

Living Pain Free 8/27/22

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: Hi there Dr. Darrow.

Dr. Darrow: Nita, are you living it up?

Nita: Always.

Dr. Darrow: Me too. I'm always living it up, just ask me, anytime.

Nita: I feel great.

Dr. Darrow: I do too.

Nita: And we want our listeners to feel great. How do you think we should proceed to make that happen?

Dr. Darrow: Well, it's easy. We're here to get rid of musculoskeletal pain, that means orthopedic issues, neck -- actually, back of the head sometimes, all the way down to the bottom of the feet. And from the shoulders, and elbows, and wrist and fingers, arthritis, all kinds of stuff, all kinds of syndromes, meniscal tears in the knees, rotator cuff tears in the shoulders, toe arthritis, boy a lot of people have that. Plantar fasciitis, that's the bottom of the feet that hurt. Pretty much anywhere around the body that hurts, we inject PRP, platelet-rich-plasma, or stem cells with that, mixed up. And it's been working for years and years with thousands of patients.

And I have to say it doesn't work on everybody for several reasons. Sometimes people don't do enough treatments, and they go, it didn't work. You told me it would work. I go, I never told you anything. I had you sign a form that says there's no guarantees in medicine of any kind at all. So it's one of those kinds of things, you've got to do it, you've got to listen to the doctor, and it's not going to a surgery, where you think there is an end point, which there really isn't in surgery.

Let me give out the phone number, I want to get somebody more interesting than me on the phone here.

Nita: Works for me.

Dr. Darrow: We love our callers, and we'd love you to call in right now. And the number to talk to me live, and to hear Nita laugh live, because we're going to make her laugh -- if you don't call, we're going to tell her -- give her some hard jokes to answer and then put her on the spot.

Nita: Ah, the torture hour.

Dr. Darrow: Yeah. So the number here is 866-870-5752. So write it down. If you're driving over to the side of the road, if you want to talk to us. It's always best to get off your Bluetooth, so we get a clear line with you too.

So are you ready? One, two, three, 866-870-5752. If for some reason you can't call me right now, and talk to me live, you can call the office, there are people by the phones, even now. And the number there is 800-300-9300, I'll repeat it for you again, that's 800-300-9300.

And for those of you that want to see these injections being done. It's very simple, just go to my website, we've got tons of videos on there and the -- what do you call that the browser name?

Nita: The browser. Do you mean where you --

Dr. Darrow: Just stick this in the browser, www.lastemcells.com --

Nita: Yes, you're right.

Dr. Darrow: Www.lastemcells.com and also on that website on every single page, there is a spot where you can email me, and I will get back to you. I get back to all my emailers from all over the world, every day. And once again that's www.lastemcells.com. I'd love to hear from you live right now at 866-870-5752. But there's a lot of ways to contact me.

All of my patients get my cell phone number, and my personal email address too. When I tell my patients that, they go how can you stand that? And I tell them, because my work is my life. And I've been doing this for, gosh, over 25 years now. And I've been teaching. Actually, I taught it at UCLA, where I graduated from during my medical residency, ever since then for over 20 years, I taught there.

So it's something that is getting out in the public thank goodness. It's an alternative to having surgery, and in most cases. There are cases where we do need to have surgery, simple things like a broken bone that needs to be put back together, you know, often needs surgery.

But most musculoskeletal disorders, all these orthopedic things in my humble opinion should not be operated on. Why do I say that? Many reasons. The first one is because I had a shoulder surgery from my boss in medical school that went bad.

He didn't do a bad job; it just went bad. And it took about four years, before I discovered what we call regenerative medicine, injecting the platelets and stem cells, before I injected my own shoulder and healed it overnight. One treatment overnight, complete range of motion, it was limited before. And pain free.

So that was a wake-up call. Also, my right wrist from a golfing injury, the shoulder was from a weightlifting injury. I had my arms spread pretty wide, because I wanted to build up my lateral pectoralis muscles, because I'm a little bit round shoulders, because of doing all the push-ups my whole life. You know, so the pecs were big, and I didn't work on my back much, so my shoulders slumped a little. So I thought I'd pump them up, and what I did, was tore my rotator cuff and my labrum. And I injected it one time, woke up the next morning, completely healed.

I did injure it again, 12 years later in a different way, that was a golfing injury, just overuse. And that took two treatments. So this has been good for me. I've injured one more time, it was -- I can't remember when and that took more treatments. So people always ask, it's like the first question, how many treatments will it be? Is this a magic cure? No. It's not a magic cure. It just makes sense. It makes sense to rejuvenate the body, rather than to cut tissue out.

