

Living Pain Free 10/22/22

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: Welcome to Living Pain Free with Dr. Marc Darrow. And with me now is Dr. Marc Darrow. Good morning.

Dr. Darrow: Hello Nita Vallens.

Nita: Or good afternoon.

Dr. Darrow: Yeah, whatever it is, nighttime.

Nita: And good evening.

Dr. Darrow: It's all good.

Nita: So how are you today?

Dr. Darrow: Did you know cosmetic surgery used to be such a taboo subject.

Nita: Yes.

Dr. Darrow: But now you can talk about Botox, and nobody even raises an eyebrow?

Nita: Yes. And men are interested in this as well.

Dr. Darrow: You know, we do that stuff at our office too. I mean, we're here to live it up first, right.

Nita: Yeah.

Dr. Darrow: But also to heal musculoskeletal pain. So we take care of everything. This is called regenerative medicine by the way. We take care of everything from neck pain, sometimes headaches. Sometimes headaches can be helped if they are coming from trigger points in the back of the neck, or the back of the head. The thing that pops into my mind is almost every patient who comes in from

other doctors, because I get lots of referrals, have a wrong diagnosis. Did you know that, Nita?

Nita: That's a lot of patients diagnosed incorrectly.

Dr. Darrow: It is. And the reason is because most doctors look at images to decide what's wrong. And we know now, with all the research that we've done that images don't really tell us where the pain is being generated from, which is a travesty, because most of the musculoskeletal surgeries that are done today in my humble opinion should not be done.

I'm going to give out the phone number. Would you mind?

Nita: Let's do it.

Dr. Darrow: Let's spice it up a little and get some callers in here.

Nita: Yes. Otherwise, you'll torture me with jokes.

Dr. Darrow: I will.

Nita: And riddles that I rarely have the answer to.

Dr. Darrow: No, but sometimes you have your thinking cap on. Let's see if you do today.

Nita: Oh, okay.

Dr. Darrow: What do you call someone who immigrated to Sweden? You'll never get it.

Nita: I'll never get it.

Dr. Darrow: An artificial Swedener. See?

Nita: Yeah, I would never have thought of that.

Dr. Darrow: No. But you think about it, you would have known, right.

Nita: Yes. All right. Moving on, the phone number is --

Dr. Darrow: Okay. We'll get to the real business here. We're here to help heal your pain. And the way you can do that is to give me a call right now and talk to me on the radio. You can use a fake name if you're shy or talk about your relatives or your friends.

And the phone number right here, right now, get a pencil. If you're driving, pull off to the side of the road, get off your Bluetooth. The

phone is 866-870-5752. I'm going to repeat it for everybody, 866-870-5752.

Nita, would you talk to the studio about getting a better phone number for me. That's hard to remember.

Nita: Yeah, I'll work on that. Yeah.

Dr. Darrow: 866-870-5752. If you want to get a hold of me at the office, and there are people there right now, if we don't hit what your questions are, you can call the office and get more complete information. That number is easy, that's 800-300-9300, 800-300-9300.

If you do call me right now at 866-870-5752, I'm going to send you a free copy, we'll even pay the postage for my book, which is called, Nita?

Nita: It is called Living Pain Free -- oh, no, sorry. Stem Cell and Platelet Therapy, Regenerate Don't Operate with 264 scientific studies. But I need you to give the phone number again, because you left a number out, okay.

Dr. Darrow: Oh, 866-870-5752. Call me now, or if you are shy, I hope you're not. Go to my website, you can watch me doing videos of all these procedures and see if it's something you'd rather do than getting a surgery. We like to -- what did we used to call it, take the surgery out of pain, we used to call it that or --

Nita: Yes. That's true. That's true, because you know I think there's like this very strange thought that people have that they're going to decide to get an elective surgery, and insurance is going to pay for it. Which in most cases, might be true.

However, you don't think about the personal cost, like the recovery time can be horrendous.

Dr. Darrow: Not only the recovery time, Nita. But many people come out worse. I'd say there's a batting average of about 50 percent better, 50 percent worse, so a lot somewhere in the middle, I guess. But I have a very jaundiced eye about surgery, number one, because I had one on my shoulder in my fourth year of medical school, when I was doing orthopedic surgery.

