

Living Pain Free 10/01/22

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: Hello, Nita Vallens, how are you doing today?

Nita: I'm great. How are you doing?

Dr. Darrow: I'm good. What do short-tempered doctors suffer from?

Nita: Short-tempered doctors suffer from not enough vitamin C.

Dr. Darrow: No. They lose their patience.

Nita: Oh, that's a good one.

Dr. Darrow: Well, Nita, you'd better get some callers in here. We're looking for you guys to call in to learn about how to heal your musculoskeletal pain, and we do it with regenerative medicine of platelets and stem cells. Easy, peasy. Walk in, get injections, walk out and hopefully heal up quick.

The phone number to talk to me live, right now, grab your pencils, if you're driving pull off to the side of the road and call in, 866-870-5752, I'm going to repeat it a few times, 866-870-5752, one more time, I don't know why the studio doesn't get a better phone number, do you Nita? 866-870-5752. I'm serious. I mean my number to my office is 800-300-9300, you'd think a big radio station like this could do better.

Anyway, we're here to talk about today, Nita and I are here to talk about my new book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. It's about how not to have surgery when you don't need it. And I bless all the orthopedic surgeons in the world. I think they're amazing, and I think they're doing way too many surgeries. It's the culture that we live in today, especially in America, where surgery is the king. Medications and surgeries and

things that I think are not good for people. So right out, actually during my residency at UCLA, I started doing regenerative medicine. I was healed by it on my wrist 50 percent overnight, after a terrible golf injury, where I hit the ground instead of the ball. And I had excruciating pain. And then also I was healed in my shoulder, which I injected myself and overnight it was completely healed. I had had a shoulder surgery while I was in medical school, fourth year medical school that really screwed me up. And I loved the surgeon, he was my boss, he was my professor, I'm not going to mention his name. He may not even be around anymore, I don't. He was a great guy, and he was a very active athlete in his day, and I admired him quite a bit. And I actually asked him to do surgery on my shoulder, because I didn't know better. I don't know if you know that story, Nita.

I was in so much pain from a weightlifting injury, that when I was with him doing surgeries, during a rotation in orthopedic surgery, I said, can you do my shoulder. And he said, our schedule is really booked up. And I said, well because of my schedule with medical school, I only have a break for the next days. He goes okay, I'll slip you in.

And I was very excited to have my shoulder operated on, because I thought that would fix it. And what happens, I wake up, my arm is swollen, I have these huge blisters, they were like an inch or two long. I don't know -- I still don't know how that came from -- where that came from, all filled with fluid. And I had a fever, and I was in miserable pain. And unfortunately, nobody knew what to do about it. I thought I had an infection but there was no infection. And I just kind of toughed it out.

And it finally, the swelling went down over a long period of time. About four years later in my residency, I learned about regenerative medicine and as an experiment after my wrist healed so quickly, I personally injected my own shoulder, one time, a lot of pokes but one time, and I woke up the next morning completely pain free with full range of motion.

And at that point I knew that I would be a regenerative medicine doc, and I would not be doing surgery. And it totally changed -- my own healing changed my own life. So if you have anything like that going on. If you've got neck pain, back pain, shoulder pain, elbow pain, wrist pain, arthritis, I do a lot of finger arthritis, a lot of knee arthritis, ankle arthritis. People come in ready to have a fusion.

People come in all the time ready to have a surgery, joint replacement, you name it. And they tell me that they've got to do this, and I go after an examination, I go no, you don't. And

unfortunately, I have a lot of people who come in after failed surgeries.

I'm going to say from my experience, it's about a 50/50 wager, it's like going to Las Vegas, get a surgery, maybe it will come out better, maybe it will come out worse. And a lot of them that come out better in the long run get worse, because often tissue is being taken out that stabilizes the area. So you can tell, don't come to me if you want surgery. I'm the guy that doesn't like. I haven't had good results on my body, and I see way too many people that have failures.

So give me a call right now, talk to me about your musculoskeletal issues, things that you've either had surgery on, that have worked out great, or didn't work out great. We want to learn from you, and the phone number to talk to me live right now, I'm going to say it slow, 866-870-5752.

If you call you're going to get a free copy of my book. I'm going to send it out for free, \$25 book, it's about 200 pages long, it's got about 265 studies on why surgery is really not the best thing to do unless it's an emergency, and how regenerative medicine with PRP, platelet-rich-plasma, or stem cells, or both are really the best way to heal things, unless there's an emergency. If you have a broken bone, what I do is not going to help you.