When we cut tissue out, then we end up, typically after we tweak the joint later with another surgery, and then final coup d'état, is that how they pronounce, Nita, coup d'état, it is having a joint replacement, which I really do not like that idea of at all. And I get patients who come in every single day, ready for a joint replacement, I just had one yesterday, he was ready for a reverse shoulder replacement, he didn't want to do it.

And he actually wasn't really having pain in his shoulders, just limited range of motion. He had some arthritis and most of his rotator cuff had been torn. He had been an MMA fighter and did a lot of sports real heavy. And he said, I really don't want surgery, because the doctor says there's no pain that will be reduced. And

even if there was, there might be pain afterwards, when there wasn't before.

So he had a very, I'll say a honest doctor, you know, someone who is really telling him the truth, that it could come out worse. And unfortunately, most doctors don't tell their patients that. And I get them after a failed surgery, like I had myself. And then it's too late. It's difficult to undo putting a knife in your body. It's easy to get an injection. That's what we call percutaneous.

So percutaneous treatments are just getting injections, and that's what I do with the PRP, platelet-rich-plasma, a simple procedure, we just draw your blood and spin it, and then inject it, or adding stem cells. We can do your bone marrow if you like. And that takes me about 15 seconds. I've done mega-thousands of them over the years.

So it's real easy to do, and there's a lot controversy out in the public, on the internet, about what the best treatments are, and those -- what you read is typically by doctors who don't really know what they're doing, or by doctors that have a -- what I'll call a dog in the fight -- there are some people that make money selling bone marrow kits. And of course, bone marrow, is the only thing you can do then. So when people ask me questions about anything, politics, whatever, which I don't like to get into. But I always say, just follow the money. It's all money on this planet, I'm sorry to say that in medicine, which is a higher art form you would think, but it's still money driven, and it's unfortunate.

So I want to talk about other things, Nita, if you don't mind. Or do you have somebody waiting?

Nita: Well, I wanted to say something.

Dr. Darrow: Yeah, please.

Nita: I wanted to let people, you're too modest to mention that you wrote yet another book, and your latest book is called Stem Cell and Platelet Therapy, Regenerate Don't Operate. And when people call the show today, they will get a free copy.

Dr. Darrow: Yes. I'm showing it to the video camera right now. And it's got all these wonderful sports figures in it, like my five children, each of them doing different sports. But there's my son Benji on a 60-foot wave, my daughter Jensen who used to be a dancer. And who else have we got here? We've got Jordan who is the captain of her D-1 soccer team, that's doing very well. And then where's Brittany? Brittany is a runner, and also many other athletes are in here.

We've got some big wave surfers, and other people that I've worked on here, and many different diagrams of -- well, here's post-surgical. This is -- I'm looking at a guy's back who has pedicle screws, and the first I saw this on an x-ray, it was during medical school, when I wanted to do research on back surgery. And the surgeon that I was working with Larry Gordon, showed me this. And I have to be kidding me. You put that in people's backs. And he goes yeah, we do it every day. And then I did a study on that. And found that it was at a high failure rate down the road. The same thing you know we see with research on knee surgeries.

It seems that the people that have the fake surgery, do as well as the people that have the real surgery. You know, two years later after a surgery, that joint breaks down. So I'm not sure why doctors are still doing these surgeries, I really am not sure. I don't understand it. It's pretty crazy to me, and I have friends who are orthopedic surgeons, and we want to duke it out. Because they say what I do doesn't work. And what I say to them is what you do hurts people.

And I say, how do you know it doesn't work. And they go well I tried it once on somebody and it didn't work. And these treatments of doing PRP and stem cells are not going to be guaranteed to work right away. Sometimes it takes a few treatments to grow enough tissue, but at least we're doing something that is natural. It's a natural healing of the body. So why are we going to cut tissue out? I don't get it.

Now, this book has 200 -- I'm looking at the back, 264 reviewed studies on why regenerative medicine works, and how it works and a lot of studies on why surgery fails. So I'll say it like this. The white horse that I've ridden ever since my medical training at UCLA was to do regenerative medicine, something I fell into very early in my career, because I had pain. And I had another doctor inject my wrist, and then I injected it myself a couple more times and healed it up.

And then my shoulder. Then I did both of my knees over the years. I've done both of my elbows over the years, and the first one that I did on my shoulder is my right shoulder, which had been frozen at one time, you know what a frozen shoulder is, you can't lift it. And then my left shoulder was injured, I had a skiing accident when I did my internship in Denver, where I -- I did internship so I could ski.