Loved my boss, he did a great job, but the shoulder came out bad, it was all swollen, I had a fever, and it took about four years before I learned about regenerative medicine. When I was in -- in my residency at UCLA, and a doctor came in and described what he called Prolotherapy back in the day, just using concentrated sugar

water, Dextrose, to inject and heal. So I went home and I tried that, and I did my wrist first actually, that healed up nicely. And then my shoulder, after I injured in a weightlifting injury, and the wrist healed about 50 percent overnight. My shoulder healed 100 percent overnight. And at that point, I started doing this for a living.

I stopped sending people to surgery, and I don't want to put down the physical therapist or the surgeons, because they do great work, but I don't find that those things work too well. You know, it's not a negative statement, it's just the truth.

I get way too many people who get hurt in surgery. And you'd think it's the opposite, you'd think you're going to go to surgery, there's an end point, you go in on a Friday. By Friday night, you come out, and you're supposed to be great, but there's just too many people that come out worse, and unfortunately, there is like you said a cultural aspect to surgery, thinking it's a great thing, because it is what's being done. And in my mind, it's being done way, way too much.

Nita: Absolutely.

Dr. Darrow: So, I'm going to go to some questions here and --

Nita: Okay. Do you want to give the phone number again?

Dr. Darrow: Yeah. Give me a call, I'll send you a free book on platelets and stem cells which are the hot topics today, PRP and stem cells for musculoskeletal healing. It's not going to heal everything, but with the properly chosen patient, it works great. I've used it on my right wrist, both of my knees, and I self-inject by the way. I use an ultrasound, so I can see into the body.

I've done both my shoulders. I've had other people do my neck and back a few times, and I'm doing good. I'm doing really well, by the way, my body is feeling great. And every place I've injected, I've pretty much healed up.

So one more joke to torture Nita, until you call up.

Nita: Oh, dear. Okay, I'm ready.

Dr. Darrow: Nita, have you heard about -- the one about the corduroy pillows.

Nita: The what pillow, I didn't hear that.

Dr. Darrow: Corduroy.

Nita: Corduroy pillows.

Dr. Darrow: It's making headlines.

Nita: Oh my God. Okay, our number is 866-870-5752. I don't think we gave the website yet. That's --

Dr. Darrow: I did, but I'm going to give it -- no, you're right, I didn't. The website I talked about but the actual browser address is www.lastemcells.com. www.lastemcells.com and if you go there, you're going to see tons and tons of pages of research which we do in our office.

I've had probably 50 medical students, or pre-med students who want to go further in their career, so they do research, and that helps them get their next job opening, or get into school. I actually have had tons of high school students, and even some grammar school students, who want to become doctors, who do what's called shadowing. They follow me around, and I do something called pimping, it's not in the negative sense. It's something that's done very deeply in medical school, it's questioning.

And I ask questions and whatever the student doesn't understand or know, I have them carry a pad of paper with them, and they write that down, and then overnight they research it, and come back the next day and explain what they found out. So they always say can't you just tell me the answer. And I go, I could, but then you're not going to learn anything. If you go to look up one subject, let's say meniscus, in the knee, or rotator cuff in the shoulder.

While you're looking for that, you're going to find 50 other things and learn all about everything. So we had a couple of callers that got off the show, but I hope you guys call back, and I'm going to go to some questions, now, Nita, if you don't mind.

Nita: Let's do it.

Dr. Darrow: Let me see, where are my questions hidden in my computer.

Nita: Okay, while you search, I'll give the phone number again. It's 866-870-5752, right here in the studio.

Dr. Darrow: Here we go.

Nita: I mean, it's like getting a free consultation with you. Who doesn't want that?

Dr. Darrow: I do.

Nita: I might go in the other room, like I've got trouble, I've got problems.

Dr. Darrow: Actually, you know it's funny. I deal with a lot of spiritual issues that come up in the office too, which is fun. That makes it really fun, to tie in the medical and the spiritual together. But any rate, this person wrote a question that says, and by the way, so to get my email, you go to my website, www.lastemcells.com there's a spot on every page, where you can email me. And I get emails all over the -- from all over the world, all day, all night. And I love answering them.

So this one's very simple. It says, I would like a copy of your book. Okay, I'll send it to you. A friend of mine had your treatment, did very well, and highly recommended looking into this possibility for myself, as well.

I have a meniscus tear in my knee, and I'm looking for alternatives to surgery. Well, God bless you, because you came to the right place. And you know, in my humble opinion, these surgeries are not good things for people. They take out tissue, and whether you have a meniscal tear, rotator cuff tear, labral tear, whatever it is, you don't want that tissue taken out. You want to heal it. And the way we do it is what's now called regenerative medicine.