But if you have a broken bone, and you get fixed surgically, very often the soft tissue around that fracture, which heals up remains very painful. And I can help with that. So I take care of all kinds of injuries, all kinds of arthritis, everywhere from the top of the head, to the bottom of the feet, plantar fasciitis, that's a very common thing I see.

I think the most common thing that I see are meniscal tears in the knee, rotator cuff tears in the shoulders, and neck pain and back pain. But there's no part of the body I don't inject. I often inject hamstring tears, and this is something to be very wary of. Just because a doctor says you have a tear, which he sees on an MRI does mean that that is the pain generator. The reason we know this is because when we do studies on people that have zero pain, we just want to see what's going on. We find all kinds of tears, we find herniated disks, we find arthritis. And these people say well I don't have pain. So get away from me. You know, you're not going to do surgery on something that looks like it's a problem but doesn't bother me.

So just because your doctor says your image shows something terrible does not mean that it's causing your pain. Very often I see

people that come in with a meniscal tear, actually I just had one yesterday, it was a young man and a football player in high school, and he heard a pop when he was playing, and I looked with the ultrasound, I saw some fluid in there. And I said, if we aspirate that fluid and it's red, meaning it's blood, then what you experienced was probably brand new. But if it's yellow which is just hyaluronic acid, which is a lubricant, then you probably didn't tear that meniscus when you heard that pop.

And probably what happened and it's so common is the patella, the round bone in the front of the knee dislodges from the trochlear groove in the femur, it's a little area where it slides back and forth. So when this guy went to the orthopedic surgeon, and they found a meniscal tear, they said you need surgery. And I looked at it, and I said what the surgeon is looking at is not the cause of the pain. It's not related to it.

And we took out the fluid, it was yellow, it was hyaluronic acid, a lubricant, it wasn't blood. If it were a tear that happened, or an ACL tear, a meniscal tear or something like that, it would bleed a little bit, or a lot of it. I get a lot of people that come in with fresh ACL tears and the first thing we do is we take out the blood, because if that clots up, it's a very slow healing.

Also, if you have an ACL tear, do not get a surgery right away, if you're going to have one, because most of those heal up on their own. The only reason you need a surgery for a torn ACL is if the knee is loose. And that's something the doctor has to take a look at to decide.

Nita, I've been yacking a lot, and I know that you have stuff to say.

Nita: I know. I was thinking oh my gosh, you must have six donuts for breakfast. You're so energetic today.

Dr. Darrow: No, I don't -- I'm actually very ketogenic. I'm on a weight loss program.

Nita: I know, I'm teasing. If you're --

Dr. Darrow: I'm trying to be as skinny as I can.

Nita: I am ketogenic that you taught me this like 20 years ago to be ketogenic, but we didn't call it that then.

Dr. Darrow: No. What did we call it? The paleolithic diet back then.

Nita: Yes. It was paleo, but you always just said, when you go into the store, just think protein, vegetables and water. And I've been following that forever.

Dr. Darrow: Yeah. And it's nice to be thin. I mean I have -- I mean, say probably three-quarters of my patients come in overweight. And then they're complaining about arthritis in their knee. Well, they're causing it. Studies show if you're overweight, every extra pound is like four to five pounds of pressure on the knee. So you're causing your own arthritis, if you're overweight, and you've got knee problems. Sorry, hate to be the messenger, don't kill me.

So, Nita, I'm going to go ahead and until we get callers, I'm going to tease you a little bit.

Nita: Okay, but give the phone number again.

Dr. Darrow: One more time.

Nita: Okay.

Dr. Darrow: 866-870-5752, also please go to my website, www.lastemcells.com every pay has a spot to email me, I get emails all day and all night from all around the world. And I answer all of them. I'd like to talk to you live now, but if you're shy, I hope you're not, because we love our callers.

Nita: But the other -- is because they get your latest book for free, which is Stem Cell and Platelet Therapy, subtitled Regenerate Don't Operate. It has 264 scientific studies, so if you're hearing this information for the first time and you're just kind of not quite getting it, you want to get this book and you want to share it with your family and friends, because it's phenomenal.

Dr. Darrow: You know it's amazing to me because I have so many people that heal, including me --

Nita: And me.