Nita: That was clever. That's my hometown, you know.

Dr. Darrow: Oh, I didn't know that.

Nita: Yes. I was born there.

Dr. Darrow: All right. And how were you when you were born?

Nita: An hour.

Dr. Darrow: I know how to -- you were born at one hour old, that's very advanced. So there's also something, I'm showing a photo in the book on page 117, and by the way, we're going to mail free of postage and everything else, a copy of my book, which is Stem Cell and Platelet Therapy, Regenerate Don't Operate, if you want to call in right now, we will mail it out to you.

And I think it's an amazing book.

Nita: And the number is?

Dr. Darrow: The number to the studio right now, live, please call, take Nita off the hot seat, 866-870-5752, I'll repeat it for you, if you're driving, 866-870-5752. And you can also call the office at 800-300-9300. So this particular photograph on page 117 is injections on the face of PRP. It's called the Vampire Facelift. And some very smart doctor trademarked that name. And it's very catchy, meaning Vampire, meaning it's blood, it's the platelets and it's injected into the face. The face is numbed up and a very simple process, and what it does, it stimulates the collagen in the face to grow.

When we inject it in the tendons and ligaments, they regrow. We have muscle tears that we regrow. And we can also mix that with stem cells for the face.

And then on page 129, are photographs of someone's head, before and after treatment, he's a 29-year-old male, you can see on the left side here, or actually it's the flip side to you, the right side as you're looking at this, the hair thinning, and then it thickening up. So these treatments actually can thicken up the hair also. It's not going to work to -- actually it will work, but it's not going to do enough good to inject a totally bald head, but is somebody, then I will check their hormones, because hormones have a lot to do with hair growth, and we will balance the hormones and see if that helps the hair grow also.

We've got a few callers here, so if you don't mind, Nita, I'm going to David in Yorba Linda. He has a shoulder issue. So David, God bless you for calling in. Thank you. And how old are you David? David, I can't hear you.

David: Oh, I'm sorry.

Dr. Darrow: There you go.

David: Can you hear me now?

Dr. Darrow: Yeah.

David: Okay --

Dr. Darrow: Now, I can't. Keep your mouth over the --

David: So I'm really calling for my wife.

Dr. Darrow: Okay.

David: She has a shoulder issue. It was kind of a slap tear, it might have just been one of her tendons, but it was not there for a while. On her other shoulder, she actually got PRP, which helped very well.

Dr. Darrow: Okay.

David: And it took a long time actually to -- to fix it. And I just wanted to find out, what's the best way to get involved with you. You guys are kind of a bit far from us, so it's a long distance. Are there any other limited practitioners down in Orange County, southern Orange County.

Dr. Darrow: There may be. I don't know who they are. I've been told that I do the most of anybody on the planet. I don't know if that's true or not. So I would say this. I would say this. Anytime you're picking any doctor, I don't care what type of doctor, it could be a kidney doctor, it could be a plastic surgeon, whatever it is, you've got to do your homework. And once you finally find the person you like, then you actually have to have a conversation, and the questions will be things like how many of these particular procedures do you do every day of the week.

David: Yeah.

Dr. Darrow: Most practitioners that do regenerative medicine don't do a whole lot of it. And when I'm at national meetings, people come up to me and they say, you do more in one day than I do in a month. So any medicine, I don't care what it is. You want to go to the person that does the most of it.

David: Agreed.

Dr. Darrow: So that's the first answer to your question. And then there's another question that's lingering inside of you, that I'm picking up is what's the best way to do it. And the way I do it is frequently.

The reason for that is there are many practitioners that will do this let's say once every three months. Well, how long are you miserable for then? Months and months and months. And in the meantime, patients get frustrated, so they're going to do activities that are going to backtrack them. You know every time you get a PRP or stem cell injection, there is tissue that grows. There's studies that show that it's called granulation tissue. It's the healing tissue that starts growing.

So we know it's true. We know it works. I can actually see on x-rays, let's say in the knee, more cartilage growth down the road, okay. So a lot of people come in, there's no space between the joints, and after we do treatments, when we look down the road, and it takes months for the tissue to actually remodel, and show increase in growth. But in the meantime, people usually feel better a lot sooner.

So I don't know if you were listening at the beginning of the show. The first time I did my right shoulder, it was healed overnight. It was like, boy that's magic, and my wrist was the same thing. My wrist only healed 50 percent, but that magic because it hurt so bad it went to very minimal pain.