We regenerate the tissue; we grow the tissue. And I use platelets from the blood, and that's called PRP, it's getting pretty famous out there. Athletes have been doing it for years. And then for people that need things for quicker healing, or more complex injuries, we're going to add stem cells to that. And very simple procedures.

I have had meniscal tears in both my knees, and I just went running today, I'm probably going to go running again, this afternoon. I live in the mountains, so it's a tough run. But I do pretty darn good. So I've injected my own knees with platelets and stem cells,, and have done very, very well with that.

So the meniscus tear that you have, I don't see as being an issue at all. There are cases where the meniscus tear is so huge that it has to be sewn back together, which might be something like a bucket handle tear that's called. But even with that, sometimes it's not an issue.

If your knee is locked and you can't move it, you might need surgery. But most of the time people come in, they say I've been to a couple surgeons, they all say I need surgery, and then we heal them up anyway without surgery.

Nita: Yeah.

Dr. Darrow: Nita, you want to say something, I can hear you breathing.

Nita: Well, you know, I just love when you distinguish for the listener, the [inaudible] of surgery, versus regenerative medicine. Because you have some rules for people that take the treatments, that the rules are very simple. Because you've treated me twice, I just kind of want to out myself for a minute here, for new listeners, that I, both times, I am a quick healer. So I healed within a week.

The first time I had had pain for 18 months, and this -- I cannot underestimate the importance of really doing research and talking to you, because you do regenerative medicine, and you've been on both sides of it. You were actually going to be a surgeon.

Dr. Darrow: Yeah, I've had the surgery -- yeah, I loved orthopedic surgery, it's -- to be honest, it's very fun to do it. And it's very immaculate. Everybody knows their job really well, the nurses, the surgeons, everybody in there, the anesthesiologist. It's like a symphony.

So it's an amazing thing to experience, but I just was seeing terrible results from it, including my own body. So I switched horses midstream, and I moved from surgical residency, to what's called physical medicine and rehabilitation. And I actually taught this at UCLA for 20 years. I just asked them if I took a sabbatical and just recently asked if I should come back and keep teaching. So we'll see what happens with that.

But at any rate, I'm going to go to another question here.

Nita: Okay.

Dr. Darrow: And this is -- let's see, I have chronic neck pain, likely in part related to whiplash injury in 2011. That's a long time ago. I live in Colorado, and wondering if I should make the trip, and how long would I need to be in Los Angeles to get my neck pain diminished or eliminated?

So yeah, that's good. I get people flying in from all over the country, all over the world. And I just had a woman fly in a couple weeks ago from Hawaii, who is an outrigger canoe paddler, and with the positioning they get into, she wore her left hip out, and had pretty severe arthritis there. And we did two treatments. She just there for like four days. We did two treatments on her hip, and she just texted me. She's all better and wants to know if she can go back to paddling again.

And I said be careful, start slow, because the biggest failure rate that I get with patients is they're so active, they don't really let the

tissue grow back enough before they start their sports activity again, or gardening, or whatever it is. Walking, hiking, it really doesn't matter, the thing that causes the problem, if you keep doing it, what do you think is going to happen, even if you're healed? You can get back to that same issue again because you haven't completely healed. You may feel better, and that's the biggest failure rate that I get is people that are too active, too soon.

The other failure rates are this is from oh, I'll say bad doctors who don't know what they're doing. They've taken a weekend course or something like that. I've been doing this 25 years, and honestly I learn new things every day I'm doing it, because I do it all day long.

Then there is a lot of doctors that don't use an ultrasound, they'll inject a shoulder one time without an ultrasound, and then the patient comes to me and goes how come it didn't work? When I do a shoulder, I'm going to use an ultrasound to see where the needle is going to go, and I generally am going to poke all of the rotator cuff tendons, there's four of them, and I'm going to do it many places. I'll hit the subdeltoid bursa. I'll hit the glenoid joint.

And I do a very comprehensive type of regenerative medicine. Because the -- you know, the orthopedic surgeons are great at surgery, but they're not great at regenerative medicine. So they think that it's like injecting a steroid which spreads all over the place. And then the results are poor, and then they don't believe in it.

So you don't go to me to do orthopedic surgery, and you don't go to an orthopedic surgeon to do regenerative medicine. So keep that in mind. I always tell people when they come in for referrals, whether it's for kidney disease or some kind of rheumatological disease, or whatever that is, I refer them to the guy who I know who does the most of those issues, not someone who plays around with it.