Dr. Darrow: And you, yeah that's right we did your neck years ago, and it healed almost instantly. I've injected both my knees with stem cells, both my shoulders, I've done my elbows, my right wrist, other people have done my neck and back, because I can't see. Actually, I did my back, my low back one time by myself, because I couldn't find a buddy anywhere nearby at the time, but usually what we do is when we go to national meetings, all the regenerative medicine docs, we inject each other. And we use each other as the example for the new guys --

Nita: As pin cushions.

Dr. Darrow: Well, you could call it that, but I'll tell you something. I would rather get injected and walk out than have a surgery and have a chance of infection and all kinds of terrible things that go on. I've seen people die on the table. Yes, I have. I'm not making that up. And I get people that come in all the time, that go why -- some people are crying, why did I get that surgery? The surgeon said I'm going to be better and look at me. I'm worse, I can't walk, blah, blah, blah.

A lot of people end up in the hospital with infections. I had a patient years ago that had a hip replacement and he called, and I told him don't do it, we can fix it. He didn't listen. And he called me from the hospital, two years after his hip replacement with an infection. Sometimes we get these insidious infections that don't really pop up for a long time. When it goes into the bone, the bone has all of these canals in it, that germs, bacteria, virus, whatever get into and they just kind of live in there very quietly.

And when you get an osteomyelitis, that's bone infection. That's typically a life-long problem. You can take antibiotics, usually it has to be IV in order to penetrate the tissue very well. And you can quiet it down, and then maybe for a couple years, it's quiet, and then it can just rage again.

So you know I'm going to say it again. I'm not the guy who likes to see people have surgeries. Most often after a bad surgery, I ask the patient, did your surgeon ever examine you. And the answer is very rare that it's yes. It's typically no. They showed me the MRI, or the x-ray, and where I had to have the surgery. And to me, that's not a very good way to decide if a person needs surgery.

So what else do I want to talk about. We do the Vampire Facelift in the office, which is very similar to what I do with the body in terms of stimulating new tissue to grow, but it's done in the face to regrow collagen in the face, and to make people who are getting a little older, where the collagen is drying up to make people look again, it works really great. It's a cosmetic procedure that my wife does. And I don't do that. I just do the musculoskeletal system.

And also we hair stimulation by using platelets or stem cells on the top of the head. That's something that people love quite a bit. We do quite a bit of that.

Anything else I'm not talking about, Nita, that I'm forgetting?

Nita: You could give the phone number again and you can also let people know please call and get the free book, very important.

Dr. Darrow: Okay. I'm going to do something else. I'm going to torture you for a second, do you mind?

Nita: Oh, I love this part. Yes.

Dr. Darrow: Okay. Until we get some callers, I'm going to put Nita on the hot seat. So Nita, why do you smear peanut butter on the road?

Nita: To give it a covering.

Dr. Darrow: Nita, come on.

Nita: For jelly to --

Dr. Darrow: Nita, you're so much smarter than that. I know you went to Harvard. So why do you smear peanut butter on the road, Nita? To go -- the traffic jam.

Nita: Oh my, that's a good one. That's a good one.

Dr. Darrow: Yeah, but you're not laughing, when you don't laugh you get another one.

Nita: Um, okay.

Dr. Darrow: What does a house wear?

Nita: A house wears a cover for termite protection.

Dr. Darrow: Nita, no, that's not funny. What does a house wear? A dress.

Nita: Oh, a dress, of course.

Dr. Darrow: Do you want to know why you can't hear a pterodactyl go to the bathroom?

Nita: I don't know if I want to hear this.

Dr. Darrow: Because [inaudible], the "p" is silent.

Nita: Oh.

Dr. Darrow: All right. Now I'm going to take some questions.

Nita: Okay.

Dr. Darrow: We're going to jazz up the show. Here we've got a caller coming in, but until then --

Nita: Okay. Do a quick question.

Dr. Darrow: Yeah. We'll do a quick question. Well, I don't know if there is such a thing. But we can look for a question here, where is a question, let's see here, come on --

Nita: You haven't asked me to say my favorite word lately.

Dr. Darrow: Oh, enthesopathy.

Nita: Very good.

Dr. Darrow: Do you love that word?

Nita: I love that word; I even know what it means. It means the attachment of a bone to a ligament or a tendon.

Dr. Darrow: You're absolutely correct, but we say it the opposite way. We say more of the attachment of muscle, tendon or ligament to the bone.

Nita: Why is that?

Dr. Darrow: Because the bone is sort of like a bigger thing and the tendons attach to them.