But I've had parts of my body that I've had to inject many times. So as an example, I probably told this story, I was overusing my body, as I always do. I was running too much, and I was hitting too many golf balls. So my right knee was starting to hurt, and of course, I don't pay attention to pain, until I'm immobilized. It's true, that's just the way I am. I push it, push it, push it and then eventually I can't do anything and then I inject it.

So I was playing golf during the pandemic, and we weren't able to ride in a cart. And I play at a place called Mountain Gate, which is extremely hilly. So I was using a push cart and we have kikuyu grass there, which is very thick, and it was hard to even push the cart up and down the hills, if you want to call them hills. Some of them are mountains. And I blew my right knee out.

And I limped off the course, drove down to my office, it was a Sunday afternoon, and I looked inside with an ultrasound. And freaked because I saw a huge amount of what we call an effusion. There was fluid in my joint. I don't know if it was blood or just synovial fluid. So I aspirated it, it was luckily not blood, meaning I didn't really tear anything. It was just synovial, nice clear, yellow fluid. And then I injected myself four times in that one week, okay. And healed up my knee, all right.

So please say, you mean you do it that much? And I say, well not for you, because most people don't want to do it that much, but I think the fastest healing is going to be doing it repeatedly, as close together as you can, get the most cells in there that you can and everything we do an injection there is an inflammatory cycle that takes place.

And people also ask why do you want to inflame the area? It's already inflamed. Yes, it is, but not enough inflammation to create a healing. The body's natural healing in musculoskeletal pain and orthopedics is through inflammation.

So in my first book on the subject matter, called Prolotherapy, Living Pain Free which I did many, many years ago. And Prolotherapy, where the injections with sugar water, or with sodium morrhuate, or zinc sulfate. They basically just created inflammation and then from the inflammation fibroblasts which are cells that grow collagen are sequestered to the area where the problem is, okay. So that's old school.

Now, when we use platelets, you know PRP, or stem cells mixed in, we get not only a bigger inflammation, but we have growth factors and cells that actually grow tissue. So they're much more superior types of healings that take place.

So I still have a rotator cuff tear in my supraspinatus, that's the most common tendonitis that we get or tendinosis and tear, and in my subscapularis. How do I know? I looked with an ultrasound. And a labral tear, a slap lesion like your wife has. But do I have any pain? Nope.

So don't get confused with the pathology that you see on an image and pain and mobility. They're not necessarily related. I know that's news to everybody listening, because unless my own patients are listening, because they know. And in my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate, which I'm going to send out for free if you call in now to the studio at 866-870-5752, there are studies that show that when we take people who have zero pain, we're going to find rotator cuff tears, meniscal tears, herniated disks, all of these "terrible things" that doctors find on MRIs, they don't necessarily cause any pain.

Is that your wife in the background, David?

David:

Yeah, it is. She didn't know I was calling. But do you -- does insurance ever cover this, doctor?

Dr. Darrow: Yes. Insurance can cover things like accidents, and sometimes Worker's Comp will do it. But general health insurance does not.

David: Not usually.

Dr. Darrow: Not ever. General health insurance, no. If you want to hang with us, you may, we are going to the break, and it will be a short break. I'd love you to call in at 866-870-5752 or call me at the office sometime, 800-300-9300. Or go to the website, watch videos of the procedures, www.lastemcells.com. Thank you for listening, and we'll be right back.

[Break]

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

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. We're taking your calls at 866-870-5752 right here in the studio. And when you phone the program, you get Dr. Darrow's latest book for free. It is called Stem Cell and Platelet Therapy, Regenerate Don't Operate.

Dr. Darrow: So give me a call, I want to give you a free book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It has got 256 studies, actual reviewed studies on how regenerative medicine of platelets and stem cells, are very effective with orthopedic pain, your tendons, ligaments, joints. I'm reading the book as I'm talking. And showing you that surgery is not the best option for most of these conditions.

Not to say that we don't love surgeons, because we do. I always say they do the hardest work in medicine, there on the front line. And there are so many bad outcomes with surgery, that these guys really have to be careful in what they do. But there's also something, even the best surgeon has human error. And you know there are strange things that happen during surgery, I'm sorry to say, and I've unfortunately watched a lot of them during my training. I decided not to become a surgeon, and to do regenerative medicine instead, using platelets and stem cells, because I saw the good in it, and I was healed by it.

Nita, I know you were healed by it with your neck, years ago.

Nita: Yes, that's true. Twice.

Dr. Darrow: So we're two good testimonials. I'm going to finish up with David, and get to Bill. Bill, thanks for hanging with us there.