So any time you go to a doctor, make sure, even if it's a surgeon, let's say you're going to get a surgery, you don't want to do this. Call him up and say how many of these surgeries did you do today, or yesterday, or this week? Because there's a lot of surgeries that are done that never should be done. And the surgeon who is doing them, doesn't do many of them.

And we had one of those with a young golfer, he had graduated on the golf team in college, and he was going to go pro and right at the very minute that he was ready to go pro, he had a very bad sprain of the clavicular sterno joint, that's in front, and from swinging too hard. And his swing took big divots. Divots are pieces of dirt. And

he just, in a sense, dislodged that joint from the sternum to the clavicle.

Nita: Ouch.

Dr. Darrow: And not only ouch, but it would click when he would move it. It was really the ligament that held it in place has torn. So he had been to a bunch of surgeons, and they said it's very dangerous surgery, because the aorta is right there, and they could rupture the aorta or tear it. So they suggested probably not a great idea to do the surgery, although he did have a couple guys who said they would do it, and someone referred him to me. I said, don't do the surgery, it's a dangerous surgery. You don't need a surgery to fix this. And we worked on him. We did platelets first, and then we did stem cells, and he's back on the tour.

Nita: Excellent.

Dr. Darrow: It took a while, and to be honest, it wasn't an easy healing, because that joint is so mobile, every time you move the arm or the shoulder, it moves it around. So some injuries are very difficult to heal, that's one of them. But he's been fine ever since, it's been -- I don't remember three, four years -- so it's maybe five years since I've seen him.

Nita: That's great.

Dr. Darrow: And I see him on Instagram all the time swinging like a maniac.

Nita: Great.

Dr. Darrow: So I know that he's done well.

Nita: Well, why don't we check in with John in Long Beach.

Dr. Darrow: Hey, John, Dr. Marc Darrow. I understand your spine bothers you. And can you tell us which part of your spine it is? Is it the cervical?

John: First of all, I just want to say I really appreciate what you do, you're like kind of a leader in your field. I did a little research and it's pretty -- well, you've done a lot for regenerative therapy. So I appreciate all your work.

Dr. Darrow: Well, I appreciate you telling me that. I've actually started doing this stuff when I was a resident at UCLA. And it's been a God-send for my body. I have to tell you if I didn't know about this, I'd basically be crippled, because I'm a sports junkie. And I do sports hard and repetitive. And when I was in my -- I'm 74 now, and I'm

more active now, than I was when I was in my 40s, when I had so many injuries, I couldn't do sports. And then after a lecture at UCLA by another doctor, I started doing this on myself.

And you know, I've had to do it a bunch, because I -- I keep injuring myself. I'm an idiot -- I'm a sports idiot. And you know, you can't tell an athlete not to do their sport. It just doesn't work, because we get -- well, that's what we get our high from. You know, I don't do drugs, I don't have a mistress. I live a clean life. I meditate an hour a day, and then I do sports. And you know, I'm going to be honest I injure myself.

John: Well, you're keeping yourself active, which is what you need to do, especially as you get older.

Dr. Darrow: Well, I think activity is the key to life. And I get people come in -- new patients come in every day. And they go, do you think I should stop doing what I'm doing? And I go, I don't think so. I think if you do, you're going to let the old man in or the old woman in, and that's not what you want to do.

It's through activity that we gain endorphins, and we feel good about ourself. And it doesn't have to be sports. There's a lot of activities we can do. Walking is a great sport you might say. Walking is a big deal today. On the iPhone, there's an app that shows how many steps you took that day. And that's important. You know, we have to stay active.

So John what's going on with your spine?

John: Well, it's funny that you should be talking about walking. That's a major issue with me. I go into my HMO, they did an MRI and they said I have arthritis of the spine. I have a bulging C4 and C5 disk, and I have spinal stenosis.

Dr. Darrow: Okay.

John: And it's so bad I have to use -- I'm actually retiring in five months from law enforcement, and so --

Dr. Darrow: God bless you, man. Good work.

John: It was in my right side a couple years ago, it stopped and now it's on my left side. It gets so bad, I'm walking with a limp and yeah, I have to use a cane.

Dr. Darrow: Okay.

John: So I was wondering if regenerative therapy might help those issues.

Dr. Darrow: Well, it might, but I have to examine you first. I don't believe your images mean anything at all. People with bulging disks, that's almost everybody on the planet as you get older. But not everybody has neck pain. So your C4, C5, or whatever it is that's bulging, means zero. And stenosis means zero, unless you're having arm or leg numbness, tingling, or some kind of paresthesia or weakness.