Nita: Oh, I see. So it's like the chicken/egg thing.

Dr. Darrow: Kind of, yes. There's tons and tons of ligaments, tendons, and muscles that attach to the bone, but it could be just one bone that attaching all of those. So that's just the way we say it.

Nita: Okay. So did you find a question?

Dr. Darrow: Well, I'm going to talk about enthesopathy first, since you brought it up.

Nita: Oh, okay, okay.

Dr. Darrow: Areas we find enthesopathies all over the body, and low back for example, let's say someone comes in with a herniated disk, and I examine the low back and I press right above the pelvis, and they jump. We call that the jump sign. It means, that's the place the pain is being generated from. That is most likely an enthesopathy where several things attach to the pelvis in the back. It's nothing to do with the herniated disk they have, okay. It's nothing to do that

needs surgery. It's very simple. It's a sprain, it's like a sprained ankle. Do sprained ankles get surgery? No.

Nita: No.

Dr. Darrow: Why do backs get surgery? It's very sexy. It's very sexy to have back pain, there's all kinds of nerves around there that surgeons think need to be decompressed. Most of the time it's not true. So in the low back we have the iliolumbar ligaments, you can type that into Google and in the upper left-hand corner, there's a spot that says images, click on it. And you will see -- there are pictures or videos of the anatomy.

Also at that spot in the low back is called the thoracodorsal fascia. And that you can look at also, it's like a saran wrap that covers the muscles in the back and attaches on the pelvis.

Another thing down there is the quadratus lumborum muscle. It originates on the lower ribs and inserts on the pelvis. There's a lot of action down there. So most of the back pain that I see is from that type of an enthesopathy.

Enthesis is that attachment. Pathy means disease, it's not the kind of disease like cancer, it's musculoskeletal issue. So that's what an enthesopathy is, Nita, you said the right word.

Nita: See, I have learned something in 13 years in hosting the show.

Dr. Darrow: 13 years, Nita, my God.

Nita: We're in our 13th year, doesn't time fly when you're having fun?

Dr. Darrow: I am having a blast. I love my work. I absolutely love this more than anything I do, other than my family. I do like golf and sports, but there's not a day that I wake up that I cannot wait to go in and see my patients.

I had a morning the other day -- a few days ago, every single patient was healed that I had injected. And I was like how are my twins going to get to finish law school, if you heal so quick. I was teasing everybody.

All right. This one says stem cells for hypermobility. Does anyone do stem cell treatment for Ehlers-Danlos syndrome and is it successful? Yes, yes and yes. I do it all the time. That's a syndrome with a collagen issue where it becomes lax, people that have that can bend their wrists kind of backwards, so their fingers touch their arm or bend it forwards. Their knees typically when they stand up,

the leg bone will go out to the side a little bit. And it can be a situation for pain generation. And we get very, very good success with it, using platelets and/or stem cells, PRP and/or stem cells, which thickens up the tissue. Wherever we inject the cells, it thickens up the tissue and tightens it up. So that's a syndrome we can help quite a bit.

And very often I'll find people that have dislocating shoulders because of that syndrome, and we tighten that up. It usually takes like two or three treatments.

We are going to Milan; he is doing great. I gave him injections. Milan, tell me what's going on, Dr. Marc Darrow. Thank you for calling.

- Nita: Hi, Milan, are you with us?
- Dr. Darrow: Scream louder. I can't hear you. There you go. Milan, tell us what's going on.
- Milan: Can you hear me?
- Nita: Yes, now, we can.
- Dr. Darrow: Now, we can, yeah.
- Milan: Okay, yeah you're coming in kind of sparsely, but I wanted to call you, and let you know, that we're progress, with stem cells.
- Dr. Darrow: Okay. And what part of your body have I injected?
- Milan: Rotator cuff, totally chewed up.
- Dr. Darrow: How long have you had pain in your rotator cuff?
- Milan: Both shoulders actually, but you only treated me on one.
- Dr. Darrow: Okay.
- Milan: And you gave me two injections.
- Dr. Darrow: Okay.
- Milan: And I switched insurance and went to Kaiser they said well we don't do -- they said we don't do stem cell. I say, well let me tell you something and you've done some in the past, but they have to be clinical. And I say, well they want to take my rotator cuff off, is that clinical enough?

Dr. Darrow: That's pretty wild.