So David, any other questions you have about your wife's shoulder? Maybe David is bye-bye.

Nita: Okay.

Dr. Darrow: Let's go to Bill. Hey, Bill, Dr. Marc Darrow. How are you today?

Bill: I've been listening to you a long time, and this is the first time -- or second time I called in.

Dr. Darrow: Thank you.

Bill: I have bone-on-bone on both shoulders, and my back is all fouled up. I think I have some fused disks but self-fused disks.

Dr. Darrow: Sure.

Bill: But I would like to make an appointment to come in and see you, but I thought I'd give you a call first.

Dr. Darrow: Okay. Yeah, we can talk about it right now. Yeah. Maybe we could save you a trip. So --

Bill: I'm not that far away.

Dr. Darrow: Okay. Good. Well, I think the far away part is pretty funny, because I have people fly in from all over the world to see me, and many different countries. And then I hear people sometimes on the radio say, well you're too far for me to drive, and I start laughing.

Bill: I'm having trouble hearing you, I'm sorry.

Dr. Darrow: I'll yell at you. How old are you Bill?

Bill: 91.

Dr. Darrow: Okay. So you sound like you're in great shape.

Bill: And Dr. [inaudible] used to say I'm in pretty good shape, for the shape I'm in.

Dr. Darrow: Yes, you are. You sound amazing. So number one the self fused disks in the back is very common. And that's doesn't necessarily cause any pain. Actually, it can save you from having pain. It

sometimes will stabilize the vertebrae. So that's a form of arthritis and there's many forms of arthritis, and yours might be a syndrome that's called D-I-S-H, DISH, and you can look that up on the internet. It maybe ankylosing spondylitis and what you may have is called a bamboo spine. That's where the ligaments actually ligaments calcify. And some people have pain with it. Some people don't and it's something that we can generally help using platelets from your body and/or stem cells.

So I'd have to touch the area and see what's going on. So, Bill, do you have any pain down your legs?

Bill: No.

Dr. Darrow: Okay. So you're in good shape. That means there's a high probability I can help.

Bill: I'm in pretty good shape.

Dr. Darrow: I'm sorry?

Bill: I'm in very good shape.

Dr. Darrow: I know you are.

Bill: But the shoulder is so sore I have trouble sleeping and I was considering getting an operation, but I like your style using your own body --

Dr. Darrow: Yeah, you want to use your own body to heal. So the things that we inject are natural, and it just makes sense, you want to heal the body, not cut it up, you know, and try to put it back together, that's problematic.

Bill: I'm on your team.

Dr. Darrow: Yeah.

Bill: All right. Should I come in, and if so when or what number should I call to make an appointment?

Dr. Darrow: To come in, you got a pencil and paper? It's 800-300-9300, and there are generally people by the phones all the time. We work hard. Did you get the number? 800-300-9300. Yeah, you can call in, and tell me more about your shoulders.

Did you ever have a surgery?

Bill: No.

Dr. Darrow: Good. I like to have what I call a virgin part of the body without surgery. Because once the knife goes in there's problems.

Bill: Well, [inaudible] is good in some case, and certainly this one is.

Dr. Darrow: Well, are you having pain right now, or just when you sleep on the shoulders?

Bill: No, no, it's always painful.

Dr. Darrow: Okay. Well, I inject shoulders all day long. I'd love to see yours and examine you and tell you if you're a candidate or not. It sounds like you will be. And I'd love to meet you.

Bill: I'll call in, make an appointment. I've been listening to you for years, and I think this is the second time I called in.

Dr. Darrow: Wonderful. Bill, you can call in right now, there's people actually waiting for you. You don't need to wait until Monday.

Bill: Okay. I'll do that too.

Dr. Darrow: All right.

Bill: I'm going to call in tomorrow, because I don't have my calendar.

Dr. Darrow: Okay.

Bill: I'll call in Monday. Thank you so much.

Dr. Darrow: All right. Bill, God bless you, man it's great talking to you. Thank you so much for calling.

Nita: What's our phone number?

Dr. Darrow: You know, I'm going to give it to you. It's 800 -- no, it's not, that's my office. To the studio to talk to me live right now is 866-870-5752, but if you do want to talk to people at the office and get more information that we missed today on the show, just call 800-300-9300.

And again, the website, if you want to watch videos of me doing these procedures and educate yourself to see if it's something you think you'd be a good candidate for, it's www.lastemcells.com.