John: Yeah, it is. My left leg goes completely numb.

Dr. Darrow: Okay. Left leg is numb, that could be from stenosis, but usually it will be both limbs, okay, it could be one. So we have to look and see what's going on. The arthritis means nothing also, because almost everybody gets arthritis when they get older, but not everybody gets pain.

And I just have tons of patients who come in with arthritis, and they're ready for a joint replacement or surgery of some kind. And we heal them up, just by using platelets, you know, PRP or stem cells. So, yes, there's a good chance we can help you, but no I can't tell you right now without an examination.

John: Right.

Dr. Darrow: John, please stay with us, we're going to go to a very short break, and then we'll talk some more. The number to call me right now, if you want to talk to me is 866-870-5752 and if you call in, we'll send you a free copy of my new book.

Nita: And you don't even have to pay postage. You're listening to Living Pain Free with Dr. Marc Darrow. 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 or call the Darrow Wellness Institute at 800-300-9300, 800-300-9300, that's 800-300-9300.

Nita: Welcome back to Living Pain Free with Dr. Marc Darrow. I'm your host Nita Vallens and we are taking your calls right here, right now in the studio at 866-870-5752. And right now we are speaking with John in Long Beach.

Dr. Darrow:

Hey, John, Dr. Marc Darrow here, please stick with me, I've just got a couple things to mention to other callers. I'd love to hear from you at 866-870-5752. You can talk to me right now and ask any questions about musculoskeletal medicine. You know, that's anything from neck pain, back pain, shoulder tears, elbow problems, wrist problems, arthritis, fingers, wrist, I said that right, hips, back, knees, muscle tears, tendon tears, Achilles tendonitis, plantar fasciitis, gamer's thumb, ankle arthritis, plantar fasciitis. I mean there's just 10 million different things that can happen to our poor physical bodies. And I work on most of them, by using PRP which platelet-rich-plasma, and/or stem cells, which are even more effective.

So I hope you'll call me up. If you don't get a chance right now, you can always write down the number to my office, we have people by the phones, and the number there is 800-300-9300 to the office, 800-300-9300. And by calling in, you get a free copy of my book, which is Stem Cell and Platelet Therapy, Regenerate Don't Operate.

And there is a foreword by the amazing Suzanne Somers, one of my favorite people on the planet, not only beautiful and very magnetic and very intelligent, but a proponent of the medicine that I do, and she actually wrote a chapter in her new book which is, A Way to Age, the cutting edge advances in anti-aging.

And there's a chapter starting on me, on page 302 that goes on for quite some ways, I forget how many pages, it's like a ten-page chapter or so, all about regenerative medicine. Her success with it, and I've treated not only her, but her family and done very, very well with it.

One last thing, John, I want to mention, then we'll get to you, is also in the office we do regenerative medicine of the face and the hair. I do it on the physical body. My wife does it on the head to thicken up hair for people, and on the face to regrow the collagen, and that gets rid of wrinkles and thickens up the collagen as we age, we dry up, all over the body, the disks in the spine dry up and people get shorter.

I think my dad was about six feet, six-one when he was young, and by the time he was ready to leave the planet at 90, his head was about the height of my chin. So he shrunk quite a bit. And all of us who are a little what they call elderly, I don't know what that means anymore. Because there's a new generation, like 90 is the new -- well, they call it the new 50. It's hysterical, but I get so many patients in their 90s, who are still athletic and look great.

And as I was talking to John about activity is so important, sports are so important, even if it's just walking, just to stay active. I live in the mountains, Santa Monica mountains, and I was just out running yesterday and there was a couple there in their 90s and they were trucking along. And I met them before a couple months ago, and it was so funny. I said, how old are you guys, and they told me, and I said that's impossible. And they said keep active, son. That's the only way you're going to stay young. And I said I'm doing my best.

And John, I know you're doing your best, but you've got some issues. Where is your pain that you're having in your back, is it neck, or back, or your thorax, or what?

John: It's my lower back and my left leg.

Dr. Darrow: Okay. So you mentioned stenosis. And stenosis means squeezing, and when someone has stenosis when you look on an MRI or a CT scan, you're going to see a small opening either in the spinal canal or where the nerves come out from the spinal cord, through what's call the foramen, and those are holes in the vertebrae. And there's probably millions of people that have spinal stenosis that don't know they have it, because it's not an issue for them.

So I want you to take that diagnosis and throw it away for right now.

John: Okay.