Milan: So anyway, I said treat, not operate. Well anyway, what I'm trying to tell you is they're going to give me an injection Monday.

Dr. Darrow: The injection you're going to get Monday, don't do. Hang with us Milan. Hang with us, we're going to the break. Anybody that wants to talk to me live right now, 866-870-5752. And if you want to look at the website and email me through that, that's www.lastemcells.com.

Nita: Okay. You're listening to Living Pain Free with Dr. Marc Darrow. I'm your host, Nita Vallens. 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. I'm your host Nita Vallens. We're taking your calls at what number, Dr. Darrow?

Dr. Darrow: 866-870-5752, I'll repeat, 866-870-5752. And if you're too shy to call, go to the website, www.lastemcells.com if you want to talk to me at the office or get more information that we forgot to talk about on the show, you can call my office, there are people by the phones at 800-300-9300, the office again is 800-300-9300. If you do call me right now on the radio at 866-870-5752, I'm going to send you a copy of my free book -- actually, it's not a free book, but it will be free for you, a \$25 book, a couple hundred pages long with studies, 250 studies or so, let me look -- 264 studies of scientific studies that are peer reviewed on how platelets and stem cells, PRP and stem cells help heal the body, but just injections without surgery.

And there are studies in here that show why surgery is very typically for musculoskeletal pain is unnecessary and not really good for you. Now this is not a statement against surgeons, who I think are the hardest working people in medicine. They've got a real tough job and I don't think personally, in my own humble opinion, they should be doing all the surgeries, they are doing. And many times they do surgeries based on an image that they take when it's not even the cause of the person's pain.

So I was being trained in orthopedic surgery, and at the time, I thought it was the only way to heal, and after my own shoulder surgery that went bad, I'm not blaming the surgeon, it's just what happens, human error, whatever. I turned out not very good after that surgery, lots of pain and misery for years, until I discovered regenerative medicine using platelets and stem cells. Actually, it was other stuff back in the old days, but it's much more efficient now, the injections are much better. And since then I've been doing this work for 25 years now.

And I am busy every day. And I love the work. I love watching people heal. People say what do you do Marc when they meet me at a party. I go I watch people heal because it's a great life.

I want to get to back to Milan, who just called up a little while ago. So, Milan, I know you're listening still. Milan came in very advanced arthritis. And I know this because I'm in front a computer right now also, and there's only one patient, I looked up on my electronic records. There's only one patient I have with the first name Milan, out of like 20,000 patients. So I got lucky.

So I found his chart. And Milan, what -- actually what you did, is you had two PRP injections, and you got a lot better, and that's pretty amazing considered, based on your examination and with the pain you were having, and based on your x-ray, you have advanced arthritis in the shoulder.

And I injected the joint, under ultrasound guidance. I did your infraspinatus of the rotator cuff, supraspinatus, subscapularis, and your subdeltoid bursa. And when you came back, you were much better.

Now, you mentioned when you called the show, that you're going to Kaiser to get a shot on Monday. I'm going to tell you not to do that, okay. You're my patient, I can talk to you like this. If it's someone else on the radio, who just calls in, they're not my patient, I'm not going to talk to them like this.

But my suggestion, Milan, is you come back in the office and talk to me, I don't charge for follow up visits. And as you know probably the phone number to the office is 800-300-9300. I would suggest you do not go to Kaiser to get a shot. I would suggest you come to my office and talk to me, it won't cost you a nickel. And they're probably going to give you a steroid shot in your shoulder. That's typically called cortisone.

If any folks listening want to right now Google cortisone and the other word cartilage, put those two words in, you're not going to

want to get a cortisone shot anymore, because you're going to see that it destroys the cartilage that you have left.

And Milan, you don't have a lot of cartilage left there, so I don't why you would want to kill the rest of it. It will feel good for a short period of time, that's what the cortisone shots do, they're very strong anti-inflammatories. But it's like winning the battle and losing the war, in the long term, it's not going to make you happy, and you're going to have more pain afterwards down the road, than you are having right now.

So, please, please, please, Milan come into the office and let me talk to you, okay? I'm not going to charge you to come in.

Nita: Okay. Shall we talk to Hugh in Irvine?

Dr. Darrow: Hugh, Dr. Marc Darrow, I understand that you've got neck stuff going on. What happened to you?

Hugh: I am suffering from a C3 to C7 one millimeter protrusion on the interior.

Dr. Darrow: Okay.