So you know the thing about regenerative medicine is that a lot of doctors do not believe in it, because they're weren't trained it, and they don't do it. Or they've tried it once and it didn't work. And the biggest reason for it not working is the doctor. You know, you get

someone who doesn't know what they're doing, and they try it. It's not going to work.

For example, most doctors who do this stuff, will inject a shoulder one time. One time generally will not do it. If you inject a steroid, like a cortisone shot, that might do it. That spreads around, it's a strong anti-inflammatory. I think that's the worst thing you can do to any part of the body, because it softens up the cartilage. So I don't like steroid shots, cortisone. I rarely ever do them. I might do them if someone comes into the office, and they're bent over, their back is red hot, or they're listing to the side, I might put some steroid into the low back, and in one minute they're standing up, and they're going oh, my God, I'm healed. Thank you.

And I go, no, you're not healing. It's just -- we put a Band-Aid on it, and then you can come back next week, and we'll start doing regenerative medicine and start the actual healing process of thickening up and tightening up those ligaments.

Another reason is people don't listen to me. So they don't get enough treatment. So they'll do it once or twice and say it didn't work. Well, sometimes it takes a few treatments to make it work. I don't know how many treatments it will take. People pin me up on the wall, saying, come on, I need to know. I don't want to do it if it's not going to work right away. And I go, I'm the wrong doctor for you then.

I'll send you -- I know people who say that it works with one treatment. I can give you the name right now. I'm not going to, because I don't believe in that person being a good doctor. And then they come to me afterwards, after they go to a doctor like that, and they go, yeah, you were right, it didn't work the first time.

So we have to be careful, as doctors, not to offer too much. You know we're not supposed to be hustlers. I tell all my patients, I don't know if this will work for you, on your timeline. It generally works if you listen to me. What are the failures? Too much activity after injections.

So let's say that you're a runner, and your knee is all swollen. And we give you a treatment, we use the ultrasound, and by the way, the ultrasound is super important when you're doing knees, shoulders, hips, because those joints are very teeny to get into and most doctors that inject them, miss the joint.

So we'll do a treatment, we'll aspirate, meaning drain out the fluid, which could be blood, if you have an ACL rupture or meniscal tear, and start the healing right from that. And then we'll put some of

your cells in there, PRP or stem cells, and then start the healing. And then guys will just go out and run the next day, because they're feeling so good. Well, that's kind of what I'm going to call D-U-M-B. That's dumb, because the healing process takes weeks. So that's another failure.

And then we have the failure of people that take anti-inflammatory medicines. Regenerative medicine using platelets and stem cells is an inflammatory process. We want to body to become inflamed, because that brings fibroblasts to the area which are cells that grow back the tissue.

So those are the main reasons it fails. And most doctors that do it don't even use an ultrasound. How do you know where the needle is going. You've got to watch it. You've got to watch the area that it's going to.

So a couple other things we do in the office, I'm looking at the book here, I think it was page 117, which I'm going to mail out to you for free, postage free if you call in right now at 866-870-5752, you can talk to me and Nita. And there's a chapter on the Vampire Facelift. So what I do on the physical body for musculoskeletal pain can also be done on the face to grow back the collagen in the face, and make you look young.

And then there's another chapter here on hair growth. So if your hair is thinning, this can wake up the follicles and start the process of hair growing back again.

Ah-ha, Sheldon, you just saved Nita from a terrible experience.

Nita: Yeah, I could tell you were just about to go to the joke routine. I knew --

Dr. Darrow: I was.

Nita: I knew, I could feel it.

Sheldon: Hey, Marc.

Dr. Darrow: Hey, Sheldon, how are you?

Sheldon: This Sheldon, your ex -- one of your patients.

Dr. Darrow: Yeah, thank you, Sheldon. How are you today?

Sheldon: Terrific.

Dr. Darrow: I hope I did good by you. I hope I did good by you.

Sheldon: Yeah, well I'm doing good, all the things you've done for me in my shoulder mainly. I'm doing really good. But I've got a question for my sister.

Dr. Darrow: Okay.

Sheldon: She's in Moral Bay, she's a shut-in. And she happened to find a doctor who is starting to do some regenerative stuff.

Dr. Darrow: Okay, good.

Sheldon: He's been a doctor for a long time. And what he did -- he just did hyaluronic acid thing.

Dr. Darrow: Sure.

Sheldon: So she was asking about, you know, other ways, and I mention what you've done for possibly stem cell, very successful. And but he kind of bragged about using a big needle. And I remember you talking about the skinny needles, and especially on the knee. And so she went home, and her knee is so swollen, she cannot walk for a week, and she's still not walking. Now she's going to buy a cane.