Dr. Darrow: The fact that you have some issues in your leg obviously is a problem, but it's possible to get rid of those without surgery. So I always say be conservative in medicine. Always start with simple things. If it's nothing, that's the best. I kid my patients, and I go you're going to stay healthier if you just stay away from doctors totally, because I think it's the third cause of death in our country, what's the word, Nita, do you remember?

Nita: Iatrogenic.

Dr. Darrow: Oh my God, you are a genius. Yeah, iatrogenic means something bad happening to you because of doctors or medications or surgery or something like that. That's a big cause of death, we've had people call in the show that have had relatives or whatever, have a surgery and die from them. I've seen it over and over. I'm not trying to put bad ideas in your head. If you need a surgery, get it. But the problem is, most orthopedic surgeries that I see should never have been done in the first place.

John: So -- so what you're saying the word that you don't want to hear from a surgeon is "oops".

Dr. Darrow: Yeah, that's right. And we hear it -- you know, I've been in tons of surgeries, I loved doing surgeries, and every rotation I could do in orthopedic surgery, I was the guy there. And I'll tell you the funniest, I mean, it's not funny, but this was not in orthopedic surgery, it was removing a cyst, an ovarian cyst, and so I was just a med student I would be there holding clamps, that was my job to hold the wound open and most of the surgeries are actually done by residents in teaching hospitals. The surgeon stands there most of the time and instructs or doesn't do anything but just watch. And all of the sudden the surgeon goes -- he screams, he goes I told you not to do that.

Nita: Oops.

Dr. Darrow: No one said oops, but he screamed at the resident. The resident is the post -- the grad student, you might say, you know it's someone -- it's a doctor who, you become a doctor when you graduate medical school, that's called doctor, MD, or DO, if you're a Doctor of Osteopathy. Then you do an internship, then you do a residency.

And this was a resident who was doing the surgery, and he had cut the ureter that's the connection between the bladder and the urethra. And so he cut it, and that was the end of the game for that surgery for then, and they needed to call in a vascular specialist, and this was in Hawaii, and there's not too many vascular specialists in Hawaii.

So they had to put the surgery on hold, they kept the patient sleeping, you know, unconscious and they had to fly in the vascular surgeon from another island, and that took a couple hours to get him there, and so being the grunt there, I did the rounding on the patient the next day. And the patient said to me, it was a woman obviously, who said, why was I under anesthesia for five hours? And I said, I don't know. You know, I didn't want to be kicked out of med school. And honestly, I didn't know enough about it, to stick my nose in there. But she came out fine, thank goodness.

But we see things -- I saw a woman die on the table during a hip surgery. I've seen this way too many times where they anesthesia can kill people and I just don't see great results from surgery, I'm sorry, I'm sorry. I get way too many --

John: Well, doctors are people too.

Dr. Darrow: You know what, there's a human element in it. And doctors are great guys. I never put them down. I think everybody who gets through med school and residency has done real hard work. And the orthopedic surgeons probably work the hardest of just about any surgeons -- you know, heart surgeons are real hard workers too.

So I really take my hat off to surgeons, because they do tough work, and it's dangerous work. You know, it's dangerous for the patient. There's a lot of terrible side effects that happen. And good surgeons are also good doctors, where they know how to manage the patients if they go to the intensive care unit. They know the acid based balance and all that kind of stuff too. So they know everything about medicine. So I'm not putting surgeons down, I lift them up, and God bless them for the work they do.

It's just that in musculoskeletal medicine, sports medicine and all that, there's just way too many surgeries being done that should not be done, because regenerative medicine with platelets and stem cells now can heal the people. And I'm a living example of it. You know, I've used this on me many, many times, when my buddies were orthopedic surgeons have said, you need a surgery. And I go I'm not going to do it, because I had one for a shoulder problem that, you know, ruined my shoulder for four years until I discovered regenerative medicine, injected myself and healed it.

John: Well, thank goodness, I've never had to have surgery. That's why I'm so interested in what you do, what you --

Dr. Darrow: Yeah, I need to check you out though, John. I need to get you into the office, the phone number is 800-300-9300, to my office, and give them a call, there's people by the phones now. And I'd love to examine you and see what's going on. And there's a good possibility that even though you have spinal stenosis, it's not the cause of your leg issue. Just because you have a diagnosis, doesn't mean you dig a grave, okay?

John: Okay. I really appreciate all that information. I'll give them a call, talk to them, and again, you're doing just a lot of good stuff for a lot of good people out there.

Dr. Darrow: Well, I want to thank you for being a law enforcement agent, and how many years did you do that work, 20, 30 years?