Hugh: I've seen an orthopedic surgeon. He said that's basically from stenosis.

Dr. Darrow: Okay.

Hugh: They've already given me one injection, that you were just talking which lasted maybe --

Dr. Darrow: You probably what's called an epidural?

Hugh: Yes.

Dr. Darrow: Okay. And did that give you a lot of relief, I hope?

Hugh: No. It only lasted for about half of a day.

Dr. Darrow: Okay. So that's good news. I thought you'd have a big question, like why is that good news?

Hugh: Why?

Dr. Darrow: Because that's not the problem that they told you it is. If it were, that injection of the steroid, cortisone, whatever he called it, it would have been much better, not just a half a day. The half a day worth of getting better was probably lidocaine that's mixed with it,

which is a local anesthetic. So, do you have arm pain or just neck pain?

Hugh: I actually have arm pain all the way down to my hand.

Dr. Darrow: Okay. And which is worse, your neck pain or your arm pain?

Hugh: The arm pain, actually.

Dr. Darrow: Okay. Have you ever spinal decompression, where you go to a chiropractor or an MD that's got a machine that stretches your neck?

Hugh: Yes.

Dr. Darrow: And how did that go?

Hugh: That went well for maybe a session or two, but the feeling of that, I guess it's called pinching, it just came right back, actually.

Dr. Darrow: Okay. How many treatments did you do?

Hugh: Only two.

Dr. Darrow: Okay. Well, that's a failure on your part, okay. Because I've seen people, I don't do it in my office, so I have a dog in the fight. But I'm just telling you, I've seen endless, endless people that have what looks like a radiculopathy, that means the pain down the arm or legs go away with spinal decompression. It doesn't have to be an expensive procedure. Some guys have these fancy machines they use, and they'll charge you \$5,000 or \$10,000 to do that. You don't need to do that.

You can go to someone that a decompression table and it's very inexpensive. So it worked a little bit, I would say and do that again. Now the big deal is this. The studies show that 94 percent of people that have that kind of thing down the arm, or down the legs, that goes away by itself without doctors. All right. So if you're having neck pain, I can help get rid of that, and sometimes when I do that, the arm or leg pain will go away.

Hugh: Well, the neck pain is where it starts at, but most of the day the arm is the part that's throbbing and tingling and then getting numb.

Dr. Darrow: Well, Hugh, I'd have to examine you. This is not based on an MRI or based on an x-ray that I treat people. I base on touching them, getting their history, moving them around and very often I can find the spot that is the pain generator. Not always, but most of the time I can tell people in about one minute what's going on after I touch

the body, wherever it is. I don't care what part of the body it is. I don't diagnose based on MRIs or other images. I like to have them, because it's good ancillary information, and once in a while we'll find a tumor or something like that, that has to be removed. You can have a tumor that's sitting on a nerve. You can have cancer. You can have all kinds of things.

So I always like to get an image, but I don't treat based on that image. I treat based on my examination. The image is a backup for me.

Hugh: Okay.

Dr. Darrow: Is all of this making sense to you?

Hugh: Yes.

Dr. Darrow: Okay. And having a millimeter protrusion doesn't necessarily mean anything. Having spinal stenosis, you know, all these things that show up on MRIs doesn't necessarily mean a thing. We find this on people that have no pain too, when we do studies. We hey you've got a protrusion. Hey you've got stenosis, and they go get away from me, I'm fine. Don't touch me, I don't need any treatment.

Hugh: Okay.

Dr. Darrow: Don't confuse the two. And do not get a surgery, until you go to a doctor who does what I do. Who uses their hands and techniques for healing that are nonsurgical. We see way too many surgical failures. I hate to talk about this on the show, but Nita and I about two years ago, had a woman named Kathleen that called up, and she was crying what happened to my husband.

And I said, I don't know, what happened? She said, she just came out of a neck surgery on a ventilator, you know a breathing machine. And I said why are you asking me what happened. Why didn't you ask the surgeon. She said, I didn't have a chance. He came out to the waiting room and said everything -- he said I did everything perfect, and walked out.

And that poor woman's husband died, from a "simple" -- quote "simple", neck surgery. I've seen way too many failures with these. It's not against the surgeon I'm saying this. I love the surgeons. I just don't like the surgeries. And if you get away with a conservative treatment in medicine. I don't care what it is. I don't care what part of the body, what disease, whatever it is, if you can heal it naturally, please try that first, unless it's an emergency.