Dr. Darrow: Okay.

Sheldon: So I remember you saying something about if you don't hit the right spot on the knee, there's a problem it causes, and I got to find out, so I can tell her what we should do about it, or what you think.

Dr. Darrow: Okay. So great question, Sheldon, thank you for bringing it up, and thank you for calling in. I remember you as being one of the nicest patients I've had my whole life. A very nice person.

Sheldon: Well, it's God's work, man.

Dr. Darrow: I agree. I agree. But you work it, like we all do. We try to be good people.

Sheldon: That's right.

Dr. Darrow: So if the doctor uses a thick needle, he's not being nice to his patients, that's number one. Because you don't need to use a thick needle and beat up the tissue. So am I correct in saying that your sister had a hyaluronic acid injection in her knee?

Sheldon: Yes.

Dr. Darrow: Okay. So I don't know if you've been back to my office, since I did this to myself. Because I experiment. This whole process of

regenerative medicine for me was an experiment. No one taught me how to do it. I had heard about it. And then I starting experimenting on my wrist and my shoulder, my elbows, my knees, my shoulders, blah, blah, blah, neck and back.

And on May 27th, I injected my left knee with hyaluronic acid called Durolane. And I just wanted to see what it would do to me, because so many people come in getting hyaluronic acid injections, and a lot of them had a good experience, a lot of them had a bad experience, I just wanted to see what it would do.

So just like your sister, my freaking knee blew up like a balloon. And not just the knee, but my entire left thigh is still thicker, than my right thigh and I'm right-handed, so it should be the opposite, right?

Sheldon: Yeah.

Dr. Darrow: So I had an allergic reaction.

Sheldon: She said, she found out, that was derived from eggs, and she's allergic to eggs.

Dr. Darrow: Okay. I get it. I'm not going to ever do hyaluronic acid again in anybody's knee, or anywhere else. I mean, it's used in all the joints. And the issue is this. The bottom line is this. We know that when we inject platelets and stem cells, the body naturally produces hyaluronic acid. So why in heck, are we going to put more in?

And when people come in with some fluid in their knee, or whatever part of the body, why do you need to put more in. We really want to dry that joint out. So what I do under ultrasound guidance, so I see every drop of fluid, and put the needle right on it, is I dry it out. And then we put in the cells, and they'll produce just enough hyaluronic acid to lubricate the joint. Hyaluronic acid is a lubricant. It's like getting an oil change. But you only need a little drop.

And in a normal knee, you won't see any there, when you look with an ultrasound, it's just like a light coating. But in a pathologic knee, one that has a problem, or shoulder, or hip, you're going to see a lot of it. So why are doctors injecting it? I don't get it. I really don't get it. I did it to myself as an experiment. And my experiment failed.

I'll tell you what I did to help heal it though.

Sheldon: Okay.

Dr. Darrow:

This is kind off the cuff, but I like to tell my experience, so patients understand. So as soon as my knee blew up, I aspirated back out that hyaluronic acid. You know I put it in, knee blew, thigh blew up, and then under ultrasound guidance, I, myself aspirated it back out.

The problem didn't go away after that, because the allergic reaction still occurred. Now doctors always say you only get an allergic reaction if you put some of it into the soft tissue. Well, I didn't put it in the soft tissue. I was using an ultrasound. I saw it go right into the joint capsule, all right.

So I forget exactly where I was going with this -- oh, yeah, here we go. So my thigh is still a little bit swollen it's coming back to normal after, my God, like four months of freaking misery, I mean misery. Misery, misery, misery. I was limping, I could barely walk, I was on crutches. Now this isn't from the injury that I created running up my mountain too fast, you know, I felt like I was 16 years old, and I'm 74. I was sprinting as hard as I good, two days in a row, and both my knees got sore, okay. That's how this whole thing started.

So I decided, I was going to try -- write this down by the way, it's EECP, it's a process where the legs get pumped when is at diastole, that's when the heart rests. You know the hearts go ba-boom, ba-boom. The boom part is when it rests, and what happens is the blood in the legs which is like 60 percent of the blood in the body gets pumped back upwards, through the coronary arteries, and literally blows open the collateral vessels, those are what we'll call the minors vessels. And when people have heart disease which is prevalent in my family, some of the vessels can become occluded and stenotic and then they don't get enough blood supply and then you have a heart attack, right?