John: Yep. 25 years.

Dr. Darrow: 25 years, so yeah, that's pretty amazing work you do, and it's unfortunate today that you know it's during Vietnam, I was in the Army then, and nobody liked us.

John: Yeah, me too.

Dr. Darrow: And you're in that same boat now with the way our social structure in politics is working. So I really respect you guys for doing the work you do, putting yourself on the line and unfortunately --

John: Well, thank you for your service, I was in the Army too, so that's hard as well, I -- I'll give the office a call.

Dr. Darrow: I have to be honest; I was only in the Reserves.

John: Service is service. So there you go.

Nita: He's right. I agree.

Dr. Darrow: All right. God bless you, John, and there's good hope for you with your back and I'd love to see you again, if you want to call the office, you can call right now, there's people there, 800-300-9300. And for those -- the rest of you who want to talk to me live, the phone number is 866-870-5752.

Give us a call, we'll send you a free copy of my book, Stem Cell and Platelet Therapy, Regenerate Don't Operate. There are 264 studies, I think of research -- real research, you know, not fake stuff, real research on why surgeries are really not that great for you in musculoskeletal medicine, and how regenerative medicine, platelets and stem cells really do grow tissue, and heal without surgery.

So it's a great book. It took me five years to put the research together here, and I feel great about putting it out there, and it's yours for free if you give me a call on the radio right now. And it's all about how to heal without surgery.

I'm not saying surgery isn't necessary at times, because it is . But most of the time it isn't, and it's a shame that it's done.

In the office we also do what's called the Vampire Facelift by the way, Steve, we're going to get to you in a second. Vampire Facelift is a great name. It was trademarked by -- I forgot the Doctor's name right now, but he's brilliant. And it's just injecting the face with platelets and regrowing the collagen and making people look young again.

So Steve, thank you so much for calling. It says here that you're an ex-patient.

Steve: Hi Marc.

Dr. Darrow: So I don't know which Steve you are.

Steve: How are you?

Dr. Darrow: I'm living it up, man. Who are you?

Steve: Me too, bro. Me too and I was your patient earlier this year.

Dr. Darrow: Okay. Good.

Steve: I was the surfer kid -- the surfer kid, the 50-year-old surfer.

Dr. Darrow: Yep, just like me. I'm the surfer that doesn't surf anymore though at the age of 74.

Steve: Yeah, you told me about that.

Dr. Darrow: I became afraid of the ocean after a great white shark experience.

Steve: Yeah. You told me that story. I told you about me surfing, I showed you my pictures and then picture of your son and put me in my place.

Dr. Darrow: Yeah. That picture of my son. Benji Darrow is a surfer at Mavericks and in my office, you'll see photos of him on a 60-foot wave, and he's what we call an adrenaline junkie, so the more dangerous, the more he likes it. And he's had some terrible injuries. I mean, I've injected him with some of the stuff that I do. But he's had to have surgeries for broken bones, and had metal put in his leg. He was doing aerials Mavericks and landed on his board and fractured his entire tibia and fibula. But he's back in the water. He's doing the rectal examination was deferred Steve.

How about you? What's up with you?

Steve: Well, I'm back in the water. I had, I think, three treatments. The first one I kind of went a little bit overboard and didn't rest. And then the next two seemed to do the trick.

Dr. Darrow: Okay.

Steve: I'm giving you unsolicited testimonials that --

Dr. Darrow: I love that. Thank you. What part -- I don't remember, what part of your body did we do?

Steve: It was my right knee, and it was -- I believe it was my outside meniscus -- yes, it was my outside meniscus. It was a little crunchy when I went in. You know, I think I'm completely healed, I'm back in the water. I've been in the water, probably for the past --

Dr. Darrow: God bless you, man. That's wonderful.

Steve: I guess you did me around December and January.

Dr. Darrow: Okay.

Steve: And just it came out great. I'm doing really well. At this point --

Dr. Darrow: Well, you've given us great information, which we talked about on the first half hour, which is the people that don't heal, are usually the people that are too active. And you know, I raise my hand, I'm guilty of that too. Because I've injected myself and then gone and done my sport the same day whatever that was for that day.

And then the lucky thing about me, is I can go back the day after I beat myself and inject myself again. And get the healing done.

Steve: That is lucky, let me tell you.

