwards. You don't want it to be iced, unless it's really swollen.

You want it to be warm, so the blood gets there, okay. You don't want to necessarily elevate it, you don't want to compress it, you know that the ice protocol, or the RICE protocol, R-I-C-E. You want to do the opposite.

Sarah: Right.

Dr. Darrow: You want to keep it warmed up, unless like I say, unless it's really swollen, and you have to bring down that huge swelling. You know, tradition medicine to me is pretty backwards in most of it. And the old medicine, you know which is the kind my Grandfather did, is the type I like. I like natural healing. I did a two-year fellowship after my residency at UCLA, which I got Board Certified. I did a two-year fellowship in natural medicine, called functional medicine.

Sarah: I'm more -- I lean more to that, because I have a lot of allergies, that makes me not want to take medicine.

Dr. Darrow: Yes. Well, the thing with allergies, is typically pretty simple. You've got to get away from the allergens, and you've got to get away from acid in your food, you have to go -- try this. Look up alkaline diet, and that often can get rid of all your allergies.

Sarah: Okay. I've been doing alkaline...

Dr. Darrow: And I tell people -- when I tell people things -- well, you've got to do it 100 percent. Anytime you cheat you go backwards, and you just have to start over. It often will take about three months before the system becomes homeostatic again. And this is for pain, allergies, leaking gut syndrome, that's just a million different things that can be helped by an alkaline diet. Rheumatoid Arthritis is one of them, okay.

So, when the body is attacking itself with these rheumatoid type diseases, then one way to help quell the inflammation is by an alkaline diet. So, look that up on Google, I'm not going to go over the diet with you. But oftentimes, I give people very simple ways to heal, and they go I don't want to do that, that's hard. And I go that's not hard. What's hard is you being miserable, that's hard. And they start laughing.

All right. We've got to go. Go to the website, [www.lastemcells.com](http://www.lastemcells.com), you can watch me doing the procedures. Call my office at 800-300-9300, there's people by the phones, I'll give it out again, 800-300-9300. God bless you all, and I love you and thank you, Nita.

Nita: Thank you. Thank you, Alex. Thank you, Suzette. Listen to The Pet Show from 11:00 to 1:00 every Saturday and we'll see you next time.