So the males in my family have had heart attacks, usually not until they're 80, but still who needs that. So when I learned about this, about -- I don't remember when it was 25 years ago, I started doing it, just for heart health. And I thought geez, my thigh is blown, maybe I'll go back and do EECP again, it certainly is good for heart, and maybe it whelp heal my knee.

Lo and behold, two treatments later of EECP, and the swelling started going down in my left thigh, and my knee started feeling better. Since then I've done it 10 times. I've done it 5 times a week.

Sheldon:

So how do you do the EECP?

Dr. Darrow:

It's real easy, you just lay on a table, and they put sleeves around your legs, and it's set up to a machine that pumps the blood back up

to the heart. And people don't know this, and doctors don't tell them, but there are endless ancillary or collateral vessels in the heart besides the main ones that we hear about being clogged up. So people that have angina that can go away. People that have low ejection fractions, that can increase that. You know look it up. Read about it.

Sheldon: Yes.

Dr. Darrow: To me it's a miracle kind of a treatment, and I figured it was a two-for. You know maybe it will heal up my knee and it has, and maybe it will help my heart some more. So it's something --

Sheldon: Well, doctor you mentioned once on the air. I heard you talking about this, if you're off a little, even though you have imaging, if someone was not experienced like you are and was off a little bit on the knee when they put that needle in, there is some kind of condition that can happen. You mentioned it, and I was wondering if you could recall that?

Dr. Darrow: Well, I mean there's a lot of conditions that can happen, I mean if it's stem cells and platelets that are put, and they're not into the joint, you can have an inflammatory reaction in the soft tissue. If it's hyaluronic acid --

Sheldon: I mean, her knee is warm to touch on that area.

Dr. Darrow: Yeah, she's got a problem.

Sheldon: Wish she wasn't so far away, man, Moral Bay, I mean she doesn't drive, oh my gosh. Okay.

Dr. Darrow: Well, the main things you want to check Sheldon, ask her to take her temperature, and see if she's got a fever, and she have an infection, and if it's red, there's a real problem, and she needs to go the emergency room and have that drained out, and have the fluid analyzed to see if there's any bacteria in it.

Sheldon: Okay.

Dr. Darrow: Sorry for the bad news. I mean, when someone has a problem, and I can't see it, I send them to the ER.

Sheldon: Yeah, that's what she was talking about. Okay.

Dr. Darrow: Yeah, God bless her, and listen -- you have my cell number, right, because you're my patient?

Sheldon: Yes.

Dr. Darrow: So give your sister my cell number, or if you give it to me right now, I will call her right after the show, and check in on her for you.

Sheldon: Okay, I'll give it to you off the air.

Dr. Darrow: You can give it to me -- well, it's up to you, you can give it off the air to the call screener --

Nita: Yeah, you can call her back.

Dr. Darrow: Yeah.

Nita: Thank you, Sheldon.

Dr. Darrow: Or just have her call my cell number. You have it.

Sheldon: Yes, I do, okay.

Dr. Darrow: Yeah, I like taking care of people, Sheldon, you know that.

Sheldon: Yes, I do. You're very hands-on.

Dr. Darrow: Yeah, people say why do you give out your cell number. People are going to bother you. I don't ever feel bothered when I get calls. I love it.

Sheldon: Yeah. I've used it a couple times, and it worked out good.

Dr. Darrow: Yeah. I love talking to my patients. I absolutely love it. I feel like I have a purpose in life, and I think the most important thing a person can have in life is a purpose. There is a great book by Viktor Frankl, on what was it called, Nita, you know this stuff, A Man's Search for Meaning.

Nita: Yes.

Dr. Darrow: And it's a story of holocaust survivor and he said that every person without a purpose at Auschwitz died. And every person with a purpose lived. It wasn't about how big, how smart, how you know strong. It was about purpose or no purpose. And when I put that book down, I made up two purposes in my life, because I didn't have a purpose up till then. The first one was to care for my family, the best way I could. And the second was to care for my patients, the best way I could. And the way I find to care for my patients is stay in touch with them, give them my cell number. I don't care if they call me at 3:00 in the morning, because I turn my phone off when I go to sleep. But as soon as I wake up, I call them back.

God bless you all. Thank you, Nita, thank you, Sheldon, thank you all you callers, Suzette, and Alex, it's been an amazing show. God bless you and Joe, we're going to call you back, because you're waiting to talk to me. And God bless you all. Thank you.

Nita:

I'm Nita Vallens, thanks for listening to Living Pain Free with Dr. Marc Darrow. Tune into our friend, Warren Eckstein 11:00 to 1:00 every Saturday, The Pet Show, and we'll see you next time.