Dr. Darrow: I know. It's really -- I can't tell you what it's like to have fallen into this line of work, because I have fixed every injury in my body so far to date and that's 25 years of injuries, and being a surfer, you know, you're going to be injured, and I'm here for you, obviously. I take care of tons of surfers. I think I get more golfers than anything else, which is always weird, because people say golf isn't a sport, it's a game.

But people injure everything on their body from golf.

Steve: Well, it's just so funny, because my wife, I was talking to my wife about my knee just this week, and she's like you've got to call him -- or you've got to let people know that Marc Darrow, Dr. Marc did a good job, and you know let them know. So I jumped in my car, just this morning, because I'm a realtor so I was just coming back doing some (inaudible) with some people, and you were on radio. So I dialed up and here I am, talking to Dr. Marc. A really nice guy. Listen to you and it worked for me. I'm here today it worked.

Dr. Darrow: Well, I really appreciate it, Steve. I mean, I remember you. You're a great guy, you're a typical surf wonderful personality guy. And if you have a real estate deal, call me up for a real estate deal, I'm always looking.

Steve: You got it, bro. And thank you so much. I'm so happy --

Dr. Darrow: Well, I really appreciate your call so much. And thank your wife for pushing you to call up too. Please do that.

Steve: Okay. You got it, Marc.

Dr. Darrow: Yeah, thank you.

Steve: Thanks so much, talk to you soon, bye now.

Dr. Darrow: And you know, Steve had a lateral meniscal tear, and we fixed that up. I've had medial meniscal tears in both my knees. And a patient came in with a meniscal tear. And I said to him, you know, I've got to check my meniscus and I rolled up my pants, and I looked, and I saw that meniscus was completely healed, and it was just ripped up, I mean it was an abomination when I first was treating it.

So I'm very grateful to the work that I do on my patients and on myself, and again it's not a miracle. It's just some simple, it's using platelets, PRP and stem cells, just stimulates tissue growth. And it makes sense to do that to me, rather than to operate and cut tissue out, and destabilize an area. And when a joint or ligament, or tendon is destabilized, the next time you have an injury, you're getting ready for another surgery, and then maybe a joint replacement.

And I don't think those are good things to have. And sometimes people come out of surgery, and they God, it worked so great, and then a year or two later, they come back, and they go wow, it's really terrible now. I never should have done it. And now they want to do another, or a third or a fourth surgery. And I always tell people if you had a surgery and it didn't work, don't go back for a second helping, because if it tasted bad the first time, it's going to taste worse the second time.

So I'm not a believer in these -- in these orthopedic surgeries, unless it's mandatory, emergency, great, go do it. Broken bones sticking out of the skin, yep, do it. But meniscal tears, rotator cuff tears, herniated disks, all these things that we hear about, please don't run and get a surgery, check out regenerative medicine first, and be sure you go to a doctor who does it all day long. Someone who uses an ultrasound to look inside and guide where the needle goes.

Don't take anti-inflammatory medicine after a treatment, stay away from ibuprofen. You can take things like Tylenol. We can give you something like Tramadol, if you need that. It's stronger. But stay from anti-inflammatories. We're trying to inflame the body. That's part of what healing is. And I know you come to me with some inflammation already, the body naturally tries to heal by inflaming itself.

But sometimes, it's not enough inflammation, so by doing these injections not only does tissue -- is tissue stimulated with growth

factors, stem cells, cytokines, all these things. But the inflammation, a short burst of inflammation actually helps get the healing going even faster.

So when I injure myself, I'll typically inject myself right away. You know, I'm not going to wait. For other people they want to wait for a while, that's fine with me. One common thing I see are ACL ruptures, anterior cruciate ligament ruptures, and the surgeons like to get them right in and use a graft from their patellar tendon, or their hamstring, or a cadaver. A lot of times those will re-rip afterwards, because it takes about nine months for those to -- I'll use a term, regroup. And actually, what happens during -- after that surgery, is that tendon that's put in, pretty much dissolves away, and new tissue grows in. And why do that, why have that surgery? Why have it at all, when you can heal just using PRP or stem cells. It doesn't make sense to me.

The other thing is the research shows if you're going to have an ACL replacement surgically, wait for three months for the knee to heal up on its own, and see if that will happen. Another tidbit about that is -- darn. Get the blood out, first. Use an ultrasound, take out the blood, aspirate it. To call my office, 800-300-9300. And to go to my website and watch videos of regenerative medicine, stem cells, www.lastemcells.com get a free book, call in. We love you. Thanks Nita Vallens. You're a great host.

Nita:

Thank you, Dr. Darrow, Alex, and Suzette. See you next time.