You know if you've got a bone sticking out of the skin, you'd better get to the surgeon in one minute. But most of the stuff -- you know, do conservative treatment. Don't go to invasive things when you can do conservative things. And that makes sense to you, doesn't it Hugh?

Hugh: Yeah. Now the treatments that you've been providing over all these years on what you talk about on the show, the stem cells injections and the plasma injections.

Dr. Darrow: If you can talk a little bit louder, please. I can't hear you.

Hugh: Now the work that you do were for stem cells injections and plasma injections --

Dr. Darrow: Well, it's platelet injections, PRP, platelet-rich-plasma, both of those things are mixed together. Yeah, what about it.

Hugh: Is that something that you think it may be viable for something?

Dr. Darrow: Well, for the neck pain, I think so. The arm pain I have to check and see where that's coming from. There are referral patterns from the neck down the arms and from the low back down the legs. And in acupuncture terms, we call them meridians.

And in one of my books, it shows these patterns, and when you sometimes fix the initial area in the neck or the low back, these referral patterns go away, so the arm numbness or paresthesias or pain tingling can go away. And the same with the leg.

But sometimes it's a true radiculopathy, where the never is just being pinched so terribly, that surgery is necessary. But it's not something you just jump into. You always should get an EMG and a Nerve Conduction Study first, before any of those surgeries, to see if it really is a nerve impingement, versus a referral pattern.

And unfortunately, I rarely ever see these studies being done anymore. When I first started in my career in medicine, every surgeon would get these studies first. Now they don't. Now they rely on images, and they end up with failures. I don't know why. They also used to give a psychological test called the MMPI, Minnesota Multiphasic Personality Inventory. And that will show you, if you're a good candidate for surgery. Some people are not good candidates for surgery.

I am one of them. I had to take that test in medical school. It was something we all to do, to see what it was. And I'm in the category that does not do well with surgery. And to wit, I had a shoulder

surgery that went bad. Surgery doesn't work good on me. And it doesn't work good on a lot of people. So we've got to be careful. Surgery is invasive, it can cause infections, people can die. Okay. I don't like surgery.

If it's got to be done, it's got to be done, but most of the time, there's other things that could be done. Okay?

Hugh: All right. Thank you so much for your time. I really appreciate it.

Dr. Darrow: You're welcome if you want to call the office, the phone number there is 800-300-9300, and if you want to go to the website, and watch me do these injections, there's videos. It's www.lastemcells.com. A lot of the people that come in will say why are you so adamant and so certain of yourself? And I go, I'm not. I've just been doing this 25 years, and I've seen the goodness in it. I've seen how it works. Am I certain it's going to work on you? No. You can't. No doctor should guarantee anything, never. And I have people sign a waiver, a consent form, where they write it out, but with their own handwriting, saying I understand there's no guarantees. And this may not work. And if it's going to work, you may need a few treatments.

People always say why do you make me write it out? Because people don't read consent forms. They don't.

Nita: That's true.

Dr. Darrow: I don't even read them when I go -- and I'm a lawyer too. You know, I'm used to reading every word in a 50-page contract. But when it comes to walking in a doctor's office, I know I've got to sign that consent, and it's in small font, so I can't read it anyway. And I just sign it. I go forget it, I'll sign it. You know, I'll take my chances. When you come into my office, I have a large font, and I make people read it, and I make people write things out why. Does that help me legally? No. The courts don't like consent forms. I want people to know of the potential problems that happen when they see a doctor.

Seeing doctors is dangerous business, okay. And sometimes I laugh with the patient, and I go you're better off not even coming to see me. If you can handle this conservatively by yourself, that's the best way to heal. And there's enough information on Google today on the internet, to see how to heal things naturally without doctors. I'm not saying that's going to work all the time. Nothing works all the time.

But when you blow into a surgery, that's a major deal. And you'd better do your homework, before you do that. Unless, like I say, it's an emergency.

Nita: Thank you for your call, Hugh.

Dr. Darrow: Huge, God bless you, man, I hope you heal up. And I hope you heal up without a doctor, because there's a good chance you can.

So we're going to go to Anthony.

Anthony: Yes, sir. Thank you, doctor.

Dr. Darrow: Anthony, you had back surgery.

Anthony: It's a terrible story about people getting ladders put in their back because of back injuries, and I think it's a certain way to cause suicide, like my brother did. His failed. He had the ladder removed, and it was even worse, which led to his suicide.

So when I found out two other ladies had ladders put in their back, I said, my God, I wish I had known about this ahead of time. You should have gotten relief by other means. And they said how? And I said this is a Dr. Darrow on the radio, I am going to contact back this, those ladders cause death. You might as well be put up on the cross. They are just practicing physicians. And I said I'm going to call Dr. Darrow and see what he thinks about getting stem cells to rejuvenate the back and now that's my first question.

Dr. Darrow: Well, first of all, Anthony, I cannot tell what this means to me that you called.

Anthony: Well, the back of the ladder in the back.

Dr. Darrow: I'm so sorry about your brother.

Nita: I'm sorry about your brother too. That's terrible.

Dr. Darrow: I'm sorry. I get emotional about these things. I hear the worst stories that happen from surgery.

Anthony: Me too.

Dr. Darrow: And people say why are you so against surgery. I'm against surgery, because people end up like that. And I'm not blaming the surgeons, you know, it's the culture that they grow up in. And I grew up in that culture. I wanted to do orthopedic surgery so badly, I loved it. I loved the work. And then I saw what it did to people. And look there's a lot of good outcomes, and there's a lot of great surgeons.

And unfortunately, there's too many surgeons that I'm going to call so stuck in the culture of surgery that they can't see the daylight of healing with other methodologies.

Anthony: In other words, there's no help for these ladies that have the ladder in their back at this time.

Dr. Darrow: No. That's not true. That's not true.

Anthony: Oh, good.

Dr. Darrow: I have tons of patients who have spinal fusions and that's what I think you're talking about, where they put metal, or take the bone from the pelvis, and create a fusion. Who have done very well -- very, very well with my treatment. And I'm not a fan of these fusions. And even so with that, there are many times I can help okay.

Anthony: Yeah, this one lady she got a spine infusion in her back, and for one week, she had relief, then it went right back again to pain. Now did she stop too soon after only one shot?

Dr. Darrow: Well, that's one of the biggest failures is people stopping.

Anthony: Well, that's what I'm afraid of.

Dr. Darrow: Yeah, I can't tell you how many treatments it's going to take, I mean the idea is -- the body is growing the tissue, I'm just stimulating the tissue to grow. And it depends on the patient. The biggest failure rate in my work of injecting stem cells or platelets is the failure on the patient's part.

Anthony: To follow up.

Dr. Darrow: To follow up, either too active --

Anthony: Okay. Then in other words, they've got hope. Well, my second question is myself. I had a knee replaced and after about a month I was getting pain in the leg and went back to see the doctor after a lot of physical therapy. And he said you have a cracked tibia, how did you crack your tibia, I said do not -- I've endured a lot of pain during the physical therapy, where they bend your leg all the time. Maybe that's what did it. I don't know. I'm wondering if a stem cell injection would help heal the crack in my tibia.

Dr. Darrow: Well, first of all, how did you think the fracture occurred?

Anthony: I really don't know. It hurt about a month -- it hurt from the very beginning since the operation, although the x-ray did not show any

crack in the tibia after he had done it. They take many x-rays of course.

Dr. Darrow: Okay. Let me tell you something Anthony. Fractures don't show up in x-rays right away sometimes, unless it's displaced, displaced meaning the bone separated. When it shows up in an x-ray, if it's not displaced is after about four to eight weeks, when the bone starts regrowing, you'll see some sclerosis.

I'm not going to tell you how that fracture happened, you can use your own mind to figure that one out.

Anthony: Well, I have osteoarthritis, I wonder if that might have helped, you know, weak bones, they might have given, have had a break.

Dr. Darrow: What's your age, Anthony.

Anthony: 82.

Dr. Darrow: Okay. At 82, unless you're supplementing with testosterone, the chances you have osteoporosis.

Anthony: Right. I've got it. I've got it.

Dr. Darrow: Right. So I put my patients on testosterone when they need it to alleviate that.

Nita: Oh, I am so sorry, we are out of time.

Dr. Darrow: Anthony, we've got to run man, I'm sorry, call the office to get a hold of me. I want to talk to you some more at 800-300-9300. And I do want to talk to you, Anthony, I think there's stuff we can do to help you. And I think we can help that leg pain and the fracture that you have, okay.

Nia: Okay. We got to go. Thank you, Dr. Darrow, Katie and Suzette, we'll see you next time.

Dr. Darrow: And God bless you all. Thank you.